A comprehensive review of the inferior mesenteric artery: Variant anatomy and clinical significance

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This review describes the normal and variant anatomy of the inferior mesenteric artery (IMA), including a brief overview of the embryology, as well as proposing a classification system of the IMA vasculature, and clinical significance in the field of surgery.

The material sourced for this review was obtained through searching of Google Scholar, PubMed database and anatomy texts. Search terms included: inferior mesenteric artery anatomy and variation, mesenteric circulation anatomy and variation. The terms radiological and angiographic were also then included. This was followed by review of the reference list of prominent publications, ultimately revealing approximately eighty articles.

Results: The anatomy of the inferior mesenteric system is highly variant, with only a small proportion of cadaveric, angiographic or surgical specimens representing normal anatomy. The location of origin and length of the IMA are less variant, whilst the branching structure into left colic, sigmoidal and superior rectal arteries is variable in origin and number of branches, the presence or absence of collateralisation and its sufficiency. There is no common classification system, however similarities included three main variants of branching with a colo-sigmoid trunk, recto-sigmoid trunk or common trifurcation.

Conclusions: The highly variant anatomy of the inferior mesenteric artery is significant in the field of general surgery from both an oncological perspective when considering resection, as well as in colonic ischaemia. Knowledge of this variable anatomy is crucial in terms of pre-operative considerations, radiological studies and in the propensity of the region to colonic ischaemia. A classification system has been introduced with a step-wise approach to the assessment of the IMA anatomy to avoid misleading nomenclature and provide a framework for surgeons.

Biography
William McSweeney is a principal house officer in General Surgery at Caboolture Hospital, Queensland, Australia. He completed his medical training at the Griffith University School of Medicine, graduating dux of his year. He has a keen interest in general surgery and transplant surgery.

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Presentation and management of mesenteric heterotopic pancreatic tissue

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Heterotopic pancreas (HP) is a rare condition, it is commonly asymptomatic and found at autopsy or at upper abdominal surgery. HP is usually found in the upper gastrointestinal tract, particularly in stomach, duodenum and jejunum. Paediatric mesenteric heterotopic pancreas (MHP) has been rarely described in the literature, we reported a case in a seven-year-old African boy who presented with abdominal pain and at laparotomy, there was a necrotic nodular mass in the jejunal mesentery and he underwent segmental small bowel resection. The histology reviewed mesenteric heterotopic pancreas with normal pancreas tissue. He had an uneventful recovery and was followed up for three months’ post-surgery. Pre-operative diagnosis of MHP is difficult, increasing awareness will help in the management of patients.

Biography
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Acute pancreatitis in pregnancy: Diagnosis and management in a regional hospital

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Acute Pancreatitis is quite uncommon in pregnancy, if not diagnosed early it can increase the risk of fetal and maternal mortality. Some Literature has reported incidence of approximately 3 in 10,000 pregnancies. Most cases have Gallstone as a common pathology, other less common causes can be Idiopathic or related to alcohol, hypertriglyceridemia. The relationship between acute pancreatitis and pregnancy is quite unclear although it does increase the risk of cholelithiasis and biliary sludge formation. Some authors have reported that progesterone in pregnancy provokes gallbladder volume increase and slow emptying, induces bile stasis. Oestrogen and lipid levels increases quite significantly during pregnancy which results in increase cholesterol formation, increase in the intra-abdominal increases pressure on Gallbladder which can contribute to Acute Pancreatitis. This report describes a case of a 27-year female 32 Weeks G2P1 who was referred by the Obstetric team for consultation regarding worsening Right upper quadrant pain, <12-hour duration with nausea. Her pregnancy has been uncomplicated with no previous known medical/surgical background history, BMI ~29-30. Her investigation confirmed diagnosis of Mild Pancreatitis, with mildly de-arranged LFTs, normal White cell count, Blood sugars, calcium, LDH 410 and Lipase 350. Her Ultrasound showed Biliary sludge with normal size of the common Bile Duct. She was managed conservatively and later planned for an Elective Laparoscopic Cholecystectomy after delivery.

Biography
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Anatomical variations of the middle nasal turbinate and their clinical presentations

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Anatomical variations of the lateral nasal wall that predisposes to clinical symptoms, could be challenging and requires a sound knowledge. Among these variations of the lateral nasal wall are the middle turbinate anomalies.

Pneumatized middle turbinate, called concha bullosa, is a frequent anatomic variation of the lateral nasal wall. It is observed in 14 to 53% of the population. Concha bullosa is a radiological diagnosis and can exist without rhinological symptoms. If the pneumatization of the middle turbinate is very large, it can present with nasal symptoms. However, concha bullosa mucocele of the middle turbinate is a rare condition that can become secondary infected resulting into pyocele.

On the other hand, Double middle turbinate anomalies such as secondary middle turbinate or accessory middle turbinate, may also present with nasal clinical symptoms.

Herein, the clinical presentations of the middle turbinate concha bullosa mucocele and the double middle turbinate, will be explored. A guide line of the proper management of these clinical cases and the outcome will be discussed.

Biography

Amr El-Shazly is the Head of Clinic in Liege University Hospitals in Belgium. He obtained his MD, PhD from Kumamoto University in Japan and did further clinical training in the United Kingdom where he became associate fellow to the Royal College of Surgeons in Ireland. Being Rhinologist with special interest in airways allergy, he performed his Allergology fellowship at Bordeaux II University in Bordeaux-France. His clinical & surgical interest is in rhinology. His research interest includes immune-molecular events in allergic inflammation in which he has authored many international peer review publications as well as a specialized book in allergy and clinical immunology of Otolaryngology. He is a member of several international scientific societies. He is Editor-in-chief of World Journal of Otorhinolaryngology (WJO) and a member of the editorial board of some international medical journals.

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Methanol poisoning important differential in a refractory metabolic acidosis with a diabetic patient suspecting ketoacidosis

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Severe methanol intoxication is a rare but life-threatening event and it is easy to assume diabetes ketoacidosis (DKA) while ignoring the possible presence of methanol intoxication in a diabetic patient presenting with severe metabolic acidosis. But in case of DKA metabolic acidosis usually improved after adequate fluid resuscitation. This case warns us to kept in mind the possibility of methanol intoxication in case of refractory metabolic acidosis in a Diabetic patient before diagnosis of DKA.

A 45 years old male businessman, diabetic and hypertensive was admitted with history of restlessness, blurring of vision and breathlessness 1 day. Inspite of conservative treatment after 10 hours his general condition gradually deteriorated, so he shifted to ICU and kept in mechanical ventilator. His laboratory results showed a severe high anion gap metabolic acidosis not corrected by sodibicarb and adequate fluid resuscitation. His neurological condition was deteriorating and MRI of brain showed bilateral putamenal lesion suspecting methanol intoxication. After conservative treatment, his general condition was deteriorated and acidosis was not corrected rather than he developed acute kidney injury so haemodialysis (SLED) was started after taking nephrology consultation. After giving 3 sessions of SLED, metabolic acidosis was corrected with normalization of renal function. His vital signs stabilized and he was extubated subsequently. After six months in a follow-up patient complained total blindness and fundal photography showed bilateral optic atrophy. In case of severe metabolic acidosis, methanol intoxication always should keep in mind in a patient of Diabetes Mellitus suspecting DKA.

Biography

Uzzwal Kumar Mallick is Consultant & Head of ICU & HDU, National Institute of Neurosciences & Hospital, Dhaka, Bangladesh. He passed MD, Critical Care Medicine as a first time physician from Bangladesh government health service. He has published 5 papers in reputed journals and has been serving as an editorial board member of BSCCM journal. He is secretary general of Bangladesh Society of Critical Care Medicine (BSCCM).

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Laparoscopic entry via the Alwis method

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Despite the rapid advances in laparoscopic surgery in the past 2 decades the initial entry still accounts for approximately 40% to 50% of laparoscopic complications and should be considered the most dangerous step of a laparoscopic procedure. In this review, the authors share a technique for initial umbilical entry, and provide alternative entry sites in cases where umbilical entry is contraindicated.

Laparoscopy for diagnostic purposes to a modality for minor and major surgical procedures, had been advancing rapidly over the last 3 decades.

The initial entry still accounts for about 40-50% of laparoscopic complications and is the most dangerous step of this surgical procedure. Laparoscopic entry using a veres needle followed by a blind insertion of a sharp trocar is the common method used by gynecologists.

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The presentation, management and follow-up of the acute complications of jejunoileal diverticula

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Purpose: Diverticula of the small bowel (SB) are rare but can cause acute complications of diverticulitis, perforation, bleeding and obstruction. Given the rarity of this pathology further study into their clinical presentation, management and follow-up is warranted.

Methodology: Hospital coding database was searched for all cases of “diverticula”, “diverticular haemorrhage” and “diverticulitis” as primary or additional diagnosis over a 2-year period. Inclusion criteria were that of confirmed jejunal and ileal diverticula causing acute complication of bleeding, inflammation, perforation or obstruction. Files were reviewed looking at presentation, investigations and management. Follow-up data up to eight years was reviewed for any recurrence or further complications.

Results: Of 378 patients with diverticula, 10 symptomatic jejunoileal diverticula cases were identified. There was a 9:1 M:F predominance, age ranged 22-95. Eight patients had diverticulitis: one uncomplicated, three with localised perforation and four with free intra-peritoneal perforation. Presentation was non-specific. CT abdomen was the most commonly used investigation. A total of six patients required a laparotomy and SB resection and two were managed conservatively. Two patients had bleeding, both chronic and intermittent which did not require acute intervention. In long term follow-up, one patient was lost to follow-up, one patient had a recurrence of diverticulitis at seven years, eight patients did not have further episodes, although four were deceased within three years due to other causes.

Conclusion: Jejunoileal diverticula rarely cause acute complication. Presentation is non-specific and CT abdomen was the most useful investigation. Diverticulitis with perforation was the common pathology with a surprisingly high rate of emergency surgery required.

Biography
Ali Daneshmand (M.D., MSc) is a Surgical Registrar working in a Tertiary Hospital in Perth, Australia. He has published and presented widely in the fields of both General and Vascular surgery.

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Gastric bypass, as metabolic treatment in type 2 diabetes mellitus and grade 1 obesity

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Background: Type 2 diabetes (DM2) is a public health problem worldwide. In 1994 Pories reported glycaemia correction after bypass gastric in obese patient with DM2; then Rubino, Scopinaro (2002) and Carbajo (2008) confirmed this glycaemia normalization during the first postoperative week. Studies in patients submitted to gastro jejunal surgery due to peptic acid disease or neoplasms, reported similar results in blood glucose control. The American Diabetes Association justifies under protocol study be performed this procedure in patients with BMI between 30 and 35.

Material and Methods: A non-blind experimental cohort study, 47 patients with type 2 diabetes and grade 1 obesity were selected at the High Specialty Regional Monterrey Hospital, ISSSTE; 13 patients (Cases) underwent Gastric Bypass, and compared versus 34 patients (Control), in Conventional Clinical Treatment, with one year follow up.

Results: The 13 patients who underwent surgery (eight female and five male), started with a mean HbA1c=9.7% which decreased to 6% post-surgery. Only three of them continue with oral hypoglycemic agents with minimal doses. Regarding the 34 Clinical Treatment patients, their initial (2015) mean HbA1c = 9.2% HbA1c, and their 2016 mean=8.9%, maintaining medications.

Discussion: The Control Group have high risk complications. Gastric Bypass showed to be more effective in the control of HbA1c.

Conclusions: Patients with DM2 and BMI between 30 and 35 are highly vulnerable group, which should be included in bariatric surgical procedures to avoid complications with irreparable damage.

Keywords: Gastric Bypass, Metabolic Surgery, Obesity and Diabetes.

Biography
Luis Guillermo Menchaca Ramos is a General Surgeon, National Institutes of Health (ISSSTE) in México. He did his postdoctoral research at Autonomous University of Nuevo León. Chief of Teaching and Research for several Residences of Medical Specialties at ISSSTE Regional Hospital Monterrey for almost 15 years and Surgery Professor. He has published 3 papers in reputed journals and several participations in International Conferences in México and Netherlands and still working in metabolic surgery.

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Gastric bypass, as metabolic treatment in type 2 diabetes mellitus and grade 1 obesity

Luis Guillermo Menchaca Ramos  
National Institutes of Health (ISSSTE), Mexico

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Study of patients with cancer cervix at a tertiary healthcare hospital in India

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Introduction: Cancer cervix is a preventable disease. Globally, cervical cancer remains an important cause of mortality among young women. Cancer cervix is second most common female cancer in the developed countries, but in most of the developing countries including India, carcinoma of the cervix is the most common malignancy in females and a major public health problem. In India, cervical cancer is the commonest cause of death among women between the ages of 20 and 40 years. In India more than 90,000 women suffer annually from cervical cancer and majority of them report in advanced stage of disease. There is easy accessibility of cervix to direct visual inspection and cytological evaluation and it has a high cure rate when detected in early stages however the problem in developing countries is one of the ignorance by the women, leading to late diagnosis and presentation with advanced clinical stages.

Routine screening and early diagnosis followed by appropriate management is the backbone for decreasing morbidity and mortality associated with the cancer cervix.

Aims and Objectives:
1. To find out the relationship of ca cervix with age parity, age at menarche, age at first sexual intercourse and other risk factors.
2. To study the clinico-pathological – surgical correlation of ca cervix.
3. To evaluate management protocols of early stages of cancer cervix.
4. To evaluate the management protocols of advanced stages of carcinoma cervix.

Materials and Methods: 200 cases of cancer cervix registered at oncology OPD/Ward

Results: as mentioned

Conclusion: To bring the statement “cervical cancer is preventable” in reality better screening services are required to diagnose the disease in the early stages which is the mainstay of treatment.

Biography
Sachin Naiknaware is working in Mumbai, India as a consultant of advanced gynaecology endoscopies surgeon. After finishing MBBS and Ms in gynaecology from prestigious Grant Medical College and air JJ group of hospitals. He joined as an assistant professor. Then went to Singapore KK hospital as resident physician in obgyn and an editorial board member of gynaec e-cronicon journal, publishing very regularly. He has the credit of writing a chapter on book published by federation of obgyn India. Invited as national faculty at various conferences. His area of interest is advanced laparoscopic surgery.

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Multiple septate gallbladder - Clinical manifestation and treatment

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Multisep tate gallbladder are rare congenital abnormality, only few cases have been reported worldwide. These gallbladders have transversely oriented septa, with or without gallstones. Most patients present with recurrent billiard colic pain, radiologically USS abdomen were compatible in picking up the anomaly pattern of multiple separations, giving it wrinkled or honeycomb appearance. Patients who are symptomatic with colic pain benefit from laparoscopic cholecystectomy.

We discuss a case of an 18-year female who has been complaining of right upper quadrant pain for past 12 months, normal liver functions were diagnosed with multiple septate gallbladder on USS abdomen. She recently had a laparoscopic cholecystectomy, IOC cannulation failed due to small fibrotic cystic duct. Post operatively she had resolution of symptoms.

Biography
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Intra abdominal tuberculosis masquerading ovarian carcinoma and surgical management

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Intra-abdominal tuberculosis is rare in Australia; however, it can be found in those who are born overseas. We reported a rare case on a 28-year-old lady originated from Pilipino presented with abdominal pain, night sweats and distended abdomen with initial concern of gynaecological malignancy. She underwent diagnostic laparoscopy which revealed features of intraabdominal tuberculosis: multiple yellow nodules, and omental thickening with ascites. The symptoms and signs of intra-abdominal tuberculosis are non-specific, laparoscopy with tissue biopsy is the gold standard in diagnosing it. It is important to have intra-abdominal tuberculosis as a differential in appropriate setting to avoid delay in diagnosis and management.

Biography
Yaying Eileen Xu is a surgical principal house officer at the Caboolture Hospital, she is interested in doing research on how to provide better surgical care to patients.

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A case of mandibular alveolar bone necrosis following trigeminal herpes zoster infection treated with Platelet Rich Fibrin (PRF)

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Osteonecrosis of alveolar bone caused by herpes zoster infection is complicated matter for patients because of its long diseased period. Exploit of effective therapeutics is hoped to palliate patient's burden. Platelet Rich Fibrin (PRF) is known as a healing biomaterial and we utilized it for treatment of bone necrosis caused by trigeminal zoster infection.

A 91-years-old woman was referred to our division by her dentist because of vesicles on the skin of the right mentum and an ulcerative lesion on the right mandibular gingiva. We diagnosed the former as herpes zoster infection in the third branch of the trigeminal nerve, but could not diagnose the latter condition. The exposure of the alveolar bone, which was observed in the gingival lesion, expanded gradually and led to alveolar bone separation during the 2 months following the first visit; thus, we diagnosed it as alveolar bone osteonecrosis following trigeminal herpes zoster.

Sequestrectomy and PRF-grafting were performed under local anesthesia. The postoperative course was uneventful, and the wound healed successfully during the 1 month following surgery. This is the first case that PRF is used for treatment of alveolar bone osteonecrosis.

Previous case reports indicated that treatment takes many months to treat, but this case was treated in a short period. Therefore, this technique may be effective for the treatment of alveolar osteonecrosis following herpes zoster infection.

Biography
Ken Shimada is an oral surgeon at Department of Dentistry and Oral Surgery, National Hospital Organization Chiba Medical Center. He is engaged in department of dentistry and oral surgery of general hospital as an Oral Surgeon. He is qualified as specialist physician by Japanese society of oral surgeons.

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Low-level laser therapy applied to dysphagia

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Low-Level Laser Therapy (LLLT) has been used in the speech-language clinic as an additional resource to aid the therapeutic results. This technology uses a non-ionizing wavelength that does not cause harm to cells but stimulates them when light is absorbed by chromophores in mitochondria, regulating the cellular metabolism. The low-level red-light laser device is used on superficial tissues and the infrared light on the deep ones, such as muscles and nerves. The cells which are in oxidative stress, when absorbing the light, increase the production of adenosine triphosphate (ATP), promoting muscular activation, reducing fatigue, the production of free radicals, inflammatory processes and edema.

The laser stimulates the cell's metabolism regulation and associated with conventional therapy can improve muscle performance and regulate functions that are at risk. Thus, when applied on the muscles that participate in swallowing, it can improve the lip seal, antero-posterior movement of the tongue, elevate the larynx and glottic closure, and reduce the risk of tracheal aspiration, especially when associated with muscular exercises. When applied on the salivary glands, it may reduce or increase saliva production, depending on the dosage applied. The red laser also can be used on radial artery- Intravascular laser irradiation of blood modified or transdermic (ILIB), as it has been adapted in Brazil, favors the increase of blood flow, resulting in an improvement of the alertness level, the capacity to eliminate secretions and increase voluntary swallow frequency. Three clinical cases will be presented, demonstrating the application of the laser associated with the exercise to orofacial myofunctional, to reduce saliva and increase the swallow frequency.

Biography

Roberta Busch is a Speech Therapist in São Paulo, Brazil, founding partner of CAAD- Advanced Care Center in Dysphagia, and Speech Therapist in Moriah Hospital and IGESP Hospital. She did her master degree in Neuroscience research at São Paulo Federal University. She has published more than 50 researches and 17 book chapters. She has published 5 papers in reputed journals and served as a Committee member of Dysphagia at the Speech Therapist Society a Gastroenterologist Society. Roberta has experience as a graduate and post-graduation teacher; and also works as a clinical therapist on dysphagia of adult patients with neurological disease, with expertise in laser use and neuromuscular electrical stimulation.

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Phenolic and flavonoids analysis of pomegranate peel extracts and their anti-inflammatory and antioxidant activities

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An in vitro evaluation of the anti-inflammatory and antioxidant activities of pomegranate peel extract from Palestine were investigated. In parallel, the total phenolic content (TPC) and the total flavonoids content (TFC) were measured. The antioxidant activities were determined spectrophotometrically by DPPH, FRAP, CUPRAC and the ABTS methods. The phenolic and flavonoid contents were separated and partially identified using HPLC and LC-MS. In vitro inhibitory effect of the extract on production of Interlukin-6 (IL-6) and Tumor Necrosis Factor-α (TNF-α) by Lipopolysaccharide (LPS)-induced polymorph nuclear cells (PMNCs) was evaluated. Pomegranate peel extract was found to have strong anti-inflammatory activity as revealed by the reduction in the levels of IL-6 and TNF-alfa. It was also found that it is rich in phenolic and flavonoids that enhanced its reducing activity and free radical scavenging ability.

Herbal plants contain active ingredients that help in recurring from many diseases including many infectious and chronic ones. The pomegranate tree (Punica granatum L.) is native in Palestine and has been used to treat dysentery, diarrhea, and intestinal parasites. Around half of the fruit weight belongs to its peel and the rest are its edible part consisting of seeds and arils parts. Its peel was used traditionally for treatment of ulcer and inflammation, and it has been showed antioxidant and bacterial activities 2-4. Several studies have demonstrated that the pomegranate peel is a good source of bioactive compounds such as catechin, ellagitannins, epicatechin, rutin, and many others. Such bioactive compounds are responsible for many biological activities as antimicrobial, antioxidant, anti-inflammatory. Additionally, other studies have shown the therapeutic effect of pomegranate fruit, juice, and peel for treatment of lung cancer, esophagus, breast, cardiovascular disorders and breast cancer. It has free radical scavenging activities which mostly related to its phytochemical components.

Biography
Khaled Almusa Qabaha, Associate Professor of Biomedical Sciences holds a doctorate in Biological Sciences from Sabanci University / Turkey in 2010. He works at Arab American University in Medical Laboratory Sciences department since 2003/Palestine, and since joining the university has given many courses and has published many scientific publications in peer-reviewed journals.

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The proportion of the preservation ovarian function in detorsion surgical operative and associated factors in TU DU hospital

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Background: ovarian torsion is one of the most common gynecologic emergencies and may affect females of all ages. Prompt diagnosis is important to preserve ovarian and/or tubal function and to prevent other associated morbidity. Detorsion of twisted ovary can be done without complications. TU DU hospital often had many preservation operations of twisted ovary have not been evaluated for many years so that we research this problem.

Objectives: The aim of this study is to determine the prevalence of ovarian conservation in detorsion operative and associated factors in Từ Dũ hospital.

Method: A cross-sectional study by using information of 335 patient's data.

Results: Prevalence of the ovarian conservation in detorsion operative was 66.57.

Conclusion: Prompt diagnosis and swift operative evaluation to preserve ovarian function and prevent other adverse effects.

Biography
Nguyen Chau Tri (The degree of master of science in Medicine) had completed M.D. at university of medicine and pharmacy at Ho Chi Minh city. He is working as doctor from 2008 to present in the Tu Du Hospital. His clinical work was developed in maternal health. His research interests are obstetrics and gynecology.

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Portal vein gas: Does it always mean ischemic gut? Review of differentials and outcomes

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Background: Hepatic portal venous gas (HPVG) is considered an ominous sign due to its association with mesenteric ischemia and high mortality rate. Typically, urgent operative management is recommended. However, HPVG can be found with several milder diseases. Thus, recognition the different underlying pathologies associated with HPVG and patient outcomes warrant investigation.

Aim: To evaluate the aetiologies associated with HPVG and patient outcome.

Methods: All abdominal CT scans performed in our group of tertiary hospitals in Western Australia over a 10-year period showing hepatic portal venous gas were extracted from a computer database. After applying exclusion criteria, 164 patients with HPVG remained for final analysis. Demographic data, aetiology, investigation results, management and patient outcomes were collected.

Results: Of the 164 patients, 90 were men and 74 women, age ranged between 18 – 97 (average 65.6 years). The aetiology of HPVG was associated with three major clinical subgroups: thromboembolic (n=70), mechanical obstruction (n=28), and a wide range of miscellaneous pathologies (n=57); 9 patients did not have a known aetiology. Whilst 106 patients received active treatment, 58 patients were palliated on presentation due to expected poor outcomes. Of patients who did receive treatment, 58 treated surgically, while 48 received non-operative management. Of the actively treated patients, 86 recovered with 48 experiencing complications post treatment, and 20 died despite treatment. The thromboembolic group accounted for 13 of 20 deceased treated patients, the mechanical obstruction group for 3 and the other pathology group for 4. Patient outcomes varied depending on pathology, with an overall mortality rate of 48.8% (80/164 patients). Subgroup mortality was 72.8% (51/70) in the thromboembolic group, 52% (15/28) in the obstruction group and 18% (12/66) in the remaining patients.

Conclusion: HPVG is not only caused by ischemia but has a wide range of aetiologies. The overall mortality rate is not as high as previously feared, however, differs widely depending on the underlying aetiology. Therefore, the treatment should be directed to the underlying disease.

Biography
Ali Daneshmand (M.D., MSc) is a Surgical Registrar working in a Tertiary Hospital in Perth, Australia. He has published and presented widely in the fields of both General and Vascular surgery.

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Hepatic peliosis associated with a paraganglioma: A case report

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Peliosis of the liver and spleen is a rare benign condition characterized by dilatation of sinusoidal blood-filled spaces. The imageology of hepatic peliosis resembles hepatocellular carcinoma, hepatic metastases and hemangioma (4)(6). We report a case of hepatic peliosis imitating metastases on CT. The patient was 26-year-old man who previously had a splenectomy and retroperitoneal paraganglioma surgically removed. Peliosis must be considered a potential differential diagnosis of hypodense foci of the liver seen on CT.

Keywords: Peliosis, CT scan, FNAC.

Background: Peliosis is characterized by blood-filled thin-walled vessels/cavities with a cystic appearance often found throughout the parenchyma of the organ involved. “Peliosis” is a term derived from the Greek pelios, which means “dusky” or “purple,” referring to the color of the liver parenchyma with peliosis. The lesion may be found in liver, and may be seen in the spleen, lymph nodes, and other organs (including the bone marrow, lungs, pleura, kidneys, adrenal glands, stomach, and ileum). Disseminated peliosis involving several organs has been described.

Although peliosis has been associated with malignant tumors, drugs, toxins and infections, the etiology is unknown. As the causes are varied, the demographics will reflect the underlying cause.

We report a case of peliosis of the liver occurring in a patient previously operated for a retroperitoneal paraganglioma and splenectomy about 3 years back. When the lesions were detected in liver by CT 3 years after surgery, they were supposed to be metastases and FNAC was performed.

Case report: A 23-yr-old man was admitted to the hospital with a large lump in left upper abdomen. Ultrasound and CT revealed a large (12 x 10 x 9 cm) retroperitoneal lesion between left kidney and aorta. Ultrasound also revealed multiple echogenic lesions within the spleen. The splenic lesions were hypodense in non-contrast CT scan and were heterogeneously enhancing after giving IV contrast. Size of the splenic lesions were variable, largest one measuring 6 x 5 cm. The liver, pancreas, both kidneys and suprarenal glands appeared normal. The retroperitoneal lesion was surgically removed in total. With suspecting splenic lesions as metastases, total splenectomy was also done. Histologically, the retroperitoneal lesion appeared benign and confirmed as paraganglioma. After splenectomy, histology confirmed that the splenic lesions were benign vascular lesion with atypia composed of endothelial lined blood vessels.

Biography

Mahbuba Shirin is currently working as an Associate Professor of Radiology and imaging at the Bangabandhu Sheikh Mujib Medical University in Daka, Bangladesh. She graduated from Daka Medical College in 1995, and subsequently earned MPhil, MD and fellowship (FCPS) degrees. She has presented at conferences in different countries including USA, Australia, India, Malaysia, Singapore and Phillipines. She is a particing specialist and members of Radiology and imaging societies of Bangladesh (BSRI), North America (RSNA) and Europe (ESOR).

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An overview and management of multifocal non contiguous necrotizing soft tissue infection

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Necrotising soft tissue infection (NSTI) is a rare yet life threatening surgical emergency, characterized by rapidly spreading infections within the fascia and tissues underneath. The incidence rate is one in 100,000 with a mortality rate varies from 40%-70%. Multifocal necrotising soft tissue infections have been rarely described in the literature, it commonly happens in immunocompromised patients. We report a case of a 70 year old woman who is immunocompromised with diabetes and post splenectomy from years ago, presented initially with concern of a perforated splenic flexure malignancy requiring laparotomy, within 24 hours while on inotropes, she developed rapidly progressing necrotizing fasciitis on left thigh with renal failure, and CK of 19000. Despite aggressive debridement, CT abdomen and lower limbs the next day showed multi focal non-contiguous necrotising myositis of the whole left lower limb and right gluteal regions. Due to her multiple comorbidities, she was palliated. The possible cause to her multi focal infection could be from septic emboli from an abdominal source through the portal and systemic circulation. Multi focal NSTI is extremely rare, it can delay diagnosis and resulting in fatal outcome when it is not suspected, early diagnosis, repeat assessment, aggressive surgical debridement and prompt antibiotics are the keys to treatment.

Biography
Yaying Eileen Xu is a surgical principal house officer at the Caboolture Hospital. She is interested in doing research on how to provide better surgical care to patients, and promoting health to the local community

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Ssa detection rate among the surgeons and the gastroenterologists - A retrospective analysis

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Colorectal cancer is a major cause of cancer mortality in the world. Colonoscopy plays an important role in detection of precancerous adenomas. Therefore, Adenoma detection rate is an excellent indicator of colonoscopy quality. SSAs are usually flat or sessile, and are occasionally covered by a mucous cap. They are difficult to detect because of their subtle morphology, and even when detected, are often incompletely resected. Some SSAs are reported to become invasive cancers in short period of time. This study examined the SSA detection rate among the surgeons and the Gastroenterologist in a public teaching hospital in Queensland, Australia. Indications for colonoscopy were classified as bowel cancer surveillance, positive fecal occult blood test positive, symptoms like abdominal pain, anaemia, chronic diarrhoea etc. All patients underwent similar bowel preparation for colonoscopy. Surgeons and the Gastroenterologist included in the study all have 5 years and above experience. Factors related to SSA detection included (1) Patients’ age; (2) patients’ sex; (3) withdrawal time; (4) cecal intubation rate (5) bowel cleansing level (6) commonest indications. Data collected from a total of 3425 colonoscopies performed by 7 surgeons and 4 gastroenterologists were assessed. A potentially longer withdrawal time could have the increased detection rates observed, some authors have reported longer withdrawal times associated with increased SSA detection.

Biography
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Transvaginal cystocele and rectocele repair, using a new very simple suturing technique

Sarath De Alwis Seneviratne
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The purpose of this exercise is to introduce a very simple new technique of epithelial closure, in this case the vaginal wall. The new technique (the de Alwis method) has been used by us for decades.

Prolapse of the uterus or several pelvic organs has been a problem for centuries and a most embarrassing experience for many. Different surgical and nonsurgical measures have been performed over centuries. The de Alwis method of vaginal epithelial wall approximation is shown to be cosmetically most accepted in our unit and has had no adhesions nor granulation tissue formation.

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A unifying mechanism discovered in diverse hypotensive folk medicines

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Botanical folk medicines have been used throughout human history to treat common disorders such as hypertension, often with unknown underlying mechanisms. Voltage-gated potassium channels are essential for electrical activity in the body and are often sensitive to a variety of small molecules. Our previous studies showed that small molecules isolated from various traditional botanical medicines are capable of beneficially activating certain potassium channels at sub-micro molar concentrations. Here, we reasoned that hypotensive folk medicines might contain selective agonists of specific vascular-expressed potassium channels, a feature lacking in the modern synthetic pharmacopeia. Remarkably, we found that all 10 folk hypotensive plant extracts we tested isoform-selectively activated a specific potassium channel isoform, whereas the 5 non-hypotensive plant extracts tested did not. By further analyzing one, the traditional Chinese medicine Ku Shen (*Sophora flavescens* root), we discovered the bioactive component, which binds to the foot of the channel voltage sensor with sub-micro molar affinity. The results indicate that isoform-selective potassium channel activation is a shared feature of diverse traditional botanical hypotensives, transcending plant genus and human cultural boundaries. Discovery of botanical isoform-selective potassium channel openers may enable future targeted therapies for diseases including hypertension and other cardiovascular diseases.

Biography

Geoffrey W. Abbott is a Professor in Physiology and Biophysics at University of California, Irvine. Current research in Dr. Abbott’s lab is focused on elucidating the molecular basis for ion channel and transporter physiology and pathophysiology, and their modulation by components of traditional botanical medicines. He has received funding for this work from the US National Institutes of Health (NHLBI, NINDS, NIGMS, NIDDK and NIDCD) and American Heart Association. He has published over 100 research articles, many of them in highly ranked journals including Cell, Nature, Nature Medicine, Nature Communications, PNAS and Science Advances.

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