Sri Lankan Medical and Dental Association in the UK

SLMDA

Spring Scientific Meeting
Programme and Abstracts
Sunday 5th May 2024

Copthorne Hotel
Merry Hill, Dudley,
Birmingham, DY5 1UR

2024

BIRMINGHAM

Abstract Booklet prepared by Mahendra Gonsalkorale

Annual Spring Meeting – Scientific sessions
Sri Lankan Medical and Dental Association in the UK
Sunday 5th May 2024, Copthorne Hotel Merry Hill, Dudley, Birmingham, DY5 1UR

Welcome Message from the Scientific Organising Committee

Dear Patrons, Colleagues and Friends of the SLMDA,

Welcome to the 2024 Annual Spring Scientific Sessions of the Sri Lankan Medical and Dental Association. This year's theme is an update on acute medicine. We are proud to have a panel of distinguished speakers today who will share their expertise by delivering plenary lectures on this theme. Please join us in thanking them for being here today.

Prof Devaka Fernando, Professor of Endocrinology and Diabetes, Head of Service and Consultant Endocrinologist at Sherwood Forest Hospitals NHS Trust, will deliver the prestigious SLMDA Oration 2024.

A key aim of these scientific sessions is to provide young doctors and dentists in the early stages of their careers, as well as medical and dental students, an opportunity to present their research as a poster or an oral presentation. Both types will be eligible for a prize in their category. We were pleased to receive many high-standard submissions and congratulate the researchers on the excellence of their work.

Please take time to view the posters. You will find them insightful, useful, and interesting. Please discuss them with the presenters as it will encourage them and provide them with valuable experience in facing the scrutiny of the scientific community. Please also note that the abstract booklet was prepared well before the meeting, and some abstracts may have been updated.

We have endeavoured to organise a meeting of high scientific value, and we hope you will find the sessions both enjoyable and educationally stimulating.

Best wishes, The Scientific Organising Committee

The Scientific committee members

Lead: Dr Janaka Weerathunga
Facilitator: Dr Mahendra Gonsalkorale
RCP collaborators: Dr Shirmila Withana and Dr Champa Sumanasuriya
Coordinator: Dr Channa Hewamadduma
Advisor: Dr Rasieka Jayatunga
Shortlisting committee: Dr Sita Nanayakkara, Dr Channa Hewamadduma, and Dr Udara Kularatne

Panel of judges for poster presentations:
Prof Niroshini Nirmalan, Dr Roshan Amarasena and Dr Ruwan De Soysa
Panel of judges for oral presentations: Prof Mahesh Nirmalan, Dr Roshan Perera and Dr Thushara Rodrigo
Scientific session chairpersons (In pairs): Mr Ajantha Jayatunga, Dr Channa Hewamadduma, Prof Suranjith Seneviratne, Dr Udara Kularatne, Dr Allistair Solomonsz and Dr Melanie Weerasuriya

Abstract production, proof-reading and editorial committee / Certificates: Dr Mahendra Gonsalkorale, Dr Sita Nanayakkara, Mrs Glossinda Solomonsz

Dr Mahendra Gonsalkorale - Message of appreciation by the SLMDA Committee.
Once again, we would like to express our sincere gratitude to Dr Mahendra Gonsalkorale for his continued invaluable contribution to our scientific sessions and other events over the past decade.

Mahendra oversees and ensures a seamless process at our scientific sessions, collating abstracts and facilitating a robust process of scientific presentations.

He formulates and edits the souvenirs and abstract booklets at our annual charity balls, providing attendees with a memorable keepsake.

His commitment to the success of the SLMDA scientific sessions and other events has not gone unnoticed, and we are truly grateful for that.

SLMDA Scientific Sessions Programme
Updates on Acute Medicine

Sunday 5th May 2024

Copthorne Hotel Merry Hill, Dudley, Birmingham, DY5 1UR

08:15	**08:55**	**Registration and Sri Lankan Breakfast/coffee**	
08:55	**09:00**	**President's welcome - Dr Janaka Weerathunga**	
Session 1: Chairs - Dr Udara Kularatne and Prof Suranjith Seneviratne			
09:00	**09:30**	***Dr Thisara Samarawickrama Consultant Interventional Cardiologist at Royal Cornwall Hospitals NHS Trust***	*Acute Coronary Syndrome and heart failure*
Trainee Presentations			
09:30	**09:40**	***Dr R M Dulanee Karunarathne**, Clinical Fellow (Level 1-New Cross Hospital Wolverhampton*	*Empowering and revolutionising Non-Consultant International Medical Graduates' Well-being in the UK*
09:40	**09:50**	***Dr Jing Yeo,** Clinical Neurophysiology Reg, Royal Stoke Hospital*	*Real-world data analysis of the safety and tolerability of Risdiplam*
09:50	**10:00**	**Ms Pitchamuthu Vethandamoorthy Thillany** 1st year student MSc, Faculty of Medicine, Colombo	*Inherited disorders of the muscle in patients with Sri Lanka heritage*
Session 2: Chairs – Dr Allistair Solomonsz, Dr Melanie Weerasuriya			
10:00	**10:30**	***Dr Channa Hewamadduma Consultant Neurologist and Hon. Senior Lecturer at Sheffield Teaching Hospitals Foundation Trust, Sheffield Institute for Translational Neurosciences (SITRAN), University of Sheffield***	*Update on common Neurological Emergencies (Case-based discussions)*

Trainee presentations			
10:30	**10:40**	***Rashmi Dilinika Danwaththa Liyanage,*** *2nd year PhD student, Liverpool John Moores University*	*Perinatal Mental Health Among Sri Lankan Women*
10:40	**10:50**	***Robyn Haysom,*** *Medical Student - Year 4, University of Manchester*	*Optic pathway gliomas significantly increase the risk of developing precocious puberty in children with Neurofibromatosis Type 1*
10:50	**11:00**	***Mr Gagana Mallawaarachchi*** *Final Year Medical Student, University of Manchester*	*Ethnic disparities in the epidemiological and clinical characteristics of multiple sclerosis*
11:00	**11:45**	**Tea Break. Poster viewing**	
Session 3: Chairs – Mr. Ajantha Jayatunga, Dr Channa Hewamadduma			
11:45	**12:15**	***Dr Sundeep Kaul Consultant Intensive Care and Respiratory Physician, Chair of Lung Division, Harefield Hospital***	*Acute Respiratory Failure; Preventing ITU admissions*
12:15	**12:45**	***Prof Christine Roffe Prof of Stroke Medicine, Keele University, Royal Stoke University Hospital***	*Management of Acute Stroke*
12:45	**13:20**	***Prof Devaka Fernando Professor of Endocrinology and Diabetes, Head of Service and Consultant Endocrinologist at Sherwood Forest Hospitals NHS Trust***	**SLMDA oration 2024** ***"Principles of Medical Education and Post Graduate Training across Commonwealth Boundaries (Lessons from a Medical Educator)"***
13:20	**13:45**	**Awards and closing**	
13:45	**14:00**	**Lunch**	
14:00	**15:30**	**Annual General Meeting (Members only)**	

TOPICS AND BIOGRAPHIES OF GUEST SPEAKERS

1: Acute Respiratory Failure; Preventing ITU admissions

Title and Name of speaker: Dr Sundeep Kaul

Qualifications: PhD, FRCP, FFICM

***Job Title*:** Consultant Intensive Care and Respiratory Physician, Chair of Lung Division, Harefield Hospital

Place of Work: Harefield Hospital, part of Guys and St Thomas's NHS Foundation Trust

Additional experience:

Dr Sundeep Kaul is an expert in Respiratory Failure and Critical care medicine. He worked as a consultant in a tertiary respiratory centre for nearly 15 years and has more than 100 abstracts of scientific publications.

He has delivered lectures in national and international scientific sessions, including the National Webcast on VAP 2023, ESISM 2022, Long Covid Webinars 2020-24, and the Kings MSC Symposium on MND/Neuromuscular Failure.

He was an author in the ERS Practical Handbook on Non-Invasive Ventilation in 2015

He has a special interest in Non-Invasive Ventilation and lectures regularly on National NIV Courses and BTS / NIV Symposium.

2: Management of Acute Stroke

Title and Name of speaker: Prof Christine Roffe

Qualifications: *MD, MRCP, FRCP*

Job Title: Prof of Stroke Medicine, Keele University

Place of Work*:* Royal Stoke University Hospital

Additional experience:

Member of the Virtual International Stroke Trials Archive (VISTA) Acute Steering Committee (2022-)

Vice Chair of the European Stroke Organisation Trials Alliance (ESOTA) (2023-)

Member of the European Stroke Organisation Board of Directors (2020-)

Member of the Editorial Board for Stroke (2020-)

Chair of the European Stroke Organisation Paper of the Month Group (2019-)

Member of the US National Institute of Health Grant Review Board (2018-)

Member, European Stroke Organisation Council of Fellow Publicity Task Force (2018-)

Member of the Scientific Committee of Safe Implementation of Treatments in Stroke International (2018-)
Member of the Council of Fellows of the European Stroke Organisation (2017-)

National Roles

Chair-Elect of the UK Stroke Forum Steering Group representing the NIHR CRN (2023-)
Member of the UK Biotechnology and Biol. Sciences Research Council Future Leaders Funding Board (2020-)
Chair of the Hyperacute Stroke Research Centre Oversight Group (2015-)
Member of The Stroke Association Research Awards Panel (2019-)

3: Update on common Neurological Emergencies (Case-based discussions)

Title and Name of speaker: Dr Channa Hewamadduma

Qualifications *MBBS, MSc, PhD, FRCP(Neuro), FRCPE*

Job Title*:* Consultant Neurologist and Honorary Senior Lecturer

Place of Work: Sheffield Teaching Hospitals Foundation Trust, Sheffield
Sheffield Institute for Translational Neurosciences (SITRAN), University of Sheffield.

Additional experience

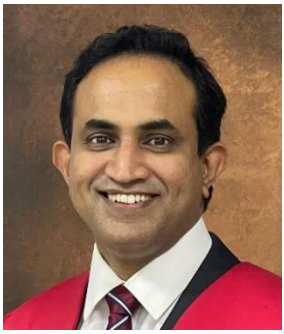
Dr Channa Hewamadduma is a consultant in Neuromuscular Disorders, a member of the NICE/NHSE advisory panel on gene-related therapies and MG-related technologies, and the co-chair of the South Yorkshire and Humber neuromuscular network. He is an invited speaker at national and international conferences in neuromuscular and gait disorders. He also enjoys teaching and medical education and holds a key position in medical education and symposia at the RCPE (Royal College of Physicians Edinburgh);

He completed his doctoral training and research as an MRC clinical training fellow, leading to a PhD in Neurogenetics; he is an Honorary Senior Lecturer at the University of Sheffield and SITRAN (Sheffield Institute for Translational Neurosciences) and conducts a portfolio of clinical and basic science research in neuro-genetics, neuro-inflammatory and neurodegenerative disorders.

He leads clinical trials in neuromuscular disorders such as muscular dystrophies, FSHD, myasthenia gravis (MG), SMA and CIDP. He also runs the regional MG, Hereditary spastic paraplegia and Spinal muscular atrophy (SMA) clinics. He has been instrumental in setting up a gene modification therapy service for Adult SMA patients in the region.

4: Acute Coronary Syndrome and heart failure

Title and Name of speaker: Dr Thisara Samarawickrama



Qualifications*: MBBS, MD, FESC, FCCP*

Job Title**:** Consultant Interventional Cardiologist

Place of Work: Royal Cornwall Hospitals NHS Trust

Additional experience:

He is an honorary senior lecturer and an interventional cardiologist at Kotelawela Defence Academy in Sri Lanka and has delivered many webinars and lectures in interventional cardiology and cardiac failure.

He gained interventional cardiology experience in Laser, OCT, IVUS, CTOs, TAVI, and Mitral Clipping at Harefield Hospital, a reputed tertiary centre in the UK. He has a Fellowship in IVUS and CTO at Jichi University Hospital, Saitama, Japan

Awards**:** The best young physician of the year 2012, Ceylon college of physicians

5: SLMDA oration 2024

Principles of Medical Education and Post Graduate Training across Commonwealth Boundaries (Lessons from a Medical Educator)

Title and Name of speaker: Prof Devaka Fernando

Qualifications *MD, FCCP, FRCP*

Job Title: Professor of Endocrinology and Diabetes

Place of Work*:* Head of Service and Consultant Endocrinologist at Sherwood Forest Hospitals NHS Trust

Additional experience

He is Head of Service and Consultant Endocrinologist at Sherwood Forest Hospitals. He has been involved in junior doctor training in the UK and Sri Lanka. He is the training lead for General Internal Medicine and was previously the Director of Training for Clinical Development Fellows. He is a MRCP PACES international examiner and an overseas MD examiner for MD Colombo Medicine and MD Colombo Medical Administration. He was a Founder Professor of Medicine at the University of Sri Jayawardena. He held Honorary Chairs at the University of Newcastle, the University of Sheffield, Sheffield Hallam University and the University of Kent. He works as an Honorary Professor at the University of Sri Jayewardenepura. He has been a Board Member of Clinical Commissioning Groups in Kent, Sheffield and Northampton between 2013 and 2023 and a Medical Advisor to the Parliamentary Health Service Ombudsman.

INDEX OF TRAINEE ORAL ABSTRACTS

INDEX OF POSTERS

SLMDA Portals of Communication and Information

SLMDA Website

http://www.srilankan-mda.org.uk/

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JUNIOR FORUM - ORAL PRESENTATION ABSTRACTS

(References not included)

O1: Empowering and Revolutionising Non-Consultant International Medical Graduates' Well-being in the UK

Presenter: Rathnayake Mudhiyanselage Dulanee Karunarathne, *General and Internal Medicine/ Clinical Fellow Level 1 New Cross Hospital, Royal Wolverhampton NHS Trust*

Co-authors: Bindu Gaur, Yuva Ravindran, Emily Audet, Yogeshwar Gohil, Giho Yoon, Dawar Ayyaz, Rajeev Raghavan, Lisa Kehler

Background: There is abundant evidence that workplace stress in healthcare organisations affects the quality of care for patients. As one-third of the UK's registered medical practitioners are international medical graduates (IMGs), it is imperative to ensure their well-being needs are met.

Objectives: To improve non-consultant IMGs' engagement with the well-being team, identify their challenges and existing support, understand whether they associate their well-being with patient safety and identify the need for additional support systems.

Materials & Methods: This forms part of a broad QIP conducted in a district general hospital, targeting all non-consultant doctors. The project comprises three stages, with this presentation focusing on some of the results from the first two stages.

1: Improving engagement with the wellbeing team.

2: Analysis of well-being concerns.

3: Implementing changes to improve well-being.

Results: Between 02/01 and 05/03 in 2024, 180 survey responses were collected. 50% were IMGs, and 57% were of Asian origin. Only 52.64% were satisfied with existing support, while 41.46% accepted the necessity for additional support. 97.70% acknowledged the connection between well-being and patient safety. Critical challenges encountered by IMGs- 22.58% faced basic needs challenges. 21.55% experienced racial discrimination (26% observed among colleagues). Among relocated doctors (74.19%), 25.3% struggled to find help during a family crisis. 51/180 were in committed relationships but only 1/3rd had relocated partners. 26.88% were parents with 41.67% reporting work affecting their child's well-being.

Conclusions: Results thus far have identified the necessity for additional confidential support mechanisms, independent of existing structures. Approach the management to advocate these changes. Conduct stage 3 of the QIP using the findings and monitor the impact.

O2: Real-world data analysis of the safety and tolerability of Risdiplam in the adult spinal muscular atrophy (SMA) cohort in Sheffield

Presenter: Jing Yeo, *Clinical Neurophysiology Registrar, Royal Stoke Hospital, University Hospital of North Midlands NHS Trust, Stoke-on-Trent*
***Co-Authors**:* Channa Hewamadduma

Background: Spinal muscular atrophy (SMA) is a progressive motor neuron disorder caused by deletion or loss-of-function mutation of the SMN1 gene. Following on from randomised controlled trial (RCT) evidence provided by the FIREFISH, SUNFISH and JEWELFISH studies, Risdiplam has become available for the treatment of SMA in the UK since 2020.

On the back of strict monitoring guidelines and post-marketing surveillance, meaningful real-world data on Risdiplam use is emerging. This has provided the opportunity of exploring the longer-term safety of Risdiplam in clinical practice, particularly important in the adult SMA population where long-term expectations of Risdiplam treatment remain less well-established.

Objective: This audit aims to investigate the safety and treatment-emergent adverse events related to Risdiplam treatment in the Sheffield SMA cohort.

Method: An audit collection tool was designed to collate data for adult SMA patients who have received Risdiplam in Sheffield, focusing on adverse events' (and mortality) characteristics including severity, onset in relation to Risdiplam initiation, and resultant treatment changes, alongside demographic, SMA phenotypic, and baseline motor, bulbar and respiratory function characteristics.

Safety and tolerability information including severe adverse events resulting in changes in Risdiplam treatment will be highlighted.

O3: Inherited disorders of the muscle in patients of Sri Lankan heritage: A Systematic Literature review highlights significant unmet needs

Presenter: Pitchamuthu Vethandamoorthy Thillany *M.Sc. in Biochemistry & Molecular Biology, (1st Year) -Student, Faculty of Medicine, University of Colombo*
***Co-authors:** Dr Tharanga Thoradeniya, Dr Channa Hewamadduma.*

Introduction & Background: Muscular dystrophies (MD) are progressive muscle wasting disorders with variable severity and distribution. Accurate diagnosis and subtyping using molecular techniques are crucial for optimum management and care.
Objective: This study investigated the spectrum of MDs in Sri Lanka focusing on types, associated genetic mutations, utilized molecular diagnostics and challenges in accessing these facilities.
Materials & Method: A systematic review conducted in 2023 using PubMed and google scholar databases identified 11 studies comprising of, 4 case presentations, 5 clinical cohorts, one multi-centre observational survey and one retrospective analysis from 1993 until 2023
Results and Discussion: The studies reported Duchenne MD (8) followed by Becker (3) and limb-girdle MDs (3). The total number of patients included was 333, with the possibility of some overlapping as certain studies shared the same locations. The statistics indicate 220 cases of Duchenne, 15 of Becker, 3 of Congenital, 2 of myotonic and 1 of limb-girdle MDs and 92 cases were not categorised. Deletion and duplication patterns in DMD were similar to global and Indian populations. However, limited access to molecular diagnostics, particularly outside Colombo, imposes a financial burden on families already facing socioeconomic challenges associated with MDs. Notably clinical data was only available in case presentations
Conclusion: This study highlights significant underreporting of muscular dystrophies, and this is likely to be due to lack of access to molecular diagnosis. This is an unmet need which requires urgent resource allocation and appropriate personnel training.

O4: Examining the views and opinions of Sri Lankan women about mental health from pregnancy to two years after their childbirth when living in the UK: a mixed method survey about perinatal mental health

Presenter: Rashmi Dilinika Danwaththa Liyanage, *PhD student (2nd Year), Liverpool John Moores University*
Co-authors: *Prof. Lucy Bray, BA, MSc, PhD, Dr Lesley Briscoe, MPhil, PGCE, MSc, PhD*
Background: Perinatal Mental Health Issues (PMHI) are a key contributor to maternal ill-health and morbidity. The prevalence of PMHI is significantly higher among migrant women compared to indigenous populations in high-income countries. Reasons for this difference are suggested as lower socio-

economic status, low health literacy, language barriers, and psychosocial stresses during migration. Little attention has been given to examine the views and opinions of PMH among the sub-groups of South Asians in the UK.
Aim: To examine the views and opinions of Sri Lankan women, living in the UK about perinatal mental health.
Methods: A convergent mixed-method online survey was designed and administered in English and Sinhalese languages. Sri Lankan women in the UK, from conception to two-year postpartum were included. Recruitment involved non-probability and snowball sampling. Standard descriptive statistics presented frequency and distribution whereas qualitative responses were interpreted via thematic analysis
Results: Thirty-four Sri Lankan women in the UK participated in the survey. Thirty-two (94%) viewed that PMH was important to be discussed with primary social groups and more widely. Nine women (26%) expressed psychological distress during their own perinatal stage. Women reported that their good perinatal mental health was maintained by support from their partner and family during pregnancy (n=13, 48%) and after birth (n=16, 64%). Twenty-seven (79%) received formal information during the postpartum period and eleven (32%) found the information useful. Eight (34%) reported that sharing emotions with primary social groups was important. Twelve (52%) reported social stigma was a barrier to access support.
Conclusions: Health professionals need raised awareness about how to tailor support for Sri Lankan women's PMHI needs. Partner and family support would be a modifiable target for intervention to improve Sri Lankan women's PMH outcomes. Future research on migrant PMH should focus on culture-sensitive subjective approaches where patients' views, and opinions should be largely considered

O5: Optic pathway gliomas significantly increase the risk of developing precocious puberty in children with Neurofibromatosis Type 1.

Presenter: Robyn Haysom, *Medical Student - Year 4, University of Manchester*.
Co-authors: Amish Chinoy.

Background: Neurofibromatosis 1(NF1) is one of the commonest autosomal dominant genetic conditions. One of the hallmark features is the development of Optic Pathway Gliomas (OPGs) in childhood. Children with

NF1 tend to be shorter than the general population and have an increased incidence of central precocious puberty (CPP). This study explores whether the presence and location of OPGs could be associated with changes in height and pubertal onset in NF1 children.

Results: The study included 75 patients with an age range of 3.3 years and a male: female split of 34:41. 75% of their OPGs were diagnosed by 8 years of age. CPP was observed in 28% of the cohort and delayed puberty in 3%. Both were associated with optic chiasm involvement (p=0.018) and bilateral OPGs (p=0.008). Optic chiasm involvement increased a patient's chances of having CPP 3-fold, whilst having a bilateral OPG was a necessity for CPP with all CPP cases having bilateral laterality. Height standard deviation scores were not significantly different from the general population, with no significant associations with location or treatment of OPGs either.

Conclusions: OPGs do not seem to be a variable directly influencing height in children with NF1, suggesting their short stature is intrinsic to the NF1 itself. However, the presence of OPGs does seem to significantly increase the risk of developing CPP in children with NF1, particularly if chiasmatic or bilateral in location. Therefore, clinical monitoring of pubertal status is required for children who are in the pre-pubertal age range with NF1 who have an OPG.

O6: Ethnic disparities in the epidemiological and clinical characteristics of multiple sclerosis

Presenter: Gagana Mallawaarachchi, *Final Year Medical Student, University of Manchester*

Co-authors: *Das Joyutpal, David Rog*

Introduction/Background: Multiple Sclerosis (MS) is a neuroinflammatory disorder which affects 2.8 million people worldwide. A growing body of evidence shows ethnic disparities in MS.

Objectives: This literature review aims to evaluate differences based on ethnic background in the incidence, prevalence, disease course, and efficacy of disease-modifying therapies (DMTs) among people with MS (PwMS).

Materials & Methods: Ethnicities were classified as White, Black, Hispanic, Asian, Middle Eastern and North African (MENA). A literature search was conducted using the PubMed search engine to identify articles on MS and ethnicity published in English between 01/01/2005 and 31/05/2022.

Results: 101 studies met all inclusion criteria. Although the incidence and prevalence of MS varied among ethnicities, findings were inconsistent and depended on the continent of the study. Moreover, ethnicity may have an impact on the course of the disease. PwMS from Black, Hispanic, and MENA, but not Asian ethnicities, appeared to accumulate physical disability at a faster rate than those from White ethnicity. Although there was a lack of studies evaluating the relative safety and efficacy of DMTs among various ethnicities, interferon-beta was found to be less efficacious in PwMS from Black ethnicity.
Conclusions: Further studies with more uniform definitions of ethnicity are required to comprehensively understand ethnic disparities in MS, in particular, to identify underlying causes, facilitate the delivery of personalised medical care, and avoid inequity.

JUNIOR FORUM - POSTER PRESENTATION ABSTRACTS

Please note that posters presented at the meeting may have been revised since they were submitted to us.

P1: Prescription adherence to Glucocorticoid Induced Osteoporosis (GIOP) treatment guidelines for Interstitial Lung Disease patients on long term oral corticosteroids, Respiratory clinic, NHRD, Welisara, Sri Lanka in 2022- A clinical audit

Presenter: **Nirasha Jayathilaka** *Clinical Fellow in Respiratory Medicine, 2nd year of overseas PG training*
Co-authors: Malika Udugama, Bandu Gunasena

Introduction: Glucocorticoid-induced osteoporosis is a serious adverse effect of long-term steroid therapy leading to significant morbidity. Appropriate preventive treatment is of paramount importance.
Objective: To assess the adherence to the prescription of GIOP preventive treatment for Interstitial Lung Disease patients on oral corticosteroids in the Respiratory clinic, NHRD, in 2022.
Methodology: A clinical audit was conducted retrospectively reviewing hospital-maintained records of all ILD patients with active follow up in Respiratory outpatient clinic, G side, NHRD by January 2022, on oral corticosteroid treatment for more than 3 months. Sample included 82

patients. Data were compared with the 2017 ACR Guidelines for Prevention and Treatment of GIOP

Results: Out of 82 patients 79 were eligible for GIOP treatment with bisphosphonate. 87% (n=69) were prescribed oral Alendronate whereas 13% (n=10) were not. Only 51.21% (n=42) eligible patients were prescribed adequate Calcium supplement therapy with CaCO3 preparations. 25.60% (n=21) patients were prescribed Calcium lactate. 23.17%(n=19) patients were not prescribed any Calcium supplements. Only 50%(n=41) of eligible patients were prescribed vitamin D supplements whereas 50% were not prescribed any vitamin D supplements.

Conclusions and recommendations: Nearly half of the patients who required GIOP preventive treatment were prescribed adequate Calcium and Vitamin D supplements. The bisphosphonate treatment prescription was adherent to the guideline but suboptimal.

Further research is needed to identify the causes of non-adherence to the guidelines on treatment.

P2: Peritoneal tuberculosis masquerading as advanced ovarian malignancy

Presenter: Srirangan A[1]

Co-authors: Tharmini E [1], Nadeeshani PGN[1], Ranathunga CD[1], Nanayakkara PTMA[1] Karunathilaka RDS[1], Samaranayake AR[1]

(1-National Hospital of Sri Lanka)

Introduction: Peritoneal Tuberculosis is a rare extrapulmonary manifestation of mycobacterium tuberculosis. It mimics advanced ovarian carcinoma due to elevated CA125, abdominal pelvic masses, and ascites. As it is a diagnostic challenge, laparoscopy with peritoneal biopsy is the best choice for this purpose.

Case report: A 30-year-old female presented with differential ascites and constitutional symptoms for a 1-month duration. On examination, she was a thin build female with moderate ascites. The rest of the system examinations were within normal limits. Her ascitic fluid revealed lymphocytic exudative effusion with negative cytology and TB GeneXpert. She had a high erythrocyte sedimentation rate with a positive tuberculosis skin test. She also had an elevated serum CA125 of 1400 U/ mL (Normal < 35). Her Contrast Enhanced Computed Tomography showed pronounced thickening of the peritoneum and a large amount of ascites. Diagnostic laparoscopy revealed peritoneal

nodules and biopsy showed caseating granulomas without malignant cells. She was started on anti-tuberculous treatment and her symptoms and CA125 normalized on follow-up.

Conclusions: Peritoneal tuberculosis can mimic advanced ovarian malignancy. Clinicians should have a high degree of suspicion in endemic countries like Sri Lanka. If untreated lead to dissemination and life-threatening outcomes. Diagnostic laparoscopy with peritoneal biopsy is mandatory for a patient presenting with differential ascites when conventional investigations for tuberculosis become negative. It can minimize unnecessary extensive open surgery.

P3: Antineutrophil cytoplasmic antibody-associated vasculitis in a postpartum mother

Presenter: Srirangan A[1]

Co-authors: Samaranayake AR[1], Karunathilaka RDS[1]

(1-National Hospital of Sri Lanka)

Introduction: Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis is caused by the production of autoantibodies against certain proteins of neutrophils, which causes white blood cells to attack vessel walls, leading to vessel inflammation. It is infrequently seen in the childbearing age group. Pregnancies with ANCA-associated vasculitis have reported unfavourable outcomes for the mother and the child.

Case report: A 27-year-old mother of two who had an uncomplicated elective Cesarian section with a healthy baby at 38 weeks of gestation developed a high fever with pleuritic-type chest pain and shortness of breath after 3 days of delivery. She also had a dry cough but no haemoptysis. She had mild intermittent prevaginal bleeding but no vaginal discharges or lower abdominal pain. There is no significant past medical or surgical history.

The examination revealed saturation on air was 88% with bilateral coarse crepitations throughout the lung. The rest of the system examinations were normal. Her investigations were negative for the underlying infective process, but she had a high ESR with positive C-ANCA. Her lung imaging showed bilateral wedge-shaped patchy air space consolidation suggestive of pulmonary infarction with mild pleural effusion and multiple infarctions in the spleen, liver, and left kidney. As she rapidly deteriorated, she pulsed with steroids and rituximab. Clinically she was improved and discharged with

prednisolone after 3 weeks of this presentation. Her repeat imaging showed resolving consolidation and the remaining lung nodules were suggestive of pulmonary manifestations of vasculitis.

Conclusions: The risk of new-onset ANCA-associated vasculitis or relapse during pregnancy is unpredictable and bimodal, highest in the first/second trimester of pregnancy as well as 1 month postpartum. The clinician should have a high suspicion of vasculitis in postpartum. Immunosuppressive treatment with corticosteroid and rituximab is lifesaving.

P4: Rifampicin induced arthritis

Presenter: Srirangan A[1]

Co-authors: Gamalath S[1], Karunathilaka RDS[1]

(1 National Hospital of Sri Lanka)

Introduction: Rifampicin-induced arthritis is one of the rare adverse reactions caused by anti-tuberculosis treatment. This syndrome was usually seen in the 3–11 months of therapy

Case report: A 25-year-old female, who was on treatment for smear-positive pulmonary Tuberculosis just completed her induction phase with the standard regime for 2 months and converted to the continuation phase for 2 weeks, presented with multiple small and large joint arthritis for 1 week with early morning stiffness for 30 mins. She lacked additional signs of connective tissue disorders.

Her examination revealed swollen, tender small joints of the hands, wrist, and ankle. The movements were restricted due to pain without deformities. Other system examinations were unremarkable. Her sputum for Mycobacterium tuberculosis culture was positive without resistance. Anti-nuclear antibodies and viral studies were negative. Co-existing connective tissue disease was unlikely as her Anti-nuclear antibodies were negative, and Tuberculosis arthritis was also unlikely with the history and investigations. So suspected of having drug-induced arthritis. Initially, INAH was eliminated from the regimen as it is a major culprit and changed to Rifampicin and Ethambutol. As there was no clinical improvement, the treatment was changed to INAH and Ethambutol which were well tolerated by the patient. Her joint swelling and pain were significantly reduced in two weeks.

Conclusions: A similar type of presentation was noted after Rifampicin was used in the treatment of brucellosis, which also resolved after discontinuation

of the treatment. Rifampicin-induced arthritis should be considered in patients who have joint symptoms even after discontinuing INAH therapy.

P5: Plasmapheresis for dermatomyositis with thrombotic microangiopathy

Presenter: Srirangan A[1],
Co-authors: Gamalath S[1], Karunathilaka RDS[1]
(1) National Hospital of Sri Lanka

Introduction: Thrombotic Microangiopathy (TMA) is a rare life-threatening presentation in dermatomyositis patients. The role of plasmapheresis in the treatment of TMA secondary to dermatomyositis is unclear.

Case report: A 63-year-old previously healthy male presented with progressive exertional dyspnoea, worsening haemoptysis, and dry cough for a 2-week duration. He also had reduced urine output without macroscopic haematuria for 2 days. He complained of progressive worsening upper limb proximal weakness than lower limb with dysphagia, rash over the periorbital area, and knuckles. He had characteristic cutaneous manifestations of dermatomyositis and proximal myopathy with respiratory distress.

His investigations were suggestive of dermatomyositis with active myositis and acute kidney injury. HRCT chest findings were consistent with the diagnosis of diffuse alveolar haemorrhage. TMA was evident with low platelet count, microangiopathic haemolytic anaemia, and organ damage with a normal coagulation profile. Low complements levels were also noted. The patient's condition deteriorated, and he was intubated, and mechanical ventilation was given. He was unresponsive to corticosteroid and immunoglobulin therapy. His immunofluorescence from a skin biopsy suggested complement activation involved in the pathogenesis of dermatomyositis.

Thus, plasmapheresis was initiated. His clinical condition and imaging showed marked improvement after eight cycles of plasmapheresis, and he was extubated after 4 days.

Conclusions: Low-serum complement level and complement deposition on skin biopsy suggest that complement-mediated microvasculopathy was involved in both pathogeneses of dermatomyositis and TMA. So, Plasmapheresis may be a highly effective treatment for TMA secondary to dermatomyositis associated with complement activation.

P6: An Audit on the management of Lower Gastrointestinal bleeding in Russell's Hall Hospital

Presenter: MLM Mushraf. *Russell's Hall Hospital Dudley*
Co-authors: Liyanage Sashika Chathuranga. Senior Clinical Fellow in Surgery, *SEK Mahappuge, SC Sellahewa, Russell's Hall Hospital Dudley*

Introduction & Background: Lower Gastrointestinal bleeding (LGIB) is a common cause of emergency surgical admissions. An estimated incidence of LGIB in the United Kingdom is 33–87/100 000.

Materials & Method: This study was conducted in RHH from October 2023 to March 2024. The primary outcome measures included Oakland score (OS), investigations performed and admission ratio. Results were assessed against recommendations on the British Society of Gastroenterology (BSG) guidelines.

Results: Of 125 patients, 69 were males. The mean age at presentation was 64.2 years. 27 had an OS of 8 or less. Among them, 7 (25.9%) received in-ward treatment. Out of 94 cases of major LGIB, 5 had a colonoscopy as an inpatient and 20 patients had inpatient flexible sigmoidoscopy. Seven Patients had a shock index (SI) > 1 but only two of them had a CT Angiogram performed.

Discussion: The BSG guideline recommends that patients present with LGIB be categorised as having minor or major bleeding with OS. Scores 8 or less are considered minor bleeds and are recommended to be managed as outpatients. $1/4^{th}$ of our patients with minor bleeding received inward treatment. Patients with major LGIB are recommended to have a colonoscopy on the next available list. It was evident that most (68.1%) of the major LGIBs had not had an endoscopy during their hospital stay. Even though patients with SI > 1 are recommended to have CT Angiography, only 2 (28.6%) had it.

Conclusion: We recommend adherence to the BSG guidelines on the management of LGIB, improving the availability of diagnostic endoscopy facilities and CT Angiography.

P7: Dawn of digital surgery at a DGH

Presenter: MLM Mushraf. Russell's Hall Hospital Dudley
Co-authors: *Liyanage Sashika Chathuranga (Senior Clinical Fellow in Surgery SC Sellahewa, Russell's Hall Hospital Dudley*

Introduction: Robot-assisted surgery was initiated as part of NASA & military research in the 1990s. The first few cases were done in the US immediately

after the millennium. Currently, it is becoming the fashion with lots of excitement and enthusiasm. Further, there is a rapidly expanding competitive market amongst the robot developing companies.

Method: Robotic surgery is well-established across various specialties. New evidence supporting robotic surgery is emerging as time passes. In the year 2022, there were about 1.8 million robotic operations worldwide, reaching 12 million since its birth.

Results We have been performing robotic surgery in our hospital since April 2023 by using the Davinci Xi system. It has been equally shared by the Urology and Colorectal surgeons for malignant disease. Robotic surgeons and assistants had to go through extensive online, simulation and cadaveric training courses before embarking on human dissection. The first five cases for each surgeon have to be done under the supervision of a robotic proctor. All other staff received two sessions of simulation and scenario-based training within the hospital.

Discussion: There is high-level evidence favouring robotics for low anterior resections, especially in obese and male patients. With regard to the right hemicolectomy, intra-corporeal anastomosis with minimal bowel handling is easier to perform compared to laparoscopic surgery. The specimen extraction site is made transversely. There is emerging evidence for less post-operative analgesic requirement and early discharge from the hospital.

It has a 3-dimensional magnified view with a surgeon-controlled camera. Versatile instruments with a range of movement similar to the human hand improve surgical access. Simultaneous use of monopolar and bipolar diathermy with the availability of advanced dissection devices facilitates precise sharp dissection with minimal blood loss. The surgeon is un-scrubbed and seated in the console. It has an inbuilt ability to eliminate surgeon tremors. A few negative points of robotic surgery are as follows: Installation of the robotic system is expensive. It takes time to train surgeons, with their learning curve. There is zero tactile sensation during the operation. It consumes longer theatre time for docking and undocking. It needs to be a dedicated robotic team with allocated theatre times. We observe reduced hands-on training time for the surgical trainees.

Conclusion: The robotic surgery in our hospital is still in its infancy. Yet it shows promising post-operative outcomes from the patient's perspective. Further trial evidence is required in this regard.

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- Sampath Bank – 46/38, Navam Mawatha, Colombo 021
  Tel: +(94) 11 230 7776
- Commercial Bank (ATM) – Galle Face Centre, Colombo 03

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- Good Market (Shopping and dining)
- Gangaramaya Buddhist Temple (Religious)
- Mharamahadevi Park (Leisure)
- Old Colombo Dutch hospital (Shopping and dining)
- Sri Ponnambalam Vanesar Ravi (Religious)
- Ape Gama (Cultural excursion and souvenir shopping)
- Colombo Lighthouse (Historical)
- St Anthony's Shrine (Religious)
- Number 11 (Historical)
- Independence Square (Historical, shopping and dining)
- Jami Ul-Alfar Mosque (Religious)

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