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P-228 Video-Assisted Thoracoscopic (Vat) Thymectomy for Myasthenia Gravis (MG) - Experience in a Single Institution

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Background: Thymectomy is a safe and effective modality of treatment for myasthenia gravis. VAT thymectomy offer the advantage of thymectomy with less invasive and more cosmetic approach compared to the standard open approach.

Purposes: To study retrospectively the outcome of VAT thymectomy for myasthenia gravis in our centre (Hospital Universiti Kebangsaan Malaysia).

Materials and methods: All patients who underwent VAT thymectomy for myasthenia gravis between 2001 till 2006 (period of 6 years) were included in the study. Successful VAT thymectomy is considered as remission, significant reduction in medication and dosage, and significant reduction in the Osserman classification or symptom without increase of the medication. Patients were followed up under regular interval.

Results: Twenty-five patients underwent VAT Thymectomy for MG. In a patient, a second VAT thymectomy was done for residual thymus gland. The mean duration of follow up is 28.9 months. Out of the 26 VAT thymectomy done, 22 (84.6%) were concluded as successful (reduction of Ossermann classification or significant reduction of medication). All the 22 patients who were considered successful had reduction of Osserman classification and 9 of them became asymptomatic. Four patients were concluded as unsuccessful. Two had no deterioration of symptoms or increase in medications while the other patients had no deterioration of symptom but needed more medications. One of them had another VAT thymectomy for residual thymus gland and subsequently had reduction of Osserman and medications. No patient had deterioration of symptoms and there was no perioperative mortality. The complications which occurred in our series were mainly respiratory (residual pneumothorax, pleural effusion, hemothorax and lung collapse). Most of the patients were extubated within 24 hours post-operation. All the patients needed only oral analgesic after being transferred out from ICU.

Conclusion: VAT thymectomy is a safe and effective treatment for myasthenia gravis. It offers the advantage of surgical treatment with better cosmesis, less duration of hospital stay, less pain and minimal chest wall disruption. It should be the method of choice in treating generalized myasthenia gravis whenever possible.

P-267 The Ligation of Intersphincteric Fistula Tract (LIFT) for Fistula-in-Ano: Sphincter Saving Technique

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Background: The study was designed to assess results of total anal sphincter saving technique by ligating the intersphincteric fistula tract (LIFT) for the treatment of fistula-in-ano.

Material and method: A prospective observational study in forty-five fistula-in-ano patients treated by ligation of intersphincteric fistula tract (LIFT) technique from May 2007 to September 2008. All patients had fistulas arising from cryptoglandular infections. They were followed-up by a standard protocol to determine the recurrence rate, healing time and related morbidity associated with the procedure.

Results: Forty-five patients were included in the study of which five patients (11.1%) were recurrent fistula-in-ano after previous surgery using other recognized treatment procedures. The mean age was 42.6 years. The mean follow-up was nine months ranging from two months to sixteen months. Primary healing was achieved in thirty seven patients (82.2%). The healing time ranged from four to ten weeks and the mean was eight weeks. Eight patients (17.7%) had recurrence after a period between three months to eight months of surgery. No significant morbidity was noted in any of the forty five patients.

Conclusion: A new technique for fistula-in-ano surgery aimed at total anal sphincter preservation appears to be safe, easy and have a good early outcome.