

5th MALAYSIA-INTERNATIONAL ASAMI-LLRS SCIENTIFIC MEETING 2023

> Venue : Lexis Hibiscus, Port Dickson Date: 11th to 13th September 2023



Dear Prof Nazri Bin Mohd Yusoff, SPEAKER INVITATION FOR THE MALAYSIAN-INTERNATIONAL ASAMI-LLRS SCIENTIFIC MEETING 2023

Warm greetings from the Malaysian-International ASAMI-LLRS Scientific Meeting 2023 We are excited to share that the Malaysian-International ASAMI-LLRS Scientific Meeting 2023 will be taking place in Lexis Hibiscus, Port Dickson, Malaysia.

It is our utmost pleasure to invite you as a speaker for our conference.

- Conference: Malaysian-International ASAMI-LLRS Scientific Meeting 2023
- Date: 11th to 13th September 2023
- Venue: Lexis Hibiscus, Port Dickson, Malaysia

As our invited speaker, we are pleased to provide you with the following arrangements:

- Complimentary registration to the Malaysian-International ASAMI-LLRS Scientific Meeting 2023
- Complimentary accommodation at Lexis Hibiscus, Port Dickson
- Check-In: 10th September 2023; Check-Out: 13th September 2023

The date(s) for the session(s) which we hope you will be available to join us is(are): -

Date & Time	Session	Topic & Remark	Role
12 th September 2023 2.00-2.15pm	Musculoskeletal infection Session	Infection : To Retain or	
		Remove	

Upon acceptance of our invitation, we would like to request the following documents from your

- Professional portrait photograph (High resolution)
- A short 25 30 words description of yourself. (This will be used as your speaker introduction on the website and during your session)
- Signed Consent Release Form. Please refer to the accompanying attachment.
- Please note that items 1 & 2 above will be uploaded into our conference website.

We hope that you will accept our invitation as a speaker and reply to this letter by <u>4th August 2023 (Friday)</u>



5th MALAYSIA-INTERNATIONAL ASAMI-LLRS SCIENTIFIC MEETING 2023

> Venue : Lexis Hibiscus, Port Dickson Date: 11th to 13th September 2023



If you have questions, do contact (available on WhatsApp).

Dr Meghan (+60125246023), Dr Mugil (+601121615136) or email us at asamihtjs2023@gmail.com

Sent on behalf of,

Dr Norhaslinda Binti Bahaudin

Organising Chair of the Malaysian-International ASAMI-LLRS Scientific Meeting 2023

Sent by,

Dr Mugilessvaran Vijayaraj

Organizing Committee

Organising Chair of the Malaysian-International ASAMI-LLRS Scientific Meeting 2023

DAY 1- 11 SEPTEMBER 2023 (MONDAY)TIMETITLESPEAKER0730-0800REGISTRATION0800-1000PRE CONGRESS WORKSHOP 1 Data Collection Knee Subluxation Sofware ProgrammingDr Zamri Bin Ab Rahman1000-1030TEA BREAK1030-1200PRE CONGRESS WORSHOP 2 RCONGRESS WORSHOP 2 Q&ADr Zamri Bin Ab Rahman1230-1250UUNCH SYMPHOSIUM : Calcium Sulphate As Local Antibiotic Carrier In Treatment Of Osteomyelitis- An Early Report For Malaysia ExperienceDr Ahmad Arieff Atan1250-1345UUNCH & PRAYER BREAK Roselle Coffee House (level G)FOOT AND ANKLE SESSION Moderator : Dr. Mohamad Hafiz bin Mohmad Hassim1345-1400The management of equines deformity using circular external fixation and relatedProf Dr Chayanin Angthong1430 - 1445Distraction Arthoplasty : ExperienceDr Syed Azmi Ahmad Shah					
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1445-1515 QUESTION AND ANSWER					
PAEDIATRIC SESSION					
Moderator : Dr. Low Weng Kong 1530-1545 Gradual Distraction, of the trunk / spine Prof Dr Saw Aik					
1545-1600Gradual correction in AdolescentDr Luvan MarkandanBlount's with hexapodDr Luvan Markandan					
1600- 1615Femur Lengthening in PaediatricsAP Dr. Muhammad Kamal					
Condition Condition Addul Jamil					
1615-1630Acute correction in paediatric lowerDr Norazian binti Kamişan					
limb deformity					
1630-1645 QUESTION AND ANSWER					
1645-1700 TEA BREAK					

	DAY 2: 12 SEPTEMBER 2023 (TUESD	AY)			
0800-0830	Honourable guest and par	ticipant arrival			
0830-0845	MC welcoming speech				
0845-0850	Recitation of prayer				
0850-0900	Opening Speech by Miss Linda (Chair person)				
0900-0910	Speech by Mr Basir (Head of Subspecial				
0910-0920	Officiation of 5 th ASAMI -LLRS S				
0920-0930	Launch Logo ASAMI-				
0930-0950	Photo Sessic				
1000-1030	TEA BREAD				
1000-1030					
	MUSKULOSKELETAL FRACTURE SESSI				
1020 1045	Moderator : Dr Kamarul Al Haqq Abdu	Dr Peter Thaller			
1030 – 1045	Reconstruction of Large bone Defects by Motorised Nails	Dr Peter Inaller			
1045-1100	Current concepts on acute fracture fixation with an ilizarov frame	AP Dr. Ahmad Fadzli Sulong			
1100-1115	Delayed Management for Orthopaedic Trauma	Dr Daniel V. Dungca			
1115-1130	The management of challenging conditions on the foot and ankle trauma	Prof Dr Chayanin Angthong			
1130-1145	Role of Ilizarov in Upper Extremity Trauma	Prof. Dr Mofakhkharul Bari			
1145-1215	Impossible to Reality. My Journey with	Prof. Dr Mofakhkharul Bari			
	ilizarov from start till now				
1230-1250	LUNCH SYMPHOSIUM:	Dr Zamri bin Ab Rahman			
	Tips and Tricks in Deformity Correction				
	Using OrthoSUV Hexapod Apparatus				
1250-1345	Lunch At Roselle Coffee House (level G)				
	MUSCULOSKELETAL INFECTION SE	ESSION			
	Moderator : Dr Muhammad Azrin Mohd	Asihin			
1345-1400	Periarticular Infections and Strategies	Dr Andy Yeo Kuei Siong			
1400-1415	Implant Related Infection : To Retain or	Prof. Dr Nazri bin Mohd Yusof			
	Remove				
1415-1430	Tibialization of fibula Reconstruction of big	Prof. Dr Mofakhkharul Bari			
	tibial defects by ilizarov Technique				
1430-1445	Antibiotic in Open Fracture and Fracture Dr Suvintheran Thanga				
	Related Infections				
1445-1515	QUESTION AND ANSWER				
LIMB DEFORMITY AND RECONSTRUCTION SESSION Moderator : Dr Khairul Rizal Zayzan					
1530-1545	Limb Lengthening and Deformity	Dr Peter Thaller			
	Correction with Motorised Lengthening Nails				
1545-1600	Acute versus Gradual Correction – The Good and The bad	Dr Andy Yeo Kuei Siong			

1600-1615	Modified Cable Bone Transport after	Dr Daniel V. Dungca		
	Tumour Excision			
1615-1630	Hexapod - Deformity Correction made easy Dr Rohaman bin Tasarib			
1630-1645	QUESTION AND ANSWER			
1645-1700	TEA BREAK			

DAY3: 13 th September 2023 (WEDNESDAY)				
ORAL PAPER PRESENTATION				
Panel Speaker : Dr Daniel V Dungca, Dr Basir Towil				
	Moderator : Dr Ahmad Arieff Atar	n		
TIME	TITLE	PRESENTER		
	10 ORAL PAPER PRESI	ENTATION		
0800 – 0805	Severe genu valgum secondary to neglected distal lateral femoral ephysiodesis in obese child managed with medial sided Limb Reconstruction System	Dr. Hwang Puoh Xieh		
0805-0810	Question & Answer			
0815-0820	Two -stage correction of severe foot equinocavovarus in post -infection contracture using hexapod frame	Dr Nur Aidurra Zainudin		
0820-0825	Question and Answer			
0830-0835	Ankle Deformity Correction in CharcotArthropathy:A Case Series ofTibiotalocalcanealArthrodesis withHindfoot Arthrodesis Nail	Dr Norliyana binti Mazli		
0835-0840	Question and Answer			
0845 - 0850	Surgical Treatment Of Severe EquinusDeformity By Unconstrained IlizarovFrame System	Dr Mohd Azwan bin Ab Aziz		
0850-0855	Question and Answer			
0900-0905	RupturedAnteriorTibialArteryPseudoaneurysmPostBoneTransportWith IlizarovExternal Fixator	Dr Nor Hamizan Noor Hadi		
0905-0910	Question and Answer			
0915-0920	Complex tibial plateau fracture treated with Ilizarov external fixation with minimal internal fixation.	Dr Tuan Muhammad Fairuz		
0920-0925	Question and Answer			
0930 – 0935	Open Femur Fracture with Large Soft Tissue Defect Treated with Ortho-SUV	Dr Paul Kong Fu-Xiang		
0935-0940	Question and Answer			
0945-0950	Hybrid monorail construct in proximal femur fixation	Dr Mohd Azfan bin Che Yusoff @ Mohd Affandi		

0950-0955	Question and Answer			
1000-1005	Post traumatic ankle arthtitis : A newDr Mohd Yazid Bajuribeginning instead of the end			
1005-1010	Question and Answer			
1015-1020	Union rate of humerus fracture treated with monorail limb reconstruction system and its functional outcome	Dr Mohd Syukranamri bin Ramli		
1020-1025	Question and Answer			
1025-1040	TEA BREAK			
1040-1100	LUNCH SYMPHOSIUM: Advance knee Hinge Limb Reconstruction System : The future complex in knee surgery	Dr. Ong Kean Chao		
1100-1200	DATO' DR. THIRUMAL MANICKAM BEST ORAL PRESENTATION AWARD Closing Ceremony			
1200	Lunch At Roselle Coffee House (level G)			



Implant-Related Infection: To Retain or Remove

PROF DR NAZRI MOHD YUSOF



The most implant inserted and most infected

mplant	Implants Inserted in the U.S. Annually	Projected Infections of Implants Annually	Average Rate of Infection†	Preferred Practice of Surgical Replacement	Estimated Average Cost of Combined Medical and Surgical Treatment
	r	10.	%	no. of stages	U.S. \$
ardiovascular					
Mechanical heart valve	85,000	3,400	4	1	50,000
Vascular graft‡	450,000	16,000	4	1 or 2	40,000
Pacemaker-defibrillator	300,000	12,000	4	2	35,000∬
Ventricular assist device	700	280	40	1	50,000
thopedic					
Joint prosthesis	600,000	12,000	2	2	30,000
Fracture-fixation device	2,000,000	100,000	5	1 or 2	15,000
eurosurgical — ventricular shunt	40,000	2,400	6	2	50,000
astic — mammary implant (pair)	130,000	2,600	2	2	20,000
ologic — inflatable penile implant	15,000	450	3	2	35,000

N Engl J Med 2004;350:1422-9

ORIGINAL ARTICLE

Outcome of Infection Following Internal Fixation of Closed Fractures

M Y Nazri, M Med Ortho*, Y A Halim, M Med Ortho**

*Department of Orthopaedics, Traumatology and Rehabilitation, Kulliyyah of Medicine International Islamic University Malaysia, Kuantan, **Department of Orthopaedics, Hospital University Sains Malaysia, Kubang Kerian, Kelantan

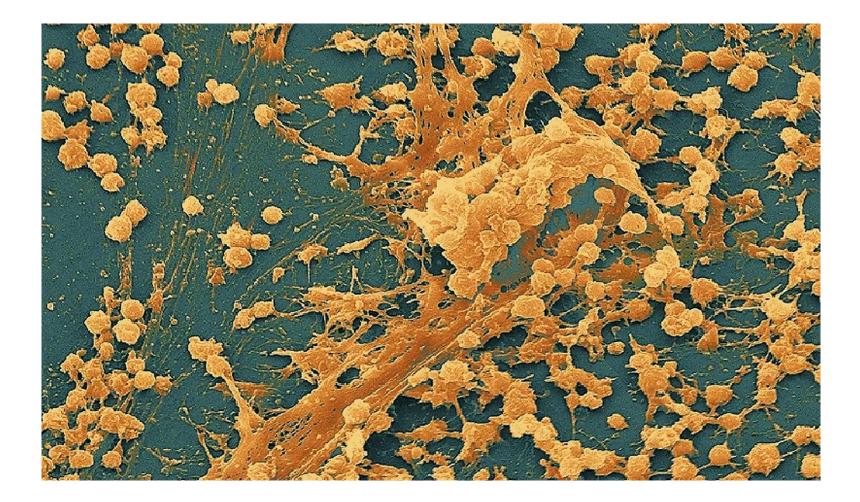
Retained infected stable implant Around 75% of fractures united Med J Malaysia 59(5):2004

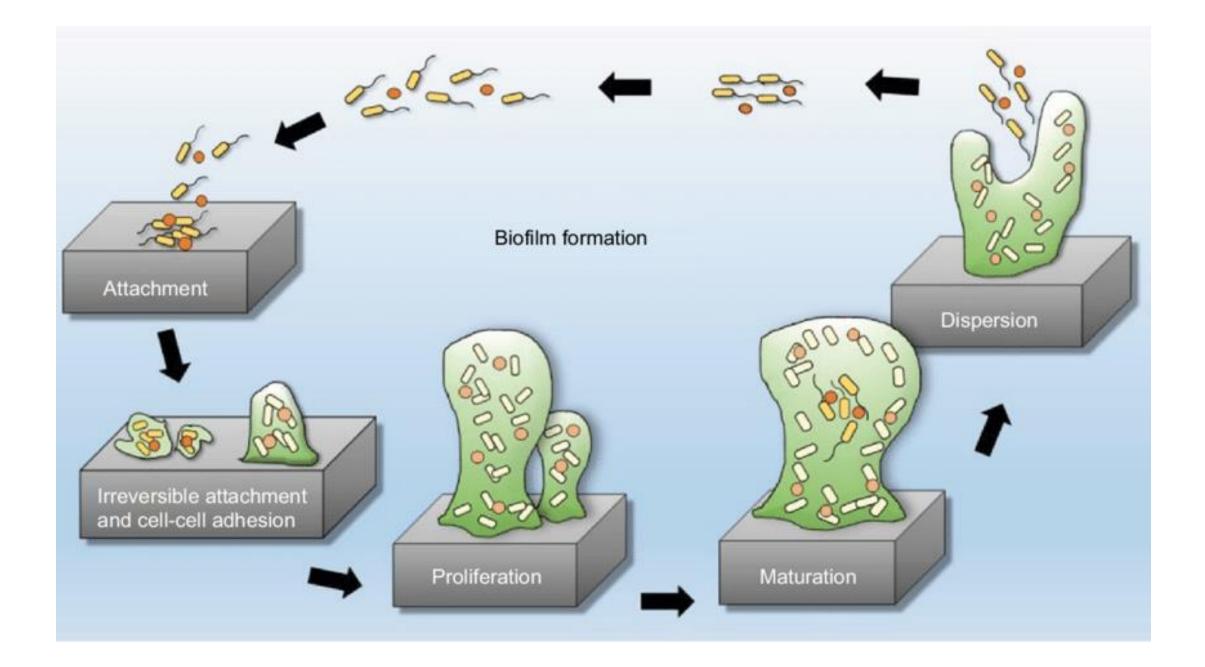


Remove



Biofilm – Protective sustainable environment







Bacteria loves implant like corals love shipwrecks



First reason

Stable implant with persistent infection







Injury, Int. J. Care Injured (2006) 37, S95-S104





www.elsevier.com/locate/injury

Prophylaxis and treatment of implant-related infections by local application of antibiotics

Michael Diefenbeck¹, Thomas Mückley², Gunther O Hofmann^{1,2}

Number of patients	Infection control rate	Recurrences of osteomyelitis	Follow-up (in years)	Year/reference
128	91.4%	11.6%	2	1979 [31]
405	90.4	10%	0.5-6.5	1983 [40]
102	89.2%	10.8%	4-10	1995 [41]
100	92%	17%	5	1998 [42]

Table 2: Noncontrolled, nonrandomized clinical studies on the efficacy of debridement and gentamicin PMMA beads in treating osteomyelitis. In summary, the infection control rate is about 90% with a recurrence of osteomyelitis of around 10%.

Second reason

Stable implant with poor general condition









www.elsevier.com/locate/injury

Prophylaxis and treatment of implant-related infections by local application of antibiotics

Michael Diefenbeck¹, Thomas Mückley², Gunther O Hofmann^{1,2}

Number of patients	Infection control rate	Recurrences of osteomyelitis	Follow-up (years)	Year/reference
67	94%	-	-	1986 [44]
58	93.1%	-	< 1	1989 [45]
10	100%	0%	1	1991 [46]
47	93.6%	0%	2	1992 [47]

Table 3: Noncontrolled and nonrandomized clinical trials about the efficacy of debridement and gentamicin loaded collagen sheet in the treatment of osteomyelitis.







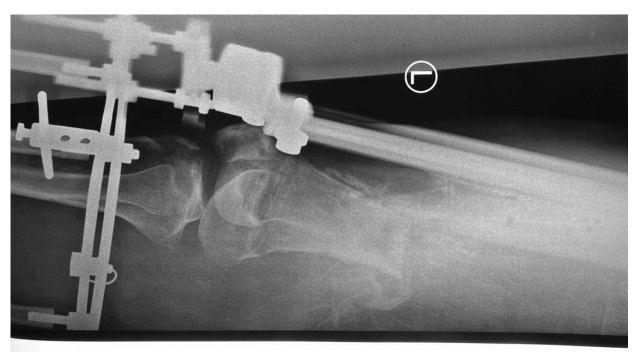
Negative pressure wound therapy

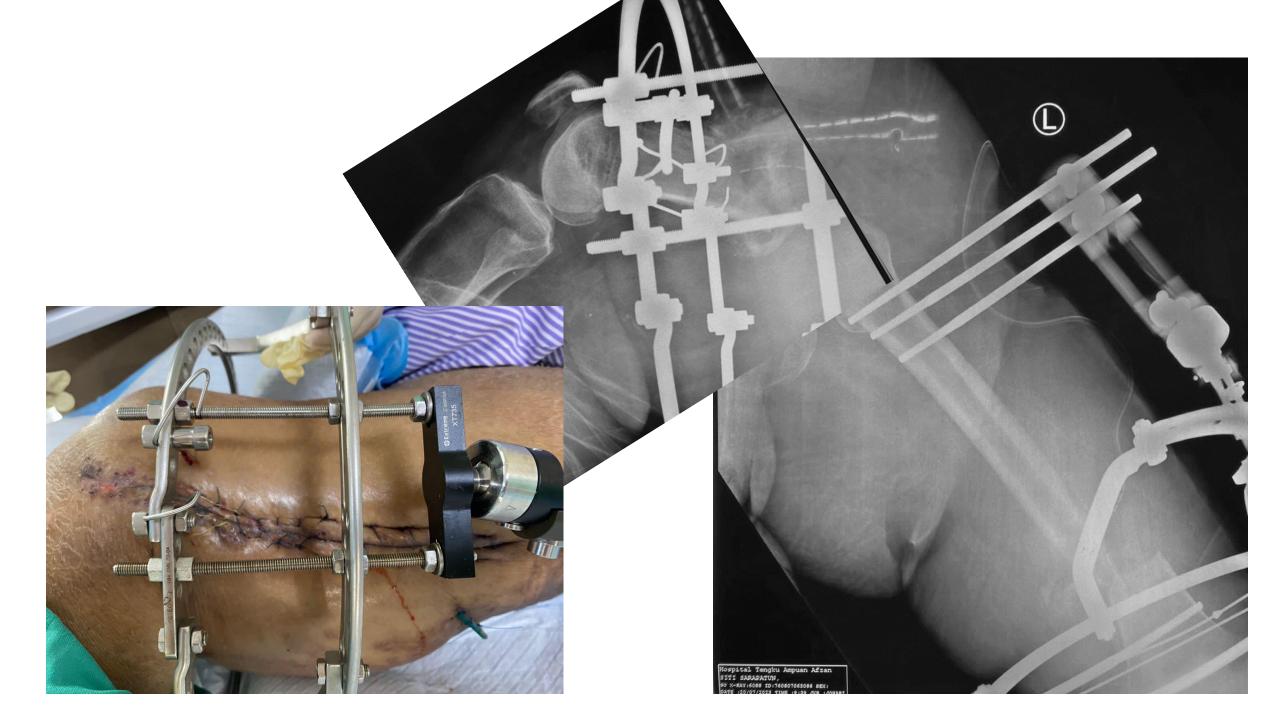




Spanning external fixator







Third Reason

Acute infection with poor soft tissue condition







Removal of one implant, external fixator and gastrocnemius musculocutaneous flap









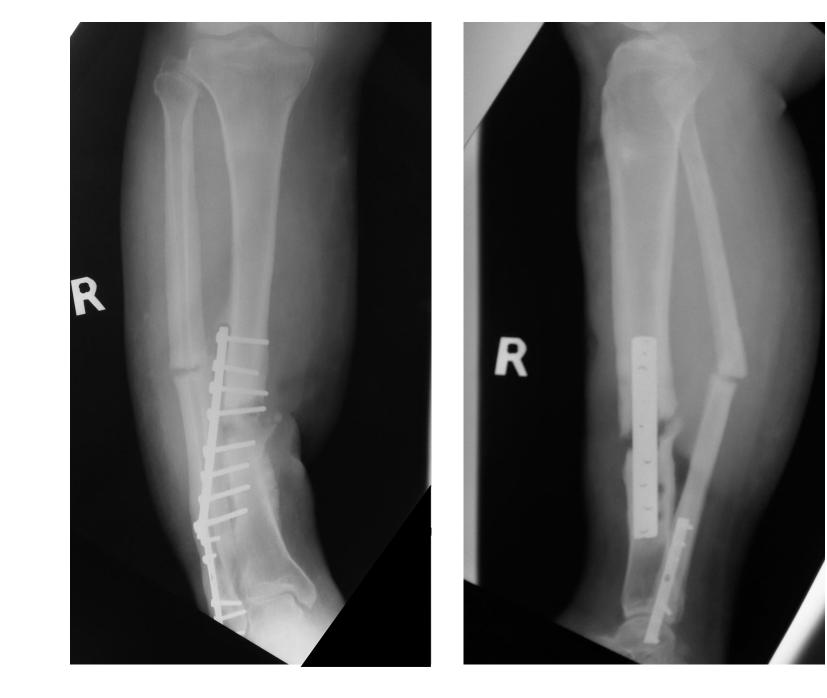


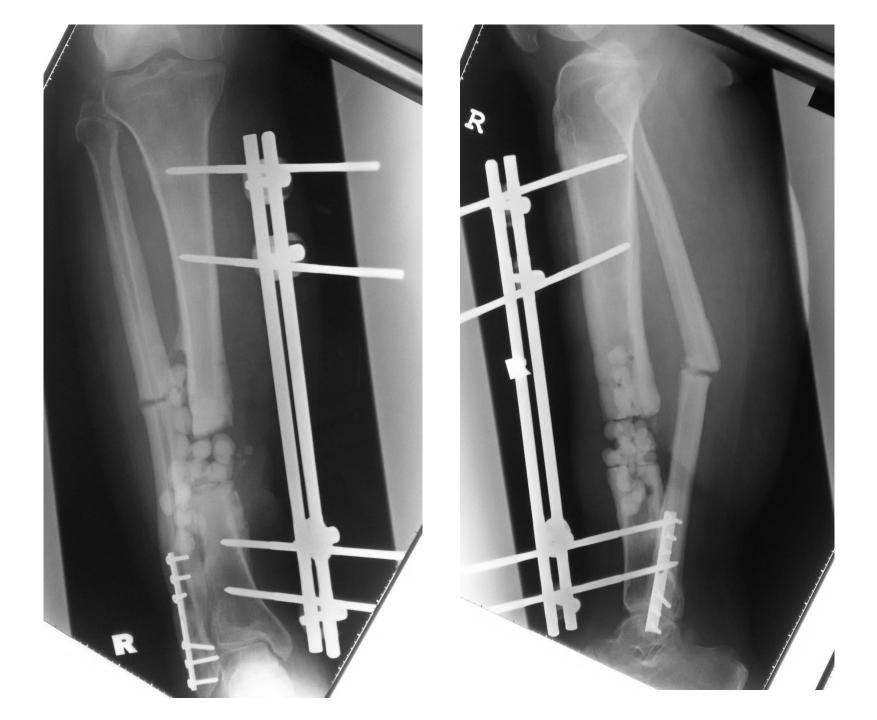


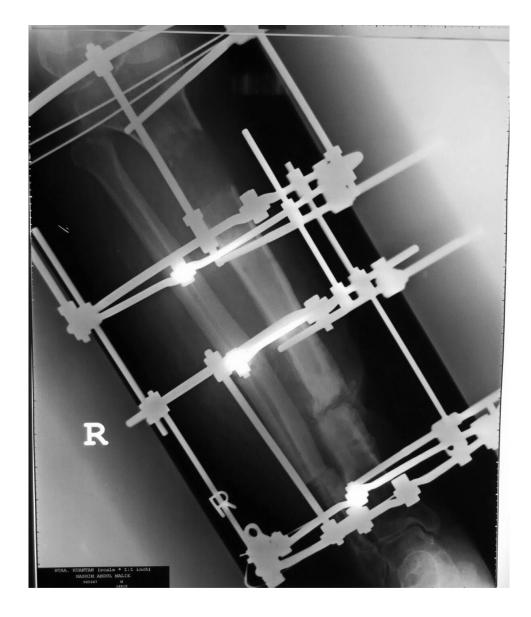


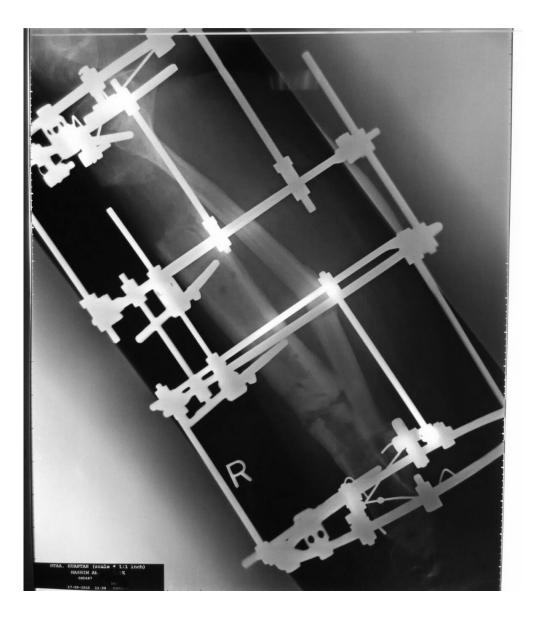
Fourth reason

Chronic infection with unstable implant

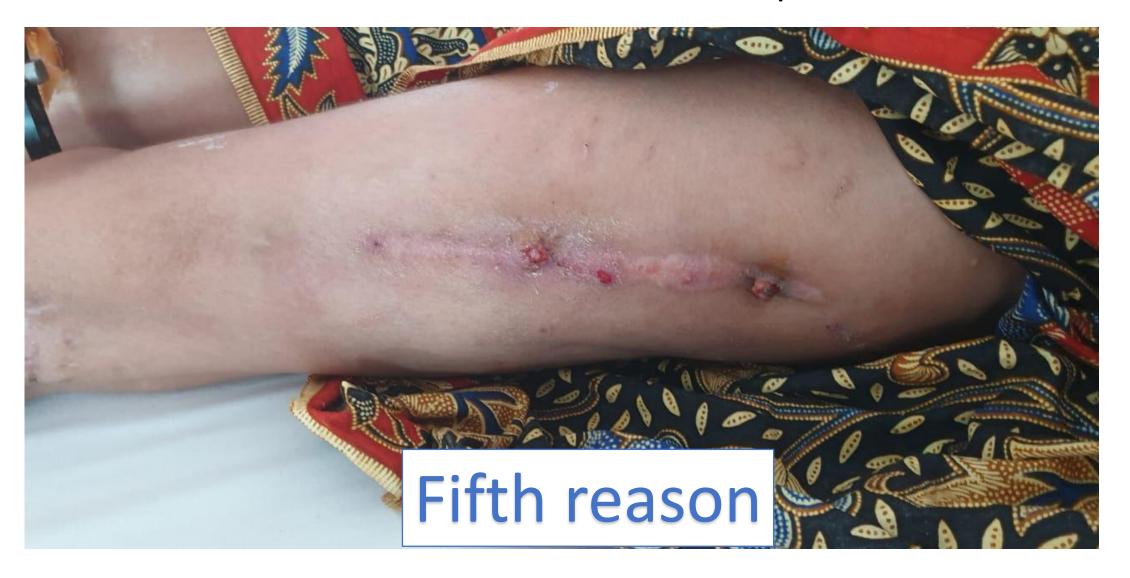




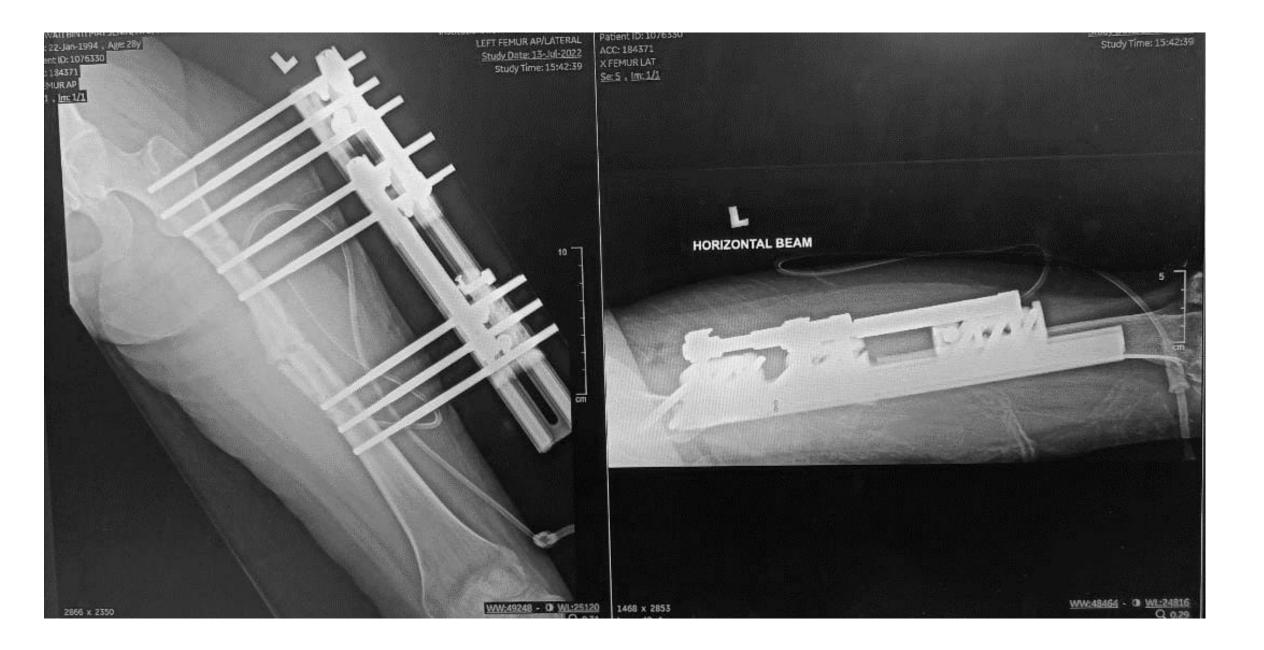




Chronic sinus with a stable implant







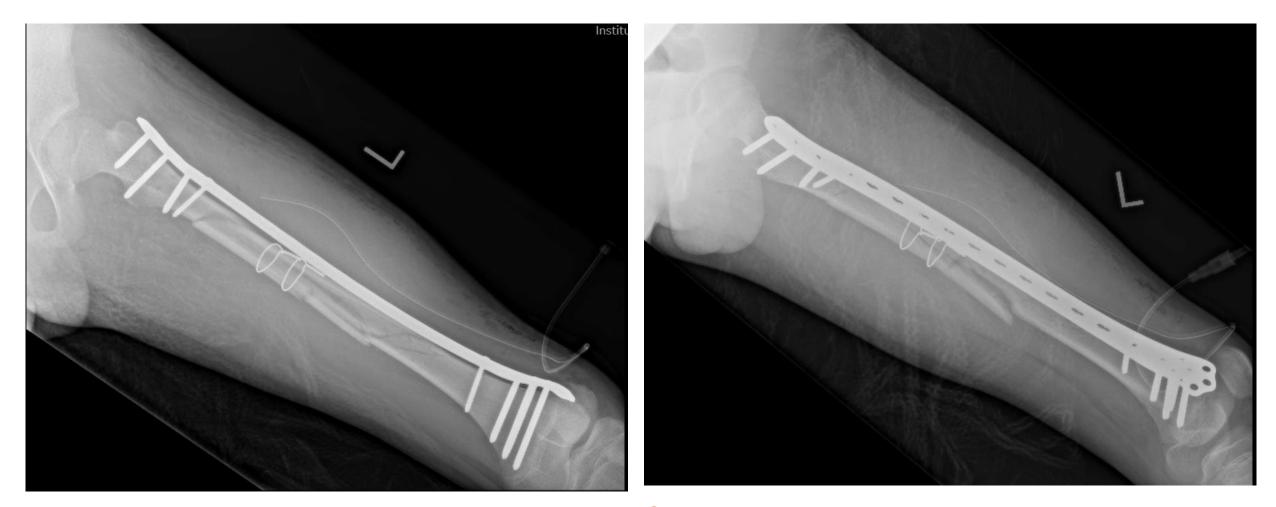
Can we retain them?

- Onset
- Fracture healing
- Implant stability
- Soft tissue condition
- Host factors
- Virulent organism

Onset

Onset	Time	Pathogenicity	Biofilm
Early	< 2 weeks	Virulent	Early formation
Delayed	2-10 weeks	Low virulent	Biofilm
Late	> 10 weeks		Mature biofilm with sequestrum

Acute infection with good soft tissue condition



First indication







Good fracture healing



Second indication













Pocket Guide to Diagnosis and Treatment of implant-associated infections after fracture fixation



TREATMENT ALGORITHM Fracture healed Early infection Late infection Eradication Suppression Implant stable? DTT infection*? · Good reduction of fracture? Bad soft tissue? · Primary skin closure possible? ves no yes **Debridement &** Two-stage **One-stage** Debridement **Debridement 8** exchange retention of exchange of complete implant¹ impant removal of First stage: removal of 12 weeks of antibiotics implant & temporary implant OR long-term antibiotics stabilisation (internal vs. suppression until until removal of implant external) fracture healing 6 weeks of antibiotics 12 weeks antibiotics 6 weeks antibiotics

For patients who refused Ilizarov

Staged exchange plating



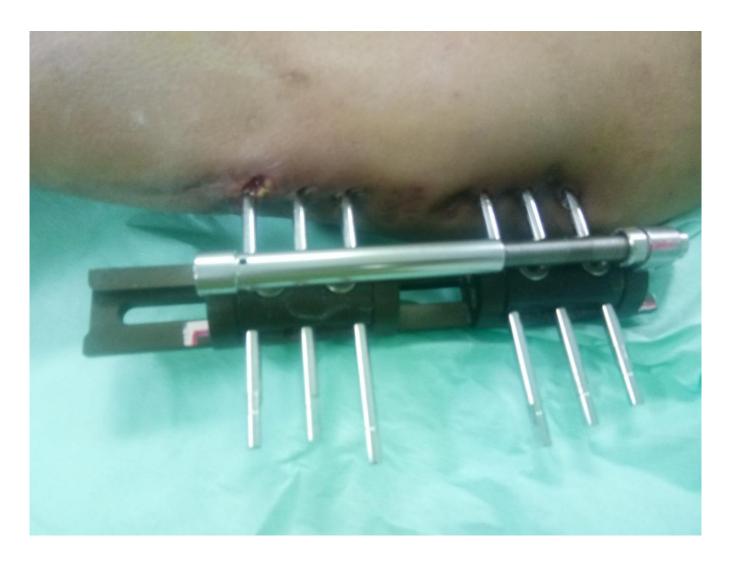


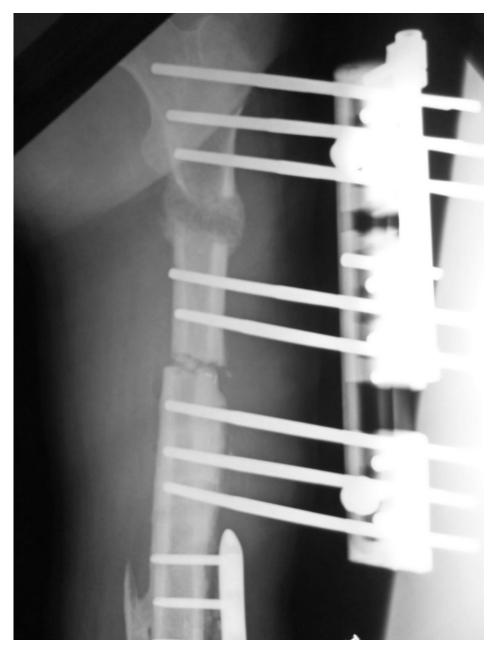
























Take home message

Remove implant unless

- Early infection
- Stable implant
- Fracture healing
- Good soft tissue condition
- Good host
- Sensitive organism

