



VIRTUAL
COLOPROCTOLOGY
2022
TEAMWORK

4th to 6th March 2022



SOUVENIR PROGRAMME &
ABSTRACT BOOK

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Acknowledgements

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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 2022 Organising Committee

Chairman	Professor Dr April Camilla Roslani
Scientific Committee	Dr Nurhashim Haron (<i>Chair</i>) Dr Norfarizan Azmi Dr Andee Dzulkarnaen Zakaria Dr Ratha Krishnan Sriram Dr Elaine Ng Hui Been Dr Nur Afdzillah Abdul Rahman Dr Mohana Raj Thanapal Dato' Dr Meheshinder Singh Pn Mariam Mohd Nasir
Committee Members	Professor Datuk Dr Ismail Sagap Dr Luqman Mazlan Dr Shankar Gunarasa Dr Zairul Azwan Mohd Azman Associate Professor Dr Zaidi Zakaria

Welcome Message



Greetings, and *salam sejahtera*.

On behalf of the Organising Committee, it gives me great pleasure to welcome you to Coloproctology 2022, the 20th Annual Scientific Congress of the Malaysian Society of Colorectal Surgeons (MSCRS).

The past two years can be said to have been one of the most disruptive periods in surgical history, due to that arch-nemesis, the COVID-19 pandemic. Surgical services were curtailed, surgeons were retrained and redeployed to non-surgical arenas, and surgical training was severely disrupted. With healthcare resources redistributed and focused towards COVID-19 management, the care of non-COVID diseases suffered from delays, with resultant poorer outcomes. Surgeons around the world were not spared from the negative consequences to healthcare providers' own health - as frontliners ourselves, mortality and morbidity (particularly mental health) within our fraternity were bitter pills to swallow.

Nevertheless, surgeons are nothing if not resilient. In large part, that resilience is borne of the support provided to us by working in teams. It is particularly salient, therefore, that the theme of this year's congress is 'Teamwork'. Whether in the operating theatre or on the frontlines, surgeons have always understood the importance of collaboration - not only with doctors from other specialties, but also our allied healthcare colleagues, our trainees and our patients. Diversity and inclusivity in our teams are crucial, if we are to harness the breadth of knowledge, skills and behaviours needed to create innovative solutions to new problems.

There are silver linings to be found in every cloud. We have become comfortable with the benefits of the virtual world, learning how best to combine platforms for the most effective dissemination of knowledge. Telemedicine has helped to decongest clinics and hospitals, without reducing quality of care. Simulation and artificial intelligence have helped to minimize the negative impacts on surgical training.

The Organising Committee has kept all of this in mind when drawing up the scientific programme. You will find contributions from around the world, addressing each of the issues highlighted above. While there are separate tracks focusing on surgeons, allied health professionals, colorectal cancer survivors and trainees, there has been a concerted effort to integrate the content, further emphasizing the value of teamwork.

Although we have had to make the difficult decision to remain on a virtual platform for Coloproctology 2022, we believe that you will still derive many of the same educational benefits that a face-to-face activity would allow. I look forward to interacting with you in the 'Alam Maya', or virtual world.



Professor Dr April Camilla Roslani
President, Malaysian Society of Colorectal Surgeons &
Chair, Organising Committee, Coloproctology 2022

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Programme Summary

Date Time	4 th March 2022 (Friday)		5 th March 2022 (Saturday)			6 th March 2022 (Sunday)
0730 - 0830	Login					
0830 - 0900	SYMPOSIUM 1 Rectal Cancer	Opening Remarks	SYMPOSIUM 4 Advanced Cancer	AHP SYMPOSIUM 5	SYMPOSIUM 1 (CORUM 1)	SYMPOSIUM 7 Core Topics
0900 - 0930		AHP SYMPOSIUM 1				
0930 - 1000						
1000 - 1030	Welcome Speech		PLENARY 3			
1030 - 1100	Break					Break
1100 - 1130	PLENARY 1	AHP SYMPOSIUM 2	SYMPOSIUM 5 Precision Treatment of Colorectal Cancer	AHP SYMPOSIUM 6	SYMPOSIUM 2 (CORUM 2)	
1130 - 1200	Video Presentation					
1200 - 1230						
1230 - 1300	Lunch Symposium		Poster Presentation			CLOSING CEREMONY
1300 - 1330	Break / Exhibition Booth Visit		Lunch Symposium			COLORECTAL MASTERCLASS
1330 - 1400	PLENARY 2					
1400 - 1430	SYMPOSIUM 2 Colon Cancer	AHP SYMPOSIUM 3	PLENARY 4	AHP SYMPOSIUM 7	ROUND TABLE DISCUSSION - MUTUAL SHARING SESSIONS	
1430 - 1500			SYMPOSIUM 6 Pot Pourri			
1500 - 1530						
1530 - 1600	Break	WORKSHOP 1 & 2	Sponsored Symposium	WORKSHOP 3		
1600 - 1630			PRESIDENTIAL PANEL DISCUSSION	AHP SYMPOSIUM 8		
1630 - 1700			Fellow Presentation			
1700 - 1730	SYMPOSIUM 3 Peri-Operative Issues	AHP SYMPOSIUM 4	PROFESSORS' CORNER			
1730 - 1800						
1800 - 1930	MSCRS Annual General Meeting					

3 rd March 2022
<i>Pre-Congress Workshop 1 (Hands-on)</i> Diagnostic Modalities for Rectum and Pelvic Floor Disorders & Introduction to Biofeedback Therapy
<i>Pre-Congress Workshop 2 (Hands-on)</i> Laparoscopic Colorectal Workshop

Pre-Congress Workshop 1 (Hands-on)

3rd March 2022 (Thursday)

Diagnostic Modalities for Rectum and Pelvic Floor Disorders & Introduction to Biofeedback Therapy

VENUE

Seminar Room, Endoscopy Service Centre, Hospital Canselor Tuanku Muhriz, Kuala Lumpur

PARTICIPANTS

Limited to 25 participants

PROGRAMME

0730 - 0800	Registration
0800 - 0815	Welcoming, Introduction and Housekeeping Announcement
	<i>Moderator: Ruben Gregory Xavier</i>
0815 - 0835	Pelvic Floor: The Foundation (Lecture) <i>Lee Yeong Yeh</i>
0835 - 0900	Anorectal Manometry: From Bench to Bedside (Lecture) <i>Lee Yeong Yeh</i>
0900 - 0915	Tea
0915 - 1030	Case Demonstrations
	<i>Moderator: Ruben Gregory Xavier</i>
1030 - 1100	Diving Down into Endoanal Ultrasound Scan (Lecture) <i>Charles Bih-Shiou Tsang</i>
1100 - 1200	Case Demonstrations
1200 - 1245	Lunch
	<i>Moderator: Ruben Gregory Xavier</i>
1245 - 1345	Introduction to Biofeedback Therapy - How we do it <i>Nur Afdzillah Abdul Rahman</i>
1345 - 1400	Closing and Certificates Distribution
1400 - 1430	Tea

Pre-Congress Workshop 2 (Hands-on)

3rd March 2022 (Thursday)

Laparoscopic Colorectal Workshop

VENUE

Simulation & Skills Training Centre (SSTC), Level 7, Specialist Complex and Ambulatory Care Centre (SCACC), Hospital Kuala Lumpur

PARTICIPANTS

Limited to 30 participants

PROGRAMME

0830 - 0845	Registration
0845 - 0855	Opening Address
0855 - 0915	Novel Technologies in Colorectal Surgery <i>Ethicon Endo-Surgery Team</i>
0915 - 0930	Tea
0930 - 1230	LIVE SURGERY 1 <i>Moderator: Ismail Sagap</i> Laparoscopic Anterior Resection <i>Mohd Razali Ibrahim</i>
1230 - 1330	Lunch
1330 - 1630	LIVE SURGERY 2 (con't) <i>Moderator: Ismail Sagap</i> Laparoscopic Anterior Resection <i>Mohd Razali Ibrahim</i>
1630 - 1645	Tea & Adjourn

Daily Programme

4th March 2022 (Friday)

0730 - 0830 LOGIN	
<p>0830 - 1000</p> <p>SYMPOSIUM 1 Rectal Cancer</p> <p>Chairpersons: <i>Ahmad Shanwani Mohamed Sidek /</i> <i>Buvanesvaran Tachina Moorthi</i></p> <p>Should Watch and Wait be Standard of Care During the Pandemic? <i>Ismail Sagap</i></p> <p>Approaching Recurrent Rectal Cancers - It's a Team Effort <i>Khong Tak Loon</i></p> <p>A Radiologist's Perspective on Pre- and Post-Neoadjuvant MRI in Rectal Cancer <i>Zaharudin Haron</i></p> <p>East or West: The ASEAN Approach to Lateral Pelvic Lymph Node Dissection in Rectal Cancer <i>Tan Ker Kan</i></p> <p>Total Neoadjuvant Therapy (TNT) for Rectal Cancers in Malaysia: Should we do it? <i>Muthukkumaran Thiagarajan</i></p> <p>Q&A</p>	<p>0830 - 0900</p> <p>Chairpersons: <i>Muhammad Afiq Mohd Azlin /</i> <i>Mohd Rabime Ab Wahab</i></p> <p>Prayer Reciting</p> <p>Video presentation and Tribute to Past President Stomacare Society of Malaysia & Malaysian Ostomy Association (MOsA) The Late Mr Hj Zainudin Tahir</p> <p>0900 - 1000</p> <p>AHP SYMPOSIUM 1</p> <p>Chairperson: <i>Muhammad Afiq Mohd Azlin</i></p> <p>Surgical Innovations in Colorectal Surgery <i>Zairul Azwan Mohd Azman</i></p> <p>Wrong Stoma Siting: Impact and Implications <i>Mariam Mohd Nasir</i></p>
<p>1000 - 1030 Welcome Speech by Professor Dr April Camilla Roslani President, Malaysian Society of Colorectal Surgeons and Induction Ceremony Virtual Run Official Launching Ceremony</p>	
1030 - 1045 Break	
<p>1045 - 1115</p> <p>PLENARY 1</p> <p>Chairperson: <i>April Camilla Roslani</i></p> <p>Artificial Intelligence in Colorectal Surgery <i>Ronan Cabill</i></p> <p>1115 - 1215</p> <p>VIDEO PRESENTATION</p> <p>Minimally Invasive Colorectal Surgery Chairperson: <i>Aini Fabriza Ibrahim</i></p>	<p>1045 - 1200</p> <p>AHP SYMPOSIUM 2</p> <p>Chairperson: <i>Mohd Rabime Ab Wahab</i></p> <p>Stoma Complications: Prevention and Management of Stoma Prolapse <i>Wong Chung Heong</i></p> <p>Stoma Complication: Prevention and Management of Parastomal Hernia <i>Esther Tbng Hui Hui</i></p>
<p>1215 - 1300 Lunch Symposium (Johnson & Johnson)</p> <p>Improving Outcomes in Lap Colorectal Surgery <i>Anil Heroor</i></p> <p>Ethicon Circular Sharing <i>Nguyen Anthony</i></p> <p>Q&A</p>	
1300 - 1330 Break / Exhibition Booth Visit	

Daily Programme

4th March 2022 (Friday)

<p>1330 - 1400 PLENARY 2 Chairperson: <i>Nora Abdul Aziz</i> Diversity in Colorectal Surgery <i>April Camilla Roslani</i></p> <p>1400 - 1545 SYMPOSIUM 2 Colon Cancer Chairpersons: <i>Shankar Gunarasa / Ang Chin Wee</i> CME-CVL Right Colectomy - D2 vs D3 <i>William Chen Tzu-Liang</i> Complexity of Surgical Approach to Transverse Colon Carcinoma <i>Yoon-Suk Lee</i> Controversies in Management of Appendiceal Neoplasms <i>Fabeez Mohamed</i> ICG Application in Colorectal Resections <i>Gonzalo P Martin-Martin</i> Palliative Primary Colorectal Tumor Resection - Shall we Proceed? <i>Wan Khamizar Wan Khazim</i> Q&A</p> <p>1545 - 1615 Break</p> <p>1615 - 1745 SYMPOSIUM 3 Benign Colorectal Diseases Chairpersons: <i>Mohd Syafferi Maso'od / Paul Selvindoss</i> What's Next in Recurrent Cryptoglandular Fitsula-in-Ano? <i>Charles Bib-Sbiou Tsang</i> Hybrid Surgical Technique for Complex Fistula in Ano <i>Jirawat Pattana-Arun</i> Approach to Anterior High Transphincteric Anal Fistula <i>Arun Rojanasakul</i> A Practical Approach to Colovesical Fistula <i>Lugman Mazlan</i> Surgery for Dysplasia in IBD: When to Operate? <i>Janindra Warusavitarne</i> Q&A</p>	<p>1400 - 1545 AHP SYMPOSIUM 3 Chairperson: <i>Mohd Rabime Ab Wabab</i> Presentation of Stoma Case Study by Malaysian Enterostomal Therapy Nursing Education Program (METNEP) 2021 Students A New Chapter <i>Valerie Lee Xie Yi</i> Flushed Blushed <i>Nurul Husna Abdullah Zarwawi</i> My Red Happiness <i>Wan Khairunisha Wan Zarwawi</i> Where is my Stoma: Pre-Operative Stoma Site Marking <i>Syazwan Abdullah</i> Living with YOU <i>Ain Zuliana Dzulkarnain</i> My Precious Pearl <i>Nur Zubairah Mohammad Rozali</i> "ROSE" A Tragedy in October <i>Norfarashazwani Rus</i> Pregnancy with Ca Sigmoid Colon: My Other Baby <i>Siti Aishah Hasan</i></p> <p>1545 - 1645 WORKSHOPS Chairperson: <i>Mohd Rabime Ab Wabab</i> 1. Convatec Malaysia Sdn Bhd 2. Coloplast</p> <p>1645 - 1725 AHP SYMPOSIUM 4 Chairpersons: <i>Rozita Mohamad / Mohd Rabime Ab Wabab</i> Management of Abdominal Wound with Enterocutaneous Fistula in Stoma Patient <i>Ikram Bauk</i> Management of Using Barrier Rings Mucocutaneous in Stoma Patient <i>Muhammad Basri</i> Effect of a Stoma Care Program on the Adjustment of Patients with an Stoma <i>Devi Sahputra</i> Having A Stoma: My Story and its Challenges <i>Saravanan Nagappan</i></p>
<p>1800 - 1930 MSCRS Annual General Meeting</p>	

Daily Programme

5th March 2022 (Saturday)

0730 - 0830 LOGIN

0830 - 1000

SYMPOSIUM 4 |

Advanced Cancer

Chairpersons: *Norfarizan Azmi / Khong Tak Loon*

Selection Criteria and Surgical Options for Colorectal Cancer Liver Metastasis

Mobanasundram Pillai Arumugam

When do we Refer for Thoracic Metastasis?

Diong Nguk Chai

Selecting Patients for Best Oncological Outcome in CRS HIPEC for Colorectal Peritoneal Metastasis

Ignace de Hingh

PIPAC in Colorectal Cancer: The Evidence Thus Far

Bettina Lieske

Pelvic Exenteration in Malaysia: Where are we Now?

David Ong Li Wei

Q&A

1000 - 1030

PLENARY 3

Chairperson: *Nurbashim Haron*
Translational Research in Colorectal Surgery
Rahman Jamal

0830 - 1030

AHP SYMPOSIUM 5

Chairpersons:

Muhammad Afiq Mohd Azlin / Saravanan Nagappan / Rozita Mohamad / Devi Sabputra

Clinical Decision in Ostomy Surgery: Overcoming Problems with Stoma Site Placement

Lugman Mazlan

Asia and South Pacific Ostomy Association (ASPOA)

Ronaldo Lora

Malaysian Ostomy Association (MOsA)

Saranavan Nagappan

Skin Care in Stoma Care

Marina Ruran

Implementation of Nurse Led Clinic for Stoma Care

Norazilah Isa @ Ab Majid

0830 - 1030

SYMPOSIUM 1 (CORUM 1)

Advances in Oncology: Updates for Patients and Their Caregiver
Mastura Md Yusof

Types of Stoma: Who, When and How?

Michael Wong Pak Kai

Imaging in Colorectal Cancer - How Much is Too Much Radiation?

Ho Shuang Yee

Q&A

1030 - 1045 Break

1045 - 1200

SYMPOSIUM 5 |

Precision Treatment of Colorectal Cancer

Chairpersons:

Mohana Raj Thanapal / Samuel Tay Kwan Sinn

Genetic Services for Colorectal Cancer in Malaysia

Winnie Ong Peitsee

Updates on Molecular Biology of Colorectal Cancer - *SFRP1* in CRC

Nurul Syakima Ab Mutalib

1045 - 1300

AHP SYMPOSIUM 6

Chairpersons:

Muhammad Afiq Mohd Azlin / Devi Sabputra / Mohd Rabime Ab Wahab

Nutrition for Ostomate: Tips and Tricks

Mohd Rabime Ab Wahab

Advancing Ostomy Education for Nurses in Indonesia

Widasari Sri Gitarja

Advancing Ostomy Education for Nurses in Malaysia

Mariam Mohd Nasir

1100 - 1230

SYMPOSIUM 2 (CORUM 2)

Screening Family Members for Cancer: When and Who

Nora Abdul Aziz

Dietary Supplements - Post Cancer Surgery - Is There a Need

Pang Kang Ru

Q&A

Daily Programme

5th March 2022 (Saturday)

<p>Novel Biomarker Strategies: Precision Oncology in Colorectal Cancer <i>Mubammad Azrif</i></p> <p>Impact of COVID 19 on Oncology Services in Malaysia <i>Vaishnavi Jeyaretnam</i></p> <p>Q&A</p> <p>1200 - 1215 Break</p> <p>1215 - 1300 POSTER PRESENTATION Chairperson: <i>Nil Amri Mohamed Kamil</i></p>		
<p>1300 - 1400 Lunch Symposium (Servier) Chairperson: <i>Meheshinder Singh</i></p> <p>Introduction <i>Meheshinder Singh</i></p> <p>Haemorrhoids - Are We Cutting Too Much? Proponent: <i>Paul Selvindoss</i> Opponent: <i>Sarkunnathas Muthusamy</i></p> <p>Panel Discussion</p>		
<p>1400 - 1430 PLENARY 4 Chairperson: <i>Salabudin Babarom</i> Colorectal Cancer Survival in Malaysia: Where are we? <i>Fitjerald Henry</i></p> <p>1430 - 1530 SYMPOSIUM 6 Pot Pourri Chairpersons: <i>Andee Dzulkarnaen Zakaria / Sandip Kumar Mahendra Kumar</i> Robotic Colorectal Surgery in Malaysia - How Far have we Progressed? <i>Chong Hoong Yin</i></p> <p>Surgery During Covid19 Pandemic: Our Experience in Singapore <i>Chew Min Hoe</i></p> <p>Solitary Rectal Ulcer Syndrome - A Sinister-Looking but Troublesome Benign Disease <i>Emile Tan Kwong Wei</i></p> <p>Q&A</p>	<p>1400 - 1530 AHP SYMPOSIUM 7 Chairpersons: <i>Wong Chung Heong / Mohd Rahime Ab Wahab</i> Post Ostomy Surgery: Coping with Emotional Challenges <i>Mohd Rahime Abd Wahab</i></p> <p>Evolution of Stoma Pouching System <i>Nurul Nadia Solleh</i></p> <p>Stoma Care: Management of Patient Undergoing Chemo and Radiotherapy <i>Rozita Mohamad</i></p>	<p>1400 - 1500 ROUND TABLE DISCUSSION - MUTUAL SHARING SESSIONS</p>

Daily Programme

5th March 2022 (Saturday)

<p>1530 - 1600 Sponsored Symposium (Takeda) Chairperson: <i>April Camilla Roslani</i> An Update in Treatment Option for Mild to Moderate Ulcerative Colitis <i>Ling Khoon Lin</i></p>	<p>1530 - 1600 WORKSHOPS Chairperson: <i>Rozita Mohamad</i> 3. Medichem/Hollister</p>
<p>1600 - 1630 PRESIDENTIAL PANEL DISCUSSION Chairperson: <i>April Camilla Roslani</i> Young Onset Non-Hereditary (Sporadic) Colorectal Cancer: Is Limited Oncological Resection Adequate?</p>	<p>1600 - 1700 AHP SYMPOSIUM 8 Chairperson: <i>Muhammad Afiq Mohd Azlin</i> The Great Challenging of Stoma Care during COVID-19 Pandemic in Medan-Indonesia <i>Asrizal</i></p>
<p>1630 - 1700 FELLOW PRESENTATION Fellowship Research and Experience Chairperson: <i>Elaine Ng Hui Been</i> Colorectal Fellowship Training in South Korea (Laparoscopic & Robotic Colorectal Surgery) <i>Mayuha Rusli</i> Colorectal Training in Turkey <i>Muhammad Ash-Shafhawwi Adznan</i> Experience Down Under <i>Heah Hsin Tak</i></p>	<p>Ostomates' Rights are Human Rights - Anytime and Anywhere <i>Mariam Mohd Nasir</i></p>
<p>1715 - 1800 PROFESSORS' CORNER Chairperson: <i>Prabhu Ramasamy</i></p>	

Daily Programme

6th March 2022 (Sunday)

0730 - 0830	LOGIN
0830 - 1050	<p>SYMPOSIUM 7 Core Topics Chairpersons: <i>Ragu Ramasamy / Mohd Fadliyazid Ab Rahim</i> Anorectal Abscess - Principle and Surgical Options <i>Nurbashim Haron</i></p> <p>Entero-Atmospheric Fistula Following Major Bowel Surgery <i>Norfarizan Azmi</i></p> <p>Management of Early Anastomotic Leak <i>Andee Dzulkarnaen Zakaria</i></p> <p>Anastomotic Stricture <i>Shankar Gunarasa</i></p> <p>Surgery for Crohn's Disease <i>Lim Hiong Chin</i></p> <p>Approach to Obscure GI Bleeding <i>Elaine Ng Hui Been</i></p>
1050 - 1120	Break
1120 - 1240	<p>SYMPOSIUM 8 Operative Surgery Chairpersons: <i>Zairul Azwan Mohd Azman / Nora Abdul Aziz</i> APR and Extra Levator APE <i>Mohana Raj Thanapal</i></p> <p>Right Hemicolectomy with CME and CVL <i>Ratha Krishnan Sriram</i></p> <p>Open and Closed Lateral Internal Sphincterotomy <i>Mohd Syafferi Masood</i></p> <p>Splenic Flexure Mobilisation <i>Ausama A Malik</i></p>
1240 - 1300	CLOSING CEREMONY AND PRIZE PRESENTATION
1300 - 1530	<p>COLORECTAL MASTERCLASS Coordinator: <i>Zaidi Zakaria</i></p>

APPROACHING RECURRENT RECTAL CANCERS - IT'S A TEAM EFFORT

Khong Tak Loon

University Malaya Medical Centre, Kuala Lumpur, Malaysia

Significant progress has been made to reduce the incidence of recurrent rectal cancers with standardisation of surgical technique and improvement in neoadjuvant oncological treatments in managing primary rectal cancers. However, where rectal cancer recurs, this has significant impact on the patient's survival and quality of life. Furthermore, managing recurrent rectal cancers is often complex, but the challenge posed can be overcome by working collaboratively to offer best patient care through a multi-disciplinary approach.

This talk will aim to address the following key issues when approaching recurrent rectal cancers:

- How do we select patients who are most suited for further curative treatment?
- The importance of clear surgical margins and how can this be predicted pre-operatively?
- How can we work collaboratively in a multi-disciplinary approach, together with the patient, to achieve good long-term outcomes and preserve quality of life?

A RADIOLOGIST'S PERSPECTIVE ON PRE- AND POST-NEOADJUVANT MRI IN RECTAL CANCER

Zabarudin Haron

National Cancer Institute, Putrajaya, Malaysia

Malaysian National Cancer Registry Report 2012-2016 reported that most of the colorectal cancer cases in Malaysia present with T3 and T4 lesions. Based on the clinical practice guidelines 2017, neoadjuvant treatment helps to downstage the tumour and improves post-surgical outcome. MRI plays an important role as this modality gives excellent information on regarding tumour delineation, loco-regional tumour infiltration, extramural venous invasion (EMVI) and regional lymph node involvement pre and post neoadjuvant treatment.

Correlation between histopathology findings (tumour regression grade) following curative resection and MRI post neoadjuvant therapy (MRI tumour regression grade) gives information regarding treatment response i.e residual viable tumour and fibrosis. These will determine prognosis and may alter further treatment especially for complete tumour response findings on MRI. This talk aims to discuss these issues.

TOTAL NEOADJUVANT THERAPY (TNT) FOR RECTAL CANCERS IN MALAYSIA: SHOULD WE DO IT?

Muthukkumaran Thiagarajan

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Multimodality therapy with neoadjuvant chemoradiotherapy and total mesorectal excision has improved the local control of locally advanced rectal cancers, but the survival outcomes remain a challenge due to widespread incidence of distant relapses. Total neoadjuvant therapy (TNT) incorporates radiotherapy with chemotherapy in the pre-operative setting with advantage in terms of improved compliance, early exposure to curative-intent chemotherapy and improved tumour shrinkage. An overview of the current evidences to support this approach and practical aspects of its implementation in routine clinical practice will be discussed.

WRONG STOMA SITING: IMPACT AND IMPLICATIONS

Mariam Mohd Nasir

M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

Stoma siting is often regarded as the most important part of preoperative preparation. Marking the abdominal skin at the proposed stoma site takes place after a period of assessment, discussion, observation, consideration, and evaluation that will have begun on the first meeting between the patient and the Enterostomal Therapist (E.T.).

Marking the optimal position for a stoma on the patient's body before an operation is likely to result in fewer postoperative problems such as appliance leakage - Burch, J. (2018.). The siting procedure is a joint decision made between the patient, the Enterostomal Therapist (E.T.) and the Surgeon on the most suitable place for their stoma.

A preoperative marking to select the optimal location of the stoma site important for patient quality of life, and for the patient to perform self-care.

The position of the stoma should allow the patient to manage it independently and to resume their normal activities after recovery.

A favorable site can help reduce potential problems such as leakage, fitting issues, skin irritation, pain and psychological or emotional health.

Sometimes stoma site marking is not able to be carried out especially in an emergency situation. Wrong stoma siting can have a huge impact and implications to the patient and stoma care. The speaker will share more about the topic during the conference.

STOMA COMPLICATIONS: PREVENTION AND MANAGEMENT OF STOMA PROLAPSE

Wong Chung Heong

Colorectal Cancer Survivorship Society Malaysia, Kuala Lumpur, Malaysia

The topic will discuss what a stoma prolapse is, its prevalence and contributing factors. For stoma prolapse, prevention is the right thing to do to avoid or minimize morbidity such as skin excoriation, ulceration and bleeding from prolonged mucosal exposure, altered body image etc. Besides that, a prolapsed stoma will also incur higher cost of management due to frequent appliance changes and the use of accessories.

Most stoma prolapsed will be managed conservatively unless the prolapse is irreducible, too large to manage conservatively or complicated with compromised blood supply. The challenges in nursing management will also be discussed.

CME-CVL RIGHT COLECTOMY - D2 VS D3

William Chen Tzu-Liang

¹China Medical University Hsinchu Hospital, Zubei City, Hsinchu County, Taiwan

²China Medical University, Taichung City, Taiwan

After two decades of debating, laparoscopic colectomy for malignant colon lesion is now the most preferable method of choice. The benefits of laparoscopic colectomy are less pain, faster recovery of intestinal function, shorter hospital stay, and early returned to normal life. These benefits were proven by several large prospective randomized controlled trials.

The concept of completely remove the mesenteric envelope, and ligation of the arteries and veins at the origin, so called complete mesocolic excision (CME), and central vessels ligation (CVL). Honnenberger et al. showed an increase of survival rate and decrease of locoregional metastasis if this method is applied routinely. Currently, application of laparoscopy of resecting colon cancer is the main goal; the short-term benefit of laparoscopic CME and CVL is clearly demonstrated. However, laparoscopic CME and CVL is considered as a difficult procedure and needs long learning curve. On this talk I will demonstrate to the audience of the tips and tricks while performing laparoscopic CME and CVL.

CONTROVERSIES IN MANAGEMENT OF APPENDICEAL NEOPLASMS

Fabeez Mohamed

Basingstoke and North Hampshire Hospital, United Kingdom

BACKGROUND

Appendix neoplasms are rare and cover a spectrum from low grade mucinous tumours to non mucinous adenocarcinoma and goblet cell adenocarcinoma. Accurate histopathological classification is vital in deciding on appropriate treatment. Cytoreductive surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) has shown excellent results when complete cytoreduction can be achieved.

METHODS

A review of 25 years experience of treating appendix neoplasms in a high volume nationally funded peritoneal malignancy centre

RESULTS

Outcomes and areas of controversy will be presented and discussed.

OUTCOMES

CRS and HIPEC provides the chance of cure for patients with peritoneal dissemination from appendix neoplasms with good long term survival and low perioperative morbidity when performed in a high volume centre.

ICG APPLICATION IN COLORECTAL RESECTIONS

Gonzalo P Martin-Martin

Centro Médico Teknon, Barcelona, Spain

Fluorescence-guided surgery in colorectal surgery is receiving increasing popularity in the last decade. Its use lies in the use of biological dyes that, through excitation with infrared light, show us a fluorescent image through optics with special characteristics that show us phenomena invisible to the human eye. These fluorescent findings are proving to be useful in intraoperative decision making in colorectal resections. In recent years, work has been carried out fundamentally on its usefulness in anastomosis perfusion with growing first-level evidence. But work is also being done on its usefulness to carry out lymphadenectomies tailored to the patient, tumor visualization and adjacent structures. Through my experience as a national and international pioneer on the subject, I will present my experience and the available evidence.

PALLIATIVE PRIMARY COLORECTAL TUMOR RESECTION - SHALL WE PROCEED?

Wan Khamizar Wan Khazim

Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia

In the recent past, advances in systemic therapies for patients with stage IV colon and rectal cancer have led to dramatic improvements in median survival. Historically, primary tumor resection has been advocated based upon concern for complications associated with the intact primary tumor that could limit or interrupt the administration of chemotherapy, such as bleeding, obstruction, or tumor perforation. Although the safety of chemotherapy administration with an intact primary tumor has been prospectively demonstrated, several large retrospective studies including secondary analyses of data from multicentered randomized trials of chemotherapy and cancer registry based observational studies have reported significant survival benefit associated with primary tumor resect. Although the mechanism by which palliative primary tumor resection might improve survival has not been well described, it has been hypothesized that primary resection may decrease risk for further tumor dissemination and that cytoreduction can improve response to systemic chemotherapy. Thus, in the real world of colorectal cancer treatment, the role of primary tumor resection for patients who present with synchronous unresectable metastatic colorectal cancer has remained the subject of controversy. However there was no randomized controlled trial and the conclusion was only based on retrospective studies. Hence it cannot be used as a concrete evidence against leaving the tumour intact. Finally in 2021 the Japanese reported the first randomized controlled trial on this subject. It was found that there is no significant difference in overall survival & progress free survival between the resected primary tumour with the ones left intact. So in conclusion, there is no need to resect the asymptomatic primary tumour in the metastatic unresectable colorectal cancer cases.

AHP SYMPOSIUM 3

WHERE IS MY STOMA: PRE-OPERATIVE STOMA SITE MARKING

Syazwan Abdullah

Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

The purpose of pre-operative stoma site marking is to select an appropriate location in an area of the abdomen for surgical placement of a stoma. A poorly located stoma may result in pouching problems, increase potential for leakage, and place undue hardship and emotional trauma on the patient.

It is sited within the rectus abdominal muscle, avoidance of skin folds, scars and midline incision, and consideration of the beltline, clothing and occupation. It can be assess in lying, sitting and standing positions and be visible to the patient.

Marking the stoma location before surgery reduces the risk of stoma-related complications and has a positive effect on the patient's quality of life.

AHP SYMPOSIUM 3

LIVING WITH YOU

Ain Zuliana Dzulkarnain

¹UKM Specialist Centre, Kuala Lumpur, Malaysia

²University Malaya Medical Centre, Kuala Lumpur, Malaysia

This case study is about a 69 years old female Malay that did a colonoscopy in October 2021 due to altered bowel habit and found a rectal tumor. Then patient came to emergency department complaint of constipation colic and generalized colicky abdominal pain. Abdomen x-ray showed fecal loaded at left side of abdomen. Seen by colorectal team and plan for emergency operation laparoscopic defunctioning sigmoid colostomy for impending obstruction. The objectives of the study are patient and family will be able to manage stoma at home, improves quality of life with stoma, to prevent peristomal skin complication and provide health education to ostomate. The methods used in this study is by doing a practical demo session of stoma care. By doing this study, patient and caregiver able to perform stoma care and also manage the peristomal skin complication. In conclusion, proper and thorough practical demo session of stoma care to the patient and caregiver will ensure an excellent result of the teaching and hands on session. Other than that, by doing a case study it is one of the evidence-based practice as we can see the results from using any products that suitable to the case study.

PREGNANCY WITH CA SIGMOID COLON: MY OTHER BABY

Siti Aishah Hasan

Hospital Seri Manjung, Perak, Malaysia

Colorectal cancer (CRC) in pregnancy is rare. The clinical manifestations of CRC during pregnancy are not specific, and diagnosis and treatment pose a significant challenge. Patients are often found to have advanced tumors, and have a poor prognosis. In this case study, the patient was 34 years old, and had no obvious clinical manifestations in the first and second trimesters. Since gestational week 30, she experienced left upper abdominal pain and constipation, bleeding with fresh blood from anus and no nausea or vomiting. Imaging examinations revealed malignant tumors of the sigmoid colon. After discussion, the patient received lower cesarean section. After the condition was stabilized, she underwent surgery for sigmoidectomy with abdominoperineal resection (end colostomy and vaginal wall repaired). Tumor over 10cm adhered to vaginal wall. Right drain pelvis and left drain perineum active.

As we know the incidence of cancer during pregnancy is approximately 0.07% to 0.1%. In recent years, with the delay of reproductive age and the increased incidence of tumors in young persons, the incidence of malignant tumors during pregnancy has an increasing trend. Colorectal cancer (CRC) during pregnancy is rare, with an incidence rate of approximately 0.002%, or 1 in 13,000 pregnancies (1,2). As of 2015, there have been more than 300 cases of CRC in pregnancy reported worldwide (3). This article reports a case of sigmoid colon cancer diagnosed during pregnancy, combined with a literature review, to discuss the etiology, clinical manifestations, diagnosis, treatment, and prognosis of pregnancy complicated with CRC. Based on the case report, this article emphasizes that attention should be paid to the digestive system symptoms of pregnant patients. With the increased incidence of malignant tumors during pregnancy, the possibility of pregnancy complicated with digestive system tumors should be considered in the clinical differential diagnosis. Auxiliary examinations should be actively carried out to strive early diagnosis and treatment to improve patient prognosis. Most frequent cancers associated with pregnancy are melanoma, breast cancer, cervical cancer, lymphomas, and leukemias, in the order of decreasing frequency colorectal carcinoma (CRC) is the second most common cancer in women worldwide, colorectal carcinoma in pregnancy (CRC-p) is rare and is often associated with poor prognosis.

SYMPOSIUM 3 - Benign Colorectal Diseases

HYBRID SURGICAL TECHNIQUE FOR COMPLEX FISTULA IN ANO

Jirawat Pattana-Arun

Chulalongkorn University, Bangkok, Thailand

Complex fistula in ano is a commonly found disease in anorectal region. Up until now, there is no single standardized treatments for this condition. Various treatment options have been proposed however they don't meet the satisfactory results. For complex fistula in ano, most of the cases need a combination of couple of surgical techniques to achieve complete healing. It's named as Hybrid surgical technique.

Since the introduction of LIFT technique, the treatment of choice for complex fistula in ano usually start with LIFT. However, result after operation vary between each literature. That is because LIFT is suitable for fistula with well-formed intersphincteric tract. For fistula with large tract, large internal opening or large intersphincteric cavity, this technique may not provide good result. This kind of fistula may need drainage technique such as SETON prior to LIFT surgery.

For the complex cases with large or oblique intersphincteric tract, there is no recommendation in treating this condition. I propose to you the EOD concept which bases on the concept of eliminate intersphincteric infection. It composes of the three important steps, eliminate intersphincteric infection, opening closure on external sphincter muscle and drainage. With this concept, we have achieved short term satisfactory results in term of healing rate and minimal to no effect on continence status. But with limited data, this procedure still needs more research.

In conclusion, complex fistula in ano needs hybrid surgical technique such as LIFT, ERAF, SETON drainage, in combination with the EOD concept to achieve better results.

APPROACH TO ANTERIOR HIGH TRANSPHINCTERIC ANAL FISTULA

Arun Rojanasakul

Bumrungrad International Hospital, Bangkok, Thailand

The anterior high transphincteric anal fistula (AHTF) is the anal fistula which pass above the superficial external sphincter at the anterior direction of the anus (1, 11, 12 o'clock). The AHTF is not common (~ 10% of anal fistula), it has high risk of recurrence and incontinence because of its complexities of the anatomy which are not well described in the colorectal text books.

The external sphincters in the anterior location of the anus are subcutaneous and superficial external sphincters without the levator ani, thus fistulotomy at this location is vulnerable to incontinence.

Regarding the anatomy of muscles and spaces anterior to the anus, there are triangle of the muscles on each side. The triangle compose of superficial transverse perinei, bulbocavernosus and spinocavernosus. The perineum membrane which is a horizontal layer of fascia occupy in this triangle. The superficial perineum space lie between perineum membrane and fascia of subcutaneous external sphincter. The deep perineum space lie between perineum membrane and levator ani. The AHTF always extend to perineum space(s) and only a few extend to ischioanal infralelevator space. The uncommon spreading pathway of anal fistula is the ischioanal infralelevator space connect to the deep perineal space and this is the route which posterior high transphincteric fistula extend to the deep perineal space with external opening anterior to the anus.

The LIFT procedure is considered as a procedure of choice for the AHTF. The additional retaining of drain(s) in the distal tract(s) and cavity(ies) is an important adjunct to decrease the risk of recurrence.

AHP SYMPOSIUM 4

MANAGEMENT OF ABDOMINAL WOUND WITH ENTEROCUTANEOUS FISTULA IN STOMA PATIENT

Ikram Bauk

WOCARE Center, Indonesia

BACKGROUND

This study is a clinical experience in enterocutaneous fistula management with a post-surgical history of colonic tumors with non-permanent stoma, stoma closure surgery was performed after one month and then undergo an infectious process after stoma closure. High output and inflammation wound area. Then after that a stoma is made in another position to treat the infection and overcame the patient's output.

METHOD

This is a case study treatment with modern dressing using zinc cream, hydrocolloid pasta and foam in the open wound area and the use of stoma bag to collect fluid from the fistula. Control and treatment is done every three days.

RESULT

Wound infection and fistula improved during 1.5 months of treatment.

CONCLUSION

Enterocutaneous fistula cases require optimal wound care and are experts in their fields are well as multidisciplinary to treat and overcome various problem and complications that occur in patients.

The other strategies for management of ECF include nutritional support, correction of electrolyte imbalances, recognition and treatment of systemic infection and delineation of the anatomy of the fistula and a correctly timed operative procedure.

References

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2. Taggarshie D, Bakston D, Jacobs M, McKendrick A, Mittal VK. Management of enterocutaneous fistulae: A 10 years experience. *World J Gastrointest Surg* 2010;**2**(7):242-246

MANAGEMENT OF USING BARRIER RINGS MUCOCUTANEUS IN STOMA PATIENT

Muhammad Basri
WOCARE Center, Indonesia

BACKGROUND

Postoperative Stoma complications are common problem for Patient also a challenge for Surgeon and ET.Nurse. This problem becomes complete with various complaints such as a gap between the Stoma that has a potential to leak, peristomal skin, pain and discomfort. This study is determine the effectiveness of the use of barrier rings.

METHOD

This is a case study with a treatment application using skin powder, to treat irritation around the stoma, alginate and covered solid skin barrier, one of the principles of this case treatment is wound care application, and maximum education.

RESULT

With treatment using barrier rings two cavities showed improvement in 3 weeks.

CONCLUSION

Preoperative care is important, especially stoma siting to prevent complications and also postoperatively with good assessment and maximum care based on evidence best practice

References

1. Pittman, J., 2016. Stoma Complication. (online) psag.wocn.org
2. Bowen, D., 2020. WOCN - Peristomal Skin Assessment Guide. (online) psag.wocn.org

EFFECT OF A STOMA CARE PROGRAM ON THE ADJUSTMENT OF PATIENTS WITH AN STOMA

Devi Sahputra^{1,2}
¹WOCARE Center Indonesia
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Individuals must learn a new *modus vivendi* and adopt it into their daily lives since an ostomy poses a potential threat to ordinary life dynamics, which manifests as emotional, physical, and social imbalance. Adjusting to a new body triggers a variety of responses that indicate varied approaches to dealing with the new situation, implying the learning of new skills to adjust and go forward. Adjustment refers to a person's desire and ability to deal with new events and obstacles. The person with an ostomy will have to reorganize and redirect his or her life, face adjustments, and accept new challenges as a result of having a stoma. If the stoma is permanent, he or she will have to live with it for the remainder of his or her life, requiring a seamless transformation of his or her identity, body image, and new or renewed sense of self. ETNs should gather information sources while also promoting patient autonomy. The smoother the patient's adaptation, the easier it will be. Nursing education, according to the study, may have an impact on caregiving. More research is needed to better understand how each individual with an ostomy adapts, so that the multidisciplinary team can plan treatment appropriately.

Keyword

Adjustment; Stoma care; Stoma care Program; Challenges

HAVING A STOMA: MY STORY AND ITS CHALLENGES

Saravanan Nagappan
Kuala Lumpur, Malaysia

Living with a stoma is not something easy for an ostomate. There are many complications and challenges they have to face that affect their mental and physical health. Mr. Saravanan Nagappan has been living with stoma since 2012 and he has been managing his life well. He is going to share with us about how he is managing to live with his stoma. At the same time, he is also going to talk about the challenges that he has faced as an ostomate in his relationships, social life, workplace and others. This will be an informative sharing session that will benefit many people, especially to new ostomates.

SYMPOSIUM 4 - Advanced Cancer

WHEN DO WE REFER FOR THORACIC METASTASIS?

Diong Nguk Chai
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Colorectal (CRC) cancer is the third most commonly diagnosed cancer and the second leading cause of cancer-death. The main cause of death is metastatic disease. Lung metastasis, the second most metastasis after liver, develops in 5-15% of patients. The 5-year survival of untreated metastatic CRC is less than 5% and treated pulmonary metastasis, 30-50%. NCCN guideline recommends pulmonary metastasectomy (PM) when the following criteria are fulfilled: R0 resection is possible; patient able to tolerate pulmonary resection; primary tumor is controlled; no extrathoracic metastasis except for resectable liver metastasis.

Many published evidence on benefits of PM were retrospective or prospective case series with modest number with multiple primaries. The latest and the only randomized study PulMicc failed to prove the difference between PM and control group due to slow recruitment which forced the study to end early.

The statistic of Hospital Kuala Lumpur's experience on PM for 22 CRC cancer patients over a span of 4.5 years was shown. Full workup before referral including PET CT, contrasted-CT thorax, biopsy of lung lesion if feasible, lung function test, echocardiogram and good functional status. We conclude that PM is safe, minimally-invasive surgery is the recommended approach, non-intubated GA can be an option for selected patients, early referral for lung metastasis and to involve thoracic surgeons in MDT.

PIPAC IN COLORECTAL CANCER: THE EVIDENCE THUS FAR

Bettina Lieske

¹National University Hospital, Singapore

²Yong Loo Lin School of Medicine, National University Singapore, Singapore

Peritoneal metastases are common in colorectal cancer patients. Most patients are treated with palliative systemic therapy, as only a small proportion qualifies for cytoreductive surgery with curative intent. However, patients with colorectal peritoneal metastases (CPM) gain less survival-benefit from systemic therapy compared to patients with colorectal liver or lung metastases, possibly related to a phenomenon called the “peritoneum-plasma barrier”, which results in lower chemotherapeutic concentrations in peritoneal metastases. Intraperitoneal treatment strategies have been developed to overcome this phenomenon. Pressurized intraperitoneal aerosol chemotherapy (PIPAC) is one of those new therapies, and has been established in multiple centres throughout the world. There is available evidence for the safety of PIPAC, however, evidence of efficacy remains scarce, and results mostly from retrospective observational or prospective cohort studies.

Those studies often report on groups of patients with peritoneal metastases from various primaries, have therefore only small sample sizes for CPM, heterogeneous treatment regimens (PIPAC-OX monotherapy versus PIPAC-OX with concomitant systemic therapy) and heterogeneous outcome reporting (not stratifying for treatment regimen). Some studies reporting tumor response do not provide definitions of response and progression, and reported outcomes overall include a variety of measures, such as histopathological, cytological, radiological, macroscopic and biochemical responses. Only a few studies report on survival outcomes, but do not stratify results for patients receiving PIPAC-OX as first-line versus later-line treatment.

Overall, PIPAC-OX appears safe in patients with CPM, but quality of life in this group treated with PIPAC-OX has never been reported.

Thus, results from prospective cohorts or randomized controlled trials that provide outcomes stratified for primary tumor location, administration of PIPAC-OX monotherapy or PIPAC-OX with concomitant systemic therapy, as well as information on previous palliative systemic treatment are urgently required to gain more insight into clinical outcomes and to determine the exact role of PIPAC-OX in the treatment of patients with CPM.

PELVIC EXENTERATION IN MALAYSIA: WHERE ARE WE NOW?

David Ong Li Wei

Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

The theme for Coloproctology 2022 is TEAMWORK, and probably no subdivision of colorectal work requires ‘teamwork’ more than that of pelvic exenteration from the multidisciplinary teams involved in the preoperative interdisciplinary discussions to the intraoperative collaboration, operating surgeons working together from various disciplines and different departments on one patient and finally the intensive postoperative rehabilitation.

Pelvic Exenteration: Where are we now in Malaysia? The answer would very much depend on how one defines pelvic exenteration. Since the first report by Brunschwig in 1948 which involved a radical complete surgical removal of soft tissues in the pelvis for a recurrent cervical cancer, the procedure has evolved to less morbidity but by no means less extensive. It remains a ‘Maximally Invasive Surgery’. The aim is to remove the tumour en-bloc with clear margins, which may mean removing part of the pelvic bone if it is involved, thereby achieving a curative R0 resection. So, does a pelvic exenteration always have to involve lateral side walls dissection or will a multivisceral resection with adequate clear margins suffice?

Although there is no formal registry on pelvic exenterations, all over Malaysia, colorectal surgeons are performing multivisceral resection of pelvic tumours and pelvic exenterations with fairly good outcomes. Colorectal trainees have been sent abroad to learn more and develop on these exenterative type of surgeries.

Even though this is neither an exhaustive nor comprehensive account on **pelvic exenterations in Malaysia**, it will give a cursory glance to few colorectal units, what is being done, **where are we now** and where are we going.

After all, it is Martin Luther King Jr who said, ‘*whatever you do, you have to keep moving forward*’; be it fly, run, walk or crawl.

CLINICAL DECISION IN OSTOMY SURGERY: OVERCOMING PROBLEMS WITH STOMA SITE PLACEMENT

Lugman Mazlan

Pantai Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Creating a stoma may be an easy decision that only takes a few moments in the thought process of a surgeon. While this may be the case in most cases, there will be times that a difficult situation is faced and pose a significant technical challenge. In such circumstances, creating a badly placed stoma may lead to disastrous complications for the patient and significantly lead to a detrimental decrease in quality of life.

This talk aims to discuss the importance of prudent clinical decision making by the surgeon before and during surgery in difficult situations including emergency surgery, obesity and diseases like inflammatory bowel disease and liver cirrhosis.

ASIA AND SOUTH PACIFIC OSTOMY ASSOCIATION (ASPOA)

Ronaldo Lora

National Federation of Ostomates of the Philippines, Philippines

The Asia and South Pacific Ostomy Association (ASPOA) is a merger of ostomy associations comprising the different countries in the Region. We are under the umbrella of the International Ostomy Association. As a region, we seek a high interest in stoma health care and the overall well being for building and strengthening associations in different countries.

Most important functions of the ostomy associations like the ASPOA are:

- 1) Visitor Training: To give hope to new or would be patients by sharing with them their personal positive experiences and how they have overcome certain problems along the way to live a near normal life.
- 2) Pre Op. And Post Op. Counselling:
 - To explain the patient and their care givers diagnosis and treatment plan as well as follow up in detail.
 - To give information about the current development in medical field regarding the ostomy related subjects as well as ostomy products to ostomates and their care givers as well as to give information to ostomates about how best to use all available ostomy products to lead a near normal life.
- 3) Co-ordinate with different health care professional bodies to give knowledge and create awareness about standard of care for ostomates to their members
- 4) To liaise with Ostomy related products manufacturers for making them available these appropriate products to ostomates and give feedback for carrying our research and development of reliable as well as economical products for future use.
- 5) Advocacy: To create awareness amongst the society in general about the issues that are faced by the ostomates and their needs.

SKIN CARE IN STOMA CARE

Marina Ruran

WOCARE Center, Indonesia

A new ostomy needs an understanding of the various changes in their body and several things that need to be observed so that the rehabilitation process can run well and avoid complications. One of the most common complications is irritation of the peristomal skin. Nurse specialists reported that nearly 80% of their patients developed peristomal skin complications (Colwell *et al*, 2017). Irritation occurs due to lack of knowledge of the patient's about how to care the skin around the stoma using stoma products that can be maintain healthy skin. Skin care in stoma care include the knowledge of the pouching system, skin barrier, tips for cleaning of the stoma, skin infection prevention, and ostomy products. In addition, patients are expected to be able to understand about time-saving ostomy skin care tips, hence they will need not to spend a lot of time doing each treatment. The whole body skin care, especially ostomy with cancer disease also needed. This is necessary due to chemotherapy and radiation therapy can also make the skin dry. Maintaining skin moisture by providing lotions that are rich in antioxidants and vitamin E is one of solution to deal with dry skin. With the right understanding of stoma care and accompanied by a WOC nurse, the rehabilitation process and ostomy quality of life will continue to improve.

Keywords

skin care, stoma care, stoma irritation, peristomal skin irritation

IMPLEMENTATION OF NURSE LED CLINIC FOR STOMA CARE

Norazilah Isa @ Ab Majid

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

So, health care professionals who are involved in creating or caring for stoma should have the up-to-date and fundamental knowledge of stomas complications and management. Therefore, my hospital realised that they need to have Enterostomal Therapist (E.T.) Nurse to take care those patients.

E.T. nurse who has specialized training in treating patients with ostomies (such as an ileostomy, colostomy, or urostomy). An ET nurse may treat patients before, during, and after their ostomy surgery. An ET nurse may be a patient's first and primary point of contact for information regarding their stoma.

ET nurses are often good sources of information about ostomy appliances and can help for those who need help in obtaining supplies. My Hospital management has empowered me to be an ET and I have been given the responsibility to set up stoma clinic and team and have equipped the clinic with all the needed equipment and items.

As the result the speaker is able to increase the number of patients received stoma care including 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.

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

UPDATES ON MOLECULAR BIOLOGY OF COLORECTAL CANCER - *SFRP1* IN CRC

Nurul Syakima Ab Mutalib

UKM Medical Molecular Biology Institute, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

DNA methylation dysregulation has been implicated in the aetiology of colorectal cancer via inactivating tumour suppressor genes or activating oncogenes. Due to the importance of DNA methylation in early carcinogenesis and its potential to predict patient prognosis and treatment response, DNA methylation has been identified as a promising biomarker in colorectal cancer. Epigenetic events are an intriguing pathway to study because they occur more frequently than gene mutations in human cancers, DNA methylation occurs primarily during the transition from adenoma to carcinoma, DNA methylation is stable over decades and is present in archival specimens, including paraffin blocks, and, finally, DNA methylation is a reversible process, in contrast to genetic alteration. However, single omics approaches have always been employed to identify DNA methylation-based indicators in colorectal cancer. This session will provide an update on the molecular biology of colorectal cancer from an epigenetic perspective. Laboratory findings were acquired using a combination of epigenomic and transcriptome data from colorectal cancer patients, followed by thorough in vitro functional analysis in order to identify a promising diagnostic and therapeutic biomarker. Together, our findings suggest *SFRP1* as a tumour suppressor gene and hypermethylation as a diagnostic biomarker or therapeutic target in colorectal cancer.

NOVEL BIOMARKER STRATEGIES: PRECISION ONCOLOGY IN COLORECTAL CANCER

Muhammad Azrif

Prince Court Medical Centre, Kuala Lumpur, Malaysia

Biomarkers are tumour characteristics that can be objectively measured and evaluated as an indicator of normal biological or pathological processes or pharmacologic responses to a therapeutic intervention that identify increased or decreased risk of patient benefit or harm. Biomarkers can be applied in various situations: early detection, monitoring for tailoring treatment or assessment of minimal residual disease in early stage cancer and in metastatic cancer, it can be used for monitoring response to treatment or assessment of resistance.

This talk will focus on the role of circulating cell free DNA (cfDNA) and circulating tumour DNA (ctDNA) as examples of a novel biomarker for screening for colorectal cancer and its use in metastatic cancer.

NUTRITION FOR OSTOMATE: TIPS AND TRICKS

Mohd Rabime Ab Wahab

University Malaya Medical Centre, Kuala Lumpur, Malaysia

People living with stoma require good nutrition advice to sustain physical health while continuing new journey throughout successful life with stoma. Special Tips and Trick on nutrition intake is one of the ET specialties to ensure that ostomate does eating correctly as it may overcome psychological problem due to undesired stoma output which lead to malnutrition and risk of peristomal complication. Nutrition matters are frequently neglected both in the clinical setting and in the subject matter of our health education. We have an important role in the nutritional assessment and support for our patients by ensuring that all patients are suitably assessed and the appropriate care taken. We must also ensure that our knowledge regarding nutritional assessment and support is adequate to achieve these needs.

The food choices that Ostomate makes may have an important impact on their health. However, expert opinions continue to change about which and how much of these foods are optimal thru tips and tricks.

This summarizes the relationships between various foods to specific conditions and concludes with evidence based practice recommendations for following a healthy diet.

ADVANCING OSTOMY EDUCATION FOR NURSES IN MALAYSIA

Mariam Mohd Nasir

M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

Ostomy education in Malaysia have started as early as in the 80s. As you may have already heard, the World Health Organization (WHO) has designated 2020 as the year of the nurse and midwife. The WHO has informed us that, in order to achieve universal health coverage by 2030, we need 9 million more nurses and midwives! This is a huge number. **Just think, if 9 million more nurses and midwives are needed, how many more wound, ostomy, and continence (WOC)/ Enterostomal Therapist (E.T.) specialists are going to be needed?**

At the moment Malaysian have trained Nurses to be an Enterostomal Therapist (E.T.) since 1995 or perhaps earlier by Malaysian Enterostomal Therapist Nurses Association (METNA) in collaboration with Hospital Kuala Lumpur and in University Malaya Medical Centre. It is estimated about 400 or more Nurses have been trained but unfortunately many are not practicing as an E.T. due to shortages and have been transferred to non-related area.

We seen, that cases requiring stoma is increasing and we need to make sure that we have enough manpower who have been trained in the field to care for them, needless to say with the advancement of surgeries and products related to stoma care have also evolved.

Advancing the education in this field is pivotal and crucial for the ostomy patient and the speaker will be sharing more on this with all in the conference.

SYMPOSIUM 2 (CORUM 2)

DIETARY SUPPLEMENTS - POST CANCER SURGERY - IS THERE A NEED

Pang Kang Ru

Pantai Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Cancer patients tend to take dietary supplements for many reasons, including to strengthen the immune system to fight cancer, to manage the side effects of cancer and its treatment, to prevent the recurrence or spread of cancer or merely based on the advice from family, friends or healthcare professionals. After surgery, depending on the length of resected intestine, patients may experience malabsorption which leads to vitamins and minerals deficiency. To address this, dietary supplements for electrolytes, Vitamin B-12, Omega-3 Fatty Acids, Vitamin D, calcium, and multivitamins may be prescribed with the aim to reduce postsurgical complications and to improve postsurgical outcomes. Nevertheless, dietary supplements may not be required for long term since the absorption in the intestine will slowly improve when patients start to consume regular food. When selecting dietary supplements, it is important to ensure dietary supplements are registered under Ministry of Health (MOH). This can be done by checking the MAL number and hologram sticker on the packaging.

Malnutrition is common among cancer patients due to poor oral intake and cancer related complications. Under these circumstances, dietary supplements may not be sufficient or can work optimally for cancer patients. Hence, oral nutrition supplements (ONS) are highly recommended to provide sufficient calories and complete nutrients in order to improve nutritional status, maintain strength, promote faster wound healing and improve chemotherapy tolerance. The first line of intervention for malnutrition is always "food first" while combine with oral nutrition supplements (ONS) when necessary and should not be replaced by dietary supplements.

Colorectal Cancer Survival in Malaysia: Where Are We?

Fitgerald Henry

Selayang Hospital, Selangor, Malaysia

According to the National Cancer Registry report 2012-2016, Colorectal carcinoma is the second most common cancer in Malaysia. In comparison with other countries the Age standardised rate is lesser than Developed nations while comparable to other countries in the region.

72.7% are diagnosed at Stage 3 & 4 which is higher in comparison to Australia, England and Canada. This data is important when we compare the survival figures.

The Malaysian study on cancer survival [MyScan] report shows the 5 year survival for Colorectal Carcinoma stands at 51.1%. In comparison with other countries, we find that Australia, Korea, USA and Germany has a better outcome. Interesting to note that our survival for Colon Carcinoma is only slightly lower than Singapore and Ireland though we fall back in rectal survival. There is also differences in relation to gender, ethnic groups, age and stage of diagnosis.

I will also elaborate on the National Strategic plan for Colorectal cancer [NSPCRC] 2021-2025.

SYMPOSIUM 6 - Pot Pourri

ROBOTIC COLORECTAL SURGERY IN MALAYSIA - HOW FAR HAVE WE PROGRESSED?

Chong Hoong Yin

Sunway Medical Centre, Selangor, Malaysia

The introduction of robot-assisted surgery in 1998; namely the da Vinci Surgical System (Intuitive Surgical Inc., Sunnyvale, CA, USA), represents the most significant advancement in minimally invasive surgery. It has several technical advantages when compared with conventional laparoscopy, including three-dimensional vision, image magnification, endo-wristed instruments with increased degrees of freedom of movement, hand-eye alignment with intuitive control of instrumentation by the surgeon, elimination of tremor and ergonomic benefits. These advantages are aimed to overcome some of the limitations of conventional laparoscopic surgery.

The first robotic colorectal surgery was published in 2002. It is expected that robotic surgery would resolve technical difficulties associated with laparoscopic surgery, which has a steep learning curve. It also appears to offer great benefits for pelvic surgery and total mesorectal excision (TME). For the last two decades, robotic colorectal surgeries have been gaining popularity and many colorectal surgeons are adopting robotic approach. Long-term outcomes are comparable with conventional laparoscopic approach. The main limitation factor is high cost.

This talk is aimed at discussing the present status and progress of robotics colorectal surgeries in Malaysia. Current literatures are reviewed; limitations and future possibilities are discussed.

SURGERY DURING COVID19 PANDEMIC: OUR EXPERIENCE IN SINGAPORE

Chew Min Hoe

Mount Elizabeth Hospital, Singapore

The COVID-19 pandemic has strained health care resources in countries round the world.

Surgical safety has fallen under intense scrutiny. International guidelines initially had recommended reduction of elective surgery, and to suspend laparoscopic surgery and endoscopy. These concerns stem from risks of viral transmission during Aerosol-generating procedure (AGP) and also to conserve Personal Protective Equipment (PPE). With the pandemic continuing unabated, business-as-usual elective and emergency procedures will have to commence.

Surgical departments in Singapore since the outbreak have adopted stringent measures to ensure safety for patients and staff. Operating Theatre (OT) protocols, the use of a negative pressure OT, innovative construct of modular pods with HEPA filters in OTs without negative pressure facilities, rationalizing decision matrixes, as well as Full Dress Rehearsals for staff to ensure confidence in their equipment and protocols are some of the measures in place. Elective and emergency surgery can continue but with new considerations in place.

AHP SYMPOSIUM 7

POST OSTOMY SURGERY: COPING WITH EMOTIONAL CHALLENGES

Mohd Rahime Ab Wabab

University Malaya Medical Centre, Kuala Lumpur, Malaysia

Ostomy surgery was formed for a variety of reasons that help them return to a healthy life. However the reaction post-surgery varies from one individual to the other. It will be a problem, a challenge, where some person consider its life saving, while another finds it a devastating experience. Individuals with stoma experience emotional challenges such as depression, anxiety, changes in body image, low self-esteem, sexual problems, denial, loneliness, hopelessness, and stigmatisation.

Almost every Ostomates goes through this feeling of shock, denial, acknowledgement and resolution phases. ET's plays an important role to help them by understanding this issues, guide to better acceptance and adaptation and ability to deal with stoma in improving their quality of life.

EVOLUTION OF STOMA POUCHING SYSTEM

Nurul Nadia Solleh

Universiti Kuala Lumpur Royal College of Medicine Perak, Ipoh, Perak, Malaysia

Before we use tins, leather bags, and rubber pouch to cover the stoma and collect the output. But patient feel frustrated because the pouch is smelly, easy to be leaking, and did not accommodate gas episode. But now with new technology, the ostomy product also improved a lot to fulfill patient's expectation and improve their quality of life.

We can see the advance in ostomy product available in the market. From pre cut wafer now we got the modable wafer to make the life of ostomate become easier during application of the product.

Then the stoma bag we got before has separate the clamp from the bag. Patient doubt whether the clamp can really hold the bag when there are feces in the bag. Sometimes they keep missing the clamp when they changing the new bag. But now with the advance in technology they create the velcro that attach together with stoma bag to solve this problem.

We also can see there are many accessory available in the market to help the ostomate with their new changes and to tackle the problem arise during application of wafer and the bag. When we fulfill the ostomate expectation and requirement, we also improve their quality of life and help them to adjust theirselves in this new changes.

FELLOW PRESENTATION

COLORECTAL FELLOWSHIP TRAINING IN SOUTH KOREA (LAPAROSCOPIC & ROBOTIC COLORECTAL SURGERY)

Mayuha Rusli

Universiti Teknologi MARA, Selangor, Malaysia

A visiting international fellowship post in Korea University Anam Hospital enables a trainee to participate in the daily activities of the Division of Colorectal Surgery. The ability to be involved in most aspects of patients' management, to observe and assist in the operating theatres and direct guidance by the supervisors allows the trainee to make informed decisions regarding the indications of the cases going for surgery, acquire the basic and advanced technical knowledge in the field of minimally invasive colorectal surgery and learn the tips and tricks in handling difficult cases. It also gives the trainee an insight to the field of robotic-assisted colorectal surgery. Therefore, colorectal fellows with interest in comprehensive management of colorectal cancer and the field of minimally invasive colorectal surgery would benefit from training in this centre. The 2 years' experience in various colorectal training centres in Malaysia prior to overseas training would have equipped a colorectal trainee with comprehensive knowledge in the management of colorectal diseases prior to embarking on overseas training.

FELLOW PRESENTATION

COLORECTAL TRAINING IN TURKEY

Muhammad Ash-Shafhawwi Adznan

Selayang Hospital, Selangor, Malaysia

INTRODUCTION

The path I went through for doing overseas fellowship in Turkiye.

CONTENT

Training in Turkiye - Cytoreductive Surgery and HIPEC, General Colorectal work and stint in robotic colorectal surgery.

SUMMARY

Advise to future colorectal trainees.

THE GREAT CHALLENGING OF STOMA CARE DURING COVID-19 PANDEMIC IN MEDAN-INDONESIA

Asrizal

Continence Care Centre Medan, Indonesia

BACKGROUND

The number of colorectal cancer patients requiring stoma care has grown during the COVID-19 epidemic. Complications can be reduced with proper management. Patients are scared to visit independent practices and health care institutions because they are concerned about the development of COVID 19. This is the most serious problem in stoma care today. Telehealth in stoma care is one strategy to improve the quality of life of stoma patients.

THE AIM

The nurses looked at the experiences of stoma care patients using telehealth to increase patient independence and prevent early and late complications in Medan.

METHODS

We employ an online internet method service, so we'll start by talking about stoma consulting and education programs and methods. We use online internet connections such as video calls and Whatsapp on our cellphones. This strategy is popular since it is simple to implement, affordable, and available at any time. Patients and caregivers can use this way to communicate properly about stoma care during the COVID-19 epidemic. The standard of living continues to rise.

RESULTS

Patients feel the positive impact of this program, patients do not need to come to a stoma care center, especially patients with comorbidities, patients can communicate via smartphone, which is very safe, and patients are calmer and more distant from exposure to covid 19, resulting in an increase in the patient's quality of life.

DISCUSS

Telehealth is very well developed to improve the nursing care system through the internet and smartphone in independent nursing practice in Medan.

CONCLUSION

The COVID-19 pandemic exacerbates stoma-related problems. Only a strong collaboration between stoma nurses, oncologists, digestive surgeons, psychologists, and competent stoma care practices can aid with effective stoma care; telehealth is especially useful during Covid 19.

Keyword

Stoma care, COVID 19, telehealth

OSTOMATES' RIGHTS ARE HUMAN RIGHTS - ANYTIME AND ANYWHERE

Mariam Mohd Nasir

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Every three years, ostomates around the world come together to celebrate WORLD OSTOMY DAY on the first Saturday in October. In year 2021 it was held on October 2, and the European Ostomy Association (EOA) has declared the motto as "Ostomates' Rights Are Human Rights - anytime and anywhere!"

CHARTER OF OSTOMATES RIGHTS has been issued by the International Ostomy Association (IOA) Coordination Committee in June 1993. The declaration of IOA is that, **all ostomates shall have the right to a satisfactory quality of life after their surgery and that this CHARTER shall be realized in all countries of the world.**

In 2020, presumably also in 2021, people in nearly the whole world faced the threat of the COVID-19 pandemic and its consequences for the health and daily life. We know that many ostomies related activities could not be continued the usual way and some have been stopped totally.

The resources of the health system have been concentrated on COVID-19. The access to affordable appliances became limited. A big challenge to the ostomate and ostomy associations.

International Ostomy Association (IOA), with great concerns at this period, is to put the focus on the Charter of Ostomates Rights. Not only they defined the needs and care but the special group of disabled patients especially in uncertain times like COVID-19 Pandemic.

Let's listen further on this during the conference.

SYMPOSIUM 7 - Core Topics

ENTERO-ATMOSPHERIC FISTULA FOLLOWING MAJOR BOWEL SURGERY

Norfarizan Azmi

Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan, Malaysia

Entero-atmospheric fistula (EAF) is a subset of intestinal fistula, with incidence of 20-25% among patients subjected to open abdomen (OA) or laparostomy following damage control surgery for various indications. Despite advancement in ICU and surgical care, mortality rate remains high at 40% with significant morbidities. This is reduced significantly if a patient is managed in center specialized in surgery for intestinal failure/ intestinal fistula. Spontaneous closure never occur hence treatment requires definitive surgery with resection of the affected bowel segments and reconstruction of the abdominal wall. Management by dedicated team involving multidisciplinary teams (MDT) in the perioperative period is the key to improve their outcomes. This talk will emphasize on the optimal timing to surgery, operative strategy and importance of MDT management in the bridge-to-surgery-period.

SYMPOSIUM 7 - Core Topics

MANAGEMENT OF EARLY ANASTOMOTIC LEAK

Andee Dzulkarnaen Zakaria

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One of hardest journey to master the colorectal surgery specialty is to deal with complication of anastomotic leak which includes understanding, predicting, prevention and knowing of the complications and yet to manage accordingly. These need to be blend precisely with year of practices, the current surgical techniques and available evidence mainly conservative management, advanced endoscopy, advanced laparoscopy surgery and others. Management of early anastomotic leak varies from non-invasive methods or bring back patient to operating theater. Knowing and predicting of occurrence anastomotic leak going to be cornerstone to proceed with anastomosis or not. Yet, these complicated issues still become dilemma and nightmare to many colorectal surgeons. All in all, ongoing efforts such continuous medical education, safe anastomosis program and research trial will improve these disastrous complications eventually.

SURGERY FOR CROHN'S DISEASE

Lim Hiong Chin

University of Malaya, Kuala Lumpur, Malaysia

Many patients with Crohn's disease require surgery during their lifetime. It is important to note that most of the patients will require repeated surgeries due to high recurrence rate. Therefore, it is important to know the indications for surgery as well as the timing for surgery to achieve the best outcome. When surgeries are indicated, it is important to know the different surgical options and the technical considerations in surgery for Crohn's disease, so that patients can be offered the optimal care.

APPROACH TO OBSCURE GI BLEEDING

Elaine Ng Hui Been

Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

Obscure GI bleeding refers to obvious recurrent GI bleeding from a difficult to identify source in the gastrointestinal tract that can be brisk and/or massive. The source is often located in the small bowel although some are unidentifiable despite exhausting all imaging and endoscopic investigative modalities. Even if the source in the small bowel is identified, treatment options can be limited and arguable as to what is best for patient. Hence, several international guidelines have outlined principles in approaching the management of obscure GI bleeding and simplifying them in algorithms to guide surgeons in managing such patients based on the resources and expertise available at one's center.

APR AND EXTRA LEVATOR APE

Mobana Raj Thanapal

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Abdominal perineal Resection (APR) was first introduced in 1908 and up to the 1950's it was the predominant procedure for rectal cancer. Increasing advancement in surgical innovation with increasing use of Laparoscopy surgery and introduction of Total Mesorectal Excision (TME) has increased the rate of sphincter saving procedure. This might have reduced the overall number of APR performed but APR remains to be an important surgical procedure for low rectal cancers.

In comparison with anterior or low anterior resection, the oncological outcome for patients undergoing APR has been poor. This has been attributed to the higher rate of circumferential margin positivity and intra-operative perforation. This has led to the concept of cylindrical APR or Extra Levator Abdominal Perineal Excision (ELAPE) to improve the outcome in this group of patients.

The surgical steps for both APR and ELAPE can be divided into 3 phases; Abdominal phase, perineal phase and closure of perineal phase. The surgical procedure between the two differs in the perineal phase. In ELAPE a wider margin of tissues is removed to achieve a cylindrical specimen.

OPEN AND CLOSED LATERAL INTERNAL SPHINCTEROTOMY

Mohd Syafferi Masood

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An anal fissure (AF) is a tear in the epithelial lining of the distal anal canal. Many fissures will resolve without intervention. However, persistent pain and bleeding will cause patient seek treatment. Anal fissures can be classified as acute or chronic and typical or atypical. Acute defined as less than 6 weeks and more in chronic. Typical AF located at anterior or posterior of anal canal and atypical located elsewhere.

Atypical AF are caused by Crohn's disease, human immunodeficiency virus (HIV) infection, syphilis, and tuberculosis.

Typical AF are caused by hypertonicity of anal sphincter and ischemic point possibly due to contraction of puborectalis muscle .

Acute fissures cause bright red bleeding with bowel movements and sharp, burning, tearing anal pain or spasm that can last for hours after the bowel movement. Examination a linear separation of the anoderm, occasionally visible with just separation of the buttocks. Often, elevated anal resting pressures are appreciated on digital rectal examination. Diagnosis can be confirmed by visualizing the break in the anoderm with anoscopy after using an anaesthetic lubricant.

Atypical AF are treated following the disease. Typical AF, in acute cases (< 6 weeks) can be treated with high fibre diet, increase water intake, laxatives and topical lidocaine. In chronic cases (> 6 weeks) options of topical diltiazem and if fails then we have the options of botulinum toxin injection or lateral internal anal sphincterotomy.

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FIRST HAND EXPERIENCE WITH NATURAL ORIFICE SPECIMEN EXTRACTION (NOSE) IN A DISTRICT HOSPITAL WITH COLORECTAL SUBSPECIALITY; A CASE SERIES WITH REVIEW

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Minimal invasive surgical technique has been the current trend over the past decade as it has been proven to be advantageous in terms of post operative outcomes. However, laparoscopic colorectal resection are usually confined to the conventional method of specimen extraction which is the transabdominal specimen extraction (TAE). This requires a small lower midline incision or a Pfannenstiel incision which is approximately 5 - 8 cm for specimen extraction and bowel anastomosis. This increases the risk of post operative complications for example surgical site infection, poorer pain control, incisional hernia and injury to adjacent structures. To alleviate these complications, natural orifice specimen extraction (NOSE) has recently been introduced. In this case series, we will be reviewing 3 patients who underwent laparoscopic colorectal resections in which NOSE was incorporated and discussing about the oncological and surgical safety of this method.

HEMORRHOIDS OR MALIGNANT MELANOMA

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Anorectal malignant melanoma (ARMM) is a rare and aggressive malignant neoplasm which accounts for less than 1.5% of all melanomas. It carries poor prognosis due to advanced stage of disease during presentation. Late diagnosis is not uncommon and is usually due to delay in presentation, incorrect initial diagnosis or non-specific presenting symptoms. It can be mistaken as benign disease such as rectal polyp or hemorrhoid. Surgery is the primary approach which ranges from local excision to abdominoperineal resection (APR). In this case series, we report 3 patients who present to our center between June to December 2021.

DIFFUSE PERITONEAL NODULE - PERITONEAL TUBERCULOSIS OR MALIGNANCY? A CASE SERIES

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INTRODUCTION

Peritoneal nodules maybe an unsuspected operative finding in patients presenting with a myriad of symptoms. These peritoneal nodules can be of varying sizes, whitish to yellowish in appearance, widespread throughout the peritoneal cavity. This may accompany other abdominal pathologies such as omental caking, enlarged lymph node, ascites etc. The cause of peritoneal nodules can be benign or malignant. In this case series, we described 5 cases of peritoneal nodules not related to gastrointestinal malignancy that we encounter for the past 6 months during this pandemic

CASE DESCRIPTION

Case 1 and 2 were incidental findings for young patients presenting with acute abdomen. Case 1 underwent lower midline laparotomy for suspected perforated appendicitis and case 2 underwent laparoscopic appendectomy. Both cases have widespread nodules on the peritoneum, small bowel mesentery and small bowel. Histopathology of the nodules were granulomatous inflammation with caseous necrosis.

Case 3 is another young lady being investigated for ascites, chronic abdominal pain and constitutional symptoms. Diagnostic laparoscopy revealed a diffuse nodule, cocooned abdomen, fibrinous strand. Histopathology revealed caseating granuloma. All three patients were started on antitubercular drug promptly after the histopathological result.

Case 4 and 5 involves two elderly ladies with chronic abdominal distension, and significant loss of weight and appetite. CT scan showed nodular thickening of peritoneum and omental caking. No gastrointestinal malignancy was found in upper and lower gastrointestinal endoscopy. Diagnostic laparoscopy and biopsy were done and both revealed high grade carcinoma suggestive of female genital tract in origin.

DISCUSSION AND CONCLUSION

In patients without sign and symptoms of gastrointestinal malignancy, peritoneal nodules can be a diagnostic dilemma. Often, biopsy of the peritoneal nodule is the only way for diagnosis. In this part of the world where tuberculosis is endemic, diffuse peritoneal nodules found in young patient should raise the suspicion of abdominal tuberculosis.

TRANSANAL MINIMALLY INVASIVE SURGERY (TAMIS) FOR ANASTOMOTIC LEAK - A CASE REPORT

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Anastomotic leak remains the most dreaded complication in colorectal surgery. It can be a nightmare to manage especially in colorectal surgeries involving large bowel malignancy. Various approaches to manage this complication have been described. Transanal Minimally Invasive Surgery (TAMIS) is one of the novel methods introduced in the past decade. We share our experience in managing a case of anastomotic leak using TAMIS. A 57-year old gentleman had underwent laparoscopic panproctocolectomy with ileal pouch-anal anastomosis (IPAA) with covering ileostomy for a suspected hereditary nonpolyposis colorectal cancer (HNPCC)/ Familial adenomatous polyposis (FAP) at our center. He subsequently underwent closure of covering ileostomy 1 month later due to high output after proper work out was done. Unfortunately, the surgery was complicated with IPAA anastomotic leak on day 3-4 post closure. The leak was confirmed by computed tomography (CT). The CT demonstrated an anastomotic leak at the IPAA communicating with a 10 cm presacral collection containing gas. Patient's condition failed to improve despite CT-guided drainage. Decision was made for operative intervention. TAMIS was done to repair the defect. He subsequently recovered from the event and was fit for discharge about 2 weeks post-surgery.

THE PEARL OF MULTIDISCIPLINARY TEAM MANAGEMENT IN LOCALLY ADVANCED RECTAL CANCER IN A SEVERELY MALNOURISHED GARDNER SYNDROME PATIENT

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Gardner's syndrome is an autosomal dominant disease caused by a mutation in APC gene with 20-30% of cases presenting de novo. This entity is a variant of familial adenomatous polyposis, with a prevalence of 2.29 to 3.2 cases per 100,000 persons. It is characterized by a signal triad of colonic polyposis, multiple osteomas and mesenchymal tumors in the soft tissues and skin. Early detection is crucial given the malignant evolution of adenomas in 100% of untreated patients. This is a case of a severely malnourished (BMI: 13) 32-year-old man without any known family history, whom presented with colicky abdominal pain, spurious diarrhea and constitutional symptoms. Clinically he has prominent frontal osteoma. Colonoscopy showed multiple polypoid lesion seen starting from the low rectum and obstructing mass over the descending colon. Rectum histopathology revealed as adenocarcinoma with synchronous descending colon adenocarcinoma. Multiple polyps also seen in upper gastrointestinal tract which was nonmalignant. Staging CT TAP and MRI pelvis revealed a locally advanced rectal cancer with possible pelvic metastatic collection. A laparoscopic assisted proximal transverse colostomy was performed, and intraoperative fluid cytology came back as no malignancy. Nutritional support team prescribed him with oral enteral supplements with an intensive dietary plan which he was able to comply and fulfilled his 80% daily calorie requirement. Oncologist supports for "in house" long course neoadjuvant chemoradiotherapy despite the COVID19 pandemic with vigilant care by the dietician. Subsequently, patient underwent panproctocolectomy and end ileostomy with uneventful post-operative recovery. Genetic testing will be performed to confirm APC gene mutation hence aiding future surveillance and family screening. The lifelong surveillance of Gardner Syndrome and screening of family members according to Colorectal Clinical Practice Guidelines will be discussed. The perioperative nutritional support in a severely malnourished patient in preparation for neoadjuvant chemoradiation and major surgery will be further elaborated.

CASE STUDY: COMPLEX ABDOMINAL WOUND DEHISCENCE WITH HIGH-OUTPUT STOMAL MUCO-CUTANEOUS SEPARATION IN AN OBESE PATIENT WITH PERFORATED LOCALLY ADVANCED SIGMOID CARCINOMA

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INTRODUCTION

Abdominal wound dehiscence can often be complicated by sepsis, dehydration and dirty wounds often left for dressing and eventual secondary healing. An associated high output stoma with mucocutaneous separation in an obese patient complicates its management further.

CASE PRESENTATION

Mdm SY is a 39-year-old overweight Malay lady presenting as a perforated locally advanced sigmoid carcinoma (pT4bNxxxM1p adenocarcinoma) in another hospital. She had multiple surgeries including tracheostomy and eventually total colectomy with end ileostomy (xx cm from DJ) and subsequent complete abdominal wound dehiscence with suspected enteroatmospheric fistula. Upon presentation to our center, she was septic, dehydrated with multi-organ dysfunction, had a complete abdominal wound dehiscence with enteric leak from her midline wound onto her inflamed abdomen precluding a stomal base placement. Stomal assessment identified 50% mucocutaneous separation (medial) with stomal retraction into the abdominal cavity rather than enteroatmospheric fistula. Her average daily stomal output was 2000ml. A stepwise combined multidisciplinary care was commenced following 4Rs and SNAP was instituted. Wound isolation and advanced stomal care along with medical and dietary strategies to control stomal output were essential. She was discharged after xx days of hospitalization. Her wound is now completely healed. Surveillance CT at postoperative xx months demonstrated mild disease progression and is currently on palliative chemotherapy.

DISCUSSION

Resuscitation phase required aggressive rehydration, infection control, delivery of parenteral nutrition and medical therapy to control stomal output and restore balance. Restitution phase required tedious stomal nursing care including wound and stomal isolation and modified VAC dressing, and stepwise dietary and medication modification for adequate 24-hour stomal output control. She also had simultaneous physical rehabilitation to reverse her proximal myopathy from prolonged disuse. Reconstruction is withheld in priority of oncologic therapy.

CONCLUSION

Combined dedicated interplay of multidisciplinary care is essential in the management of such complicated cases although tedious and expensive.

A SINGLE-CENTRE, RETROSPECTIVE COST ANALYSIS OF THE TREATMENT ALGORITHM FOR CHRONIC ANAL FISSURE

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BACKGROUND

An anal fissure is a linear tear of the mucosa lining the anal canal below the dentate line. Conventionally, lateral internal sphincterotomy is commonly performed for chronic anal fissure; Botulinum toxin was first introduced in the 1990s as an alternative therapeutic approach and has since gained popularity in western countries.

OBJECTIVE

To compare the overall cost of botulinum toxin injection and lateral internal sphincterotomy (LIS) for patients with chronic anal fissure.

METHODS

This was a single-centre, retrospective study that included patients diagnosed with anal fissure in the colorectal clinic of the Hospital Sultanah Bahiyah, Kedah, Malaysia, from August 2019 to December 2020. Patients were offered botulinum injection as the first line of treatment and those who failed to respond to it would then undergo LIS. The total cost for botulinum toxin injection and LIS were calculated and compared.

RESULTS

There were 19 (73%) patients who required a single dose of botulinum toxin (50units/0.5ml) injection to achieve satisfactory improvement in pain score. The cost for a single botulinum toxin injection was RM 506.50. A total of 4 (15.4%) patients underwent a second botulinum toxin injection, with two of them subsequently undergoing LIS. For this group of patients, the overall cost was RM1519.50. Only one patient developed an intersphincteric abscess following botulinum toxin injection.

CONCLUSION

From this study, we conclude that botulinum toxin injection for chronic anal fissure is safe, simple and equally cost effective as compared to surgical management.

FISTULECTOMY WITH IMMEDIATE SPHINCTER REPAIR FOR HIGH TRANS-SPHINCTERIC ANAL FISTULA

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INTRODUCTION/OBJECTIVE

The treatment of transsphincteric anal fistula remains challenging. The main concept of the treatment was the elimination of the infection, closure of the internal opening, treatment on the tract to avoid recurrence while preserving the sphincter integrity avoiding incontinence. This study aimed to evaluate the short-term outcomes of fistulectomy and sphincteroplasty in treating high transsphincteric anal fistula.

METHODOLOGY

This is a prospective interventional study on the outcomes of fistulectomy and immediate sphincter repair to treat transsphincteric anal fistula. The patients were recruited from June 2019 to May 2021. In addition, demographic & perioperative data on pain, hospital stay and Wexner incontinence scores were collected for analysis.

RESULTS

107 participants were recruited with 80 (74.3%) male patients. The median age was 40 (18-66) years old. Twelve (11.2%) patients had diabetes, while 8 (7.4%) were on steroids. Seven (6.5%) patients had an associated anal condition, while seven (6.5%) had previous anal surgery. The post-operative assessment revealed minor bleeding that stopped on compression in one patient (0.9%). Six (5.6%) patients needed additional analgesia along with the regular paracetamol on day one post-operation. Two patients were complicated with surgical site infection. 101(94.4%) of the patients resumed normal daily activities after one week. One (0.9) patient developed anal stenosis, which improved after one dilatation session. Chronic anal pain was reported in three (2.8%) patients and gas incontinence in one (0.9%) patient. Four (3.7%) patients developed excessive itching. The majority has the wound healed within one month, and only four (3.7%) patients needed more than one month for complete wound healing.

CONCLUSION

Fistulectomy with immediate sphincter repair is a safe option in treating high trans-sphincteric anal fistula with a good outcome and acceptable incontinence rate.

A CASE OF INTRAABDOMINAL DESMOID TUMOR IN A PATIENT WITH FAP

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Desmoid tumors are locally aggressive fibromuscular neoplasms that arise from mesenchymal cell lines. It occurs in 0.03% of all neoplasms and less than 3% percent of all soft tissue tumors, prevalent in female, age group of 15 to 60, and 20% are associated with familial adenomatous polyposis (FAP). Studies have shown that post tumor resection, the 3-year disease-free survival rate was 94.1%.

We present a case report of a 26 years old female, who presented with one month history of left iliac fossa pain, abdominal mass and constipation. She has underlying thalassemia, and FAP whereby she underwent panproctocolectomy, ileal pouch-anal anastomosis, and ileostomy during 2018, and reversal of ileostomy during 2019. Further examination revealed a huge tender abdominal mass occupying the left lower quadrant.

We further investigated with CT Abdomen and Pelvis which showed a huge soft tissue tumor measuring 11.3 x 17 x 17.6cm in pelvis extending to left lumbar with local mass effect. An elective laparotomy and tumor resection was performed with intraoperative findings of large tumor arising from pelvis extending preperitoneally to right abdominal wall, about 30x20cm, weighing about 2kg. It was densely adhered to right abdominal wall, bladder and pelvis but able to be removed in total. Histopathological Examination (HPE) findings was consistent with desmoid fibromatosis. She recovered well post operatively and currently planned for surveillance imaging.

Desmoid tumours can be common in FAP, hence patients should be followed up regularly postoperatively for any presence of intraabdominal desmoid tumours. En bloc tumor resection with a safe margin is the first line treatment for enlarging intraabdominal desmoid tumors. From this report, our patient is able to benefit from tumor resection.

COLOCUTANEOUS FISTULA MANIFESTATION AS ABDOMINAL ABSCESS

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BACKGROUND

Locally advanced colon cancer with direct abdominal wall and skin invasion is an extremely rare finding. We present a unique case of a colon cancer with direct cutaneous invasion and colocutaneous fistulization which manifested as abdominal abscess.

CASE REPORT

We report a 38 years old Malay lady presented to emergency department for intermittent right lumbar pain which colicky in nature for the past 2 weeks associated with episode of vomiting with pus discharge from the lumbar region. On further history, she denies of any digestive, constitutional and obstructive symptoms. Physical examination showed a large tender swelling at the right lumbar region associated with pus discharge. Ultrasound and Computed tomography of abdomen showed a tumoral mass with rim enhancing collection in the ascending colon forming colocutaneous fistula at right lateral abdominal wall. We performed an exploratory laparotomy right hemicolectomy and double barrel stoma. The intraoperative findings was colocutaneous fistula communicating ascending colon with abdominal skin with loculated pus. The cut open specimen showed a polypoidal and ulcerative mass occupying causing near total bowel obstruction. The histopathology report showed adenocarcinoma of ascending colon.

CONCLUSION

Locally advanced colon cancer can present in a variety of ways, which including without obstructive symptoms and this put us in dilemma of providing provisional diagnosis. This one-of-a-kind case provided us with an opportunity to learn about the differential diagnosis, resuscitation, and management of an colocutaneous fistula.

YOUNG AND DANGEROUS - A RETROSPECTIVE STUDY OF YOUNG COLORECTAL CANCER PATIENTS IN HOSPITAL KUALA LUMPUR

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Colorectal cancer (CRC) is the third most common cancer and cause of cancer death worldwide in both genders. And in Malaysia alone CRC is the second most common cancer as reported in the Malaysian National Cancer Registry. Patients are considered high risk for CRC, regardless of their age, if they have a family history of CRC at age <50 years, FAP, HNPCC (Lynch Syndrome), Peutz-Jegher syndrome, Juvenile polyposis, and MAP. So far in Malaysia, there has not been a proper reporting of the incidence of colorectal cancer among the young population.

The objective of the study is to determine and study the prevalence of young colorectal cancer (YCRC), the associations of YCRC with underlying medical illnesses, autoimmune diseases, other malignancies, and genetic diseases. Together with that the morphology and staging of the tumor is to be studied along with the treatment options provided, such as radiotherapy, neoadjuvant chemotherapy and adjuvant chemotherapy, taking into consideration of rectal cancers as compared to colon cancers. The prevalence of referrals to genetics department for genetic screening will also be studied.

The study is a retrospective study where identified subjects are extracted from yearly HKL operating theatre census during the time periods of 2015 till June 2021. Inclusion criteria of subjects are aged <50 years old who underwent surgical resection of colorectal cancer in HKL, either in an elective or emergency setting.

Preliminary data shows that majority of the cases presented as locally advanced tumors, with or without distant metastasis, with the male population being more prevalent. This in turn raises a question whether there are any improvements that can be made in screening for YCRC.

COLORECTAL NEUROENDOCRINE TUMOURS: A CASE SERIES

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OBJECTIVES

To report a case series of colorectal neuroendocrine tumours (NET) presenting locally over the last six years, with a review of its rare presentation yet advanced stage.

Methods: A collection of thirteen cases of colorectal carcinoma fulfilling the histopathological criteria of NET were reviewed from a prospectively collected colorectal cancer database of a single colorectal surgeon in two different institutions between June 2015 and December 2020.

RESULTS

The mean age of all thirteen cases was 57.7 ± 11.6 and was found to be predominantly male (85%). The ethnicity distribution was fairly equal between Malay, Chinese, Iban, and Bidayuh. The presenting symptoms were reported as altered bowel habit (30.8%), hematochezia (23.1%), hepatomegaly (15.3%), tumour perforation (7.7%), abdominal mass (7.7%), abdominal pain (7.7%) and during screening (7.7%). Twelve of these cases did not have an association with family history for malignancies. All cases were performed under elective setting except a case with tumour perforation. Most of the tumour was located at the rectum (69%) while the remaining were found at ascending colon, caecum, and one case of synchronous sigmoid and rectum. The majority of the NET was grade III (46%) and grade I (39%). Half of the cases presented as stage 4 disease with liver metastasis.

CONCLUSIONS

NET is rare, accounting for only <1% of all colorectal cancer. They are rapidly growing, aggressive with high metastatic potential. Diagnostic difficulties especially in cases with late presentation preclude timely diagnostic criteria and management. Despite screening and availability of endoscopy, most of the cases are still detected at an advanced stage. Patient demographic, grading and staging of the tumour are important prognostic factors that determine the patients' long-term survival and progression of the disease. Measures should be undertaken to improve the awareness of this disease to facilitate early detection for optimal treatment leading to better outcomes and prognosis.

THE OUTCOME OF SURGERY FOR COLORECTAL CANCER RECURRENCE IN SOUTHERN & CENTRAL SARAWAK

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OBJECTIVES

To evaluate the outcome of surgery for patients with recurrence of colorectal cancer (CRC) over the last 6 years in the Sarawak colorectal referral centers (Hospital Umum Sarawak and Hospital Sibü).

METHODS

All cases of CRC, which recurred after index surgery, were reviewed from a prospectively collected database of a single colorectal surgeon in two different institutions between March 2015 and December 2021.

RESULTS

The mean age of all 22 cases with CRC recurrence was 62 and has a slight male predominance (59%). The majority were Chinese (63.6%), followed by Ibans (27.2%), and lastly the Malays (9.1%). All presented with local recurrence as evident from endoscopic evaluation and CT scans. Surprisingly, only one of them had a significant family history of malignancies (4.5%). Most of the recurrence was found at the sigmoid colon (40%) and rectum (33.3%). 15 of the patients underwent second surgery (68.2%) while the remaining 7 were decided for palliative care because of inoperability or patients' refusal. Of those who went for repeat surgeries, two-thirds had local infiltration of tumor or peritoneal metastasis on CT evaluations. Nearly 66.7% of the resected tumor had clear margins. The two commonest post-operation complications were reported as surgical site infections (53.3%) and ileus (20.4%). Despite more than half of them undergoing further chemotherapy (60%) post-surgery, most had disease progression eventually (66.7%).

CONCLUSION

Chinese, male, and age seem to be the main risk factors for CRC recurrence in Sarawak. CRC recurrence itself is a poor prognostic factor for long-term survival. Surgery halts local disease progression and improves the quality of life but did not improve overall mortality as most recurrences have locally advanced features upon detection.

PRESENTATION OF COLORECTAL CANCER EMERGENCIES: A CHALLENGE IN SECONDARY HOSPITAL

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OBJECTIVES

To observe the pattern of presentation of colorectal cancer (CRC) emergencies and management in our institution from 2018 till 2021.

METHODS

This is a review of clinical records of patients with CRC who presented under emergency setting. Data was gathered from November 2018 till December 2021 with the presence of a colorectal surgeon. Computed tomography was performed to achieve the diagnosis due to the acute presentation. The demographic, clinical presentations, management with post-operative complications were recorded.

RESULTS

A total of 72 patients who fulfilled the criteria of study were reviewed. The mean age was 62 ± 14.7 with male predominance (61.1%). The most common emergency presentation was intestinal obstruction (61.1%), followed by tumour perforation (11.1%), abdominal pain (5.5%), altered bowel habits (4.1%) and anemia (2.7%). About one-third (29.2%) of the tumour was located at the sigmoid colon, followed by caecum (12.5%), rectosigmoid (11.1%) and rectum (9.7%). Most of the tumour were adenocarcinoma from histopathological report (75%). A total 67 patients underwent surgical intervention where 27 patients (37.5%) ended up in stoma creation. Majority of the patients recovered uneventfully (76.3%) with one patient developed a combination of three complications and two patients developed two complications. Commonest post-operative complications was surgical site infection (9.2%), followed by hospital-acquired pneumonia (6.5%) and stoma-related complications (5.2%). 15 of patients required peri-operative ICU care (20.8%), while 2 had re-operation (2.7%). Overall early mortality was 5.5%.

CONCLUSION

Emergency presentations of CRC remain a challenge in management with higher rate of stoma formation, post-operative complications, leading to morbidity and mortality. Measures should be taken to increase the public awareness for early medical attention should any alarming symptoms arise.

COLONOSCOPY SERVICES IN DISTRICT HOSPITAL WITH SURGICAL SERVICES FOR 5 YEARS

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Hospital Sarikei, Sarawak, Malaysia

BACKGROUND

Colonoscopy procedure is an essential screening tool in detecting colorectal cancer (CRC).

OBJECTIVES

To evaluate the demographics, indications, outcome and complications of colonoscopy procedures in a district hospital with surgical services from January 2016 to December 2020.

METHODOLOGY

A retrospective review of patients who had undergone colonoscopy over 5 years in Sarikei Hospital.

RESULTS

1283 colonoscopy procedures were conducted in the 5 year period with 57% of them being males and 42% females. The racial profiles of patients are as follow: Iban (44%), Chinese (31%), Malay (23%) and others (0.5%). The mean age for the scoped population was 60 to 69 years old. Common indications were rectal bleeding (21%) and altered bowel habits (19.7%). Colonoscopy outcomes include normal colonoscopy (46%), colonic polyps (13%) and diverticular disease (12%). A total of 142 (11%) scopes done were incomplete scopes due to poor bowel preps or acute angles. The CRC detection rate was 4.7%. 2 colonoscopy procedures (0.15%) were complicated with bowel perforation.

CONCLUSION

A 5 year retrospective review of colonoscopy service in district hospital showed a satisfactory outcome with minimal complications. Nevertheless, there are areas in which this service can be improved such as reducing the number of incomplete scopes and the increment of number of colonoscopy conducted in the targeted population to detect colonic polyps and CRC.

THE INCIDENCE OF COLORECTAL CANCERS IN A DISTRICT HOSPITAL OVER 5 YEARS

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Hospital Sarikei, Sarawak, Malaysia

BACKGROUND

Colorectal cancer (CRC) is the third most diagnosed cancer worldwide in 2020. In Malaysia, CRC is the second and third most prevalent cancer among males and females respectively.

OBJECTIVES

To evaluate the demographics, incidence and common presentations of CRC patients over 5 years in a district hospital with surgical services.

METHODOLOGY

A retrospective review of CRC cases identified from colonoscopy procedure and emergency operations conducted in Sarikei Hospital from January 2016 till December 2020.

RESULTS

75 CRC cases were diagnosed from a total of 1283 colonoscopy procedures and 14 emergency operative procedures. Among the CRC cases identified, 61% were males and 38% females. Majority of CRC cases were detected from the ages of 50 to 79 years old. Those of Iban ethnicity had a higher incidence of CRC (48%), followed by Chinese (36%) and Malay (16%). The common clinical presentations are as follow: haematochezia (24%), altered bowel habits (23%), emergency indication for surgery (19%) and a palpable mass (17%). There was a greater number of left sided CRC (80%) diagnosed as compared to right sided CRC (20%).

CONCLUSION

CRC is common even in district hospital, serving a 250,000 population. CRC incidence rate was 6 cases per 100,000 population. Therefore, the best way to tackle the incidence of CRC is through colonoscopy screening beginning at the age of 40 years old.

AUDIT ON ADENOMA DETECTION RATE (ADR) FOR 5 YEARS IN A DISTRICT HOSPITAL

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BACKGROUND

Adenoma Detection Rate (ADR) is a clinical indicator to assess the quality of a colonoscopy procedure in detecting, and subsequently removing precancerous polyp.

OBJECTIVES

To study the quality of colonoscopy performed in detecting and removing precancerous polyps in a district hospital with surgical service.

METHODOLOGY

A retrospective, single centre review based on the colonoscopy registry and histopathology reports in Hospital Sarikei from the year 2016 until the end of 2020.

RESULTS

A total of 1,283 colonoscopy were performed over a 5 year period, out of which 14.9% had colonic polyps detected. Histopathology findings were as listed: Adenoma (54.6%), and Non-adenoma (45.4%). The overall adenoma detection rate (ADR) for 5 years was 8.2%. There were no documented complications, such as bowel perforation or bleeding, post polypectomy/biopsy.

CONCLUSION

Colorectal cancers originates from precancerous lesions, most commonly adenomas. By aiming to increase ADR, we will be able to decrease the incidence rate of colorectal cancers in the next 10 years.

OUTCOMES OF ULTRA-LOW ANTERIOR RESECTION: AN EXPERIENCE IN SARAWAK

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Hospital Sibul, Sarawak, Malaysia

OBJECTIVES

To observe the demographics, stage of tumour and the general outcomes of ultra-low anterior resection (ULAR) for low rectal tumours in Sarawak.

METHODS

All low rectal tumours that require ULAR performed between January 2015 till August 2021 were included. The surgeries were performed by a single surgeon in two institutions within the state of Sarawak.

RESULTS

A total of 100 patients over the 6-year period were included in our data analysis. The mean age was 60.9 ± 11.6 . Majority were male (65%) and Chinese was the predominant ethnic (42%), followed by Iban (25%), Malay (21%) and others (12%). ULAR were mostly performed under elective settings (96%). Surgeries were performed either laparoscopically (69%) or via open technique (15%) with conversion to open rate of 16%. Half of the patients presented with Stage 2 disease (50%), followed by Stage 1 (25%), Stage 3 (15%) and Stage 4 (10%). Half of the patients (45%) received neoadjuvant chemo-radiotherapy, where 26 of them (58%) had adequate lymph nodes harvest. Based on our data, there were 3 cases (3%) with positive margin. Thirty-eight (38%) patients developed postoperative complications; ileus (34.2%), surgical site infection (23.7%), urinary retention (10.5%), burst abdomen (5.3%), anastomotic leak (2.6%) and others (23.7%). Re-operations were required for 8 patients (21%) while the rest were treated conservatively. Early mortality was 2%.

CONCLUSIONS

ULAR is a challenging surgery that is associated with relatively high incidence of postoperative morbidity. Patient factors, disease factors, surgical approach and techniques, postoperative care are constantly being studied to improve the outcome for patients besides reducing surgical complications.

RARE ANORECTAL MALIGNANT MELANOMA: A CASE SERIES

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Hospital Sibul, Sarawak, Malaysia

OBJECTIVES

To report three cases of rare anorectal malignant melanoma (AMM) in our secondary hospital.

METHODS

This is a case series of three patients who presented to our hospital over two-year period between March 2018 and December 2020. Diagnosis of AMM was achieved by colonoscopy and histopathological examination. They were subsequently staged with Computed Tomography (CT) scan before workup for curative surgery.

RESULTS

Two out of the three cases were female with the age of 61 and 68 years old, while the male is 71 years old. All three has American Society of Anesthesiologist (ASA) Physical Status Classification of three. The first two patients presented with fecal occult blood test positive whereas the male presented with per rectal bleeding. They were staged by CT scan and reported as no distant metastasis. One of the patients underwent laparoscopic abdomino-perineal resection (APR) followed by adjuvant chemoradiotherapy. She is still under our follow-up. The other patient developed recurrence a year after a transanal excision and underwent salvage APR. However, she developed disease progression and succumbed to death a year later. The last case was a 71-year-old Iban man who refused surgical intervention due to his age and comorbidities noted to have clinical evidence of disease progression and worsening performance status.

CONCLUSION

Primary AMM is an extremely rare malignancy with limited case reported worldwide. It is associated with poor prognosis due to aggressive nature of the disease. Misdiagnosis of polyps or hemorrhoids instead of AMM and atypical presenting symptoms contributes to the delay in the diagnosis. Besides the rapidly progressing nature, the tumour is found to be radiotherapy resistant and exhibit poor response to chemotherapy. Early detection and prompt diagnosis is the key and surgical resection remains the mainstay of treatment.

EFFICACY OF FOBT IN DETECTING COLORECTAL CANCER IN SARIKEI DISTRICT

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BACKGROUND

Fecal occult blood test (FOBT) is currently recommended as a colorectal cancer screening tool.

OBJECTIVES

To study the efficacy of FOBT in detecting colorectal cancer in a district hospital for 5 years.

METHODOLOGY

A retrospective review based on the colonoscopy registry and colorectal cancer registry in Hospital Sarikei from the year 2016 until the end of 2020.

RESULTS

1283 colonoscopy were performed in Hospital Sarikei in 5 years. Only 67 (5.2%) colonoscopy were conducted under the indication of positive FOBT. The detection rate of colorectal cancer from positive FOBT was 5.97% (4/67). 75 colorectal cancers were diagnosed in Hospital Sarikei in 5 years, out of which 5.3% were detected from positive FOBT.

CONCLUSION

The low detection rate of colorectal cancer from fecal occult blood test may be greatly affected by the low testing from primary care. FOBT screening should be used in a greater number to see its benefit.

EPIDEMIOLOGY OF COLORECTAL CANCER (CRC) IN A SECONDARY REFERRAL HOSPITAL: A 3-YEAR REVIEW

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Hospital Sibü, Sarawak, Malaysia

OBJECTIVES

To report the incidence and epidemiology of colorectal cancer (CRC) in Hospital Sibü as a secondary referral hospital.

METHODS

Patients with the diagnosis of CRC from 2019 to 2021 were retrieved from prospectively collected Colorectal Cancer Database. Patients' demographic data and tumour characteristics were collected and analyzed.

RESULTS

A total number of 242 patients with newly diagnosed CRC were included in the analysis. The mean age was 61.9±13.1 years old (range 27-92 years old), with peak age group at 60-69 years old (30%), followed by 70-79 years old (23%). 62% of them were male and 38% were female. Only 6.2% have a positive family history of CRC in their first-degree relatives. The Iban population has the most reported CRC (45%), closely followed by the Chinese population (43%) and the Malay population (8%). Rectal cancer and sigmoid cancer are most commonly diagnosed CRC, 29% and 28% respectively. The Chinese population was reported to have the highest number of sigmoid cancer (n=68, 49%) while the Iban population has the highest incidence of rectal cancer (n=71, 55%). Right-sided tumour made up of 19% of CRC and mainly found at caecum (7%) and hepatic flexure (6%). 89% of diagnosed colorectal cancer were adenocarcinoma, and 75% of those were graded as moderately differentiated. Most patients were at Stage III (36%) and Stage IV (29%) upon time diagnosis.

CONCLUSION

CRC was predominantly in the Iban and Chinese population in their 60s, with common cancer localized at the rectal and sigmoid region, and diagnosed at Stage III. With the availability of more data as such in the future will enable a better understanding of CRC tumour biology, genetic basis of tumour, risk factors and mortality in order to improve healthcare and patients' survival.

ANASTOMOTIC LEAK AFTER COLORECTAL RESECTION IN A SECONDARY HOSPITAL IN SARAWAK

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Hospital Sibü, Sarawak, Malaysia

OBJECTIVES

To report the incidence of anastomotic leak within 30 days after colorectal resection in colorectal cancer (CRC) patients in our institution.

METHODS

Patients with CRC who underwent colorectal resection in our institution from 1st November 2018 to 31st December 2021 were analyzed from our prospectively collected Colorectal Cancer Database. Patients' demographic data, tumour characteristics, operative factors and techniques were collected and analyzed.

RESULTS

A total of 110 patients over the three years period were included for analysis. The mean age was 66 years old (range from 39 to 92 years old) with male predominant (69 patients or 62.7%). The commonest site of cancer was sigmoid (28 patients or 25.5%), followed by rectal (25 patients or 22.2%), while 1 had synchronous rectal and rectosigmoid cancer (0.9%). 15 patients or 58% with rectal cancer underwent neoadjuvant concurrent chemoradiotherapy (CCRT). Majority of the surgeries were done under elective setting, ie: 92 patients or 83.6%. The total number of anastomoses were 115, which consist of mainly colo-anal anastomosis (53.04%) followed by ileocolic anastomosis (35.65%) and colo-colic anastomosis (6.96%). There were 105 patients (95.5%) with single anastomosis and 5 patients (4.5%) who had double anastomoses. Majority of anastomosis (100 anastomoses or 91.30%) were performed using staplers. Out of the 115 anastomoses, one developed anastomotic leak (0.87%) which required reoperation and admission to ICU. None of the rectal cancer patients who underwent neoadjuvant CCRT developed anastomosis leak.

CONCLUSION

Anastomotic leak is a dreaded complication for colorectal resection in CRC. It leads to reoperation or radiological intervention, and carries higher morbidity and mortality, prolonged hospital stays, and most importantly it can lead to poor oncological outcome. By understanding factors associated with anastomotic leak and its relation to patient and operative factors and techniques, it helps in improving patients' overall survival and oncological outcome.

COLORECTAL CANCER (CRC) SCREENING IN A SECONDARY REFERRAL HOSPITAL

H F Lai, K P Tan, K G Wong, T H Chieng

Hospital Sibul, Sarawak, Malaysia

OBJECTIVES

To report the incidence of positive colonoscopy and detection of colorectal cancer (CRC), benign colonic polyp, and other colonic conditions in Hospital Sibul as a secondary referral hospital for CRC screening.

METHODS

Patients with positive stool occult blood test (FOBT) who were referred to our center for colonoscopy from 1st June 2021 to 31st December 2021 were included into our data collection. Patients' demographic data, colonoscopy findings and histopathological examination (HPE) were recorded and analyzed.

RESULTS

A total of 50 patients over the six months period were included in our data analysis. The mean age was 61.6 years old (range: 28-79 years old), with slightly male predominant (29 patients or 58%). Majority of the patients were Chinese (27 patients or 54%), followed by Iban (16 patients or 32%), Melanau (four patients or 8%) and Malay (three patients or 6%). Majority of them (47 patients or 94%) agreeable for colonoscopy, among which 63.8% has positive colonoscopy while 36.2% has normal finding. 19.1% found to have colon cancer, 23.4% had colonic polyp and 14.9% has diverticular disease. Out of nine patients with colon cancer, eight were diagnosed to have adenocarcinoma and one with lymphoma. Within the eight patients with adenocarcinoma, three had tumour located at rectosigmoid and rectal respectively, two had rectosigmoid tumour. Three out of eight patients (37.5%) with colonic adenocarcinoma were stage IV disease.

CONCLUSION

CRC is the second most common cancer in Malaysia and third most common cancer worldwide. The public should be educated on the availability of FOBT for CRC screening, as it helps to improve the detection of early-stage cancer and leads to better healthcare and improve patients' outcome and survival.

RECURRENT PERIANAL SQUAMOUS CELL CARCINOMA

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INTRODUCTION

Anal squamous cell carcinoma (SCC) is a relatively rare cancer occurring in less than 2.5% of all gastrointestinal malignancies. The standard treatment for anal SCC is primary chemoradiation therapy which can result in complete regression. After successful treatment, the 5-year survival is approximately 80%. However, up to 30% of these patients experience persistent and recurrent disease.

OBJECTIVES

The role of surgery in anal SCC is usually limited to patients with recurrent and persistent disease with abdominoperineal resection and/or en bloc adjacent organ excision. Salvage surgery after irradiated anal cancer can be technically challenging in terms of acquisition of oncologically safe surgical margins and minimization of post-operative morbidity. In addition, the 5-year survival outcomes after salvage resection have been reported to vary between 23% to 69%.

CASE REPORT

We report a case of a 51-year-old gentleman, who presented with perianal warts since 2017. He was diagnosed with retroviral disease and commenced on HAART treatment. A biopsy taken during colonoscopy showed well differentiated SCC. The patient was treated with radiotherapy for six weeks and a repeat colonoscopy showed complete clinical resolution. The patient was disease-free for three years after which, he presented with gradually worsening perianal pain. On examination, flesh colored white-pink wart over perianal region extending to the left groin and base of left hemiscrotal skin was seen. Biopsy confirmed anal SCC recurrence for which he underwent a laparoscopic APR and myocutaneous flap reconstruction. The patient had an uneventful recovery and remains disease-free for six months with a good quality of life.

CONCLUSION

Perineal wound complications are common major post-operative morbidity. Due to the challenges of primary wound closure after salvage abdominoperineal resection, myocutaneous flap reconstruction has been performed to reduce the severity of perianal wound complications. Multidisciplinary approach is essential for successful surgical outcome.

SURGICAL APPROACH FOR COLORECTAL CANCER IN A SECONDARY HOSPITAL: OPEN OR LAPAROSCOPICALLY?

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Hospital Sibul, Sarawak, Malaysia

OBJECTIVES

To observe surgical outcomes of patients with colorectal cancer that underwent either open or laparoscopic resection in our institution.

METHODS

Data was obtained from a colorectal surgeon that includes patients who underwent surgical resection for their colorectal cancer between January 2019 and December 2021. The diagnosis was made based on histopathological examination and staged with a computed tomography scan. The difference between patient's demographics and postoperative outcomes were studied between the open and laparoscopic approach of the surgery.

RESULTS

A total of 163 cases were included in this study. Majority of them underwent open surgery (64.4%) and the rest were from the laparoscopic group (35.6%). Patient's demographics and clinicopathological characteristics were similar in both groups. Primary end-point data showed a significantly higher postoperative complication in the open group ($n=37$ [35.2%], $p=.023$) compared with those in the laparoscopic group ($n=10$ [17.2%], $p=.101$), of which most notable complication being surgical site infection (16.2% vs 12.1%), followed by bowel dysmotility (6.7% vs 3.4%) and cardiovascular event (4.7% vs 1.7%) respectively. Furthermore, patient in the laparoscopic group had shorter length of hospital stay than open group (median [range] days, 6 [5-37] vs 12 [7-62]), lower likelihood of Intensive Care Unit admission ($n=1$ [1.7%] vs $n=19$ [18.1%]), as well as lesser early mortality rate ($n=1$ [1.7%] vs $n=6$ [6.7%]).

CONCLUSION

Laparoscopic approach is associated with lower risk of postoperative complications leading to better short term outcome. Laparoscopic surgical resection should be advocated as the standard access for colorectal cancer resection, unless contraindicated. Laparoscopic approach requires appropriate training with adequate volume of patients in order to overcome the learning curve.

CASE SERIES OF ADULT INTUSSUSCEPTION: AN EXPERIENCE IN SECONDARY HOSPITAL

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Hospital Sibul, Sarawak, Malaysia

OBJECTIVES

To review Adult Intussusception (AI) presenting from a single institution over a duration of 2 years.

METHOD

This is a retrospective data collection, which included all adults (>18 years) who presented to Hospital Sibul from 2020 to 2022 with intussusception. Diagnosis was made via Computed Tomography (CT) scan and the histopathological examination (HPE) were reviewed.

RESULTS

A total of seven cases of Adult Intussusception were identified from the Hospital database. The ages of these seven patients were distributed between 42 – 70 years, with slight gender predominance for females (57%). Of these patients, two cases clinically evidence of ascending colon tumor and metastatic melanoma. Presenting symptoms were reported as acute abdominal pain (100%), abdominal distension (85%) and anal pain (14.3%). All cases were operated under emergency setting, and definitive surgery was achieved in all of the cases. From this number, three cases (42%) were colo-colic, two cases (28.5%) were ileocaecal and two cases (28.5%) were entero-enteric intussusception. All cases involving the small bowel were of ileo-ileal intussusception. In terms of lead points, two cases (28.5%) were malignant, which was colo-colic and ileocaecal intussusception respectively. The other five cases (71.5%) were benign in origin. The HPE for both the malignant intussusception were adenocarcinoma. There was an isolated case of small bowel tumour which was secondary deposits from metastatic melanoma. Non-tumorous growths made up the rest of the lead points (four cases) with all lesions being of sizes >2cm. Three cases of non-tumorous growths were reported as tubulo-villous adenoma with dysplasia, one case reported as small bowel lipoma.

CONCLUSION

Adult Intussusception is uncommon, our centre reported case rates which differs from studies. Majority of cases comprises of the colonic intussusception with lead points were dominantly non-malignant. Large(>2cm) sizes of lead points were a significant risk factor in our cases.

ALARMING PRESENTATION OF LOWER GASTROINTESTINAL HEMORRHAGE: A CASE REPORT OF MECKEL'S DIVERTICULUM IN INFANCY

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OBJECTIVE

A case report illustrating the classic presentation of a symptomatic Meckel's diverticulum in an infant of one year age, presenting in Hospital Sibü.

CASE DISCUSSION

Infant FI, a 11 months old boy, was admitted to surgical ward with painless frank rectal bleed of two days duration, associated with pre-syncope episode during play. Parents of aforesaid infant denied that the child manifested any pain complaints of symptoms prior. Prior bowel habits were unremarkable, there were no recent dietary changes. He was remarkably calm during examination with tachycardia, hypotension, and pallor during admission. His abdomen was not distended, soft, non-tender with no mass felt. Inspection of his diaper showed moderate amount maroon colour faeces. His haemoglobin count was 6.6 g/dL and was given blood transfusion. Clinical diagnosis of bleeding Meckel's diverticulum was made. He underwent laparotomy and intra-operatively noted to have Meckel's diverticulum with 2 cm length, albeit no palpable tissue noted. He was later discharged well and his histopathological report was Meckel's diverticulum focal area of ectopic gastric tissue consisting of gastric foveolar and oxyntic glands.

CONCLUSION

Despite the knowledge known to us about Meckel's diverticulum (the well-known Meckel's rule of 2's), encountering a clinical case of symptomatic Meckel diverticulum remains rare. Bleeding Meckel's diverticulum remain a high index of suspicion in particular cases of frank hematochezia in the infant and toddler age groups. Ulceration and subsequent haemorrhage is the common complication (20-30%), likely associated with gastric mucosa being most commonly (80%) found within this true diverticulum, leading to acid induced ulcerations as seen in this case.

METASTATIC PHYLLODES TUMOR MIMICKING A DESCENDING COLON TUMOR: AN ATYPICAL PRESENTATION

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Phyllodes tumors of the breast in general are rare fibroepithelial tumors that account for 0.3 to 1% of breast cancers. The World Health Organization classification grades these tumors as either being benign, borderline or malignant. The malignant type is an uncommon variant and it is especially uncommon for patients to present with metastases to the abdomen without spread to the thoracic cavity or lungs. Management strategies for metastatic phyllodes tumors are in line with guidelines for sarcomas rather than breast cancer, and the general prognosis is poor as they are usually unresponsive to chemotherapy.

In this report, we explore the presentation of a middle-aged lady with a past-history of a left breast phyllodes tumor who presented to us with abdominal pain and intestinal obstruction. Computed tomography scans prior to surgery revealed an intraperitoneal enhancing mass. She underwent a laparotomy, in which intraoperatively she was found to have an omental mass densely adherent to the splenic flexure which was excised en-block with a segmental resection of her splenic flexure. Histopathological examination revealed the excised mass to be a metastatic malignant phyllodes tumor.

THE CHALLENGES IN ENGAGING COLORECTAL PATIENTS INFECTED WITH COVID 19 DURING COVID 19 PANDEMIC: IN HOSPITAL KUALA LUMPUR-RETROSPECTIVE CENCUS

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BACKGROUND

COVID-19 has struck the whole nation since the year 2020. It has wrecked societies and health care facilities worldwide. A pandemic situation re-emphasises the Malaysian community priorities: access to basic needs and limited social activity. Meanwhile, colorectal cancer being the most common cancer in Malaysian men and the second most common in women requires treatment despite the pandemic.

Therefore, there were difficulties in managing inpatient colorectal cancer patients which required adaptation especially when the 1st Movement Control Order (MCO) and 2nd MCO was enforced in Malaysia. Hence, this paper aims to investigate the challenges in engaging colorectal patients infected with COVID-19.

METHODS

Data collection was conducted within the COVID surgical ward, Hospital Kuala Lumpur (HKL), from January 2021 until December 2021. The data was taken from COVID surgical ward's census book and notes from surgical record.

RESULTS

Collectively 9 colorectal cancer patients were infected with COVID-19. The patients were admitted either electively for operation or presented at our emergency department. A total of 3 patients who were electively admitted for operation were diagnosed with COVID-19 by preadmission swab, therefore they were quarantine for 14 days and operation were delayed. Out of the 3, 1 of the patients had endoscopically obstructive tumour but no sign clinically. Another 3 patients were admitted from our emergency department due to obstructed, bleeding, perforated colorectal tumour.

Challenges in conducting operation include wearing full powered air purifying respirators (PAPRs) and limited numbers of surgeon available to operate. A couple patients contracted COVID-19 post operation and another suffered complications after several operation which were linked to COVID-19. There are 2 patients who died under COVID-19 quarantine due to progression of disease of colorectal cancer and because of COVID-19 complication respectively.

CONCLUSIONS

COVID-19 have impacted colorectal cancer inpatient management in terms of outweighing benefits and complications.

EXTENDED RESECTION OF LOCALLY ADVANCED RECTAL CANCERS: 3 YEAR REVIEW IN SARAWAK GENERAL HOSPITAL, KUCHING

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INTRODUCTION

Extended resection involves resection of 2 or more pelvic organs, or any removal of bony structures of the pelvis to achieve R0 resection. We review our experience in extended resection of T4b rectal cancers to determine the demography, oncological outcome, mortality and morbidity in embarking on extensive surgery in a public tertiary hospital in East Malaysia.

METHODOLOGY

Retrospective review of medical records of 20 patients with T4b rectal or rectosigmoid cancer underwent extended resection from 1st January 2018 - 1st January 2021 (3 year period).

RESULTS

20 patients underwent extended resection. Median follow up was 1 year. Types of operations were pelvic exenteration (25%), posterior pelvic exenteration (35%), low anterior resection (restorative surgery) with radical or prostate sparing cystectomy and ileal conduit (20%), restorative low anterior resection with extended resection of 2 or 3 pelvic organ involved (20%). Mean age was 55 years. Male 40% and female 60%. Only 25% successfully underwent adjuvant chemotherapy. We achieved 80% R0 Resection. 1 year overall survival was 55% and 1 year disease free survival was 30%. Post op mortality within 30 days was 5%. Post op complications consist of surgical site infection (45%), pelvic sepsis (25%), acute renal failure (15%), obstructive uropathy (10%), anastomotic leak (10%), iatrogenic small bowel injury (5%)

CONCLUSION

Despite high morbidity, extended resection remained the only chance of cure for locally advanced rectal ca as R0 resection is achievable. Challenges of undertaking extensive surgery for locally advanced rectal cancer includes logistics, geography and patient compliance factors, reflected by high rate of patients lost on follow up. High morbidity is reflected by failure of ¾ of patients to successfully undergo adjuvant chemotherapy, leading to unsatisfactory 1 year overall and disease free survival.

ANAL CANAL NEUROENDOCRINE TUMOUR: A RARE CASE REPORT

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INTRODUCTION

Neuroendocrine tumours of the anal canal are extremely uncommon, with only a few cases previously reported in the medical literature.

OBJECTIVE

We present a case of neuroendocrine tumour of the anal canal.

CASE REPORT

A 42-year-old man with no known medical conditions presented with left iliac fossa pain that had persisted for two weeks. The physical exam was unremarkable. Colonoscopy revealed a small whitish round tumour 9 mm in diameter just above the dentate line, as well as diverticular lesions in the descending, transverse, and ascending colon. The biopsy results are consistent with a well-differentiated neuroendocrine tumour. Under sedation, endoscopic mucosal resection was performed, and the HPE revealed a low-grade NET with a Ki-67 proliferative index of less than 2% and a margin clear but 1mm away. We planned on having a surveillance colonoscopy in a year.

CONCLUSION

Anal canal neuroendocrine carcinomas are extremely rare tumours, with only a few cases previously reported. Because no proper guidelines have been established, our case was treated in accordance with the colorectal NET guideline. More cases, however, are needed to identify prognostic factors, validate treatment modalities, and determine the best management strategy.

FULMINANT CLOSTRIDIUM DIFFICILE COLITIS - BENIGN BUT FRIGHTENING

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INTRODUCTION

Pneumatosis intestinalis is defined as the presence of gas in the bowel wall. Pneumatosis cystoid intestinalis is a rare disease reported in the literature affecting 0.03% of the population. Its aetiology may be confusing causing delay in the management. It usually presents as a marginal finding resulting from various gastrointestinal pathologies. In the acute complicated form of pneumatosis intestinalis, management can be challenging for surgeons.

CASE REPORT

Here, we report a case of 50 years old lady who was bedbound and recently diagnosed with seronegative Bickerstaff encephalitis, on high dose steroids treatment. She was referred to us for per rectal bleed during the admission. Stool for Clostridium Difficile was positive. CT abdomen-pelvis showed pneumatosis cystoides intestinalis involving the terminal ileum and large bowels with small amount of pneumoperitoneum. She had persistent per rectal bleed, and had worsening abdominal pain, and eventually failed conservative management. She then underwent laparotomy, panproctocolectomy and end ileostomy. She is now still recuperating in general ward, but has shown good recovery since. Histopathological report revealed extensive colonic ulcers with features of pneumatosis coli.

CONCLUSION

Fulminant clostridium difficile colitis is highly morbid and often fatal disease. In most patients, they resolve with medical treatments. However, in significant minority patients with progressive systemic symptoms despite appropriate medical therapy, a timely surgical intervention has to be considered. The decision to operate in this case was based on the persistent per rectal bleed, worsening abdominal pain and the general deterioration of the patient. These group of patients may require prolonged hospitalization, but an appropriate and timely surgical intervention may help to reduce mortality.

THE SURGICAL STRATEGY FOR STRANGULATED ACUTE RECTAL PROLAPSE: A CASE REPORT AND LITERATURE REVIEW

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Rectal prolapse occurs when a full-thickness rectal wall protrudes from the anus. Most of the time, patients presented at outpatient clinics and were subjected to elective surgery. Tragic circumstances like strangulated acute rectal prolapse, on the other hand, are exceedingly rare and necessitate immediate surgical intervention.

We herein describe an unusual case of a young male with strangulated acute rectal prolapse referred to us after attempted manual reduction under general anaesthesia. In our hospital, he underwent emergency perineal rectosigmoidectomy (Altemeier's Procedure) and had an uneventful recovery. In this case report, we discuss and review a few publications regarding the epidemiology of the entity, followed by surgical options, postoperative evaluation and investigation to determine the cause, with the goal of avoiding recurrence.

CEA DENSITY IS A NEW TOOL FOR PREDICTIVE FACTOR FOR COLORECTAL CARCINOMA POST CURATIVE RESECTION

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OBJECTIVES

We evaluate the CEA density as the novelty tool for predictive factor in non-metastatic colorectal cancers.

METHODS

A prospectively collected database was retrospectively analyzed for all non-metastatic colorectal cancer patients between January 2010 and June 2019. They were categorized into two groups according to the median CEA density: low (< 4.24), high (≥ 4.24); and further stratified by their disease stage. The inclusion criteria were all the patients who had curative resection for colon or rectal adenocarcinoma. Sociodemographic data and preoperative CEA were recorded along with mortality, morbidity and overall survival (OS) and disease – free survival (DFS) were estimated over the past five years.

RESULTS

A total of 230 patients were included. The median patient age was 66 (range 28 - 91) and 50.4% male (n = 116). There were 154 colonic cancers and 76 rectal cancers. The median follow - up time was 60 months (range 24 - 60). Twenty-five (10.9%) had a local recurrence and 70 patients (30.4%) had evidence of metastatic disease after the initial curative resection. CEA density was significantly associated with maximum tumour diameter measured from histopathological specimen (43.81 mm vs. 73.25mm, $p < 0.01$), higher preoperative serum CEA levels (39.42 ng/ml vs. 7.18ng/ml, $p = 0.006$) and inadequate lymph nodes harvested (< 12 lymph nodes, $p < 0.001$). the odds of OS and DFS in patients having stage III disease with low CEA density were lower than those having stage II disease with high CEA density.

CONCLUSIONS

CEA density was associated with maximum tumour diameter measured, higher preoperative serum CEA level, and inadequate lymph nodes harvested. Stage II disease with high CEA density has better OS and DFS than stage III disease with low CEA density. Future studies with larger sample and cut point analysis can be useful to estimate CEA density that can accurately predict survival.

GEOGRAPHIC INFORMATION SYSTEM (GIS) IN EVALUATING THE ACCESSIBILITY OF HEALTHCARE FACILITY FOR PATIENTS WITH COLON AND RECTAL CARCINOMA IN THE STATE OF KELANTAN AND SABAH

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OBJECTIVE

Malaysian National Cancer Registry (MNCR) 2007-2011, has ranked colorectal cancer (CRC) as the most common cancer for men and the second most common cancer for the women. We investigated the distribution of CRC and their accessibility to government healthcare facilities using spatial analysis in both states.

METHOD AND RESULTS

This is a retrospective cross-sectional study of patients who were diagnosed with CRC in the state of Kelantan and Sabah from the year 2016 till 2018. A total of 363 and 589 patients from Kelantan and Sabah respectively were recruited into the study. QGIS was used to create a distribution map and spatial analysis (average nearest neighbour and hotspot analysis) was performed with ArcGIS. The average age of patients with CRC in the state of Sabah was lower than that of Kelantan. The results from the average nearest neighbour suggest clustered pattern for both states. Hotspot analysis showed focused area on cluster in Kelantan over the northeast region. Spatial buffer analysis shows both states to have patients with CRC who travelled more than 10km to reach the nearest hospital. However Sabah has more patients travelling at least 10km distance to reach the nearest hospital.

CONCLUSION

GIS provides an alternative method of data analysis in comparison to conventional tabular form for CRC cases in Kelantan and Sabah.

KNOWLEDGE AND ATTITUDE AMONG CLINICIANS TOWARD SELF-DIGITAL RECTAL EXAMINATION FOR COLORECTAL CANCER SCREENING

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INTRODUCTION

The incidence & prevalence of colorectal cancer (CRC) in Malaysia has increased. However, the lack of education especially in the rural communities has led to procedures like colonoscopy being viewed as taboo. There have been some studies to evaluate the role that self DRE may hold in cancer screening. This study sought to investigate the acceptability of the self DRE as an adjunct screening tool for CRC in our local setting.

OBJECTIVE

The feasibility of self-digital rectal examination (DRE) as an adjunct tool for colorectal cancer screening was gauged.

MATERIALS AND METHODS

A cross-sectional observational study was conducted in Hospital Universiti Sains Malaysia (HUSM). A total of 400 doctors answered a questionnaire regarding the knowledge and attitude towards self-DRE.

RESULTS

There is no significant difference in knowledge or attitude toward self-DRE (mean difference = -0.14; 95% CI: -0.38 to 0.10). There is a significant difference in both knowledge and attitude of more experienced doctors (mean difference = -0.40; 95% CI: -0.68 to -0.13). The mean knowledge and attitude score is higher in subjects that have performed >10 DRE (mean difference = -0.63; 95% CI: -0.87 to -0.38).

CONCLUSION

Among most clinicians, self-DRE is an adequate and feasible manner to assess the anorectum and may help patients to be more accepting and willing to subject themselves to hospitals for prompt treatment.

PRE-OPERATIVE NEUROLOGICAL AND VASCULAR MAPPING IN RECTAL CARCINOMA WITH DIFFUSION TENSOR IMAGING AND MAGNETIC RESONANCE ANGIOGRAPHY: A PILOT STUDY

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BACKGROUND

Total mesorectal excision with adequate lymph node clearance and nerve-preserving dissection remain the optimal treatment for colorectal carcinoma. Awareness of anatomical variations are helpful to form pre-operative strategies to perform safe and rapid dissection.

OBJECTIVE

To explore the possibility of using new magnetic resonance imaging techniques in mapping vascular and neurological anatomy surrounding the tumour pre-operatively.

Methodology

This is a prospective cross-sectional study of patients who were diagnosed with rectal carcinoma in Hospital Universiti Sains Malaysia in 2021. A total of 10 patients underwent MRI scan according to appropriate protocols followed by vascular and neurological mapping.

RESULTS

In all patients, lumbosacral nerves, sacral nerves, and obturator nerves could be easily tracked and identified. Sympathetic trunk could not be tracked in any patients. The superior hypogastric plexus and hypogastric nerves could be identified in most patients. There were difficulties in tracking smaller nerves such as the inferior hypogastric plexus, pudendal nerves, and levator ani nerve. There were no differences for age ($p = 0.283$) and BMI ($p = 0.283$) in relation to the quality score for detection of hypogastric nerve.

In most patients, inferior mesenteric artery (IMA) originated at the level of L3 vertebra. Length of IMA (LIMA) from origin till the first branch was 46.5 ± 12.5 mm. Distance of IMA (DIMA) from origin till iliac bifurcation was 48 ± 12 mm. Two different branching patterns were found. There was no association between age, gender, height, weight, and BMI with the level of vertebral origin of IMA, LIMA, DIMA or branching patterns.

CONCLUSION

It is feasible for pre-operative neurological and vascular mapping in rectal cancer patients with DTI and MRA. However, further research and optimization of scanning protocols and software tracking parameters is required before the images can be used for the purpose of navigational surgery.

KELULUT HONEY AS AN ALTERNATE SOURCE OF CARBO-LOADING IN ABDOMINAL SURGERY INVOLVING THE DIGESTIVE SYSTEM; A RANDOMIZED BLINDED COMPARATIVE STUDY

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INTRODUCTION

The Enhanced Recovery after Surgery (ERAS) society has been advocating a multi-model, multi-disciplinary holistic approach in managing the patient undergoing surgery and carboloading is one of their recommended steps.

OBJECTIVES

Maltodextrin extracts are utilized for carboloading, and may be expensive. Honey, a naturally occurring substance well tolerated amongst the Asian population is known to have antibacterial, anti-inflammatory as well as wound healing properties may be a viable carboloading solution. This study aims to determine the effects of Kelulut Honey on insulin resistance and residual gastric volume as well as compare several post-operative outcomes when used as a carboloading solution.

METHOD

This study is a prospective single centre randomized double blinded comparative study conducted at HUSM. A total of 64 patients undergoing elective intraabdominal surgery involving the digestive system above the age of 18 were recruited. They were divided into two arms, one which received a standardized commercially available carbo-loading solution and the other arm from a single batch of Kelulut Honey sourced from one hive.

RESULTS

Measurement of residual gastric volume analysis showed no significant difference between both groups. Man-Whitney test performed to analyse the comparison of blood glucose level showed no significant difference throughout measurement time. Comparison between the group indicates no significant difference in terms of complication, length of stay, pain control and return to function. The intention to treat analysis reveals that there is no significant difference in primary and secondary outcome of both groups.

CONCLUSION

Kelulut Honey is a safe and viable alternative to conventional carbohydrate loading solutions for patients and its effects on insulin resistance, residual gastric volume and post-operative outcomes are similar with conventional carboloading solutions.

APPENDICOVESICAL FISTULA, A DIAGNOSTIC DILEMMA

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Appendicovesical fistula is an uncommon type of enterovesical fistula and a very rare complication of appendicitis. There are around 100 cases reported previously worldwide. The majority of cases happen in male patients. The typical presentation is pneumaturia, fecaluria, and recurrent urinary tract infections, and most of them had been treated with multiple courses of antibiotics. This diagnostic dilemma may delay up to 10 years. As time passes, the patient may eventually deteriorate, leading to a rise in morbidity due to the complication.

We herein present the case of a 31-year-old Malay man who had been suffering from recurring urinary tract infections for three years before developing a testicular abscess that necessitated orchidectomy. He was brought to the urologist's attention, who subjected him to multiple endo-urology and radiological investigations to find the cause. He had an exploratory laparotomy, which revealed an appendicovesical fistula as the source of his devastating condition. Appendicectomy and bladder repair were done, and he had an uneventful recovery. This case report discusses epidemiology, approaches to investigations, and surgical options. A review of similar case reports or series and associated publications was also provided to get a clearer sense of handling this unusual case.

PERIANAL MERKEL CELL CARCINOMA - A RARE CASE REPORT

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INTRODUCTION

Merkel cell carcinoma is a rare, aggressive neuroendocrine skin cancer that primarily affects elderly men in sun-exposed areas such as the extremities. To the best of our knowledge, this is the first case of a perianal MCC.

OBJECTIVE

We present a young male with perianal Merkel cell carcinoma.

CASE REPORT

A previously healthy 35-year-old man presented with left perianal mass. Initially, his symptoms were attributed to a cold perianal abscess. He was referred to our centre due to persistent swelling. The mass was 4x4cm in size and 3cm away from the anal verge; it was firm, nontender and not mobile in relation to the underlying musculature; it grew rapidly and ulcerated in a few weeks. Following biopsies of the lesion, it was discovered to be a neuroendocrine carcinoma that stained CK20- positive, indicating it was a Merkel cell carcinoma. A thorough metastatic work-up, which included a chest x-ray, CT scan, and MRI, revealed evidence of widespread metastatic disease. A multidisciplinary team meeting was held to discuss the case, and palliative chemoradiotherapy was scheduled for the patient. However, he died before receiving palliative care.

CONCLUSION

MCC is a rare, aggressive carcinoma that typically appears in areas that are exposed to the sun. A colorectal surgeon should consider MCC as a differential diagnosis when faced with a rapidly growing, painless lesion in the perianal region. Early detection and treatment may lead to a higher rate of patient survival. However, because MCC is uncommon, more research is required to develop treatment protocols for metastatic disease.

LAPAROSCOPIC LEFT HEMICOLECTOMY FOR COLO-COLONIC INTUSSUSCEPTION CAUSED BY SIGMOID COLON CANCER

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INTRODUCTION

Adult intussusception is uncommon and is usually associated with carcinoma. Traditionally, an open technique with en bloc resection has been used to manage these.

OBJECTIVE

We present a case of colo-colonic intussusception caused by a sigmoid colonic tumour that was treated with a laparoscopic left colectomy and primary anastomosis.

CASE REPORT

An 80-year-old woman presented to the ER with bowel changes and abdominal pain that had been present for two weeks. She denied having lost weight and had no obstructive symptoms. She was discovered to be stable, afebrile, and cachectic. She was diagnosed with colo-colonic intussusception after a CT scan and colonoscopy, which was most likely caused by sigmoid colon cancer. During laparoscopic exploration, the intussusception was discovered. As a result, the bowel was removed via en bloc left hemicolectomy with primary anastomosis. Pathology of the resected specimen revealed a moderately differentiated adenocarcinoma (pT3N1aM0). The postoperative course of the patient was uneventful, and she was discharged on the sixth postoperative day.

CONCLUSION

Despite the fact that an open conventional method is the most commonly used, laparoscopic colectomy is expected to be an effective treatment strategy for adult colo-colonic intussusceptions caused by malignancy.

PRESACRAL MASS

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Presacral tumours are a group of rare and heterogeneous tumours that arise from the potential presacral space between the rectum and sacrum. Differential diagnoses include congenital causes such as teratoma or chordoma, neurological causes such as neurilemoma or neurofibroma or other malignancies such as lymphoma or sarcoma. Diagnosis usually requires imaging such as CT and MRI and tissue biopsy. Hereby we present a case study on a 47-year-old man with presacral cystic tumour.

LONG-TERM OUTCOME AFTER STAPLED HAEMORRHOIDOPEXY AT HOSPITAL USM

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INTRODUCTION

Stapled haemorrhoidopexy (SH) was introduced in 1998 by Antonio Longo, who had revolutionized the treatment of prolapsed haemorrhoids. In the early millennium, SH was one of the favourable treatments for grade III and IV prolapsed haemorrhoids in Malaysia, being the advantage of lesser pain and shorter hospital stay than excisional haemorrhoids. In Hospital USM, we adopted the treatment in 2014. Most of the patients were follow-up at our outpatient clinic for at least six months before discharge. This audit study aimed to investigate the long-term outcomes of SH in our cohort.

METHODOLOGY

This is an audit study of long-term outcomes of SH measured by the recurrence of bleeding, prolapsed, stricture complication, and patient satisfaction towards treatment. All the patients who underwent SH from 2014 to 2019 were traced from our database record. In addition, a telephonic follow-up was initiated from the contact number available from our electronic database. They were asked simple questions regarding recurrence of bleeding, prolapse, stricture and history of reoperation. We also asked them briefly about their satisfaction with the treatment given.

RESULTS

Thirty-one patients with 20 (65%) males underwent SH from the study period. Their median age was 50 (23 - 66) years old. However, only 16 patients (51.6%) responded to the telephonic follow-up, with 11 males. All of them had Grade III-IV prolapsed haemorrhoids previously. The respondents median age was 53.5 (41 - 65) years old. The majority, 87.5% (n=14), were satisfied with no reported recurrences or complications from the treatment. The dissatisfaction was mainly due to the recurrence of symptoms. The recurrence rate for bleeding haemorrhoids was 12.5% (n=2), and the prolapsed haemorrhoids were 6.2% (n=1). None of them had stricture complications or reoperation.

CONCLUSION

Stapled haemorrhoidopexy has a promising long-term outcome of acceptable low recurrences and complications rate.

SYNCHRONOUS COLON CARCINOMA WITH TESTICULAR METASTASIS: BEYOND RARITY

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INTRODUCTION

Synchronous colon carcinoma with metastases to the testis is extremely rare. There were no such reports on this occurrence in the literature. We present a unique case of synchronous caecum and sigmoid adenocarcinoma with metastatic to the right testes.

CASE SUMMARY

A 39-year-old gentleman, presented with progressive right testicular swelling associated with pain for one month duration. He also complains of right iliac fossa discomfort and bloatedness for almost 6 months associate with marked weight loss of about 10kg. He has no history of per rectal bleeding or tenesmus. On abdominal examination, there was a palpable non tender mass over the right iliac fossa. The right testis was hard and swollen.

CECT scan of the abdomen and pelvis showed caecal and sigmoid tumor with concurrent right testicular tumor with multiple liver lesions and lymphadenopathy with micro lung nodule. Colonoscopy examination followed by biopsy was taken showed poorly differentiated adenocarcinoma for both lesion in the caecum and sigmoid.

In view of obstructing symptoms, he underwent subtotal colectomy, omentectomy and right high ligation orchidectomy. Intraoperatively, there was a large obstructing caecal tumor with posterior invasion to the right gonadal vessel and psoas muscle while the sigmoid tumor was smaller, non-obstructing and close to the left gonadal vessels with no direct invasion. Multiple peritoneal nodules over omentum along with enlarged para-aortic nodes were also seen. He has an uneventful post-operative recovery and was discharge home after seven days. He has been scheduled for palliative chemotherapy.

CONCLUSION

Synchronous colon cancer with testicular metastases is extremely rare and is usually relate to aggressive tumour biology. Systemic chemotherapy should be the priority modality unless obstructing tumour as such demonstrated in our patient.

Keywords

colorectal; testicular neoplasm; adenocarcinoma

PERIANAL ULCER SECONDARY TO CYTOMEGALOVIRUS (CMV) INFECTION

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Cytomegalovirus (CMV) disease can develop anywhere within the gastrointestinal tract. It has emerged as a significant opportunistic infection among individuals with immunosuppression. The most commonly encountered CMV gastrointestinal disease manifestation is colitis followed by esophagitis and enteritis. Perianal lesion in the form of ulcer is a rare form of CMV disease clinical presentation. Diagnosis requires biopsy of the lesion as perianal ulcer can present in various other pathological condition. We report a case of 33 years old gentleman who presented with bleeding perianal ulcer for 3 months' duration. He underwent examination under anesthesia and biopsy which confirmed the presence of CMV infection.

RECTAL CANCER MISDIAGNOSED AS BENIGN CONDITION: A RETROSPECTIVE ANALYSIS

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Rectal cancer incidence is on the rise in this country and together with colon cancer, it is the second most cancer among Malaysian. Most of the patients have non-emergency clinical presentations such as per rectal bleeding, altered bowel habit and changes in stool form. Those patients are commonly seen and assessed at primary care set up during their initial presentation and were subsequently referred to tertiary centre once the diagnosis of colorectal cancer was suspected. However, unfortunately there are patients with malignancy who were misdiagnosed as non cancer conditions following assessment after the initial visit. We retrospectively analysed a total of 51 patients with rectal cancer in our centre from 2019 until 2021 and we identified nearly a fifth of them were given an initial benign diagnosis by primary care doctors. This is especially among patients who presented with per rectal bleeding. This study aims to increase awareness among health care providers on early detection of rectal cancer.

IDIOPATHIC MEGACOLON: A CASE REPORT

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INTRODUCTION

Idiopathic Megacolon is an irreversible dilation of a colonic segment in the absence of an identifiable reason. Megacolon can be congenital (aganglionosis in Hirschsprung's Disease), idiopathic (in the absence of organic disease), or may be acquired (with a demonstrable causative disorder).

CASE PRESENTATION

We present a case of a 34 year old male who presented with abdominal distension and constipation. Examination was unremarkable except for a grossly distended abdomen. Patient underwent a CT Abdomen which showed the rectum and sigmoid colon markedly distended with fecal material within and evidence of extraluminal air seen anteriorly. Patient then initially underwent a total colectomy with end ileostomy and intraoperatively noted megarectum involving the entire colon extending till the caecum. Patient recovered uneventfully postoperatively and two months later underwent a proctectomy with ileal pouch anal anastomosis with a covering ileostomy. Histopathology of the specimens from both surgeries showed presence of ganglion cells within the submucosa as well as the intermyenteric plexus within the muscularis propria throughout the entire length of the bowel and no evidence of malignancy. Thus a diagnosis of idiopathic megacolon was made.

CONCLUSION

Idiopathic megacolon is a rare entity and diagnosis of exclusion. This case report highlights the challenges in the management of idiopathic megacolon. Surgery is reserved for patients that are unsuccessful with conservative management or develop complications requiring surgical intervention, such as bowel perforation or ischemia. There are a variety of surgical options for patients with megacolon, including colectomy and if the rectum is affected, a restorative proctocolectomy is the option of choice.

EXTRA GASTROINTESTINAL STROMAL TUMOR AND NEUROFIBROMATOSIS TYPE 1

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INTRODUCTION

Neurofibromatosis type 1 (NF1) is a hereditary cancer predisposition syndrome characterized by neurologic, dermatologic and orthopaedic manifestations. Gastrointestinal stromal tumours, (GIST) have been associated closely with familial syndrome such as NF1. Although rare, GIST is the most common primary mesenchymal neoplasms of the gastrointestinal tract, from the interstitial cells of Cajal.

METHODOLOGY/CASE SUMMARY

We are reporting a case of 42-year-old woman with history of NF 1 presented with worsening colicky right iliac fossa pain for 2 weeks duration associated with anorexia and non-bilious vomiting. On clinical examination there was evident of palpable and tender right iliac fossa mass measuring 6cm x 5cm.

RESULTS

Contrast enhanced computed tomography (CECT) revealed a mass at the lower abdomen predominantly at right side likely bowel origin, representing malignancy with superimposed infection. In view of worsening sepsis, we explore the abdomen aiming for tumour resection and sepsis control. Intraoperatively, there was a tumour originate from jejunum infiltrates to the adjacent sigmoid colon. We performed enbloc sigmoidectomy with the segmental jejunal resection to achieve complete resection of tumour. Histopathological examination reported as GIST of jejunum with prognostic category (AFIP) 3a. The proximal and distal margin of the resected jejunum was clear and no tumour invasion to the sigmoid colon seen from the resected enbloc specimen. She underwent uncomplicated recovery and was discharge on day 5 post-operation. She is currently under our oncology follow-up for tyrosine kinase inhibitor treatment.

CONCLUSION

In conclusion, GIST is rare but closely associated to those with NF-1. Clinicians should have high index of suspicion when treating NF-1 patient presented with abdominal mass. CT imaging would be the choice of investigation as such described from our case.

Keyword

NF 1; GIST; Jejunum; tyrosine kinase inhibitor

CASE SERIES OF ADULT INTUSSUSCEPTION: A SINGLE CENTRE EXPERIENCE

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Unlike in paediatric age group, intussusception in adult is rare. It accounted for about 1% of the aetiology of adult's intestinal obstruction. In most of the cases, a well-defined pathologic lead point is always present, thus surgical resection is regarded as the mainstay of treatment. The widespread use of computed tomography (CT) in patient with intestinal obstruction has significantly increase the preoperative diagnosis of intussusception. We report a retrospective analysis of 13 cases of adult intussusception in our centre between 2018 until 2021. Colocolic and ileoileal are the commonest forms of intussusception and 60% of them are due to underlying bowel malignancy. 54% of the patients had preoperative CT scan diagnosis while the remaining were diagnosed intraoperatively.

THE PENROSE SAVIOR: MANAGEMENT OF ACUTE PERISTOMAL ABSCESS

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INTRODUCTION

Stoma complications, particularly those involving the peristomal skin, have detrimental influence on the ostomate's quality of life. The essence of management strategy involves maintaining the appliance integrity and preventing effluent leakage. Management of peristomal skin complications remains challenging and it affects nearly half of new ostomates. This imposes a negative psychological impact during the adaptation period. Peristomal abscesses are commonly seen after a stoma revision or reconstruction at the same location. It is associated with poor preoperative skin preparation coupled with impaired healing due to malnutrition.

METHOD/CASE SUMMARY

A 74 years-old man with mucocutaneous separation complicated with acute peristomal abscess. He had perforated anorectal tumour and underwent trephine diversion loop sigmoid colostomy. Mucocutaneous separation was seen on day 8. Consequently, the faeces seeps through the gap resulted in surgical site infection and formation of peristomal abscess. A large amount of pus was seen discharged from the mucocutaneous separation causing frequent leakage on the stoma base.

RESULTS

He underwent refashioning of stoma. The abscess was drained with an incision at the gravity dependent area and two Penrose drains were inserted to facilitate drainage and wound care. He was followed up at our enterostomy and wound care clinic for regular dressing and stoma care. Hydrocyn solution was used for the dressing and irrigation through the Penrose drains. The Penrose drains were removed on day 48 and was replaced by Aquacel Ag dressing for management of the exudative wound. The wound had completely healed on day 160.

CONCLUSION

The usage of Penrose drains for wound irrigation, facilitates the healing of peristomal abscess. This simple procedure avoided the re-site of the stoma, hence, prevented the multiple wounds management. Living with malignant wound has an adverse effect on the quality of life. Therefore, we should keep it simple and effective.

COVID-19 AND ITS IMPACT ON EMERGENCY PRESENTATION OF COLORECTAL CANCER - A SINGLE CENTRE EXPERIENCE

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INTRODUCTION

The COVID-19 pandemic has led to major changes in the provision of surgical services and also affected patients' health seeking behaviour. This contributes to delayed presentation of many surgical conditions resulting in poorer outcomes.

OBJECTIVE

This study aims to assess the impact of COVID-19 pandemic on the proportion of colorectal cancer patients who present with acute surgical emergencies such as complete bowel obstruction, perforation, bleeding or sepsis.

METHODOLOGY

This is a retrospective cohort study in a single centre which provides care to both COVID-19 and non-COVID-19 patients. Patient demographics, presentation, tumour stage, surgery performed and waiting time for surgery were collected for all patients that underwent surgery from January until December 2019 (pre-COVID era) and September 2020 until August 2021 (COVID era).

RESULTS

77 and 76 new cases of colorectal cancer were diagnosed during and before COVID-19 pandemic respectively. Of these, there was a higher proportion of patients (33% vs 29%, $p=0.562$) who presents with acute surgical emergencies during COVID-19. There were also more stoma formation (51% vs 45%, $p=0.468$). However, there was only a marginal difference in median waiting time of surgery (8.5 vs 9 days).

CONCLUSIONS

The number of colorectal cancers presented with acute surgical emergencies is not statistically higher during the pandemic. Nevertheless, patients and health care providers should be advised to consider colorectal cancer diagnosis and prompt referral to surgical services for patients with gastrointestinal symptoms.

OUTCOMES AND PREDICTORS OF MORTALITY AFTER HARTMANN PROCEDURE PERFORMED IN A GENERAL SURGERY UNIT - A FIVE YEAR CROSS-SECTIONAL STUDY

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BACKGROUND

Hartmann procedure was first described in 1923 by Henri Albert Hartmann. It consists of a sigmoid colectomy without restoration of intestinal continuity; an end colostomy is brought out in the left lower quadrant and the rectal stump is closed. The objective of this study is to report on the mortality, stomal reversal rates and significant predictors of mortality after Hartmann procedure.

METHOD

This is a cross-sectional retrospective study of all patients which underwent a Hartmann procedure (elective and emergency) from January 2017 till December 2021. Demographic data, perioperative laboratory parameters, indications for the surgery and intra-operative findings were collected. Post-operative outcomes which include length of hospital stay, ICU admission, 30-day mortality, Post-Operative SSI, overall survival was retrospectively collected in this study. The data was analyzed using SPSS with univariate and multivariate analysis.

RESULT

A total of 45 patient with mean age of 54.7 years and equal male to female ratio (21:24) was included in this study. Indications for surgery includes malignancy (57.8%), diverticular disease related (20%), and rectal anastomotic leaks (8.9%). Approximately, 20% of patients required ICU admission with a 17% (8 patients) mortality rate. Analysis revealed that intraoperative peritoneal contamination ($p=0.022$) with severity classification using Manheim Peritonitis Index (23.3-mortality vs 15.84 survived, $p=0.007$) were significant predictors of mortality. Only 11% (5 patients) had reversal surgery, of which one patient developed anastomotic leak requiring repeat Hartman procedure.

CONCLUSION

We identified that presence of peritoneal soiling with categorization using the Manheim Peritonitis Index were significant for post-operative mortality. Current study revealed the current trends and outcomes of Hartmann procedures performed in a general surgery department without a colorectal subunit. This may provide insight for future colorectal training for general surgeons either in the format of special interest or formal subspecialty.

EMERGENCY HAEMORRHOIDECTOMY FOR ACUTE HAEMORRHOIDAL CRISIS: A RETROSPECTIVE STUDY

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INTRODUCTION

Emergency haemorrhoidectomy is less popular, and many surgeons are inclined to treat conservatively and reluctant to operate due to the fear of complication. On the other hand, emergency haemorrhoidectomy is routinely done for most patients with an acute haemorrhoidal crisis in our centre.

AIM

We present our clinical data to look at the outcomes and complication rate, specifically recurrence and incontinence.

METHODOLOGY

The study was done in Hospital Sultanah Bahiyah, Alor Setar. We collected data between January 2015 and December 2020 that presented with an acute haemorrhoid crisis, which is defined as painful prolapsed haemorrhoid that may be associated with thrombosis, bleeding or ulceration. A total of 51 patients underwent emergency haemorrhoidectomy; either Milligan-Morgan or Furgeson technique were included in this study. Patient's data like clinical complaints, perioperative data, and complications such as acute urinary retention, bleeding, anal fissure, recurrence, anal stenosis and incontinence were analysed.

RESULTS

There were 29 males and 22 females among the patients with mean age are 45. 26% of the patients were pregnant. Five patients had previous haemorrhoid surgical treatment, one patient had a stapled haemorrhoidopexy, and four had banding. The majority of the patients complained of painful prolapsed haemorrhoids with minimal bleeding. The mean operating time is 46 minutes, and the average hospital stay was four days. Early complication, i.e. urinary retention 27%, required no intervention, and post-operative bleeding 0.5% with no transfusion required. After one year of follow-up, only 0.4% had a recurrence, but none of the patients had anal stenosis or incontinence.

CONCLUSION

The results demonstrate that emergency haemorrhoidectomy is a safe and effective treatment option for an acute haemorrhoidal crisis. The complications are minor, acceptable and non-deliberating.

A RARE CASE OF SMALL BOWEL PERFORATION WITH FUNGAL INFECTION - A CASE REPORT

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Small bowel perforation is one of the most common surgical emergencies. However, small bowel perforation caused by Candidiasis is extremely rare and it is mainly found in immunocompromised patient. Here we are reporting a case of small bowel perforation secondary to fungal infection. A 62 years old male presented in emergency department in our center with fever for 2 days associated with abdominal distension. CT abdomen showed pneumoperitoneum with perforation at the distal jejunal. Exploratory laparotomy showed a 1.5 cm perforation at the distal jejunal and HPE showed acute enteritis with perforation and element of fungal collection resembled candidiasis. Post operatively he was treated with 2 weeks of intravenous fluconazole and antibiotic. The fungal infection should always be kept in mind as one of the causes for small bowel perforation, as early detection is necessary to treat Candida infection.

CASE REPORT: RELAPSING MULTIFOCAL DESMOID FIBROMATOSIS TUMOURS

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INTRODUCTION

Desmoid-type fibromatosis (DF) is a rare tumour (<3% of all soft tissue tumours) with an incidence of 2-4 per 100,000 population. It has high relapsing recurrence although low metastatic potential. We report a case of relapsed intraabdominal DF after "successful" treatment of extra-abdominal DF.

CASE REPORT

A 31-year old gentleman presented with a 3-week history of generalized abdominal pain, vomiting, diarrhea and fever. He had history of recurrent right upper limb DF with complete surgical excision twice followed by radiotherapy. There was a vague tender fullness over the suprapubic and right iliac fossa regions. Tumour markers were normal. Computed tomography (CT) abdomen suggested a possible sigmoid diverticular abscess. As there was no resolution with empirical antibiotics and colonoscopy was grossly normal, ultrasonography-guided biopsy of the solid abdominal mass proved DF. He subsequently had a complete surgical excision of appendicular mass with clear appendicular base. Currently, he is well and placed on active clinical and radiological surveillance.

DISCUSSION

DF is an aggressive myofibroblastic tumour with high potential for locoregional invasion and recurrence especially in extra-abdominal DF. Adjuvant radiotherapy, targeted and/or hormonal therapy aim for local and systemic control. Surveillance method and frequency are often the point of contention with no clear guidelines although recommended intervals have been suggested as 3 to 6 monthly for the first 2 to 3 years then annually. Patients tend to drop off from surveillance due to poor understanding of their disease.

CONCLUSION

Active surveillance is the front-line approach in treating desmoid-type fibromatosis. This case highlights the importance of accurate history-taking, high index of suspicion and active surveillance.

STAPLED HAEMORRHOIDOPEXY: A RETROSPECTIVE STUDY IN HOSPITAL SULTANAH BAHYIAH

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INTRODUCTION

Stapled haemorrhoidopexy was introduced as an alternative surgical treatment for haemorrhoids in 1998. After 25 years in practice, some claimed this procedure was associated with a high recurrence rate and significant morbidity due to complications. However, much remains to be discovered about Stapled haemorrhoidopexy in Malaysia.

AIM

We present our clinical experience with Stapled Haemorrhoidopexy to examine the outcomes and associated complications in treating symptomatic haemorrhoids.

METHODOLOGY

The study was conducted in Hospital Sultanah Bahiyah, Alor Setar. Patients who underwent Stapled Haemorrhoidopexy by colorectal surgeons and fellows from 1st January 2015 until 31st December 2019 were included, and 37 patients were enrolled in the study. Through our Electronic Hospital Information System (eHIS), data were collected on demographics, perioperative information, outcomes, and complications.

RESULTS

There were 22 males and 17 females, with a mean age of 49 years old. The main indication for surgery was bleeding (64.8%) and protruding mass (48.6%) or grade 3 and 4 haemorrhoids. The surgery was done as a daycare for 12 (32.4%) patients, and the remaining patients stayed at least one night. Almost all patients (94.6%) underwent the procedure under spinal anaesthesia. The mean operative time was 42 minutes. Immediate postoperative complications were urinary retention in 8 patients and bleeding in 2 patients. In the one year follow-up, all patients attained normal activity with no stapled haemorrhoidopexy related delayed complications, except one patient had anal stenosis and one recurrence.

CONCLUSION

Stapled Haemorrhoidopexy is a safe and effective treatment for symptomatic haemorrhoids with favourable short-term outcomes. Complications can be reduced with adequate training and performed on a regular basis.

A UNIQUE CASE OF OBSTRUCTING ILEOCECAL DIFFUSE B - CELL LYMPHOMA WITH INTUSSUSCEPTION

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INTRODUCTION

Primary colorectal lymphomas are rare with the incidence of 10-20% of gastrointestinal lymphomas and only 0.2-0.6% of large bowel malignancies.¹ The most frequent histology is diffuse large B cell lymphoma (DLBCL).² Preoperative diagnosis may be challenging due to nature of presentation and cases has been reported with incidence of colorectal carcinoma during follow up which may require longer surveillance follow up.

The correlation between adenoma and lymphoma in the colorectal tract is unknown.¹

CASE REPORT

We report a case of 55 years old Malaysian gentleman who presented on July 2021 with nonspecific abdominal pain, loss of weight and altered bowel habit for 2 months. Colonoscopy showed a lobular lesion at ileocecal junction with histopathological (HPE) report of chronic inflammatory tissue biopsy. Subsequently, a computerized tomography (CT) of Thorax, Abdomen & Pelvis was performed. The images showed obstructing ileocolic intussusception with large mesenteric nodes with no distant metastasis. In view of the discordance in between HPE with CT & colonoscopy, he was counselled for surgery. Hence, laparoscopic right hemicolectomy with extracorporeal anastomosis was performed on 20th August 2021 and recovered uneventfully. HPE reported as ileocecal Diffuse Large B Cell Lymphoma. He was referred to hematologist and underwent chemotherapy. After few outpatients surgical clinic follow up, he was discharged to hematologist well.

CONCLUSION

Preoperative diagnosis of gastrointestinal lymphoma is rather difficult; therefore, resection should adhere to oncological principles. In regard to surveillance follow up, suggestion for life long follow up would be appropriate in view of the possibility of secondary cancer occurrence.

LOWER GASTROINTESTINAL BLEEDING UNUSUAL PRESENTATION FOLLOWING ORAL CAPECITABINE

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Small bowel bleeding is the least common cause of lower gastrointestinal bleed. It is a rare complication of oral Capecitabine, however detail history should be explored if upper gastrointestinal bleeding have been excluded. We report a case of bleeding from ileum post adjuvant capecitabine in concurrent with radiotherapy.

71 years old lady who was diagnosed with low rectal adenocarcinoma. She had underwent surgery followed by adjuvant radiotherapy with capecitabine. Few weeks following the treatment she presented with bleeding from her ileostomy. Oesophagogastrroduodenoscopy (OGDS) performed showed normal study. Hence proceeded with enteroscopy via her ileostomy and reveals bleeding ulcer over ileum approximately 20cm proximal to the stoma. Complete hemostasis was secured with heater probe. No recurrence of bleed was seen.

Bleeding from small bowel should be considered in patients presented with lower GI bleeding, especially in patients who are on or have recently completed oral Capecitabine.

Various methods and investigation can be done in detecting site of bleeding either radiologically by CT angiography or direct visualization via enteroscopy or capsule endoscopy. However in cases of hemodynamically instability emergency laparotomy should be taken into consideration. As in our case we manage to detect, secure the hemostasis endoscopically and subsequently avoid surgical intervention.

MULTIVARIATE ANALYSIS OF RISK FACTORS FOR COMPLICATIONS AFTER STOMA CLOSURE

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BACKGROUND

Closure of stoma is a common procedure and some are often considered as minor surgery. Nevertheless, the complications can be devastating if it occurs particularly the risk of anastomotic leakage. Other possible complications that can arise are surgical site infections and intestinal obstruction. This study looks into possible risk factors that may help predict complications after stoma closure using a multivariate analysis.

OBJECTIVE

The aim of this study was to determine the risk factors for complications after stoma closure.

METHODS

Patients who underwent closure of colostomy and/or ileostomy from January 2018 to June 2019 were retrospectively analyzed. All causes for initial stoma creation were incorporated into this study. Multivariate logistic regression was used to determine the potential risk factors on the complications after stoma closure.

RESULTS

A total of 34 patients underwent reversal of stoma. Indications for the initial operation were colorectal cancer (85%), perineal sepsis (5.9%), ischaemic bowel (5.9%) and diverticulitis (2.9%). The incidence of surgical site infection was found to be 5.89%, anastomotic stenosis or adhesion was at a rate 5.8 % and anastomotic leak was 2.9%. A total of 9 factors were analyzed comprising of patients pre-operative co-morbidities, pre-operative albumin level, type of stoma, intra-operative contamination and type of skin closure. However, multivariate logistic regression did not show any significant association between complication rate and the risk factor analyzed as the odd ratio was close to or equal to 1.

CONCLUSION

Although interestingly the parameters analysed did not show any significance towards predicting risks, they are well known to be clinically significant parameters to surgeons. Perhaps the numbers can be further increased with a larger sample size to improve study design and accuracy. Patients should also be followed up long term to look into long term complication of stoma closure before a definitive conclusion can be inferred.

A DISASTROUS MASSIVE LOWER GASTRO-INTESTINAL BLEEDING - A CHALLENGING DILEMMA

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BACKGROUND

Lower gastro-intestinal bleeding (LGIB) refers bleeding source being distal ligament Trietz. The usual presentation of lower gastro-intestinal bleeding is hematochezia whereas melena is usually seen in upper gastro-intestinal bleeding (UGIB). However, presentations may vary. For instance, bleeding from right colon may also present with melena and a massive UGIB may present with hematochezia as well. It is not as frequent we see cases of massive LGIB with high mortality as compared to its counterpart; UGIB. Hereby, we present one such case.

CASE REPORT

We report a case of massive lower gastro-intestinal bleed (LGIB) in a 73 years old Malay lady. She was referred to surgical for obstructive uropathy and bladder outlet obstruction in view of a fungating bladder mass with bilateral hydronephrosis seen in ultrasound kidney-ureter-bladder. Unfortunately, she developed generalized painful swelling of left lower limb an ultrasound doppler showed a long segment deep vein thrombosis and she was started on therapeutic clexane dosage. On day 6 of admission, patient had per rectal bleeding secondary to solitary rectal ulcer. Hemostasis was secured with packing with adrenaline cigar. The next day there was massive per rectal bleeding. Colonoscopy could not identify the bleeding source. We proceeded with exploratory laparotomy intraoperatively we noted there were an extramural hematoma. Patient succumbed one day later due to septic shock and disseminated intravascular coagulation secondary to massive lower gastrointestinal bleed with underlying pulmonary embolism and deep vein thrombosis.

CONCLUSION

We are reporting this case to highlight the complex issues that are present in it. This patient who initially had a thrombogenic issue; deep vein thrombosis later developed coagulopathy that cause massive lower GI bleeding. A suspicion of bladder carcinoma and development of perforation secondary to enteritis make it difficult for us to detect the issue of lower GI bleeding secondary to coagulopathy. On retrospective analysis, we feel a prompter colonoscopy and CT abdomen could have led to this diagnosis earlier.

COLORECTAL CANCER RECURRENCE IN THE JEJUNUM; A CASE REPORT OF RARE SITE FOR CANCER RECURRENCE

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Colorectal cancer is the third most common cancer worldwide, with recurrence rates of 20-30% following oncological resection of the primary tumour. Recurrence can either be local or distant where the common sites are the liver, lung and peritoneum. Various other metastatic sites, such as the bones, spleen, brain and distant lymph nodes, have also been reported. We report a rare case of colorectal cancer recurrence in the proximal jejunum in a 59-year-old man detected during a surveillance CT scan and confirmed by histopathology examination. The patient underwent left hemicolectomy for obstructed distal transverse colon adenocarcinoma 2 years prior followed by adjuvant systemic therapy. Recurrence or metastasis in the small bowel from colorectal cancer is very rare with incidence reported at 6%. Good imaging modalities during surveillance period with high index of suspicion are required to diagnose this rare site of recurrence and enable early intervention to improve patients survival.

A RARE CASE OF ADHESIVE SMALL BOWEL OBSTRUCTION IN A PATIENT WITH SEROPOSITIVE MYASTHENIA GRAVIS

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Intestinal pseudo-obstruction as a sequelae of myasthenia gravis has been reported in literature previously. The underlying etiology has been attributed to the abnormality of the myenteric plexus of the intestinal wall. We report a rare case of adhesive small bowel obstruction possibly due to previous recurrent appendicitis in a patient with myasthenia gravis.

A 69-year-old man with underlying myasthenia gravis was admitted to the surgical ward with two weeks history of worsening abdominal distention. There was no vomiting and bowel output was still present. Patient had reported similar symptoms before and had an upper and lower endoscopy performed which was normal. He has had no previous abdominal surgery. Clinically, his abdomen was distended but no peritonism. Abdominal x-rays showed dilated loops of small bowels. Small bowel contents drained out on nasogastric decompression. A contrasted CT abdomen revealed transitional point at the distal ileum. An exploratory laparotomy was performed which revealed multiple adhesions at the terminal ileum arising from a long and narrow appendix, forming an adhesion band which was causing small bowel obstruction. Bowels were healthy with no evidence of intra or extraluminal mass. Adhesiolysis, appendicectomy and bowel decompression was done. Post operatively, patient recovered well.

Myasthenia gravis is a recognized cause of functional bowel obstruction and surgical intervention is rarely required in such cases. In our patient however, the presence of small bowel content on nasogastric aspiration and imaging showing isolated small bowel dilatation with transitional point at the distal ileum led us to embark on an exploratory laparotomy. We postulated that the recurrent appendix inflammation, had led to the formation of adhesions, causing mechanical obstruction.

Physicians should be aware of mechanical obstruction in patients with myasthenia gravis, where if treatment isn't appropriate, could lead to bowel ischemia and perforation, which can lead to high morbidity and mortality.

RECTAL ENDOMETRIOSIS MIMICKING RECTAL CANCER

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INTRODUCTION

Endometriosis is a common gynaecologic disease. The disease affected about 5-10% of reproductive-age women. However, intestinal endometriosis is very rare. The symptoms and clinical features are almost similar and can be misdiagnosed as colorectal cancer, particularly when the poor diagnostic yield of colonoscopy and colonic biopsies.

We present an exemplary case of a 47 years old nulliparous woman who came with a complaint of haematochezia, tenesmus, and altered bowel habit for five months. The investigations showed a circumferential rectal mass 10cm from the anal verge, and the initial histopathology examination was inconclusive, but a computed tomography scan reported as rectal mass with uterine infiltration suggestive of locally advanced rectal cancer. She then was arranged for a second biopsy, and surprisingly, showed stromal endometriosis. Following that, the gynaecologist began hormonal therapy. After six months of hormone treatment, repeated colonoscopy and CT scans revealed a considerable reduction in rectal mass, and the bowel symptoms wholly recovered after a year course of treatment.

CONCLUSION

Rectal endometriosis is often challenging to diagnose as it may mimic a broad spectrum of rectal diseases, specifically cancer. This case report reviews the previous publication on intestinal endometriosis, epidemiology, treatments, and surgical roles.

CASE CONTROL STUDY OF URINE METABOLOMICS ANALYSIS IN COLORECTAL CANCER PATIENTS IN COMPARISON WITH HEALTHY PERSON

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BACKGROUND

Colorectal Cancer (CRC) is one of the most prevalent and deadly cancer in world. Recommended screening methods are still unsatisfactory as they are invasive and poor uptake from population. Metabolomics fingerprinting represents a promising non invasive approach that can be applied to identify biochemical changes in CRC and it potentially can be used as a biomarker in screening CRC disease.

METHODOLOGY

This is a case control study that was conducted in 2 institutions. A total of 91 samples of urine were collected from these institutions with 45 samples from CRC patient and 46 samples from healthy groups. The urine samples were analysed using proton nuclear magnetic resonance spectroscopy (1H NMR) metabolomics instrument in order to identify and quantify valuable metabolites in each urine sample. Metabolic profiling and spectral further subjected to multivariate statistics using OPLS-DA, Fold Change and independent t-test to identify the most significant metabolites, which enables comparison on metabolites between these two groups. For perturbed metabolism pathways, we used KEGG database pathway and MetaboAnalyst online software.

RESULT

The OPLS-DA data were successful in distinguishing between the two groups. Significant metabolites identified (total 23 metabolites) and potentially can be use as biomarker were composed of 2-hydroxyisobutyrate, acetate, phenylalanine, L-thyrosine, L carnitine, glycerol, succinate, D-Glucose, glucose-1-phosphate and 3-hydroxybutyrate (up- regulated) and Hippurate, Betaine, L- arginine, Citrate, Creatinine, Trimethylamine, Uracil, 1-methylnicotinamide, L-Histidine, 1-Methylhistidine, Hypoxanthine and Trigonelline (down-regulated). The proposed of dysregulated pathways in CRC are D-Glutamine and D-glutamate metabolism, Butanoate metabolism and amino acid metabolism with high enrichment ratio.

CONCLUSION

The metabolomics technique was able to identify key metabolites, resulting in group separation, the discovery of putative biomarkers that may be used to diagnose colorectal cancer. Further research is needed to confirm the utility of the profile in a prospective, population-based colorectal cancer screening trial.

RETROSPECTIVE ANALYSIS ON MANAGEMENT OF OBSTRUCTED METASTATIC LEFT SIDED COLORECTAL CARCINOMA: SINGLE CENTER EXPERIENCE

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The role of palliative surgery in the management of acute complications in patients with disseminated malignancy remains controversial given narrow risk/benefit with significant postoperative morbidity and mortality. This study aims to analyze the short-term outcome management of obstructed metastatic left sided colorectal carcinoma. A retrospective analysis was done in Hospital Ampang between 2017 to 2021 on management of symptomatic metastatic left sided colorectal carcinoma. There were 87 patients with metastatic colorectal cancer with 52 cases included in this study after exclusion of anorectal cancer (14 cases). Most of the tumours were resected 51.6 % (n=31), followed by diverting stomas 38.5% (n=20) and only 1.9% colonic stenting (n=1) was done. Nineteen patients (61.2%) with tumour resection has prolonged hospital stay of more than 7 days post operatively. These were attributed by the post operative morbidity such as post operative infection (hospital acquired pneumonia and surgical site infection) 22.6% (n=7) followed by cardiac complication 16.1% (n=5), high stoma output 12.9% (n=4) and anastomotic leak/intraabdominal sepsis 6.5% (n=2). In comparison with the diverting stoma patients; only 25% (n=5) had prolonged hospital stay. The colonic stenting patient had the shortest number of stay of 2 days without any complication. Up until today, 90% (n=18) of patients who underwent defunctioning stoma are still alive. However, 35% (n=11) of patient whom underwent tumor resection had progression of disease and succumbed to illness with mean duration of 6 months. Palliative tumour resection has highest morbidity and mortality as compared to diverting stoma in managing obstructed left sided metastatic colorectal cancer. The small number of stenting done in our center may not reflect the overall outcome in these group of patient. Nevertheless, a larger multicenter national study is required to further analyze the outcome in the varieties of management in these group of patients in Malaysia.

SIGMOID VOLVULUS IN SEBERANG PERAI, AN AUDIT

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OBJECTIVES

The purpose of this study was to describe the clinical profile of patients with sigmoid volvulus and the appropriate strategy for the treatment of patients with acute sigmoid volvulus in an emergency setting.

METHODS

This was a retrospective study of patients with sigmoid volvulus seen in Hospital Seberang Jaya community over 7-years period from 2015 to 2021.

RESULTS

Out of 16 patients with acute sigmoid volvulus, 11 (68.8%) were male and 5 (31.2%) were female. Their mean age was 73.1 years (ranging from 36-91 years). All patients presented with abdominal distension symptoms and none of the patients having peritonitis upon abdominal examination. 14 patients underwent endoscopic deflation with 13 patients treated successfully and 1 patient failed and underwent surgical intervention. 7 out of 13 patients who was treated conservatively with endoscopic deflation subsequently underwent surgery because of recurrent volvulus.

CONCLUSION

We noticed that sigmoid volvulus is more common in Chinese compared to other populations and significantly encountered in elderly as our aged population continues to grow. Most of the patients successfully be treated conservatively with endoscopic deflation with surgery is reserved for recurrent volvulus.

COLORECTAL CANCER IN YOUNG ADULTS: CHARACTERISTICS AND OUTCOME

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INTRODUCTION

Colorectal cancer (CRC) in young adults is not common but has risen over the years. Controversy still exists regarding clinical features and prognosis in young patients. We aim to review the patients with adenocarcinoma of colon and rectum age 50 years and younger

METHOD

A retrospective medical records case review of 54 patients aged 50 years and younger with CRC from January 2019 to December 2021 in our center was analyzed. The demographic data, histopathological subtypes, staging, and treatment given were reviewed.

RESULTS

We retrieved 54 (26%) patients from total case (208) of CRC in our center. Three (5%) patients had strong family history. The number of young CRC showed increasing in trend (17 (23%) in 2019 and 23 (33%) in 2021). Right sided location was found in 17 (32%) patients, 20 (37%) were left sided and 16 (31%) were in the rectum. The histopathological subtypes showed 30 (55%) were moderately differentiated, 2 (3%) were poorly differentiated, 2 (3%) were well differentiated and 20 (39%) were unspecified adenocarcinoma. Most of the patient presented with stage III 30 (55%), 19 (35%) were stage IV and only 5 (10%) were stage II diseases.

CONCLUSION

We found increased number of CRC in the young adults. Younger patients with colon and rectal cancer tend to present at more advanced stage and the tumor were more of aggressive type.

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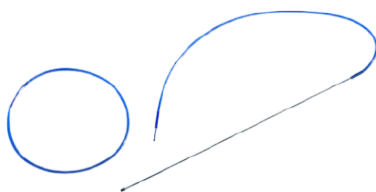
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