COLOPROCTOLOGY 2023

Beyond Precision

2nd to 5th March 2023

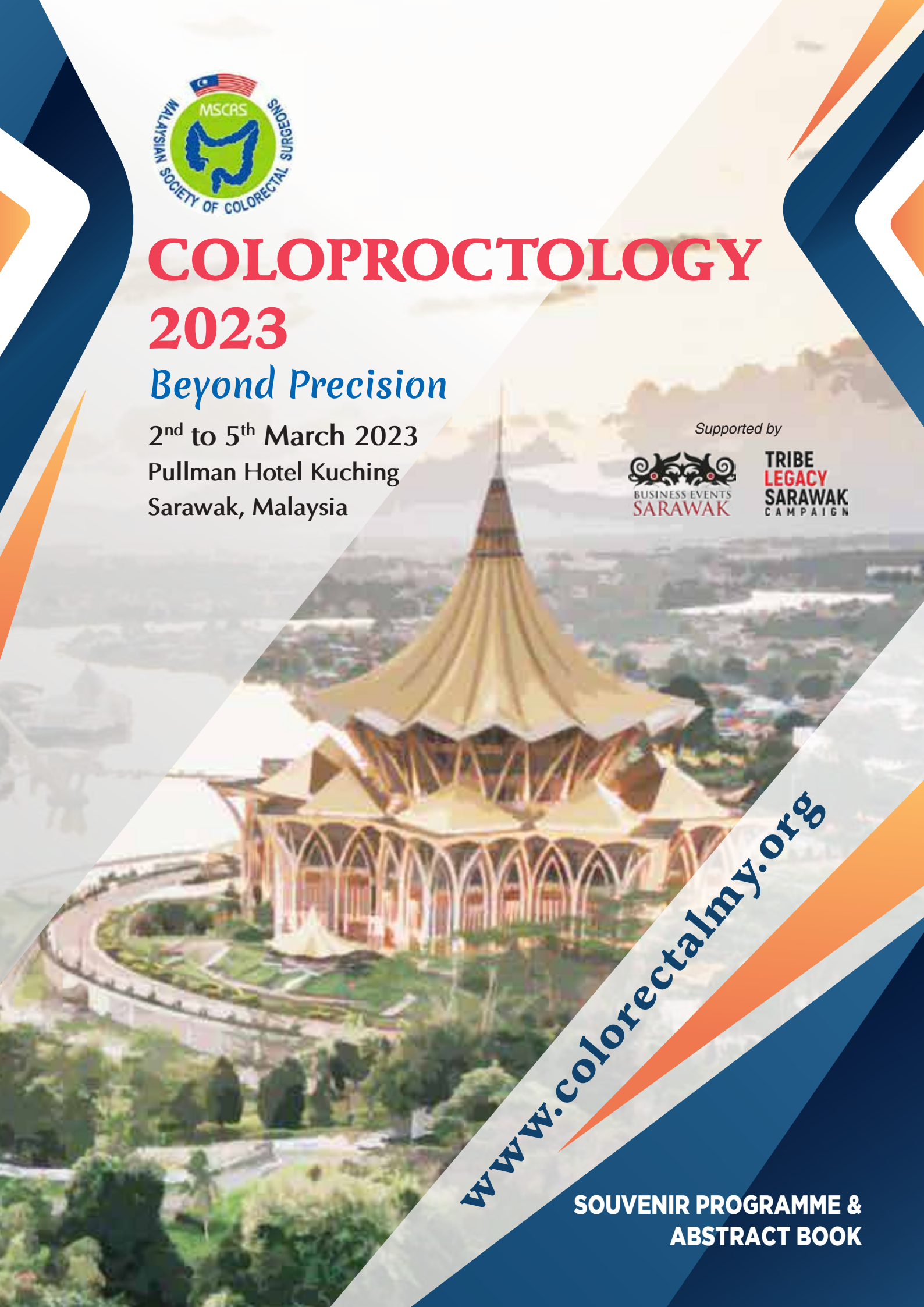
Pullman Hotel Kuching

Sarawak, Malaysia

Supported by

BUSINESS EVENTS SARAWAK

TRIBE LEGACY SARAWAK CAMPAIGN



www.colorectalmy.org

SOUVENIR PROGRAMME & ABSTRACT BOOK

FRESENIUS KABI
caring for life

The Choice is Clear

Complete Parenteral Nutrition Therapy **As Easy As 1, 2, 3**

SmofKabiven®
THE MIX FOR LIFE

i.v. Dipeptiven® Glutamine
protection for life

Additives
Soluvit®N
Vitalipid® N Adult
Addaven®

STEP 1

STEP 2

STEP 3

Acknowledgements

DIAMOND SPONSOR

SERVIER
moved by you

PLATINUM SPONSORS

ETHICON
Johnson & Johnson SURGICAL TECHNOLOGIES

Medtronic
Engineering the extraordinary

GOLD SPONSOR

MENARINI

HOSPITALITY SUITE

PRIME MEDICAL
CONCEPTS

SILVER SPONSORS

Pfizer

ep+
Healthcare Group
Innovating for Better Lives

BRONZE SPONSORS

BH Enterprise Sdn Bhd

Biolitec (M) Sdn Bhd

Boston Scientific (Malaysia) Sdn Bhd

Coloplast A/S

Convatec Malaysia Sdn Bhd

Device Technologies

Endosurgery Sdn Bhd (MICONVEY TECHNOLOGIES CO LTD)

Fujifilm (M) Sdn Bhd

Intaniaga

Medi-Chem System Sdn Bhd

Medi-Life (M) Sdn Bhd

Medic Pro Healthcare Sdn Bhd

MKS Medic Sdn Bhd

SCHMIDT BioMedTech Sdn Bhd

SYS Healthcare Sdn Bhd

Technology Medical Associate Sdn Bhd

Ummi Surgical Sdn Bhd

WSM Medic Sdn Bhd

Contents

Malaysian Society of Colorectal Surgeons Council 2021 - 2023

President	Professor Dr April Camilla Roslani
Immediate Past President	Professor Datuk Dr Ismail Sagap
Vice President	Dr Luqman Mazlan
Hon Secretary	Dr Nurhashim Haron
Hon Treasurer	Dr Zairul Azwan Mohd Azman
Council Members	Dr Shankar Gunarasa Associate Professor Dr Zaidi Zakaria

Coloproctology 2023 Organising Committee

Chairperson	Professor Dr April Camilla Roslani
Secretary	Dr Shankar Gunarasa
Treasurer	Dr Luqman Mazlan
Social	Dr Nurhashim Haron
Committee Members	Professor Datuk Dr Ismail Sagap Associate Professor Dr Zaidi Zakaria
Scientific Committee	Dr Zairul Azwan Mohd Azman *(Chair)* Associate Professor Dr Aini Fahriza Ibrahim Dr Kenneth Voon Kher Ti Dr Elaine Ng Hui Been Dr Mohd Syaferri Masood Associate Professor Dr Andee Dzulkarnaen Zakaria Dr Lim Hiong Chin Dr Ratha Krishnan Sriram Dr Wong Pak Kai Micheal Dr Nur Afdzillah Abdul Rahman Dato' Dr Meheshinder Singh Dr Siti Mayuha Rusli Pn Mariam Mohd Nasir

Welcome Message

Greetings, and *Selamat Datang* (welcome) to Sarawak, the Land of the Hornbills!

The indigenous communities of Sarawak consider it auspicious when a hornbill flies over their homes. Hornbills are rainforest birds, characterized by their unique large curved beaks. While certainly decorative, these beaks are extremely functional, and having evolved binocular vision, the hornbills are able to see and to handle their food with **precision**.

Precision is the hallmark of surgical practice. The right intervention, for the right reasons, for the right patient at the right time - delivered with skill and accuracy by the right practitioner - is a mantra for all healthcare practitioners. Surgeons, who have to navigate an increasingly challenging landscape, must balance arduous and long training for acquisition of complex technical skills with concurrent development of humanistic skills. The cost of cutting edge treatments must be weighed against the shrinking budgets of healthcare systems. We need to avoid driving patients into catastrophic health expenditure without any discernible improvements in quality of life. With a plethora of therapeutic options to choose from, a rapidly evolving evidence base, and changes in expectations from an increasingly diverse patient population, surgeons must have precision in every aspect of navigating the patient journey, not just in performing operations.

It is appropriate, therefore, that the theme of Coloproctology 2023, the 21st Annual Scientific Congress of the Malaysian Society of Colorectal Surgeons (MSCRS), is **'Beyond Precision'**.

The Organising Committee has crafted a scientific programme to pull together what it means to go beyond precision in the 21st century. While many of the symposia are disease-focused, the panels are diverse, in keeping with decision-making needs for individualized patient care. Technological developments in diagnostics and therapeutics are addressed, while also paying attention to the perspectives of ostomates, cancer survivors and allied health professionals.

However, in addition to precision in clinical care, we must also apply the same rigour to training the next generation of surgeons, as well as to research, to further refine existing paradigms, or even create new ones. Thus, we have a dedicated track for core topics, highly suited to general surgical trainees and colorectal fellows, but also useful for experienced surgeons wishing to update their knowledge.

While the metaverse, and its related tools, has become the norm for interactions in the COVID-era, their place in the surgical world continues to evolve. The Presidential panel will discuss how this, and other factors, may impact screening of colorectal cancer, in what I am sure will be a lively debate!

Nevertheless, while virtual platforms have their uses, 2023 sees a welcome return to a fully in-person Coloproctology. The value of informal interactions afforded by face-to-face activities is priceless, allowing the establishment of long-lasting collaborations and friendships. I hope you will be able to take advantage of the social activities we have planned, including the Gala Dinner, aptly themed **'Contemporary Tradition'**, where the fashion-forward among us will get the opportunity to show off our artistic flair. Should you have the time to extend your stay, there are plenty of attractions in Kuching and the surrounding area, from beaches to rainforests and everything in between.

See you soon!

Professor Dr April Camilla Roslani
President, Malaysian Society of Colorectal Surgeons &
Chair, Organising Committee, Coloproctology 2023

Faculty

Ahmad Shanwani Mohamed Sidek

Senior Consultant Colorectal Surgeon
Hospital Raja Perempuan Zainab II
Kota Bharu
Kelantan
Malaysia

Azmi Md Nor

Professor of Surgery
Campus Director
International Islamic University Malaysia
Pahang
Malaysia

Ahmad Tirmizi Jobli

Consultant Radiologist
Head, Radiology Department
Universiti Malaysia Sarawak
Sarawak
Malaysia

Catherine Jawat Anak Sultan

Registered Nurse / Enterostomal Therapist
Sarawak General Hospital
Sarawak
Malaysia

Aini Fahriza Ibrahim

Consultant Colorectal & General Surgeon
Universiti Malaysia Sarawak
Sarawak
Malaysia

William Tzu-Liang Chen

Superintendent
China Medical University Hsinchu Hospital
Taiwan

Akhtar Qureshi

Consultant Colorectal & General Surgeon
Centre for Gastrointestinal & Liver Diseases
Kuala Lumpur
Malaysia

Chieng Tiong How

Consultant Colorectal & General Surgeon
Head, Department of Surgery
Sibu Hospital
Sarawak
Malaysia

Andee Dzulkarnaen Zakaria

Senior Medical Lecturer and Consultant Colorectal Surgeon
School of Medical Sciences
Universiti Sains Malaysia
Kubang Kerian
Kelantan
Malaysia

Choi Gyu Seog

Professor and Consultant Colorectal Surgeon
Head, Colorectal Surgery Department
Kyungpook National University Cancer Hospital
Daegu
South Korea

April Camilla Roslani

Dean
Faculty of Medicine
Universiti Malaya
Kuala Lumpur
Malaysia

Sharon Choo Yoke Ling

Palliative Care Consultant
Sarawak General Hospital
Sarawak
Malaysia

Faculty

Chucheep Sahakitrungruang
Colorectal Division
Chulalongkorn University
Bangkok
Thailand

Peter Lee
Director of Surgery and
Chairman of JL Theatres
Royal Prince Alfred Hospital
Australia

Fitjerald Henry
Consultant Colorectal & General Surgeon
Selayang Hospital
Selangor
Malaysia

Clarence Lei Chang Moh
Adjunct Professor
Consultant Urologist
Universiti Malaysia Sarawak
Sarawak
Malaysia

Kim Seon Hahn
Adjunct Professor
Department of Surgery
Faculty of Medicine
Universiti Malaya
Kuala Lumpur
Malaysia

Liew Shan Fap
Consultant Physician,
Gastroenterologist and Hepatologist
Timberland Medical Centre
Sawarak
Malaysia

Haji Mohamad Amirudin Jaafar
Registered Nurse / Enterostomal Therapist
Universiti Putra Malaysia Teaching Hospital
Selangor
Malaysia

Lim Yueh Ni
Clinical Oncologist
Sarawak General Hospital
Sarawak
Malaysia

Khaw Chern Wern James
Consultant Colorectal Surgeon
Penang General Hospital
Penang
Malaysia

Luqman Mazlan
Consultant Colorectal & General Surgeon
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Khong Tak Loon
Head, Unit and Associate Professor in Colorectal Surgery
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Marahaini Musa
Lecturer & Researcher
Universiti Sains Malaysia
Kubang Kerian
Kelantan
Malaysia

Faculty

Mariam Mohd Nasir
Nursing Consultant & CEO
M&T Network Consultancy
Selangor
Malaysia

Meheshinder Singh
Consultant Colorectal & General Surgeon
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Mohamed Rezal Abdul Aziz
Senior Lecturer
Universiti Malaya
Kuala Lumpur
Malaysia

Mohd Syafferi Masood
Consultant Colorectal & General Surgeon
Hospital Raja Permaisuri Bainun
Ipoh, Perak
Malaysia

Mohd Zailani Mat Hassan
Consultant Colorectal & General Surgeon
MSU Medical Centre
Selangor
Malaysia

Muhammad Aiman Bahri Mohamed Noor
Staff Nurse
Univesity Malaya Medical Centre
Kuala Lumpur
Malaysia

Navinakathiresu Muthuikumarasamy
Consultant Colorectal & General Surgeon
Hospital Serdang
Selangor
Malaysia

Nor-Asmawati Mohamad Ali Abdul Rahman
Medical Social Worker
Sarawak General Hospital
Sarawak
Malaysia

Noorfariza Hussin
Enterostomal Therapist Nurse & Nurse Manager
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Noorhayati Adnan
Nursing Sister
Unit Terapi Enterostomal
Hospital Universiti Sains Malaysia
Kubang Kerian
Kelantan
Malaysia

Norazilah Isa @ Ab Majid
Enterostomal Therapist Nurse & Nurse Manager Specialist Clinics Complex
Hospital Gleneagles Medini
Johor
Malaysia

Nur Afdzillah Abdul Rahman
Consultant Colorectal & General Surgeon
Head, Endoscopy Services
Hospital Canselor Tuanku Muhriz
Kuala Lumpur
Malaysia

Faculty

Nur Amirah Abu Bakar

Registered Nurse / Enterostomal Therapist
Selayang Hospital
Selangor
Malaysia

Nur Nadiatul Asyikin Bujang

Medical Officer
Universiti Malaya
Kuala Lumpur
Malaysia

Nur Yazmin Yaacob

Consultant Interventional Radiologist
Universiti Kebangsaan Malaysia Medical Centre
Kuala Lumpur
Malaysia

Nurhashim Haron

Consultant Colorectal & General Surgeon
KPJ Tawakkal KL Specialist Hospital
Kuala Lumpur
Malaysia

David Ong Li Wei

Consultant Colorectal & General Surgeon
State Surgeon and Head of Department
Hospital Tengku Ampuan Afzan
Kuantan, Pahang
Malaysia

Paul Selvindoss

Consultant Colorectal & Laparoscopic Surgeon
Colorectal Clinic Associates
Gleneagles Hospital
Kuala Lumpur
Malaysia

Pua Wee Khong

CORUM (Colorectal Cancer Survivorship Society Malaysia)
Malaysia

Ratha Krishnan Sriram

Consultant Colorectal & General Surgeon
Hospital Queen Elizabeth
Sabah
Malaysia

Rozita Mohamad

Senior Nursing Sister
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Ruhi Fadzlyana Jailani

Senior Lecturer and Consultant Colorectal & General Surgeon
Universiti Sains Islam Malaysia
Hospital Ampang
Selangor
Malaysia

Rusyina Anak Daub

Registered Nurse / Enterostomal Therapist
Sarawak General Hospital
Sarawak
Malaysia

Shankar Gunarasa

Consultant Colorectal & General Surgeon
Pantai Hospital Ayer Keroh
Melaka
Malaysia

Faculty

Chayanit Sirisai
Consultant General Surgeon
Head, Peritoneal Surface Malignancy Department
National Cancer Institute
Thailand

Soon Su Yang
Consultant Gastroenterologist
Kuching Specialist Hospital
Sarawak
Malaysia

Tan Eng Soon
Consultant Gastroenterology & Hepatology
Sunway Medical Centre
Selangor
Malaysia

Patricia Anne Teng
Registered Nurse / Enterostomal Therapist
Prince Court Medical Centre
Kuala Lumpur
Malaysia

Charles Bih-Shiou Tsang
Adjunct Associate Professor
Yong Loo Lin School of Medicine
National University of Singapore
Singapore

Kenneth Voon Kher Ti
Consultant Colorectal Surgeon
Head, Colorectal Surgery Unit
Sarawak General Hospital
Sarawak
Malaysia

Voon Pei Jye
Head and Consultant Medical Oncologist
Hospital Umum Sarawak
Sarawak
Malaysia

Wan Khamizar Wan Khazim
Consultant Colorectal & General Surgeon
Sultanah Bahiyah Hospital
Kedah
Malaysia

Michael Wong Pak Kai
Senior Lecturer and Consultant Colorectal & General Surgeon
Universiti Sains Malaysia
Kubang Kerian
Kelantan
Malaysia

Renna Yii
Registered Nurse
Wound, Ostomy & Continence Nurse
Sarawak General Hospital
Sarawak
Malaysia

Zaidi Zakaria
Senior Lecturer and Consultant Colorectal & General Surgeon
Deputy Director Clinical
Hospital Universiti Sains Malaysia
Kubang Kerian
Kelantan
Malaysia

Zairul Azwan Mohd Azman
Consultant Colorectal & General Surgeon
Deputy Director (Medical Services)
Hospital Canselor Tuanku Muhriz
Universiti Kebangsaan Malaysia Medical Centre
Kuala Lumpur
Malaysia

Programme Summary

Time \ Date	3rd March 2023 (Friday)		4th March 2023 (Saturday)			5th March 2023 (Sunday)
0700 - 0730	Registration		MEET-THE-EXPERT 1 & 2	Registration		MEET-THE-EXPERT 3 & 4
0730 - 0800						
0800 - 0830	SYMPOSIUM 1 Benign Anorectal Condition		SYMPOSIUM 4 Advances in Precision Interventions for Colorectal Cancer			SYMPOSIUM 7 Core Topics
0830 - 0900		AHP Opening		AHP SYMPOSIUM 4		
0900 - 0930	PLENARY 1	AHP SYMPOSIUM 1	PLENARY 3		CORUM SYMPOSIUM 1	
0930 - 1000	Break					
1000 - 1030	Opening & Induction Ceremony		SYMPOSIUM 5 Infective & Inflammatory Colorectal Condition	Break / Booth Visit		
1030 - 1100				AHP SYMPOSIUM 5	CORUM SYMPOSIUM 2	PRIZE PRESENTATION
1100 - 1130		AHP SYMPOSIUM 2	Poster Prize Presentation			Break
1130 - 1200	Lunch Symposium				ROUND TABLE DISCUSSION SHARING	SYMPOSIUM 8 Operative Surgery
1200 - 1230			Lunch Symposium			
1230 - 1300	Break / Booth Visit / Friday Prayers		PLENARY 4			CLOSING CEREMONY
1300 - 1330						
1330 - 1400			SYMPOSIUM 6 Pot Pourri			
1400 - 1430	PLENARY 2	AHP SYMPOSIUM 3	Sponsored Symposium	AHP SYMPOSIUM 6	COMMON COLORECTAL CONDITIONS FOR PRIMARY CARE PRACTICES Symposium SYMPOSIUM 1	COLORECTAL MASTERCLASS
1430 - 1500	SYMPOSIUM 2 Rectal Cancer		Presidential Panel Discussion		Break	
1500 - 1530						
1530 - 1600	Break		Fellow Presentation	WORKSHOP 3 & 4	COMMON COLORECTAL CONDITIONS FOR PRIMARY CARE PRACTICES Symposium SYMPOSIUM 2	
1600 - 1630	Sponsored Symposium	WORKSHOP 1 & 2	PROFESSORS' CORNER	AHP SYMPOSIUM 7		
1630 - 1700	SYMPOSIUM 3 Colon Tumour					
1700 - 1730						
1730 - 1800						
1830 - 1900	MSCRS Annual General Meeting & Dinner - The Sarawak Club *(Members only)*		GALA DINNER *(by subscription)*			
1900 - 2230						

2nd March 2022 (Thursday)
FACULTY DINNER *(by invitation only)*

Pre-Congress Workshop
2nd March 2023 (Thursday)

VENUE

Day Care Centre Operating Theatre, Level 3, Seminar Room 2 & 3, Day Care Centre, Level 4
Sarawak General Hospital, Sarawak

FACULTY

April Camilla Roslani, Chucheep Sahakitrunruang

PARTICIPANTS

Limited to 50 participants

PROGRAMME

0800 - 0815	Registration
0815 - 0830	Welcoming Speech by Organising Chairperson
	Chairperson: *Kenneth Voon Kher Ti*
0830 - 0900	Lecture 1: Novel Approach for Pelvic Organs Prolapse & Pelvic Floor Descend ***Chucheep Sahakitrunruang***
0900 - 0920	Breakfast & Preparation for Live Surgery 1
0920 - 1130	Live Surgery 1: Laparoscopic Rectal Prolapse Repair
	Chairperson: *Aini Fahriza Ibrahim*
1130 - 1200	Lecture 2: Role of Laser in Benign Anorectal Conditions ***April Camilla Roslani***
1200 - 1300	Live Surgery 2: Fistula Tract Laser Closure (FILAC)
1300 - 1400	Lunch & Preparation for Live Surgery 3
	Chairperson: *Aini Fahriza Ibrahim*
1400 - 1500	Live Surgery 3: Laser Haemorrhoidoplasty
1500 - 1530	Q & A session
1530 - 1600	Closing Ceremony

Daily Programme
3rd March 2023 (Friday)

0715 - 0730 **Registration**

0800 - 0915 *Colosseum 1*

SYMPOSIUM 1 | *Benign Anorectal Condition*

Chairpersons: *Chieng Tiong How / Michael Wong Pak Kai*

Reflections on LIFT Procedure for FIA
Charles Bih-Shiou Tsang

Haemorrhoids: Whats New and Best
Meheshinder Singh

Approaching Multicompartment Pelvic Organ Prolapse
Chucheep Sahakitrungruang

Fecal Incontinence - What's the New Kid on the Block
April Camilla Roslani

Q&A

0830 - 0915 *Colosseum 2*

Chairpersons: *Haji Mohamad Amirudin Jaafar / Muhammad Aiman Bahri Mohamed Noor*

Prayer Reciting

Video Presentation
Malaysian Enterostomal Therapy Nursing Education Program (METNEP)

0915 - 0945 *Colosseum 1*

PLENARY 1

Chairperson: *Andee Dzulkarnaen Zakaria*

Watchful Waiting for Rectal Cancer: Who is Watching the Watchers and What are We Waiting for?
Charles Bih-Shiou Tsang

0915 - 0945 *Colosseum 2*

AHP SYMPOSIUM 1

Chairperson: *Haji Mohamad Amirudin Jaafar*

Issues and Challenges in Colorectal Surgery
Zairul Azwan Mohd Azman

0945 - 1000 Break

1000 - 1130 **Opening Ceremony**
President's Address by Professor Dr April Camilla Roslani
Induction Ceremony

1100 - 1130 *Colosseum 2*

AHP SYMPOSIUM 2

Chairperson: *Muhammad Aiman Bahri Mohamed Noor*

Prevention and Management of Peristomal Moisture Associated Dermatitis
Rusyina Anak Daub

1130 - 1230 **Lunch Symposium** *(Servier)*

Chairperson: *Luqman Mazlan*

Tackling Antibiotic Associated Dysbiosis in Surgical Practice
Prabhu Ramasamy

Tailor-Made Management of Hemorrhoidal Disease
Akhtar Qureshi

Novel Treatment of Symptoms Associated with Hemorrhoidal Disease and its Complications
Alan Wong

1230 - 1400 Break / Booth Visit / Friday Prayers

Daily Programme
3rd March 2023 (Friday)

1400 - 1430 *Colosseum 1*

PLENARY 2

Chairperson: *Ratha Krishnan Sriram*

Selective Lateral Lymph Node Dissection
Choi Gyu Seog

1430 - 1545 *Colosseum 1*

SYMPOSIUM 2 | *Rectal Cancer*

Chairpersons: *Zaidi Zakaria / Luqman Mazlan*

Individualizing Total Neoadjuvant Therapy (TNT) with Resources Available in Malaysia
Lim Yueh Ni

Robotic Surgery in Advanced Rectal Malignancies
Peter Lee

Achieving "Yin and Yang" of Oncological Outcome and Function in Surgery with ISR
Kim Seon Hahn

Optimal Timing for Rectal Cancer Surgery After Neoadjuvant Therapy
Akhtar Qureshi

Q&A

1545 - 1600
Break

1600 - 1630 *Colosseum 1*

Sponsored Symposium *(Menarini)*

Chairperson: *Zairul Azwan Mohd Azman*

Treatment of Acute Moderate to Severe Pain with Fixed-Dose Combination Dexketoprofen/Tramadol
Lim Boon Ping

1630 - 1745 *Colosseum 1*

SYMPOSIUM 3 | *Colon Tumour*

Chairpersons: *Meheshinder Singh / Elaine Ng Hui Been*

D3 Right Hemicolectomy: Is it Necessary for All?
William Tzu-Liang Chen

Primary vs Staged Resection in Obstructed Colon Tumour
David Ong Li Wei

Interventional Radiology Approaches to Unresectable Colorectal Metastasis
Nur Yazmin Yaacob

Endoscopic Treatment for Early Colonic Tumour - Options and Limitations
Tan Eng Soon

Q&A

1400 - 1600 *Colosseum 2*

AHP SYMPOSIUM 3

Chairpersons: *Rusyina Anak Daub / Norhanita Ahmad / Rozita Mohamad*

Islamic Fatwa - A Guide for Muslim Ostomate
Haji Mohamad Amirudin Jaafar

Presentation of Stoma Case Study

Management of Infected Peristomal Skin: I Thought it was Easy!
Renna Yii

Management of Peristomal Skin Excoriation in an Ileostomy
Patricia Anne Teng

Management of Flush Stoma
Nur Amirah Abu Bakar

The World of Enterostomal Therapist (E.T.) and Beyond
Mariam Mohd Nasir

1600 - 1700 *Colosseum 2*

WORKSHOPS

1. Convatec Malaysia Sdn Bhd
2. Coloplast

1830 - 2200 **MSCRS Annual General Meeting & Dinner - The Sarawak Club** *(Members only)*

Daily Programme
4th March 2023 (Saturday)

0700 - 0800

MEET-THE-EXPERT 1 *Taj Mahal*

Endoanal Ultrasound & Anal Manometry - Clinical Application
Charles Bih-Shiou Tsang / Nur Afdzillah Abdul Rahman

MEET-THE-EXPERT 2 *Machu Picchu*

Chairperson: *Kenneth Voon Kher Ti*

Advance Rectal Cancer Imaging: CTScan & MRI
Peter Lee / Ahmad Tirmizi Jobli

0800 - 0915 *Colosseum 1*

SYMPOSIUM 4 | *Advances in Precision Interventions for Colorectal Cancer*

Chairpersons: *Azmi Md Nor / Siti Mayuha Rusli*

Advances in Robotic Surgery
Kim Seon Hahn

Immunotherapy and Colorectal Cancer. Where We Are and What is Ahead?
Voon Pei Jye

Using Genomics to Prognosticate and Guide Treatment in Colorectal Cancer
Marahaini Musa

ICG for Nodal Mapping in Colorectal Cancer Surgery
Choi Gyu Seog

Q&A

0915 - 0945 *Colosseum 1*

PLENARY 3

Chairperson: *David Ong Li Wei*

Pelvic Exanteration: Are we doing too much or too little?
Peter Lee

0945 - 1000
Break

0730 - 0845
Registration

0845 - 1015 *Colosseum 2*

AHP SYMPOSIUM 4

Chairpersons:
Patricia Anne Teng / Norhanita Ahmad / Noorfariza Hussin

Issues and Challenges being an Enterostomal Therapist (E.T.)
Noorfariza Hussin

Mucocutaneous Separation Prevention and Management
Rozita Mohamad

Low Anterior Resection Syndrome (LARS): Prevention and Management
Nurhashim Haron

0900 - 1000 *Petra 2*

CORUM SYMPOSIUM 1

Chairperson:
Nur Nadiatul Asyikin Bujang

Dealing with Sexual Dysfunction Post Colorectal Cancer Surgery
Clarence Lei Chang Moh

Access to Care for Colorectal Cancer Patients: Regional Facilities for Sarawakians
Kenneth Voon Kher Ti

Lifestyle Modification Post Colorectal Cancer Surgery
Aini Fahriza Ibrahim

Daily Programme
4th March 2023 (Saturday)

1000 - 1115 *Colosseum 1*

SYMPOSIUM 5 | *Infective & Inflammatory Colorectal Condition*

Chairpersons: *Akhtar Qureshi / Mohd Zailani Mat Hassan*

TB vs IBD: Which is the Greatest Mimicker?
Soon Su Yang

Clostridium Difficile Colitis - When is Surgery Necessary?
Paul Selvindoss

Tackling Anal Fistula in Immunocompromised Patient
Chieng Tiong How

Treatment Armamentarium in Perianal Warts
Wan Khamizar Wan Khazim

Q&A

1115 - 1200 *Colosseum 1*

Chairperson: *Paul Selvindoss*

Poster Prize Presentation

1015 - 1030
Break / Booth Visit

1030 - 1200 *Colosseum 2*

AHP SYMPOSIUM 5

Chairpersons:
Nur Amirah Abu Bakar / Noorfariza Hussin / Muhammad Aiman Bahri Mohamed Noor

Effective Counselling for Patient Undergoing Ostomy Surgery
Muhammad Aiman Bahri Mohamed Noor

Complications in Stoma: My Way
1. **Difficult stoma**
2. **Enterocutaneous Fistula**

Norazilah Isa @ Ab Majid

Introduction to Enterostomal Therapy Unit Hospital Universiti Sains Malaysia: How we Progressing?
Noorhayati Adnan

1030 - 1130 *Petra 2*

CORUM SYMPOSIUM 2

Chairperson:
Kenneth Voon Kher Ti

The Unmet Needs Among People Living with Colorectal Cancer in Malaysia
Nur Nadiatul Asyikin Bujang

Venues for Support and Financial Aids in Cancer Treatment
Nor-Asmawati Mohamad Ali Abdul Rahman

The Journey of CORUM
Pua Wee Khong

1130 - 1230

ROUND TABLE DISCUSSION SHARING

1200 - 1245 **Lunch Symposium** *(Johnson & Johnson)*

Chairperson: *Ratha Krishnan Sriram*

How to Perform an Ideal Laparoscopic TME in Patients with Narrow Pelvic Area?
Krittin Kajohnwongsatit

1245 - 1315 *Colosseum 1*

PLENARY 4

Chairperson:
Shankar Gunarasa

Rectal Cancer Surgery during a Pandemic - Lessons Learnt for the Future
Fitjerald Henry

Daily Programme
4th March 2023 (Saturday)

1315 - 1415 *Colosseum 1*

SYMPOSIUM 6 | *Pot Pourri*

Chairpersons:
Wan Khamizar Wan Khazim / Nurhashim Haron

Handling Common Colorectal Surgery Mishaps and Complications
Azmi Md Nor

Ergonomics for Colorectal Surgeons - Tips and Tricks for Longevity in a Surgical Career
Luqman Mazlan

Update on ERAS in Colorectal Surgery
Zaidi Zakaria

Q&A

1415 - 1500 *Colosseum 1*

Sponsored Symposium *(Medtronic)*

Chairperson:
Elaine Ng Hui Been

The Feasibility Technology and Effect of Tri-StapleTM Technology Toward a Safe Colorectal Surgery
Chucheep Sahakitrungruang

1500 - 1530 *Colosseum 1*

Presidential Panel Discussion

Chairperson:
April Camilla Roslani

Meeting the Challenges of Colorectal Screening in the Metaverse Era
Panelists:
Peter Lee / Choi Gyu Seog / William Tzu-Liang Chen

1400 - 1600 *Colosseum 2*

AHP SYMPOSIUM 6

Chairpersons: *Rozita Mohamad / Nur Amirah Abu Bakar / Noorhayati Adnan / Catherine Jawat Anak Sultan*

Site My Stoma Correctly, Please! Importance of Sitting a Patient Prior to Stoma Surgery
Haji Mohamad Amirudin Jaafar

Stoma Care Services Gleneagles Hospital Medini Johor: How We Did It!
Norazilah Isa @ Ab Majid

Eating with an Ostomy
Catherine Jawat Anak Sultan

How can Enterostomal Therapist be Recognized and Acknowledged?
Rozita Mohamad

COMMON COLORECTAL CONDITIONS FOR PRIMARY CARE PRACTICES *Petra 2*
Symposium organised in conjunction with ***COLOPROCTOLOGY 2023***

Colorectal Conditions in Primary Care

1400 - 1510 *Petra 2*

SYMPOSIUM 1 | *Dealing with Colorectal Cancer in Primary Care*

Chairperson: *Morni Abu Samat*

Screening for Colorectal Cancer - Where Do We Start?
Liew Shan Fap

Dealing with Common Post-Operative Complications After Colorectal Cancer Resections
Kenneth Voon Kher Ti

The Value of Palliative Care for Colorectal Cancer Patients
Sharon Choo Yoke Ling

Q&A

1510 - 1530
Break

Daily Programme
4th March 2023 (Saturday)

1545 - 1630 *Colosseum 1*

FELLOW PRESENTATION

Fellowship Research and Experience

Chairperson:
Ahmad Shanwani Mohamed Sidek

Attachement: Instituto Nazionale dei Tumori, Milan
Navinakathiresu Muthuikumarasamy

Attachement: Royal Prince Alfred Hospital, Sydney
Khaw Chern Wern James

Attachement: National Cancer Centre Singapore & Singapore General Hospital
Mohamed Rezal Abdul Aziz

1630 - 1715 *Colosseum 1*

PROFESSORS' CORNER

Chairperson:
Khong Tak Loon

Panelists:
Kim Seon Hahn / Chucheep Sahakitrungruang / Zaidi Zakaria

1600 - 1630 *Colosseum 2*

WORKSHOPS

3. Medichem
4. Hollister

1630 - 1700

AHP SYMPOSIUM 7

Chairperson: *Norhanita Ahmad*

The Future of Enterostomal Therapy Nursing in Malaysia
Mariam Mohd Nasir

COMMON COLORECTAL CONDITIONS FOR PRIMARY CARE PRACTICES *Petra 2*

Symposium organised in conjunction with ***COLOPROCTOLOGY 2023***

Colorectal Conditions in Primary Care

1530 - 1640 *Petra 2*

SYMPOSIUM 2 | *Benign Colorectal Conditions*

Chairperson: *Morni Abu Samat*

Constipation
Aini Fahriza Ibrahim

Stoma Related Problems: What Can Be Done in the Clinics?
Renna Yii

Pain in Bum (Anorectal Pain) How Do We Approach?
Chieng Tiong How

Q&A

1900 - 2230 **GALA DINNER** *(by subscription)*
Pullman Hotel Kuching
Theme: Contemporary Tradition

Daily Programme
5th March 2023 (Sunday)

0700 - 0800 **MEET-THE-EXPERT 3** — *Taj Mahal*

Chairperson: *Rezal*

HIPEC for Colorectal Cancer and Pseudomyxonoma Cases: Thailand Experience
Chayanit Sirisai

MEET-THE-EXPERT 4 — *Machu Picchu*

Clinial Nutrition: How to do it?
Ratha Krishnan Sriram / Luqman Mazlan

0800 - 1050 **SYMPOSIUM 7 | *Core Topics*** — *Colosseum 1*

Chairpersons: *Elaine Ng Hui Been / Lim Hiong Chin*

Pilonidal Sinus
Ruhi Fadzlyana Jailani

Dealing with Difficult Stomas & Complications
Michael Wong Pak Kai

Colonic Volvulus
Mohd Syafferi Masood

Break

Dealing with Malignant Colonic Polyps
Nurhashim Haron

Pruritus Ani
Shankar Gunarasa

Acute Haemorrhoidal Crisis
Khong Tak Loon

Q&A

1050 - 1120 **PRIZE PRESENTATION** — *Colosseum 1*

1120 - 1135 Break

1135 - 1310 **SYMPOSIUM 8 | *Operative Surgery*** — *Colosseum 1*

Chairpersons: *Ruhi Fadzlyana Jailani / Mohd Syafferi Masood*

Sphincter Repair
Mohd Zailani Mat Hassan

Fistulectomy with Sphincter Repair
Ahmad Shanwani Mohamed Sidek

Laser Hemorrhoidoplasty
Andee Dzulkarnaen Zakaria

Perineal Approach in Rectal Prolapse
Nur Afdzillah Abdul Rahman

Q&A

1310 - 1340 **CLOSING CEREMONY**

1400 - 1530 **COLORECTAL MASTERCLASS**
Fitjerald Henry / Andee Dzulkarnaen Zakaria / Nur Afdzillah Abdul Rahman / Zaidi Zakaria / David Ong Li Wei / Nil Amri Mohamed Kamil / Khong Tak Loon

OPENING CEREMONY

Date: 3th March (Friday)

1000	**Arrival of Guest of Honour by Professor Dato' Sri Dr Sim Kui Hian** **Deputy Premier of Sarawak** **Minister of Public Health, Housing and** **Local Government Sarawak**
1015	**Welcoming Remarks**
1020	**Doa Recital**
1025	**Opening Dance Coloproctology 2023** **- 'Gadis Sarawak Dance'**
1030	**Welcoming Speech & Induction Ceremony Malaysian Society of Colorectal Surgeons (MSCRS) by Professor Dr April Camilla Roslani** **President, Malaysian Society of Colorectal Surgeons**
1045	**Opening Speech by YAB Professor Dato' Sri Dr Sim Kui Hian**
1100	**Official Opening Ceremony of Coloproctology 2023**
1110	**Launching of *'Colorectal Cancer Month & Virtual Run 2023'*** **- Video Presentation**
1115	**Official Exhibitor Booth Visits**
1200	**Lunch in VIP Room Puzzle Restaurant, Pullman Hotel**
	End of Opening Ceremony Coloproctology 2023

HAEMORRHOIDS: WHATS NEW AND BEST

Meheshinder Singh
Pantai Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Haemorrhoidal disorders have been described for centuries and they continue to form a `major part of our general surgical work. Due to its polysymptomatic nature of presentation, it is difficult to effectively judge which would be the best mode of treatment. There are currently a multitude of treatment options ranging from simple conservative means of medical and topical therapies to nonoperative outpatient procedures to various novel surgical procedures. Although these newer techniques such as laser haemorrhoidopexy, HAL Doppler, stapled haemorrhoidopexy etc have primarily been introduced to address the issue of pain and early postop recovery, however, they do not necessarily equate to better outcomes in the long run as compared to the traditional older intervention of excisional haemorrhoidectomy. Whatever the choice of a procedure selected, it is imperative that it is tailored to the patient based upon symptomatology, convenience, and the degree of prolapse.

ISSUES AND CHALLENGES IN COLORECTAL SURGERY

Zairul Azwan Mohd Azman
Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Colorectal surgery is a complex and challenging area of surgery with potential for poor outcomes and high morbidity or mortality. The increasing prevalence of colorectal cancer, the impact of obesity on surgical outcomes, and the complexity of some cases present many challenges for surgeons. Additionally, the long-term outcome for some cases may include significant morbidity and diminished quality of life for patients, making this type of surgery one of the most challenging areas of medicine. This presentation will discuss some of the issues and challenges surgeons may face when operating on the colorectal region, such as the challenges in screening and awareness, impact of obesity on outcomes, the complexity of some cases, and post-operative quality of life considerations. Issues related to patient compliance and follow-up, including psychological counselling and support, will also be discussed.

PREVENTION AND MANAGEMENT OF PERISTOMAL MOISTURE ASSOCIATED DERMATITIS

Rusyina Anak Daub
Sarawak General Hospital, Sarawak, Malaysia

Peristomal Moisture Associated Dermatitis (PMAD) is a skin irritation that occurs around the stoma, a surgically created opening in the abdomen for the discharge of body waste. PMAD can be a significant problem for individuals with an ostomy, affecting their quality of life and causing discomfort, pain and potential infections. To prevent and manage PMAD, it is essential to maintain skin integrity, reduce moisture levels, and protect the skin from damage.

Skin preparation before the placement of the stoma appliance is crucial to reduce the risk of PMAD. Wound healing should be promoted by using appropriate skin barriers, reducing the adhesion time, and applying skin protectants. To reduce moisture levels, a stoma cap or a wafer extension with a hydrocolloid border can be used, which helps to keep the skin dry.

Regular skin assessment and prompt treatment of any signs of PMAD is important. Treatment options include the use of topical antifungal, antibiotic, or corticosteroid creams, and hydrocolloid dressings. In severe cases, a change of the stoma appliance or skin barrier may be necessary.

In conclusion, PMAD is a common problem for individuals with an ostomy. By maintaining skin integrity, reducing moisture levels, and protecting the skin, the risk of PMAD can be reduced. Regular skin assessments, appropriate treatment, and prompt intervention are essential to prevent and manage PMAD and ensure that individuals with an ostomy can live their lives comfortably and with improved quality of life.

INDIVIDUALIZING TOTAL NEOADJUVANT THERAPY (TNT) WITH RESOURCES AVAILABLE IN MALAYSIA

Lim Yueh Ni
Sarawak General Hospital, Sarawak, Malaysia

Total neoadjuvant therapy (TNT) is a novel approach for locally advanced rectal cancer, which attempts to deliver both systemic chemotherapy and neoadjuvant chemoradiotherapy prior to surgery. It is an emerging treatment approach in Malaysia, let's discuss its efficacy and safety evidence from recent clinical trials update.

ROBOTIC SURGERY IN ADVANCED RECTAL MALIGNANCIES

Peter Lee
Royal Prince Alfred Hospital, Australia

Robotic surgery is a fast growing minimally invasive platform utilized by many centres world-wide to perform colorectal surgery for both benign and malignant disease. This presentation will provide two short video presentations and a literature review of robotic surgery for beyond the TME extended resections and pelvic exenteration for locally advanced primary rectal malignancies and recurrent rectal cancer. The first video is a step by step demonstration of lateral pelvic lymph node dissection for a low primary rectal cancer with a persistent lateral lymph node post long course chemoradiotherapy. The second video illustrates a "top down" approach of performing an abdominal perineal resection. The technique is called REFlEx, Robotic Extra-sphincteric Floor Excision, and has been published in Colorectal Disease. The aim of this technique is excision of the pelvic floor under direct vision via the abdominal approach rather than a perineal approach, promoting wider margin and avoiding specimen "wasting". Finally, a literature review of pelvic exenteration performed via a minimal invasive platform, laparoscopically or robotically, will be presented.

In conclusion, before proceeding to minimal invasive surgery for pelvic exenteration the surgeon should be comfortable performing laparoscopic or robotic surgery for the lateral compartment of the pelvis and dissecting through the pelvic floor as these are necessary skills for maximally invasive surgery for advanced rectal malignancies.

ACHIEVING "YIN AND YANG" OF ONCOLOGICAL OUTCOME AND FUNCTION IN SURGERY WITH ISR

Kim Seon Hahn
Universiti Malaya, Kuala Lumpur, Malaysia

Intersphincteric resection (ISR) with coloanal anastomosis is considered the ultimate anus-preserving technique developed as an oncologically safe alternative to abdominoperineal resection for low-lying rectal cancers. ISR is performed by extending the dissection plane of total mesorectal excision through the intersphincteric plane and for this reason was defined as distally longitudinal beyond-TME technique by our group. During the last 3 years, our group has had a special interest in ISR thru several publications: including a review of oncological safety, a risk factor analysis for local recurrence and survival, a thorough review of anatomy and surgical techniques, the search for technical controversies, and video demonstration of anatomic landmarks for trans-abdominal inter-sphincteric dissection. What we have recognized and learnt from these researches is as follows; (1) long-term oncological safety has been largely demonstrated, (2) oncologic safety compared to APR has also been demonstrated, (3) study on the anal function is yet limited in number and quality, (4) there is little consensus on the proper indication, (5) surgical technique is not standardized among experts. In this talk, I would like to share some of these issues with audience, in order to hopefully achieve, or at least to think about a balance between "yin" and "yang" of ISR.

AHP SYMPOSIUM 3

ISLAMIC FATWA - A GUIDE FOR MUSLIM OSTOMATE

Haji Mohamad Amirudin Jaafar
Universiti Putra Malaysia Teaching Hospital, Selangor, Malaysia

A Fatwa (Muslim ruling) is a guide according to Islam to help Muslims pray and feel more comfortable during their prayer. Fatwa also has made a special allowance for the Muslim Ostomate to clean their stoma of all faeces and, if necessary, change or clean the stoma bag before each Salaah (payer). Therefore, having a stoma does not qualify one to be excused from making Salaah (prayer), exceptions to this compulsory Muslim practice are children and the mentally ill.

We as E.T nurses or health care providers must ensure that Muslim patients are able to fulfill their obligations to Allah and provide and guide them in this obligation. The speaker will share more guidelines in fatwas inside and outside Malaysia to help Muslims in their obligations and responsibilities towards their religion and themselves.

AHP SYMPOSIUM 3

MANAGEMENT OF INFECTED PERISTOMAL SKIN: I THOUGHT IT WAS EASY!

Renna Yii
Sarawak General Hospital, Sarawak, Malaysia

I thought this case can be easily been managed. These patient came for a followup as an outpatient in our surgical clinic and had been admitted stat for further management. Infected peristomal skin was a rare case in our setting. Multifactorial challenges were seen during this case management and we are eager to see the outcome of this particular case.

AHP SYMPOSIUM 3

MANAGEMENT OF PERISTOMAL SKIN EXCORIATION IN AN ILEOSTOMY

Patricia Anne Teng
Prince Court Medical Centre, Kuala Lumpur, Malaysia

Peristomal skin excoriation is the most common complication. Skin excoriation is often the result of stool coming into contact with the peristomal skin. The topic discusses the case study of a patient with peristomal skin excoriation and how to manage the peristomal skin complication in an ileostomy. The objectives of this topic are to identify the contributing factors affecting patient's condition, treatment and management of patient's condition, ways to improve patient's quality of life, prevention of recurrence of the condition and proper health teaching regarding stoma care to the patient. Apart from that, SACS instrument was used to provide education and training on how to accurately assess and classify a peristomal skin lesion. On the other hand, the products used to treat and manage the patient's peristomal skin excoriation during the visit were included. On top of that, the function of products used in the management of peristomal skin excoriation were also highlighted. Implementation on how to change a stoma bag is described step-by-step using diagrams. The discharge plan for the patient is included. Furthermore, the outcome shows the comparison of the progress of patient's peristomal skin excoriation for each visit. Nevertheless, peristomal skin complications have many implications for the patients and the care givers assisting them. Preventative measures are often just as important as the wound care treatments themselves. With proper stoma site marking, selecting a good pouching system, prevention and care, excoriation can be prevented and patients living with stoma can lead a meaningful and good quality life.

AHP SYMPOSIUM 3

MANAGEMENT OF FLUSH STOMA

Nur Amirah Abu Bakar
Selayang Hospital, Selangor, Malaysia

Stoma formation is a commonly performed procedure in colorectal surgery as a part of operations performed for malignant- and inflammatory bowel disease. Stoma formation is a simple, but not trivial, undertaking. When performed badly, it can leave the patients with a legacy of complications such as leakage, prolapse, parastomal hernia and retraction or flush stoma. Flush stoma is the most common early stoma complication. Flush stoma is the disappearance of stoma tissue protrusion in line with or below skin level. The topic discusses the case study of a patient with flush stoma and how to manage the flush stoma complication. The objective of this topic are to identify the contributing factors affecting patient's condition, treatment and management of patient's condition, ways to improve patient's quality of life, prevention of recurrence of the condition, and proper health teaching regarding stoma care of the patient. Besides, the product used to treat and manage the the patient's stoma complication during the visit were included. On top of that, the function of product used in the management of flush stoma were also highlighted. Implementation on how to change a stoma bag is described step-by-step using diagrams. Furthermore, the outcome shows the comparison of the progress of patient's flush stoma for each visit also included. Therefore, doing the correct marking of the stoma site, choosing the right pouch system, prevention and care, complications can be prevented and stoma patients can live a meaningful and quality life.

AHP SYMPOSIUM 3

THE WORLD OF ENTEROSTOMAL THERAPIST (E.T.) AND BEYOND

Mariam Mohd Nasir
M&T Network Consultancy, Selangor, Malaysia

The EVOLUTION OF ENTEROSTOMAL THERAPY NURSING is attributed to the visions of two very dedicated pioneers: Dr Rupert Turnbull, a colorectal surgeon at the Cleveland Clinic, USA and Norma N Gill, a former patient who had undergone stoma surgery for Ulcerative Colitis. She had ileostomy done.

Both were visionary in their belief that there was a need for specialized nursing care for those individuals who had undergone ostomy surgery. Hence, Enterostomal Therapy was founded in the 1970's.

This nursing specialization which started with stoma care has extended to another two specialties, which is wound and continence care. The elements of management, research, and information technology was made as a requirement in the Enterostomal Therapy Nursing Program, recognized by World Council of Enterostomal Therapist (WCET).

The roles and responsibilities have been extended and expanded beyond and the speaker will share information with all in the conference.

ETs are also responsible to develop and to plan for our succession plan, to train more Nurses to become E.T. and to ensure the educational training is to the highest standard and quality as per required by WCET, including the services that later to be rendered to the patient and their relatives.

Another aspect that as crucial as others is counselling. This is the period where the ET. is preparing the patient preoperatively, intra and post operatively including discharge planning.

It covers the aspects of psychological, physical, and spiritual.

The Colo-rectal surgeon is also responsible to plan and discuss their E.T.'s future in respective organization either government or private. They also need to entrust them with certain empowerment to make some clinical judgement and decision related to the care.

SPONSORED SYMPOSIUM

TREATMENT OF ACUTE MODERATE TO SEVERE PAIN WITH FIXED-DOSE COMBINATION DEXKETOPROFEN/TRAMADOL

Lim Boon Ping
Subang Jaya Medical Centre, Selangor , Malaysia

Inadequate management of acute postoperative pain can lead to reduced quality of life, increased risk of postoperative complications and a negative impact on function and recovery. Multimodal analgesia involves the use of multiple drug mechanisms to target both central and peripheral pain pathways, and drug combinations can show improved efficacy and reduced side effects vs monotherapy.

The fixed-dose combination drug contains dexketoprofen trometamol and tramadol (DKP/TRAM). Dexketoprofen is the pure S(+) enantiomer of racemic ketoprofen - a potent analgesic and anti-inflammatory agent. The trometamol salt enhances absorption and leading to a more rapid onset of action, better gastrointestinal tolerability and better bioavailability when compared to the racemic ketoprofen.

DKP/TRAM shows superior efficacy over its individual components in postoperative pain models, including orthopaedic and major abdominal surgeries. The incidence of adverse drug reactions (ADRs) was low and comparable. This talk will highlight the safety and tolerability of DKP/TRAM managing postoperative pain.

SYMPOSIUM 3 - Colon Tumour

PRIMARY VS STAGED RESECTION IN OBSTRUCTED COLON TUMOUR

David Ong Li Wei
Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Up to 20% of colorectal cancers present clinically as emergencies and of these, the commonest emergency presentation is large bowel obstruction. The most common site of obstruction is sigmoid colon with 70% occurring distal to the splenic flexure.

Surgeons are faced with various options in managing emergency large bowel obstruction, from resection of tumour and primary anastomosis with or without temporary proximal diversion; to resection of tumour without anastomosis with either an end colostomy or double barreled stoma; or a staged procedure with initial proximal diversion followed by elective resection of tumour.

Another viable option is the use of expandable metal stent as a bridge to surgery. However the risk of stent related colonic perforation with increased morbidity warrants a separate discussion on its usage.

Moreover the management of right-sided colonic tumours may differ from left colon.

Ultimately, primary or staged resection, the management would depend on the clinical presentation of the patient, the surgeon's experience and expertise, the operative findings, available endoscopic services and informed decision making by the patient and family.

After all, 'Everybody is different, everybody has different styles,
Just do it the best way, you know how.'

Vince Carter.

SYMPOSIUM 3 - Colon Tumour

D3 RIGHT HEMICOLECTOMY: IS IT NECESSARY FOR ALL?

William Tzu-Liang Chen
China Medical University Hsinchu Hospital, Taiwan

Currently, resection is still the main goal for nonmetastatic right colon cancer; complete mesocolic excision (CME) and central vascular ligation (CVL) is an anatomy-based dissection of embryonic plane alike rectal cancer surgery. D3 right colectomy is a concept like CME and CVL but focuses on radical region lymph node dissection. In Japan, surgeons perform D3 dissection for advanced colon cancer as a routine practice, and each lymph node is mapped and coded according to location number preoperatively. The surgery is performed according to a predefined location number. D3 applies to the location of the regional lymph node; the decision of D3 dissection is based on preoperation staging; usually, when the depth of invasion surpasses T2, then D3 dissection is indicated. This talk will give the audience an overview of CME with CVL and D3 dissection.

SYMPOSIUM 3 - Colon Tumour

INTERVENTIONAL RADIOLOGY APPROACHES TO UNRESECTABLE COLORECTAL METASTASIS

Nur Yazmin Yaacob
Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Colorectal liver metastases(CRLM)is present in 20-25% at the time of diagnosis. Surgical liver resection is first line in liver limited disease but not all are suitable. New chemotherapeutic agents, targeted therapy and emerging immunotherapy are playing bigger role in unresectable diseases, recurrences and increasing life survival. What can IR procedures or locoregional therapy can offer for CRLM? IR procedures can be offer as altenatives to surgery or ancillary treatments. Otherwise it can be used as symptomatic or palliative strategy. Most commonly used treatment strategy includes percutaneous ablation either via microwave or radiofrequency, transarterial chemoembolization (beads, Embocept) or transarterial radioembolization therapy. Here in this lecture you will have some knowledge on how IR procedures can be in the treatment algorithm of CRLM.

MEET-THE-EXPERT

ADVANCE RECTAL CANCER IMAGING: CT SCAN & MRI

Ahmad Tirmizi Jobli
Universiti Malaysia Sarawak, Sarawak, Malaysia

Imaging in rectal cancer is very crucial as it guides the surgeon towards optimal patient management. Detailed imaging helps to establish the features of the great majority of tumours, and useful for therapeutic decision-making, i.e tumour location, depth of invasion, lymph node involvement, circumferential resection margin status and extramural venous invasion. The role of the radiologist in colorectal imaging is not only to report the image, but to familiarise the clinicians in interpretation of common imaging findings in colorectal cancers. My talk will include CT and MRI interpretation of colorectal cancers, and discuss the patient from the early stages of cancer to more advanced cancers. I will also include the salient features in imaging that will help the clinicians to decide on the best treatment options for patient. The theoretical aspect of the imaging will of course be followed by real-life images for discussions. This is important for better appreciation and understanding of the practical aspects of colorectal imaging.

MEET-THE-EXPERT

ADVANCE RECTAL CANCER IMAGING: CT SCAN & MRI

Kenneth Voon Kher Ti
Sarawak General Hospital, Sarawak, Malaysia

The treatment of rectal cancer has seen marked advancement in the last 3 decades. As treatment progresses in a multidisciplinary and multimodal approach, our ability to prognosticate and stratify rectal cancer becomes increasingly important in this era of personalized treatment.

Computer Tomography Scans (CT) and Magnetic Resonant Imaging (MRI) are the main imaging modalities in stratifying and staging rectal cancers. These modalities are widely available in most regions. Therefore, it is increasingly important for clinicians treating rectal cancers to be familiar with interpreting and understanding both imaging modalities. Stratification of rectal cancer, especially in locally advanced disease, allows more precision in selecting the best treatment approach in a Multidisciplinary Board discussion.

Guided by an International Consultant Colorectal Surgeon and a Consultant Radiologist, this session will promote interactive discussion between faculty and participants to:

1. Allow participants to familiarize with CT and MRI pelvis scans for rectal cancer and able to interpret imaging independently to a level satisfactory for clinicians
2. Emphasize on salient findings critical in rectal cancer imaging which determines course and strategy of treatment
3. Discuss various treatment strategies for rectal cancers, real life cases from local hospitals in Sarawak

SYMPOSIUM 4 - Advances in Precision Interventions for Colorectal Cancer

ADVANCES IN ROBOTIC SURGERY

Kim Seon Hahn
Universiti Malaya, Kuala Lumpur, Malaysia

Two main questions have been existing on the role of robotics in colorectal surgery: (1) Does robotic surgery enhance the benefit of minimally invasive surgery? (2) What is the optimal utilization of the robotic platform in managing colorectal diseases? In this presentation, with partly addressing on the answers to these two questions, I would like to share my own experience about how the development of the surgical robot has changed my colorectal practice during the past 15 years. Also I would like to briefly discuss about my perspective on the new surgical robotic systems that are recently introduced in the market or will be available soon.

IMMUNOTHERAPY AND COLORECTAL CANCER. WHERE WE ARE AND WHAT IS AHEAD?

Voon Pei Jye
Hospital Umum Sarawak, Sarawak, Malaysia

Immunotherapy is aiming at harnessing the immune system to fight cancer. Promising successes in many tumour types have spurred interest in immunotherapy for the treatment of advanced colorectal cancer (CRC). Currently, two programmed cell death 1 (PD-1)-blocking antibodies, pembrolizumab and nivolumab (with or without Ipilimumab), have been approved for the treatment of patients with advanced colorectal cancer (CRC) that is mismatch-repair-deficient and microsatellite instability-high (dMMR or MSI-H). Adoption of first line immunotherapy in these subgroups of advanced CRC was based on the positive results of KN 177 and Checkmate 142 trials. However, the main challenge is to provide the benefit of immunotherapy for the vast majority of advanced CRC patients that are mismatch-repair-proficient or low microsatellite instability (pMMR or MSI-L) advanced CRC. Various strategies including immune checkpoint inhibitors (ICIs) based approaches were tested, such as combinational therapy with antibodies blocking PD-1 and CTLA-4, ICIs combined with radiotherapy, ICIs combined with small molecule TKIs such as MEK inhibition and anti-angiogenic agents, and ICIs combined with bispecific antibodies. Stimulation of tumour immunity via adoptive cell therapy and cancer vaccines are also areas of active research. Moreover, predictive biomarkers to identify patients who may benefit from immunotherapy are urgently needed to be delineated.

USING GENOMICS TO PROGNOSTICATE AND GUIDE TREATMENT IN COLORECTAL CANCER

Marahaini Musa
Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

Colorectal cancer (CRC) is a heterogenous disease, caused by genetic and epigenetic alterations including mutations in oncogenes and tumour suppressor genes. Ineffective treatment and drug-resistance are associated with low survival rates in CRC patients. Advancement in genomic technologies over the past three decades, particularly in genome sequencing, has unraveled a repertoire of biomarkers that are used in prognostication and treatment prediction for CRC. The application of these biomarkers, such as microsatellite instability (MSI), KRAS and BRAF mutations in clinical practice for CRC serve as basis for precision therapy, tailored to patients depending on their molecular profiling. Additionally, recent advances in liquid biopsy, employing molecular profiling as an alternative tool to tissue biopsy, showed significant potential in CRC clinical application. Early detection, personalized care, and better knowledge on the genomic landscape of CRC are essential to design more efficient and robust treatment for CRC.

PLENARY 3

PELVIC EXENTERATION: ARE WE DOING TOO MUCH OR TOO LITTLE?

Peter Lee
Royal Prince Alfred Hospital, Australia

Pelvic exenteration was first performed in 1948, and to the 1990's there were only small cohorts and case series with unfavourable outcomes. From the 1990's to 2000 more central exenterations were being performed. By the early 2000's more radical posterior approaches with sacrectomy were reported. Over the last decade, the lateral exenteration, traditionally the most difficult due to bony limitations and threat of catastrophic bleeding have shown significant improvements in R0 rates, now up to 75% compared to 0-21%.

There have been many publications listing absolute and relative contra-indications to pelvic exenteration, in particular, to the lateral compartment. Evolution with innovation in surgical techniques has allowed wider excision including sciatic nerve and ischial bone producing higher R0 rates, thus improving outcome and survival. Data has shown over and over again, that R0 is the signal most important prognostic factor determining survival. Our institution has therefore promoted the policy of dissecting wider and resecting more to achieve an R0 margin.

This presentation will illustrate the evolution and innovations in pelvic exenteration surgery over the two decades producing improvements in outcomes and survival, and reduce complications, in particular, addressing the empty pelvis syndrome, and help curtail the costs of pelvic exenteration surgery.

AHP SYMPOSIUM 4

ISSUES AND CHALLENGES BEING AN ENTEROSTOMAL THERAPIST (E.T.)

Noorfariza Hussin
University Malaya Medical Centre, Kuala Lumpur, Malaysia

One of the things that many people will ask an ET nurse is why you choose this area of practice. How can you stand to work in stool and urine all day long? It is probably a combination of factors that would make someone choose to be an ET. It is not necessarily the area of gastrointestinal or genitourinary diseases, but it is the independence in the role of the ET nurse, the responsibility that is there, the ability to create a new role, and the effect on patient rehabilitation. Very clearly, if the pouch leaks you know you weren't successful. When we see someone who comes back into an outpatient clinic and has returned to work, has returned to his or her social activity, is obviously doing better, is healthier, is living a more fuller quality life, you know that you have made a difference in that person's life. It is seeing the difference that you make in someone's life that makes a job rewarding. The ET nurse may be found in an acute or chronic hospital, a visiting nurse association, outpatient facilities, private practice, and occasionally contracting services to several hospitals in a small community. The role that she plays within these areas is varied. She is primarily a clinician, a patient advocator, an educator, and a researcher. Each part of the role of the ET nurse is developed at the level and skill of the person occupying the position.

AHP SYMPOSIUM 4

MUCOCUTANEOUS SEPARATION PREVENTION AND MANAGEMENT

Rozita Mohamad
University Malaya Medical Centre, Kuala Lumpur, Malaysia

Mucocutaneous separation (MCS) is an early complication of stoma surgery and is a disruption of the suture line at the mucocutaneous junction (Rolstad and Boarini 1996), which results in a cavity of varying size and depth, depending on the area of stoma detachment. This wound breakdown may be distressing for the patient who is struggling to come to terms with a stoma and adjust to changes in body image. It may lead to appliance leakage and also hinder the teaching of practical stoma care thus delaying the discharge procedure, the patient empowerment process and rehabilitation.

Although MCS occurs postoperatively, nurses in hospital and the community need the knowledge and skills to promote healing and ensure effective rehabilitation. Wound care principles should be applied to promote healing by secondary intention. In superficial MCS, pectin-based stoma powder can aid adherence. A moist environment can be cultivated with wound dressings, such as hydrogel, hydrocolloid or alginates. Slough can be treated with irrigation or a desloughing agent. Any wound exudate suggests the cavity should be filled with paste or absorptive dressing. Hydrocolloid wafers, pastes, mouldable rings and seals may have helpful healing properties and can create a smooth surface. Nutrition should also be addressed. Nurses must rely on experiential learning for treatment strategies and product selection. However, empirical evidence on the efficacy of these therapies in MCS would be invaluable in guiding evidence-based clinical decisions. ETs have an essential role in assessing and treating this common and challenging condition.

CORUM SYMPOSIUM 1

ACCESS TO CARE FOR COLORECTAL CANCER PATIENTS: REGIONAL FACILITIES FOR SARAWAKIANS

Kenneth Voon Kher Ti
Sarawak General Hospital, Sarawak, Malaysia

Sarawak is a state with large land mass and scattered population in the interior regions. Access to health care, especially tertiary care remains a huge challenge. Despite the difficulties and limitation of resources, the public health services strive to provide high quality care for cancer patients. Colorectal cancer remains an important agenda locally.

The current role of public health care system ranges from screening, diagnostic investigation, specialist and subspecialist care (including multidisciplinary team approach) and surveillance. Supporting services such as wound care, stoma care, nutritional support, rehabilitation, social welfare and palliative care are equally critical. These services are offered by several levels of health care facility under the Ministry of Health, with complementary supports from private hospitals.

This talk will divulge details of services provided at each level of health care facilities pertaining to the state of Sarawak. Key points include the distribution of health care facilities providing services related to colorectal cancer and the geographical challenges faced by health care workers and patients. The role of non-government organizations providing support group, promoting health awareness and palliative care is highlighted here as well.

CLOSTRIDIUM DIFFICILE COLITIS - WHEN IS SURGERY NECESSARY?

Paul Selvindoss
Colorectal Clinic Associates, Gleneagles Hospital, Kuala Lumpur, Malaysia

Clostridioides difficile infection (CDI) is a chronic or acute illness that can range from mild to severe. Antibiotics and supportive care are usually enough to manage most cases.

In severe and complicated cases of Clostridioides difficile infection (CDI), early surgical intervention is necessary to avoid mortality. Some patients with fulminant disease may present with an ileus, which makes it difficult to diagnose CDI through stool testing. An ileus is a warning sign of a worsening condition and can indicate the potential for bowel necrosis. Hence, early surgical intervention is recommended in such cases.

The current standard treatment is subtotal colectomy with preservation of the rectum. An alternative approach is diverting loop ileostomy with colonic lavage followed by antegrade vancomycin flushes. This is a conditional recommendation.

Partial colectomy has not shown improved outcomes compared to other treatments for Clostridioides difficile infection (CDI) and has the potential for further complications. It also requires the surgeon to perform a second surgery, often in a more challenging surgical environment.

TACKLING ANAL FISTULA IN IMMUNOCOMPROMISED PATIENT

Chieng Tiong How
Sibu Hospital, Sarawak, Malaysia

Immunocompromised patients are at increased risk of infection from anal fistula and its associated morbidity and mortality. They are more susceptible to developed anal fistula than general population. Evaluation for anal fistula in this group of patient include clinical assessment, colonoscopy, endoanal ultrasound, MRI pelvis and biopsy. The fistula track of immunocompromised patients is no difference from the normal population. Management of anal fistula in immunocompromised patients will include supportive care of immunocompromised condition, antibiotic and treatment of opportunistic infection. Surgery in these patients associated with poorer wound healing and sphincter function. Operation for simple fistula is the same as the normal population. Surgery option for complex fistula is more controversial, it should be done on individual basis, and most will perform draining seton. Other options are from case report.

TREATMENT ARMAMENTARIUM IN PERIANAL WARTS

Wan Khamizar Wan Khazim
Sultanah Bahiyah Hospital, Kedah, Malaysia

Anal & genital warts (condyloma acuminatum) are a sexually transmitted infection caused by the human papillomavirus (HPV) types 6 and 11. These are spread via skin-to-skin contact, usually during sex. Although human papillomavirus vaccination effectively prevents anogenital warts, human papillomavirus–related condyloma still occurs in about 1% of the population. Anogenital warts should be treated with patient- or clinician-applied topical medications and/or surgical or destructive techniques. Examples of patient-applied therapies include imiquimod 5% cream, podofilox 0.5% solution, and sinecatechins 15% ointment. Clinician-applied therapies include podophyllin and trichloroacetic acid. Destructive techniques include photodynamic therapy, cryosurgery, electrosurgery, and surgical excision. Current evidence does not support one treatment over another. Treatment decisions should be guided by patient preferences, risks involved, and physician's experience.

Anorectal cancer can develop from condyloma. There are currently no evidence-based guidelines for anal cancer screening in patients with these lesions. However, many experts recommend annual screening with digital rectal examinations and anal Papanicolaou smears for patients with HIV infection, homosexuals, women with a history of vulvar or cer¬vical cancer, and transplant recipients.

EFFECTIVE COUNSELLING FOR PATIENT UNDERGOING OSTOMY SURGERY

Muhammad Aiman Bahri Mohamed Noor
Univesity Malaya Medical Centre, Kuala Lumpur, Malaysia

Counselling is very important in ostomy surgery. The objective is to promote patient/significant others' understanding of care related to their surgical regime, to minimize anxiety ,to ensure that patient is in optimal. Health status for surgery, to minimize risks of infection and injury. This also include physical preparation, psychological preparation, pre operative counselling activities such as provide information about the stoma, types of stoma (fecal/urinary diversion), temporary/ permanent stoma, normal characteristics of a stoma, minor problems/complications. Allow patient and family opportunity to explore feelings and begin to cope with changes. Share about culture, belief and religious matters and potential sexual dysfunction. The nurse-patient relationship plays a crucial role in whether the ostomate will experience a negative or positive outcome postoperatively.

COMPLICATIONS IN STOMA: MY WAY 1.DIFFICULT STOMA 2.ENTEROCUTANEOUS FISTULA

Norazilah Isa @ Ab Majid
Hospital Gleneagles Medini, Johor, Malaysia

The problems that a patient experiences after the creation of a temporary or permanent stoma can result from many factors, but a carefully constructed stoma located in an ideal location is typically associated with appropriate function and an acceptable quality of life. The construction of the stoma can be confounded by many concomitant conditions that increase the distance that the bowel must traverse or shorten the bowel's capacity to reach.

Stomas can be further troubled by a variety of problems that potentially arise early in the recovery period or months later. Despite common perception, the difficult or complicated stoma may be one of the most challenging problems in colorectal surgery. A complicated stoma can impact a patient's outcome, acceptance and psychological issues and result in difficult management and care. Moreover, complications such as hernia, prolapse, retraction, and stenosis can occur despite the best circumstances.

Enterocutaneous fistulas most commonly develop as a post operative complication of bowel surgery, though in 15% to 20% of cases fistulas occur spontaneously. An enterocutaneous fistula (ECF) is an abnormal connection that develops between the intestinal tract or stomach and the skin. As a result, contents of the stomach or intestines leak through to the skin. Most ECFs occur after bowel surgery.

A properly constructed stoma sited in an appropriate location will usually assure an ostomate a reasonable quality of life. Conditions that make stoma construction difficult can be overcome in most cases using creative approaches and proven techniques. Subsequent complications can be equally challenging, but a solution is generally available that can help the patient overcome the problem with the assistance of their ET.

INTRODUCTION TO ENTEROSTOMAL THERAPY UNIT HOSPITAL UNIVERSITI SAINS MALAYSIA: HOW WE PROGRESSING?

Noorhayati Adnan
Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

The speaker would be sharing her experience in planning in Enterostomal Therapy Nursing in Hospital USM. Along the years since its early beginning in 2014, the unit met with several challenges which it withstood. In December 2014 Malaysian's were facing massive floods known as "Bah Kuning" which particularly hit the state of Kelantan, HUSM was successful in achieving another pillar of excellence by establishing Unit Terapi Enterostomal (UTE). At that point it was the only centre providing both wound and stoma care service in Kelantan.

UTE was an impromptu plan in response to the request of some patients whom were keen to receive appropriate stoma care. Two staffs were enrolled in METNEP for clinical practices which includes training and mentoring patients to ensure the quality and effectiveness of the health care is maintained.

Earlier, UTE provided mobile stoma and wound care services from ward to ward without a designated room. Providing health services seemed topsy-turvy and hectic.

There were several differences between UTE and other departments in terms of managing wound and stoma, and it was challenging to standardise treatment and prevail over the those differences.

In 2016, the units was revitalized as it received an empty room without medical equipment and with it, two dedicated staffs. Despite lacking medical equipment's, the staffs managed to the staff recycle and used medical equipment's with the intention to provide the best service available to us at that time.

Eventually, after 8 years of operation through all the ups and downs, UTE prevailed and reaped its reward by setting the standard for the providing healthcare services. UTE received staff from ward and House Officers who came for attachment. We were involved in a research conducted by USM which involved 'Kelulut' Honey for wound healing. The UTE team was invited to other district hospitals to, invitation as speaker. We were invited to Kelantan FM in a program named 'Sembang Sihat': Stoma Care. We also published a book named Ostomy Care (2020). Other achievement's include poster presentation and join venture with M&T Network Consultancy Services in Malaysia Enterostomal Therapy Education Program (METNEP).

Patients satisfaction is utmost importance as a predictor to assess the quality of stoma care services. Predicting factors such as reliability, responsiveness, and assurance, tangibles, communication, empathy, helps to explain patient's satisfaction.

Today, UTE playa a crucial role in providing health care services. It is equipped with sufficient medical equipment's and uses of contemporary technology in providing stoma care.

THE UNMET NEEDS AMONG PEOPLE LIVING WITH COLORECTAL CANCER IN MALAYSIA

Nur Nadiatul Asyikin Bujang
Universiti Malaya, Kuala Lumpur, Malaysia

Background: Detailed knowledge of the issues faced by colorectal cancer survivors, their needs, and the extent to which these needs are met by current services is critical to guide where to focus the healthcare resources. This study aimed to describe the prevalence of unmet needs among multi-ethnic colorectal cancer survivors in Malaysia and the associated factors.

Method: A cross-sectional study was conducted in several oncology centres in Malaysia, via an interviewer-administered questionnaire using REDCap.um (online survey tool). The dual-language questionnaire (English-Bahasa Melayu) was developed locally and specifically for colorectal cancer survivors (NeAT-CC). A universal sampling of 630 respondents who had been diagnosed with colorectal cancer for at least a month, aged above 18 years old, were able to understand English or Bahasa Melayu, and clinically fit with no other cancer were recruited.

Result: High levels of needs were reported for healthcare needs (80.6%), psychosocial needs, and information needs (71.7%). The most frequently endorsed as very high needs in the healthcare domain were clean and comfortable hospital facilities (73.5%), waiting time in the hospitals to be shortened (61.4%), and location of common facilities such as pharmacy and clinic in the hospital to be improved (63.3%). More than half of the survivors express a high need for cancer information to be easily understood, more information on treatment options, and for test results to be released immediately. The identified factors associated with needs were age, level of education, insurance ownership, and primary centre for follow-up.

Conclusion: Identifying needs in various domains underscores the importance of revamping survivorship management and embarking on appropriate interventions catering to the needs of multi-ethnic colorectal cancer survivors in Malaysia.

VENUES FOR SUPPORT AND FINANCIAL AIDS IN CANCER TREATMENT

Nor-Asmawati Mohamad Ali Abdul Rahman
Sarawak General Hospital, Sarawak, Malaysia

The Medical Social Work Department in Sarawak General Hospital received between 500 to 600 cases monthly from the Specialist Clinics and wards. Out of these, around 150-200 cases were cancer patients and the number is growing. Patients and cancer survivors were referred for various social work services and supports.

Generally, the medical social work services can be divided into TWO main categories: Practical Assistance and Supportive Therapy Assistance. The Practical Assistance is more to financial supports. Among most popular assistance / agencies for patients with cancer and the cancer survivors are PEKA B40, MySalam, JPA, Jabatan Kebajikan Masyarakat, Baitulmal, JHEV and NGOs such as Tabung Kebajikan Perubatan, MAKNA, HOPE Place, Buddhist Tzu Chi Foundation and Trinity Methodist Church and so forth.

Whereas, for the Supportive Therapy Assistance, we provide patients with consultation, family therapy and emotional support. Patients or cancer survivors also will be referred to suitable government and non-government agencies for the continuous support, if needed.

In other words, the social work services provided are one of the important aspects in rehabilitating cancer survivors and thus, enabling them to pursue a better quality of life.

PLENARY 4

RECTAL CANCER SURGERY DURING A PANDEMIC - LESSONS LEARNT FOR THE FUTURE

Fitjerald Henry
Selayang Hospital, Selangor, Malaysia

The Novel coronavirus was initially identified as an outbreak of respiratory illness in Wuhan city , Hubei province , China.

On January 30th 2020, WHO declared the COVID-19 outbreak a global health emergency.

The topic will be discussed in the context of Surgery, Anaesthesia, Oncology, Palliative care and technological aspects.

SYMPOSIUM 6 - Pot Pourri

HANDLING COMMON COLORECTAL SURGERY MISHAPS AND COMPLICATIONS

Azmi Md Nor
International Islamic University Malaysia, Kuantan, Malaysia

Colorectal surgery is associated with a high risk of morbidity and mortality in comparison to other general surgery subspecialties. Postoperative complications occur in up to one-third of patients undergoing colorectal procedure. Overall mortality rates following colorectal surgery range from 1 to 16.4%. While, the morbidity rates are as high as 35%. Furthermore, following colorectal surgery, patients require the need for a second operation 2 to 5.8% of the time.

The most frequent postoperative complications after colorectal resections are surgical site infection, anastomotic leakage, intraabdominal abscess, ileus and bleeding. These complications are directly affecting the outcome. Hence, early recognition with confirmatory diagnosis are warranted.

Patients factors predicting post-operative complications include older age, comorbidity ie. neurological or cardiorespiratory morbidity and low preoperative albumin. Operative variables found to predict morbidity include emergency operation, longer operative time of more than 120 minutes and peritoneal contamination.

For anastomotic leakage, in addition to the risk factors listed earlier, operative length, intraoperative blood loss (more than 200 or more than 300 mL), need for intraoperative transfusion and dirty cases are important. Patient characteristics found to specifically predict anastomotic leakage include male gender, high ASA, preoperative radiation and postoperative hyperglycemia.

Factors have influenced on slow return of bowel function include older age, male gender, chronic narcotic pain medication use, low preoperative serum albumin, peripheral vascular disease, respiratory comorbidities, emergency operation, history of previous abdominal operation, prolonged operative time and need for perioperative transfusion.

Postoperative bleeding after colorectal procedure is a rare complication. The risk depends on the performed surgical procedure, the co-morbidities of the patient and individual cases on an impaired clotting system. Presacral bleeding specifically although uncommon is a potentially life-threatening complication that colorectal surgeons may encounter during posterior rectal dissection. The reported incidence is 9.4% with the reported mortality as high as 4.3%.

Early recognition and diagnosis of three common complications ie. anastomotic leakage, prolonged ileus and presacral bleeding are highlighted. Early, appropriate and optimal intervention on the complications will lessen the morbidity and prevent mortality.

SITE MY STOMA CORRECTLY, PLEASE! IMPORTANCE OF SITING A PATIENT PRIOR TO STOMA SURGERY

Haji Mohamad Amirudin Jaafar
Universiti Putra Malaysia Teaching Hospital, Selangor, Malaysia

Marking the site for a stoma should be done above the abdominal muscle and assessed in the lying, sitting, binding and standing positions. Such an assessment allows the determination of the optimal site. Importance of siting a patient prior to stoma surgery can help reduce postoperative problems such as leakage, fitting challenges, need for expensive custom pouches, skin irritation, pain and clothing concerns. Poor placement can cause undue hardship and impact psychological and emotional health. Good placement enhances the likelihood of patient independence in stoma care and resumption of normal activities.

A preoperative visit is preferred for the patient scheduled to have ostomy surgery for both assessment and education of the patient and their family about their future ostomy. Stoma site selection should be a priority during the preoperative visit. Marking the site for a stoma preoperatively allows the abdomen to be assessed in a lying, siting, banding and standing position. Evaluation in these multiple positions allows determination of the optimal site. This evaluation can help reduce postoperative problems such as leakage, fitting challenges, need for expensive custom pouches, skin irritation, pain and clothing concerns. Poor stoma placement can cause undue hardship and have a negative impact on psychological and emotional health. Proper placement of the stoma enhances patient independence in stoma care and resumption of normal activity.

Surgeons and stoma nurses are the optimal providers to mark stoma sites, as this is a part of their education, practice and training. Keep in mind, stoma siting prior to surgery are a guide, and are not necessarily the final surgical site. The final site selection is done by the surgeon once the abdominal cavity is entered and the condition of the bowel is determined.

STOMA CARE SERVICES GLENEAGLES HOSPITAL MEDINI JOHOR: HOW WE DID IT!

Norazilah Isa @ Ab Majid
Hospital Gleneagles Medini, Johor, Malaysia

Stomas represent a social and medical problem worldwide. Patients undergoing stoma surgeries face many challenges and lifestyle adjustments.

Health care professionals who are involved in creating or caring for stoma should have the fundamental and up-to-date knowledge of stomas issues and complications including skills and its' management.

I am glad that the hospital I am attached to realise that it is crucial to have Enterostomal Therapist (E.T.) Nurse to manage the patients.

E.T. nurse are the one who specialized in treating patients with ostomies (such as an ileostomy, colostomy, or urostomy). They will be able to treat the patient, pre, peri and post operatively including the discharge planning.

An ET nurse should be the patient's first and primary point of contact for information regarding their stoma care and management.

ET nurses are often the best sources of information about ostomy appliances and advice on their activities daily living.

I am very fortunate to be given the empowerment as an ET and I have been given the responsibility to set up our stoma team and clinic. The clinic have been fully equipped.

As the result the speaker can increase the number of patients receiving stoma care and management such as stoma siting, caring and managing peristomal skin problems and complicated stoma, pre- and post-counselling including education and organizing seminars and workshops to train Nurses and NGO.

In this presentation the speaker will share with all how she start stoma care in private hospital setting and her activities as an ET Nurse.

EATING WITH AN OSTOMY

Catherine Jawat Anak Sultan
Sarawak General Hospital, Sarawak, Malaysia

Eating is one of life's great pleasures. Having an ostomy should not change your enjoyment of food. Most people with ostomies return to their normal diet soon after the operation. Many individuals with ostomies can enjoy a normal diet within 6 weeks of surgery: however, food tolerances can vary from person to person. Content to this presentation will share on guidelines to help your ostomy earsier.

HOW CAN ENTEROSTOMAL THERAPIST BE RECOGNIZED AND ACKNOWLEDGED?

Rozita Mohamad
University Malaya Medical Centre, Kuala Lumpur, Malaysia

Enterostomal Therapy involves components of expert clinical practice, education, leadership and research. Enterostomal Therapist (ETs) is the titles used globally to identify nurses trained in the specialty of wound, ostomy and continence nursing (WOCN) including the management of patients with cancer. Preoperative services include: counselling regarding planned surgical procedure, the impact of an ostomy on the patient's life, and the basics of ostomy management; sexual counselling; and stoma site selection. Postoperatively, ETs instructs the patient and family in ostomy care, dietary and fluid alterations, and ways to incorporate ostomy management into the patient's life. ETs also provides long-term follow-up care in outpatient settings; such care includes ongoing counselling, education, and surveillance for complications requiring medical intervention. ETs can recommend appropriate measures to prevent and manage skin breakdown that is related to immobility, friable skin, incontinence, and/or radiation therapy. They also can assist in correcting or containing faecal or urinary incontinence and in cost-effective management of draining wounds and fistulas.

ETs are entrusted to be accountable for using their expertise to provide consultation for patients, physicians, nurses, health care organisations and the public. As ETs we are responsible for our education, in developing our expertise and in ensuring our knowledge is up to date in order to base our practice on current evidence. We also need to be discerning enough to know when evidence warrants a change in practice and how to translate this evidence at the bedside for individual patients. The acquisition of knowledge, skills and competence required to develop the expertise necessary to care for patients with these complex conditions, is generally via formal education, clinical supervision and mentorship, experience gained over years working in the field, and last but not least self-study using the principles of adult learning.

SCREENING FOR COLORECTAL CANCER - WHERE DO WE START?

Liew Shan Fap
Timberland Medical Centre, Sarawak, Malaysia

Colorectal cancer (CRC) is the second most common cancer in Malaysia. Two third of CRC cases in Malaysia were diagnosed at late stage i.e. stage III or IV with poorer prognosis. Early detection of CRC will have much better prognosis and highly curable. CRC is also very preventable by removing precancerous benign colonic polyps during colonoscopy. Both early detection and prevention of CRC can be achieved by CRC Screening.

There are various tests used for CRC Screening namely faecal occult blood test (FOBT), faecal multitargeted stool DNA test, barium enema, computed tomography colonography, sigmoidoscopy and colonoscopy. The use of appropriate screening test at the right setting is crucial. The main factors that influence the selection of tests include test availability, the cost of the test, accuracy of the test, patient's acceptability and public awareness.

The involvement of healthcare professionals in primary care setting in key for the success of CRC Screening programme. Opportunistic screening remains important and relevant in our context to reduce the incidence of CRC due to limited available resources.

DEALING WITH COMMON POST-OPERATIVE COMPLICATIONS AFTER COLORECTAL CANCER RESECTIONS

Kenneth Voon Kher Ti
Sarawak General Hospital, Sarawak, Malaysia

Colorectal cancer resection surgeries come in a wide range of approach and techniques, from minimally invasive to debilitating extended or multivisceral resections. Naturally, patients who underwent surgery requires support from health care workers for post-operative rehabilitation and care.

Due to resource constraints in specialist hospitals, primary care health facilities faces both from public and private practices faces significant challenges in continuing post-operative care. Post-operative complications can occur in many different categories, ranging from wound, stoma, nutritional, renal and respiratory complications, pain and psychological. After acute care, most patients will be discharged to primary care physicians for continuation of care.

In this session, a brief introduction will be made on current principles and range of surgical approaches. Several common complications after colorectal cancer resection will be discussed, especially about the role of primary care physicians in providing additional supports to these group of patients. Special focus will be made on problems related to wound care, stoma complications, pain and nutrition. Pathways of communication and referrals will be highlighted to facilitate transfer of care or consultation if the need arises.

THE VALUE OF PALLIATIVE CARE FOR COLORECTAL CANCER PATIENTS

Sharon Choo Yoke Ling
Sarawak General Hospital, Sarawak, Malaysia

The World Health Organization in 2013 defines palliative care as an approach that improves the quality of life of patients and families associated with life-threatening illness. In addition, palliative care aims to alleviate suffering by addressing not only the physical but the psychosocial and spiritual needs of an individual.

This session would highlight the value and importance of integrating palliative care upon diagnosis of an advanced colorectal cancer and address certain myths and misunderstanding of palliative care, such as “palliative care is only reserved for my patients at end of life” or “palliative care is reserved for my patients without any active interventions”. In fact, a study done by Temel et al. in 2010 has shown that integrating palliative care early into the management of patients with advanced disease not only improves quality of life, reduces depression but surprisingly prolongs survival by close to 3 months.

Knowing the importance of palliative care, the World Health Assembly in 2014 has urged all members state to strengthen palliative care as a component of comprehensive care throughout the life course.

FELLOW PRESENTATION

ATTACHEMENT: INSTITUTO NAZIONALE DEI TUMORI, MILAN

Navinakathiresu Muthuikumarasamy
Hospital Serdang, Selangor, Malaysia

In Malaysia, CRS and HIPEC has been done at University Malaya but at the MOH setting, Ms. Farizan was the only other MOH surgeon trained in this field at that time and to run such services, more trained surgeons in this field was required. As part of the colorectal subspecialty training of 3 years, I had opted for the final year training overseas at National Cancer Institute of Milan, Italy with a focus of performing CRS and HIPEC for peritoneal surface malignancies such as Colorectal peritoneal metastasis, pseudomyxoma peritonei, Peritoneal mesothelioma, primary peritoneal carcinoma and etc. My supervisors were world renowned Prof Marcelo Deraco, Shigeki Kusamura, Dario Baratti with more than 200 publications at high impact journals with one of the highest volumes in the region. I signed up for the European School of Peritoneal Surface oncology programme under the European Society of Surgical Oncology (ESSO) whereby there were several criteria prior to getting awarded of the certification. We were required to directly participate from the start to the end 25 CRS and HIPEC cases, attend 2 compulsory PSM workshops, 1 world congress and at least 1 publication. During my training there for 9 months, I was involved in all of the above including multiple research and scientific projects including a memorable visit to the biogenetic laboratory demonstrating culture of organoids. Since completion of training, we have had numerous MDTs proctored by international experts and we have performed our first case at Hospital QE, Sabah under Ministry of Health, 4 cases in Penang GH and 1 case at HTJ, Seremban as a growing team and such services is now accessible by MOH.

FELLOW PRESENTATION

ATTACHEMENT: NATIONAL CANCER CENTRE SINGAPORE & SINGAPORE GENERAL HOSPITAL

Mohamed Rezal Abdul Aziz
Universiti Malaya, Kuala Lumpur, Malaysia

The National Colorectal Fellowship Speciality Programme in Malaysia, both in UMMC and UKMMC have allowed an in depth opportunity for me to explore and gain an innate interest in my subspecialty of choice.

In doing so, by being a full-time Clinical Fellow in the esteemed Surgical Oncology training program, the National Cancer Center Singapore has awarded me an invaluable experience and a great advantage. Dealing with numerous advanced colorectal cancer and other peritoneal malignancies, the training has indefinitely enhanced my knowledge and understanding of Peritoneal Surface malignancies, as well as build highly technical surgical skills of Cytoreductive Surgery (CRS), Hyperthermic Intraperitoneal Chemotherapy (HIPEC), and Pressurised Intraperitoneal Aerosolized Chemotherapy (PIPAC). Wealth of experience obtained from both National Cancer Centre Singapore (NCCS) and Singapore General Hospital (SGH) enables me to expand our current service, pioneered by Dean Prof April Rosalani at University Malaya Medical Centre. With the Singaporean Surgical Oncology Fellowship, I was also able to complete and am certified member of the European School of Peritoneal Surface Oncology (ESPSO).

AHP SYMPOSIUM 7

THE FUTURE OF ENTEROSTOMAL THERAPY NURSING IN MALAYSIA

Mariam Mohd Nasir
M&T Network Consultancy, Selangor, Malaysia

Expressing our future as a Nurse and specifically as an Enterostomal Therapist (E.T.), is not that easy because we represent a large group of people with different background, opinions etc, and it has to be with one voice one action, and everyone should be at the same page and focus on one vision.

The speaker quoted a quote by a very famous US President: "We have a choice. We can shape our future, or let events shape it for us. *And if we want to succeed, we can't fall back on the stale debates and old divides that won't move us forward'* - Barack Obama.

The speaker used this as her inspiration to talk about it, in her presentation. One of it is to look at the organization as what it should be not as it is. We need to think like a futurist and what you do today and obviously the history itself.

The biggest questions that we need to know the answer is what kind of future that we want? How are we going to shape that future? What we need to achieve what we want for the future?

In her conclusion, she will share her opinion and why it is pivotal for an Enterostomal Therapist (E.T.) to know what they want for their future and to shape it accordingly.

(COMMON COLORECTAL CONDITIONS FOR PRIMARY CARE PRACTICES) SYMPOSIUM 2 - Benign Colorectal Conditions

PAIN IN BUM (ANORECTAL PAIN) HOW DO WE APPROACH?

Chieng Tiong How
Sibu Hospital, Sarawak, Malaysia

Anorectal pain is a common complaint seen in primary care setting. The causes include benign and malignant lesions. The initial evaluation at primary care should include thorough history taking and physical examination which must include examination of perineum and digital rectal examination and some basic investigations. The usual mistake is treating this symptom as hemorrhoid without proper assessment. Primary care doctor need to recognize and detect patient with suspected to have more serious condition, especially anal cancer and refer to hospital for further assessment, investigation and treatment.

HIPEC FOR COLORECTAL CANCER AND PSEUDOMYXONOMA CASES: THAILAND EXPERIENCE

Chayanit Sirisai
National cancer institute, Thailand

Colorectal cancer is the third common cancer in Thailand. More than 50% of patients present with high stage, stage 3 or 4. Synchronous peritoneal metastasis is less common than metachronous that associated with T4, perforated or obstructed tumor. Palliative chemotherapy is the standard treatment for such patients until peritonectomy and HIPEC were introduced by Paul Sugarbaker in 1995, these procedures seem to provide benefit in peritoneal metastasis patient.

30 cases of colorectal with peritoneal metastasis were treated with CRS and HIPEC in National cancer institute of Thailand from 2018-2023. Fifty percent of patients had synchronous peritoneal metastasis. Left side colon cancer had more incidence of peritoneal metastasis 42.89% than right side colon and rectum, 27.9% and 17.6% respectively. HIPEC patient has median overall survival 50.98 months (95%CI 40.342-61.613). Whereas standard CMT can provide about 14.6 months in peritoneal metastatic patients. Progression free survival was 13.4 months (95%CI 9.506-17.318). PCI less than 12 has very good prognosis.

In summary, HIPEC is safe and show survival benefit in colorectal cancer with peritoneal metastatic patients.
In Thailand, HIPEC kicked off in 2013 at Siriraj hospital. Many of oncologists and surgeons not recognized and not give HIPEC as a choice of treatment, that is the reason why number of cases still low. Although safety and efficacy of HIPEC was showed in many studies.

In NCI, HIPEC was started in 2018 and now is one of the highest case volumes. Now 100 of cases performed, Pseudomyxoma peritonei and ovarian cancer with peritoneal metastasis are the most common cases.

PILONIDAL SINUS

Ruhi Fadzlyana Jailani
Hospital Ampang, Selangor, Malaysia

Pilonidal disease is a potentially debilitating condition with an incidence rate of 26 per 100,000 people. It predominately affects young males. Risk factors include poor hygiene, obesity, and unhealthy behavior such as prolonged sitting. Although there are disputing etiological theories, the current consensus agrees that pilonidal disease is an acquired condition closely related to the existence of hair in the gluteal cleft. Skin at the natal cleft is injure and pierce by the loose hairs that are trapped within. This creates a foreign body reaction which eventually led to formation of midline pits and, in some cases, secondary infection. The spectrum of pilonidal disease presentation varies from a chronic cyst and/or sinus with persistent drainage and/or extensive subcutaneous tracts to the more acute presentation of a concurrent abscess. Due to the constant exposure to pathogenic microbes, the recurrent abscesses can usually last for many years. Numerous treatment options are available that include but are not limited to gluteal cleft hair removal, tract ablation, simple excision, and wide excision with flap reconstruction. Among all of treatment options offered, the recurrence rate has become an important parameter for evaluating the treatments' outcome.

DEALING WITH DIFFICULT STOMAS & COMPLICATIONS

Michael Wong Pak Kai
Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

The construction of an intestinal stoma may be trivial, as most perceive, but it often comes with serious repercussions if inappropriately constructed. The detrimental effect reflects a negative impact on the quality of life of these ostomates. Stoma construction could be temporary or permanent, which should be planned and informed preoperatively. However, there were instances where permanent stomas has to be created due to unforeseen situations occurring intraoperatively. The carefully sited stoma at its ideal location is usually associated with acceptable quality of life and optimal function. Surgeons should be accustomed to the construct of different ostomies, understand the principles of ideal creation, identify complications and decide when to intervene when complications arise. Ostomy creation is noticeably challenging in obesity and shortened or bulky mesentery. This often requires modification of the conventional approaches during the creation of ostomy. The ostomy complications are often manageable with the care of an experience enterostomy team without needing surgical re-intervention. Common ostomy complications that require surgical interventions are ischaemia, retraction, prolapse, parastomal hernia, peristomal sepsis and stenosis. Surgeons should constantly educate themselves to prevent and, if not, to identify the complications that would require early surgical re-interventions. In conclusion, the appropriate creation of potentially problematic stoma could be identified preoperatively to strategize preventive measures intraoperatively to reduce the morbidity related to an ostomy. Post-operative ostomy care is essential to identify early complications and to facilitate the ostomates in adaptation to the presence of the stoma.

COLONIC VOLVULUS

Mohd Syafferi Masood
Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

Sigmoid volvulus is the third leading cause of large bowel obstruction, preceded by rectal tumour & diverticular stricture.[1] Colonic volvulus is twisting of redundant segment of colon on its mesentry resulting in proximal dilatation, ischemia, gangrene and perforation. It mostly involves the sigmoid colon (60%) & cecum (25%).[2] Sigmoid volvulus primarily presents in older men in their 6th to 8th decade. In contrast, cecal volvulus presents in younger female population.[1] Approach to management include assessment of colonic viability, relief of obstruction and prevention of recurrence to avoid complications and mortality. The challenge managing colonic volvulus is in advanced age population with high operative risk.

1. Halabi WJ, Jafari MD, Kang CY, et al. Colonic volvulus in the United States: trends, outcomes, and predictors of mortality. *Ann Surg*. 2014;**259**:293-301
2. Perrot L, Fohlen A, Alves A, Lubrano J. Management of the colonic volvulus in 2016. *J Visc Surg*. 2016;**153**:183-192

SYMPOSIUM 7 - Core Topics

ACUTE HAEMORRHOIDAL CRISIS

Khong Tak Loon
University Malaya Medical Centre, Kuala Lumpur, Malaysia

What is the definition of 'acute haemorrhoidal crisis'? Clinicians may use this term to describe complications of acute haemorrhoids, thrombosed external haemorrhoids, strangulated haemorrhoids, perianal thrombosis and perianal haematoma interchangeably. The lack of standardisation presents a challenge in interpretation of available evidence where several conditions with distinctive anatomical and underlying pathophysiology differences, thus interpreting evidence where to guide clinical practice is challenging where it is scarce.

SYMPOSIUM 8 - Operative Surgery

SPHINCTER REPAIR

Mohd Zailani Mat Hassan
MSU Medical Centre, Selangor, Malaysia

Faecal incontinence is a debilitating clinical condition that may affect patient's quality of life. Surgical intervention is an option for moderate to severe faecal incontinence to re-establish anatomical defect as well as anorectal physiology. From our local perspective, neo-sphincter graciloplasty may provide the most suitable surgical technique in managing moderate to severe faecal incontinence as it is not technically demanding and relatively cost effective.

During the procedure, gracilis muscle is harvested and its tendon is tunnelled and wrapped around the anal canal to function as neo-anal sphincter. Post operatively, this neo-anal sphincter will be stimulated by external nerve stimulator and patient will undergo biofeedback exercise concurrently.

SYMPOSIUM 8 - Operative Surgery

LASER HEMORRHOIDOPLASTY

Andee Dzulkarnaen Zakaria
School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

The evolution of the treatment for the hemorrhoidal disease was then developing rapidly in which many methods were introduced to manage hemorrhoidal disease, mainly to reduce the complications from the treatments and recurrence. Since 2006, a minimally invasive procedure is available for the hemorrhoidal disease treatment which is known as laser hemorrhoidoplasty. Laser hemorrhoidoplasty procedure is preferable compared to other methods such as conventional open surgical hemorrhoidectomy, stapled hemorrhoidopexy and others. It has a shorter operative duration, shorter length of hospitalization post procedure and lower postoperative pain. Operative steps of laser hemorrhoidoplasty will be highlighted.

Poster Presentations

Poster Presentations

Poster Presentations

Poster Presentations

Poster Presentations

Poster Presentations

Poster Presentations

PP01

EVALUATING THE ABILITY OF RECURRENCE RISK SCORE TO GUIDE MANAGEMENT OF COLONIC DIVERTICULAR BLEED: A STUDY IN TWO MALAYSIAN TERTIARY HOSPITALS

***W T Soo*[1,2], *April Roslani*[1], *H H K Soe*[3]**

[1]Department of General Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia
[2]Department of General Surgery, Sarawak General Hospital , Kuching, Sarawak, Malaysia
[3]Department of Community Medicine, Manipal University College Malaysia, Melaka, Malaysia

INTRODUCTION

Colonic diverticular bleed (CDB) is the commonest cause of admission due to acute lower gastrointestinal bleeding. The Watanabe recurrence risk score is a CDB-specific scoring tool to predict recurrence. However, this score has a high weightage on metabolic disease. Malaysia is Asia's most overweight and obese with a high metabolic disease burden. Hence, this score might not be applicable to our population. The aim of this study was to externally validate the Watanabe score and determine whether the score was applicable to predict recurrent CDB in our population.

METHODS

A retrospective cohort study done in two Malaysian tertiary hospital. All patients were given a baseline Watanabe score at first admission. Data were categorized into two groups, single and recurrent CDB and was analyzed. The area under the receiver operating characteristic curve (AUC) was analyzed and used to determine discriminative ability. Comparisons of the recurrence-free period were performed using log rank test based on Kaplan-Meier method. Any p-value <0.05 is significant. Sensitivity, specificity, positive and negative predictive values were calculated for clinical relevant score thresholds.

RESULTS

Of a total of 278 patients, 178 had single CDB and 100 had recurrent CDB. Recurrence rate was 35.9% . The median time for recurrent CDB was 6.8 months. The Watanabe score has an AUC of 0.864. Those who score ≥14, had a shorter recurrent CDB free-period (p-value <0.001). At a threshold of 14, the score has a sensitivity of 85.0%, specificity of 86.2%, positive predictive value of 78.0% and a negative predictive value of 91.1%.

CONCLUSION

Watanabe score has an excellent discriminative ability in predicting recurrent CDB in our population. We propose patients present with CDB and a Watanabe score of ≥14 at first admission to be offered early colonoscopy and endoscopic intervention to reduce the risk of recurrent CDB.

Keywords

Colonic diverticular bleed, Watanabe Recurrence Risk Score, Recurrent colonic diverticular bleed

PP02

THE EFFECT OF *KELULUT* HONEY ON BOWEL FUNCTION AND CRP LEVEL IN PATIENTS UNDERGOING LOWER GASTROINTESTINAL SURGERY

M Izwan M I[1], Andee D Z[1,2], M Azem Fathi M A[1,2], M Zulkifli M[3], N Khaiza Y[4], Najib Majdi Y[5]

[1]Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia
[2]Department of Surgery, Hospital Universiti Sains Malaysia, Kelantan, Malaysia
[3]Neuroscience Department, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia
[4]Department of Immunology, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia
[5]Department of Biostatistics, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

INTRODUCTION

Kelulut honey is produced by stingless bee. Apart from its carbohydrate, it possesses anti-inflammatory properties which could potentially lessen the inflammatory response after surgery. To date, there is no clinical study conducted specifically to assess its effect after lower gastrointestinal surgery.

METHODS AND MATERIAL

We conducted a pilot study involving 42 participants undergoing lower gastrointestinal surgery. Participants were randomised into *Kelulut* honey and Carborie® (control) groups. Participants were required to consume 500-ml study beverage equivalent to 235 Kcal, 3 times daily on post-operative days 1 and 2. Primary endpoints were the time of first flatus and first bowel evacuation and CRP level on admission, 12th, 36th, 60th and 96th hour post-operatively. CBS was monitored in diabetic patients. Secondary endpoints were incidence of nosocomial infection, SSI and length of stay.

RESULTS

2 participants withdrew before the surgery, leaving only 20 participants in each group. First flatus was reported after 28.5 hours and 37.0 hours post-operatively in *Kelulut* honey and Carborie® group respectively. This difference was not statistically significant (P= 0.493). *Kelulut* honey group reported earlier bowel evacuation at 47.9 hours as compared to control at 65.7 hours, but this was not statistically significant (P=0.180). Serial CRP level on 12th, 36th, 60th and 96th hour post-operatively was lower in the Kelulut honey group as compared to that of control, however it was not statistically significant. (P= 0.246, 0.884, 0.937, and 0.730). There was no difference demonstrated in incidence of nosocomial infection, SSI and length of stay. 15% of diabetic participants (n=11) in *Kelulut* honey group had persistent hyperglycaemia until day 4.

CONCLUSION

Oral consumption of *Kelulut* honey after lower gastrointestinal surgery is safe. While no significant differences were observed, further study with larger sample size would be able to associate *Kelulut* honey with lower CRP level.

PP03

RETROSPECTIVE STUDY ON COLORECTAL CANCER DETECTION RATE IN IFOBT-POSITIVE PATIENTS IN EAST PAHANG IN 2022

Shukri Suliman[1], Daneenthran[1], Muhammad Hafiz[2], O David[1]

[1]Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia
[2]Department of General Surgery, Hospital Pekan, Pahang, Malaysia

Immunological Fecal Occult Blood Test(IFOBT) is a screening method for colorectal cancer however the screened population in East Pahang is very low and detection of colorectal cancer is subsequently low. This study aims to determine the detection rate of colorectal cancer among screened IFOBT-positive patients in East Pahang.

Data are collected retrospectively from 1st January 2022 until 31st December 2022 among patients referred for IFOBT positive and underwent colonoscopy. The histopathology of the biopsy taken during the colonoscopy was traced and analyzed, and data for iFOBT kit distribution and collection was retrieved from JKN Pahang.

1.73% IFOBT screened out of the total target group population (1399/80995), 60% kit used out of designated distributed kits (1399/2329),12% IFOBT was positive and came to the referral center (172/1399),20% refused for colonoscopy (35/172),11% incomplete colonoscopy (17/172),69% complete colonoscopy (120/172),5% colon cancer detected (6/120),32% polyp detected (39/120). The percentage of IFOBT screened is improved up to 1.73% compared to the national standard in 2020 which is below 1%. However, only 60% of iFOBT kit was used for the whole year, and the factor of low screening is evaluated mainly due to lack of awareness and knowledge about the screening among the population and only opportunistic screening is practiced. Of that 12% who iFOBT positive and came to the referral center, only 69% were able to complete a colonoscopy in contrast to national data of about 60%. About 32% of the benign polyp was detected and 5% of colon cancer was identified. The detection rate is higher than the national standard (3-4%) possibly due to under-screening.

In conclusion, the detection of colorectal cancer by screening is still low, and the factors are needed to be evaluated and tackled, as to achieve the national strategy target by 2030.

PP04

PREDICTORS OF INTESTINAL OBSTRUCTION IN LOCALLY ADVANCED MID AND LOW RECTAL CANCER PATIENTS RECEIVING NEO-ADJUVANT CHEMORADIOTHERAPY TREATMENT

Navin Raj, Ismail Sagap, Fuad Ismail, Nabil Mohammad
Hospital Canselor Tuanku Muhriz, Kuala Lumpur, Malaysia

INTRODUCTION
Up front defunctioning stoma has become an anecdotal practice of surgeons especially in endoscopically obstructed locally advanced rectal cancer patients prior to neo-adjuvant chemoradiotherapy due to the fear and prevention of intestinal obstruction.

OBJECTIVES
Primary objective: To determine the factors that are associated with the development of intestinal obstruction in locally advanced rectal cancer patients receiving neo-adjuvant chemo-radiotherapy treatment. Secondary objectives: 1) Assessing specific stoma related morbidities that are associated with defunctioning stoma creation in locally advanced rectal cancer patients. 2) To determine if there is a delay in treatment initiation of neo-adjuvant chemoradiotherapy in patients that undergo a defunctioning stoma creation.

METHODOLOGY
This is a single-centre cross-sectional study from January 2013 till December 2023 and will involve locally advanced rectal cancer patients receiving neo-adjuvant chemo-radiotherapy and they will be further classified into an obstructed and a non-obstructed group.

RESULTS
Preliminary results of 132 patients show features of endoscopic and radiological obstruction, tumor length >6cm, pre-therapy CEA levels $\geq$5 as shown a difference between the obstructed and non-obstructed group (p -value <0.05). Distance from anal verge, tumor grading and histology did not show any difference between the 2 groups (p-value >0.05). Only 12% of patients developed stoma complications, however they did not delay initiation of pre-operative radiotherapy. There is no difference in time of initiation of radiotherapy between the obstructed and non-obstructed group (p-value <0.552).

CONCLUSION
Presence of endoscopic and radiological obstruction, tumor length >6cm, pre-therapy CEA levels $\geq$5 show a pre-disposition to the development of intestinal obstruction in locally advanced rectal cancer patients however they will need to be confirmed by doing a logistic regression analysis.

PP05

OMENTOPLASTY FOR PERI-ANASTOMOTIC PATCHING IN HIGH COLO-RECTAL ANASTOMOSIS: A PROMISING TECHNIQUE TO REDUCE POST-OPERATIVE MORBIDITY

Sheih Nee Loke[1], Dennis Ting[1], Kenneth Voon[1], Aini Fahriza[2]
[1]Hospital Umum Sarawak, Kuching, Sarawak, Malaysia
[2]Universiti Malaysia Sarawak, Kuching, Sarawak, Malaysia

INTRODUCTION
Anastomotic leak in anterior resection is one of the most dreaded complications. The role of omentum in prevention of anastomotic leak in colorectal surgery showed promising outcome but not commonly practiced.
OBJECTIVE
To review anastomotic leak rates and post-operative morbidities of omentoplasty for peri-anastomotic patching in elective high colo-rectal anastomosis.
METHOD
This is a retrospective cohort single arm descriptive study. Medical records of patients underwent anterior resection from July 2021 until December 2022 were reviewed. Elective high anterior resection cases with omental patching were included for evaluation. Operative methods were standardized within this unit, including fashioning a pedicled omentum and non-tension patching over the anastomotic line. All surgical steps were standardized, and anastomoses were performed using the same circular staplers.
RESULTS
21 cases were included in the study. Average patient age was 64 years, male 47% and female 53%. Average operative time was 198 minutes. Primary outcome showed 2 out of 21 patients (10%) developed grade A anastomotic leak, which were successfully treated conservatively with intravenous antibiotics and no surgery required. 1 out of 21 patients (5%) developed surgical site infection. Median hospital stay was 4.5 days. None required ICU admissions nor readmissions. No other complications at 30 days post-operatively.
CONCLUSION
Omental patching did not prevent anastomotic leak but played a role in reducing the severity grade of anastomotic leak and the need for reoperation. This technique did not lead to significant post-operative morbidity. A larger prospective phase 2 interventional trial is useful to further prove our hypothesis.

PP06

IMPACT OF SARCOPENIA ON SURGICAL OUTCOMES OF NON METASTATIC COLORECTAL CANCER PATIENT - RETROSPECTIVE COHORT STUDY

Palaniappa Meiyappan Palaniappan[1], Mohd Razali Bin Ibrahim[2], Nadia Abdul Malik[3], Malinda Abd Majid @ Md Galib[3]

[1]Colorectal Surgery Unit, Department of General Surgery, Kuala Lumpur General Hospital, Kuala Lumpur, Malaysia
[2]Department of General Surgery, Sungai Buloh General Hospital, Selangor, Malaysia
[3]Department of Radiology, Kuala Lumpur General Hospital, Kuala Lumpur, Malaysia

INTRODUCTION

Sarcopenia among general population has been linked to an overall poor quality of life. We looked into the prevalence of sarcopenia and the effects on post-operative outcomes among stage I-III colorectal cancer patients. Primary objective was to look at readmission rate in 1 year, complications at 30 and 90 days as well as rate of completion of chemotherapy if indicated. This study is being done among Malaysian population for the first time and can be a predictor of clinical outcome. Local data will be more representative and can guide a clinician to tailor the management accordingly.

METHOD

We reviewed the medical records of all stage I-III colorectal cancer patients who underwent surgery between January 2020 until June 2021 at General Hospital of Kuala Lumpur. Sarcopenia was defined based on Total Psoas Index calculated from pre-operative Computed Tomography (CT). Mann Whitney U-test was completed for all variables.

RESULTS

A total of 41 cases were reviewed and the prevalence of sarcopenia was 66%, being much higher than in the literature. Despite higher frequency of complications as well as readmission rates in the sarcopenia group, these primary outcomes were found to be statistically not significant.

CONCLUSION

The prevalence of sarcopenia appears to be higher than predicted. Hence, early diagnosis with routine measurements of Psoas index by our radiological colleagues is advised. This subset of patient generally would fair better with surgery being done after nutritional build-up. Future studies are recommended to conduct larger, multi-center, RCT to assess the surgical outcomes of Sarcopenia.

PP07

CYTOREDUCTIVE SURGERY (CRS) WITH HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC): A SINGLE-CENTER EXPERIENCE IN PENANG, MALAYSIA

K M Loi, C W Khaw, C J Khaw, Y K Low
Penang General Hospital, Penang, Malaysia

BACKGROUND
Cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (CRS/HIPEC) is one of the therapeutic approaches for patients with peritoneal carcinomatosis. Implementation of this treatment model at an institution is often challenging and resource intensive, given that multidisciplinary approach to patients undergoing CRS/HIPEC is required, while there is high morbidity and mortality risk associated with the treatment. This study examined the 30-day clinical outcomes of patients undergoing CRS/HIPEC and the practicability of providing CRS/HIPEC treatment in Penang General Hospital.
METHODS
This was a retrospective, single-center study of patients with peritoneal carcinomatosis treated with CRS/HIPEC at the Penang General Hospital from September 2022 to January 2023. Data on pre-operative and intra-operative parameters in addition to postoperative early complications and clinical outcomes were collected.
RESULTS
A total of 6 patients undergoing CRS/HIPEC during the study period. The mean operating time was 657 minutes, and the mean blood loss was 1366mL. The mean high dependency unit stay was 4 days, while the mean length of hospital stay was 18 days. All the patients had postoperative morbidity of Grade II or below based on the Clavien Dindo classification There was no post operative mortality within 30 days, or in-hospital death.
CONCLUSION
Though the number of our patients is small, our early experience shows that CRS/HIPEC is feasible and safe in a district general hospital in Malaysia. The successful introduction of CRS/HIPEC in our center demands thorough preoperative evaluation, intense multidisciplinary collaboration and teamwork, and strict inclusion and exclusion criteria in patient selection. Through these, we have been able to achieve reasonable clinical outcomes.

PP08

30-DAYS MORBIDITY AND MORTALITY IN PRIMARY RECTAL CANCERS AFTER PELVIC EXENTERATION IN MALAYSIA'S TERTIARY CENTRE

E K S Sam, W K Kong, A M K Nil
Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia

BACKGROUND
Pelvic Exenteration is a curative treatment of locally advanced rectal cancers which involve Multivisceral resections. However, due to the complexity of the surgery, it is only performed in a specialised Tertiary Centre. Even so, the risk of complications, morbidity and mortality remains unpredictable. Perioperative care is always a challenge for the surgeon. This study aimed to determine the outcome of pelvic exenteration in terms of 30-days morbidity and mortality, and aims of improvement.
METHOD
Retrospective collections of data for 28 patients who underwent pelvic exenteration from year January 2015 - December 2022 at a single tertiary centre. Demographic data, types of pelvic exenteration, post-operative complications and mortality obtained from hospital electronic medical records were analysed.
RESULTS
The mean age of the patients were 59 ± 10.8 years with mostly male patients (58.3%). The majority of patients underwent total pelvic exenteration (66.7%). 30-days post-operative morbidity were noted in 45.8% of patients, with the rate of major complications (Clavien-Dindo ≥3) of 29.1% which include anastomotic leak, perforation, and death (n=2, 8.3%). A total of 11 patients were found to be alive (45.8%) during follow-up, and 9 were lost to follow-up.
CONCLUSION
With the limited data, the 30-days post-operative morbidity and mortality after pelvic exenteration for primary rectal cancers were 45.8% and 8.3% respectively. Comparing the rate in our study to a previously reported in a single centre study locally demonstrated no significant difference. The rate considered acceptable in view of the complexity of surgery and advanced in disease. However, there is a need to establish a team task force for future trainings and expansion of pelvic exenteration surgery in our country in order to make the service accessible to more patients.

PP09

EARLY OUTCOMES OF MODIFIED TECHNIQUE IN TREATING COMPLEX FISTULA-IN ANO: EARLY EXPERIENCE OF INTRA-ANAL FISTULOTOMY IN SARAWAK GENERAL HOSPITAL

***Sheih Nee Loke*[1], *Kiren Nathan*[1], *Kenneth Voon*[1], *Aini Fahriza*[2]**
[1]Hospital Umum Sarawak, Kuching, Sarawak, Malaysia
[2]Universiti Malaysia Sarawak, Kuching, Sarawak, Malaysia

INTRODUCTION
The sepsis in fistula-in-ano originate from infected cryptoglandular glands situated at intersphincteric space, which is a closed space bound by internal sphincter inside and external sphincter outside. Various techniques have been developed over the past 3 decades to effectively treat infection in the intersphincteric space.
OBJECTIVE
To describe the procedure and review early outcome of a modified new technique named Intra-anal Fistulotomy (IAF) in treating combination type 4 and 5 high transphincteric and intersphincteric fistula, as per Rojasakul &Tsang classification of natural pattern of anal fistula.
METHOD
This is a prospective single arm cohort on a relatively new surgical technique. A series of 9 cases with combined type 4 and 5 underwent the procedure of Intra-anal fistulotomy. Preoperative endoanal ultrasound or MRI were obtained for all cases. All patients underwent spinal anaesthesia in extended lithotomy position. After examination under anaesthesia, transanal laying open of the intersphincteric space was done through the internal opening guided by a metal probe. The external sphincter was not cut. The intersphincteric tract was curetted and left open for secondary intention healing. Patients were followed up between 6 weeks to 18 months.
RESULT
9 patients were included in this study, consisted of male 89%, female 11%. Mean age was 44 years. Recurrence rate in 6 months was 22%. Wound infection rate was 11%. Incontinence rate was 0%.
CONCLUSION
There is a constant battle between recurrence of complex high fistula versus risk of incontinence. Intra-anal fistulotomy is a new technique with promising outcome in addressing both issues.

PP10

VISUALIZATION OF INTESTINAL PERISTALSIS FOR STOMA CARE PRACTICE BY HANDY ELECTROENTEROMETER

***Atsuko Maekawa*[1], *Kazue Yoshida*[2], *Ikumi Honda*[3], *Hiroki Matsubara*[1]**
[1]Shubun University, Japan
[2]Yokkaichi Nursing And Medical Care University, Japan
[3]Nagoya University, Japan

OBJECTIVE
To measure intestinal peristalsis non-invasively using a handy Electroenterometer and Abdominal Echo to visualize the bowel rhythm for quality nursing.
METHODS
We measured bowel potential in healthy subjects, using a handy Electroenterometer. The consistency of bowel potential waveform data and left intestinal peristalsis by abdominal ultrasonography is confirmed by a time plot. The data were analyzed by Fast Fourier transformation (FFT) and color-scale display.
RESULTS
We collected and analyzed bowel potential data including defecation events in 277 peoples. Two of those participants had ileostomy under total proctocolectomy over 5 years survival. Stool accumulates in the stoma bag, evacuation self feeling and wave pattern data showed parallel to.
Ultrasonography showed increased peristaltic activity around 15 minutes after hot coffee drank. Bowel potential data were correlated with the Echo monitor screen and time recording data. Color scale showed a color peak at the time of defecation. It was proved that digital defecation information can be collected continuously without any invasively.
CONCLUSION
Bowel potential shows large multi-modal waveforms during large peristalsis, and color scale also shows darker colors. The visualization of defecation rhythms leads to the elucidation of individual defecation patterns. In other words, the visualization of peristalsis and the awareness of bowel movements may provide a predictive basis for defecation care and change the intervention for abnormal bowel movements.

PP11

CASE OF SYNCHRONOUS RECTAL CANCER AND RENAL CELL CARCINOMA: A MULTIDISCIPLINARY APPROACH

Neehad Baharuddin, Jasiah Zakaria, Norfarizan Mohd Azmi
Tuanku Ja'afar Hospital, Seremban, Negeri Sembilan, Malaysia

We present a case of a 52 year old Chinese gentleman who presented with per rectal bleeding and abdominal pain to a private hospital in Seremban. On colonoscopy, there was a constrictive tumour at distal sigmoid extending to rectosigmoid junction, and biopsy revealed a moderately differentiated adenocarcinoma. CEA was 14. A staging CT there showed a rectosigmoid mass with regional lymphadenopathy. There was also an enhancing mass at left kidney 4cm x 3.5 x 4.1cm. He was referred to our centre, and upon our review of the scans, the tumour appeared to be extending down to the mid rectum. An MRI was performed, on which we found that there is a tumour perforation at rectosigmoid involving peritoneal reflection with localised collection with involvement of seminal vesicle. The epicenter of the tumour is at the midrectum. After a multidisciplinary discussion with radiology, oncology, and urology, it was decided that the patient will undergo diversion, followed by a short course radiotherapy and followed by surgery. The surgery anticipated will be a pelvic exenteration with a radical left nephrectomy. This case highlights the considerations that need to be made when treating a synchronous rectal malignancy and renal cancer, including the type of diversion and the neoadjuvant chemoradiation chosen for the patient.

PP12

INTUSSUSCEPTION SECONDARY TO A METASTATIC MALIGNANT MELANOMA. A CASE REPORT

Yuki Julius Ng[1,2], Leong Jing Loc[1,3], Kuek Su Bun[1,3], Sohail Mushtaq[1,3]
[1]Sarawak General Hospital, Sarawak, Malaysia
[2]InciSioN Malaysia, Malaysia
[3]University of Malaysia, Sarawak, Malaysia

BACKGROUND
Intussusception is a rare presentation in the adult population from acute abdomen; most of the time it has a secondary cause. We report a case of small bowel intussusception in an adult with a history of malignant melanoma of the nasal cavity.

THE CASE
Our patient is a 57-year-old lady with a history of malignant melanoma of the left nasal cavity with metastasis to the lungs and left adrenal gland. She presented with generalised body weakness, non-specific intermittent epigastric pain, nausea, bloating, not passing flatus and constipation. Her abdominal X-ray showed a peripheral short segment of dilated small bowel with collapsed distal large bowel. During her admission, she experienced multiple bouts of vomiting gastric contents. Computed Tomography of the abdomen and pelvis revealed an intussusception with the transition point at the proximal ileum with mesenteric invagination. This was managed with surgical palliation by open laparotomy, small bowel resection and primary anastomosis. Histopathology of the small bowel reported an ulcero-fungating malignant tumour with microscopic infiltration of the mucosa, submucosa and muscularis propria and lymphovascular invasion. The malignant cells were positive for Melan A, Sox-10, S100 and had a high proliferative index. Postoperatively, she was discharged well after 1 week of observation.

CONCLUSION
Intussusception in adults are rare. Usually, it is due to a metastatic lesion which is the transition point for the small bowel to invaginate. Malignant melanoma has a high prevalence of metastasis to the small bowel ranging from 35 - 70% and therefore requires a high index of suspicion for intussusception. Open surgery was preferred for better tactile feedback in comparison to minimally invasive surgery because of possible lymph node involvement. The lymphovascular invasion in the histopathological exam further demonstrated the possible importance of open surgery which can provide an informed decision of the intestinal segment to resect.

PP13

CAECAL ENDOMETRIOSIS MIMICKING CAECAL TUMOUR

F N A A Ali[1], M N G Rahman[1], Norashikin H A A[2], Fadliyazid A R[3]

[1]General Surgery Department, Hospital Pengajar Universiti Sultan Zainal Abidin, Kuala Terengganu, Terengganu, Malaysia

[2]Pathology Department, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

[3]General Surgery Department, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Extra-pelvic endometriosis is a rare entity that presents extreme challenge to clinicians. Caecal endometriosis may pose a diagnostic dilemma preoperatively as it simulates various numbers of gastrointestinal pathologies with nonspecific manifestation. Even though endometriosis is a benign disease, invasion to the bowel can cause significant morbidity and mortality. Rectosigmoid junction is the most commonly affected bowel in extra-pelvic endometriosis while right sided colon involvement is rare. We report a case of a 29-year-old pregnant lady with incidental findings of caecal mass during lower segment caesarean section (LSCS) for foetal distress. The diagnosis of caecal endometriosis was made postoperatively by histopathological result of resected right colon. Distinguishing the diagnosis of bowel endometriosis with colorectal cancer may be challenging, and this case emphasizes the need to consider intestinal endometriosis in females at a reproductive age presenting with gastrointestinal symptoms and intestinal mass.

Keyword

endometriosis; colon; cecum

PP14

IDIOPATHIC OMENTAL INFARCT AS A RARE PRESENTATION OF ACUTE ABDOMEN. A CASE SERIES

Chua Ian Bin[1], Yuki Julius Ng[1,2], Loo Guo Hou[1]

[1]Department of General Surgery, Sarawak General Hospital, Sarawak, Malaysia

[2]International Student Surgical Network Malaysia, Kuala Lumpur, Malaysia

Omental infarct is a rare cause of acute abdomen which has an incidence of less than 4 per 1000 clinically diagnosed appendicitis. It is usually misdiagnosed with appendicitis, cholecystitis, diverticulitis or from gynaecological causes. We present 2 cases of Omental infarct.

Our first patient is a 51-year-old man who presented with right lumbar pain for 4 days, fever and unquantifiable weight loss. Clinically, he only had a right lumbar tenderness and fullness. There were no swelling and rectal examination was unremarkable. His blood parameters were within normal range. Computed tomography abdomen and pelvis showed increased fat stranding of omentum along anterior aspect of ascending colon and inferior to hepatic flexure measuring 6cm x 10cm x 10cm (AP x W x CC) with thrombosed mesenteric vessels. He was diagnosed with omental infarct and he was managed with exploratory laparotomy, omentectomy and peritoneal washout. Intraoperatively, the infarcted omentum measured 8x8cm. Postoperatively the patient recovered well and was discharged.

Our second patient is a 50-year-old lady, who presented with localized non-radiating right iliac fossa pain for 2 days, worsened with movement, associated with fever, nausea, and loss of appetite for 2 days. Clinically she had a tender right iliac fossa with a positive rebound tenderness. Her gynaecological assessment was unremarkable. A clinical diagnosis of perforated appendix was made and proceed for diagnostic laparoscopy. Intraoperatively, omental infarct was observed at the ascending colon omentum measuring 6x5cm and we proceeded with omentectomy. Her appendix and other organs were grossly normal. Postoperatively the patient recovered well and was discharged home after 1 day.

Omental infarct although rare, should be included in the differential diagnosis of acute abdominal pain. We presented 2 cases of omental infarction, both managed operatively with favourable outcomes. Further studies are required to compare the best practice in the management of omental infarcts.

PP15

HORRIFYINGLY TRAGIC COLITIS - A PAINFUL LESSON

M A M Jamil, M S Maso'od, E H B Ng
Colorectal Surgery Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

INTRODUCTION

Lower gastrointestinal bleeding (LGIB) is a complaint commonly presenting in healthcare centers with varying degree of severity. Commonest causes include neoplasm, diverticular disease, hemorrhoids and vascular malformations. This is an unexpected tragic case of LGIB that resulted in mortality.

CASE

A 46-year-old diabetic lady presented with a relatively stable LGIB, left iliac fossa pain and anemia over 3 weeks. A bleeding lesion was found at the sigmoid colon and clipped. Contrasted CT abdomen-pelvis demonstrated left iliac fossa and pelvic collection with communication into the sigmoid colon and compressing on the left ureter. Intraoperatively, the sigmoid colon was plastered posteriorly and she was diverted with a transverse colostomy. Unfortunately, she had repeated episodes of LGIB with no identifiable causative lesion on endoscopy. Relaparotomy was performed when she bled profusely 4 days later. Massive pelvic arterial hemorrhage was encountered during left colonic mobilization and secured with ligation. Diseased sigmoid colon with absent posterior wall was resected. Unfortunately, there was clinical acute left lower limb ischemia immediately post op and upon relaparotomy, the ligated artery was traced to be a friable left external iliac artery (EIA) with segmental loss of 5cm. Decision was made to ligate the artery with no revascularization attempts in view of severe hemodynamic instability and DIVC after Vascular consult. She succumbed to multi organ failure within 24 hours. Colonic histology was only colitis.

DISCUSSION

Retrospective re-review of the imaging and correlation with clinical findings did not demonstrate visible communication to the left EIA nor any arterial anomaly to suggest a possible underlying mycotic aneurysm. It is rare for severe colitis to erode into a large artery so acutely.

CONCLUSION

Unusual course of LGIB warrants suspicion of a more sinister cause to better prepare one's interventional strategy even in acute shock.

PP16

RECURRENT UROSEPSIS DUE TO NEPHROCOLIC FISTULA IN AN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

Muhammad Noor Adib Noor Azmi[1], Abdul Majid Muhamad[1], Mohd Nor Gohar Rahman[1,2], Fadliyazid A B Rahim[3]
[1]Department of Surgery, Hospital Pengajar Universiti Sultan Zainal Abidin, Terengganu, Malaysia
[2]Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
[3]Department of Surgery, Hospital Sultanah Nur Zahirah, Terengganu, Malaysia

Nephrocolic fistula is an abnormal communication between the kidney and the colon, a rare clinical phenomenon with potentially serious complications. We present a unique case of a 37-year-old female with autosomal dominant polycystic kidney disease who complained of left lumbar pain, fever and urinary frequency. She had multiple similar presentations for years, refractorily treated for recurrent urinary tract infections. Contrast-enhanced computed tomography abdomen demonstrated bilateral staghorn calculi and perinephric abscesses connected to the descending colon. She eventually required surgical intervention after the failure of medical therapy. Our case highlights the diagnosis and management of nephrocolic fistula.

PP17

THE OUTCOME OF SIGMOID VOLVULUS CASES: A SINGLE CENTRE EXPERIENCES

***Arif Jamal Azmi*[1], *Ahmad Ashraf Ghani*[1], *Hasmali Mohamad*[2], *Fadliyazid Ab Rahim*[3]**

[1]Hospital Pengajar Universiti Sultan Zainal Abidin, Terengganu, Malaysia
[2]Fakulti Perubatan, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
[3]Hospital Sultanah Nur Zahirah, Terengganu, Malaysia

Sigmoid volvulus is a known cause of acute colonic obstruction seen in surgical practice. This condition is a surgical emergency which requires combination of clinical assessment and radiological evaluation for diagnosis. In the absence of peritonitis, endoscopic decompression is the primary intervention, followed by sigmoidectomy.

We retrospectively analysed a total of 24 cases of sigmoid volvulus that were admitted in our institution from 2015 until 2022. 13 out of 14 of the cases underwent successful emergency colonoscopic decompression. The remaining 7 patients underwent emergency resection while 3 patients succumbed to death before surgical intervention. Out of 13 patient who had successful colonoscopic decompression, 7 of them had recurrent of volvulus prior to definitive resection.

This retrospective analysis is consistent with other literatures which showed high successful rate of endoscopic decompression among non-peritonitic patient with sigmoid volvulus.

PP18

A DEPRESSING TALE OF SYNCHRONOUS CARCINOMAS OF THE FORE AND HIND-GUT

***L L H Tang*[1], *A K N Kwan*[2], *M S Maso'od*[1], *E H B Ng*[1]**

[1]Colorectal Surgery Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
[2]Oncology Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

INTRODUCTION

When a patient presents with more than one tumor at different sites with different histology, management becomes challenging especially when tumors are synchronous in a young, able patient. One would question if the case is a hereditary syndrome or simply multiple primary tumors (MPT). Practical implications of MPT are rarely discussed in literature. We present a case of synchronous MPT of the gastrointestinal system (GIT).

CASE

A fit 57-year old gentleman presented with recurrent oral cavity and infrequent per rectal bleeding over 4 months. A tumor on the lateral aspect of the tongue was proven to be squamous cell carcinoma (SCC). Unfortunately, a lower rectal suspicious lesion was noted on his staging CT. A half circumferential anorectal tumor was confirmed as adenocarcinoma. Histological features of both tumors were completely different. As he had unresectable metastatic disease mainly in the thorax, palliative chemotherapy for both tumors was mainstay of treatment. As the tumors were located at each end of the GIT, he had difficulties with nutritional delivery complicated with painful defecation. Palliative radiotherapy was added as patient was not keen for both diversion colostomy and feeding stoma.

DISCUSSION

There is no known literature to date linking SCC of oral cavity with anorectal / colorectal adenocarcinomas. Hereditary syndromes such as Lynch do not seem to have such known association. The challenge in this case was to find a balanced oncologic therapy that treats both carcinomas without increased toxicity or relevant pharmacological interactions without a negative overall outcome as well as to relieve his oral and anal symptoms simultaneously. The psychological impact for this patient was tremendously negative.

CONCLUSION

Treatment strategy for synchronous MPT remains a challenge for the surgeon and oncologist and can cause detrimental psychological impact on the patient.

PP19

NOVEL INNOVATIVE STRATEGIES IN DIFFICULT OSTOMY CARE

Y X Ng[1], N Baharuddin[2], A A A Jaafar[3], J H N Choong[4], E H B Ng[1]

[1]Colorectal Surgery Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
[2]Colorectal Support Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
[3]Department of Pharmacy, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
[4]Department of Dietetics, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

INTRODUCTION

High-output stoma complicated with complex mucocutaneous separation and retraction in a patient with acute weight loss is extremely difficult to manage especially when available ostomy appliances cannot be used. We present a case demonstration on innovative strategies over a 2-year period.

CASE

A 39-year-old overweight lady presented with a perforated sigmoid carcinoma complicated with anastomotic leak, sepsis, multiple surgeries with end ileostomy at 150cm from DJ with 60% mucocutaneous separation and burst abdomen. After resuscitation, early phase restitutive measures included wound isolation strategies, restrictive dietary modifications after initial parenteral nutrition and drug modulation of gut transit time and digestive fluid production. Physiotherapy were added with further dietary and drug modifications during rehabilitation. Her stoma started retracting with secondary abdominal wound healing and was further complicated by a "sinking stoma" between her abdominal folds from weight loss. Peristomal excoriation from stomal "diarrhoea" reversed her recovery progress episodically. There were no suitable available ostomy appliances that could be offered despite external consultations. We used different commercial or home-based items to aid her stoma care. Dietary and drug modifications continued to evolve. She achieved bowel adaptation after 18 months that partially eased her ostomy woes. She continues to remain well after 24 months.

DISCUSSION

Managing complicated stoma requires extensive understanding of tissue pathophysiology at different phases with constant long-term drug and dietary adjustments. Patient compliance with treatment strategies and motivation to self-care were essential. Consultations with various experts are actively sought when needed. Modifications of household product appliances helped to fill the void of inadequate available appliances.

CONCLUSION

A concerted effort and initiative from multiple parties including the patient to look for creative measures utilizing daily household products along with individualized dietary modification are novel to treat complicated stomas like this when there are no known available strategies and/or products.

PP20

INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM (IPMN) IN PATIENT WITH COLORECTAL CARCINOMA

Hazirah Sazali, Mohd Fadliyazid A B Rahim

Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Intraductal Papillary Mucinous Neoplasm (IPMN) of the pancreas has been associated with high incidence of extrapancreatic malignancies (EPM) particularly colorectal carcinoma. So far, there is limited case report on association of IPMN and EPM among Malaysian population. We report a case of 61 years old lady with low rectal adenocarcinoma who found to have IPMN during her post treatment surveillance.

PP21

A LOCALLY ADVANCED RECURRENT GLUTEAL PLEOMORPHIC LEIOMYOSARCOMA - BALANCING THE SCALES FOR SURGICAL RESECTION WITH QUALITY OF LIFE

S W H Ding[1], W W Lai[2], M S Maso'od[1], J U C See[2], S J Lee[3], E H B Ng[1]

[1]Colorectal Surgery Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
[2]Department of Plastic & Reconstructive Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
[3]Gynae Oncology Unit, Department of Obstetrics & Gynaecology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

INTRODUCTION

Leiomyosarcoma is the commonest type of soft tissue sarcomas (10 – 20%). Generally prognosis is good if complete resection can be achieved. We present a case of difficult decision-making for resection of a locally advanced recurrent gluteal leiomyosarcoma.

CASE

This 52-year-old fit lady was referred for a recurrent right gluteal leiomyosarcoma that was inadequately excised 2 months prior. She refused primary resection and insisted on "neoadjuvant" chemotherapy. Unfortunately, the tumor progressed rapidly over 2 months despite chemotherapy with significant pain and constipation. She could not sit. MRI pelvis showed loco-regional involvement of coccyx, bilateral gluteus maximus, right ischiorectal fossa infiltrating right pudendal nerve, right external and internal anal sphincters and right perineum and a large uterine fibroid. After extensive multidisciplinary discussions between the various operating teams and with patient and husband, an 11-hour total abdominal hysterectomy, bilateral salphingooopherectomy, abdominoperineal resection, wide excision of gluteal tumour, coccygectomy and bilateral myocutaneous gluteus maximus V-Y advancement flaps was performed. Although histology showed R1 resection at the medial and deep margins, patient had an uneventful post operative recovery and maintained a good quality of life till she succumbed to distant thoracic metastases 8 months later.

DISCUSSION & CONCLUSION

Decision making for locally advanced malignant sarcomas with borderline resectability is always difficult as surgery would be long and arduous with unpredictable disease outcome and possible complications especially if unable to achieve R0. This patient missed the window of early resection during her first presentation of recurrence. As she was fit and young with clear understanding of her disease and possible outcomes with either R1/2 resection after extensive joint MDT counselling with her spouse, the final decision for extensive resection was justified as she managed to attain an acceptably good quality of life before she lost her battle to the disease.

PP22

APPENDICEAL CANCER PRESENTATION AT TWO ENDS OF THE SPECTRUM: A CASE REPORT

Afiq Aizat Ramlee[1], Mohammad Zaki Shukri[1], Siti Mayuha Rusli[2], Ahmad Ramzi Yusoff[1]

[1]Department of Surgery, Hospital Al Sultan Abdullah, Universiti Teknologi MARA, Puncak Alam, Selangor, Malaysia
[2]Colorectal Unit, Department of Surgery, Hospital Al Sultan Abdullah, Universiti Teknologi MARA, Puncak Alam, Selangor, Malaysia

Appendiceal malignancy is rare with incidence of approximately 0.97 per 100 000 population. It accounts for only 0.5 to 1 percent of intestinal neoplasms, occurring predominantly in females between 50 to 60 years old. Commonly diagnosed incidentally after appendicectomy, management may differ when diagnosis is made pre-operatively. We report two cases of appendiceal cancers at our centre presenting at different ends of the spectrum. First case is a 64-year-old man presented with right iliac fossa pain for 2 days. There was no constitutional symptoms and no family history of malignancy. Clinical and radiological assessment was suggestive of appendicitis, and he underwent laparoscopic appendicectomy. Histopathological examination revealed appendiceal goblet cell adenocarcinoma and he subsequently underwent right hemicolectomy. After completing adjuvant chemotherapy, he is currently recurrence-free. Second case is a 55-year-old woman presented with abdominal pain for 1 month. Clinical examination revealed a mass at right iliac fossa. CT abdomen revealed a large mass of possibly appendiceal origin with peritoneal metastases. Colonoscopy revealed a mass at the base of appendix. Histopathological examination confirmed presence of mucinous adenocarcinoma. The patient is currently undergoing neoadjuvant chemotherapy with consideration for cytoreductive surgery and hyperthermic intraperitoneal chemotherapy.

PP23

COINCIDENTAL OR CONNECTED: SYNCHRONOUS GIANT GASTRIC GIST AND MALIGNANT COLONIC POLYP

T Chandrasekaran, J J Mah, S Subramaniam, R K Sriram

Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

INTRODUCTION

Gastrointestinal Stromal Tumors (GIST) are rare mesenchymal neoplasms of the gastrointestinal tract, most commonly occurring in the stomach. The concurrence of GIST with another malignancy is an uncommon phenomenon, with few works of literature reported. We report a rare synchronous giant gastric GIST with a malignant colonic polyp.

CASE PRESENTATION

A 70-year-old woman presented with an upper abdominal mass. There was no change in bowel habits. CEA level was normal. Contrasted computed tomography (CT) of the abdomen revealed a huge gastric mass with no other abnormalities. Oesophagogastroduodenoscopy (OGDS) revealed extrinsic compression with normal overlying mucosa, suggesting that the mass is submucosal. Colonoscopy showed a large polypoidal mass in the sigmoid colon, which biopsy revealed tubulovillous adenoma with high-grade dysplasia. Wide local excision of gastric tumour and snare polypectomy was performed. The patient had an uneventful recovery and was discharged home well. Histopathological examinations of the resected specimens reported that margins were clear. The patient was started on Glivec® 400mg OD.

DISCUSSION

Gastrointestinal stromal tumours (GIST) and colon malignant polyps are two distinct types of neoplasms that can occur synchronously. GIST tumours arise from the interstitial cells of Cajal and are characterized by mutations in the KIT/PDGFRA genes. Conversely, malignant polyps are epithelial tumours that arise from the colonic mucosa classically due to alterations in the APC tumour suppressor gene, resulting in the overactivation of the WNT/ ß-catenin signalling pathway.

CONCLUSION

Synchronous GISTs and malignant colon polyps are rare, and their molecular basis is distinct. However, it is crucial to consider the possibility of a genetic predisposition in patients with these tumours.

PP24

COMPLETE CLINICAL RESPONSE POST RAPIDO IN LOCALLY ADVANCED MID RECTAL ADENOCARCINOMA

***Amirul M A*[1], *Mohamed Akbar B*[1], *Ruhi Fadzlyana J*[1,2]**
[1]Hospital Ampang, Selangor, Malaysia
[2]Universiti Sains Malaysia, Negeri Sembilan, Malaysia

INTRODUCTION

Rectal Cancer and Preoperative Induction Therapy followed by Dedicated Operation (RAPIDO) Trial targets to reduce distant metastases without compromising loco-regional control. Usage of short-course radiotherapy followed by chemotherapy and delayed surgery gives light in tackling the challenge of systemic relapses. We illustrate here 2 cases of Complete Clinical Response (cCR) encountered in our centre.

CASE REPORT 1

A 69-year-old Malay Lady underwent colonoscopy after a positive FOBT. A fungating lesion (NICE III) was found at 10cm from the anal verge. Histopathology confirmed as Adenocarcinoma. CT TAP and MRI Pelvis done showed Mid Rectal Adenocarcinoma staging T4bN1M0. Patient then underwent RAPIDO radiochemotherapy. Reassessment imaging done post neoadjuvant therapy showed good response. Repeated sigmoidoscopy done noted small ulcer around 10cm from anal verge, histopathology confirmed no dysplasia or malignancy seen. A multidisciplinary team (MDT) discussion was held, and the impression of cCR mutually reached. After counselling, she opted for no surgical intervention and planned for closed surveillance.

CASE REPORT 2

A39-year-old gentleman presented with per rectal bleeding and altered bowel habit. Colonoscopy and biopsy confirmed - Mid Rectal Adenocarcinoma. MRI and CT for staging showed T3N1M0. He underwent RAPIDO radiochemotherapy. Reassessment colonoscopy showed no mucosal lesion and histopathology showed no malignancy seen. MRI pelvis post neoadjuvant shows good clinical response. Patient was deemed cCR and he opted for “Watch-and-Wait” strategy.

CONCLUSION

cCR for patient underwent neoadjuvant chemoradiotherapy is up to 20%, and a subset of 20% of these patients have complete pathological response (cPR). In Malaysia there is scarce data reported on these conditions. Hence, no standardized surveillance protocol available to counsel patients on treatment options. “Watch-and-wait” strategy may be a treatment option in a highly selective group of patients with MDT agreement. A national level trial should be done to formulate a protocol to include these subset of patient.

PP25

DOUBLE TROUBLE: THE CHALLENGES IN MANAGING CONCURRENT SEVERE DENGUE WITH PERFORATED APPENDICITIS

H Balachinderan, J J Mah, S Subramaniam, R K Sriram

Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

BACKGROUND

Dengue fever may lead to dengue hemorrhagic shock syndrome, characterised by abdominal pain with multiorgan failure and associated with high mortality. On the other hand, perforated appendicitis too may present similarly but is typically the result of a delayed presentation or diagnosis. Peritonitis, septicemia, multiorgan failure, shock, and death can result from untreated perforated appendicitis. Overlapping presenting symptoms between these two conditions often makes it difficult to establish a diagnosis, and this can be further complicated when a patient presents with both these conditions together. Herein, we discuss the management of a young girl who presented with perforated appendicitis and severe dengue fever in the same setting.

CASE PRESENTATION

A 17-year-old girl first presented to a primary care centre with a fever and lethargy. Her serology test was positive for dengue fever. She then developed abdominal pain as the illness progressed. An urgent contrasted computed tomography (CT) of the abdomen revealed perforated appendicitis secondary to an appendicolith. Emergent laparoscopic appendicectomy was performed amidst ongoing treatment for severe dengue. She recovered well and was discharged home two days later.

DISCUSSION

It is crucial to have a high clinical suspicion of an acute abdomen in severe dengue patients with abdominal pain. Imaging can be used to confirm the diagnosis. Surgery is best performed using minimally invasive techniques, as thrombocytopenia is common in these patients.

CONCLUSION

Early clinical suspicion and prompt action are crucial in recognising an acute abdomen and preventing complications due to a delayed diagnosis in such cases.

PP26

CONCURRENT GIST AND LYMPHOMA: A MANAGEMENT CONUNDRUM

N Nallasamy, J J Mah, S Subramaniam, R K Sriram

Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

BACKGROUND

Gastrointestinal stromal tumours (GIST) are rare mesenchymal tumours of the gastrointestinal tract and are associated with synchronous and metachronous malignancies in up to 33% of cases. Carcinomas are the most common, distantly followed by Non-Hodgkin lymphomas, with low-grade MALT lymphomas being the commonest. In this study, we report a rare occurrence of GIST with a high-grade B cell lymphoma.

CASE PRESENTATION

A 77-year-old gentleman presented with one month of epigastric pain associated with bloatedness, weight loss, and appetite. Ultrasound showed only liver cysts. Oesophagogastroduodenoscopy (OGDS) revealed a duodenal tumour with central umbilication, with a biopsy confirming it as GIST. Computed tomography (CT) showed multiple lung, liver and pancreatic nodules with nodal metastasis. An endoscopic ultrasound (EUS)-guided biopsies of the nodes confirmed high-grade B-Cell lymphoma. Chemotherapy (R-Bendamustine) was initiated, and the surgical and haematology team co-managed the patient. Unfortunately, the patient's condition deteriorated, and CT shows progression of disease. Patient then succumbed to the illness.

DISCUSSION

The co-existence of Gastrointestinal Stromal Tumor (GIST) and lymphoma in a single patient is an extremely rare and poorly understood phenomenon. GIST is a type of mesenchymal tumour that arises from the interstitial cells of Cajal. On the other hand, lymphoma is a type of hematopoietic malignancy that originates from lymphoid tissues. The oncological basis for this co-existence is unclear, besides posing challenges to physicians in diagnosis and treatment.

CONCLUSION

Diagnosing and managing a concurrent GIST and lymphoma is challenging and requires multi-disciplinary intervention. To formulate a proper treatment regime, more studies need to be performed to gain a molecular-level understanding of the association between these pathophysiologies of these conditions.

PP27

MOVING FROM MULTI-PORT TO SINGLE-PORT SURGERY FOR APPENDICECTOMY: EARLY RESULTS OF SINGLE-INCISION LAPAROSCOPIC APPENDICECTOMY

A R Thurairajah, J J Mah, S Subramaniam, R K Sriram
Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

BACKGROUND
Single-incision laparoscopic appendicectomy (SILA) is an alternative to the conventional multi-port laparoscopic appendicectomy (MPLA). It has gained popularity in recent years due to its cosmetic appeal and ability to reduce access trauma further. However, only some prefer SILA, as its technically challenging, and there is limited evidence to support its superiority over MPLA in terms of clinical outcomes.
CASE PRESENTATION
We present a series of 5 cases of SILA performed in a local hospital from October to December 2021. These procedures were performed via a single transumbilical incision on selected patients with clinically diagnosed acute appendicitis. One patient had conversion to open surgery (Lanz incision). The mean post-operative hospital stay was 1 day. All the patients had an uneventful recovery with no complications.
DISCUSSION
The advancement of minimally invasive surgery has revolutionized the surgical approach to appendicectomy, resulting in decreased post-operative pain, shorter hospital stay, earlier return to work and improved cosmetic outcomes. It builds upon the benefits of MPLA and offers reduced access-induced trauma resulting in lesser post-operative pain and superior cosmesis.
CONCLUSION
SILA offers improved cosmetic outcomes and a reduction in post-operative pain compared to MPLA. If technical expertise is available, SILA should be provided as an option, especially for those highly concerned about cosmesis.

PP28

COLONIC STENTING: A KEY PLAYER IN MANAGING MALIGNANT LARGE BOWEL OBSTRUCTION

D Alagoo, J J Mah, S Subramaniam, R K Sriram
Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

BACKGROUND
Colonic stenting (CS) involves the insertion of a self-expandable metallic stent (SEMS) into a diseased segment to provide an artificial lumen and alleviate the symptoms of obstruction. CS is currently utilised in two clinical scenarios: bridge to surgery (BTS) and palliation. We aimed to study on safety and efficacy of Self Expandable Metallic Stents (SEMS) for Malignant Large Bowel Obstruction (MLBO) in our centre.
METHODS
We used data from the database maintained in Queen Elizabeth Hospital, Sabah. All patients undergoing SEMS insertion for MBO between Jan 2020 to Jan 2022 were reviewed. The rate of technical success (successful SEMS deployment across tumours without complications) and clinical success (symptom relief without further surgical intervention) were studied. Data on the mean time to surgery, rates of complications, types of surgery, recurrence rates, and distant metastasis were analysed.
RESULTS
Data from 33 patients were analysed. The mean age was 67.4, with slight female preponderance (51.5%). The mean tumour length was 5.5cm, and most (75.8%) of the lesions were in the left colon. Both the technical and clinical success rates were 97%. 1 (3.0%) stent migration and 2 (6.1%) blocked stents were reported. 90.7% of cases were for palliation, and 9.1% were for BTS. In the BTS group, all subsequent surgeries were done laparoscopically with primary anastomosis and no stoma creation.
CONCLUSION
We report high technical and clinical success in utilising colonic stenting for acute MLBO in our centre. It is considered a safe and feasible option for palliation or BTS.

PP29

JEJUNAL GIST IN YOUNG ADULT PRESENTING WITH INTUSSUSCEPTION: RARITY OF RARE

***Koh Chee Keong*[1,2], *Andee Dzulkarnaen*[1,2], *Soh Jien Yen*[1,2]**

[1]Department of Surgery, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
[2]Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

INTRODUCTION

Intussusception is uncommon in adult, in 90% of cases they often have a pathological lead point which includes small bowel benign and malignant tumour and gastrointestinal stromal tumour (GIST). Intussusception due to small bowel GIST is rarer, it occurs around 0.1% among the patients with intussusception as GIST tumour tend to grow in extraluminal fashion.

CASE REPORT

A 23-year-old female presented with epigastric pain and vomiting which radiated to the back. Ultrasonography was performed suggestive of intussusception and proceeded with computerized tomography (CT). CT revealed jejunojejunal intussusception with no identifiable lead point. Patient was posted for laparotomy. Intraoperatively, segmental small bowel resection with primary anastomosis was performed and a lesion with central umbilication was seen measuring about 3cm. Histopathological (HPE) report confirmed the diagnosis of GIST. She was discharged well with outpatient follow up.

DISCUSSION

GIST commonly occur in adult age more than 40-year-old, less than 10% are diagnosed before the age of 40-year-old. the most common location was stomach (40-60%) follow small bowel, jejunal and ileum (25-30%). GIST commonly presented with gastrointestinal bleeding and abdominal pain. In our patient, she presented with intussusception with small bowel obstruction. CT scan had the highest detection rate of around 67% in diagnosing GIST. However, they can misinterpret as hemangioma, lymphangioma and adenocarcinoma due to small bowel distention, edema and thickening. surgical resection remained as the mainstay of treatment. Adjuvant imatinib should be given in patient with high-risk GIST, as it proved to increase the overall survival.

CONCLUSION

In young adult presented with severe non-specific abdominal pain, CT is always needed to identify the underlying pathology. In adult with intussusception, it is always pathology and surgery are often needed. Diagnosis of GIST should base on high clinical suspicion and intraoperative findings. Adjuvant treatment should base on HPE risk stratification.

PP30

JELLY BELLY: A CASE SERIES OF CYTOREDUCTIVE SURGERY (CRS) WITH HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) FOR PSEUDOMYXOMA PERITONEII IN SABAH

A R Thurairajah, J J Mah, S Subramaniam, R K Sriram
Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

BACKGROUND
Pseudomyxoma peritonei (PMP) is a rare condition characterised by the dissemination of gelatinous ascites with mucinous implants on the peritoneal surface, which gives it the distinctive appearance of "jelly belly". Due to its indolent nature & varied clinical presentation, it is often discovered at an advanced stage & can severely impact the quality of life of patients.
CASE PRESENTATION
Two patients first presented with non-specific symptoms of abdominal discomfort & abdominal distension. Tumour markers were elevated in both cases. Following negative endoscopic assessments, a contrasted CT revealed the characteristic "scalloping" & loculated ascites, suggestive of PMP. Image-guided biopsy confirmed the diagnosis of mucin-producing epithelial neoplasm. Both the patients underwent cytoreductive surgery (CRS) & hyperthermic intraperitoneal chemotherapy (HIPEC) and were discharged home well after the surgery.
DISCUSSION
In the past, repetitive debulking was a common practice, but the use of HIPEC in conjunction with CRS is now considered the standard of care. In our series, total colectomy with end ileostomy, total peritonectomy, omentectomy, splenectomy, and cholecystectomy. The aim was to eliminate all macroscopically visible tumour. This is followed by the intraperitoneal instillation of mitomycin at 42°C for 60 minutes. Post-operatively, patient received multidisciplinary care with the aim to minimize complications, optimize recovery, provide adequate pain management and rehabilitation. Close monitoring & early management of any complications is crucial for ensuring the best outcomes for these patients.
CONCLUSION
CRS & HIPEC is an extensive & morbid surgery. Our series describe successful CRS & HIPEC procedures on two patients with PMP. Long term follow up is needed to report on recurrence.

PP31

ERAS COMPREHENSIVE PROTOCOL FOR PATIENT'S JOURNEY IN MAJOR COLORECTAL SURGERY: HOSPITAL KUALA LUMPUR EXPERIENCE

Che Fateen Sulaiman, Lameena Sivamoorthy, Mohana Raj Thanapal, Hanif Hussein
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Enhanced Recovery After Surgery (ERAS) protocol is a multimodal care pathway designed to achieve smooth recovery for patients undergoing major surgery which involves preoperative, intraoperative and postoperative elements. Despite the remarkable evidence indicating that ERAS protocols lead to improved outcomes, they challenge traditional surgical doctrine, and as a result their implementation has been slow. Multidisciplinary teams are involved including surgery, anesthesiology, nutritional services, physiotherapy and the nursing staffs. Hospital Kuala Lumpur (HKL) has implemented ERAS in major elective colorectal surgery since 2020. We have recruited a total of 77 patients who underwent elective laparoscopic colorectal surgery. The average ability to tolerate orally, remove oxygen, urinary catheter and ryles tube was within a day and most patients were ambulating the following day. The outcome of patients were better overall as opposed to orthodox post operative managements.

PP32

THE HIDDEN ADENO WITHIN THE BUSHES OF WARTS

N J Sidek, M S Maso'od, E H B Ng

Colorectal Surgery Unit, Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

INTRODUCTION

Squamous cell carcinoma (SCC) accounts for 90% of malignant anal carcinomas and is etiologically linked to Human Papilloma Virus (HPV) infection, most notably HPV-16. We present a rare case of anal warts with a hidden adenocarcinoma.

CASE

A 62-year-old man presented with anal mass over 2 years, clinically suggestive of anal warts. The warts were excised and there was no obvious tumor intraoperatively. The histology returned as adenocarcinoma within the anal wart. Staging colonoscopy and CT TAP neither demonstrate any other tumor nor distant metastasis. He refused treatment over a 9-month period till a symptomatic local tumor recurrence at the anal verge. His MR pelvis and CT TAP showed localized T3 disease. He is planned for diversion colostomy, neoadjuvant chemoradiation and primary abdominoperineal resection.

DISCUSSION

Anal adenocarcinoma is rare, aggressive and understudied. There are 2 distinct cellular subtypes - glandular versus colorectal mucosa; distinguished by keratin/CDX2 expression. The carcinogenic potential of HPV notably HPV-16 and 18 was first reported in the 1980s and attribute mainly to SCC of cervix, anus and oropharynx. Recently, carcinogenc HPV has been implicated in developing uterine adenocarcinoma and Barret's adenocarcinoma (squamocolumnar junction). Similiarly, HPV-16 and 18 have been found in anal adenocarcinoma arising from the glandular / transitional zone only. Gold standard treatment of local excision, combined chemoradiotherapy and radical surgery with or without (neo)adjuvant chemotherapy have conflicting results. Recent molecular studies showing prominent T cell infiltrates and high expressions of PD-1/PD-L1 in anal glandular adenocarcinoma suggest potential benefit of immunotherapy.

CONCLUSION

Anal glandular adenocarcinoma can arise in association with HPV infection. There is no best treatment modality yet to date in this rare carcinoma.

PP33

PRIMARY UNDIFFERENTIATED PLEOMORPHIC SARCOMA OF THE ASCENDING COLON MESENTERY RESEMBLING CARCINOMA

***Shong Sheng Tan*[1], *Michael, Pak-Kai Wong*[1,4], *Soh Jien Yen*[1,4], *Nusaibah Azman*[2,4], *Sharifah Emilia Tuan Sharif*[2,4], *Faezahtul Arbaeyah Hussain*[2,4], *Juhara Haron*[3,4]**

[1]Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

[2]Department of Pathology, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

[3]Department of Radiology, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

[4]Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

OBJECTIVE

An undifferentiated pleomorphic sarcoma (UPS), formerly known as a malignant fibrous histiocytoma, commonly involves the soft tissue of the extremities and the retroperitoneum. However, a primary UPS of the colon mesentery is very rare. To report rare case of a primary UPS of the colon mesentery and describe the characteristics of this neoplasm and treatment options based on the current available evidence.

CASE PRESENTATION

We report a 60 year-old woman complained of one month history of right lumbar pain with constitutional symptoms. She also had intermittent low grade pyrexia with otherwise no bowel related symptoms. Clinical examination revealed she appeared cachexic, pale. An ill - defined, non-tender mass was palpable in the right lumbar region with no signs of peritoneal irritation. Tumor markers values were all within the normal range. She was found to be anemic with hemoglobin level of 7.5 g/dL.

A contrast - enhanced CT scan abdomen and pelvis revealed long segment of ascending colonic wall thickening with medial wall enhanced collection, with right renal enhanced lesion and multiple liver lesions. The colonoscopy revealed a non-obstructing ascending colon ulcerative tumor. Biopsies showed diffuse pleomorphic spindle cells infiltration within the submucosa sparing the mucosa layer of the colon. Immunohistochemistry staining consistent with high grade pleomorphic sarcoma with differential diagnoses of undifferentiated pleomorphic sarcoma. Unfortunately, she passed away at home before our follow up to discuss regarding her treatment.

CONCLUSION

Primary UPS of the colon mesentery is a very rare disease, mimicking colonic carcinoma. Majority of these tumours presented late with poor prognosis.

PP34

MORE THAN JUST WORMS - A FORGOTTEN PROBLEM

Adam Amir*, *Loh Q L*, *Ghayatri Partheeban*, *Tharveen Nair

Department of General Surgery, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

The Orang Asli is a minority ethnic group in Malaysia accounting for 0.6% of the total population. Amongst them, helminthic infection is endemic reaching a rate of up to 90% within studied populations despite screening and treatment initiatives by health authorities and non-government organizations.

Infection with these parasites induce a state of chronic inflammation and have the potential to promote cellular dysplasia within the bowel leading to malignancy which have been proven in animal models.

This is a case report of an Orang Asli who presented with an advanced rectal tumor with concurrent poly-helminthic infection diagnosed via endoscopy. The case highlights a commonly forgotten problem in a vulnerable community. There is reason to further explore the association between chronic helminthic infection and the emergence of colorectal cancer. Screening threshold for colorectal cancer within this group could therefore be lowered and offered more readily.

PP35

EXPANSION OF COLORECTAL SERVICES IN KLANG VALLEY TO DISTRICT HOSPITALS - CAN WE EXTRAPOLATE THE CENTRAL SELANGOR ZONE CLUSTER HOSPITAL MODEL?

Mukesh T S[1], Devanraj Selvam[1], Senthil Vasan Kanthasamy[2]
[1]Hospital Shah Alam, Selangor, Malaysia
[2]Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

Klang Valley is a geographical urban conglomeration of Selangor, Kuala Lumpur and Putrajaya. It is the most populated region in Malaysia and a quarter of our country's population is centred here (9.1 million; 28%). Therefore, the healthcare demand and accessibility in Klang Valley may differ from the other states. Similarly, the workload of colorectal services here is also relatively higher as evidenced by existing data. This descriptive poster aims to highlight the burden of colorectal services in Klang Valley and proposes the optimisation of the existing Cluster Hospital Initiative (CHI) model.

Currently, Hospital Selayang runs majority of the public colorectal service in Klang Valley, alongside with the Colorectal Units from MOHE Hospitals such as UMMC, UKMMC and HPUPM. Albeit studies have demonstrated that centralisation of subspeciality services has established standardisation of care and improved perioperative outcome; this model may inadvertently result in overcrowding of referral centres, possible delay in treatment due to logistic reasons, unequal distribution of resources and manpower, and loss of training of the smaller hospital surgeons.

A possible solution to address these issues is by optimising the CHI, which is a hospital merger concept by the Ministry of Health (MOH). In Selangor, there are 4 established CHIs and the Central Selangor Zone Cluster comprises HTAR, Klang as the Lead Hospital (LH) while Hospital Shah Alam and Hospital Banting as the Non-Lead Hospitals (NLHs).

From mid-2021, HTAR received a colorectal surgeon and the colorectal services were subsequently extended to the surrounding NLHs by means of direct referrals, opinion and advice, and on-site surgeries at respective NLHs. Since then, we could observe the benefits of having colorectal service being provided in close proximity and we believe that such services in Lead Hospitals in Klang Valley can possibly be expanded into dedicated units in the future.

PP36

UNEXPECTED PAIN WHILE EXPECTING; A CASE OF CAECAL MALIGNANCY IN PREGNANCY

Mukesh T S, Musaddiq N, Devanraj S, Lee Y L
Hospital Shah Alam, Selangor, Malaysia

Colorectal cancer (CRC) during pregnancy is a rare event, however there has been a rising trend of its' incidence among young adults in recent times. The clinical manifestations of CRC during pregnancy are not specific and may mimic symptoms of pregnancy, posing a great challenge to formulating diagnosis and providing treatment.

We present a case of a 27-year-old Malay lady, who is a primigravida at 29 weeks of gestation, with a 3-day history of right-sided abdominal pain which was initially thought to be Braxton Hicks contractions. However, an abdominal ultrasound which was done revealed an ileo-colic intussusception at the right hypochondrium with minimal interloop free fluid. She subsequently underwent a laparotomy, right hemicolectomy and an ileo-colic anastomosis. Intra-operatively, caecal tumor was identified, which was adhered to the retroperitoneal wall with enlarged mesenteric lymph nodes. Post operatively the patient was monitored under the management of a multi-disciplinary team. However, she had a premature delivery at 30 weeks of pregnancy and the child was required admission to NICU for almost 2 months.

The histopathological examination of the resected specimen revealed a moderately differentiated colonic adenocarcinoma (pT3 N0 (0/21)) with no lymphovascular invasion, nodal metastasis and clear margins. A staging CT TAP scan that was done after delivery revealed no distant metastasis, and after a discussion with the oncologist in Institut Kanser Negara (IKN), she did not require subsequent adjuvant treatment. She was followed up closely with a colonoscopy in 6 months that revealed no synchronous lesion and a serial CEA monitoring and an annual CT scan.

This case emphasises on the diagnostic challenges, the complexity and ethical issues involved when a pregnant patient faces a life-threatening terminal illness. Therefore, CRC during pregnancy should be managed by a dedicated multi-disciplinary team for an optimal outcome for the mother and child.

PP37

DRAIN SITE HERNIA: A CASE REPORT ON COMPLICATION OF ABDOMINAL DRAIN

Musaddiq N, Mukesh T S, B K See, Lee Y L
Hospital Shah Alam, Selangor, Malaysia

Abdominal drain have been widely used following abdominal surgery either therapeutically or prophylactically to reduced morbidity post surgery. However usage of these drains are not without complication. Drain site hernia is a rare but a known complication.

A 66 years old lady underwent Hartmann's procedure for perforated sigmoid diverticulum post colonoscopy. Portex drain size 28Fr was inserted at right iliac fossa and was removed after 5 days. Day 9 postoperative, she presented with abdominal distention and vomiting. She was diagnosed with small intestinal obstruction secondary to drain site hernia and proceeded with laparotomy. Intraoperatively there was small bowel herniated into the drain site causing obstruction. The hernia defect measure 1.5cm located at lateral to right rectus abdominis muscle. Reduction done and the herniated bowel is viable. Post-operative course was uneventful.

Abdominal drains have been used to prevent fluid accumulation such as peritoneal fluids, blood, pus, inflammatory fluids or help in early detection of leak. Several complication related to abdominal drain were encountered such as intraabdominal or wound infections, formation of adhesion, intestinal erosion with fistula formation, bleeding from drain site or even persistence sinus tract formation. There are only a few reports of intestinal obstruction secondary to herniation through a drain site. Most of the reported cases concern drains with external diameter of more than 10 mm. Small bowel loops and appendix are the most commonly organ herniated. Other predisposing factors are poor nutritional status, obesity, persistent cough and vomiting which causes increased in intra-abdominal pressure.

Drain insertion is a common procedure in many types of surgeries. Prevention of drain site hernia can be achieved by inserting drain in a way the internal and external opening of drain hole placed at two different line. Knowing the presence of such complication, surgeon can take measure to prevent such complication.

PP38

EPIDEMIOLOGY REVIEW ON THE INCIDENCE AND TYPES OF CRC IN NORTHERN JOHOR

Mohamad Luqman Hadi Ismail, Dao-Yao Ling, M H N Hana, Ros'aini P
Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia

INTRODUCTION

Colorectal cancer (CRC) is the commonest cancer among Malaysian men and second among women. Incidence of which has been increasing over the past decade globally and in Malaysia.

OBJECTIVE

The Objective of this study is to determine the incidence of CRC from northern Johor and relationships between demographic, anatomical and histological subtypes.

METHOD

This is a retrospective descriptive study conducted on HPE confirmed diagnosis of CRC from 1st Jan 2011 till 30th Dec 2022. Patients were identified using the oncology unit census from hospital Muar which is the referring center for hospitals from northern Johor and Johor state cancer registry. Data interpretation and analysis was done with SPSS Statistics for windows v29.

RESULT

366 subjects where enrolled. Mainly Malay male 67.5% with a mean age of 63 which is 2 years older as compared with the Malaysian average. Predominantly Left sided tumors 86.92% of moderately differentiated subtype 61.98%. This study demonstrates that age, sex, anatomical location and histology is not associated with race. However, there is an association between age and histology subtype.

CONCLUSION

In conclusion demographics of presentation of CRC patients in northern Johor differs slightly from the average national data presented, prompting further studies to better understand the observed differences in order to implement better preventive, screening and treatment modalities to improve health outcome.

PP39

TRANVERSE COLON VOLVULUS: AN UNEXPECTED TWIST

Kogulebaln Ragupathy, J W Loh, Khasnizal A K
General Surgery Department, Hospital Teluk Intan, Perak, Malaysia

INTRODUCTION

A volvulus is a twist of the intestine at its mesenteric axis resulting in vascular compromise. If not intervened immediately, it could cause a bowel infarction, peritonitis, and even death. In contrast to cecal and sigmoid volvulus, transverse colon volvulus is a comparatively uncommon condition. Approximately 5% of all intestinal obstructions are caused by it, and fewer than 100 cases have been reported globally.

CASE REPORT

A 51 year old man with schizophrenia, presented complaining of generalized abdominal pain and distension for 2 days with vomiting and unable to pass flatus. He had no history of altered bowel habit or previous surgeries. Physical examination revealed a thin middle aged gentleman with a massively distended abdomen. The abdomen was non tender on palpation and no signs of peritonitis. Digital rectal examination revealed collapsed rectal vault and no intraluminal mass. Renal profile showed hyponatremia and hypokalemia, however other blood tests were unremarkable. Abdominal radiograph showed grossly dilated large bowel with Chilaiditi's sign. Computed tomography (CT) of the abdomen suggested a closed loop obstruction of the descending colon with well opacified superior mesenteric artery and vein. Decision was made to proceed with emergency laparotomy. Intraoperatively, a transverse colon volvulus was seen, twisted at its mesentery 720 degrees. Bowel was healthy and viable. An extended right hemicolectomy was performed. He was subsequently discharged well a week later.

DISCUSSION

The diagnosis of transverse colon volvulus is often made intraoperatively despite is rarity. Compared to sigmoid and cecal volvulus, it has a higher mortality rate.

CONCLUSION

Transverse colon volvulus is a difficult diagnosis to achieve. Timely intervention is the key to a successful outcome.

PP40

CASE REPORT: DELAYED SURGERY FOR A PARTIALLY OBSTRUCTED COLO-COLIC INTUSSUSCEPTION WITH COVID-19 INFECTION

A F R Johari, Devanraj S
Hospital Shah Alam, Selangor, Malaysia

Intussusception (telescoping of a segment bowel into adjacent seg ment) is a common cause of bowel obstruction in children. It can occur in adulthood, where the lead point is almost always pathological requiring definitive surgery, however presenting symptoms may be vague and poses a management challenge. We report a case of a 66-year old lady who initially presented to our outpatient clinic with a short history of epigastric discomfort and altered bowel habit for 1 month, without prior constitutional symptoms or family history of malignancy. An outpatient colonoscopy, although unable to be completed, showed a lobulated mass at the hepatic flexure occupying the entire lumen, and a subsequent CT imaging of the abdomen showed a long segment large bowel intussusception which was involving the mid ascending colon along with it's mesentery telescoped into the distal transverse colon.

Management proved to be challenging as the patient and family members were hesitant for a surgical intervention initially as she was infected with Covid-19 during the admission. A collective decision was made for an elective colectomy after 2 weeks of watchful waiting, once she was no longer infective of Covid-19. Intraoperative there was a lesion at the ascending colon with colo-colic intussesception at the hepatic flexure. She underwent an extended right hemicolectomy with an ileo-colic anastomosis. The histopathological specimen came back as inflammatory polyp and some of the polyps were tubular adenoma of low grade dysplasia.

The time taken from first symptom to diagnosis took a little over 2 months, subsequently from time of diagnosis to operating table took 2 weeks. During the observation period she was not peritonitic, and intraoperatively there were no perforation. This delay may have otherwise ended up differently if the lead point was malignant, which is more common in the adult population as well as higher incidence of perforation.

PP41

MESENTERIC FIBROMATOSIS: A CASE REPORT

N Ezzah, Melanye J P, Senthil Vasan Kanthasamy, Yusof A W
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

Mesenteric Fibromatosis is a proliferative fibroblastic lesion of the small bowel mesentery. It is the most common primary tumour of the mesentery. It occurs in association with Familial Adenomatous Polyposis mutation as a component of Gardner's syndrome. This a case of a 19-year-old female who presented with a 4 months history of abdominal pain and a palpable mass imitating a 22 weeks gravid uterus. A contrast enhanced computed tomography shows a well circumscribed heterogeneously enhancing mass in the lower abdomen extending into the pelvis with presence of cystic component and dilated peripheral vessels within the mass. Laparotomy findings, huge mesenteric cyst which was excised. Histopathology study confirmed the diagnosis.

PP42

AUDIT ON STAGE 4 COLORECTAL CANCER IN HOSPITAL SULTANAH NUR ZAHIRAH

Nurul Shazwani A R, Noor Tilawatu K, Khairul Munerah S, Fadliyazid A R
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Colorectal cancer is the second most common cancer in Malaysia. Significant number of patients presented at stage 4 disease, which carries poor prognosis.

METHOD

We retrospectively analysed all stage 4 colorectal cases managed in our institution from 2018 until 2022.

RESULT

There are a total of 425 cases of CRC diagnosed in our institution from 2018-2022. Out of that number, 203 cases (47.7 %) were diagnosed at stage 4 disease. Liver is the commonest site of metastasis followed by lung. 104 (51.5%) presented as emergency surgical condition with intestinal obstruction are the commonest presentation. 163 (80.3 %) underwent primary tumor resection and 89 (43.8%) underwent palliative chemotherapy.

CONCLUSION

This analysis showed that significant number of the patient in our institution presented with stage 4 CRC. Majority of them presented as emergency surgical condition. Primary tumor resection and palliative chemotherapy play roles in the management of stage 4 CRC.

PP43

RECTOSIGMOID ENDOMETRIOSIS, MIMICRY OF COLON CANCER: A CASE REPORT

Y H Koo, Asraf Amirullah, O David
General Surgery Department, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

INTRODUCTION
Endometriosis is the presence of endometrial glands and stroma outside uterine cavity. Endometriosis is usually detected in the genital organs and pelvic peritoneum, and rarely in gastrointestinal tract.
CASE DESCRIPTION
We report a case of 39-year-old nulliparous lady, who presented to us with per rectal bleeding every 2 to 4 weeks for 1 year, associated with mucus, tenesmus, abdominal pain and loss of weight. Physical examination was unremarkable. Coloscopy revealed a circumferential mass with narrowed lumen at the upper rectum, 20cm from anal verge. Biopsy of the lesion showed endometrial glands and stroma, suggestive of endometriosis. Tumor marker was normal. CT scan was reported as circumferential wall thickening at the rectosigmoid junction with pericolic fat streakiness and subcentimetric pericolic nodes, highly suspicious of malignancy. She opted for surgical resection and underwent anterior resection, with the final histopathology examination reported as rectosigmoid colon endometriosis.
DISCUSSION
Gastrointestinal involvement has been reported between 3% to 37% in women diagnosed with endometriosis, with rectosigmoid colon being the commonest site. Preoperative diagnosis of gastrointestinal endometriosis may be difficult due to low suspicion index and more often misdiagnosed as colorectal cancer. Medical treatment including NSAIDs, oral contraceptives, and GnRH analogues may improve symptoms, however the recurrence rate is high once withdrawn, compared to total excision.
CONCLUSION
Gastrointestinal endometriosis should be considered as one of the differentials in female and reproductive age patients presenting with per rectal bleeding. Confirmation of endometriosis is vital as medical therapy can be alternative to surgical resection.

PP44

CLINICAL RESPONSE AMONG RECTAL CANCER PATIENTS UNDERWENT NEOADJUVANT CCRT: A SINGLE CENTRE EXPERIENCE

Tharane C[1], Satish B[2], Zufika N S[3], Fadliyazid A R[3]
[1]International Islamic University Malaysia, Kuala Lumpur, Malaysia
[2]University Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
[3]Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

BACKGROUND
Colorectal carcinoma is the second most common cancer diagnosed in Malaysia. Rectal carcinomas, especially mid and low-rectal cancers frequently encountered in locally advanced stage (LARC). The location of the rectum within the bony pelvis and its proximity to vital structures presents significant therapeutic challenges when considering surgical interventions. Neoadjuvant concurrent chemoradiotherapy (CCRT) not only can downstage the disease but also has been proven to reduce local recurrence. Clinical response after CCRT is one of the factors routinely evaluated as a surrogate of local recurrence but its nature is heterogenous and influenced by multiple factors.
METHOD
We retrospectively analysed data of LARC patients from the year 2018 until 2022 who were managed in our institution. Demographic data, tumour factors and clinical response to CCRT were collected and analysed in SPSS V23.
RESULT
There was a total of 425 patients diagnosed with colorectal cancer from the year 2018 until 2022. 30.5% (n=130) cases were diagnosed as rectal carcinoma and 24 (18.5%) of them underwent CCRT. All the patients were given standard long-course CCRT.
Clinical responses such as tumour size downstaging and nodal resolution was demonstrated in 66% (n=16) of the cases. The CEA level shown to reduce following CCRT in all cases.
CONCLUSION
Neoadjuvant CCRT for LARC has shown favourable result in our institution.

PP45

AUDIT OF YOUNG COLORECTAL CANCER IN HOSPITAL SULTANAH NUR ZAHIRAH

Nurul Amirah A S, Tuan Naimi Shazmie T M N, Fadliyazid A R
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

OBJECTIVE
Colorectal cancer is the second most common cancer in Malaysia and it is known to affect patients aged more than 50 years old. However, the incidence among younger age group is increasing in trend. Hence, we would like to audit the numbers of young colorectal cancers in our institution and their characteristics.
METHODS
A retrospective review was conducted on all cases of colorectal carcinoma diagnosed below the age of 50 years old in our institution from 2018 to 2022.
RESULTS
The total numbers of colorectal cancers managed in our institution during the designated period are 425 cases with 18.35% of them are diagnosed below 50 years old. Male gender predominates the cases. Majority of them belong to age group of 30 - 50 years old. 21.8% of them have positive family history of colorectal carcinoma. 61.5% have Stage 4 disease upon diagnosis.
CONCLUSIONS
The young colorectal cancer cases in our institution account for 18.35% of total cases, with majority of them were diagnosed with Stage 4 disease upon diagnosis. Thus, the screening and early detection programme of Colorectal carcinoma should be started and targeted at younger age group.

PP46

A CASE REPORT OF ENDOMETRIOID CARCINOMA AT RECTOSIGMOID JUNCTION ON A HYSTERECTOMIZED PATIENT AFTER 20 YEARS

Reesha, Asraf Amirullah, O David
Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

INTRODUCTION
The presence of a pelvic mass can arise from many organs in the pelvis. While many can be diagnosed by various biopsies done through vagina or rectum, a pelvic mass which is totally internal and has no extension from or into the exterior may prove to be a diagnostic dilemma, more so in a previously hysterectomized patient, as illustrated here.
CASE DESCRIPTION
We report a case of 52 years old Malay female with previous history of Total Abdominal Hysterectomy and Bilateral Salpingo Oopherectomy (TAHBSO) for benign endometriosis. She was on estrogen replacement therapy for 5 years, then defaulted follow up. Two decades after the surgery, she presented to us with abdominal distension, fullness and urge incontinence for past 3 months. A large solid pelvic mass with lobulated margin overlying the upper rectum and distal sigmoid was detected during a computerized tomography (CT) scan, without specifying tumor origin. Colonoscopy revealed normal mucosa throughout. During a multidisciplinary discussion, the oncogynaecology team was confident it is not gynaecology in origin. Hence, the colorectal team performed a laparotomy with En bloc resection of tumor with rectosigmoid colon. Histopathology examination revealed Endometrioid Carcinoma with mucinous infiltration FIGO Grade 1. The patient was then initiated for paclitaxel and carboplatin as adjuvant chemotherapy.
DISCUSSION
Dissemination of endometrioid adenocarcinoma has poor prognostic factor in view of advanced progression of disease with lymphovascular invasion. The surgeon should keep in mind about possibilities of recurrence despite patient being hysterectomized over 20 years ago.
CONCLUSION
Complex pelvic mass post TAHBSO posed a diagnostic dilemma especially in assessing their origin. The differential diagnosis for the pelvic mass is extensive. It is important to remember not all pelvic masses are colorectal in origin and keep other possibilities in the differential, even after hysterectomy.

PP47

A MAGGOT MENACE: THROMBOSED HAEMORRHOID COMPLICATED WITH MAGGOTS INFESTATION

T Chandrasekaran, J J Mah, S Subramaniam, R K Sriram
Colorectal Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

BACKGROUND
Thrombosis is a common complication of haemorrhoidal disease. This leads to severe pain and an increased risk of infection. We report an unfortunate case of neglected thrombosed haemorrhoids, complicated with a maggot infestation.
CASE PRESENTATION
A 68-year-old man presented with two days sensation of mass at the anal region associated with severe pain. Clinical examination revealed tender, infected and thrombosed haemorrhoids requiring surgical intervention. Intraoperatively, maggots were seen crawling within the necrotic hemorrhoidal tissues. An open hemorrhoidectomy was performed. The post-operative recovery was uneventful, and the patient was discharged with an outpatient colonoscopy appointment. Microbiological examination revealed house-fly larvae.
DISCUSSION
Soft tissue infestation by maggots of flies (myiasis) is a well-recognized complication of neglected wounds. In this patient, a thrombosed haemorrhoid provided an ideal environment for the growth and development of house flies, leading to myiasis's onset. This highlights the importance of proper wound care, especially in vulnerable populations. Caregivers need to be aware of the potential for this condition to develop and take the necessary steps to prevent it.
CONCLUSION
Thrombosed haemorrhoids should not be ignored, as they can become a breeding ground for house flies and ultimately lead to the development of myiasis. Proper wound care and awareness of this condition among caregivers are critical in preventing this potentially serious medical problem.

PP48

"PERFORATING PROTOZOAS" A RARE CASE

K Vimal, G H Ng, L F Ling, R Umasangar
Department of surgery, Hospital Taiping, Perak, Malaysia

INTRODUCTION
Amoebiasis, mostly asymptomatic, in some cases do present as fulminant invasive intestinal manifestation in 10% of the cases. In Malaysia it is still prevalent in Orang Asli communities in Malaysia with an overall prevalence of 18.6%. We discuss on such a case of amoebic colitis which mimicked an acute abdomen due to perforated viscus.
CASE REPORT
52-year-old Orang Asli man with presented with chronic diarrhea, abdominal pain, loss of weight was referred to our surgical team due passing out melena. His upper scope was normal and a sigmoidoscopy revealed severe colitis. Subsequently, patients condition deteriorated with evidence of pneumoperitoneum. He underwent laparotomy, which revealed gross fecal contamination with multiple perforations at small bowel and large bowel. Total colectomy, small bowel resection and peritoneal lavage was done but unfortunately patient passed away due to sepsis shock. Histopathological examination of the bowel specimen showed small and large intestinal exhibit extensive ulceration and tissue necrosis at mucosa, submucosa and transmurally due to amoebic colitis. Round to oval shaped trophozoites with ingested red blood cells within the necrotic tissues.
DISCUSSION
Amoeba secrete proteinases that dissolve host tissues causing amoebic colitis and may present as perforated viscus leading to delay, or misdiagnosis. Colonoscopy may be beneficial for the diagnosis but demands a good biopsy. CT scan is the established gold standard in assessing the presence and complications of amoebic colitis and solid organ involvement. Education regarding the importance of hand washing and hygiene is mainstay in preventing the spread of amoebiasis, as well as other infectious diseases.
CONCLUSION
The above case proves that a preventable disease, can mimic a fulminant abdominal presentation if not treated early especially in low socioeconomic community.

PP49

A CASE OF INTESTINAL OBSTRUCTION SECONDARY TO *ENTEROBIUS VERMICULARIS* INFESTATION

N N Deser, W Y Soo, Y Z Lai, B C Lua
Hospital Enche' Besar Hajjah Khalsom, Kluang, Johor, Malaysia

INTRODUCTION

Enterobius vermicularis is among the common type of helminths to infect humans, with humans being its only natural host. Infestation begins with the ingestion of eggs per oral through soiled hands or contaminated food. The majority of the infected patients are asymptomatic.

CASE STUDY

A 87 years old gentleman with underlying benign prostatic hyperplasia was presented to the Emergency Department with a history of right lower abdominal pain, vomiting and no bowel output for two days with a history of taking uncooked vegetables. Physical examination noted tenderness over the umbilical region. A digital rectal examination performed revealed an empty and roomy rectum.

Abdominal X-ray noted to have dilated large bowels. The patient underwent CECT Abdomen and Pelvis, which reported no evidence of intestinal obstruction or bowel-related mass.

Colonoscopy was performed, which demonstrated helminth infestation of the large bowel. The helminths were sent for identification and revealed to be *Enterobius vermicularis*. The patient was started on antihelminthic medication for three days. A repeated colonoscopy was done after the completion of antihelminthic medication revealed resolved helminth infestation.

DISCUSSION & CONCLUSION

Enterobius vermicularis infection should be considered as one of the differential diagnoses for patients who present with intestinal obstruction. Colonoscopy can be used as a diagnostic tool in a hemodynamically stable patient, avoiding the need for surgery.

PP50

A BATTLE TO RECOVERY WHEN A JEJUNAL ANASTOMOSIS GOES SO WRONG

Kumanan P[1], I Chik[2], M S M Maso'od[1], E H B Ng[1]
[1]Colorectal Surgery Unit, Department of Surgery, Hospital Raja Permaisuri Bainun Ipoh, Perak, Malaysia
[2]Department of Surgery, Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION

Intestinal failure (IF) in short bowel syndrome (SBS) is difficult to manage without coordinated collaborative management. We present our management strategy for a case of proximal jejunal anastomotic leak with fluid-restrictive end stage renal failure (ESRF).

CASE

A 47-year-old lady with ESRF and fluid restricted at 800cc/day presented with jejunal perforation in septic shock. It was complicated with delayed anastomotic leak and hemorrhage with resultant double barrel jejunostomy 60cm from the DJ. Post operative recovery was stormy with septic shock, stoma retraction with difficult stoma base placement, high stoma output and peristomal leakage, failed distal feeding attempts, deep surgical site infection and myopathy. She was dependent on tailored parenteral nutrition. An aggressive multi-disciplinary rehabilitation strategy involving delicate fluid balance, hemodialysis timing, coordinated physiotherapy sessions, intensive wound and stoma care with stringent control of stoma output was executed over the course of 8 weeks before her stoma reversal. She was discharged 4 weeks later after completing antibiotics for catheter-related infection. This lady has now recovered fully and returned to normal life while waiting for an arteriovenous fistula creation for long term hemodialysis.

DISCUSSION

This case demonstrates the necessity for the primary surgeon to set a time-based target with meticulous multi-disciplinary planning and coordination for a successful recovery in a high-risk patient. Balancing nutritional needs in a fluid restricted patient dependent on parenteral route is very tricky. Metabolic and catheter-related complications would have arisen to further complicate her care if no common objective was set from the beginning. Adequate psychosocial support from family and healthcare teams played a significant role in achieving her therapeutic objective.

CONCLUSION

Multidisciplinary collaboration with a common targeted objective is key to managing complicated cases of intestinal failure.

PP51

CLINICAL CHARACTERISTICS AND MANAGEMENT OF ENDOSCOPICALLY OBSTRUCTED COLORECTAL TUMOUR

Wong S W, Lee E P, Aini Fahriza, Kenneth Voon
Sarawak General Hospital, Kuching, Sarawak, Malaysia

OBJECTIVES
Primary objective: To compare waiting time to staging and definitive surgery for endoscopically obstructed colorectal tumour. Secondary objective: To report the clinical characteristics, histopathological patterns and treatment of patients with endoscopically obstructed colorectal tumour.
METHODS
This is a retrospective descriptive study. Endoscopy records of patients who underwent colonoscopy from 1st Jan 2022 to 31st Jan 2023 in Sarawak General Hospital were reviewed. Patients who had endoscopically obstructed colorectal tumour were included. Clinical characteristics (including demographics, histopathological, management variables) are extracted from hospital database. Descriptive data were presented in percentages and median. Statistical analysis performed using SPSS 24.0.
RESULTS
50 patients were included. 14% had right-sided colonic tumour, 62% had left-sided colonic tumour and 24% had rectal tumour. 16% had clinical features of bowel obstruction, 8% had anaemia requiring blood transfusion and the rest were admitted for accelerated workup and treatment. Median age is 64 years (IQR 17). 82% of patients were diagnosed at Stage 3 and 4; 98% had adenocarcinoma while only 2% had high-grade dysplasia. For colonic tumours, 38% had emergency surgery and 62% had elective surgery. For rectal tumours, 67% had emergency stoma creation, while 33% were referred to oncology for neoadjuvant concurrent chemoradiotherapy or palliative chemotherapy without stoma. Patients admitted immediately after scope were more likely to have emergency surgery (62% vs 38%, p=0.001), had shorter time from scope to CT scan (1 day vs 21 days, p<0.001) and shorter time from scope to surgery (5 days vs 52 days, p<0.001).
CONCLUSIONS
Endoscopically obstructed colorectal cancer is more likely to be advanced on diagnosis. Despite the heavy burden in public tertiary hospital, urgent admission appears to be beneficial in accelerating workup and subsequent treatment. Long term outcomes will be assessed in future to determine the safety and efficacy of our current strategies.

PP52

A BOWEL MASQUERADE- MONOMORPHIC EPITHELIOTROPIC INTESTINAL T-CELL LYMPHOMA (MEITL)

Ghayathiri Partheeban, Adam Amir, Loh Q L, Tharveen Nair
Department of General Surgery, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

Monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL) is a rare primary intestinal T-cell lymphoma which is only 1% of non-Hodgkin lymphoma of T-cell origin. It was previously known as enteropathy associated T-cell lymphoma or type II. It is aggressive, carries a poor prognosis and results in a high mortality rate. Presenting symptoms can be non-specific and diagnosis can be challenging.
We present a 49-year-old male who presented with unexplained small bowel perforation and a synchronous rectosigmoid tumor which underwent an emergency small bowel resection and Hartmann's procedure. The histopathological of both specimens turned out to be MEITL.
The standard of treatment for MIETL is still debatable. Multidisciplinary approach with combination of surgery and chemotherapy seems to offer the best outcome for the patient.

HISTOPATHOLOGICAL CHARACTERISTIC, CLINICAL PRESENTATION AND TUMOUR STAGING OF YOUNG COLORECTAL CANCER PATIENTS IN SARAWAK, BORNEO, MALAYSIA

J H Fu[1], *JH Lim*[1], *Kenneth Voon*[1], *Aini Fahriza*[2]
[1]Hospital Umum Sarawak, Kuching, Sarawak, Malaysia
[2]Universiti Sarawak Malaysia, Kuching, Sarawak, Malaysia

OBJECTIVES
The primary objective of this study is to investigate the histopathological (HPE) characteristic among young colorectal cancer (CRC) patients in Sarawak. The secondary objective is to analyze the clinical presentation and tumour staging among these patients.
METHODS
This is a retrospective descriptive study. Cancer registry between 1 January 2018 and 31 December 2022 was reviewed. Young-onset CRC patients (<40 years old) diagnosed in Sarawak General Hospital (SGH) were included. Patients with pathology report of neuroendocrine tumour or lymphoma were excluded. Clinical and pathological information were obtained from medical records. Descriptive statistics were reported in percentage, mean and median.
RESULTS
59 young CRC patients were included. 39% were Dayak population, 61% were Non-dayak. Young CRC affected both males (49.2%) and females (50.8%) almost equally. 56% were able to undergo definitive surgery electively, another 10.1% underwent definitive operation under emergency setting. 33.9% were not operated on due to advanced disease. 82.4% of histopathology demonstrated moderate differentiation, 4 of which were mucinous subtype (14.2%). Another 14.7% showed well differentiation. 1 HPE (2.9%) was reported as poorly differentiated signet ring adenocarcinoma. Meanwhile, 2 patients were noted to have familial predisposition, specifically Familial Adenomatous Polyposis and Hereditary Non-polyposis Colorectal Cancer. Out of 59 patients, 44.1% presented as CRC emergency. 33.9% were reported as Stage 4 CRC at first clinical contact. 44.1% presented at Stage 3; 18.6% presented at Stage 2 while only 3.4% were diagnosed as Stage 1 CRC.
CONCLUSION
Majority of the young CRC patients in Sarawak display moderately differentiated adenocarcinoma. The overwhelming majority presented at late stage and more than a third required emergency surgical intervention. Awareness and screening must be raised, and genetic study will benefit long term health planning. A follow up study will be conducted to determine short term and long term survival of this population.

PP54

ANAL ADENOCARCINOMA PRESENTING AS ANAL FISTULA

J H Fu, N N Deser
Hospital Umum Sarawak, Kuching, Sarawak, Malaysia

OBJECTIVE
Anal adenocarcinoma is not well understood due to its rarity. This case report describes a patient with anal adenocarcinoma who presented with anal fistula.
CASE DESCRIPTION
A female in her 40s complained of increasing anal discharge and pain for 1 year and altered bowel habit for 1 month. Perineal examination revealed large amount of foul-smelling pus. 2 external openings of an anal fistula were seen, surrounded by polypoidal tissue and 4cm away from the anal verge. Digital rectal examination showed a stenosed lumen due to circumferential anorectal mass. Computed Tomography demonstrated an irregular, circumferential anorectal mass extending to rectosigmoid junction. Part of the mass ruptured into the perirectal area causing extensive inflammation involving the ischioanal fossa and gluteal muscles. Multiple perirectal nodes were noted. Otherwise, there was no evidence of distant metastases. After administration of fluid resuscitation and empirical broad-spectrum antibiotics, she underwent fistula biopsy. Ischioanal fossa was cored out along with the tract of anal fistula, and tumour tissue was noted at its base. Laparoscopic-assisted colostomy was also performed due to impending obstruction.
RESULT
Histopathology report demonstrated moderately differentiated adenocarcinoma. Patient was diagnosed with T3N2M0 Anal Adenocarcinoma and subsequently referred to the Oncology Team for chemotherapy. She is planned for Open Abdominoperineal Resection later.
CONCLUSION
Anal adenocarcinoma is a rare malignancy and can be fatal if missed. Clinicians should hold a high index of suspicion for anal adenocarcinoma when there is atypical presentation of anal fistula. Early detection is vital in planning for curative management.

PP55

A RARE CASE OF A RUPTURED SUPERIOR MESENTERIC ARTERY PSEUDOANEURYSM SECONDARY TO THE MEDIAN ARCUATE LIGAMENT SYNDROME, A CASE REPORT

Yuki Julius Ng[1,2], Chunying Selvakumaran[1], Cher Phoh Wen[2], Aidil Faizul Bin Abdul Rahim[1]
[1]Department of Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia.
[2]International Student Surgical Network Malaysia, Kuala Lumpur, Malaysia

BACKGROUND
Median Arcuate Ligament Syndrome (MALS) is a compression syndrome with an incidence of 1.3/100,000 patients. MALS can further cause pseudoaneurysm which can be fatal. We present a case of a ruptured superior mesenteric artery pseudoaneurysm secondary to MALS.
CASE
Our patient is a 49-year-old man with no known past medical history, recent trauma or history of bleeding tendency, that presented with a sudden abdominal pain associated with 3 bouts of gastric content vomitus and abdominal distension. Clinically his epigastric and suprapubic region was tender. Digital rectal exam was unremarkable. He arrived at the Emergency Department in shock requiring pack cell transfusion and single inotropic support, other than his low haemoglobin, his blood results were all within normal range. Contrasted computed tomography of the abdomen scan showed hemoperitoneum and retrohemoperitoneum with no pneumoperitoneum. Hyperdense fluid (Hounsfield Unit 50-70) were reported in the perihepatic, subhepatic, perisplenic, left paracolic gutter and retroperitoneal region along D3 segment. The superior mesenteric artery(SMA) was stenosed and the proximal coeliac trunk showed a focal narrow lumen, forming a hook shape. There were no signs of active bleeding. A diagnosis of ruptured SMA pseudoaneurysm secondary to MALS was made. Embolisation of the superior mesenteric artery was attempted but failed due to the tortuosity of the vessel. During the angiography, there were fusiform dilatation and beaded appearance of the splanchnic branches of SMA. The patient was discharged after 2 days observation post-embolisation attempt.
CONCLUSION
MALS is rare and can be fatal. It is a diagnosis of exclusion, requiring a high degree of suspicion that should be confirmed with imaging. In our patient it was not fatal as the hematoma likely sealed off the rupture; hemodynamically stable and was able to be discharged even after a failed embolisation.

THE RISKS AND INCIDENCES OF MEDICAL ADHESIVE RELATED SKIN INJURY AMONG POSTOPERATIVE SURGICAL PATIENTS IN SARAWAK GENERAL HOSPITAL

Yuki Julius Ng[1,3], Ingrid Ting Pao Lin[2], Pubalan Muniandy[2], Kenneth Voon Kher Ti[1]
[1]Department of Surgery Sarawak General Hospital, Kuching, Sarawak, Malaysia
[2]Department of Dermatology Sarawak General Hospital, Kuching, Sarawak, Malaysia
[3]International Student Surgical Network Malaysia, Kuala Lumpur, Malaysia

OBJECTIVE
Medical adhesive related skin injury(MARSI) is increasing in incidences and its consequent average cost for each patient per incident. We aim to identify the incidences and types of MARSI postoperatively in Sarawak General Hospital surgical department and to analyze the potential risk factors leading to MARSI.
METHODS
We employed a cross-sectional study design from September 2022 until January 2023. Our study population included all patients aged 12 and above who underwent surgery under the Department of Surgery. All patients were followed up until discharge to assess for development of MARSI.
RESULTS
574 surgeries were carried out between 1 September 2022 till 31 January 2023 (5 months). 21% (n=122) had MARSI, 61%(n=74) of them were male. Of those who had MARSI, 79% (n=96) were mild with erythema and swelling, 16% (n=20) were partially damaged or macerated, and 5% (n=6) had their skin integrity fully destroyed with skin flap absent or with allergic dermatitis. 85% (n=104) developed MARSI within 4 days while 15% after 5 days. Out of those who had MARSI, 87% (n=106) were open surgeries and 13% (n=16) were minimally invasive surgeries, 64% (n=78) were emergency surgeries while 36% (n=44) were elective surgeries. Majority of MARSI patients did not have ICU admission at 89% (n=109). Postoperatively 78% (n=95) were not in air-conditioned rooms.
CONCLUSION
The prevalence and incidences of MARSI are high in postoperative patients. MARSI in postoperative patients seems to correlate to the inflammatory phase of wound healing. The awareness and understanding of MARSI could possibly help to reduce the risk of MARSI by practitioners.

PP57

ISOLATED DRAIN SITE RECURRENCE FOLLOWING COLORECTAL CANCER SURGERY- MYTH OR REAL CONCERN?

***Dinesh Kumar Vadioaloo*[1,2], *Andee Dzulkarnaen*[1,2], *Muhammad Faeid Othman*[1,2]**

[1]Department of Surgery, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

[2]Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

INTRODUCTION

Colorectal cancer is the third leading cause for cancer death. One of the rare yet dreaded complication following colorectal cancer surgery being abdominal wall recurrences and multiple studies have been conducted showing port site recurrence following laparoscopic have incidence less than 1%. Yet, till date there fewer articles published on incidence of drain site recurrence. Even rarer is an isolated drain site recurrence. we report a case of a gentleman who underwent laparoscopic anterior resection for a locally advanced rectosigmoid adenocarcinoma presenting again with an isolated drain site recurrence after 8 months post surgery.

CASE REPORT

A 44-years-old gentleman, presented with rectovesical fistula early november 2021. An initial diagnosis of locally advanced rectosigmoid adenocarcinoma was made, done laparoscopic anterior resection en-bloc small bowel resection and a partial cystectomy. Post operatively patient presented again 8 months later with a huge ulceroproliferative mass over the previous drain site at right iliac fossa, which was confirmed from clinical and imaging as an isolated drain site recurrence. A wide local excision was performed and post operatively patient was discharged well with outpatient surveillance follow up.

DISCUSSION

Drain site recurrences are uncommon, usually seen in patients with poorly differentiated cancers. Most of these patients will have extensive peritoneal disease and deemed unresectable. Isolated drain site recurrence is a rare entity. Multiple hypothesis explaining the possible mechanism for metastatic spread, postulations being tumor cell seeding along drainage tube, or secondary to use of contaminated instrument for drain insertion, yet data regarding it are scanty.

CONCLUSION

Abdominal wall recurrence is a rare complication of primary colorectal cancers. Few studies are available regarding the causes of drain site recurrence and measures to prevent it. Till date there are no standard of management available for drain site recurrence. We propose wide local resection and abdominal wall closure may confer good outcome for an isolated drain site recurrence.

PP58

RECTOANAL INTUSSUSCEPTION PRESENTING AS PROLAPSED ANAL MASS

N A Izhar, Yusof S, Irfan Salmi, Faisal Elagili, Azmi M N
Department of General Surgery, Kulliyyah of Medicine, International Islamic University Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION
Rectoanal intussusception is an invagination of the rectal wall into the lumen of the rectum. It is very rare to present as mass protruding from the anus.
METHODS
We report a case of very rare presentation of adult rectoanal intussusception.
RESULTS
A 54 years-old healthy lady with presenting complain of mass protruding from the anus and per rectal bleeding for one day prior. Clinical examination revealed prolapsed anal mass with carpet like polyp and abundance of mucus discharge. There was no abdominal mass or tenderness. Mass was successfully reduced manually. Colonoscopy showed polypoidal growth at the rectum at 8cm from anus and biopsy was taken. We proceed with low anterior resection and intraoperatively noted rectoanal intussusception. Histopathological examination did showed tubullovilious adenoma with low grade dysplasia. Post-operative course complicated with anastomotic leak which required laparotomy, washout and drainage. She was then discharged well on post-operative day 13.
CONCLUSION
Rectoanal intussusception can present as prolapse through the anus in adults on rare occasions and should be investigated before definitive treatment. To preserve sphincter function, an initial reduction of colorectal intussusception should be attempted before surgery.

PP59

OBSTRUCTED PEDUNCULATED JEJUNAL GASTROINTESTINAL STROMAL TUMOR DISGUISE AS PELVIC MASS - A CASE REPORT

N A Izhar, Shamil S, Irfan Salmi, Faisal Elagili, Azmi M N
Department of General Surgery, Kulliyyah of Medicine, International Islamic University Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION
Obstructed pedunculated jejunal gastrointestinal stromal tumours (GISTs) are very rare and can be misdiagnosed as gynaecological masses.
OBJECTIVE
We are describing a rare case of small bowel obstruction caused by a jejunal GIST misdiagnosed as an ovarian mass.
REPORT
A 70-year-old lady presented with abdominal pain, vomiting, and no bowel movement for three days prior. Clinical abdominal examination reveals a palpable mass at the level of the umbilicus, which was unable to feel the lower border of it. Contrasted CT Abdomen revealed a solid cystic mass in the pelvis, suspected to be ovarian in origin and associated with small bowel dilatation. The patient was subjected to exploratory laparotomy, which revealed a 12x13cm pedunculated mass from the jejunum 115cm from the duodenojejunal junction. The lesion was twisted and caused small bowel dilatation. The lesion was resected at the base of the peduncle using a linear stapler. Pathology was confirmed to be a high-risk GIST with a clear margin. The patient's postoperative course was uneventful, and she was discharged on the third postoperative day. The patient is currently receiving adjuvant imatinib therapy.
CONCLUSION
Obstructed pedunculated jejunal GIST is a very rare disease and challenging to diagnose. It should be considered in patients with small bowel obstruction and pelvic mass. Resection at the peduncle base is safe and provides a clear oncological resection margin.

PP60

TERMINAL ILEUM HERNIATION THROUGH THE BROAD LIGAMENT AS RARE CAUSE OF SMALL BOWEL PERFORATION

N A Izhar, Shamil S, Irfan Salmi, Malek M, Faisal Elagili, Azmi M N
Department of General Surgery, Sultan Ahmad Shah Medical Centre, Kuantan, Pahang, Malaysia

INTRODUCTION
Obstruction and perforation of small bowel due to internal herniation into the broad ligament is a rare. To the best of our knowledge, this is the third case report in the literature.
OBJECTIVE
We report a case of small bowel herniated through broad ligament causing obstruction and perforation.
REPORT
A 38-year-old female with history of recent lower segment caesarean section, presented with nausea, abdominal pain and distention for 11 days prior. Clinically she was dehydrated, the abdomen was distended and tender but there was no peritonism. Abdomen X-ray show dilated small bowel. Contrast enhanced CT abdomen showed generalized dilation of small bowel most likely due to adhesion band. Emergency laparotomy was performed and noted small bowel was herniated and strangulated into a broad ligament defect with 2cm perforation at the terminal ileum. The attachment of the broad ligament then was released from the lateral peritoneal wall and limited right hemicolectomy with primary anastomosis was performed. Patient was discharged well post operatively.
CONCLUSION
Strangulated Small bowel broad ligament hernias are rare and challenging to diagnose preoperatively. Despite history of abdominal surgery, internal herniation should be considered before opting conservative treatment.

PP61

A REPORT OF COLORECTAL CANCER (CRC) SCREENING IN A SECONDARY REFERRAL HOSPITAL

H F Lai, K P Tan, A Muhaimin, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVE
To report the incidence of positive colonoscopy and detection of colorectal cancer (CRC), and other colonic conditions in Hospital Sibu as a secondary referral hospital for CRC screening. To compare CRC tumor location and staging among patients diagnosed through FOBT screening and without screening program.
METHODS
Patients with positive stool occult blood test (FOBT) who were referred to our center for colonoscopy and CRC patients diagnosed without screening program from 1st June 2021 to 31st December 2022 were included into our data collection. Patients' demographic data, colonoscopy findings and histopathological examination (HPE) were recorded and analyzed using SPSS software version 26.0.
RESULTS
A total of 126 patients with FOBT positive and 100 patients diagnosed with CRC without screening program over the eighteen months period were included in our data analysis. The median age of FOBT positive patients was 64.0 ± 15, with male to female ratio of 1.47:1. Majority of the FOBT positive patients were Chinese (57 patients or 45.2%), followed by Iban (46 patients or 36.5%), Malay (14 patients or 11.1%) and Melanau (9 patients or 7.1%). Majority of them (121 patients or 96%) agreeable for colonoscopy, among which 14% found to have CRC, 32.2% has colonic polyp, 20.7 % has diverticular disease while 41.3% has normal finding. Comparison of CRC diagnosed from FOBT positive and without screening showed majority diagnosed with left sided cancer (14 patients or 82.4% and 79 patients or 79%) and advanced stage cancer (13 patients or 76.5% and 72 patients or 72%).
CONCLUSION
CRC is the second most common cancer in Malaysia and third most common cancer worldwide. The public need to be educated on the availability of FOBT for CRC screening to improve the detection of early-stage cancer in central Sarawak which can lead to better outcome and survival.

PP62

A RARE CASE OF MULTIPLE PRIMARY MALIGNANT TUMOUR IN A SECONDARY HOSPITAL

H F Lai[1], K J Cheng[1], S Y Chieng[2], T H Chieng[1]
[1]Hospital Sibu, Sarawak, Malaysia
[2]Hospital Kapit, Sarawak, Malaysia

OBJECTIVE
To report a rare case of triple multiple primary malignant tumour (MPMT) in our institution.
CASE REPORT
A 50-year-old lady with Hepatitis B carrier presented to us with right breast mass. Her Mammogram showed BIRADS 5 right breast lesion with histopathological examination (HPE) confirmed infiltrating ductal carcinoma and negative for hormonal status ER, PR and Her-2. Initial staging Computed Tomography (CT) showed Segment VI/VII liver lesion suspicious of liver metastasis. She was started on one course of palliative chemotherapy. Within 6 months of diagnosis of right breast cancer, her repeated CT post chemotherapy noted caecal mass. Her colonoscopy and HPE revealed a caecal adenocarcinoma. She was started on second course of chemotherapy and multidisciplinary discussion were made, suspecting triple malignancy of right breast cancer, cecal adenocarcinoma and intrahepatic cholangiocarcinoma. Post chemotherapy, she underwent simultaneous right mastectomy and axillary clearance with open right hemicolectomy. She recovered and discharged well. Ultrasound guided liver biopsy was performed. The HPE reported two distinct primary right breast invasive carcinoma (ypT1c ypN0) and caecal well differentiated adenocarcinoma with mucinous features (ypT3 ypN0). Liver biopsy showed mucin pool with CK20 negative, CK7 inconclusive, negative for malignancy. Possibility of primary mucinous liver neoplasm cannot be rule out as patient opted out of liver resection. She was subsequently arranged for radiotherapy with adjuvant chemotherapy and put under surveillance follow up.
DISCUSSION
MPMT is rare with incidence of 2-17% depending on institutions, countries and the organs involved. It is often misdiagnosed as recurrence or metastasis of the original malignancy, which may result in inappropriate treatments.
CONCLUSION
The possibility of MPMT should be considered not only when treated for a primary malignancy but also during long-term follow-up. Multidisciplinary team (MDT) approach is mandatory for treatment of MPMT to improve overall survival of patients.

PP63

DELAYED OESOPHAGEAL PERFORATION POST OESOPHAGOSCOPY FOREIGN BODY REMOVAL

Muhammad Noor Adib Noor Azmi[1], Ahmad Fardi Sulaiman[1,2], Teoh Keat How[3]
[1]Department of Surgery, Hospital Pengajar Universiti Sultan Zainal Abidin, Terengganu, Malaysia
[2]Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
[3]Department of Surgery, Hospital Serdang, Selangor, Malaysia

Oesophageal perforation is a catastrophic and fatal disease without early recognition and optimal management. The rarity of the disease and atypical presentations often delay the diagnosis, and it is associated with high mortality. Good clinical judgement and early suspicion of oesophageal perforation should be emphasised. Surgery has been the mainstay treatment; however, it remains controversial in delayed presentation. Here, we report a case of delayed oesophageal perforation after rigid endoscopy. A 46-year-old female complained of acute abdominal pain, vomiting and dyspnoea. She had a recent endoscopic intervention for foreign body removal. Her abdominal computed tomography findings suggest a perforated gastric ulcer, and she underwent an exploratory laparotomy. However, no visceral perforation was identified intraoperatively. The diagnosis of oesophageal perforation was eventually confirmed by computed tomography thorax and oesophagogastroduodenoscopy. She was successfully managed conservatively and made an uneventful recovery. Our case highlights the feasibility of conservative management in delayed oesophageal perforation.

PP64

GOBLET CELL ADENOCARCINOMA OF THE APPENDIX: A RARE TUMOUR POST APPENDICECTOMY CASE REVIEW

Hanis A L, Roslina A, Rokayah J
Sarawak General Hospital, Kuching, Sarawak, Malaysia

OBJECTIVE
Goblet cell adenocarcinoma is amongst the rarest appendiceal tumors, with an incidence rate of 0.05 cases per 100,000 population per year. These tumours contain features of both neuroendocrine tumors (NET) as well as adenocarcinoma. It is more aggressive than the typical well-differentiated NETs of the appendix. This case report aims to discuss the challenges faced by clinicians in diagnosing and managing this disease due to its rarity and whether patients require further surgical, radiological or oncological intervention.
CASE DESCRIPTION
A 42-year-old lady presented with right iliac fossa pain for three days and fever. White cell count was raised with a tender abdomen. She subsequently underwent an open appendicectomy. One week post operation, she was readmitted for surgical site infection and the histopathological examination (HPE) revealed a goblet cell adenocarcinoma of the appendix. Subsequently, the patient complained of chronic right hypochondriac pain post operation. Her ultrasound abdomen showed distended gallbladder with sludge and soft calculi. She underwent an elective right hemicolectomy and cholecystectomy, complicated with infected gallbladder fossa collection and deep-seated surgical site infection.
RESULTS
The HPE revealed tumour cells within the mesoappendix with mucinous components, Grade 2 (intermediate), with base of appendix free of tumor (stage Pt3Nx). CT for staging post appendicectomy, reported no metastasis and no lymphadenopathy. Intraoperatively of right hemicolectomy and cholecystectomy, there were no peritoneal nodules or enlarged lymph nodes. HPE of the right hemicolectomy showed no evidence of malignancy with a total of 12 benign lymph nodes identified.
CONCLUSION
Goblet cell adenocarcinoma is a rare, difficult to diagnose and clinical presentation may mimic acute appendicitis. Its management remains a challenge and further studies needed to ascertain a guideline to manage this disease.

PP65

LESSON LEARNT FROM EMERGENCY COLONIC STENTING FOR OBSTRUCTED SIGMOID COLON TUMOR - ONE-YEAR SERIES BY GENERAL SURGEON

K C Yong, J H Tan, K K Chan
Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

Self-expandable metal stents (SEMS) has been a recommended option for obstructed colonic tumor since 3 decades ago. Despite the advantages of avoiding surgery in palliative scenario or avoid a stoma in emergency colorectal resection, it carries few limitations which are less discussed. Herein, there were 3 patients who presented with short history of intestinal obstruction symptoms in 3-4 days. Their abdomens were all distended with no peritonism. They were aged between 65 to 82 years old. Urgent computed tomography of abdomen pelvis was performed and revealed obstruction due to sigmoid colon tumor. The length of the tumors was ranges between 2.6cm to 4cm. They underwent emergency colonic stenting by general surgeon with supervision from colorectal surgeon within 24 hours of admission. The stent placements were uneventful and all of them were discharged either following day or 3 days later after the stenting. The check abdomen x-ray done the next day revealed all stents had expanded sufficiently with evidence of shouldering. Nonetheless, 1 patient came back 10 days later with blocked stents in acute intestinal obstruction needed emergency Hartmann procedure. The other 2 cases had full colonoscopy performed 2 weeks following the stent and uneventful 6 weeks to 2 months waiting period before their definitive anterior resection done laparoscopically.
Colonic stenting has high technical success rate when patient selection is appropriate. Obstruction due to tumor at sigmoid colon is technically less challenging with high success rate in current series. However, predicting the subsequent risk of blocked stent is essential by early completion of full colonoscopy. Emergency stenting in this series, avoided emergency colorectal resection which is at a higher risk of severe morbidity and mortality and also longer hospital stay. Two patients had successful laparoscopic anterior resection at the later stage, their total lengths of stays were less than 1 week.

PP66

A SERIES OF CAECAL DIVERTICULITIS IN YOUNG ASIAN MEN

S F Chen, A F Kamil, J Q L Low, Y L Lee
Sarawak General Hospital, Kuching, Sarawak, Malaysia

Caecal diverticulitis (CD) is a rare entity that poses a diagnostic challenge as it is often clinically indistinguishable from acute appendicitis and only diagnosed intra-operatively during an appendicectomies. We present 2 cases of perforated caecal diverticulitis treated in our centre.

CASE 1

45-year old man presented with the sole history of right iliac fossa pain for 2 days and localized peritonitis upon clinical examination. With an initial diagnosis of perforated appendicitis, he underwent an open appendicectomy. Intra-operatively noted an anterior caecal diverticulum with gangrenous and friable base, and decision was made for a limited right hemicolectomy. He was discharged well.

CASE 2

A 24-year old man presented with right iliac fossa pain for 3 days and localized peritonitis upon clinical examination. An initial diagnosis of perforated appendicitis was made and patient underwent an open appendicectomy. Intraoperatively noted perforated anterior caecal diverticulitis and he underwent a limited right hemicolectomy. He was also discharged well.

CD has a higher propensity in Asian males with a mean age of 44 years old. CT abdomens are helpful in diagnosing CD and picking up concurrent complications. Treatment options can be tailored as per grading system described by the American Society of Colon and Rectal Surgeons ranging from antibiotics with bowel rest in Grades 1-2 to right hemicolectomy in Grade 3-4. Both our patients were managed with resections due to frank perforation. CD should be a differential diagnosis in any right iliac fossa pain in young men so as to obtain an accurate diagnosis and avoid unnecessary surgeries.

PP67

PERFORATED JEJUNUM PRESENTATION AS DISTANT METASTASIS: AN EXAMPLE OF DIRTY METASTASIS

Muhammad Mubarak Amanullah, Muhammad Faris Zulkifli, Nurhusna A, Razif Ismail
Department of General Surgery Hospital Tawau, Sabah, Malaysia

INTRODUCTION

Small bowel perforation usually caused by intestinal obstruction, strangulated hernia, or trauma. Here, we would like to share a rare case of peritonitis secondary to perforated jejunal metastatic nodule from lung inflammatory myofibroblastic tumour (IMT).

METHOD

57-year-old gentleman previously healthy, presented with sudden onset of epigastric pain and abdominal distension for one day. Clinically, patient was sepsis and abdominal examination show generalize guarding and distension. Chest radiograph revealed large right apical lung mass while contrast enhanced computed tomography abdomen revealed pneumoperitoneum and significant peritoneal fluid. It was intraoperatively noted a jejunal nodule perforation and thus, segmental jejunal resection with primary anastomosis was performed. The histopathology examination shows spindled and epithelioid neoplasm but unable to conclude cancer type and thus the right lung mass was biopsied and confirmed the diagnosis of IMT. Post-operative recovery was uneventful, and he was subsequently subjected for palliative chemotherapy.

DISCUSSION

Small bowel perforation due to metastasis from extra-abdominal malignancy is extremely rare. The most common extra-abdominal malignancies that metastasize to small bowel are lung cancer and melanoma. While the usual presentation is incidental finding upon complete cancer staging. IMT is a rare type of cancer with lung as the commonest primary. Usually, it is benign and rarely metastasis. Interestingly in this case, the tumor exhibits distant metastasis and causing dilemma in diagnosis. The treatment choice is complete tumour resection with adequate margin but due to stage 4 disease, patient may benefit from palliative chemotherapy in prolonging survival.

CONCLUSION

Due to the delayed presentation of gastrointestinal metastasis, the prognosis is usually poor. However, with good operative technique and chemotherapy, better quality of life can be achieved albeit survival rate may still be unchanged.

PP68

WIDE EXCISION OF AN UNUSUAL ABDOMINAL WALL RECURRENCE OF SPLENIC FLEXURE COLON ADENOCARCINOMA WITH ABDOMINAL WALL RECONSTRUCTION - A CASE REPORT

K C Yong, A A W Ang, J H Tan, K K Chan
Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

Abdominal wall recurrence is uncommon after curative resection for colorectal cancer. When it recurs at abdominal wall, often the disease is extensive with multi-site metastasis which may not be amenable to curative resection.
Here in, we present a 54 years old gentleman who first presented 1 year ago with left sided abdominal mass which revealed as a locally advanced splenic tumor. He underwent left hemicolectomy at that point of time and he had adjuvant chemotherapy 8 cycles of oxaliplatin plus capecitabine as the histological staging shown stage 3 splenic flexure adenocarcinoma. Six months following chemotherapy, he complaint of left upper abdominal mass with skin involved. Serum carcinoembryonic antigen was raised, but the repeated colonoscopy did not show any metachronous lesion. Restaging computed tomography of thorax abdomen and pelvis showed peritoneal nodule with infiltration to anterior abdominal wall. The abdominal wall lesion was biopsied but inconclusive. Hence, we performed a wide local excision of the abdominal wall, which showed 10x8cm intramuscular mass arises from the abdominal wall with adjacent omental nodule, mesenteric nodule and jejunal nodule. An attempt of R0 resection was performed which needed small bowel wedge resection, mesenteric nodule and omental nodule excision together with wide excision of abdominal wall. The abdominal wall was reconstructed with sublay placement of a composite mesh. The extraperitoneal or retromuscular space was extensively or circumferentially explored to allow wide margin of mesh placement in line of Rives Stoppa repair concept. As the large portion of skin was taken enbloc with the tumor recurrence. The adjacent subcutaneous and skin were fashioned as rotational local flap to achieve tension skin closure. Post operatively, the skin flap remained healthy and the patient discharged home at day 3 uneventfully.
We intend to describe the details steps performed in this case during the poster presentation as for others to simulate when operating similar case.

PP69

NON-OPERATIVE APPROACH TO A RARE SYNCHRONOUS ACUTE APPENDICITIS AND ACUTE CHOLECYSTITIS

***Muhammad Izzat Shuffphi Ismail*[1,2], *Zaidi Zakaria*[1,2], *Michael Pak-Kai Wong*[1,2], *Dinesh Alagoo*[1,2]**
[1]School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia
[2]Department of Surgery, Hospital Universiti Sains Malaysia, Kelantan, Malaysia

Synchronous presentation of acute appendicitis and acute cholecystitis is very rare. This is a middle-aged lady presented to us with symptoms and signs of acute cholecystitis supported ultrasound scan. During her in-patient stay, she started to have new complaints of right iliac fossa. This is further assessed with by contrasted CT scan of the abdomen in the suspicion of perforated gallbladder. The CT scan confirmed features of acute appendicitis. As she was improving clinically with the broad-spectrum intravenous antibiotics, we have decided for non-surgical approach. Her symptoms resolved completely on day 5 treatment with normalizing infective parameters. She was discharged well. To date, the pathophysiology for synchronous inflammation of gallbladder and appendix is poorly understood. Among theories that had been considered were impaired bile excretion during appendicitis or direct bacterial translocation via portal vein leading to acute cholecystitis. Previous similar cases reported were all managed surgically or radiological drainage. In our case, we shared the successful approach of non-operative management which is possible with close in-patient monitoring.

PP70

INFECTED PERIANAL SEBACEOUS CYST RESEMBLING A PERIANAL ABSCESS

Mohammad Izwan M I[1], Andee D Z[1,2], W Mokhzani W M[1,2], Siti Rahmah H I M[1,2]
[1]Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia
[2]Department of Surgery, Hospital Universiti Sains Malaysia, Kelantan, Malaysia

INTRODUCTION
Sebaceous cyst is a common benign growth of our skin and can essentially occur anywhere with hair follicles. It is commonly brought to medical attention when it is painful or infected. However, it is not commonly found in the perianal region.
CASE REPORT
A 55-year-old gentleman came with painful right perianal swelling that progressively enlarging for 2 months. He was not septic. There was tender, erythematous and fluctuant perianal swelling at 6 to 8 o'clock position measuring 6 x 5 cm with no punctum seen. As these features were typical of that of perianal abscess, he underwent examination under anaesthesia (EUA) and incision and drainage. Whitish granular material mixed with haemopurulent fluid encountered upon incision, with cyst wall identified. This was then completely excised, with wound was kept open for daily dressing. Histopathological examination was consistent with features of sebaceous cyst.
DISCUSSION
Sebaceous cyst is lined by true stratified squamous epithelium and filled with altered keratin which appears as whitish granular material resembling toothpaste with characteristic unpleasant smell. The surgical treatment always requires that the wall completely excised to prevent recurrence. However, in the unusual location such as perianal region where alternative diagnosis such as perianal abscess is much more common, treatment algorithm of perianal abscess should first be followed. EUA must be performed. While the patient is already under anaesthesia, finding of sebaceous cyst is best treated with complete excision of the cyst wall in the same setting.
CONCLUSION
Infected perianal sebaceous cyst typically resembles perianal abscess, of which the differentiation can be made intraoperatively.

PP71

CASE SERIES OF LYMPHOMA MIMICKING GASTROINTESTINAL MALIGNANCY

J H Fu, J Q Lau, N N Deser, E P Lee
Sarawak General Hospital, Kuching, Sarawak, Malaysia

OBJECTIVE
Lymphoma can present with varied symptoms that overlap with those of colorectal malignancy. Meanwhile, the gastrointestinal tract is the commonest extranodal sites of lymphoma and this leads to diagnostic dilemma. This case series highlights the need of multimodal investigations for the timely diagnosis of gastrointestinal lymphoma.
METHOD
A retrospective descriptive case series is illustrated, evaluating 3 patients in Sarawak General Hospital from December 2022 to January 2023. The clinical presentations and investigations were analyzed from the medical records.
RESULTS
This series includes 3 patients consisting of 1 male and 2 female. Among the cases, 2 were geriatric patients while one is in her 40s. All patients presented in acute setting with abdominal pain and constitutional symptoms. 1 patient had obvious abdominal and right inguinal lymphadenopathy while the other 2 had no clinically palpable masses. Both underwent endoscopy which revealed extranodal gastrointestinal lymphoma. 1 had endoscopically obstructed ascending colon lymphoma requiring bowel resection, while another had gastric lymphoma requiring endoscopically inserted nasoenteric tube. Computed Tomography demonstrated perigastric and porta hepatis lymphadenopathy in the patient with gastric lymphoma, while the rest had extensive intra-abdominal and retroperitoneal lymphadenopathy. Histopathological reports of all 3 patients confirmed Diffuse Large B-cell Lymphoma necessitating chemotherapy.
CONCLUSION
Lymphoma can mimic other gastrointestinal pathologies leading to diagnostic challenges. Therefore, clinicians must hold a high index of suspicion for gastrointestinal lymphoma and consider the expedition of adjunct investigations to avoid delay in diagnosis.

PP72

METASTATIC PRIMARY APPENDICEAL ADENOCARCINOMA PRESENTING AS OBSTRUCTED MECKEL'S DIVERTICULUM: A CASE REPORT

X J Tan, C K Kim, Nurhusna A
Department of General Surgery, Tawau Hospital, Sabah, Malaysia

INTRODUCTION

Primary appendiceal malignancies are rare entities, accounting for approximately 0.4% of gastrointestinal malignancies. We report a rare case of metastatic primary appendiceal adenocarcinoma presenting as obstructed Meckel's diverticulum.

CASE REPORT

A 50-year old gentleman presented with 3 months history of colicky abdominal pain, with gradual onset abdominal distension, which worsened over the past 1 week, associated with obstructive symptoms. His abdomen was grossly distended, with no tenderness or peritonism. Digital rectal examination revealed no mass. Abdominal x-ray showed dilated small bowels. He had a computed tomography of the abdomen pelvis done prior which reported thickening at the rectosigmoid junction.

He was posted for emergency laparotomy. Intraoperatively, appendix was noted to be enlarged with nodularity, and a Meckel's diverticulum with a mass at its base was found with strictures adjacent to it. Appendicectomy and segmental small bowel resection was performed, with a double barrel ileostomy.

Histopathology examination of appendix was reported as appendiceal adenocarcinoma, with proximal margin clear, and there were metastatic adenocarcinoma deposits in the Meckel's diverticulum and stricture sites.

DISCUSSION

Metastatic adenocarcinoma in Meckel's diverticulum is rare, as is primary appendiceal adenocarcinomas, and is confirmed with histopathological examination. Patients hence present late and in some cases with metastasis. Patients with appendiceal tumours should undergo a right hemicolectomy, and patients with peritoneal dissemination, should be considered for complete cytoreductive surgery and hyperthermic intraperitoneal chemotherapy.

CONCLUSION

The current gold standard of diagnosis of appendiceal adenocarcinoma remains histopathology examination of appendicectomy specimen, and once diagnosed should be staged, and further treatment considered.

COLORECTAL CANCER PATIENTS IN A TERTIARY HOSPITAL IN JOHOR BAHRU: A FIVE-YEAR FOLLOW-UP REVIEW

Z A Hoo[1], J L Tan[1], Y S Lai[1], K C Yong[2]

[1]Jeffrey Cheah School of Medicine and Health Sciences, Clinical School Johor Bahru, Monash University Malaysia, Selangor, Malaysia

[2]Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

INTRODUCTION

Colorectal cancer (CRC) epidemiological data is lacking in the southern part of Malaysia especially the operative data. Hence, our study aims to determine the 5-year survival rate and prognostic factors for survival in colorectal cancer patients treated in Surgical Unit, Johor Bahru, Malaysia.

METHOD

This was a retrospective case review performed in, general surgery department, Hospital Sultanah Aminah, Johor Bahru. The study sample were captured from 2017 to 2018. More than 200 colorectal cancer surgeries were performed in 2 years (2017 to 2018), we managed to capture a total of 63 patients with complete data. The patient's sociodemographic features and clinical characteristics of CRC including site of tumor, staging, symptoms at presentation, and management/types of surgery were described and elaborated in this study.

RESULTS

The male to female ratio was 2.15:1 (43 male, 20 female). The highest age group of the patients was 60-69 years (Median = 63, IQR = 55 -71). Chinese patients were disproportionately higher (60.3%), followed by Malay (36.5%), Indian (1.6%) and Sabahan (1.6%). Altered bowel habits (73.0%) and per rectum bleeding (52.4%) were the most commonly reported CRC symptoms. The tumor site was more often found in left-sided colon as compared to right-sided colon, specifically sigmoid (27.0%) and mid-rectum (22.2%). On the other hand, it was noted that anterior resection (74.6%) was the most frequently done surgical procedure. The overall survival probability of colorectal cancer patients was 51.6%. The 5-year survival rate of patients with stage I, stage II, stage III and stage IV disease were 50%, 90%, 70.6% and 0% respectively.

CONCLUSION

The epidemiology of colorectal cancer patients in Johor Bahru is similar to other centers in Malaysia. However, it is noteworthy that a conjoint surgical registry for all colorectal surgery in Malaysia is essential to provide a more representative data.

PP74

LATE PRESENTATION OF COLORECTAL CARCINOMA: A CALL FOR INCREASED EFFORTS IN SCREENING AND AWARENESS PROGRAMS

X J Tan, Razif Ismail, Sazalene D H
Department of Surgery, Tawau Hospital, Sabah, Malaysia

INTRODUCTION
Colorectal cancer (CRC) is one of the leading cause of cancer deaths in the world. Data from GLOBOCAN 2020 estimates that there are 1.93 million newly diagnosed CRC cases worldwide, and 0.94 million deaths from CRC. We aim to identify the demographic details and presentation of patients with CRC in district of Tawau.

METHODS
Data from CRC registry along with data from CRC screening programme in Tawau district over the course of 1 year (January to December 2022) was collected and analysed. All newly diagnosed patients with CRC were included.

RESULTS
A total of 415 patients were screened with immunological Faecal Occult Blood Test (iFOBT), of which 42 had positive results. However, more than half of these patients defaulted further workup. 3 were diagnosed with CRC following colonoscopy.
A total of 43 patients were newly diagnosed with CRC. Majority of the patients were from the age group of 61-70 years old, accounting for 41.8%. More than half of these patients presented at late stages, 25.5% at stage III, and 55.8% at stage IV disease.

DISCUSSION
Our study shows that majority of patients with newly diagnosed CRC present in the late stage. The enforcement of colorectal screening in Malaysia using immunological faecal occult blood test should be coupled with an appropriate awareness program to reduce the rate of patients defaulting. It goes without saying the financial impact and the morbidity and mortality associated with managing CRC at a later stage can be reduced with early detection.

CONCLUSION
This study highlighted the need of improvement in screening program of CRC in Malaysian district, especially Tawau. However, this data may not represent the failure of the screening program as it should be compared with other district's data.