



Annual Spring Meeting – Scientific sessions

Sri Lankan Medical and Dental Association in the UK

Sunday 1st May 2022, Double Tree by Hilton Hotel,

Stoke on Trent ST1 5BQ

Welcome Message from the Scientific Organising Committee

Dear Colleagues and Friends

We wish to extend a warm welcome to you to the Annual Spring Scientific Sessions of the Sri Lankan Medical and Dental Association.

We are pleased to be able to resume after a lapse of one year due to the Covid pandemic. We express our sincere thanks to our panel of distinguished speakers today for their time and effort.

These sessions as always, afford an excellent opportunity for current and aspiring young doctors and dentists early in their careers, to present well-prepared papers and posters. It is heartening to see them making use of this opportunity. We are confident that you will find their work to be of high calibre, and both useful and exciting. We congratulate them on their hard work, and have no doubt that this experience will help them to further their careers and wish them well.

Please take time to view the posters and discuss them with the presenters as this will mean a lot to them.

We do hope that you will find the sessions both enjoyable, educationally stimulating and of high scientific value.

*Dr Sita Nanayakkara , Prof Mahesh Nirmalan, Dr Rasioka Jayatunga
Prof D Y D Samarawickrema, Dr Mahendra Gonsalkorale*

SLMDA Scientific Sessions Programme

Date: Sunday 1st May 2022
Double Tree by Hilton Hotel, Stoke on Trent ST1 5BQ

		Presenter	Title
08:30	08:55	Registration and coffee	
08:55	09:00	President's welcome	
Session 1: Chairs - Dr Veerasiri Punchihewa, Dr Andrew Nayagam			
09:00	09:25	Dr Prabhath Fernando	Frailty
09:25	09:40	Harini Ratnayake Trainee Presentation (O1)	Are patients with periodontal disease more likely to experience severe COVID-19 symptoms?
09:40	09:55	Dr Sherwin Fernando Trainee Presentation (O2)	Bariatric Surgery and Renal Transplantation improves access to Renal Transplantation and is safe in Renal Failure as well as after transplantation:- A systematic literature review and meta-analysis
09:55	10:10	Dr Shiluka Dias Trainee Presentation (O3)	The efficacy of therapeutic drug monitoring in Inflammatory bowel disease: A systematic review and meta-analysis
10:10	10:35	Dr Vinod Elangasinghe	Your skin can talk: an update on dermatology in internal medicine
10:35	11:15	Tea and poster viewing	

Session 2: Chairs - Dr Sati Ariyanayagam, Dr Auffer Asver			
11:15	11:45	Dr Sunethra Wijesooriya	Early Inflammatory Arthritis; a race against time!
11:45	12:00	Prof Suranjith Seneviratne Grant presentation (O4) (on behalf of <i>Dr Visula Abeysuriya</i>)	The immature platelet fraction, a predictive tool for early recovery from dengue-related thrombocytopenia: a prospective study
12:00	12:15	Prof Suranjith Seneviratne Grant presentation (O5) (on behalf of <i>Dr Harsha A Dissanayake</i>)	Primary adrenal insufficiency among Sri Lankan Adults: Experience from a tertiary care Endocrinology clinic
12:15	12:45	Dr Lalith Wijedoru	The healing power of stories: a human approach to staff wellbeing
Session 3: Chairs - Mr Ajantha Jayatunga, Prof Mahesh Nirmalan			
12:45	13:30	SLMDA ORATION 2022 Mr Shehan Hettiaratchy	War: the disease without a cure
13:30	13:45	Awards and closing	
13:45	14:00	Lunch	
14:00	15:30	Annual General Meeting (Members only)	

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BIOGRAPHIES AND ABSTRACTS OF MAIN SPEAKER PRESENTATIONS (in order of appearance)

Frailty

Dr Prabhath Fernando, MBBS MD FRCP

Consultant Physician and Geriatrician

Biography: Graduated from the University of Peradeniya, and began his postgraduate studies in Medicine attached to the Professorial Medical Unit in Galle in 1997. He obtained his Doctor of Medicine Degree from the Post Graduate Institute of Medicine, University of Colombo. In 2002, he obtained his MRCP (UK) Diploma and later was elected a Fellow of the Royal College of Physician of London. He has been a Consultant Physician and a Geriatrician over 10 years having been dually accredited as a specialist in Internal Medicine and Geriatric Medicine in the UK. He currently works at the North Midlands University Hospital. His sub-specialities are Orthogeriatrics and Parkinson's Disease. He has several publications in peer reviewed international, general and geriatric medical journals and has written a chapter on medical ethics at the end-of-life for a text book in Perioperative Medicine for Older People.

Abstract: Frailty is age-related, but accelerated decline in physiological reserves, as a result of which homeostatic mechanisms start to fail. It is characterised by increased vulnerability to stress that puts older people at risk of developing adverse health outcomes. Although associated with increasing age and co-morbidities, frailty is not synonymous with either ageing or disease. Currently the two widely recognised methods for identifying frailty are the phenotypic and cumulative deficit models. Frailty is frequently associated with falls, delirium and fluctuating disability. It is a dynamic process but transition to a level of worse frailty is more common than is improvement in it. The development of frailty often leads to a spiral of decline of increasing frailty and higher risk of worsening disability, falls, admission to hospital, and death. Almost all landmark clinical trials have excluded older frail people and the results of these clinical trials cannot be extrapolated as evidence for treating those conditions in frail older people. In fact, vulnerability to adverse effects of medications is a cardinal feature of

frailty and one needs to be extremely cautious in prescribing medication for those with frailty. However, frailty is not totally irreversible and interventions often need a holistic and a multidisciplinary approach. Physiotherapy and occupational therapy to improve muscle strength, balance and functional independence, appropriate nutritional supplementation, review and deprescribing of medications and finally appropriate end-of-life care planning are the main stays of therapy in managing frailty.

The focus of my presentation will be on

1. What is frailty,
2. What is ageing.
3. Pathophysiology of frailty in brief
4. How to recognise frailty,
5. Pillars in managing frailty
6. Prescribing for frail older people – what you need to remember

Your skin can talk: an update on dermatology in internal medicine

Dr Vinod Elangasinghe, MBBS FRCP MRCP Derm

Consultant Adult and Paediatric Dermatologist, Main practice- Sheffield

Biography: Consultant Dermatologist with special interests in medical dermatology, hair and nail disease, wounds and chronic ulcers, skin cancer, acne and dermatopathology.

Objectives:

- The discussion revolves around some handpicked dermatoses that brings to prominence the importance of recognising skin lesions and rashes in general medicine and surgery
- General practice, rheumatology, haematology, gastroenterology, infectious diseases, acute medicine, endocrine and metabolic medicine, urology, A&E, psychiatry, cardiology, paediatrics, elderly medicine, nephrology and neurology are many of the specialities that dermatology interlinks with on a regular basis.
- It will be a case based synopsis of dermatoses. Some of the conditions discussed are dermatomyositis, pruritus, exfoliative dermatitis, erythroderma, granuloma annulare, necrobiosis lipoidica, syphilis, leprosy, cellulitis, TEN, lichen sclerosus, non

accidental injury in children, skin cancer, inherited dermatoses with potential for renal and cardiac problems, cancer syndromes, neurological syndromes and psychogenic excoriations

- The discussion will highlight the importance of recognising some signs and symptoms of skin diseases and advances made in medical science in some aspects of these conditions over the last decade.

Early Inflammatory Arthritis; a race against time!

Dr Sunethra Wijesooriya, MD. Medicine (Colombo), MRCP (UK)
Consultant Rheumatologist, Medway NHS Foundation Trust, UK

Biography: Graduated with MBBS from the Faculty of Medicine, University of Colombo, Sri Lanka and obtained MD Medicine in 2001 from the University of Colombo. Completed Higher Specialist training in Rheumatology, which included training at Queen Elizabeth Hospital, University of Birmingham and 2 years' training at Addenbrooke's Hospital, Cambridge University Academic unit, obtaining Certificate of Completion of Training (CCT) in 2010. She was appointed a Consultant in Rheumatology at Medway NHS Foundation Trust in 2010. In addition to general Rheumatology, has an interest in early inflammatory arthritis. Established the departmental muscle biopsy service. Audit lead until 2019, leading contributions to National audits including NEIAA. Co-investigator in research projects. Keen interest in undergraduate/postgraduate medical education, with involvement in delivery of formal MSK teaching to fourth year undergraduates from King's College, annual educational programs for primary care and Educational supervision for Specialty trainees.

Appointed as Deputy LFG lead and the Lead for Medical Training Initiative in Medicine for the Trust until 2021. Currently the Specialty lead for Metabolic Bone service and the osteoporosis unit.

Learning Objectives:

1. Identification of early Inflammatory arthritis and timely referral to specialist.
2. Able to appreciate the importance of early aggressive treatment and recognition of treatment goals.
3. Understand treatment related complications and their management

The healing power of stories: a human approach to staff wellbeing

Dr Lalith Wijedoru, MBBS, MRCPCH UK, MSc (Global Child Health), PG Certificate Expert Witness/Family Law. PG Diploma, Professional Massage Therapy. Wellbeing Consultant, Behind Your Mask, London, UK

Biography: He is a paediatrician with sub-specialist expertise in emergency medicine. He is the founder of Behind Your Mask, a company which supports staff in both public and private sector organisations to share their stories in safe, boundaried, reflective spaces with their colleagues. He is a Schwartz Round facilitator (Point of Care Foundation), and used storytelling initiatives (Team Time) during the global pandemic to support staff at Alder Hey Children's Hospital in Liverpool. He was part of the children's hospital team that won numerous national awards in staff engagement and storytelling including: the Health Services Journal Staff Engagement Award (2020); Most Powerful Storytelling Round from the Point of Care Foundation (2021), and the HPA Excellence in People Award for Employee Engagement (2021).

Learning outcomes and objectives

- to appreciate the concept of staff stories as a tool for staff engagement and wellbeing
- to gain a basic awareness of existing strategies that aim to humanize healthcare (Schwartz Rounds, Team Time)
- to understand how storytelling can effectively demonstrate authentic leadership and create compassionate workplaces.

SLMDA ORATION 2022

Title: War: the disease without a cure

Mr Shehan Hettiaratchy, MA(Oxon) DM FRCS(Plast)

Major Trauma Director, Consultant Plastic and Reconstructive Surgeon
Imperial College Healthcare NHS Trust

Hon: Clinical Senior Lecturer, Imperial College and University College London
Clinical Lead, Veterans Trauma Network

Chair, Armed Forces CRG, NHS England & NHS Improvement

Biography: He graduated from Oxford University in 1994 with prizes in surgery and medicine and a blue in boxing, and trained in surgery in London, Birmingham, Australia and the US. His specialist interests are trauma, hand surgery and complex limb reconstruction. He has been a Consultant Plastic and Reconstructive Surgeon at Imperial College Healthcare NHS Trust, London since 2009. He is currently the Director of Major Trauma at Imperial. He has been involved with the British Army since leaving school, serving initially with The Parachute Regiment and for the last 20 years with 144 Parachute Medical Squadron, RAMC. He spent four years as a Senior Lecturer at the Academic Department of Military Surgery and Trauma, RCDM and was deployed as a military plastic surgeon to Birmingham (2009, 2010) and on Operation Herrick 10 and 13. He has also worked with charities in various war and disaster zones.

He is Senior Lecturer at Imperial College and completed a research fellowship at Harvard Medical School for which he was awarded a Hunterian Professorship. He set up and is the National Clinical Lead for NHSE's Veterans Trauma Network and the National Specialty Advisor for Armed Forces Health.

Learning objectives:

- understanding of the immediate management of war injuries
- understanding of recent advances in battlefield medicine
- understanding of the global healthcare burden of war

JUNIOR FORUM - ORAL PRESENTATION ABSTRACTS

O1: Are patients with periodontal disease more likely to experience severe COVID-19 symptoms?

Presenter: Harini Ratnayake, Year 3 Dental student , University of Bristol.

Introduction/ Background: Periodontitis is a common inflammatory disease of the periodontal tissues that can cause demineralization of the alveolar bone. It also has strong associations with other systemic diseases – one of particular interest due to the current pandemic being respiratory infections.

Objectives: In this publication, I want to shine a light on the literature and evidence emerging that suggests a possible link between periodontitis and Covid-19, in order to emphasize the importance of good oral health management as it pertains to a patient’s systemic health, and the wider complications that can result from uncontrolled periodontitis.

Materials & Methods: Using reputable search engines such as the University of Bristol library database and google scholar, I have collated various literature and trial results that have been published in recent time to provide statistically significant evidence to support my title.

Results: SARS-CoV-2 has been detected in gingival crevicular fluid with evidence to suggest that it can replicate and disseminate in the oral cavity. A significant association can also be seen between periodontitis and covid-19-related outcomes such as requiring assisted ventilation, hospital admission, death and covid-19 pneumonia. Patients with active periodontal disease showed a direct association with covid-19-related outcomes, with more severe periodontitis leading to greater odds ratios for the previously listed outcomes. The blood of covid patients with periodontitis also had higher levels of markers that have been linked to worse covid-19 outcomes.

Discussion and conclusion: With this topic being so recent, there is not much published literature about it, especially the long-term effects of this possible association. Nevertheless, work in this area is crucial to providing whole patient care and establishing risk factors so that we can better prevent or mitigate the outcomes of covid-19. Additionally, the literature discussed

further works to highlight the importance of proper periodontitis management and the wider systemic complications associated with a lack thereof.

References:

- 1) Gupta, S, et al. (2021) 'SARS-CoV-2 Detection in Gingival Crevicular Fluid', *J Dent Res*, 100(2), pp. 187-193.
- 2) Brock, M, et al. (2022) 'The Relationships Among Periodontitis, Pneumonia and COVID-19', *Frontiers in Oral Health*, 2:801815. doi: 10.3389/froh.2021.801815.
- 3) Gupta, S, et al. (2021) 'The clinical association between Periodontitis and COVID-19', *Clinical Oral Investigations*, 26(2), pp. 1361-1374.
- 4) Marouf, N. et al. (2021) 'Association between periodontitis and severity of COVID-19 infection: A case–control study', *Journal of Clinical Periodontology*, 48(4), pp. 483-491.

O2: Bariatric Surgery and Renal Transplantation Improves Access to Renal Transplantation and is Safe in Renal Failure as well as After Transplantation:– A Literature Systematic Review and Meta-analysis

Presenter: Sherwin Fernando, Foundation Year 2 Doctor, West Midlands South University Hospitals Coventry and Warwickshire NHS Trust

Co-authors: *J.R. Varma (University Hospitals Bristol and Weston NHS Foundation Trust), F. Dengu (Oxford University Hospitals NHS Foundation Trust), V. Menon, S. Malik and J.M. O'Callaghan (University Hospitals Coventry and Warwickshire NHS Trust,*

Introduction: Obesity is associated with adverse outcomes in end-stage renal disease (ESRD) and kidney transplant (KT) recipients. Bariatric surgery (BS) is an effective solution to obesity. The authors aim to summarise the evidence for the efficacy and safety of BS in ESRD or KT.

Methods: A literature search was conducted using MEDLINE, EMBASE and Web of Science from inception to date (April 2021). Articles were categorised into patients awaiting waiting list acceptance, awaiting transplantation, undergoing simultaneous BS and kidney transplantation, and undergoing BS following transplantation in the past. Primary outcome was change in BMI with secondary outcomes as adverse events, graft outcomes and KT.

Results: Twenty-eight articles were selected: fourteen on patients awaiting listing (n = 1984), nine on patients listed for KT (n = 196), one on simultaneous BS and KT and ten on patients undergoing BS following KT (n = 198). Mean change in BMI for patients awaiting listing was -10.5 (-4.1 to -17.0, p = 0.001), change in BMI for patients listed for KT was -11.2 (-9.5 to -12.9, p<0.001) and change for patients with prior KT was -11.0 (-7.09 to -14.9, p<0.001). 60.4% of patients undergoing BS were successfully listed for KT. 74.1% of patients listed for KT undergoing BS underwent KT within 17 months (SD = 78.5). Time from KT to BS was 59.2 months (SD = 43.0).

Conclusion: BS is both safe and efficacious on patients with ESRD, those awaiting KT, and those with prior KT and should be considered when obesity is a hurdle to favourable outcomes.

O3: The efficacy of therapeutic drug monitoring in Inflammatory bowel disease: A systematic review and meta-analysis

Presenter: Shiluka Dias, Junior Clinical Fellow Gastroenterology, St Thomas's Hospital.

Co-authors: Sonika Sethi, Aditi Kumar, Matthew J Brookes, Jonathan P Segal

Introduction/ Background: There is conflicting evidence regarding the efficacy of TDM use in the treatment for IBD patients.

Objectives: The aim of this systematic review and meta-analysis was to determine whether the use of TDM results improved clinical, endoscopic, surgical and hospitalisation rates in IBD patients on anti-TNF therapy.

Materials & Methods: MEDLINE, EMBASE, EMBASE classic, PubMed and the Cochrane central databases register of controlled trials and the Cochrane Specialised Trials Register were searched. Randomised controlled trials, observational and prospective and retrospective cohort studies were included. Results were reported as pooled relative risks [RRs] with 95% confidence intervals [CIs].

Results: 11 studies were included in the meta-analysis post screening. When comparing TDM cohort vs non-TDM cohort; 224/379 (59%) vs 203/338 (60%) achieved clinical remission (RR 0.93, 95% CI 0.84 - 1.04), 221/458 (48%) vs. 263/547 (48%) achieved endoscopic remission (RR 0.96, 95% CI 0.50 - 19.85), 400/420 (95%) vs 758/857 (88%) underwent surgery (RR 1.09, 95% CI 0.99 - 1.12), 287/310 vs 269/345 were hospitalised (RR 1.17, 95% CI 0.97 - 1.14) and 306/412 (74%) vs 407/680 (60%) failed treatment (RR 0.96, 95% CI 0.27 - 3.39).

Discussion: Our results demonstrated that the use of TDM did not significantly improve clinical and endoscopic remission, the need for hospitalisation or surgery or the rate of biologic treatment failure.

Conclusions: Current literature suggests little use for routine TDM. Future studies with larger RCTs and standardised assays are needed to substantiate these results and validate the cost-effective use of TDM.

O4: The immature platelet fraction, a predictive tool for early recovery from dengue-related thrombocytopenia: a prospective study

Presenter: Professor Suranjith L Seneviratne on behalf of **Dr Visula Abeyesuriya** Research grant award winner, Nawaloka Hospital Research and Education Foundation, Nawaloka Hospitals PLC, Sri Lanka

Co-authors: Suranjith L Seneviratne², Primesh de Mel¹, Choong Shi Hui Clarice³ Chandima de Mel¹, Lal Chandrasena¹, Christina Yip⁴ Eng-Soo Yap⁴ Sanjay de Mel³

1 Nawaloka Hospital Research and Education Foundation, Nawaloka Hospitals PLC, Sri Lanka. 2 Institute of Immunity and Transplantation, Royal Free Hospital and University College London, London, UK

3 Department of Haematology - Oncology, National University Cancer Institute, National University, Health System Singapore, Singapore.

4 Department of laboratory Medicine, National University Health System, Singapore.

Background: There is a paucity of predictive factors for early recovery from thrombocytopenia related to dengue. The immature platelet fraction (IPF%)

is reflective of megakaryopoiesis and may correlate with recovery from dengue-related thrombocytopenia. Our objective was to assess the predictive value of IPF% on days 2 and 3 of illness for recovery from dengue-related thrombocytopenia.

Methods: A prospective study was conducted among patients with dengue admitted to our institution (Nawaloka Hospital PLC) from December 2019 to October 2020. Dengue was diagnosed based on positive non-structural antigen 1 or IgM. IPF% data were extracted from the Sysmex-XN-1000 automated hematology analyzer. Clinical data were obtained from electronic medical records. Statistical analyses were performed using SPSS version 20.

Results: We included 240 patients. An IPF% on day 2 of illness of $\geq 7.15\%$ had a sensitivity of 80.0% and specificity of 70.4% for prediction of platelet recovery (defined as platelet count $\geq 60 \times 10^9 /L$) on day 7 of illness. An IPF% of $\geq 7.25\%$ on day 3 of illness had a sensitivity of 88.9% and specificity of 47.1% for predicting platelet recovery $\geq 60 \times 10^9 /L$ on day 8 of illness. The IPF% was significantly lower in patients with severe dengue. Platelet recovery was observed within 48 h after the peak IPF% was reached, regardless of severity.

Conclusion: We propose that IPF% values on days 2 and 3 of illness are a promising predictive tool for early recovery from dengue-related thrombocytopenia.

This work has been published: Trans R Soc Trop Med Hyg . 2021 Sep 9

O5: Primary adrenal insufficiency among Sri Lankan Adults: Experience from a tertiary care Endocrinology clinic

Presenter: Professor Suranjith L Seneviratne on behalf of **Dr Harsha A Dissanayake**, Research grant award winner

Co-authors: Harsha A Dissanayake ¹, Prasad Katulanda ¹, Noel P Somasundaram ², Manilka R Sumanatilleke ², Suranjith L Seneviratne ³

1 Department of Clinical Medicine, Faculty of Medicine, University of Colombo, Sri Lanka. 2 Diabetes and Endocrine Clinic, National Hospital of Sri Lanka. 3 Institute of

Immunity and Transplantation, Royal Free Hospital and University College London, London, UK

Background: Clinical, biochemical and radiological characteristics and aetiologies of primary adrenal insufficiency (PAI) among Sri Lankan adults are not known.

Methods: A cross-sectional study was conducted in Endocrine clinics of National Hospital of Sri Lanka. Prescription records of the clinic were manually screened to identify patients with PAI. Patients were contacted to obtain consent for data collection during their next scheduled clinic visit. Data was collected using a structured interviewer administered questionnaire and by reviewing clinic records. Written informed consent was obtained before the interview.

Results: Forty out of 60 patients responded (median age 38 (IQR 27-52), men 35%, 361 patient-years follow up). Adrenal tuberculosis was the aetiology in 10/40. Causes was unknown in 29/40, among whom 16/29 had an associated other organ autoimmune dysfunction). Delay in presentation, diagnosis and presentations with Addisonian crisis were less in patients presented after 2010 compared to those before (9 vs 18 months, 6 vs 12 months and 5/12 vs 3/28 respectively). Hyperpigmentation (39/40), weight loss (32/40) and postural lightheadedness (27/40) were the common manifestations. Adrenal atrophy and adrenal calcification were seen in 20/30 and 6/30 respectively. All patients were on hydrocortisone, 30/40 were on fludrocortisone and none were on androgen replacement. Incidence of Addisonian crisis was 7.5 per 100 patient-years: commonest cause was lapses in medication adherence (14 of 24 events).

Conclusions: Aetiology of PAI in most Sri Lankan adults is presently unknown. Delay in presentation and diagnosis has shortened over time. Addisonian crisis after diagnosis is commonly due to non-adherence.

JUNIOR FORUM - POSTER PRESENTATION ABSTRACTS

P1: The Delta variant of SARS-CoV-2: lessons learnt'

Presenter: Danuksha Amarasena, 3rd Year Medical Student, University of Manchester.

Co-authors: , Suranjith L Seneviratne, Pamodh Yasawardene, Dineshani Hettiarachchi, Widuranga Wijerathne, Buddhika Samaraweera, Darrel Mathew, Visula Abeysuriya

Introduction/Background: Corona Virus Disease-2019 (Covid-19), has affected more than 480 million individuals worldwide and caused over 6.1 million deaths by the second half of March 2022. A number of SARS-CoV-2 viral variants have arisen since the latter half of 2020. The World Health Organisation (WHO) classification identifies five SARS-CoV-2 variants of concern (VOC): Alpha, Beta, Gamma, Delta and Omicron. From March to December 2021, the Delta variant caused significant morbidity and relatively high mortality in several parts of the world.

Objectives: To explore the current data available on the Delta variant of SARS-CoV-2 including information regarding transmissibility, morbidity, mortality and vaccination efficacy.

To review the role of precautionary steps, including booster vaccinations and social distancing measures, in protecting the population against current and newly emerging strains of SARS-CoV-2.

Materials & Methods: Reviewed current data from CDC and the UK-HAS on the Delta variant and other variants of SARS-CoV-2

Results: The Delta variant is more transmissible than the earlier variants, but less so than Omicron. The effectiveness of Covid vaccines against the Delta variant is lower when compared to the original Wuhan strain or the Alpha variant of SARS-CoV-2. Since December 2021, the Omicron variant has been replacing the Delta variant as most prevalent in most regions of the world.

Discussion: A fourth Covid vaccine dose has been rolled out in some regions of the world and has been initially targeted at higher risk groups. Many governments have been advancing the concept of 'Living with Covid' for its

population during the coming months, with a view to mitigating and reducing further adverse economic, social and psychological effects of this pandemic.

Conclusions: Vaccine immunity still provides significant protection against severe disease, hospitalisation and death.

References: This work has been published: “The Delta variant of SARS-CoV-2: the current global scourge”. Sri Lankan Family Physician 2021;36:17–25

P2: A rare and fatal stroke mimic

Presenter: Madena Daoud, Foundation Year 1, Luton hospital (Bedfordshire Hospitals NHS Foundation Trust).

Co-authors: *Dr Puneet Singh (Stroke Medicine Registrar), Dr Asaipillai Asokanathan (Consultant Stroke Physician), Dr Sakthivel Sethuraman (Consultant Stroke Physician) Dr Lankanatha Alwis (Consultant Stroke Physician)*

Introduction/Background: Creutzfeldt-Jakob disease (CJD) is a fatal neurodegenerative disorder caused by prion proteins. The most common form is Sporadic CJD. The peak age of onset is 55-75 years and it has a mean survival of 4-8 months. It typically presents as dementia with ataxia and myoclonus, with rapid deterioration. Patients can also have loss of vision and co-ordination. Whilst investigations are available, the only confirmatory test is brain biopsy. There is currently no curative treatment but symptomatic and supportive care is provided to patients.

Materials & Methods: Case report

Results: We present a 76 year old lady with a stroke mimic. She had a recent history of falls and cognitive impairment. She presented with acute ataxia and paraesthesia in her left arm. Clinical examination revealed left sided hemiplegia, hemi-neglect and dysdiadokinesia. MRI head showed cortical ribboning (DWI restriction) in the right frontal, parietal, occipital and temporal lobes. Bloods excluded metabolic causes of confusion and CSF studies excluded meningo-encephalitis. EEG demonstrated abnormal semi-periodic discharges of largest amplitude in the central region consistent with prion disease. Also, during EEG myoclonic jerks were noted. Tertiary referral was made to the National CJD Research and Surveillance unit and a diagnosis

of probable sporadic CJD was made. Due to rapid deterioration in patient's health, analysis of 14-3-3 protein was not possible. Palliative treatment was initiated with fast track to a hospice for symptomatic care.

Discussion and Conclusions: CJD is fatal and rare stroke mimic. Early recognition is paramount for communication of correct diagnosis, prognosis and initiation of swift supportive care.

References: 1) Sitammagari, K. and Masood, W., 2022. Creutzfeldt Jakob Disease.[online]Ncbi.nlm.nih.gov.Available at: <https://www.ncbi.nlm.nih.gov/books/NBK507860/>[Accessed30March 2022].

P3: Effective end-of-life communication strategies between healthcare professionals and patients

Presenter: Rahul Ratnayake, 6th Year Medical Student.

Background: Palliative care is of the utmost importance due to the increase in the aging population. This is mainly because of improvements in diet and healthcare facilities, but also due to the increasing prevalence of cancer and other non-communicable diseases and also most recently, due to the increasing death toll caused by COVID-19. It is postulated that by 2060 the need for palliative care for those at end-of-life situations will approximately double, further emphasising its dire need in medical health care.

Findings: From 20 prospective studies I found that only 13 fit accepted accredited criteria, and also follow the 'Good Medical Practice' guidelines already established. After review, the main 5 correlating principles are as follows: (1) A member of the care team must portray the poor prognosis or limited time left to live in an appropriate prompt and direct manner, such that the patient understands and comprehends the situation, (2) Goals of care are planned, documented and are included in their medical records. The goals of care also take into account the patient's preferences. (3) A member of the health care team has informed the patient appropriately about benefits, risks and results of life-prolonging potential medical treatments and about the potential down sides and risks of comfort care when trying to treat the patient's disease. (4) It is important to allow family/close contact/patient to

express their opinions and wishes on the planned treatment protocols and allow for mature discussion in progressing the accepted plan. (5) Incorporation of the patient's personal/spiritual/religious values when they consider health care decisions at the end stage of the patient's life.

P4: The role of Histopathology Multidisciplinary Meeting in timely implementation of Treatment Plans for Patients Post Liver Biopsy

Presenter: Shiluka Dias, FY3. St Thomas Hospital, London.

Co-authors: A. Agorogianni, S. Kotha

Introduction/ Background: Liver biopsy is reserved for cases where information required for diagnosis and management cannot be obtained by non-invasive methods. Accreditation for hepatology services in the UK requires >95% of patients be reviewed within 4 weeks of biopsy.

Objectives: We evaluated our service to see if this is achievable with a dedicated histopathology multidisciplinary meeting (MDM) and 'virtual' or remote management of patients.

Materials & Methods: Clinical data for patients who had a liver biopsies was collected from January to June 2021. Intervals between biopsy, review, treatment decision and treatment initiation/alteration were recorded.

Results: 55 patients underwent biopsies, and 100% were discussed in the MDM within 4 weeks. Average time from biopsy to MDM was 19 days. Patients with AIH/DILI/AH (24%) requiring treatment initiation/alteration were actioned immediately. Patients requiring immediate treatment were offered telephone review for discussion/initiation of treatment or face to face (F2F) review. 20/55 patients (36.4%) were seen F2F within 4 weeks. 25 were seen F2F in >4 weeks with an average time from biopsy of 56 days. 10 (18.2%) were not seen in clinic : 5 did not attend, 2 were admitted to hospital and 3 did not have a hepatology diagnosis.

Discussion: In our unit, the target set for at least 95% to have management plans after biopsy within 4 weeks was not only achieved but surpassed as results were reviewed and management initiated within 4 weeks in 100%.

Conclusions: A well organised histopathology MDT can facilitate timely review of biopsy results and ensure appropriate management plans for patients.

P5: I don't speak English! Streamlining the emergency department triage process for patients who do not speak English

Presenter: Zaid Alsafi, Foundation Year 2 Doctor, St Mary's Hospital, London.

Co-authors: Asith Ranasinghe, Aruni Mathyalakan, Nabeel Jemah

Background: Language barriers in healthcare result in miscommunication between medical-professionals and patients. This can affect patient satisfaction and quality of care. This is particularly important in the emergency department triage setting, where assessments can determine the urgency of patients' presenting complaints.

Objectives: Our teaching hospital has a large proportion of patients that only speak Arabic. Arabic speaking doctors are often pulled from their clinical work to translate at reception and triage. We aimed to assess the impact of an Arabic triage sheet on the perceptions of patients and healthcare professionals.

Methods: An Arabic triage sheet containing English, Arabic and pictorial depictions of common clinical presentations was designed. Surveys were administered to patients and healthcare professionals to determine their perceptions.

Results: 88% of Arabic-speaking doctors felt that being pulled away to translate, interfered with their clinical work. 63% felt that this negatively impacted their learning opportunities. 100% of patients felt that the language barrier negatively impacts the care they receive. 75% expressed concerns about attending the emergency department due to language barriers. Following the introduction of the triage sheet, 100% of staff undertaking triage found the sheet to be 'very useful' and that triage assessments are more efficient. 75% of patients felt that the sheet conveyed their symptoms accurately and kept them informed.

Discussion: Albeit not a replacement for a clinical history, a triage sheet can streamline the triage process and improve the patient journey. This sheet can be translated into any language to accommodate for a given patient demographic.

P6: Knowledge and attitudes among medical officers using face masks and Personal Protective Equipment (PPE) for the prevention of COVID-19 infection in Sri Lanka

Presenter: K Narmadha U G Nair, Senior Registrar in General Medicine-PGIM- Sri Lanka. Currently working as a senior clinical fellow in Diabetes and Endocrinology, New Cross Hospital- Wolverhampton,UK,

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Introduction: Covid-19 pandemic is still raging on. New variants and vaccine resistance highlight the importance of prevention. Knowledge and attitude towards face masks and PPE among healthcare professionals are important as poor practices can increase transmission.

Materials and Methods: This cross-sectional descriptive study was conducted at Colombo North Teaching Hospital, Sri Lanka. Data collected through a web-based questionnaire comprised of basic demographic characteristics, knowledge and attitudes.

Results: Among 368 (169 males, 198 females) respondents, approximately 90% agreed to wear the highest level of PPE if necessary. A quarter believed it shouldn't be mandatory. Most were aware that a surgical mask has three protective layers, should be worn white side facing in and can be used safely for 4 hours. Knowledge on disposable respirators seemed inadequate. Only 10% correctly identified the mask providing the highest protection (P100) from others (N95, N100, KN95). 42.6% chose N100. 80% believed N, R, P classification meant different levels of resistance to microorganisms. Only 6.6% knew it was the resistance of the mask to oil. Nearly half said the difference between N95 and KN95 mask was on the level of protection. Only a fifth identified correctly the difference was on the country of origin. Vast

majority has had some training on PPE, mostly mass demonstrations (60%) but only half identified the correct order of removing PPE.

Conclusion: Despite a positive attitude towards face masks and PPE usage among medical officers, gaps in knowledge persist. More focused training is needed to ensure correct practice.

APPENDIX

The Sri Lanka Medical and Dental Association is a non- political, non-racial organisation respecting equality and diversity without any religious affiliations.

The main aim of the SLMDA is to assist undergraduate & postgraduate medical & dental education in Sri Lanka.

However the constitution has recently been extended to support humanitarian causes of exceptional significance to Sri Lanka.

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