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ANURADHAPURA MEDICAL ASSOCIATION

Inaugural Academic Sessions 2025

"Rooted in Heritage, Advancing through Science"

24th & 25th November 2025
Golden Mango Resort, Anuradhapura, Sri Lanka

ANURADHAPURA MEDICAL ASSOCIATION (AMA)

Proceedings of the

Inaugural Annual Academic Sessions of Anuradhapura Medical Association

2025

"Rooted in heritage, advancing through science"

Golden Mango Resort
Anuradhapura
24th and 25th November 2025

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Anuradhapura, Sri Lanka

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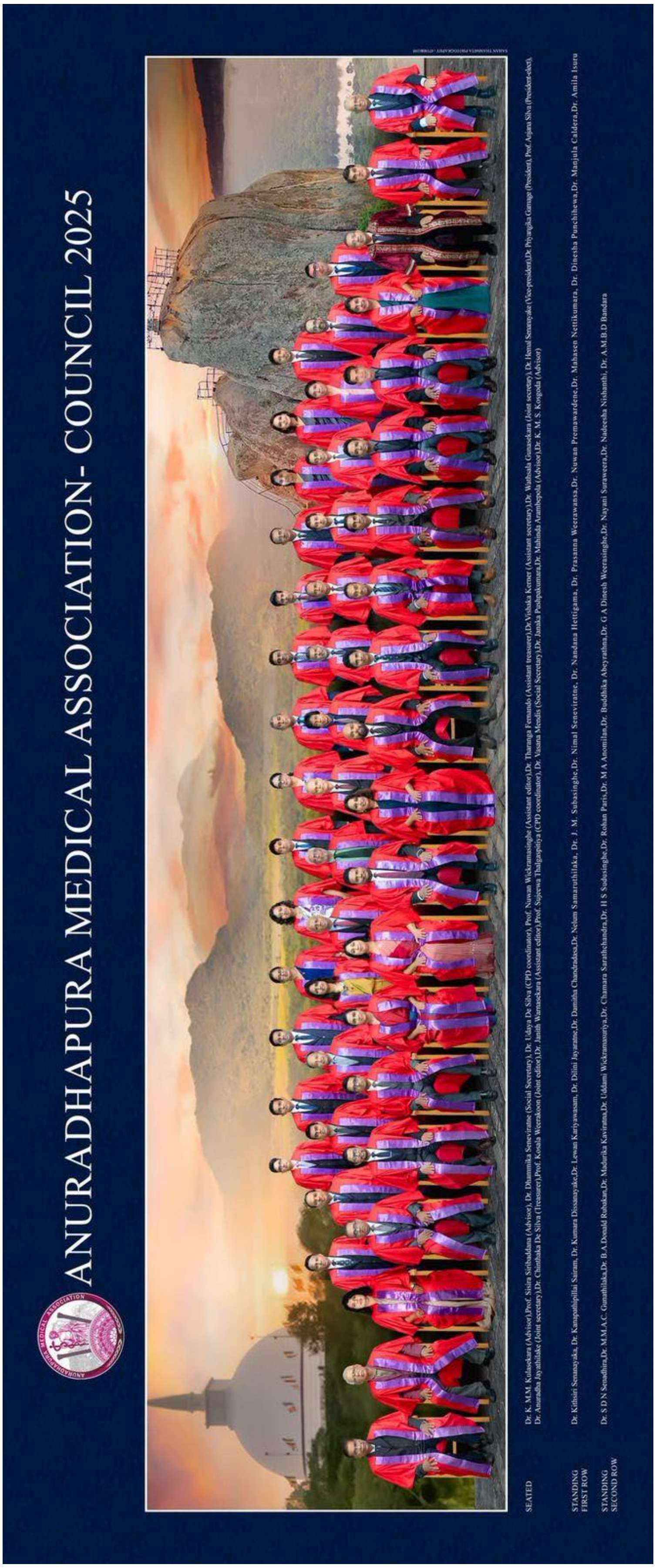
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Message from the President AMA

Dr. Priyangika Gamage
President
Anuradhapura Medical Association

It gives me great pleasure to invite all members of the Anuradhapura Medical Association, together with fellow medical professionals in the region, to the Inaugural Academic Sessions of the Anuradhapura Medical Association, to be held on Tuesday, 25th November 2025, at the Golden Mango Resort, Anuradhapura, under the theme "Rooted in Heritage, Advancing through Science".

This momentous occasion marks the beginning of an inspiring journey for our Association as we endeavour to establish a dynamic academic and professional platform that fosters knowledge sharing, collaboration, and the advancement of medical practice in the region. The Academic Sessions will present a rich scientific programme featuring lectures by eminent experts and presentations that highlight the diverse clinical and research contributions. It will also serve as a valuable forum for networking, professional development, and strengthening the bonds within our medical community.

Together with my Council, I warmly invite you to be part of this important milestone as we celebrate the spirit of learning, unity, and service that defines our profession. Your presence and active participation will be deeply appreciated and will no doubt contribute to the success of this inaugural event.

Message from the joint secretaries of AMA

Dr. Wathsala Gunasekara **Dr. Anuradha Jayathilake**

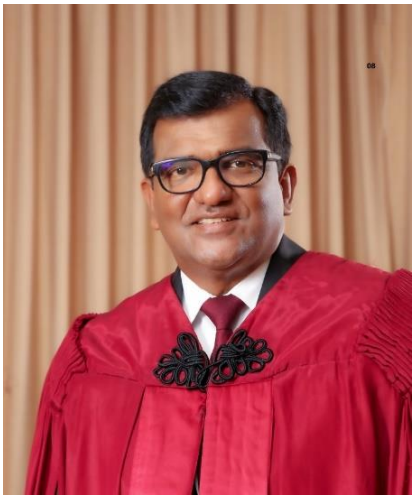
Joint Secretaries

Anuradhapura Medical Association

We warmly welcome you to attend our upcoming Inaugural Annual Academic Session scheduled for 25th November 2025 at Golden Mango resort in the historic and vibrant city of Anuradhapura. With the theme "*Rooted in heritage, advancing through science*", annual scientific session of AMA will bring leading experts from the field of medicine to share the knowledge and experience. This premier educational event has become an enriching platform for learning, transformation and strengthening our collective commitment to improve patients' lives. This session promises to be both educational and engaging, featuring a range of presentations and discussions on current practices and innovations in the medical field. This is a great opportunity for professional development and networking. Further, this session is a great platform to showcase research ideas too. I encourage all medical officers and postgraduate trainees to attend and contribute ideas and insights.

We eagerly look forward to welcoming you.

Message from the Chief Guest



Vidya Jyothi Professor Prasad Katulanda

MBBS (Hons), MD, FRCP (Lond), FCCP, FACE (USA), FSLCE, FPSIM, FSLCNP, FNASSL, DPhil (Oxon)

President, Ceylon College of Physicians
Professor in Medicine, University of Colombo

I consider it a great honour to be invited as the Chief Guest at the Inauguration of the Inaugural Annual Academic Sessions of the Anuradhapura Medical Association (AMA) 2025. I extend my warmest greetings and sincere congratulations to the President, Council, and members of the AMA for organizing this important academic event under the theme "Rooted in heritage, advancing through science", continuing a proud tradition of professional excellence and service to the people of the North Central Province. As the President of Ceylon College of Physicians, I am very proud today as CCP is the first national organization that organized a regional program with the newly established AMA.

Anuradhapura, the first ancient capital of Sri Lanka, stands as a symbol of our nation's rich heritage — a city that flourished with advanced irrigation, agriculture, and medical practices even in ancient times. The spirit of innovation, resilience, and dedication that built this great civilization continues to resonate today through the work of its medical community. The Teaching Hospital, Anuradhapura, with its distinguished history of responding to regional health challenges — from malaria and snakebite to the management of war casualties and emerging non-communicable diseases — remains a beacon of service and compassion.

The AMA, closely linked to the Anuradhapura Teaching Hospital, and the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka is playing a pivotal role in advancing medical knowledge, education, and community service. Its members have continuously demonstrated the values of commitment, teamwork, and empathy, serving both as healers and educators in one of the most challenging but rewarding regions of our country.

In an era where medicine is rapidly evolving, it is vital that we blend our deep local experience with global advances in science, technology, and ethics. As physicians, we must remain lifelong learners and advocates for equitable, evidence-based, and compassionate care. The theme and deliberations of these sessions, I am sure, will inspire reflection, innovation, and collaboration among all participants.

We at the Ceylon College of Physicians look forward to continuing collaboration with the AMA in its future endeavors. I wish the AMA every success in its Annual Academic Sessions and in its noble mission to uplift healthcare in the region and beyond. May your dedication continue to illuminate the path of healing, knowledge, and humanity — just as Anuradhapura has illuminated our island's history for millennia.

Message from the Guest of Honour

Dr. Saman Yasawardene
MS(ORL) FRCSEd
Consultant ENT Surgeon
Past President of the College of Otolaryngologists and Head & Neck Surgeons of Sri Lanka
Past Chairman of the Board of Study in ENT Surgery, PGIM
Immediate Past President Association of Medical Specialists

I am deeply honored and delighted to send this congratulatory message on the occasion of the inauguration of the Annual Academic Sessions of the Anuradhapura Medical Association. Although being a relatively new organization the academic program of your conference appears both comprehensive and highly relevant.

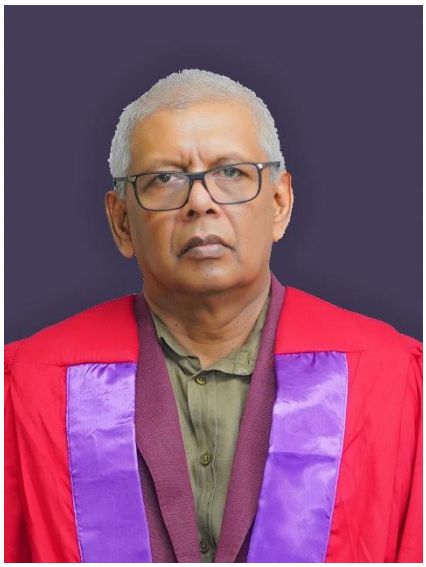
Medical facilities in Anuradhapura have shown steady and impressive progress over the years. Today, I believe Anuradhapura stands as a center of excellence—not only in the delivery of healthcare but also in providing both undergraduate and postgraduate medical education.

In my own field of ENT Surgery, the ENT Unit of the Teaching Hospital, Anuradhapura, is noteworthy for operating the country's only state-sector comprehensive balance (vertigo) laboratory and for successfully conducting a neonatal hearing screening program. It has also become a center for cochlear implantation, allowing recipients to access both surgery and rehabilitation services without having to travel far.

In this context, organizing Continuous Professional Development (CPD) programs for doctors and other healthcare professionals is of paramount importance to ensure the continued delivery of high-quality and affordable healthcare to the people of the Rajarata region. I am particularly impressed by the collaboration between specialists under the Ministry of Health and the medical academics attached to the university system in organizing such excellent CPD programs, despite Anuradhapura being located away from the capital.

I extend my sincere congratulations to all those who contributed to organizing this event, and I wish your Annual Academic Sessions every success.

Anuradhapura Medical Association Orator 2025



Senior Professor Sisira Siribaddana
MBBS, MD, FRCP (Edin) FRCP (Lon) FCCP
Chair Professor of Medicine, Department of Medicine
Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

Professor Sisira Siribaddana is the Chair Professor of Medicine at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. A graduate of the University of Colombo and Fellow of the Royal Colleges of Physicians of London. He has taught and supervised more than 2500 medical students and 50 physicians in training. He was a member of the Centre for National Operations for post-Tsunami rehabilitation at the Presidential Secretariat and a clinician in charge of Methsirisewana, the COVID-19 treatment centre in Anuradhapura. He was the first permanent dean of the medical faculty in Rajarata University of Sri Lanka and instrumental in establishing the ethics review committee and postgraduate degrees based on peer-reviewed publications.

Professor Siribaddana's early clinical and research training included work in endocrinology at the Princess Alexandra Hospital in Brisbane and a Tutor at the University of Queensland. He co-founded the Sri Lankan Twin Registry, supported by the Welcome Trust, pioneering twin research in South Asia.

He has published extensively, with more than 200 publications and an H-index of 46, spanning topics such as diabetes, mental health, tropical diseases, disasters, migration, bioethics, snakebite, and chronic kidney disease. His work has appeared in leading journals, including *The Lancet*, *BMJ*, *PLoS Medicine*, and the *British Journal of Psychiatry*. He has authored several books and national clinical guidelines and served in academic and bioethics leadership roles.

Professor Siribaddana's career reflects an enduring commitment to advancing medical science, ethical research, and equitable healthcare, bridging global collaboration with pragmatic public health practice in Sri Lanka.

Anuradhapura Medical Association Oration 2025

From Bedside Observations to Scientific Evidence: The Enduring Value of Case Reports

Sisira Siribaddana MBBS, MD, FRCP (Edin) FRCP (Lon) FCCP
Chair Professor of Medicine, Department of Medicine
Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

Case reports remain fundamental to clinical medicine, serving as early signals for emerging diseases, unusual presentations, rare adverse events, and unexpected complications. This oration demonstrates how bedside observations translate into scientific evidence across multiple medical domains.

In infectious diseases, case reports revealed tuberculosis-associated autoimmune hemolytic anemia (AIHA), a rare immune-mediated complication with distinctive features confirmed through systematic review. This contrasts with tuberculous pericarditis, which represents a different immune-pathological mechanism; delayed-type hypersensitivity producing hemorrhagic effusions, with distinct therapeutic implications including adjuvant steroid use.

Environmental medicine benefited from observations following a Sri Lankan industrial disaster, where workers exposed to toluene diisocyanate-contaminated latex developed systemic symptoms including previously unreported muscle involvement, highlighting chemical container reuse dangers.

In nephrology, case reports helped clarify chronic interstitial nephritis among agricultural communities (CINAC). An exertional heat stroke case initially suggested heat stress as causative; however, subsequent biomarker studies and systematic reviews redirected focus toward environmental toxins, with heat as an aggravating factor. The Anuradhapura Snakebite Cohort demonstrated that snake envenoming causes acute but not chronic kidney injury. Observations of distal renal tubular acidosis with Southeast Asian ovalocytosis revealed SLC4A1 genetic mutations and prompted comparisons with CINAC's toxin-induced proximal tubular pathology.

Genomic investigations stemming from necrotizing pneumonia cases identified a highly virulent, Panton-Valentine leukocidin-positive MRSA clone circulating globally, linking clinical severity with molecular epidemiology.

These examples illustrate how attentive clinical observation, combined with systematic follow-up and modern investigative tools, transforms individual cases into evidence that advances medical understanding, shapes research priorities, informs treatment decisions, and influences health policy.

Anuradhapura Medical Association
Inaugural Academic Sessions 2025

Inauguration Ceremony & AMA Oration

Golden Ballroom - Golden Mango Resort, Anuradhapura
24th November 2025 - 6.00pm onwards

Chief Guest – Vidya Jyothi Professor Prasad Katulanda

Consultant Endocrinologist & Diabetologist
Professor & Head, Department of Clinical Medicine
Faculty of Medicine, University of Colombo, Sri Lanka

Guest of Honour – Dr A D K S N Yasawardene

Senior Consultant ENT Surgeon

AMA Oration 2025 - Professor Sisira Siribaddana

Senior Professor and Chair/Honorary Consultant Physician
Department of Medicine
Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

* Participation by Invitation Only

PRE CONGRESS WORKSHOP FOR ORTHOPAEDIC SURGEONS

WORKSHOP ON SHOULDER ARTHROSCOPIC SURGERY

Operation Theatre Complex
Teaching Hospital, Anuradhapura
8.00am to 2.00pm - 24th November 2025

Demonstrated by : **Dr. Dilshan Munidasa**
Senior Consultant Orthopaedic Surgeon

- *Includes 3 Bankart Surgeries*
- *Participation limited to maximum 10 participants*

AMA

ama@med.rjt.ac.lk

Anuradhapura Medical Association

Inaugural Academic Sessions

Golden Ballroom - Golden Mango Resort, Anuradhapura
25th November 2025

Time	Topic	Speaker	
8.30 - 9.00	Evaluation of headache - Pearls for primary care and beyond	Dr Kishara Gooneratne	Consultant Neurologist, Senior Lecturer in Medicine, Department of Medicine and Mental Health, Faculty of Medicine, University of Moratuwa
9.00 - 9.30	Evaluation of fever- Pearls for primary care and beyond	Prof Ranjan Premaratne	Senior Professor in Medicine, Department of Medicine, University of Kelaniya
9.30 - 10.00	A patient with acute abdomen	Dr Priyantha Mudalige	Consultant General Surgeon, Bundaberg Base Hospital, Queensland Australia
10.00 - 10.30	Management of commonly encountered fractures in Sri Lanka	Dr Dilshan Munidasa	Consultant Orthopaedic Surgeon
10.30 -11.00	TEA		
11.00 -11.30	A patient with per-rectal bleeding	Prof Bawantha Gamage	Professor in Surgery, Department of Surgery, University of Sri Jayawardhenapura
11.30 - 12.00	Evaluation of chronic diarrhoea	Dr Andreas Koutsoumpas	Consultant Gastroenterologist and Interventional Endoscopist, Laikon University Hospital, Athens Greece
12.00 - 12.30	Evaluation on shortness of Breath – Pearls for primary care and beyond	Dr Ganaka Senaratne	Consultant Physician, National Hospital Karapitiya
12.30 - 1.00	Transforming Consultations: Patient-Centred care for Today's Primary care Physician	Prof Shyamalee Samaranayaka	Head and Professor in Family Medicine, Department of Family Medicine, University of Sri Jayawardhanapura
1.00 -1.45	LUNCH		
1.45 -2.15	Interpretation of FBC in children	Prof Sachith Mettananda	Cadre Chair and Professor, Department of Paediatrics, University of Kelaniya
2.15 - 2.45	Recurrent abdominal pain in children	Prof Shaman Rajindrajith	Chair Professor of Paediatrics, Department of Paediatrics, University of Colombo
2.45 - 3.15	Clinical Pearls to master O&G diagnosis	Dr Hemantha Perera	Consultant Obstetrician and Gynaecologist
3.15 - 3.45	Approach to Common Gynaecological Challengesin General Practice	Dr Sampath Gnanarathne	Consultant Obstetrician and Gynaecologist, Department of Obstetrics and Gynaecology, University of Peradeniya
3.45 - 4.15	Psychological comorbidities in physical Illness	Dr Sayuri Perera	Consultant Psychiatrist, Head/Senior Lecturer, Department of Psychiatry, University of Peradeniya
4.15	Closing Remarks and Tea		

FREE PAPER AND POSTER SESSIONS

FREE PAPER SESSIONS

Glass Room, Golden Mango Resort, Anuradhapura
25th November 2025

Free Paper Session 1	9:15am – 10:45am
Free Paper Session 2	11:30am – 1:00pm
Free Paper Session 3	2:00pm – 3:30pm

POSTER SESSIONS

Royal Court, Golden Mango Resort, Anuradhapura
25th November 2025

Poster Session 1	10:30am – 11:30am
Poster Session 2	1:00pm – 2:00pm

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Invited Faculty

Dr. Kishara Gooneratne

Prof. Ranjan Premarathne

Dr. Dilshan Munidasa

Prof. Bawantha Gamage

Dr. Priyantha Mudalige

Dr. Andreas Koutsoumpas

Dr. Ganaka Senaratne

Prof. Shyamalee Samaranakaya

Prof. Sachith Mettananda

Prof. Shaman Rajindrajith

Dr. Hemantha Perera

Dr. Sampath Gnanarathne

Dr Sayuri Perera

Inaugural Annual Academic Sessions of Anuradhapura Medical Association

Abstracts

Panel of Abstract Reviewers

Dr. Mariyanayagam Anomilan (Consultant Genito-urinary Surgeon)
Dr. Buddhika Bandara (Consultant Gastrointestinal Surgeon)
Dr. Manjula Caldera (Consultant neurologist)
Dr. Chinthaka de Silva (Consultant Gastroenterologist)
Dr. Kumara Dissanayake (Cons. Obstetrician and Gynaecologist and Snr. Lecturer)
Dr. Tharanga Fernando (Consultant Cardiologist)
Dr. Hemantha Gunathilake (Consultant Neurosurgeon)
Dr. Dhanushka Hewabosthanthrige (Senior lecturer in Anatomy)
Dr. Dinesha Jayasundara (Senior Lecturer in Microbiology)
Dr. Anuradha Jayathilake (Consultant surgeon and Senior Lecturer in Surgery)
Prof. Sampath Jayaweera (Consultant Microbiologist and Professor in Microbiology)
Dr. Priyantha Maduranga (Consultant Surgeon)
Dr. Mahasen Neththikumara (Consultant Oncologist)
Dr. Lamindu Niroshana (Consultant Orthopaedic Surgeon)
Prof. Sampath Paththinige (Professor in Anatomy)
Dr. Nuwan Premawardane (Consultant Physician)
Dr. Shashanka Rajapakse (Senior Lecturer in Physiology)
Prof. D. Rathish (Professor in Family Medicine)
Dr. Donald Rubikan (Consultant Vascular and Transplant Surgeon)
Dr. Chamara Sarathchandra (Consultant Physician and Senior Lecturer in Medicine)
Dr. Hemal Senanayake (Consultant Physician and Senior Lecturer in Medicine)
Dr. Kithsiri Senanayake (Consultant surgeon and Senior Lecturer in Surgery)
Prof. Anjana Silva (Professor of Parasitology)
Senior Prof. Sisira Siribaddana (Professor of Medicine and Consultant Physician)
Dr. S. Srisankar (Consultant surgeon and Senior Lecturer in Surgery)
Dr. Subodha Waiddyanatha (Senior Lecturer in parasitology)
Prof. Janith Warnasekara (Professor in Community Medicine)
Prof. Harshi Weerakoon (Professor in Biochemistry)
Prof. Kosala Weerakoon (Professor in Parasitology)
Dr. Dinesh Weerasinghe (Consultant Emergency Physician)
Prof. Nuwan Wickramasinghe (Professor of Community Medicine)

Oral Presentations

OP – 01

Prevalence and factors associated with Chronic Obstructive Pulmonary Disease (COPD) among farmers from Anuradhapura, Sri Lanka

Dissanayaka DMAL[1], Dankotuwa DDTT[1], Chandradasa AGSA[1], Chithmini BT[1], Chandrasiri WAPN[1], Beddegama SU[1], Begum ALF[1], Rajapakse RMSI[2]

[1]*Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*
[2]*Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*

Background: COPD is a leading global health burden, yet its prevalence and risk factors in rural farming communities of low- and middle-income countries like Sri Lanka remain underexplored.
Objective: To determine the prevalence of COPD and identify its associated risk factors among farmers aged 40 years and older in rural Sri Lanka.

Methods: This cross-sectional study was conducted using cluster sampling to randomly select farmers' associations in Anuradhapura. An interviewer-administered questionnaire covering demographics, hygiene practices, smoking habits, and agrochemical exposure was completed. The International Primary Care Airway Guidelines (IPAG) questionnaire was used to screen for COPD. IPAG-positive individuals underwent COPD Assessment Test (CAT®) and modified Medical Research Council (mMRC) Dyspnoea Scale. Spirometry was conducted in 50 IPAG-positive participants, following international guidelines. Associations between risk factors and COPD were analyzed using chi-square test, one-way ANOVA, and backward conditional logistic regression.

Results: The study sample consists of 350 participants, with 120(34.3%) males and 230(65.7%) females. Of these, 33.1% (n=116; 95%CI: 28.2–38.3) screened positive for COPD. Spirometry confirmed irreversible airflow obstruction in 15(30%) of IPAG-positive cases, yielding a COPD prevalence of 7.3%. The prevalence of GOLD disease group A, B, and E was 10.6% (n=37; 95%CI 7.55-14.28), 16.3% (n=57; 95%CI 12.57-20.58), and 5.1% (n=18; 95%CI 3.08-8.01), respectively. Independently associated factors with COPD were having a history of smoking more than 100 cigarettes in life (adjusted-OR=2.373, 95%CI: 1.102-5.113), having a history of smoking more than 100 beedi in life (adjusted-OR=2.390, 95%CI: 0.926-6.168) and spraying agrochemicals (adjusted-OR=2.202, 95%CI: 1.178-4.117), frequency of changing bedsheets less than once a week (adjusted-OR 1.985, 95%CI: 1.195-3.298), sharing bedroom with more than 2 people (adjusted-OR 0.316, 95%CI: 0.147-0.678). No significant associations were found between GOLD groups and exposure variables.

Conclusion: COPD is prevalent among rural Sri Lankan farmers, with smoking, agrochemical exposure, and poor hygiene as major modifiable risks.

Keywords: Chronic Obstructive Pulmonary Disease, Farmers, Agrochemical Exposure

OP – 02

Assessment of small airway obstruction in apparently healthy young adults: A descriptive cross-sectional study

Thinesa KGT[1], Gamage EGVL[1], Fernando SRAR[1], Fernando WHP[1], Fernando WPK[1], Fonseka WADL[1], Chandrasiri WAPN[1], Rajapakse RMSI[2]

[1]*Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*
[2]*Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*

Background: Small airway obstruction is often undetected but leads to chronic pulmonary diseases. Early detection is critical to initiate treatment and prevent progression and irreversible changes.
Objective: To assess small airway obstruction in apparently healthy young adults using impulse oscillometry (IOS) and spirometry.

Methods: A descriptive cross-sectional study was conducted at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, in July 2024 to July 2025, recruiting clinically-healthy participants aged 20–30 years without respiratory symptoms or chronic respiratory diseases until a minimum sample size of 110. Followed by completing a questionnaire on chronic disease and symptoms, and clinical examination, IOS and spirometry were performed under international guidelines. Main parameters for IOS were resistance at 5Hz(R_5),10Hz(R_{10}) and 20Hz(R_{20}), reactance at 5Hz(X_5), resonance frequency (Fres) and small airway index (R_5- R_{20}) and the forced expiratory volume in the first second (FEV_1) to forced vital capacity (FVC) ration, maximum expiratory flow (MEF), and peak expiratory flow (PEF) in spirometry.

Results: The study sample consisted of 116 participants, aged 24 to 27 years (25.5±1.12) with 78(67.2%) female participants. Of these, the majority (87 participants; 74.1%) had a normal body-mass-index (BMI), while 26 participants (22.4%) were classified as overweight. An elevated R5-R20 (>0.07 kPa.s.L-1) was observed in 40 participants (34.5%, 95%CI 25.8-43.1), indicating small airway obstruction. Abnormally reduced reactance X5 (below -0.15 kPa.s.L-1) was identified in 12 participants (10.3%, 95%CI 4.8-15.9), and an increased Fres (>150% of the predicted value) in 22 participants (18.9%, 95%CI 11.8- 26.1). The prevalence of small airway obstruction based on FEV1: FVC, FEV_1, MEF25, MEF50, and PEF were 1.7% (n=2; 95%CI 0.0-4.1), 14.7% (n=17; 95%CI 8.2-21.1), 52.5% (n=61; 95%CI 43.5-61.7), 40.5% (n=47; 95%CI 31.6-49.5%), and 59.4%. (n= 60; 95%CI 50.5-68.4), respectively.

Conclusion: Lung function testing demonstrates evidence of sub-clinically significant small airway obstruction in apparently healthy young adults.

Keywords: Small Airway Obstruction, Impulse Oscillometry, Spirometry

OP – 03

Spatial distribution of colorectal and breast cancers among females in Sri Lanka

Abeywarna DV[1], Waththuhewa NK[1], Rajapakshe RMSI[2]

[1]*Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*
[2]*Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*

Background: Breast and colorectal cancers are among the most diagnosed malignancies in Sri Lankan females, with notable geographic disparities. Understanding their spatial distribution at the district level is essential for targeted prevention and control strategies.

Objective: To assess the spatial distribution and clustering of breast and colorectal cancer incidence among females in Sri Lanka from 2015 to 2019.

Methods: An ecological spatial analysis was conducted using district-level female breast and colorectal cancer data (2015–2019) from the National Cancer Registry of Sri Lanka. Population estimates were obtained from the Department of Census and Statistics of Sri Lanka. Spatial autocorrelation was assessed using Global Moran's I, while Anselin's Local Moran's I (LISA) and Getis-Ord Gi* were used to identify local clusters (districts). Queen's contiguity defined spatial relationships. All spatial analysis were conducted using standard geographical information systems methods. The study included all 25 districts, with no individual-level sampling.

Results: The mean mid-year district female population was 441,320. Breast cancer showed significant spatial clustering (Global Moran's I = 0.404, p = 0.003), as did colorectal cancer (Global Moran's I = 0.416, p = 0.003). LISA identified High-High clusters for breast cancer in Kegalle, Gampaha, and Kalutara, with Low-Low clusters in Mullaitivu, Vavuniya and Mannar. For colorectal cancer, High-High clusters were also observed in Kegalle, Gampaha, and Kalutara, while Low-Low clusters appeared in Mullaitivu. Hot spot analysis (Getis-Ord Gi*) confirmed Colombo, Gampaha, and Kalutara as hot spots for both cancers (95%CI). No significant clusters were identified in northern districts for either cancer while higher incidence rates in urbanized Western Province for both cancers.

Conclusion: Breast and colorectal cancers in Sri Lankan females display significant geographic clustering, with the Western Province districts identified as persistent high-risk areas, which indicates geographic heterogeneity in cancer burden. These findings highlight the need for region-specific cancer screening and prevention strategies, particularly in high-incidence areas.

Keywords: Breast, Cancer, Colorectal

OP – 04

Spatial distribution and ecological factors driving lung cancer incidence in Sri Lanka

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Background: Lung cancer is a significant public health concern, and despite increasing incidence, there is limited knowledge on its spatial distribution and ecological determinants in Sri Lanka. The identification of spatially varying risk patterns in this study could inform geographically tailored cancer control strategies.

Objective: To assess the spatial distribution of lung cancer incidence in Sri Lanka, stratified by sex, from 2015-2019, and to assess these spatial relationships with environmental and socioeconomic factors causing lung cancers.

Methods: Lung cancer incidence data (2015–2019), stratified by sex, were obtained from the National Cancer Registry of Sri Lanka. Land cover variables were derived from MODIS satellite data. Socioeconomic data were derived from the Department of Census and Statistics, Sri Lanka. Ambient air pollution was considered by incorporating 5-year and 10-year average $PM_{2.5}$ concentrations from MODIS, MISR, and SeaWiFS satellites through Google Earth Engine. Spatial clustering was performed using Global Moran's I, Local Moran's I (LISA), and Getis-Ord Gi* hotspot analysis. Ordinary Least Squares regression (OLS) was used to test the association between lung cancer incidence and predictor variables.

Results: Significant spatial clustering of lung cancer was identified in both males and females (Global Moran's I: $p<0.010$). Males exhibited high-incidence clusters in Gampaha, Kalutara, and Kurunegala, and low-incidence clusters in Mannar, Mullaitivu, and Vavuniya. Female high-incidence clusters were in Gampaha, Kalutara, and Kegalle, and low-incidence clusters in Kilinochchi and Mullaitivu. The best OLS model for males (adjusted-R^2=0.636) retained 5-year-$PM_{2.5}$ (β=3.899, p=0.004), urban land cover (β=1.258, $p<0.001$), elderly population (β=4.615, p=0.012), and per capita income (β=0.001, p=0.0523) as positive predictors, and water cover (β=– 4.158, $p<0.001$) as a negative predictor. For females, only $PM_{2.5}$ exposure showed a significant positive association (β=4.75, p=0.065).

Conclusion: Findings reveal significant spatial heterogeneity in lung cancer incidence, with sex-specific patterns and ecological drivers. $PM_{2.5}$ exposure was a significant predictor.

Keywords: Lung Cancer, Spatial Distribution, Air Pollution

OP – 05

Prevalence, associated factors, and neonatal complications of anaemia among pregnant women in Kandy district, Sri Lanka: An analytical cross-sectional study

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Background: Anaemia during pregnancy is a major public health concern in Sri Lanka, contributing to serious complications for pregnant women and newborns.
Objective: This study aimed to determine the prevalence of anaemia among pregnant women in Kandy district, identify associated dietary and other factors, and assess its impact on neonatal outcomes**.**

Methods: A cross-sectional analytical study was conducted in four randomly selected hospitals in Kandy district in July 2024. Pregnant women admitted during this period were recruited consecutively until 179 minimal sample size was achieved. Data were gathered using investigator-administered questionnaires in native languages covering demographics, nutrition, medical history, and neonatal outcomes. Anaemia status was determined based on haemoglobin levels recorded during pregnancy and hospital admission. Written informed consent was obtained from all participants or guardians.

Results: The study sample included 200 participants (29.5±5.3 years). Most participants had completed Ordinary Level education (n=164, 82.0%) and were housewives (n=146, 73.0%). Of these 85(42.5% were nulliparous). In the first trimester (T1), the prevalence of mild anemia (Hb 10–11 g/dL) was 13.0% (95%CI: 8.6–18.6), moderate anemia (Hb 7–10 g/dL) was 14.1% (95%CI: 9.5–19.8), and severe anemia (Hb<7 g/dL) was 1.1% (95%CI: 0.1–3.9). The prevalence of T1 anaemia (Hb<10.5 g/dL) was 20.5% (95%CI: 14.7–26.3). Adding tomato with green leafy vegetables (OR=2.990, 95% CI=1.007–8.874, p=0.048) was significant positive predictor of anaemia and adding lime juice to green leafy vegetables was protective (OR=0.272, 95% CI=0.082–0.899, p=0.033). However, no statistically significant associations were found between anaemia and newborn birth weight, length, or occipito-frontal circumference.

Conclusion: Anaemia is common in this population with associated dietary patterns. However, anaemia did not show a significant effect on key neonatal measurements. These results emphasize the importance of educating on nutrition to reduce anaemia prevalence, although its immediate impact on newborn size was not evident.

Keywords: Anaemia, Pregnancy, Dietary Factors, Neonatal Outcomes

OP – 06

Strongyloidiasis among primary school children in Anuradhapura, Sri Lanka: Insights from molecular and microscopic evaluations

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Background: Strongyloidiasis, caused by the nematode *Strongyloides stercoralis*, primarily affects underserved populations, often remaining asymptomatic but potentially life-threatening in immunocompromised individuals. Data from Sri Lanka are scarce, with no studies from Anuradhapura; the most recent, in Rathnapura (2006), reported a 0.9% prevalence among primary school children (PSC) using agar plate culture (APC).

Objectives: This study aimed to estimate the prevalence of strongyloidiasis among PSC in Anuradhapura district using both microscopic and molecular methods.

Methods: This cross-sectional study collected stool samples from 688 students from grades 1–5 from 19 schools representing five educational zones in Anuradhapura, with multistage stratified cluster sampling. Stool samples were analysed in triplicate using APC, direct wet smear (DWS), formalin-ether concentration (FECT), and Kato-Katz (KK) and qPCR. The prevalence was calculated for each diagnostic method.

Results: The mean age of participants was 7.9 ±1.9 years, with 364(52.9%) being males. Overall, 135 children (19.6%) tested positive for *Strongyloides stercoralis*, all of whom were asymptomatic, with the majority being females (56.3%, n=76). Prevalence varied by diagnostic method: 0% with DWS and KK, 1.2% (n=8) with FECT, 5.0% (n=32) with APC, and 16.0% (n=110) with PCR. Co-infections were identified with *Ascaris lumbricoides* (11.8%, n=16), *Trichuris trichiura* (4.4%, n=6), and hookworm (0.7%, n=1). Notably, 82.9% of infected children had received deworming medication within the six months before data collection. None of the infected participants were immunocompromised or receiving immunosuppressive therapy.

Conclusion: This study demonstrated a notable burden of *Strongyloides stercoralis* infection (19.6%) among PSC in Anuradhapura, contrasting sharply with the low prevalence of other soil-transmitted helminthes (0.21%) reported in the 2017 national survey. While PCR proved the most sensitive diagnostic tool, APC was the most effective microscopic method, highlighting the limitations of routine techniques in detecting this infection. The findings emphasise the need to strengthen diagnostic approaches, prioritise research on strongyloidiasis to guide targeted control strategies.

Keywords: Microscopy, PCR, Prevalence, Sri Lanka, Strongyloidiasis

OP – 07

Oil and fat consumption practices and awareness of healthy fats among family members of university students

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Background: Cooking oils play a major role in diets, however, unhealthy oils high in saturated and trans fats contribute to non-communicable diseases, a major health concern in South Asia. Yet, awareness of healthy fat intake remains limited.

Objective: This study aimed to assess types of cooking oils used, related culinary practices, and awareness regarding healthy oils/fats among families of university students.

Methods: A cross-sectional, online-based survey was conducted among 377 household cooks of university students. Data were collected using a pre-tested, trilingual (Sinhala, Tamil, English) questionnaire assessing oil usage, cooking practices, and awareness of healthy fats. Descriptive statistics were performed with SPSS, and findings were presented as percentages.

Results: Among 377 respondents, most were family members of medical students (66.6%). Nearly 40.8% were educated up to Advanced Level and 35% were graduates. At least one family member had hypertension, cardiovascular diseases, or diabetes in 33.7%, 17% and 33.5% respectively. RBD coconut oil was the main oil used (77.7%), followed by vegetable-oil (19.1%) and virgin coconut-oil (14.8%). Unhealthy palm-oil is the main 'vegetable-oil' in Sri Lanka and 27.5% consumed palm oil (23.3% as vegetable-oil, 4.2% as palm-oil). Oil reuse after deep frying was reported by 36%. Almost 7% used first coconut milk exclusively for cooking while healthy nuts and seeds consumption is not practiced by 60%. In oil purchasing, expiry date (65.8%), price (60%), and colour (54%) were the major concerns. Although healthfulness was considered by 45%, awareness on healthy fats was low (55.9%- incorrectly answered; 27%- no idea). From a list of foods, at least one food item containing healthy-fat was not identified by 62.4% (incorrect-24.9%; no idea-37.6%).

Conclusion: The study highlights the widespread use of saturated fats and lack of knowledge on healthy fats. Targeted education is essential to promote healthier fat choices and reduce diet-related health risks.

Keywords: Cooking Oils, Coconut, Saturated Fats, Awareness, Sri Lanka

OP – 08

Impaired health-related quality of life among adolescents with Gastroesophageal Reflux Disease (GERD)

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Background: GERD is recognised as a common upper gastrointestinal disease in adolescents and a significant health concern, particularly in developing countries. Understanding the impact of GERD on the quality of life during adolescence is crucial for effective management and intervention strategies Nonetheless, there is minimal research on how GERD affects the quality of life on adolescent health.

Objective: This study aimed to assess the prevalence of GERD in adolescents and explore its effect on quality of life.

Methods: A cross-sectional survey was conducted over 1,000 adolescents aged 13-14 years in six randomly selected schools in the largest district of Sri Lanka; Anuradhapura. The validated GerdQ questionnaire and the validated paediatric quality of life questionnaire (PedsQL), Inventory 4.0 self-report form for teens - Generic Core Scales) were self-administered to assess the prevalence of GERD and quality of life, respectively. A cut-off value > 8 was considered positive for GERD.

Results: The study population consisted of 1127 school adolescents; 505 boys (44.8%) with mean age of 13.66 years (range 13-14 years, SD of 0.56 years). The results showed that 17.9% of adolescents have GERD. In the assessment of the quality of life, HRQoL mean scores were reported as: physical functioning; (84.65 ±14.65 in GERD vs 85.48 ± 13.32 in control, $p<0.4$), social functioning; (89.88 ±11.88 vs 90.29 ±11.07, $p<0.6$) and school functioning; (73.17±18.05 vs 75.22±16.21, $p<0.1$). Emotional (67.40±22.79 vs 71.70 ±18.98, $p<0.005$) and total HRQoL (78.77±13.29 vs 80.67±11.27, $p<0.03$) were significantly reduced among adolescents with GERD compared to controls

Conclusion: This study shows the significant burden of GERD among adolescents and impaired their quality of life in terms emotional functioning, and total functioning. This study highlights the necessity of enhancing management strategies to improve emotional well-being of adolescents with GERD in order to uplift their quality of life.

Keywords: Gastroesophageal Reflux Disease (GERD), Quality of Life, Adolescent

OP – 09

Association between Gastroesophageal Reflux Disease (GERD) and asthma among Sri Lankan adolescents

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Background: Asthma and GERD are well known disease conditions which are common in adolescents. Nonetheless, there is minimal research on how these two conditions interact and their joint effect on adolescent health.

Objective: This study aimed to assess the association between GERD and Asthma among Sri Lankan adolescents.

Methods: A cross-sectional survey was conducted on over 1,000 adolescents aged 13-14 years in six randomly selected schools representing all five educational zones in the Anuradhapura district, in Sri Lanka. The validated Internal Study of Asthma and Allergy in Childhood (ISAAC) questionnaire and the validated Gerd-Q questionnaire were self-administered to assess the prevalence of asthma and prevalence of GERD, respectively.

Results: The study population consisted of 1127 school adolescents; 505 boys (44.8%) with a mean age of 13.66 years (range 13-14 years, SD of 0.56 years). The results showed that 16.1% of adolescents have current asthma, and 17.9% have symptoms of GERD. Fifty-four children were found to have both asthma and GERD, making up 4.8% of the study participants A logistic regression analysis revealed a significant association between asthma and GERD (Adjusted Odds ratio 2.3; CI 1.6-3.3; $p<0.0001$).

Conclusion: This research study highlights the significant burden of GERD and asthma among teenagers and points out their independent association.

Keywords: Gastroesophageal Reflux Disease (GERD), Asthma, Adolescents

OP – 10

A conceptual model for understanding factors affecting healthcare-seeking in cutaneous leishmaniasis in Rural Sri Lanka

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Background: Delays in seeking appropriate care for cutaneous leishmaniasis (CL) worsen clinical and psychosocial outcomes. Traditional health behaviour models often overlook the complex interplay of individual, sociocultural, and systemic influences on healthcare-seeking.

Objective: To develop a conceptual model to describe the factors influencing the CL healthcare-seeking pathway in a disease-endemic rural region in Sri Lanka.

Methods: We adopted a systematic participatory approach using a mixed-method design comprising an ethnographic study, creative community workshops, patient experience reflection journals with follow-up interviews, healthcare worker interviews, and a district-wide awareness survey conducted in Anuradhapura district. Stakeholder engagement included meetings with community members and professionals from education, health, media, agriculture, and administration sectors. Thematic analysis identified multilevel determinants influencing the pre-identified CL healthcare-seeking pathway. The model was refined through expert review, ensuring face validity, contextual relevance, and public health utility.

Results: The model was informed by the findings and inputs from over 1700 community members and 40 stakeholders across health and non-health sectors. It depicts the sequential pathway of healthcare-seeking for CL (horizontal axis) and the interplay of multi-level individual, disease-specific, social, and structural determinants (vertical depth). Individual factors such as awareness and perceived severity influenced the entire pathway, while perceived treatability, psychosocial impacts, and costs affected decisions on when and where to seek healthcare. Clinical manifestations, prevalence, and progression influenced threat perception and healthcare choices. Social influences, including family and neighbourhood support, local norms, and community beliefs, further affected healthcare-seeking behaviour. Structural determinants, including health system factors, policies, health literacy, and media exposure, emerged as distal influences of healthcare-seeking in CL.

Conclusion: Healthcare-seeking in CL in a disease-endemic rural region in Sri Lanka is determined by a complex interaction of individual, disease-specific, sociocultural, and structural factors. This model elaborates these interactions, providing a practical framework to inform multilevel intervention strategies to reduce delays and improve healthcare outcomes.

Keywords: Healthcare-seeking, Model, Cutaneous Leishmaniasis, Factors

OP – 11

Atherosclerotic cardiovascular disease risk among adults in Anuradhapura district: A cross-sectional study

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Background: Atherosclerotic cardiovascular diseases (ASCVD) are rapidly increasing, particularly among South Asians.

Objective: This study evaluated the ASCVD risk among adults in Anuradhapura District, Sri Lanka.

Methods: A random sample of adults was selected from 16 divisional secretariats using proportional sampling. Sociodemographic and health data were collected via interviewer-administered questionnaires. Anthropometric measurements and blood pressure were recorded, and ASCVD risk in individuals aged >40 years was estimated using the WHO ASCVD laboratory-based (LB) and non-laboratory-based (NLB) risk assessment scores for South Asians while <40 years were analysed separately for metabolic and behavioural risk factors.

Results: Among the 352 participants (mean age 46.6, SD=11.8; range 19–65 years), the majority (n=211, 60%) were females, and rural residents (n=268, 75%). Of them, pre-diagnosed diabetes mellitus, hypertension, dyslipidemia, smoking, overweight/obesity, and abdominal obesity were noted in 14.8%(n=52), 18.8%(n=66), 21.9%(n=77), 18.8%(n=62), 5.7%(n=20), (n=209,59.4%), and (n=221, 62.8%), respectively. Among those aged >40 years, 37.7% (n=98) and 33% (n=86) had moderate-to-very high ASCVD risk as per the LB and NLB scores, respectively, indicating substantial agreement (Kappa index=0.622) between the two scoring approaches. However, those with moderate-to-very high ASCVD risk according to the LB score, 37.8% (n=37) had normal BMI and waist circumferences. Further, a high proportion of individuals aged<40 years had overweight/obesity (n=30, 33.6%), abdominal obesity (n=30, 33.6%), and hypercholesterolemia (n=64, 71.9%), with diabetes mellitus and hypertension noted in seven patients each.

Conclusion: One-third of the cohort aged >40 years exhibited moderate-to-very high ASCVD risk. Detection of moderate-to-high ASCVD risk among a high proportion of individuals with normal anthropometric measures highlights the importance of incorporating LB approaches for early and accurate cardiovascular risk evaluation. The presence of obesity and hypercholesterolemia in a substantial number of adults <40 years further indicates early cardiometabolic risk, highlighting the need for strengthened community-based education and screening towards reducing ASCVD burden.

Keywords: Atherosclerotic Cardiovascular Disease, WHO ASCVD Risk Assessment, Anuradhapura

OP – 12

Community-based practices for snakebite prevention in the Anuradhapura district, Sri Lanka: A cross-sectional study

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Background: Sri Lanka reports high estimated snakebite incidence rates. However, snakebite prevention, the most effective way of reducing burden, has not been adequately explored among Sri Lankan communities.

Objective: This study aimed to explore the current community-based practices for snakebite prevention in Anuradhapura district.

Methods: A cross-sectional study was conducted in Anuradhapura district from January to December 2023. The sample included guardians of primary school children who were recruited with a multistage stratified cluster sampling for a parallel study on intestinal parasitosis. Information on snakebite preventive practices was collected through a validated, interviewer-administered questionnaire.

Results: We interviewed 1141 participants [Median age, 37 years (Interquartile range, 33–42); males, 332 (29.1%)]. This included 801 (71.0%) involved in farming and 132 (11.8%) with previous snakebites. Most participants regularly used a light source during nighttime walks (n=1094, 99.0%, 95%CI=98.2–99.5%), slept above ground level (n=1091, 97.4%, 95%CI=96.3–98.3%), and applied a mosquito net in sleeping (n=1076, 96.2%, 95%CI=94.9–97.2%). Tapping the ground with a stick during nighttime walks was regularly practised by 26.6% of participants (n=289, 95%CI= 24.0–29.3%), and the main reason for not practising was not being accustomed to it (49.3%). Protective footwear was not regularly used during outdoor cleaning (n=519, 48.4%, 95%CI=45.4–51.5%) and agricultural tasks such as land preparation (n=385, 49.7%, 95%CI=46.1–53.3%), irrigation (n=249, 32.3%, 95%CI=29.0–35.7%), and harvesting (n=294, 38.1%, 95%CI=34.6–46.1%). Discomfort was the main reason for not using protective footwear during outdoor cleaning (40.6%) and farming (70.6–79.7%). Most participants (n=471, 64.5%) stored harvested crops inside living premises.

Conclusion: Preventive measures against snakebite were inconsistently practised, particularly protective footwear use. This reveals a gap in snakebite prevention in the region. Strengthening context-specific and community-tailored interventions is essential to reduce the snakebite burden in endemic regions.

Keywords: Protective Footwear, Snakebite Prevention Determinants, Sri Lanka

OP – 13

Immune response profile of the snake envenomed patients with local clinical manifestations: A scoping review

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Background: Understanding the host immune response patterns in snake envenomed patients who developed the local tissue effects is pivotal to explore the pathophysiology of local envenoming.

Objective: This scoping review aimed to synthesize current evidence on immune response in snakebite patients with local envenoming.

Methods: The JBI scoping review methodology and PRISMA 2020 abstract format were used for conducting and reporting the review, respectively. Articles published in English, from 2000 to 2024, reporting associations between immune response and local envenoming were retrieved by searching across electronic databases; PubMed, EMBASE, Cochrane, Scopus, and Web of Science. Relevant grey literature was sought through citation tracking.

Results: Of the initially retrieved 19,551 records, titles/abstracts were screened in 8,679 after removing duplicates to select 17 for full-text screening. The finally selected four prospective observational studies (2-local envenoming; 2-local and systemic envenoming) analyzed the inflammatory mediators, while one additionally assessed the cell-mediated immune response. Three studies compared the immune response in 133 envenomed patients (88-*Bothrops atrox*, 15-*Protobothrops mucrosquamatus*, 17-*Viridovipera stejneger*, and 13-*Naja atra)* with control groups (n=92), while the other described with 18 snakebite victims (15-*Bothrops asper* and 3-*Bothrops lateralis)*. Two studies verified both case and snake authentication. Seventy-five patients had mild oedema while 76 had severe oedema, blistering and necrosis. Immune response was evaluated by analyzing blood from all participants and blister exudate from those with blisters. Regardless of severity, envenomed patients showed significantly higher levels of IL-1β, IL-6, TNF-α, IL-10, inflammatory-monocytes, NKT, B and T cells Compared to controls. Two studies reported significantly elevated plasma CCL-2 after antivenom therapy in 39(25.8%) patients with severe local complications.

Conclusion: Both pro-inflammatory and regulatory mediators seem to play a significant role in local tissue effects following envenoming. Further, well-controlled clinical studies are required to understand their exact role in developing diverse local tissue effects.

Keywords: Immune Response, Local Envenoming, Snakebite

OP – 14

Aetiological distribution and severity of hepatic decompensation: Insights from Anuradhapura advanced chronic liver disease registry

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Background: Advanced Chronic Liver Disease (ACLD) frequently advances to further hepatic decompensation, a stage linked to higher mortality than initial decompensation and worse clinical outcomes. It involves new decompensating events in patient who has already experienced a prior episode of decompensation. Assessing frequency, severity, and distribution of these events across Child-Pugh classes is vital for guiding interventions and patient management.

Objective: To evaluate the frequency and severity of decompensating events in patients with ACLD andto examine the distribution of further decompensation across Child-Pugh classes.

Methods: This study utilizes both prospective and retrospective cohort designs. It includes newly and previously diagnosed ACLD patients admitted to the medical wards and followed up at the medical and gastroenterology clinics of THA from June 2024 to June 2025.

Results: Total of 287 patients with ACLD were evaluated. The study cohort were predominantly male (n = 202; 70.3%), and 96 (33.4%) aged over 65 years. 168 (58.5%) reported moderate and high levels of alcohol consumption. Among the 119 mild/non-alcoholics, 68.9% (n = 82) had at least one cardio metabolic risk factor. Autoimmune ALCD was seen in 16 (13.4%), and viral hepatitis in 21(17.7%). At least one decompensating event was observed in 210 patients (73.1%), and among these, 186 patients (88.5%) experienced more than one or recurrent decompensating events, referred to as further decompensation. Of the 186 patients who underwent further decompensation, 54 (29.0%) remained in Child-Pugh Class A, 98 (52.6%) were in Class B, and 34 (18.2%) were in Class C at the time of recruitment to this cohort.

Conclusion: Further hepatic decompensation was frequent among ACLD patients, including those in Child-Pugh Class A. This highlights the progressive nature of ACLD and the need for vigilant monitoring and early intervention, regardless of initial liver function status, to improve clinical outcomes and reduce morbidity.

Keywords: Advanced Chronic Liver Disease, Aetiology, Hepatic Decompensation

OP – 15

Assessing the epidemiology and risk factors of hospital acquired urinary tract infections in medical ward of Teaching Hospital Anuradhapura

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Background: Hospital-acquired urinary tract infections (HAUTIs) are among the most prevalent healthcare-associated infections, causing significant morbidity, prolonged hospital stays, and increased costs. They are frequently associated with urinary catheterisation, co-morbidities, and antimicrobial resistance (AMR). Data on HAUTIs in Sri Lanka, particularly the North Central Province, remain limited.

Objective: To describe the epidemiology and risk factors of HAUTIs in medical Ward, identify causative pathogens and AMR patterns, and highlight preventive measures.

Methods: A prospective cohort study was conducted from June to August 2025. Although the estimated sample size was 385 with a target of 30, only nine patients were recruited due to time constraints. Patients aged ≥15 who developed urinary symptoms ≥48 hours after admission were included. Data were collected using structured questionnaires, clinical records, urine cultures, and antimicrobial susceptibility testing (ABST). Data were expressed as fractions and incidences per 1,000 patient-days.

Results: All nine participants (2 males, 7 females; age 22–67 years) developed HAUTIs, corresponding to a rate of 4.93 per 1,000 patient-days. Seven patients were catheterised, five for >3 days. Isolated organisms included coliforms (3/9), *Acinetobacter* spp. (1/9), mixed growth (2/9) and culture negative cases (3/9). Resistance was observed to co-amoxiclav and cefuroxime commonly in coliforms and mixed growths; most isolates remained susceptible to cefotaxime, ceftriaxone amikacin, gentamicin, piperacillin-tazobactam, and meropenem. Symptoms included fever (4/9), lower abdominal pain (3/9), increased frequency (3/9), and dysuria (2/9). Two patients developed pyelonephritis and recovered. Co-morbidities included diabetes, chronic kidney disease, hypertension, heart failure, dementia, depression, and epilepsy. All participants confirmed awareness of infection control protocols and presumed staff adherence.

Conclusion: This pilot study highlights HAUTI burden in medical Ward, particularly among catheterised and co-morbid patients. The HAUTI rate of 4.93 per 1,000 patient-days and observed AMR underscore the need for strict catheter care, antimicrobial stewardship, and targeted infection prevention. Larger studies are needed to guide infection control practices.

Keywords: Antimicrobial resistance, Catheterisation, Hospital-acquired infections

OP – 16

Cardiovascular disease risk in chronic kidney disease of uncertain etiology (CKDu): Insights from an endemic setting

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Background: Cardiovascular disease (CVD) is a leading cause of morbidity and mortality in chronic kidney disease (CKD). Patients with CKDu are often perceived to have lower CVD risk than those with CKD due to diabetes and hypertension. This may reflect the absence of metabolic comorbidities, rather than a lower renal-specific contribution in CKDu. Consequently, the actual CVD risk in CKDu may be underestimated.

Objective: This study aims to assess the CVD risk in different stages of CKDu patients.

Methods: A cross-sectional study was conducted among 40 clinically diagnosed CKDu patients in different CKDu stages and age and sex matched controls. CVD risk was assessed according to American Heart Association guidelines (<1mg/L = low, 1–3mg/L = moderate, >3mg/L = high risk) using serum CRP levels (1–150mg/L, immunoturbidimetry). Patients with CRP>10mg/L or clinically confirmed comorbidities were excluded.

Results: CRP levels were elevated across all CKDu stages compared to controls, with a non-linear trend peaking at stage 3A (median 1.60 mg/L; IQR 1.08–2.95 vs. 0.50 mg/L; IQR 0.30–1.73; p=0.005). CRP did not correlate with eGFR (r=0.11; p=0.490), indicating inflammation is independent of kidney function or severity of damage. Most patients in stages 3A (n=7, 87.5%) and 3B (n=9, 90.0%) exhibited moderate-to-high CVD risk, compared to respective controls (n=2, 25.0% and n=4, 40.0%). Stage-specific odds ratios (ORs) confirmed significantly higher odds of elevated CVD risk in stages 3A (OR 21.0; p=0.024) and 3B (OR 13.5; p=0.035), with a pooled OR of 3.9 (95% CI: 0.6–24.1), reflecting an overall trend toward increased risk despite sample size limitations.

Conclusion: CRP elevation in CKDu likely reflects early inflammation that declines with progressive fibrosis. High CVD risk at intermediate stages requires further confirmation through longitudinal CVD risk monitoring using multiple risk estimators and comparison with CKD following metabolic comorbidities in larger cohorts.

Keywords: Chronic Kidney disease of uncertain etiology (CKDu), C-Reactive Protein (CRP), Cardiovascular disease (CVD) risk

OP – 17

Circulating TRAIL in chronic kidney disease of uncertain etiology (CKDu) and in-vitro modulation using a natural extract

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Background: CKDu is characterised by early proximal tubular injury with lysosomal aggregates, tubulointerstitial fibrosis, and lymphocytic infiltrates, reflecting premature tubular senescence, fibrotic remodeling, and immune activation. Tumor necrosis factor–related apoptosis-inducing ligand (TRAIL), primarily produced by peripheral blood mononuclear cells (PBMCs), regulates apoptosis, inflammation, and senescence through death and decoy receptors, may contribute to tubular injury and fibrotic progression in CKDu. Modulation of TRAIL signaling may therefore be a promising therapeutic modality to reduce CKDu progression.

Objective: To investigate serum TRAIL levels in CKDu patients and to evaluate the potential of a natural extract to modulate TRAIL expression.

Methods: This cross-sectional study included 40 diagnosed CKDu patients (mean age: 55.53±10.44, 85% male) managed at Nephrology Unit, Teaching Hospital Kurunegala and age-sex matched controls. Based on eGFR, patients were stratified into five severity stages, and serum TRAIL was measured using ELISA. In parallel, PBMCs from three healthy adults were treated in vitro with hydro-methanolic extract of *Phyllanthus emblica* fruit (PEF) in technical triplicates and cultured for 24 hours for quantification of soluble TRAIL and TRAIL mRNA expression.

Results: Serum TRAIL levels exhibited a non-linear pattern across CKDu stages, with a significant peak at stage 3A (median-362.32 pg/mL; IQR-192.22–405.81) compared with controls (median-144.62 pg/mL; IQR-113.05–186.34; p=0.021, Mann–Whitney U test), followed by a decline in later stages. Treatment of PBMCs (10^6 cells/well) with PEF extract (500 µg/mL) led to a modest decrease in soluble TRAIL and a significant reduction in TRAIL mRNA (~40%) while cell viability remained comparable to untreated controls.

Conclusion: Elevated circulating TRAIL in CKDu, particularly at stage 3A, along with its established roles in apoptosis, inflammation, and senescence, suggests a potential involvement in disease pathogenesis. In-vitro modulation of TRAIL by PEF, highlights its potential therapeutic uses, and require further investigation using patient-derived in-vitro and in-vivo models.

Keywords: CKDu, *Phyllanthus emblica*, TRAIL

OP – 18

Early occurrence of microangiopathic haemolytic anaemia in snake envenoming and its clinical implications: An observational study

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Background: Microangiopathic Haemolytic Anaemia (MAHA) occurs in snakebite patients with Acute Kidney Injury (AKI).

Objective: We aimed to determine the prevalence of MAHA within the first 24 hours of snake envenoming and among snakebite-induced AKI patients in Anuradhapura, Sri Lanka.

Methods: We recruited all adult confirmed snakebite patients admitted to Teaching Hospital Anuradhapura from December 2024 to July 2025. Complete blood count, and blood picture including schistocyte count were done at 6 hours and 24 hours post-bite. MAHA was defined as a schistocyte count of 1% or more. AKI was defined based on KDIGO criteria.

Results: We recruited 148 patients who had blood pictures at both 6 and 24 hours [median age, 45 years (interquartile range, IQR, 34-52 years); males, 63%]. This included 70 (47%) *Hypnale hypnale* (HNV) and 53 (36%) *Daboia russelii* (RV) bites, and the rest were other snakebites.

Six (4%) and seven (5%) had MAHA at 6 and 24 hours post-bite respectively and occurred only in RV bites. The prevalence of MAHA at 24 hours in RV envenoming is 7/53 (13.2%). Of the six who had MAHA at 6 hours, only 3 had at 24 hours.

Seven developed AKI (5%; 5 RV, 2 HNV), and 3 (2%, all RV) required haemodialysis. MAHA was absent at 6 hours post-bite in all who had AKI, but was present in 2/7 with AKI at 24 hours post-bite, including 1/3 who had dialysis. However, five without AKI also had MAHA at 24 hours post-bite. The median schistocyte count at 24 hours post-bite (0.5%; range, 0.2-1.5%; IQR, 0.4-1.0%) of AKI patients was higher than that of those without AKI (0.2%; range, 0-1.5%; IQR, 0.1-0.4%) ($p<0.008$; Mann-Whitney U test).

Conclusion: MAHA occurs in 13.2% RV patients within 24 hours. Schistocyte counts are increased in AKI patients, its utility in early prediction of AKI in snakebite needs further study.

Keywords: Prevalence, Schistocytes, Snakebites

OP – 19

Direct costs incurred by clinically diagnosed leptospirosis patients admitted to the teaching hospital Anuradhapura

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Background: Leptospirosis imposes a significant global public health and economic burden. Despite the significant economic impact of the disease, there is a scarcity of literature detailing the direct costs incurred by leptospirosis patients.

Objective: To assess the direct costs incurred by clinically diagnosed leptospirosis patients admitted to Teaching Hospital Anuradhapura.

Methods: The follow-up study design was adopted. Clinically diagnosed 60 leptospirosis patients admitted to the teaching hospital were consecutively selected as the study sample. Data collection was conducted in three stages, focusing on costs incurred: from the onset of symptoms until hospital admission (collected at admission), during inpatient care (collected at discharge), and post-discharge care (collected one week after discharge via telephone interviews). The collected cost data were analyzed using descriptive statistics.

Results: The majority of clinically diagnosed patients were male (96%), with farming as their primary occupation. The direct costs incurred by leptospirosis patients can be categorized into direct medical costs, including expenses for medication (over-the counter drugs and drugs prescribed by a doctor) and diagnostic tests, and direct non-medical costs, such as food and water, clothing, sanitary products, consumables, and transportation. During the outpatient care, the direct mean medical cost was 1,997.35LKR (IQR: 900 – 1,235) and the mean direct non-medical cost was 957.19LKR (IQR: 312 – 600). In the inpatient care, mean direct non-medical costs amounted to 7,911.05LKR (IQR: 2,593 – 9,492). For the post discharge period, the mean direct medical cost was 1,855.04LKR (IQR: 650 – 1,234) and the mean direct non-medical cost was 1,003LKR (IQR: 72 - 245). The mean cost per patient was 14,923.78LKR (IQR: 6,595 – 18,410).

Conclusion: Despite free government healthcare, leptospirosis patients incur substantial medical and non-medical costs, particularly during extended inpatient stays. These findings highlight the multifaceted economic burden and the need for targeted interventions and financial support to reduce the cost impact on vulnerable populations**.**

Keywords: Cost Analysis, Direct Cost, Leptospirosis

OP – 20

Utility of convalescent MAT sampling for the diagnosis and surveillance of leptospirosis

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Background: Leptospirosis is a major public health concern in Sri Lanka where the disease is hyper-endemic. Laboratory diagnosis plays a critical role in supporting clinical management and guiding surveillance activities. The Microscopic Agglutination Test (MAT) is the recommended diagnostic test for leptospirosis. Testing of paired sera with MAT is recommended when results of acute sera are inconclusive.

Objective: To assess the utility of MAT on paired sampling and its contribution to surveillance of leptospirosis.

Methods: Between May 2022 and September 2025, 340 serum samples from clinically suspected patients from four major government hospitals of the NCP were received and tested at the Public Health Research Laboratory, Faculty of Medicine and Allied Scinces. An optimized, MAT panel with11-serovars was used. MAT positivity was defined as a titre ≥1:400 in acute or paired samples, a four-fold rise between paired sera or seroconversions.

Results: Of the 340 samples analyzed, 72 (21.2%) met the diagnostic threshold for infection. Among these, 59 (81.9%) were confirmed as positive based on acute sera alone, while 13 (18.1%) were diagnosed through paired sera. A total of 58 paired sera were collected from 29 patients, of which 13 (44.8%) demonstrated a four-fold rise in titre, confirming acute infection. In these cases, the initial samples had titres below the diagnostic threshold (<1:400), while follow-up samples exhibited titres that reached diagnostic levels. Notably, two patients who initially showed no reactivity (≤1:50) seroconverted, with their second samples showing high titres (≥1:400). The time interval between the collection of acute and convalescent sera ranged from 6 to 9 days. In total, 223 samples were either non-reactive or low-reactive (≤1:400), and for these, no follow-up (paired) sera were received for further analysis.

Conclusion: Convalescent MAT sampling enhanced diagnostic yield by identifying cases missed in acute sample testing, including low-titres and initially non-reactive samples. These findings underscore the value of paired serology in improving diagnostic accuracy and supporting leptospirosis disease surveillance.

Keywords: Leptospirosis, Microscopic Agglutination Test (MAT), Convalescent sampling

OP – 21

Human ocular trematode infections: Aetiopathogenesis, clinico-epidemiology, and management - a scoping review

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Background: Human ocular trematode infections (OTI) can cause severe local inflammation and vision-threatening complications.

Objective: This review explores the existing knowledge on aetiopathogenesis, clinico-epidemiology, and management of OTI.

Methods: This scoping review, guided by Joanna Briggs Institute and Arksey and O'Malley framework, reports results per PRISMA guidelines. Publications in English up to August 2025 were retrieved across MEDLINE/PubMed, Scopus, Science Direct, CINAHL, and Google Scholar. A total of 38 studies were eligible for inclusion.

Results: The majority of articles were case reports (n=17, 47.2%) and case series (n=8, 22.2%). Altogether, OTI was reported in 1024 patients aged 3–66 years. Of them, 87.4% (n=895) were males, and most (n=1004, 98 %) were under 20 years. Most studies were from Egypt (n=13, 34.2%) and South Asia (n=12, 31.5%), including India (n=8, 21%) and Sri Lanka (n=410.5%). Common ocular manifestations included granuloma formation (n=21, 55.2%), redness (n=14, 36.8%), foreign-body sensation (n=9, 23.6%), swelling (n=7, 18.4%) and pain (n=5, 13.1%), leading to clinical diagnosis, while histopathology or molecular methods were applied in 21 and 7 studies, respectively. Ocular granulomas, described as pearl-like or white tumours, were reported in various sites, mostly the anterior chamber. The most frequently reported trematode was *Philophthalmus spp*. (n=12, 57.1%), followed by *Procerovum spp.* (n=4, 19%). Three studies (n=7.8%) highlighted aquatic birds and freshwater snails as the definitive and intermediate hosts, with humans as accidental hosts. Exposure to contaminated freshwater (n=29, 76.3%) and consumption of raw/undercooked freshwater fish/crustaceans (n=5, 13.1%) were observed in many affected patients. Topical or systemic steroid therapy (n=15, 39.4%), anthelmintics like praziquantel (n=6, 15.7%) and surgical excision (n=27, 71%) were commonly used as treatment options. Cataract (n=9, 23.6%), visual impairment (n=8, 21%) and glaucoma (n=5, 13.1%) were reported as complications in some cases.

Conclusion: OTI predominantly affects males and children in endemic regions, presenting with a range of ocular manifestations and complications that require both medical and surgical interventions.

Keywords: Clinico-epidemiology, Management, Ocular Trematode Infections

OP – 22

Clinical severity and acute-phase serological dynamics in leptospirosis

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Background: Leptospirosis, a zoonotic disease, manifests in a wide clinical spectrum, frequently overlapping with other acute febrile illnesses. Hence, precise diagnosis is critical, and the Microscopic Agglutination Test (MAT) is considered the reference standard test for serological confirmation of acute infection.

Objective: This study investigated the dynamics of serological response of patients with leptospirosis with the clinical severity of the illness.

Methods: Serum samples from clinically suspected leptospirosis patients received from December 2023 to April 2025 were subjected to MAT. The MAT was performed using a regionally optimized live antigen panel with 11 serovars. Based on the clinical presentation, patients were classified as mild (without any complication) and severe infection, who required ICU/HDU management. Patients who developed any degree of organ involvement without necessitating intervention were categorized separately**.**

Results: A complete clinical history with acute-phase MAT titres ≥ 1:400 were available for 36 patients**.** Four patients (11.1%) had mild disease and 19 (52.8%) had severe disease with complications. Among the severe cases, AKI was most commonly associated in 78.9% (n=15) and 2 (10.5%) had pulmonary hemorrhage and myocarditis along with AKI. Thirteen (36.1%) had evidence of organ involvement with self-recovery. There was no mortality in this group. The most common reactive titre in severe cases were 1:3200 in 36.8% (n=7) whereas it was 1:400 in 58.8% (n=10) of other patients. Cross-reactivity with multiple serovars at titres ≥ 1:400 was seen in 17 patients (47.2%). *Leptospira interrogans* serovar Bratislava was the predominant reactive serovar (titres ≥1:400) detected in both 74.8% (n=14) of severe cases and 61.5% (n=8) of patients who had self-recovery following organ involvement

Conclusion: Severe leptospirosis exhibited high acute-phase MAT titres, particularly up to 1:3200, compared to mild cases. MAT titre magnitude may be a reflection of disease severity, though confirmation requires larger-scale studies.

Keywords: Leptospirosis, MAT, Clinical Severity

OP – 23

Towards context-sensitive approaches for studying vaccine hesitancy: Evidence from a mixed methods study in rural Sri Lanka

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Background: Vaccine hesitancy is the refusal or delayed acceptance of vaccine despite availability, and it poses a critical public health issue. Perceptions regarding health-related behaviours are influenced by context specific cultural, social and personal beliefs.

Objective: This study aimed to determine the prevalence and associated factors of self-reported post-COVID-19 vaccine complications, explore community perceptions, and identify predictors of future vaccine hesitancy in rural Sri Lanka.

Methods: The study, conducted in a village in Anuradhapura, used a mixed-methods design with qualitative interviews to explore context-specific factors and a cross-sectional survey to quantify associations. Qualitative data were thematically analyzed, and quantitative data with descriptive and analytical statistics at 95% confidence intervals.

Results: In the qualitative study, 15 individuals were interviewed until data saturation was achieved. The quantitative study included 541 vaccinated participants, of whom 319 (59.0%) were female, with a mean age of 46.9 years. Overall, 300 (55.4%) reported complications, most commonly joint pain (n=184, 34.0%), back pain (n=170, 31.4%), fatigue (n=135, 24.9%), and muscle pain (n=121, 22.4%). Predictors included female gender (OR 2.57, 95% CI 1.10–2.25), increasing age (OR 1.03, 95% CI 1.01–1.04), and familial chronic disease (OR 1.69, 95% CI 1.18–2.42). Qualitative findings aligned, with women and older participants attributing new or worsening symptoms to vaccination, often misattributing chronic or age-related conditions.
In total, 365 (65.8%) reported they would not accept a vaccine in a future pandemic. Refusal was highest among those reporting complications (OR 5.63, 95% CI 3.80–8.56) and those believing in astrology (OR 1.54, 95% CI 1.02–2.34). Qualitative narratives supported this, showing that adverse experiences fueled regret and mistrust, while astrological and traditional beliefs reinforced fears, leading to vaccine refusal and discouragement of uptake within families.

Conclusion: Experiences with COVID-19 vaccination had a strong impact on vaccine attitudes. In rural Sri Lanka, hesitancy is shaped by social, cultural, and individual factors. Overcoming this requires context-sensitive strategies that emphasize education, effective communication, trust-building, and culturally grounded community engagement.

Keywords: COVID-19, Perceptions, Vaccine Hesitancy

OP – 24

Quality of life and its determinants among patients with nephrolithiasis awaiting percutaneous nephrolithotomy (PCNL) in the Teaching Hospital, Anuradhapura

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Background: The global burden of kidney stone disease and its effect on patient well-being are well-documented. While percutaneous nephrolithotomy (PCNL) is a standard treatment, a research gap exists regarding the quality of life (QoL) of patients awaiting PCNL within Sri Lanka.

Objective: To evaluate the QoL and its determinants among patients awaiting PCNL in Teaching Hospital-Anuradhapura (THA).

Methods: A descriptive cross-sectional study was conducted among patients attending Urology Clinic, THA. QoL was assessed using SF-36 questionnaire alongside demographic and clinical data. Statistical analysis was performed using descriptive statistics, Pearson correlation, independent samples t-test, and one-way ANOVA. Approval was obtained from Ethics Review Committee, Faculty of Medicine, Rajarata University.

Results: A total of 216 patients, with a mean age of 52.7 years, were enrolled; 65.3% were male. Among them, 39.4% reported symptoms for 1-2 years and 38.4% for 2-5 years. Sixty-four (29.6%) had undergone stenting. The mean SF-36 scores ranged from 25.23 for role limitation due to physical health (RL-PH) to 58.54 for physical functioning (PF). A negative correlation was found between age and PF ($r=-0.154$, $p<0.05$). Social functioning (SF) was significantly better in higher-income patients ($p<0.01$). Longer symptom duration was strongly linked to a decline in QoL in PF, RL-PH, SF, pain and emotional wellbeing (EWB) domains ($p<0.05$). A longer waiting time for PCNL significantly reduced scores in RL-PH, SF and pain domains ($P<0.05$). Patients with multiple calculi reported a significantly lower score for EWB, and those who had been stented had a better QoL in the RL-PH and role limitation due to emotional problems domains ($p<0.05$).

Conclusion: Kidney stones negatively affect multiple aspects of a patient's QoL, influenced by a range of factors, including demographics, disease characteristics, and healthcare-related elements. The findings highlight the need for prompt medical interventions and a holistic approach to patient care to improve the well-being of patients with kidney stones.

Keywords: Kidney Stones, Quality of Life, SF-36

Poster Presentations

PP – 01

The stroke impostor: Manganese neurotoxicity in chronic liver cell disease

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Background: Acquired hepatocerebral degeneration (AHD) is an uncommon complication of chronic liver disease, often related to manganese deposition in the basal ganglia. It typically presents with parkinsonism, ataxia, or cognitive impairment but is unusual as an acute focal neurological deficit simulating stroke, and therefore presents a significant diagnostic challenge. Previous accounts describe similar presentations in patients with cirrhosis, in whom MRI evidence of bilateral globus pallidus T1 hyperintensity led to recognition of manganese-induced neurotoxicity rather than ischaemia.

Case Summary: A 46-year-old diabetic and hypertensive male patient came with a history of fall, complaining of right-sided weakness of face, upper limb, and lower limb, and slurred speech for an indeterminate duration. Neurological examination was positive for power grade 2 in the right upper limb, right lower limb grade 1, right-sided decreased sensation, left upper motor neuron facial palsy, upgoing right plantar, and unsteady gait. Confusion was not detected. Non-contrast CT brain was normal. MRI brain showed mild cerebral and cerebellar atrophy with symmetrical T1 hyperintensity in the bilateral globi pallidi, which is consistent with manganese deposition, with no evidence of infarction. Ultrasound abdomen showed characteristic features of chronic liver cell disease without portal hypertension. Liver function tests were normal; viral hepatitis and autoimmune liver disease features were clinically not evident. No obvious drug or occupational exposure to manganese. The final diagnosis was stroke-like presentation secondary to CLCD-associated manganese deposition, as per AHD.

Conclusion: This case highlights the importance of considering metabolic and toxic etiologies, such as manganese-related neurotoxicity, in patients presenting with acute focal neurological deficits, particularly in the context of chronic liver disease, even when liver function tests are normal and neuroimaging does not reveal ischaemia. Early recognition can prevent unnecessary interventions and guide appropriate management.

Keywords: Acquired Hepatocerebral Degeneration, Chronic Liver Disease, Manganese Deposition

PP – 02

Knowledge and awareness on Human Papillomavirus (HPV) and cervical carcinoma among first-year undergraduates in Rajarata University of Sri Lanka

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Background: Cervical cancer is the fourth most common cancer among women globally and the second most prevalent in Sri Lanka, causing approximately 780 deaths and 1,407 cases annually. Early detection through screening and, prevention via vaccination against human papillomavirus (HPV), the primary cause of cervical cancer, is critical. Public awareness and knowledge are therefore essential.

Objective: This study aims to assess the knowledge and awareness of cervical cancer and HPV among first-year undergraduate students at Rajarata University of Sri Lanka.

Methods: A descriptive cross-sectional study was conducted using a self-administered online questionnaire in Sinhala, Tamil, and English. The survey included seven sections: demographics, awareness of cervical cancer prevalence, general knowledge, clinical symptoms, risk factors, awareness of HPV, and cervical cancer screening.

Results: Among 311 respondents, 237 were female. While 96.1% had heard of cervical cancer, only 58.2% were aware of HPV, and 70.1% had heard of cervical cancer screening. Awareness of HPV as a sexually transmitted infection was reported by 61.6% of females and 36.5% of males. Only 31.1% of males and 38.4% of females recognized condom use as a preventive measure. Of all, lower abdominal pain (61.73%), postcoital bleeding (41.2%), intra-coital bleeding (42.5%), and dyspareunia (41.8%) were variably identified as symptoms. Around half of the female students recognized intermenstrual bleeding as a symptom. Of 311, only 36.3% identified smoking, 41.1% identified early sexual activity, and 26.7% recognized pregnancy before the age of 18 as risk factors. Social media was the primary information source (72.3%), while only 28.9% had learned about cervical cancer in school.

Conclusion: Findings highlight significant gaps in knowledge and awareness of cervical cancer and HPV among young adults. Strengthening health education through school curricula and leveraging social media could be vital strategies for improving public awareness and prevention efforts in Sri Lanka.

Keywords: Awareness, Cervical cancer, HPV

PP – 03

The characteristics, impact on clinical parameters and outcomes of children on high flow nasal cannula therapy in a pediatric intensive care unit in Sri Lanka

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Background: Respiratory illnesses are a leading cause of paediatric hospitalizations, with many requiring respiratory support. Paediatric Intensive Care Units (PICUs) worldwide are increasingly adopting non-invasive respiratory support, including heated humidified high-flow nasal cannula (HHHFNC) therapy. Although HHHFNC is widely available in Sri Lanka, local evidence remains limited.

Objective: To describe the impact of HHHFNC on clinical parameters of children admitted to the PICU of Lady Ridgeway Hospital for Children, Sri Lanka.

Methods: A retrospective observational study was conducted among purposively sampled 133 children admitted to the PICU, LRH between January 2021 and December 2023. Data on demographics, vital signs [heart rate, respiratory rate, oxygen saturation (SpO_2)] at 0, 1, 6, 12, and 24 hours after HHHFNC initiation and outcomes were extracted from standardized monitoring charts reposited using a data extraction sheet by the principal investigator. Statistical analysis (Descriptive and Inferential) was performed using SPSS 23.0, with $p<0.05$ considered statistically significant.

Results: The mean age was 44.35 months (SD 42.57), with 53.5% males. Indications for HHHFNC included bronchopneumonia (35.3%), bronchial asthma (30.8%), bronchiolitis (16.5%) and other causes (17.3%). HHHFNC therapy significantly reduced respiratory rate from baseline at 1, 6, 12, and 24 hours ($p<0.001$). SpO_2 improved significantly at 6 and 12 hours, while the SpO_2/FiO_2 ratio improved significantly between 12 and 24 hours ($p<0.001$). Median percentage reductions in heart rate and respiratory rate at 24 hours were 15.7% and 21.1%, respectively. The median duration of HFNC therapy was 43 hours (IQR 24-75). The median PICU length of stay was 99 hours (IQR 68-177). Survival to discharge was 92.5%.

Conclusion: HHHFNC therapy significantly improves respiratory rate, oxygenation and heart rate over 24 hours, with favourable survival outcomes. These findings support its role as a safe, effective and practical non-invasive respiratory support modality in the paediatric critical care setting and further studies are recommended.

Keywords: Heated Humidified High Flow Nasal Cannula Oxygen Therapy, Non-Invasive Respiratory Support, Paediatric Intensive Care, Respiratory Illnesses

PP – 04

Diagnostic dilemma: Rhino-orbital-cerebral and pulmonary mucormycosis masquerading as granulomatosis with polyangiitis in a diabetic patient in a resource poor setting

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Background: Rhino-orbital-cerebral and pulmonary mucormycosis (ROCPM) is an aggressive, rarely reported, fatal fungal infection affecting immunocompromised hosts, often mimicking other pathologies such as granulomatosis with polyangiitis (GPA).

Case Presentation: A 78-year-old female with poorly controlled diabetes mellitus presented (Day 1) with left-sided facial pain, headache, fever, and diplopia developed over 3 days. Examination revealed left CN VI palsy and sinus tenderness. Imaging showed left-sided sinusitis and excluded mass lesions and thrombosis. Empirical antibiotics and glycaemic control were initiated, but progression to CN II & surgical CN III palsy (Day 2 & 3), declining renal function [Serum creatinine: 110 µmol/L (on admission) → 360 µmol/L (Day 4)], elevated Inflammatory markers (Neutrophil leucocytosis [WBC: 13.88 × 10^9/L, ESR 104 mm/1st hr & CRP 340 mg/L) & Left-sided thick walled pulmonary cavity prompted a diagnosis of GPA clinically & initiated on high-dose steroids and intravenous cyclophosphamide awaiting other investigations. Nasal mucosal & turbinate bone histology subsequently revealed broad, non-septate hyphae consistent with mucormycosis; while ANCAs and ANA were negative (excluded vasculitis). Immunosuppressants were stopped and intravenous liposomal amphotericin B commenced. On Day 12, patient left against medical advice due to poor improvement & readmitted on Day 16 due worsening consciousness (GCS 11/15). Despite treatment, the patient developed a large left frontal-parietal infarct due to possible angioinvasive fungal spread (2D Echocardiogram, Lipid profile, Carotid Duplex & ECGs were normal), resulting in neurological decline. She succumbed to illness on Day 27.

Conclusion: This case signifies the necessity of early tissue diagnosis and availability of immunological investigations in state sector in case of masquearading presentations. Delay in recognising mucormycosis and initiating antifungal therapy, especially with prior immunosuppression, can accelerate disease progression and increase mortality. In resource-limited settings, access to rapid histopathological and microbiological confirmation is critical to prevent misdiagnosis and improve survival in ROCPM.

Keywords: Rhino-Orbital-Cerebral and Pulmonary Mucormycosis, Granulomatosis With Polyangiitis, Anti-Fungal Therapy

PP – 05

Colovesical fistula secondary to sigmoid aiverticulitis: A case report

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Background: Colovesical fistula (CVF) is a rare complication of diverticular disease, typically presenting with pneumaturia, recurrent urinary tract infections, and abdominal pain. Early recognition and appropriate surgical management are critical to prevent recurrent infections and improve patient outcomes.

Case Summary: We report a 50-year-old ASA I male with a 5-year history of diverticular disease who presented with one year of intermittent lower abdominal pain and one month of pneumaturia. He was afebrile, with stable vital signs on admission. Flexible cystoscopy revealed inflamed bladder mucosa with pus discharge, while sigmoidoscopy demonstrated pus below the rectosigmoid junction. Contrast-enhanced CT scan showed sigmoid diverticulitis with an intraluminal abscess, adherent to both small bowel and bladder dome. Exploratory laparotomy revealed a mass at the rectosigmoid junction communicating with the bladder dome and densely adherent distal ileum. Intraoperative cytology excluded malignancy. Adhesiolysis, anterior resection, and defunctioning loop ileostomy were performed. Histology confirmed chronic diverticulitis without evidence of malignancy. The patient recovered well and underwent successful ileostomy reversal six months later.

Conclusion: Diverticular disease remains the most common cause of CVF. Pneumaturia is a key clinical clue warranting prompt evaluation. CT imaging plays a pivotal role in diagnosis, while surgery remains the definitive treatment. This case highlights the importance of individualized operative planning in complex presentations and demonstrates favourable outcomes with staged surgical management.

Keywords: Colovesical fistula (CVF), Diverticular disease, Chronic diverticulitis, Pneumaturia

PP – 07

Prevalence and determinants of non-compliance to lifestyle modification and medication in patients with coronary heart disease followed up at a tertiary care hospital in Colombo

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Background: Coronary heart disease (CHD) is the leading cause of morbidity and mortality worldwide, disproportionately affecting developing countries such as Sri Lanka. Secondary prevention through lifestyle modification and medication adherence is critical to reduce recurrence after acute coronary syndrome (ACS). However, patient compliance remains a major challenge.

Objective: To assess the prevalence of non-compliance to lifestyle modification and medication following ACS, and to evaluate causative factors contributing to poor adherence among patients attending a tertiary care hospital in Colombo.

Methods: A cross-sectional descriptive study was conducted among 250 post-ACS patients attending follow-up clinics at the National Hospital of Sri Lanka between February and April 2019. Patients aged above 25 years, 6 weeks post-ACS, managed medically or with PCI, were included. Data were collected using a pre-tested self-administered questionnaire assessing dietary habits, physical activity, smoking, and drug adherence (Morisky questionnaire). Statistical analysis was performed using SPSS v24.0 with Chi-square and logistic regression.

Results: Most participants were male (68.3%) and aged 60–70 years (50.7%). Most had comorbid diabetes (77.5%) and hypertension (67%). Non-compliance to dietary modification was alarmingly high at 78.4%, while 85.9% failed to adhere to recommended exercise regimens. Absence of partner support and perceived difficulty of dietary restrictions were significantly associated with poor dietary compliance. Reluctance, misbeliefs about exercise safety, and unawareness of its importance predicted exercise non-adherence. In contrast, only 18.5% demonstrated poor medication compliance, mainly due to forgetfulness and unavailability of drugs in hospital pharmacies. A small proportion (12.8%) continued smoking post-ACS.

Conclusion: Despite good compliance with pharmacological therapy, adherence to lifestyle modification following ACS was markedly poor. These findings highlight the urgent need for structured cardiac rehabilitation programs, improved patient education, and sustained physician engagement to reinforce lifestyle changes. Strengthening health education and ensuring continuous drug availability are vital to improve long-term cardiovascular outcomes.

Keywords: Acute Coronary Syndrome, Compliance, Lifestyle Modification

PP – 08

Unexplained respiratory distress in orthopaedic trauma: Always consider fat embolism syndrome

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Background: Fat embolism syndrome (FES) is an uncommon but potentially fatal complication of long bone and pelvic fractures, with a reported incidence of 0.5–2.2% and mortality of 5–15%. It typically manifests within 24–72 hours after injury with the classic triad of respiratory distress, neurological symptoms, and petechial rash, although the complete triad is rarely seen. As no definitive diagnostic test exists, diagnosis relies on clinical suspicion and supportive criteria. Early recognition is crucial, as timely supportive management significantly reduces morbidity and mortality.

Case Summary: A 39-year-old male with diabetes mellitus sustained multiple injuries in a high-velocity road traffic accident. He was found to have bilateral displaced femoral shaft fractures, bilateral undisplaced tibial shaft fractures, and multiple rib fractures. On admission, he was hemodynamically stable with normal oxygen saturation and a negative EFAST. Fractures were initially stabilized with plaster casts, and supportive management with hydration, analgesia, and anticoagulation was initiated. On day 4 of admission, he developed fever, tachypnoea, tachycardia, and severe hypoxemia (SaO_2 65% on room air). Arterial blood gases showed type 1 respiratory failure, while chest X-ray demonstrated bilateral reticular opacities. Laboratory results revealed anaemia and thrombocytopenia. CT pulmonary angiography excluded thromboembolism, and sepsis was ruled out by negative cultures. Fulfilling one major and four minor Gurd's criteria, a diagnosis of FES was established. He was managed in ICU with non-invasive ventilation, hydration, transfusion, and supportive therapy. The patient improved gradually and was discharged from ICU after five days with full recovery.

Conclusion: FES should always be considered as an important differential diagnosis in trauma patients with unexplained respiratory distress. Early recognition, systematic exclusion of other possible conditions, and timely supportive care are essential for favourable outcomes.

Keywords: Fat embolism, Orthopaedic trauma, Respiratory failure

PP – 09

Massive pulmonary embolism presenting as PEA: Saving lives through timely thrombolysis

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Background: Massive pulmonary embolism (PE) is a critical cardiovascular emergency and a recognized reversible cause of pulseless electrical activity (PEA) cardiac arrest. It accounts for 5–10% of cardiac arrests and carries a very high mortality rate, estimated at 65–95%. The presentation is often sudden hemodynamic collapse, shock, or cardiac arrest. Rapid identification and early thrombolysis are key to survival.

Case Summary: A 57-year-old male presented with sudden shortness of breath and syncope. Shortly after arrival to the emergency department, he developed cardiac arrest with PEA. Advanced life support was initiated and return of spontaneous circulation (ROSC) was achieved after two minutes. Post-ROSC, he had severe hypoxemia, tachycardia and hypotension requiring vasopressors, elevated jugular venous pressure and right calf swelling. Bedside echocardiography revealed right atrial and ventricular dilatation, moderate tricuspid regurgitation, elevated pulmonary pressures, and a dilated inferior vena cava with poor collapsibility, strongly suggestive of acute high-risk PE. Based on these findings and multidisciplinary consensus, systemic thrombolysis with intravenous alteplase was administered, resulting in dramatic clinical improvement. CT pulmonary angiography later confirmed emboli in the right upper and left lower lobe pulmonary arteries. The patient was started on anticoagulation with low-molecular-weight heparin, then bridged to warfarin, with a planned six-month course.

Conclusion: Massive PE must be considered as an important reversible cause of PEA cardiac arrest. Point-of-care echocardiography plays a vital role in rapid bedside diagnosis when immediate CT cannot be performed. Early thrombolysis can be lifesaving in patients with hemodynamic compromise or cardiac arrest due to PE. Prompt recognition, rapid decision-making, and timely reperfusion therapy are crucial for survival.

Keywords: Cardiac arrest, Pulmonary embolism, Thrombolysis

PP – 10

Can haematological parameters in early COVID – 19 infection predict the severity of disease in the Sri Lanka adult population?

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Background: The COVID-19 pandemic has highlighted the importance of cost-effective predictors of disease severity, especially in resource-limited settings. Haematological parameters from a routine full blood count (FBC) have been suggested as early markers of disease progression.
Objective: To assess whether haematological parameters at admission can predict COVID-19 severity among hospitalized adults in Sri Lanka.

Methods: A retrospective, observational, case-control study was conducted at the National Hospital of Sri Lanka. Records of 444 patients with confirmed COVID-19 admitted between April and September 2021 were analysed. Patients were classified as severe or non-severe based on hypoxemia (SpO_2 <92% on room air requiring oxygen therapy). Demographic data, comorbidities, and haematological parameters at admission were compared using chi-square tests, t-tests, logistic regression, and ROC analysis.

Results: Of 444 patients (mean age 54.3 years; 73.4% male), 239 (53.8%) developed severe disease. Severe illness was significantly associated with older age, diabetes mellitus, hypertension, and chronic kidney disease ($p<0.05$). Elevated white blood cell and neutrophil counts, lower lymphocyte counts, and a higher neutrophil-to-lymphocyte ratio (NLR) were strongly predictive of severe outcomes ($p<0.05$). Platelet count and haemoglobin showed no significant correlation with severity. Logistic regression identified age, diabetes, WBC, and neutrophil count as independent predictors.

Conclusion: Early haematological parameters, particularly elevated NLR, Leukocytosis, and Neutrophilia, are reliable predictors of COVID-19 severity in Sri Lankan patients. These routinely available, inexpensive tests can support early risk stratification and rational allocation of resources in similar healthcare settings. Larger multicenter studies are needed for validation.

Keywords: COVID-19, Haematological Parameters, Neutrophil-to-Lymphocyte Ratio

PP – 11

Langerhans cell histiocytosis presenting as pyrexia of unknown origin

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Background: Langerhans cell histiocytosis (LCH) is a rare clonal proliferative disorder of myeloid-derived dendritic cells, characterized by organ infiltration with histiocytes accompanied by eosinophils, macrophages, and lymphocytes. Clinical manifestations vary widely depending on the site and extent of disease, ranging from isolated bone or skin lesions to life-threatening multisystem involvement. Involvement of the lymph nodes and spleen is particularly uncommon but is associated with a poor prognosis as the spleen is considered a high-risk organ. LCH may rarely present as pyrexia of unknown origin (PUO), posing a diagnostic challenge for clinicians.

Case Summary: We report the case of a 63-year-old man with diabetes mellitus who presented with persistent fever for two months. Extensive evaluation for infectious, autoimmune, and neoplastic causes was inconclusive. Laboratory findings included pancytopenia, elevated inflammatory markers, and splenomegaly. Imaging revealed mediastinal lymphadenopathy and splenic lesions. Definitive diagnosis was achieved through mediastinal lymph node biopsy, which demonstrated CD1a-positive histiocytes consistent with LCH. The patient was categorized as having multisystem LCH with risk organ involvement and was initiated on systemic chemotherapy comprising prednisolone, methotrexate, and vinblastine. Despite therapy, disease progression was rapid, and he succumbed within six months of symptom onset. This case underscores the diagnostic difficulties posed by LCH presenting as PUO, where lymphadenopathy and constitutional symptoms may mimic more common infectious or malignant aetiologies. Early tissue diagnosis is essential for guiding therapy and improving outcomes.

Conclusion: Langerhans cell histiocytosis is a rare but important differential diagnosis in patients with PUO, especially when associated with unexplained lymphadenopathy and splenomegaly. Involvement of high-risk organs such as the spleen carries a grave prognosis. This case highlights the importance of maintaining a broad differential diagnosis in PUO and the need for timely biopsy when initial investigations are unrevealing. Clinicians should remain aware of rare aetiologies such as LCH, as early diagnosis and initiation of appropriate therapy may influence survival in affected patients.

Keywords: Langerhans Cell Histiocytosis, Pyrexia of Unknown Origin, Lymphadenopathy

PP – 13

From dengue to paralysis: Guillain-Barré Syndrome following dengue haemorrhagic fever

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Background: Dengue fever is a mosquito-borne viral disease endemic to the tropics that may result in a variety of neurological complications from central nervous system such as encephalitis, encephalopathy, ADEM, cerebellitis, meningitis, and stroke, to peripheral nervous system disorders including, mononeuropathies, and brachial neuritis. Neuromuscular complications such as myositis and hypokalaemia paralysis have also been reported. Although extremely uncommon, Guillain-Barré Syndrome (GBS), an acute immune-mediated polyradiculoneuropathy, has been reported following dengue infection as demonstrated in our case.

Case Summary: We report a 15-year-old boy with acute flaccid paralysis presenting with global areflexia two weeks after resolution of dengue haemorrhagic fever. He initially complained of numbness of both feet and hand, which progressed within days to inability to walk. Neurological examination revealed flaccid paralysis, areflexia, dysphagia, palatal weakness, and bilateral lower motor neuron-type facial weakness. Acute inflammatory demyelinating polyneuropathy was established on nerve conduction studies. Dengue IgG was found, while other infective aetiologies were excluded. However, there was no albuminocytological dissociation in cerebrospinal fluid. Intravenous immunoglobulin (0.4 g/kg/day for 5 days) was administered with remarkable improvement in cranial nerve dysfunction and limb weakness. The patient was subsequently discharged on his own two feet after a week of hospital stay.

Conclusion: This case highlights that post-dengue GBS is a rare but serious neurological complication of Dengue Fever. Healthcare workers in dengue-endemic regions should have a high degree of suspicion when evaluating patients with recent dengue infection accompanied with acute flaccid paralysis. Early diagnosis together with intravenous immunoglobulin therapy promises a favourable outcome.

Keywords: Acute Flaccid Paralysis, Dengue Haemorrhagic Fever, Guillain-Barré Syndrome, Intravenous Immunoglobulin, Nerve Conduction Studies

PP – 15

Presentation of congenital pulmonary airway malformation type 1 in an adult mimicking pulmonary tuberculosis: A case report

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Background: Congenital pulmonary airway malformation (CPAM) is a developmental abnormality of the lung which is rare and typically diagnosed in the perinatal period. Uncommon adult presentation may be mistaken for other chronic pulmonary conditions, such as tuberculosis in endemic areas. Type 1 CPAM is the most frequent subtype, characterized by large cysts lined with pseudo stratified ciliated columnar epithelium.

Case Summary: A 24-year-old male with beta-thalassemia trait presented with a 2-year history of recurrent pneumonia and intermittent haemoptysis. In 2023, he was empirically treated for pulmonary tuberculosis for 6 months despite negative sputum GeneXpert, acid-fast bacilli smears, and Mantoux test. On current evaluation, examination findings were normal. Chest radiography revealed cavitatory lesions in the left upper and mid zones. High-resolution computed tomography (HRCT) demonstrated a multicystic lesion involving the left upper lobe and superior lingula, consistent with CPAM type 1, with superimposed consolidation. Tests for melioidosis and aspergillosis were negative. Patient underwent left-sided video-assisted thoracoscopic surgery (VATS) upper lobectomy and wedge resection of superior lingula in July 2025 with uneventful Postoperative recovery. Histology revealed congenital airway malformation in Background of resolving pneumonia.

Conclusion: Adult CPAM is uncommon and can closely mimic pulmonary tuberculosis, in endemic regions, which leads to delayed diagnosis. HRCT is critical in diagnosis, while surgical resection remains the definitive treatment to prevent recurrent infections and reduce malignant potential. Early recognition in adults can significantly improve outcomes.

Keywords: Congenital Pulmonary Airway Malformation, Intermittent Haemoptysis, Lobectomy, Pulmonary Tuberculosis, Recurrent Pneumonia

PP – 16

Low-grade spindle cell tumour of the lung in a young adult male: A rare case with recurrence following surgery and radiotherapy

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Background: Primary spindle cell tumours of the lung are uncommon and often constitute a diagnostic challenge due to their similarity with other sarcomatoid lesions. Although histologically classified as low-grade, these tumours can still be locally aggressive and recurrence is not uncommon which necessitates multidisciplinary management and long-term surveillance.

Case Summary: A 37-year-old male, who is previously well, presented with a history of fever, non-productive cough, constitutional symptoms, anaemia-related fatigue, and pleuritic chest pain for 3 months duration. Imaging revealed a large (12 × 8 × 5.6 cm) left hilar mass encasing the lower lobe bronchus and abutting the left main pulmonary artery. Histopathology confirmed a low-grade spindle cell tumour, positive for SMA and vimentin, negative for epithelial and neural markers, with a Ki-67 index of 10–15%. Initial management involved tumour debulking via thoracotomy, followed by 28 cycles of adjuvant radiotherapy. Eighteen months later, disease recurrence was detected, requiring repeat video-assisted thoracoscopic surgery (VATS) debulking. Postoperative recovery was uneventful.

Conclusion: This case highlights the locally aggressive and recurrent nature of spindle cell tumors of the lung despite its low-grade features and low Ki-67 index. Immunohistochemistry is essential in differentiating these lesions from other sarcomatoid lesions or metastatic tumors. Although surgical resection is the mainstay; anatomical complexity may prevent total excision as in this case. Adjuvant radiotherapy may be beneficial in cases with incomplete resection, though recurrence can still occur. Long-term multidisciplinary follow-up is essential for early detection and management of recurrences.

Keywords: Adjuvant Radiotherapy, Sarcomatoid Lesions, Spindle Cell Tumour, Surgical Resection

PP – 17

Non operative management of traumatic complete pancreatic neck transection; A case report

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Background: Pancreatic injuries among trauma patients are uncommon, accounting for 0.5% - 8% of all trauma incidents, owing to the Pancreas being a retroperitoneal organ. The American Association for Surgery of Trauma (AAST) classifies pancreatic trauma into five grades with grade IV and grade V involving extensive parenchymal and duct injury, usually requiring surgery. This case report illustrates a rare incident of isolated grade IV pancreatic injury successfully managed with a conservative approach despite the severity of the injury.

Case Summary: We present a case of a 21-year-old female who sustained blunt trauma to the epigastric region with a bike handle impact when her motor bike collided with a car. CECT (contrast-enhanced computed tomography) reported a transection in the pancreatic neck involving the proximal pancreatic duct with an associated haematoma (grade IV injury). No other injuries sustained, and patient was haemodynamically stable. Management included Endoscopic Retrograde Cholangiopancreatography (ERCP) done for stenting of pancreatic duct and pigtail drainage of the peripancreatic hematoma.

Conclusion: Recent increase in tendency to manage pancreatic injuries conservatively needs further evaluation, especially in a resource-poor setting due to the sparsity of ICU facilities for close monitoring and unavailability of CT scan for serial imaging. This case report highlights the importance of considering a conservative approach when feasible in high-grade pancreatic injuries.

Keywords: Blunt Abdominal Trauma, Pancreatic Neck Transection, Pancreatic Duct Injury

PP – 18

Renal artery variation encountered during a deceased donor organ retrieval surgery: A case report

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Background: Renal arterial anatomy is of paramount importance in organ transplantation, vascular surgery, and endourology. While a single renal artery supplies each kidney in most individuals, variations such as multiple arteries, early branching, and anomalous courses are not uncommon. During deceased donor retrieval, preoperative imaging is often unavailable, making intraoperative recognition of vascular anomalies essential for safe procurement.

Case Summary: A 70-year-old female underwent deceased donor organ retrieval via midline laparotomy with transverse extension. Intraoperatively, an accessory right renal artery was identified arising from the abdominal aorta at the level of the second lumbar vertebra. This artery coursed anterior to the inferior vena cava (precaval course) to enter the right renal hilum. In addition, the right kidney also had a normal renal artery in its usual anatomical position, with both kidneys drained by a single renal vein each. No hydronephrosis was observed. Both kidneys were successfully procured and transplanted. Postoperatively, both recipients demonstrated immediate graft function with no early transplant-related complications. A single renal artery is reported in ~70% of individuals, whereas multiple arteries occur in ~25–30%. A precaval course of the renal artery is rare, occurring in only 0.8–5% of cases, and the coexistence of pre- and postcaval renal arteries in the same kidney is exceptionally uncommon. These variations result from the persistence of embryonic vessels during renal ascent. Awareness of such anomalies is critical, as inadvertent injury during retrieval or transplantation may compromise graft viability.

Conclusion: This case highlights the surgical importance of recognising renal vascular anomalies during cadaveric organ procurement. In the absence of preoperative imaging, meticulous dissection and sound anatomical knowledge are essential for safe retrieval and successful transplantation outcomes.

Keywords: Renal Artery, Accessory Renal Artery, Precaval Artery, Organ Retrieval, Transplantation

PP – 19

A rare case of successful excision of a renal cell carcinoma with tumour thrombus in the inferior vena cava on a horseshoe kidney: A case report and description of the surgical technique

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Background: Horseshoe kidney (HSK) is the most common renal fusion anomaly, occurring in 0.25% of the population. While often asymptomatic, HSK is associated with hydronephrosis, stone disease, infection, and an increased risk of renal malignancy. Renal cell carcinoma (RCC) is the most frequent tumour, and its management is technically challenging due to anomalous vasculature and the presence of the isthmus.

Case Summary: We report a 54-year-old male, investigated for fever, in whom ultrasound revealed fused kidneys consistent with HSK. Contrast-enhanced CT demonstrated a large RCC in the right moiety, with tumour thrombus extending into the inferior vena cava (IVC) up to the level of the hepatic veins, along with adrenal metastasis. Vascular anatomy was complex, with three renal arteries supplying each moiety, including an aberrant artery to the left lower pole arising from the right common iliac artery.

A reverse L-shaped incision was used for exploration. The right colon and duodenum were mobilized, and the retrohepatic IVC was dissected. The isthmus was transected after arterial control, and a line of demarcation was noted. Vascular clamps were applied to the IVC and renal veins. The thrombus was removed en bloc with the right kidney, adrenal gland, and a cuff of the IVC. HSK presents unique surgical challenges due to variable arterial supply, abnormal renal rotation, and parenchymal isthmus. The presence of IVC tumour thrombus further increases operative complexity. Careful preoperative imaging with CT angiography is essential to delineate vascular anatomy and guide surgical planning. Although the risk of malignancy is higher in HSK, oncological outcomes following nephrectomy are comparable to normal kidneys.

Conclusion: This case highlights the technical challenges of managing RCC in HSK with IVC tumour thrombus. Thorough preoperative evaluation and meticulous surgical technique enable safe resection, minimize complications, and achieve satisfactory oncological outcomes.

Keywords: Horseshoe Kidney, Renal Cell Carcinoma, Inferior Vena Cava Thrombus, Renal Anomalies, Nephrectomy

PP – 20

A positional modification for intramedullary nailing of diaphyseal tibial fracture using "figure-of-four" position: A case report

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Background: Diaphyseal tibial fractures are the most common long bone fracture, which typically managed with intramedullary nailing. For this procedure, patient is positioned supine with hip and knee flex to access the entry point. This may be technically difficult in some patient due to stiffness or intraoperative constraints.

Case Summary: A 45-year-old lady presented to us following motor vehicle accident with pain, swelling, and deformity of right leg. Plain radiograph revealed a closed displaced midshaft tibial fracture (AO/OTA 42A2). Intramedullary nailing was done under spinal anaesthesia using figure-of-four position. Here patient is positioned supine with operative side hip was externally rotated and knee flexed over the contralateral leg. The procedure was uneventful. Postoperative x-ray showed satisfactory alignment, and early mobilization was done. Follow up showed fracture healing and functional improvement.

Conclusion: The figure-of-four positioning provide stable support of the limb without excessive manipulation by the assistant and easy access to the proximal tibial entry point, and the entire procedure can be performed while maintaining the image intensifier in a fixed position. However, achieving and maintaining fracture reduction, particularly rotational control, can be challenging; therefore, reduction should be secured prior to nail insertion. This positioning may be uncomfortable to sustain during lengthy procedures.
This case highlights the figure-of-four position is safe and effective alternative positional method for tibial intramedullary nailing. Further studies are required to validate its clinical outcome.

Keywords: Diaphyseal Tibial Fracture, Figure-of-Four Position, Intramedullary Nailing

PP – 21

Intravesical explosion leading to bladder rupture during transurethral resection of bladder tumour: A case report

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Background: Bladder cancer, 10th most common cancer in the world can be broadly divided into muscle invasive bladder cancer (MIBC) and non- muscle invasive bladder cancer (NMIBC). Transurethral resection of bladder tumour (TURBT) is a minimally invasive treatment of choice for NMIBC and is generally considered a safe procedure. As with any surgical procedure, TURBT also have potential risks. We present a case of a very rare but known complication of TURBT; intravesical explosion leading to bladder rupture.

Case Summary: 66-year-old, male presented with two weeks history of visible haematuria. Irregular mass in lateral wall of bladder was evident on ultrasound scan, which was compatible with flexible cystoscopy findings. Contrast Enhance Computed Tomography (CECT) scan performed subsequently demonstrated an irregular, 6cm x 5.6cm x 4.2 cm mass on left bladder wall suggestive of carcinoma bladder. TURBT carried out under general anaesthesia with Olympus F24 plasma resectoscope and distilled water as flushing solution. Monopolar cutting and coagulation electrocautery set at 180W and 120W respectively. A quite loud bang sound was heard 30 minutes into the procedure following which resectoscope vision was obscured with poor bladder filling. An immediate diagnosis of bladder rupture was concluded with urgent midline laparotomy for exploration and repair.
Literature review of similar incidences identifies prolonged duration of surgery leading to accumulation of intravesical gases, accidental introduction of gasses via poorly sealed endoscopic sheath, improper technique of rinsing with Ellik and high-power settings of electrosurgery as procedure related risk factors. Patient related factors are, higher stage of tumour, location at dome of bladder, multiple bladder trabeculations and diverticula, previous history of TURBT.

Conclusion: In consideration of the aforementioned risk factors exercising preventive measures are pivotal for safe surgery. We present this to remind surgeons of this dreaded complication with the aim of preventing its occurrence.

Keywords: Bladder Rupture, Intravesical Explosion, TransUurethral Resection of Bladder Tumor

PP – 22

Every piece of histology matters: Complete androgen insensitivity syndrome (CAIS) in an 8-year-old child with bilateral inguinal hernia

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Background: Complete androgen insensitivity syndrome (CAIS) is a rare disorder of sex development in which individuals with a 46, XY karyotype and functioning testes present with a female phenotype. Although androgen levels may be normal or elevated, target tissues fail to respond due to mutations in the androgen receptor gene. The condition is estimated to occur in 1 in 20,000–99,000 genetic males. Because of its rarity and the importance of timely diagnosis, we report a case of CAIS in an eight-year-old girl who presented with bilateral inguinal hernia.

Case Summary: An eight-year-old child was admitted with a left inguinal hernia. She had normal intellectual function, a feminine appearance, and female external genitalia. During surgery, a small nodule was identified in the hernia sac, which histology confirmed as atrophic testicular tissue. She was the second child of parents in a consanguineous marriage. Postoperative ultrasound revealed the absence of a uterus and ovaries, along with an uncomplicated right inguinal hernia and a soft-tissue nodule in the inguinal canal. A right herniotomy and biopsy again demonstrated atrophic testicular tissue without malignancy. Karyotyping confirmed a 46, XY pattern. A multidisciplinary team established the diagnosis of CAIS, and the family was counselled. They plan for Hormone replacement therapy (HRT) at puberty and to function as female.

Conclusion: This case emphasizes the need to consider complete androgen insensitivity syndrome (CAIS) in phenotypic females presenting with inguinal hernia, particularly when a gonad is unexpectedly identified during surgery. Diagnosis should be confirmed with karyotyping and histology, and CAIS must also be considered in the differential diagnosis of primary amenorrhea, especially in those with bilateral inguinal hernias. Genetic testing is essential for confirmation. Management requires a multidisciplinary approach. While gonadectomy is recommended, early surgery eliminates the risk of gonadal tumour, Lifelong follow-up, hormone replacement, and psychosocial support are vital for optimal outcomes.

Keywords: Androgen Insensitivity Syndrome, Inguinal Hernia, 46, XY Karyotype

PP – 23

Unusual presentation of henoch–schönlein purpura with terminal ileal angiodysplasia causing life-threatening gastrointestinal bleeding in an adult

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Background: Henoch–Schönlein purpura (HSP), or IgA vasculitis, is a small-vessel vasculitis predominantly affecting children. Adult cases are less common but often more severe, with gastrointestinal (GI) involvement in up to 75%. Severe bleeding is rare, and isolated melena without abdominal pain or purpura is diagnostically challenging. Angiodysplasia in the setting of HSP is exceptionally rare and scarcely reported.

Case Summary: A 34-year-old man with type 2 diabetes presented with bilateral bullous skin lesions. Skin biopsy confirmed HSP, and corticosteroid therapy was initiated. During treatment, he developed melena without abdominal pain, hematemesis, or renal involvement. Haemoglobin dropped from 10.5 to 7.1 g/dL, while coagulation parameters were normal.
Upper and lower endoscopy were unremarkable; two mesenteric angiograms failed to localize bleeding. Capsule endoscopy showed unhealthy mucosa at the terminal ileum. Despite supportive measures, persistent bleeding necessitated exploratory laparotomy. Luminal clots were identified throughout the colon and terminal ileum, prompting a right hemicolectomy with terminal ileal resection. Postoperative recovery was uneventful. Histopathology revealed angiodysplasia of the terminal ileum—an unusual finding in HSP. This case underscores the diagnostic complexity of GI bleeding in adult HSP, especially in the absence of classical symptoms. The co-occurrence of angiodysplasia raises the possibility of vasculitis-induced vascular remodelling predisposing to such lesions. Conventional imaging and endoscopy may be insufficient; capsule endoscopy and surgical exploration proved pivotal. Definitive management through resection achieved durable haemostasis.

Conclusion: Adult-onset HSP with atypical GI bleeding requires a high index of suspicion and a multidisciplinary approach. The rare association of terminal ileal angiodysplasia with HSP expands the spectrum of vasculitic GI manifestations and highlights the role of timely surgical intervention when non-invasive diagnostics are inconclusive.

Keywords: Henoch–Schönlein Purpura, IgA Vasculitis, Gastrointestinal Bleeding, Angiodysplasia, Hemicolectomy

PP – 24

Unusual cause of small bowel obstruction following traditional ritual ingestion: A case report

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Background: Small bowel obstruction (SBO) is a common surgical emergency, most frequently caused by adhesions, hernias, or tumours. Foreign body ingestion is a rare cause in adults, accounting for less than 1% of SBO cases requiring surgery. In some cultures, traditional rituals may involve ingestion of non-food items, potentially leading to gastrointestinal complications.

Case Summary: A 43-year-old previously healthy retired soldier from rural Sri Lanka presented with progressive abdominal distension, colicky pain, and vomiting, initially following left loin pain suggestive of ureteric colic. He had sought treatment from a local exorcist, during which he ingested a lime peel—a detail revealed only after further questioning. His condition deteriorated despite initial medical management, prompting transfer to a tertiary surgical unit. Examination revealed abdominal distention with hyperactive bowel sounds. Imaging, including contrast-enhanced CT, confirmed small bowel obstruction with the transient point at the distal ileum. Diagnostic laparoscopy was attempted but converted to open laparotomy due to grossly distended bowel loops. Intraoperatively, a firm intraluminal mass was found near the ileocecal valve and extracted via enterotomy. The mass was identified as a half-folded lime peel. The patient made a full postoperative recovery.

Conclusion: This case highlights a rare but important cause of SBO due to ingestion of a lime peel as part of a traditional healing ritual. It underscores the importance of culturally sensitive and detailed history-taking, especially in regions where alternative medical practices are common. Clinicians should maintain a high index of suspicion for unusual causes of obstruction when standard aetiologies are absent. Early imaging and timely surgical intervention are essential for favourable outcomes.

Keywords: Small Bowel Obstruction, Enterotomy, Traditional Medicine, Sri Lanka

PP – 25

Combined radical nephrectomy for renal cell carcinoma with right atrial extension and concomitant coronary artery bypass grafting: A case report

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Background: Renal Cell Carcinoma (RCC) is the most common kidney malignancy in adults and can occasionally present with vascular invasion. Extension into the Inferior Vena Cava (IVC) occurs in 4–10% of cases, and further extension into the Right Atrium (RA) is seen in only 1%. This advanced presentation can result in significant morbidity including heart failure, arrhythmias and embolic events. Surgical management remains the only curative option. We report a rare case of RCC with intracardiac extension and coexisting Coronary Artery Disease (CAD) managed with a combined surgical approach.

Case Summary: A 73-year-old male with diabetes presented with abdominal pain, haematuria, and exertional dyspnoea. Imaging revealed a large right renal mass (12.6 cm) with tumour thrombus extending into the Renal Vein, IVC, and right atrium. Echocardiography confirmed intracardiac involvement, and coronary angiography demonstrated significant LAD stenosis. The patient underwent a combined radical right nephrectomy, tumour thrombectomy and single-vessel Coronary Artery Bypass Grafting (CABG) via median sternotomy and laparotomy. Post-operative recovery was uneventful. Histopathology confirmed clear cell RCC, WHO Grade I, pathological stage pT3a pNx. RCC with RA extension and coexisting CAD poses a unique surgical challenge. Literature reports 5-year survival of 37–64% in such cases with surgical intervention, versus <25% one-year survival without surgery. A multidisciplinary approach enabled curative resection and revascularization in a single setting. The patient returned to normal daily activities shortly after surgery.

Conclusion: Even in advanced RCC with RA extension, surgical management can offer meaningful survival when performed in selected patients without distant metastasis. Concomitant CABG can be safely performed, highlighting the value of coordinated, multidisciplinary care in complex endovascular cases.

Keywords: Renal Cell Carcinoma, Right Atrial Extension, IVC Thrombus, Nephrectomy

PP – 26

Symptomatic rectal lipoma presenting as prolapse in an elderly male: A case report

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Background: Lipomas are uncommon tumours of the gastrointestinal tract, with the rectum being the least frequent site. Most remain asymptomatic, but larger lesions can mimic malignant pathology or present with unusual symptoms. Rectal prolapse caused by a rectal lipoma is exceedingly rare and can lead to diagnostic uncertainty.

Case Summary: A 71-year-old male with hypertension and a history of transurethral resection of the prostate presented with a 3-month history of constipation, anal discomfort, and a persistent sensation of incomplete defecation. He reported a soft mass protruding through the anus during defecation, which he manually reduced. There was no history of rectal bleeding, tenesmus, abdominal pain, weight loss, or change in bowel habits.
On inspection, a large, soft, ulcerated mass was noted protruding through the anal verge, associated with posterior mucosal prolapse. The lesion was reducible but prolapsed again spontaneously. These findings suggested a submucosal neoplasm with rectal prolapse. Colonoscopy confirmed the lesion arising from the posterior rectal wall.
The patient underwent trans anal excision of the mass via mucosal dissection. The lesion was sharply dissected, excised completely, and the mucosal edges approximated with absorbable sutures. The postoperative period was uneventful, and the patient experienced significant symptomatic improvement. Macroscopically, the mass appeared as a lipoma, and histopathological analysis confirmed a benign submucosal rectal lipoma.

Conclusion: Rectal lipomas are rare and may present atypically, sometimes mimicking rectal prolapse. Colonoscopy and endoscopic ultrasound are useful diagnostic modalities; however, histopathology remains the gold standard for confirmation. Lipomas larger than 2 cm or those producing symptoms warrant excision to prevent complications such as bleeding, obstruction, or pain. Trans anal resection is a safe and effective treatment option and may be performed using either endoscopic or open surgical techniques, depending on the lesion's characteristics.

Keywords: Rectal Lipoma, Rectal Prolapse, Submucosal Rectal Mass, Trans Anal Resection

PP – 27

Primary caecal tuberculosis with perforated caecum: A case report

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Background: Intestinal tuberculosis is a common type of extrapulmonary tuberculosis in endemic regions that carries significant morbidity and mortality due to its serious abdominal complications.

Case Summary: This report presents the case of a 16-year-old girl who was presented with features of ruptured appendix, which on laparotomy found to have isolated caecal perforation. A limited right hemicolectomy with end-to-end ileocolic anastomosis was done. Histopathological findings revealed that caecal muscularis propria, and subserosa contain multiple well-formed granulomata composed of epithelioid histiocytes, Langhan's, and foreign body-type multinucleated giant cells and, some of the granulomata contain cell necrosis, definitive caseative-type necrosis not seen, most keeping with tuberculosis, however, features of co-existent Crohn's disease a possibility. Patient recovered with the therapeutic trail of anti-tuberculous treatment started after histopathology report.

Conclusion: One of the rare causes of intestinal perforation is intestinal tuberculosis, the initial surgical management is resection of affected segments with or without primary anastomosis depending on the patient's clinical condition followed by anti-tuberculous treatment. A therapeutic trial of Antitubercular therapy may be useful in differentiating tuberculosis and Crohn's disease in equivocal cases.

Keywords: Caecal Tuberculosis, Caecal Perforation, Antituberculosis Treatment, Fistula

PP – 28

A rare presentation of gastrointestinal stromal tumour (GIST) with melena and anaemia: A case report

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Background: Gastrointestinal stromal tumours (GISTs) are rare primary gastrointestinal neoplasms. GISTs are usually asymptomatic and found incidentally but may present with life-threatening gastrointestinal bleeding.

Case Summary: This report presents a case of a 25-year-old female who presented with a four-day history of melena and severe anaemia (haemoglobin 3.4 g/dL) with features of heart failure. After resuscitation with blood transfusions, the patient became stable, followed by computed tomography (CT) and mesenteric angiography, which were performed, showing an avidly enhancing jejunal mass causing small bowel intussusception, suggestive of GIST. Surgical management involved diagnostic laparoscopy converted to laparotomy for resection of the primary jejunal tumour with end-to-end anastomosis, and wedge resection of the distal lesion. Histopathology confirmed GIST. The patient received adjuvant imatinib for one year, with no evidence of recurrence on follow-up CT scans.

Conclusion: Small intestinal GISTs may present as life-threatening melena. Massive gastrointestinal bleeding from GISTs is managed by initial resuscitation with intensive monitoring but may need emergency resection of the segments of the bowel or radiological embolization to control massive bleeding after the confirmation of diagnosis. Depending on the location of GIST various methods of investigations are used to detect GIST. The treatment for GISTs without metastasis consists of surgical resection and adjuvant-targeted therapy with tyrosine kinase inhibitors.

Keywords: Gastrointestinal Stromal Tumour (GIST), Melena, Targeted Therapy, Jejunal Gastrointestinal Tumour

PP – 29

A rare case of recurrence of adenocarcinoma of rectum into the para-stomal hernia sac

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Background: colorectal cancers represents roughly 10% of all cancers. Rate of local recurrence is between 10 to 50 % following the surgery due to inadequate excision of the previous tumour or draining lymph nodes or tumour cell implantation during the surgery. Surveillance programme is very helpful in detecting the recurrence which is often a poor prognostic feature. Here we report a rare case of recurrence of adenocarcinoma of rectum in a parastomal hernia sac after successful CRT and negative surveillance imaging.

Case Summary: A 70-year-old female patient who was diagnosed to be having adenocarcinoma of the lower rectum (T3N0M0) was treated with neoadjuvent therapy followed by abdomino-perineal resection and creation of colostomy with completion of chemo radiotherapy. Five years after the management she presented with acute strangulated and obstructed parastomal hernia. She underwent parastormal hernia repair in which mattered large bowel loop with histopathological evidence of recurrence of moderately differentiated adenocarcinoma (pT4b) with no involvement in the stomal end.

Conclusion: This case is an example to state the importance of surveillance to detect the recurrence of colorectal cancers. It is helpful in diagnosis and early management of the surgical and disease related complications and recurrences.

Keywords: Recurrence, Adeno-carcinoma, Parastomal Hernia

PP – 30

Closed posterior elbow dislocation with rachial artery injury in a 59-year-old male: A rare but limb-threatening emergency

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Background: Elbow dislocations are relatively uncommon, accounting for approximately 10-15% of all elbow injuries. Vascular injuries, particularly to the brachial artery is even rarer but a serious complication that require prompt diagnosis and immediate multidisciplinary intervention.

Case Summary: A 59-year-old male ASA1 transferred to the NHSL accident service from local hospital following a history of fallen on ground. Clinical examination revealed a painful, deformed right elbow with absent distal pulses. Radiographic Imaging confirmed a closed posterior elbow dislocation without fracture. Immediate closed reduction of the dislocation done at the accident service. Vascular assessment following relocation was showing no Doppler signal. Patient underwent immediate external fixation followed by brachial exploration which ended up in end-to-end brachial artery anastomosis. While close elbow dislocation is typically managed conservatively, the presence of vascular injury needs urgent surgical intervention with external fixation. Delay in recognition of such injuries can result in limb threatening complications. This case explains the importance of thorough neuro-vascular assessment in all elbow trauma cases, regardless of the dislocation types.

Conclusion: Closed elbow dislocation complicated by brachial artery injury are rare but critical emergencies. Prompt diagnosis and immediate intervention are essential to prevent ischemic complications and to preserve limb function.

Keywords: Elbow Dislocation, Brachial Artery Injury, Limb Threatening

PP – 31

Cholecystectomy as a treatment option for biliary dyskinesia

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Background: Biliary dyskinesia (BD) is a functional gallbladder disorder caused by abnormal motility, typically diagnosed when the gallbladder ejection fraction (GBEF) is <35% on hepatobiliary iminodiacetic acid (HIDA) scan. According to Rome IV criteria, functional gallbladder disorder is diagnosed when biliary pain occurs in the absence of gallstones, abnormal liver enzymes, or structural pathology. Cholecystectomy is considered a treatment option in selected patients, although diagnostic challenges exist in resource-limited settings.

Case Summary: A 59-year-old woman presented with a four-year history of postprandial right upper quadrant pain and vomiting. Examination revealed mild right hypochondrial tenderness. Ultrasound and contrast-enhanced CT were normal, and upper GI endoscopy demonstrated bile reflux. Liver function tests were within normal limits. HIDA scan was unavailable; therefore, a diagnosis of BD was made based on Rome IV criteria and exclusion of other causes. She underwent elective laparoscopic cholecystectomy, where dense adhesions were observed around the gallbladder neck. Histology showed no evidence of cholecystitis. Postoperatively, the patient experienced marked symptom relief.

Conclusion: Cholecystectomy is a viable treatment option for biliary dyskinesia, particularly in patients fulfilling Rome IV diagnostic criteria when other pathologies have been excluded. Even without a HIDA scan, surgical intervention may be justified in resource-limited settings when symptoms are severe and persistent.

Keywords: Biliary Dyskinesia, Rome IV, Acalculous Biliary Colic, Cholecystectomy

PP – 32

Non-invasive nail plate clip traction for intra-articular thumb interphalangeal fracture with extensor tendon injury: A case report

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Background: Intra-articular fractures of the thumb interphalangeal (IP) joint with associated extensor tendon injury are rare and complex. Conventional fixation methods, such as transosseous K-wires or external skeletal traction, may be contraindicated in cases with soft tissue compromise, as they carry risks including pin tract infection and interference with tendon healing. Non-invasive traction methods remain sparsely reported in this context.

Case Summary: A 30-year-old right-hand-dominant male sustained a traumatic injury to the right thumb following an angle grinder accident. Clinical assessment revealed a deep dorsal laceration with loss of active extension. Radiographs showed an intra-articular distal phalanx fracture with minimal displacement. Surgical extensor tendon repair was performed, after which fracture alignment was maintained using a novel non-invasive traction method. A surgical-grade clip was attached to the nail plate with cyanoacrylate adhesive, and elastic bands were connected to a thermoplastic dorsal orthosis to provide continuous traction. This construct allowed dynamic adjustment of tension while preserving skin integrity. By day five postoperatively, the patient reported no pain, the wound and nail bed remained intact, and radiographs confirmed maintained fracture alignment.

Conclusion: This case highlights a simple, non-invasive traction method for thumb IP intra-articular fracture management following tendon repair. Early outcomes suggest it may offer a viable alternative to skeletal fixation in selected cases, particularly when minimizing soft tissue insult is critical. Further evaluation is warranted to determine long-term functional and radiological outcomes.

Keywords: Thumb Fracture, Extensor Tendon Injury, Non-invasive Traction

PP – 33

Extradural spinal Ewing sarcoma in an adolescent girl: A case report

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Background: Ewing sarcoma is a rare malignant tumour, primarily affecting children and adolescents. It most commonly involves the long bones, pelvis, and ribs. Spinal involvement is uncommon, and extradural lesions without bony invasion are extremely rare. Early recognition is crucial, as neurological deficits may progress rapidly without intervention.

Case Summary: We report the case of a 16-year-old girl who presented with a six-week history of progressive upper back pain and progressive weakness of bilateral lower limb for two weeks duration. Neurological evaluation revealed spastic paraparesis with MRC grade 1/5 strength in both lower limbs. Deep tendon reflexes were exaggerated, and plantar responses were upwards bilaterally. Sensory examination showed diminished sensation below the T6 level. MRI revealed a lesion in the spinal canal extending from C6 to T5 level. Urgent decompressive laminectomy was performed due to progressive neurological deficits. Intraoperatively, lesion was located entirely in the extradural space, compressing but not infiltrating the dura, and was completely excised.
Frozen section analysis revealed a small round blue cell tumour. Histopathology demonstrated sheets of small round cells with hyperchromatic nuclei and scant cytoplasm. Immunohistochemistry confirmed Ewing sarcoma with strong CD99 membranous expression positivity, while LCA was negative. Postoperatively, there was gradual improvement of lower limb strength with partial neurological recovery seen. She was referred to oncology unit for adjuvant chemotherapy and radiotherapy.

Conclusion: Extradural spinal Ewing sarcoma is a rare, but if occur leads to significant cause of spinal cord compression in adolescents. Clinical and radiological features are nonspecific, therefore histopathology is essential for diagnosis. Early surgical decompression provides neurological improvement and tissue for definitive diagnosis. Combined chemotherapy and radiotherapy are critical for long-term disease control. Early recognition and multidisciplinary approach are essential to optimize patient outcomes.

Keywords: Ewing Sarcoma, Extradural Spinal tTumour, Spinal Cord Compression

PP – 34

Surgically managed perforated Meckel's diverticulum: A case report

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Background: Meckel's diverticulum is the commonest congenital abnormality of the gastrointestinal tract. It occurs in 2% of population due to failure in obliteration of vetilo intestinal duct. Even though it is rare in incidence, it can cause complications like haemorrhage, obstruction, inflammation and perforation.

Case Summary: A 13-year-old girl, who was previously unevaluated, presented to us with right iliac fossa pain for two days. And she developed fever on day 02. On examination, tenderness was there in right lower quadrant of abdomen with peritonitis. Blood investigations showed increased level of inflammatory markers (WBC – 14930, CRP – 225.6mg/L). Ultra sound scan suggested possible ruptured appendix with moderate free fluid in abdomen. Decision for open appendectomy was taken and proceeded with it. But during surgery, the free fluid suggested intestinal perforation and surgery was converted to Laparotomy. Perforated Meckel's diverticulum was encountered and bowel resection and anastomosis was done. Postoperative period was uneventful. Histology suggested Meckel's diverticulum.

Conclusion: Spontaneous perforation of Meckel's diverticulum is rare and it mimic acute appendicitis. So even in this modern era, preoperative diagnosis of Meckel's diverticulum is difficult and is generally made incidentally during surgery. Meckel's diverticulum should be considered as a differential diagnosis in every patient presenting with acute abdomen particularly in children.

Keywords: Meckel's Diverticulum, Perforation, Acute Appendicitis, Laparotomy

PP – 35

Spontaneous rupture of recurrent vaginal vault prolapse and evisceration: A case report

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Background: Vaginal vault prolapse is a well-known post hysterectomy complication in which the incidence of recurrence is not uncommon. Spontaneous rupture of vaginal vault prolapse and evisceration is, however, an extremely rare but serious condition. This report describes a case of a 68-year-old woman presented to surgical ward with a spontaneous rupture of recurrent vaginal vault prolapse with strangulated small bowel for which she underwent an emergency laparotomy and vaginal vault repair.

Case Summary: A 64-year-old woman was admitted to surgical casualty ward with a history of lower abdominal pain, vomiting and vaginal lump. She denied vaginal bleeding and vaginal lump has been experienced for 4 months. She has had 4 normal vaginal deliveries and had undergone vaginal hysterectomy 6 years back followed by vaginal vault repair 4 years later. On admission she was hemodynamically stable. On examination her abdomen was soft with lower abdominal tenderness and strangulated small bowel loops were noted through ruptured prolapsed vaginal vault. Under general anaesthesia with intravenous antibiotic cover, Emergency Laparotomy was performed through lower midline incision. There was no evidence of peritonitis and strangulated bowel was released which was viable and thoroughly irrigated before replacing into peritoneal cavity. Vaginal vault repaired in full thickness with absorbable sutures. Post-surgical period was uneventful. She went home on postoperative day five.

Conclusion: Early diagnosis, urgent and appropriate surgical intervention can demolish the morbidity in ruptured vaginal vault prolapse and evisceration. This case demonstrates it can be managed successfully without complications when there is no ischemic bowel injury or peritonitis. Addressing the patient's risk factors, pelvic floor rehabilitation and regular follow up will enhance the outcome. As a preventive measure, early surgical intervention should be considered in vaginal vault prolapse to strengthen the vaginal vault support.

Keywords: Vaginal Vault Prolapse, Ruptured, Evisceration

PP – 36

Multifocal utaneous Lleiomyosarcoma in a 55-year-old male: A rare case report

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Background: Cutaneous leiomyosarcoma is a rare malignant tumour of superficial smooth muscle origin accounting for <3% of all soft tissue sarcomas. It most commonly presents as solitary lesion. Multifocal presentation is extremely rare.

Case Summary: A 55-year-old male known patient with diabetic, initially noticed painless progressively enlarging lump over the epigastric region for 2 months duration. There were multiple lesions that appeared on upper limb, face and trunk within the next six months.
On examination there were multiple, firm, non-tender nodules noted on right hand, face, chest, abdomen (0.5cm-3cm). No lymphadenopathy. No mucosal or visceral involvement. Excision biopsy of epigastric lesion revealed spindle shaped cells with high mitotic activity. IHC was positive for smooth muscle actin (SMA) and desmin, confirming cutaneous leiomyosarcoma. Wide local excision of symptomatic lesions was performed, and histology confirmed the multifocal leiomyosarcoma. CECT CAP excluded any other organ involvement.

Conclusion: Cutaneous leiomyosarcoma is a rare soft tissue malignancy arising from the arrector pili muscles or vascular smooth muscle in the dermis or subcutis. It typically affects middle aged to elderly males as single growing lesion. Multifocality is rare. Management is wide local excision with 1-2cm margin. Role of radiotherapy/chemotherapy is limited but considered in high-grade or recurrent cases.

Keywords: Cutaneous Leiomyosarcoma, Multifocal

PP – 37

Zinner syndrome, a very rare urogenital developmental abnormality

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Background: Zinner's syndrome is one of the rarest congenital malformations present with a triad of cysts in the seminal vesicle, ejaculatory duct obstruction, and ipsilateral renal agenesis in young patients due to development abnormality of the Wolffian duct at embryogenesis.

Case Summary: A 23-year-old unmarried male presented with severe perianal pain and dysuria for two days associated with one day history of fever. He denies any symptoms related to ejaculation and defecation. He had intermittent dull aching lower abdominal pain for last six months which has worsened recently.
Digital rectal examination revealed a tender bulging lump which was not separately palpable from prostate gland. Abdomen and external genitalia examination was unremarkable. Ultrasound imaging revealed a 70mm*23mm seminal vesicle cyst contains homogenous echogenic particles and absent ipsilateral absent kidney on the left side. Zinner syndrome with possible infected seminal vesical cyst was considered. Transrectal aspiration of cyst done and send for culture. Symptoms improved with aspiration and treated with intravenous antibiotics.

Conclusion: Zinner syndrome occurs in young males (20s-40s) which is the male equivalent of Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome (Mullerian agenesis) in females. It is diagnosed incidentally or when symptomatic during imaging (Ultrasound, MRI, CT). Symptomatic patients are managed with TURED, Laparoscopic/robotic-assisted surgery.

Keywords: Zinner's Syndrome, Congenital Malformations, Cysts in the Seminal Vesicle, Ejaculatory Duct Obstruction, Ipsilateral Renal Agenesis

PP – 38

Acute upper limb ischemia due to Spontaneous brachial artery thrombosis in a young male

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Background: Spontaneous brachial artery thrombosis (SBAT) is a rare condition characterized by the sudden occlusion of the brachial artery without an apparent external cause (trauma, procedure, catheterization, or any embolic sources). Accurate diagnosis and timely intervention are crucial to avoid catastrophic consequences like limb ischemia and permanent functional deficit.

Case Summary: We report a 27-year-old male who presented with an acute onset of Left upper limb pain, swelling, and reduced limb movement for a duration of 3 hours. No history of trauma, IV drug use, or strenuous activity. On examination, the left hand was cyanosed and cold to the touch, and there was a neurological deficit. Absent radial and ulnar pulse on the left.
CT angiography revealed a complete occlusion of the distal brachial artery and both radial and ulnar arteries with echogenic thrombus. Unfractionated heparin started intravenously, and the patient urgently underwent brachial artery exploration and thrombectomy with size 3 Fogarty catheter. His recovery was uneventful.
Further investigations including 2D echo and haematological investigations were performed to exclude secondary causes, those were unremarkable. Anticoagulation has been given for six months. He was discharged with warfarin with the target INR of 2-3.

Conclusion: Even though SBAT is rare, high index of suspicion and Doppler ultrasound and CT angiography are crucial for confirming the diagnosis. Timely management will prevent the consequences.

Keywords: Spontaneous Brachial Artery Thrombosis, Ischemia

PP – 39

Intussusception through an ileostomy

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Background: Intussusception through an ileostomy is an exceptionally rare complication of stoma formation. Unlike typical adult intussusception, which is usually secondary to an organic lead point, intussusception through a stoma is often associated with intra-abdominal pressure–raising factors such as pregnancy, chronic cough, or ascites. Because of the risk of vascular compromise and intestinal necrosis, prompt recognition and intervention are essential.

Case Summary: We report the case of a 67-year-old man who underwent a laparoscopic low anterior resection with a defunctioning loop ileostomy for invasive rectal adenocarcinoma. Three months later, he presented with a six-hour history of irreducible stomal prolapse. Clinical examination revealed approximately 10 cm of small bowel protruding through the distal limb of the ileostomy, with visible mucosa instead of serosa, features suggestive of retrograde intussusception. The patient remained hemodynamically stable, with no abdominal distension or obstructive symptoms. Under general anaesthesia, urgent manual reduction of the intussusception was performed by applying gentle pressure, with successful restoration of bowel position and preservation of viability. The postoperative course was uneventful, and he was discharged on the first day with a well-functioning ileostomy.

Conclusion: Although intussusception through an ileostomy is rare, it should be considered in patients presenting with stomal prolapse where mucosa is visible externally. The diagnosis is primarily clinical, and imaging is seldom required. Management is usually conservative, with urgent manual reduction under anaesthesia being both safe and effective in the absence of necrosis or irreducibility. Awareness of this entity is important for surgeons, as timely recognition and appropriate intervention can prevent bowel ischemia, avoid unnecessary laparotomy, and ensure favourable outcomes.

Keywords: Intussusception, Ileostomy

PP – 40

Hartmann's pouch perforation of the gallbladder with atypical imaging features suggestive of small bowel obstruction

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Background: Gallbladder perforation is a rare life-threatening complication of acute cholecystitis, delay in diagnosis can result in significant mortality and morbidity. Preoperative diagnosis is often difficult as clinical and radiological features are nonspecific, with only about 3% of cases recognised preoperatively.

Case Summary: We report a case of a 70-year-old woman with diabetes mellitus who presented with abdominal pain, persistent vomiting and oliguria. Examination revealed tachycardia, upper abdominal tenderness and positive Murphy's sign. Laboratory investigations showed marked neutrophil leucocytosis and elevated CRP.
Ultrasound and contrast-enhanced CT revealed a distended gallbladder with wall thickening and an impacted neck calculus, mild free fluid in upper abdomen and hepatorenal pouch, and dilated proximal small bowel loops, suggestive of proximal small bowel obstruction.
She was resuscitated and emergency laparotomy performed within 12 hours. Intraoperatively a necrosed gallbladder with a perforation at Hartmann's pouch was identified, with biliary contamination confined to the right upper abdomen, and a single impacted 1.5 cm calculus in the infundibulum. Total cholecystectomy was performed, and the impacted calculus retrieved. Postoperatively, the patient required brief ICU support for septic shock, but recovered rapidly. She was extubated on day one and discharged home on postoperative day 5, ambulating independently and tolerating a full diet.

Conclusion: This case highlights the diagnostic challenges posed by gallbladder perforation, particularly when atypical imaging features overlap with those of small bowel obstruction. Hartmann's pouch perforation is a rare entity, and its anatomical characteristics may initially confine the bile leak to the right upper abdomen, delaying generalised peritonitis. CECT may suggest acute cholecystitis, but does not always demonstrate features of perforation, emphasizing the importance of maintaining a high index of suspicion in elderly with severe inflammatory response. Early surgical intervention remains the cornerstone of the management and can achieve excellent outcomes even in high-risk elderly patients.

Keywords: Gallbladder Perforation, Acute Cholecystitis, Biliary Peritonitis

PP – 41

Aggressive angiomyxoma: A case report

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Background: Aggressive angiomyxomas are a rare benign mesenchymal tumour involving blood vessels, typically of females of reproductive age, with female: male ratio of 6:1 commonly occurring in the pelvic cavity and perineum. Symptoms are due to local compression while most are asymptomatic. CT shows a low attenuation and MRI show high intense T2 images, of a well-defined mass with a swirled appearance. Although benign it has a high capacity for local invasion without metastasis leading to high morbidity. Its mainstay of treatment is surgical excision with a margin of 1cm while other treatment options include angiographic embolization to shrink tumours, hormonal treatment and radiotherapy.

Case Summary: A 45-year-old female underwent a total abdominal hysterectomy due to menorrhagia while a retroperitoneal pelvic mass was palpated during surgery. She was later referred for further management of the mass. History and examination were insignificant. CT showed a well demarcated retroperitoneal cystic lesion of 7*5*7 cm in size, causing a mild mass effect on the rectum, suggesting a tailgut cyst or as a necrotic GIST. CT guided biopsy was not possible due to difficult access. She underwent surgical excision of the cyst. Histological appearance was compatible with a spindle cell lesion with a myxoid stroma. Following immunomarker assessment it was concluded an aggressive angiomyxoma. The cells were diffusely positive for ER, scattered positive for SMA and CD 34, negative for s100 and no proliferation with Ki 67 stain. Three-month follow-up was uneventful.

Conclusion: Angiomyxomas are a rare entity with an incidence of 0.1 per 100,000 population, but need to be considered when there is a diagnosis dilemma of a pelvic cyst because angiomyxomas require wide excision. Although surgery is the mainstay of treatment, hormonal therapy and long-term follow-up is needed as there is a high chance of recurrence.

Keywords: Angiomyxoma, Benign Cyst, Mesenchymal Tumour

PP – 42

A fatal case of cutaneous mucormycosis following herbal treatment

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Background: Cutaneous mucormycosis is an uncommon, angio-invasive fungal infection that occurs predominantly in immunocompromised hosts and carries a high mortality when diagnosis and treatment are delayed. Direct inoculation of fungal spores after trauma or through contaminated dressings is a recognized route of infection.

Case Summary: A 57-year-old woman with poorly controlled diabetes mellitus, hypertension, and early chronic kidney disease sustained a fracture of the neck of the left humerus three months earlier. She chose treatment from an unlicensed Ayurvedic practitioner, who applied multiple sessions of a paste prepared mainly from dried banana leaves. She subsequently developed blistering, necrotic skin lesions with fever. Initial management at a private hospital included wound debridement. Tissue culture revealed coliform bacteria and fungal elements consistent with *Mucorales*. Despite intravenous piperacillin–tazobactam, amphotericin B, and repeated extensive surgical debridements extending to the left upper arm and anterolateral neck, the infection progressed, producing a lower motor neuron type facial nerve palsy. While recovering from septic shock, she developed sudden dyspnoea, pulmonary oedema, and suffered a cardiac arrest on the seventh hospital day.

Conclusion: This fatal case highlights the devastating potential of cutaneous mucormycosis in patients with diabetes and chronic kidney disease, especially when initial care involves non-sterile traditional therapies. Early recognition, prompt antifungal treatment, aggressive surgical debridement, and public education on the dangers of unlicensed herbal dressings are critical to improve outcomes.

Keywords: Cutaneous Mucormycosis, Diabetes mellitus, Herbal Treatment, Banana Leaf Dressing, Facial Nerve Palsy

PP – 43

A delayed presentation of traumatic diaphragmatic rupture with bowel obstruction

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Background: Traumatic diaphragmatic injuries are rare but potentially life-threatening complications of blunt thoracoabdominal trauma. They are frequently missed during the initial evaluation, mostly when associated with multiple injuries, and may present late with nonspecific symptoms. Cross-sectional imaging, especially computed tomography (CT) is crucial for diagnosis in such cases.

Case Summary: We report the case of a 59-year-old man with type 2 diabetes mellitus who presented with a five-day history of abdominal distension, vomiting, and constipation. He had sustained a high-energy fall three years back, resulting in multiple rib fractures, pneumothorax requiring intercostal drainage, and also sustained a left ulnar fracture which was managed surgically. On examination he was tachycardic, with abdominal distension but no signs of peritonism and reduced air entry over the left hemithorax. Initial radiographs suggested bowel obstruction with possible diaphragmatic hernia. Contrast-enhanced CT of the chest and abdomen revealed a 3-cm defect in the left hemidiaphragm with herniation of the transverse colon into the thorax, without evidence bowel ischemia. Emergency exploratory laparotomy confirmed the findings, and the defect was repaired primarily with non-absorbable sutures. The patient had an uneventful recovery and was asymptomatic during three-month follow-up.

Conclusion: This case highlights the diagnostic challenge of diaphragmatic rupture following high-energy trauma. Non-specific clinical features necessitate a high index of suspicion. CT imaging remains the gold standard for diagnosis which will avoid delayed presentations when done during the initial admission. Surgical repair is mandatory, with primary closure or mesh reinforcement depending on defect size. Early recognition and timely intervention are essential to prevent complications such as strangulation and ischemia, thereby ensuring favourable outcomes.

Keywords: Traumatic Diaphragmatic Rupture, Delayed Presentation, Blunt Trauma, Bowel Herniation, Computed Tomography

PP – 44

Assessing mental health among collegiate cycle students: A cross-sectional study of grade 12 students in the Hanguranketha education zone

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Background: Globally, an estimated 10%–20% of adolescents experience mental health problems, many of which remain undetected or untreated. In Sri Lanka, the 2024 Global School-based Student Health Survey reported a 26.3% prevalence of depression among students aged 16–17 years, underscoring the growing concern for adolescent mental wellbeing.

Objective: To assess the levels of depression, anxiety, and stress and their associated factors among Grade 12 students in Sinhala medium 1AB government schools in the Hanguranketha education zone.

Methods: A cross-sectional analytical study was conducted from July to August 2024 in six Sinhala medium 1AB schools. A self-administered questionnaire, including the validated Sinhala version of the Depression, Anxiety, and Stress Scale 21 items (DASS-21), was used. Data were analyzed using SPSS version 23.0. High scores for depression, anxiety, and stress were defined using pre-specified cut-off values. Point estimates with 95% confidence intervals (CI) and binary logistic regression following bivariate analysis were used to identify significant associated factors depression, anxiety, and stress.

Results: The final sample included 791 students (response rate=61.8%), with a majority being female (n=514, 65.0%). High scores were obtained for depression (24.9%, 95%CI=21.9%–27.9%), anxiety (30.4%, 95%CI=27.3%–33.7%), and stress (22.8%, 95%CI=19.8%–25.9%). Female gender, low self-confidence, and loneliness showed statistically significant associations with depression, anxiety, and stress ($p<0.05$). Poor perceived mental health was linked to anxiety (OR=1.7, 95%CI=1.1-2.6; p=0.013) and stress (OR=2.2, 95%CI=1.3-3.6; p=0.002). Depression was associated with low family support (OR=2.7, 95%CI=1.7-4.3; $p<0.001$) and infrequent religious activity (OR=1.5, 95%CI=1.0-2.2; p=0.030). Stress was associated with low teacher support (OR=1.7, 95%CI=1.1-2.6; p=0.010). Students without diagnosed physical health conditions were less likely to report anxiety (OR=0.5, 95%CI=0.3-0.9; p=0.031).

Conclusion: Approximately one in four Grade 12 students in the study setting have high scores for depression, anxiety, and stress, with multiple factors emerging as significant associations. Hence, it is recommended to strengthen school-based counselling, resilience programmes, and family–teacher engagement to enhance adolescent mental health and wellbeing.

Keywords: Adoloscents, Mental health, School health

PP – 45

Rhino-cerebral Mucormycosis with pulmonary involvement in a diabetic patient: A case report

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Background: Mucormycosis is an aggressive and life-threatening opportunistic fungal infection, particularly affecting immunocompromised patients. We describe a case of rhino-cerebral mucormycosis with pulmonary involvement in a patient with poorly controlled diabetes mellitus, highlighting diagnostic challenges and the importance of early intervention.

Case Summary: A 67-year-old man with longstanding type 2 diabetes mellitus with micro vascular complications presented with low grade fever for ten days duration, upper respiratory tract symptoms and severe frontal headache. Examination revealed pallor, frontal and right maxillary sinus tenderness, bilateral patchy lung crepitations and evidence of long-standing poorly controlled diabetes including diabetic dermopathy, neuropathy and non-proliferative diabetic retinopathy. On admission neurological examination was normal, but during the fourth day of hospital stay he developed progressive diplopia and ophthalmoplegia with right sided cranial nerve II, III, IV, and VI palsies.

Initial investigations revealed markedly elevated inflammatory markers and multiple cavitatory lung lesions on chest x-ray. Autoimmune screening including antinuclear antibodies, antineutrophil cytoplasmic antibodies (PR3 and MPO) were negative. Chest computed tomography (CT) showed multiple bilateral cavitating lung lesions, while brain magnetic resonance imaging revealed black turbinate sign suggestive of angio-invasive fungal rhinosinusitis with cavernous sinus involvement and perineural spread. Endoscopic sinus biopsy was nonconclusive; however, CT-guided lung biopsy confirmed broad, non-septate branching fungal hyphae consistent with mucormycosis.

The patient was initiated on intravenous liposomal amphotericin B and underwent functional endoscopic sinus surgery for debridement of necrotic tissue. Strict glycaemic control was achieved with insulin. His ophthalmoplegia recovered with treatment, and subsequent imaging revealed resolution of cavitatory lung lesions. He was counselled on glycaemic optimization and arranged for outpatient follow-up with surveillance imaging to monitor recurrence.

Conclusion: Rhino-cerebral mucormycosis remains a critical diagnosis in diabetic patients presenting with sinus involvement and cranial nerve palsies. High clinical suspicion, early identification and timely intervention are vital to improve outcomes.

Keywords: Cavitatory Lung Lesions, Diabetes Mellitus, Rhino Cerebral Mucormycosis

PP – 46

Acute hemolysis due to G6PD deficiency complicated with pigment nephropathy and acute kidney injury: A case report

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Background: Glucose-6-phosphate dehydrogenase (G6PD) deficiency is the most common inherited enzymatic disorder of red blood cells. It is a X-linked recessive genetic disorder predisposing to oxidative stress–induced haemolysis. We report a case of a 33-year-old male presenting with acute febrile illness complicated with intravascular haemolysis, severe anaemia, and acute kidney injury due to G6PD deficiency, complicated with pigment nephropathy.

Case Summary: A 33-year-old previously healthy male presented with one day history of fever, right hypochondrial pain and dark urine. He denied small joint pain, oral ulcers or photosensitive rashes. There was no past history of gallstone disease, recurrent blood transfusions and unsafe sexual practices. He denied a history of recent weight loss, loss of appetite, and evening pyrexia. Examination revealed severe pallor, icterus and mild right hypochondrial tenderness without lymphadenopathy or hepatosplenomegaly.
Initial evaluation revealed severe anaemia (Haemoglobin - 4.8 g/dL), indirect hyperbilirubinemia (Total bilirubin 143 µmol/L, indirect 122 µmol/L), markedly elevated lactate dehydrogenase (LDH-2159 U/L), and reticulocytosis (11.5%) consistent with acute haemolytic anaemia. Blood picture revealed presence of bite and blister cells suggestive of oxidant stress induced haemolysis. He also had evidence of acute kidney injury (serum creatinine 963 µmol/L) with haemoglobinuria and granular casts on urinalysis. Further evaluation revealed negative direct antiglobulin test, normal erythrocyte sedimentation rate (ESR-15 mm/hr), negative anti-nuclear antibody (ANA titer <1:40) and negative hepatitis serology (HBsAg, HCV antibody). His chest X-ray and ultrasound abdomen was normal. Renal biopsy revealed evidence of pigment nephropathy. He received intensive supportive therapy including multiple blood transfusions, and several sessions of haemodialysis, until stabilization of haemoglobin and renal functions.

Conclusion: Haemolysis in G6PD deficiency is often self-limiting; in some cases, it can be fulminant, resulting in severe anaemia and AKI due to haemoglobin-induced tubular toxicity and pigment nephropathy.

Keywords: Acute Kidney Injury, G6PD Deficiency, Pigment Nephropathy

PP – 47

Panhypopituitarism in an elderly male: probable long-term sequelae of Russell's viper envenomation

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Background: Secondary hypothyroidism and adrenal insufficiency due to hypopituitarism can present insidiously, particularly in elderly individuals where symptoms are often nonspecific. Early recognition is crucial to prevent potentially life-threatening complications. Russel's viper envenomation is a less known cause associated with both acute and chronic hypopituitarism.

Case Summary: We describe a 78-year-old male with longstanding hypertension who presented with progressive generalized weakness, bilateral lower limb oedema, facial puffiness and orthostatic hypotension. The patient was not pale or icteric. There were no peripheral stigmata of chronic liver disease, nutritional deficiency, or varicose veins. Neurological evaluation revealed proximal muscle weakness (4/5) in the lower limbs with preserved reflexes and sensation. Initial evaluation revealed hyponatremia with central hypothyroidism, secondary adrenal insufficiency and suppression of gonadotropins as significant findings. There was no past history suggestive of vascular events such as pituitary apoplexy, central nervous system infections including tuberculous meningitis or head trauma or cranial irradiation. Neuroimaging did not reveal any evidence of pituitary pathology including pituitary infarction, hypophysitis or tumours. Given the history of a Russell's viper bite three years prior, this presentation was attributed to chronic pituitary dysfunction related to envenomation. Initiation of appropriate hormonal replacement with hydrocortisone and thyroxine and supportive measures including electrolyte replacement led to significant clinical improvement.

Conclusion: In elderly patients presenting with nonspecific constitutional symptoms and unexplained electrolyte disturbances endocrine disorders such as pituitary dysfunction, adrenal insufficiency and thyroid disorders should be considered in the differential diagnosis. This case highlights Russell's viper envenomation as a potential, though under-recognized, cause of chronic hypopituitarism. Clinicians should remain vigilant for delayed endocrine complications in survivors of snakebite, particularly in high prevalence areas with Russell's viper envenomation as timely recognition and hormone replacement therapy can significantly improve long-term outcomes and prevent life-threatening crises.

Keywords: Adrenal Insufficiency, Central Hypothyroidism, Russell's Viper Bite Envenomation

PP – 48

Environmental eco-epidemiology of *Leptospira* in selected flood-prone areas of Sri Lanka: A one health genomic approach - A research protocol

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Background: Leptospirosis is a neglected zoonotic disease that causes over one million cases and nearly 60,000 deaths each year around the world. The disease spreads mainly through contact with soil or water that is contaminated by pathogenic Leptospira, which are shed by chronically infected animals. These pathogens can survive in the environment for weeks to months, so soil and water act as important reservoirs. Most genomic research has focused on clinical or animal samples, but environmental strains from soil, water, sediments, and biofilms are crucial for maintaining transmission and causing outbreaks after floods or heavy rain. In Sri Lanka, there are few environmental studies, which leaves a gap in our understanding of eco-epidemiology.

Objective: This study aims to investigate the presence, diversity, and environmental determinants of *Leptospira* spp. in soil and water from selected flood-affected areas across the dry, wet, and intermediate zones of Sri Lanka.

Methods: A mixed-method sampling strategy will be used, informed by clinical case data, MOH/PHI reports, and community gatherings. Samples will be collected during the peak floods or heavy rainfall and again 2–4 weeks post-flood or heavy rain. Water samples will include canals, paddy fields, agricultural runoff, stagnant water, and animal watering points, while soil sampling will target flood-prone agricultural lands, urban slums, and rodent habitats. DNA will be extracted using Qiagen Power-Soil and Power-Water DNA isolation kits for qPCR analysis. Culture isolation will be performed using STAFF media, with positive isolates plated on LVW agar to obtain pure colonies. Genomic DNA will be extracted from pure colonies and sequenced for phylogenetic and virulence characterization.

Results: The study will elucidate ecological factors influencing *Leptospira* survival, characterize genomic diversity, and clarify the role of environmental reservoirs in post-flood outbreaks. Findings will strengthen outbreak prediction, inform One Health surveillance, and support targeted public health interventions in flood-prone Sri Lankan regions.

Conclusion: This study will bridge critical gaps in the eco-epidemiology of leptospirosis in Sri Lanka by uncovering environmental reservoirs and genomic diversity of *Leptospira*. The findings will enhance outbreak prediction and inform targeted One Health interventions to reduce disease burden in flood-prone communities.

Keywords: Leptospirosis, Flood, Environmental Sampling, Sequencing, Culture Isolation

PP – 49

Acute mesenteric ischaemia mimicking ischaemic heart disease in an elderly patient: A diagnostic and surgical challenge

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Background: Acute mesenteric ischaemia (AMI) is a serious vascular emergency commonly seen in the elderly with co-morbidities. It often presents with nonspecific clinical features such as features mimicking cardiac pathologies, resulting in diagnostic delays. Early diagnosis and prompt surgical interventions are crucial, but remain difficult especially in resource limited settings.

Case Summary: We report a 78-year-old man with diabetes mellitus who presented with sudden onset severe epigastric pain, nausea, and vomiting. Examination revealed mild epigastric tenderness with no obvious abdominal clinical signs. ECG revealed features suspicious of an ischaemic event with T inversions in leads I, aVL, V5–V6 and J-point elevation in V2–V3. Blood gases were misleading as it initially revealed metabolic acidosis with a high lactate level (5.6 mmol/L), which normalized following resuscitation.

Plain x-rays and ultrasound scans were inconclusive. Urgent CT angiogram could not be performed due to unavailability of facility. Emergency laparotomy revealed a necrotic bowel segment extending from mid-jejunum to caecum and a viable 110cm segment of proximal jejunum. Necrotic bowel was transected as damage control surgery.

Re-look laparotomy at 48 hours revealed a healthy bowel and ileo-transverse anastomosis was performed. The patient was recovering in the ICU, extubated on postoperative day 6 and started on a liquid diet. During ICU stay, he was managed for AKI, atrial fibrillation and heart failure. Despite initial recovery, due to worsening AKI and cardiac failure, the patient died on postoperative day 9.

Conclusion: This case reveals how elderly patients with vascular risk factors presenting with AMI can be misdiagnosed as ischaemic heart disease, delaying the diagnosis. Lactate levels returning to normal values do not reliably exclude bowel ischaemia. Although staged surgical management may improve the outcome, mortality remains high in this vulnerable patient group.

Keywords: Acute Mesenteric Ischaemia, Damage Control Surgery, Cardiac Misdiagnosis

PP – 50

Successful management of type II decompression sickness with vestibular complications secondary to middle ear barotrauma: A case report

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Background: Decompression sickness (DCS) arises from the formation of inert gas bubbles in tissues and blood due to rapid decreases in ambient pressure in divers with rapid ascent. It represents a medical emergency with a wide spectrum of clinical presentations, often involving neurological, pulmonary, or musculoskeletal systems. Given its varied and sometimes subtle manifestations, early identification in the Emergency Treatment Unit (ETU) is critical to prevent serious outcomes.

Case Summary: A 39-year-old performed multiple dives using compressed air cylinders with minimal surface intervals, the fifth dive reaching 110 ft followed by rapid surfacing, under the influence of alcohol, cannabis, and methamphetamine. After surfacing, he developed headache, faintness, limb pain, and altered consciousness. He presented to the ETU at Teaching Hospital Anuradhapura, where he received 100% oxygen via Non-Rebreather Mask (NRBM); chest X-ray and Non-Contrast Computed Tomography (NCCT) of the brain were normal. He was managed with oxygen and intravenous fluids for Type II decompression sickness and transferred to Trincomalee Naval Hospital for definitive treatment with hyperbaric oxygen, where his symptoms improved. Type II DCS can involve the central nervous system, vestibular apparatus, or cardiopulmonary function. This case illustrates the essential role of early diagnosis, immediate oxygen therapy, and timely initiation of hyperbaric oxygen treatment. It also underscores the importance of recognizing atypical symptoms and following established management protocols—especially in environments where access to hyperbaric facilities is limited.

Conclusion: Initial management of DCS involves administering 100% oxygen, with definitive care provided through recompression therapy under hyperbaric conditions. Supportive measures such as intravenous fluids and thromboprophylaxis are recommended for patients with reduced mobility. While most cases respond well to treatment, some may experience persistent neurological or vestibular deficits, particularly when intervention is delayed or the condition is severe.

Keywords: Decompression Illness, Hyperbaric Oxygen Therapy, Barotrauma

PP – 51

Masked by melancholy: A frontal glioma presenting as major depression

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Background: Patients with frontal lobe tumours present with depressive disorders. Appropriate use of neuroimaging investigations helps to identify the underlying cerebral pathology.

Case Summary: A 44-year-old police officer presented with a six-month-long history of low mood, hypersomnia, anhedonia, poor concentration, and guilt-related cognitions. He experiences ongoing psychosocial stressors. He fulfilled the diagnostic criteria for major depressive disorder. Despite partial improvement with Selective Serotonin Reuptake Inhibitors, persistent headaches prompted imaging. While he was awaiting computed tomography, he developed a generalized tonic-clonic seizure. Magnetic resonance imaging revealed a right frontal high-grade glioma with midline shift. Surgical resection was successfully performed, and he recovered without neurological deficit.

Conclusion: This case highlights the importance of a high index of suspicion of organic possibilities in patients presenting with depressive disorders based on the findings of the assessment.

Keywords: Frontal Glioma, Major Depressive Disorder, Neuroimaging

PP – 52

A case of bilateral Candida endophthalmitis in a patient with pyelonephritis

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Background: Endophthalmitis is a sight threatening intraocular infection that can result from exogenous or endogenous sources. While bacterial aetiologies are the commonest fungal endophthalmitis particularly caused by Candida species poses significant diagnostic and therapeutic challenges. Candida endophthalmitis is more commonly seen in immunocompromised individuals such as patients with prolonged hospital stay, patients with intravenous catheters, long term diabetic patients. Early diagnosis is often delayed due to nonspecific manifestations. We present a unique case of bilateral Candida endophthalmitis in a patient with diabetes mellitus and pyelonephritis.

Case Summary: 60 yr old female diabetic patient referred from medical ward for bilateral blurred vision and eye pain. She was admitted due to acute pyelonephritis and on intravenous antibiotics. On ocular examination she showed the features of bilateral endophthalmitis. Vitreous and aqueous samples were taken for gram stain and culture. Which was positive for Candida. The patient was treated with systemic and intravitreal anti-fungal medication. She responded well.

Conclusion: Bilateral endophthalmitis is a severe and rare ophthalmic emergency in an already immunocompromised patient. Therefore, prompt diagnosis, treatment and follow ups are essential in order to prevent the severe visual impairment.

Keywords: Bilateral, Endophthalmitis, Fungal

PP – 53

Clot-busting turns alarming: Tenecteplase induced angioedema in an elderly patient

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Background: Tenecteplase, a genetically modified recombinant tissue plasminogen activator (r-tPA), is increasingly used in acute ischemic stroke. Orolingual angioedema is a rare but potentially life-threatening adverse event of r-tPA therapy.

Case Summary: A 77-year-old woman with poorly controlled hypertension presented with acute ischemic stroke (NIHSS score 10). She received intravenous Tenecteplase according to standard protocols. Ninety minutes post-infusion, she developed acute lip and tongue swelling with progressive dysarthria and shortness of breath, without cutaneous features or hemodynamic compromise. A diagnosis of Tenecteplase-induced angioedema was made. She was managed with supplemental oxygen, adrenaline nebulization, intravenous corticosteroids, and antihistamines. Although fresh frozen plasma (FFP) was considered as second-line therapy, her symptoms resolved without airway intervention or FFP transfusion. She recovered fully and remained stable.

Conclusion: Angioedema has been reported in 2–8% of r-tPA-treated patients, more commonly with alteplase, but also with Tenecteplase. The pathophysiology involves bradykinin accumulation and plasmin-mediated complement activation. Although ACE inhibitor use is a recognized risk factor, this case illustrates that angioedema may occur without such predisposition.
Tenecteplase-induced angioedema is uncommon but potentially life-threatening. Close monitoring after thrombolysis, early recognition, and timely intervention are essential to prevent airway compromise and ensure favourable outcome.

Key words: Angioedema, Tenecteplase, Thrombolysis, Ischemic Stroke

PP – 57

Metastatic follicular thyroid carcinoma to the sternum and spine following thyroidectomy: A case report

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Background: Follicular thyroid carcinoma (FTC) accounts for 10–15% of differentiated thyroid cancers. While hematogenous metastasis is not uncommon, bone metastases represent an advanced disease stage and carry a poor prognosis. Sternal involvement is particularly rare and presents unique surgical and reconstructive challenges.

Case Summary: We report a 43-year-old female with a history of total thyroidectomy for FTC in 2023 who later developed bone metastases. She initially underwent hemilaminectomy for metastatic involvement of the D12 vertebra. Subsequent imaging revealed an expansile destructive lesion infiltrating the sternum and manubrium, along with small pulmonary nodules. Biopsy confirmed metastatic FTC. The patient underwent sternectomy with wide local excision and chest wall reconstruction using a bone cement prosthetic device. Postoperatively, margins were free of disease.

Conclusion: This case highlights the rare occurrence of sternal metastasis from FTC and emphasizes the importance of aggressive surgical management in selected patients. Sternectomy with reconstruction can provide effective local control, improve quality of life, and may contribute to prolonged survival when integrated into a multidisciplinary treatment strategy.

Keywords: Follicular Thyroid Carcinoma, Bone Metastasis, Sternum; Vertebra, Thyroid Cancer Recurrence, Sternectomy

PP – 58

Impact of emotional intelligence on caring behaviour among nursing officers

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Background: Caring behaviour is a fundamental component of professional nursing, influencing patient satisfaction, therapeutic outcomes, and the quality of healthcare delivery. Emotional intelligence (EI), the capacity to perceive, understand, regulate, and apply emotions constructively, has been increasingly recognised as a determinant of caring attitudes and practices.

Objective: This review aimed to examine the relationship between EI and caring behaviour among nursing officers, with specific relevance to the Sri Lankan healthcare context.

Methods: A narrative review was conducted using literature from global, regional, and local sources. Relevant studies were identified through database searches (PubMed, Scopus and Google Scholar) and citation tracking. Articles published in English between 2000 and 2024 that addressed EI, caring behaviour, and nursing were included. Findings were synthesised thematically to highlight theoretical perspectives and practical implications.

Results: The literature consistently identifies EI as a critical factor in enhancing caring behaviours, particularly in emotionally demanding nursing environments. Two prominent frameworks guide current discourse: the Mayer-Salovey-Caruso Ability Model, which emphasises the organisation and regulation of emotional awareness, and Goleman's Mixed Model, which integrates emotional and social competencies relevant to workplace performance. Evidence indicates that higher EI among nursing officers is associated with improved empathy, stress management, communication, and patient-centred care. However, cultural and contextual variations such as those observed in Sri Lankan hospitals highlight the need for context-sensitive applications of these models.

Conclusion: Emotional intelligence significantly influences caring behaviour in nursing. Integrating insights from both the Mayer-Salovey-Caruso and Goleman models provides a comprehensive framework for understanding and fostering EI among nursing officers. Strengthening EI through targeted training and professional development could enhance caring practices, improve patient outcomes, and build emotional resilience among healthcare staff. Future research should explore intervention-based studies and culturally grounded approaches to advance EI-driven nursing care in Sri Lanka.

Keywords: Emotional Intelligence, Caring Behaviour, Nursing Officers, Healthcare, Sri Lanka

PP – 59

Flexor pollicis longus tendon reconstruction for congenital loss of distal thumb flexion: A rare case report

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Background: The thumb is crucial for fine motor function and grip strength. Congenital anomalies of the flexor pollicis longus (FPL) tendon are rare, resulting in loss of distal interphalangeal joint (DIPJ) flexion with significant functional and cosmetic impact. The differential diagnoses include absent FPL, congenital trigger thumb, and tendon rupture. Imaging modalities such as ultrasound and MRI aid diagnosis.

Case Summary: A 3-year 6-month-old girl presented with bilateral thumb hypoplasia. The right thumb was Blauth Type II with congenital trigger thumb, while the left was Blauth Type IIIA with absent DIPJ flexion. The right thumb underwent surgical release. Radiography of the left thumb showed metacarpophalangeal joint subluxation. Intraoperatively, the left FPL originated abnormally from the abductor pollicis brevis, extensor pollicis brevis, and extensor pollicis longus, coursing along the radial border instead of the anterior aspect. FPL reconstruction was performed using a flexor digitorum superficialis (FDS) tendon transfer from the ring finger, combined with MCP joint stabilization with a K-wire. Strict postoperative physiotherapy was instituted.

Conclusion: Congenital absence or abnormal course of the FPL is a rare but surgically correctable cause of DIPJ flexion loss. Tendon transfer provides a functional alternative when the native FPL is absent or aberrant. Careful evaluation and tailored surgical planning are essential in managing rare congenital hand deformities.

Keywords: Congenital Thumb Anomaly, Blauth Classification, FPL Reconstruction

Anuradhapura Medical Association

Our Journey Together: Highlights of 2025

24/12/2024 -	AGM and Establishment of the First Council of AMA
22/01/2025 -	Induction of the Founder President and Inaugural Foundation Session
25/02/2025 -	AMA - CCP Regional Sessions
20/03/2025 -	AMA - SLAGM "Glimpse of Geriatrics" Regional Sessions
04/04/2025 -	AMA - SLCOG Regional Sessions; "Essential Obstetrics at Your Doorstep"
24/04/2025 -	AMA - SLCIM Regional Meeting (Zoom platform)
20/05/2025 -	Workshop on "How to do peer Review" Launching of the **Journal of Tropical Health (JoTH)**, the Official Journal of AMA
04/06/2025 -	AMA - CORLHNS, ENT Regional Sessions
27/06/2025 -	AMA - SLCR, Radiology Regional Sessions
03/07/2025 -	AMA and Sri Lanka Association of Plastic Surgeons' Collaborative Workshop on Tendon and Nerve Repair
17/07/2025 -	AMA and College of Pathologists, Pathology Day Seminar and Cancer Awareness Programme
29-30/07/2025 –	AMA - CPMS Palliative Medicine Regional Sessions
22/08/2025 –	AMA - SLSON, Nephrology Regional Sessions
13/08/2025 -	CME 01 - Practice Pearls in Ophthalmology
04/09/2025 -	AMA-SLSG, Gastroenterology Regional Sessions and Endoscopy Workshop
29/08/2025 -	AMA Workshop on Non-invasive Ventilation
19/09/2025 -	AMA and College of Surgeons' Workshop on Advanced Laparoscopic Hepato-Biliary Surgery
03/10/2025 -	AMA - SLCE, Endocrinology Regional Sessions
23/10/2025 -	CME 02 - Practicalities on Clinical Research
24/10/2025 -	AMA - College of Critical Specialists, Regional Sessions

24, 25/11/2025 - Inaugural Annual Academic Sessions 2025

Key Highlights of the AMA - Academic Year 2025

12 - Regional meetings with reputed colleges
7 - Nurses' programs parallel to regional meetings
6 - Public awareness seminars parallel to regional meetings
6 - Live radio programs on Rajarata FM to create public awareness
5 - Hands-on skills workshops
2 - CME Lectures
8 - Grand Rounds (Medicine, Paediatrics and Surgery)
8 - MD preparatory course teaching sessions targeting candidates sitting for PG selection exams

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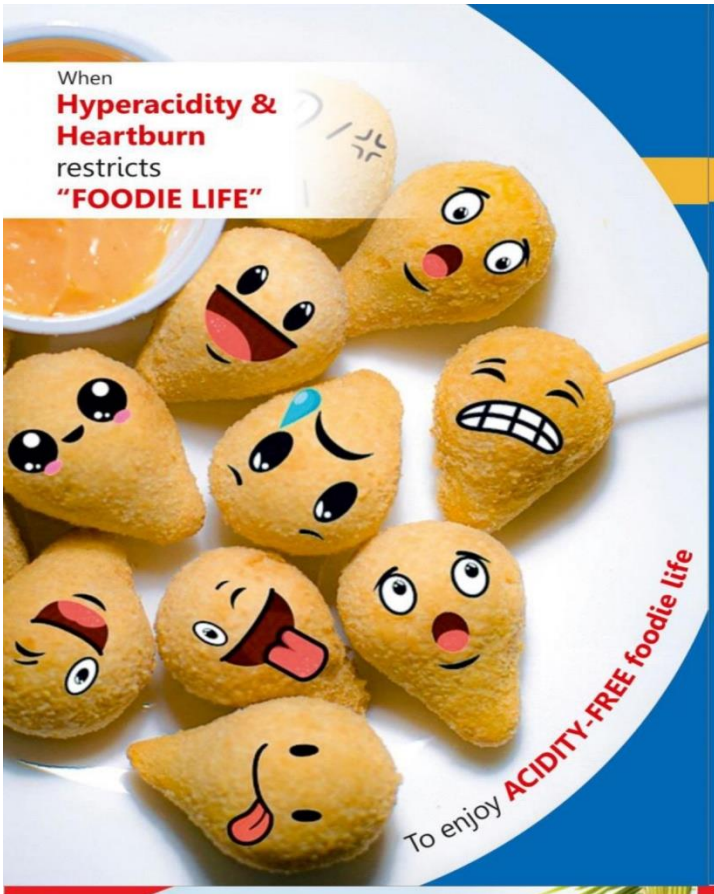
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