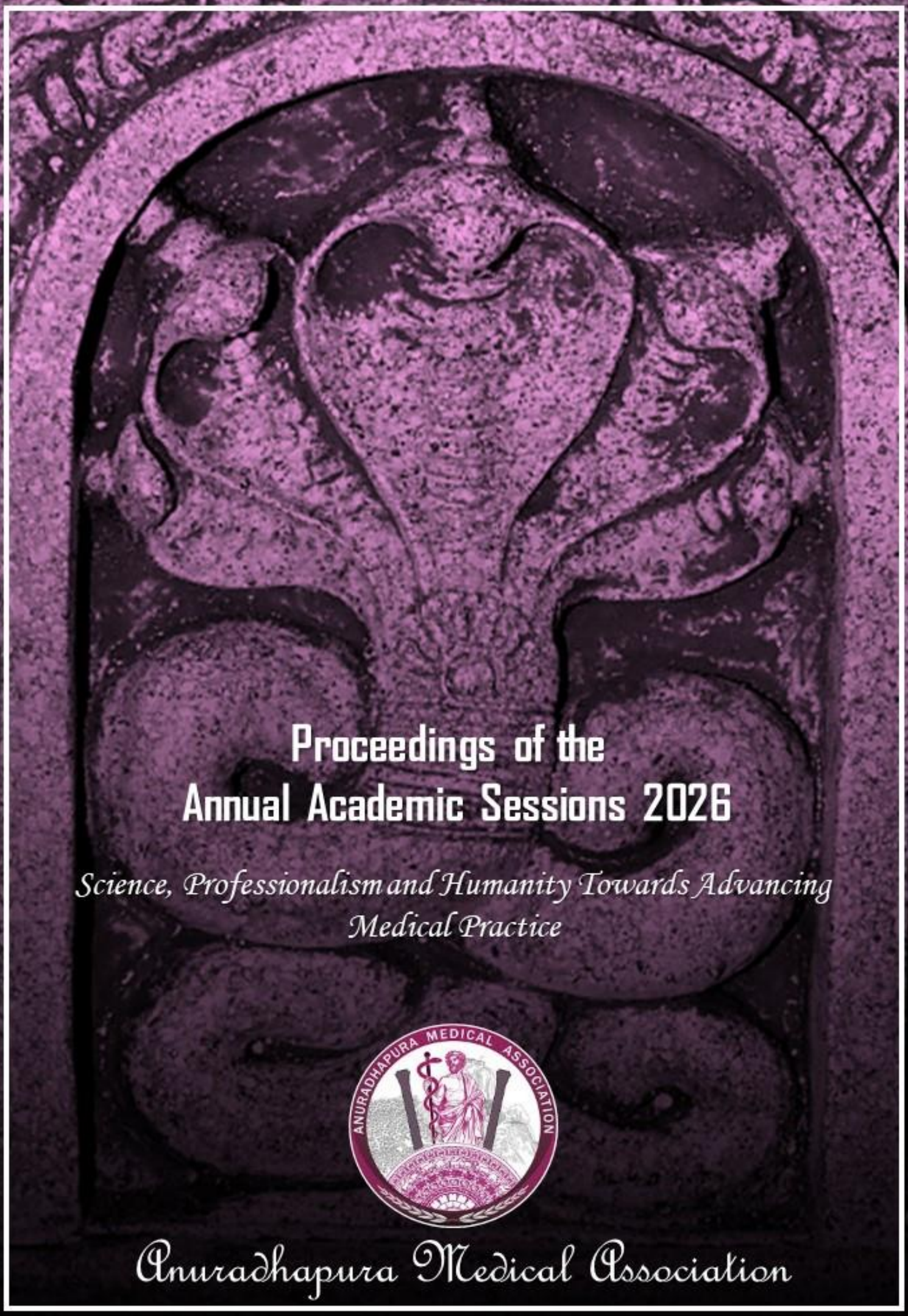

Proceedings of the Annual Academic Sessions 2026

Science, Professionalism and Humanity Towards Advancing Medical Practice

Anuradhapura Medical Association

Proceedings of the Annual Academic Sessions of Anuradhapura Medical Association 2026

"Rooted in heritage, advancing through science"

Golden Mango Resort
Anuradhapura
10th and 11th November 2026

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(MBBS, PGDipAppStat, MPhil, PhD, FRCP Edin)
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Message from the President AMA



Professor N. K. Anjana Silva
MBBS, MPhil, PhD (Monash), FRCP (Edin), FRCP (Lond), FNASSL

President
Anuradhapura Medical Association

It is my great pleasure to welcome you to the Annual Academic Sessions of the Anuradhapura Medical Association (AMA) 2026. This year's theme, "Science, Professionalism and Humanity Towards Advancing Medical Practice," reflects the values that must guide us as healthcare professionals. At a time when medical knowledge is advancing rapidly and healthcare needs are becoming increasingly complex, we must remain committed not only to scientific excellence but also to professional integrity and compassionate patient care.

Over the past year, the AMA has continued to strengthen its role as a regional platform for academic development, professional engagement and knowledge sharing. Our academic programme included 17 continuing medical education lectures, an expanded online MD Preparation MCQ programme, capacity-building workshops and several successful collaborative regional sessions with national professional colleges and associations. These activities provided valuable learning opportunities for doctors, nurses and other healthcare professionals. We also continued our commitment to community engagement through 31 live health education programmes on Rajarata FM. Beyond academic activities, we have sought to nurture a sense of belonging among our medical community through cultural and social initiatives. We firmly believe that a strong professional community is built not only through shared knowledge but also through meaningful relationships, mutual support and collective responsibility.

The Annual Academic Sessions bring these efforts together, providing a platform to exchange ideas, explore emerging developments in medicine and strengthen professional relationships. I am particularly pleased by the diversity of the programme and the opportunity to learn from distinguished speakers and colleagues from across the country and beyond.I extend my sincere appreciation to our distinguished guests, speakers, resource persons, sponsors and institutional partners. My heartfelt thanks go to the members of the AMA Council, organising committees and volunteers whose dedication has made this year's programme possible. As we move forward, let us continue to build an association that inspires lifelong learning, upholds the highest professional standards and places humanity at the heart of medical practice.

I wish you all an enriching and memorable Annual Academic Sessions 2026!

Message from the joint secretaries of AMA



Dr. Nayani Suraweera
MBBS, DCH, MD



Dr. Dinesh Weerasinghe
MBBS(Col), MD(EM), MRCEM(UK), FRCEM(UK)

Joint Secretaries
Anuradhapura Medical Association

It is with great pleasure and a profound sense of privilege that we welcome you to the Annual Academic Sessions 2026 of the Anuradhapura Medical Association (AMA), held on the 10th and 11th of November 2026 at the Golden Mango Resort, Anuradhapura.

This annual gathering stands as a cornerstone in our academic calendar, providing a vital platform for medical professionals, researchers, and scholars to share innovative research, clinical experiences, and evidence-based advancements. The abstract book you hold is a culmination of rigorous scientific inquiry and dedication, reflecting the high standard of research being conducted within our medical community and beyond.

Organizing this year's sessions has been a highly rewarding endeavour. We have strived to compile a comprehensive and engaging academic program centered around our guiding theme: "Science, Professionalism and Humanity Towards Advancing Medical Practice."

This year's program boasts a diverse array of educational opportunities, beginning with our pre-congress workshops at the Teaching Hospital, Anuradhapura. We are deeply honoured to host our Inauguration Ceremony on the 10th of November, featuring our distinguished Chief Guest, Prof. Tissa Wijeratne, and Guest of Honour, Emeritus Professor S A M Kularatne, alongside the highly anticipated AMA Oration 2026 delivered by Prof. Joel Arudchelvam.

The main academic sessions on the 11th promise to be intellectually stimulating, encompassing expert lectures, dedicated Free Paper and Poster Sessions and Oral Presentations. These presentations highlight our collective commitment to continuous professional development and the elevation of patient care standards across all disciplines.

Our sincere thanks go to the President. Prof Anjana Silva for his unwavering guidance and the Council of the AMA for the tireless efforts, and our sponsors for their generous support in making this event a reality. We would like to extend our deepest gratitude to the researchers and authors who submitted their valuable work, as well as to the panel of reviewers for their meticulous evaluation.

We hope these sessions will foster stimulating discussions, inspire future collaborative research, and strengthen the bonds within our medical fraternity. We wish you an intellectually rewarding and memorable experience at the Annual Academic Sessions 2026.

Our Chief Guest



Professor Tissa Wijeratne
OAM, MD, PhD, FRACP, FRCP (Edin), FRCP(London), FAAN, FAHA, FEAN

Professor Tissa Wijeratne, OAM, MD, PhD, FRACP, FRCP (Edin), FRCP (London), FAAN, FAHA and FEAN, an internationally recognised neurologist, clinician-scientist, academic leader and science communicator of Sri Lankan origin, based in Australia. Born in rural Bandarawela, Professor Wijeratne graduated from the University of Peradeniya, where he subsequently served as a lecturer in medicine. He is currently Professor of Neurology and Director of Neurology and Stroke Services at Western Health, Melbourne, with academic affiliations at several Australian universities and Rajarata University of Sri Lanka.

His research spans stroke, migraine, headache medicine and neuroimmunology. With over 400 peer-reviewed publications, more than 160,000 citations and an h-index of 94, he has made substantial contributions to international neurological research. He led the HEAD research collaboration, investigating over 5,000 headache admissions across 67 emergency departments in Australia and New Zealand, resulting in 14 landmark publications. His work demonstrating the significant disability burden of migraine in Australia was published in *The Lancet* in 2018.

Prof. Wijeratne has trained 148 neurologists, 475 physicians, supervised or mentored 52 PhDs and made major contributions to putting brain health on the global map. Several of his past trainees have gone above and beyond and continue to be excellent leaders on their own. Beyond clinical and academic achievements, he has been a prominent leader in global neurology advocacy, championing World Brain Day and advancing international awareness of neurological disorders.

Remarkably, his contributions to science communication began early in his career. As a science journalist, he published over 3,000 media contributions including popular science magazine Vidusara and received the President's Award as the best All-Island Youth Announcer in 1989.

Prof. Wijeratne was the first neurologist to receive the inaugural Ted Munsatt Award, for his contributions in global neurology education and advocacy, in 2017 and became the first Australian/Sri Lankan neurologist to graduate from the award-winning Donald M Pallatuci advocacy program at the American Academy of Neurology in 2008. In 2020, he was the first Australian neurologist to receive the prestigious Kenneth Viste Global Advocate of the Year Award, AAN. In 2019, Prof. Wijeratne became the first Australian physician to win the Priscilla Kincaid-Smith Award, recognising the outstanding achievement of a senior doctor who has undertaken pioneering work in medical practice, education or research, preventative health or patient advocacy. He received the Medal of the Order of Australia for his services to global neurology in January 2023.

Synopsis of the Chief Guest's address

Clinician Scientists: A Recipe for Reviving a Dying Breed

Neurological conditions now affect 3.4 billion people, 43% of the world's population, and are the leading cause of ill health and disability worldwide [1]. No nation can prosper without attention to brain health. Yet the clinician scientist is becoming a dying breed: the doctor who turns bedside questions into rigorous research and returns the answers to the community. This address argues that reviving the clinician scientist begins with curiosity and is sustained by locally relevant, collaborative research.

Drawing on personal narrative [2–4], the address traces a path from a potato field in Bandarawela in 1987. There, the development of blight-resistant potato varieties taught two enduring lessons: meaningful research matters, and research must return to the community that needs it. Two Sri Lankan landmarks illustrate the model. The first is the identification of gingelly oil contaminated with tri-cresyl phosphate as the cause of an outbreak of toxic polyneuropathy among adolescent girls [5]. The second is the description of the intermediate syndrome in organophosphate poisoning, through collaboration between a neurologist and an anaesthetist [6]. Each began with a clinician who refused to stop asking why.

The address then reflects on work in acute stroke, where perfusion–diffusion imaging was once doubted and is now the standard of care for selecting patients. It also covers emerging work linking the eye and the brain and linking serial systemic immune-inflammatory indices to outcomes. Snakebite research at Rajarata is presented as an example of a local problem answered with world-class science.

Wherever we live, many have invested in us. Clinicians therefore carry a moral responsibility to engage in community-relevant, collaborative and meaningful research. Mentorship, curiosity and persistence remain the essential ingredients for reviving the clinician scientist.

Keywords: clinician scientist; brain health; neurological burden; research capacity building; Sri Lanka; organophosphate poisoning; stroke imaging; snakebite

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Our Guest of Honour



Professor S.A.M. Kularatne
MBBS (University of Peradeniya), MD, MRCP (UK), FRCP (London), FCCP

Professor S.A.M. Kularatne is an Emeritus Professor of Medicine at the University of Peradeniya. He graduated from the University of Peradeniya in 1983 and completed his MD in Medicine in 1989. He trained in fibreoptic bronchoscopy at St. George's Hospital, London, in 1992. He worked as a consultant physician at Base Hospital, Nawalapitiya, and then served at General Hospital, Anuradhapura, from 1994 to 1999. During that time, he introduced bronchoscopy at the hospital and treated patients with malaria, snakebite, poisoning and CKD, among other conditions. He diagnosed and treated the first case of dengue at Anuradhapura in 1997. In December 1998, he joined the Faculty of Medicine, University of Peradeniya and eventually became Senior Professor and Chair of Medicine. He has more than 230 publications and has won numerous Presidential Awards for research, as well as the CVCD Excellence Award in 2010 for being the best researcher in medicine, dentistry, and allied medical sciences. He was the director of the Centre for Research in Tropical Medicine at Peradeniya and edited the first textbook of tropical medicine in Sri Lanka. He has been included among the top 2% of researchers worldwide by Stanford University's rankings since 2019 up to now. He was conferred the Doctor of Science honoris causa degree by the University of Peradeniya in 2025. He is currently teaching at Wayamba University as a visiting professor.

Synopsis of the Guest of Honour's address

Importance of Research in the Undergraduate Medical Curriculum in Sri Lanka

Research, in general, fosters critical thinking, scientific inquiry, and evidence-based clinical practice. The best time to plant the seed of the research mindset is during undergraduate studies. Therefore, in Sri Lanka, incorporating research into the undergraduate medical curriculum is essential for

developing competent, innovative, and socially responsible medical professionals who can address the country's healthcare needs.

Engaging medical undergraduates in research enables them to identify health-related problems, formulate research questions, critically evaluate scientific literature, understand research methodology, interpret data and develop intuitive thinking. These skills promote lifelong learning and prepare future doctors to make informed clinical decisions based on the best available evidence. Research initiatives at a young age will bestow career researchers, scientists and philosophers for the nation and the world.

Sri Lankan medical faculties have introduced various research-related activities from first year onwards, including community-based research, clinical research, literature reviews, and presentations at scientific conferences. Such opportunities also encourage students to explore local health priorities and emerging public health challenges and prepare them for research during postgraduate studies. However, the heavy content of medical syllabi and regular examinations limits the time available for research and the motivation to develop research thinking. Further, limited research funding, inadequate mentorship, and insufficient research training may hinder undergraduate research engagement.

Strengthening research methodology teaching, providing experienced supervisors, improving access to research resources, and promoting interdisciplinary collaboration could address these challenges. Ultimately, integrating research meaningfully into the undergraduate medical curriculum will enhance the quality of medical education, strengthen the national research culture, and contribute to evidence-based healthcare and improved health outcomes in Sri Lanka, while opening the door to the international arena.

Anuradhapura Medical Association Orator 2026



Professor Joel Arudchelvam
MBBS (COL), MD (SUR). MRCS (ENG), FCSSL

Professor Joel Arudchelvam is a Professor in Vascular and Transplant Surgery at the Department of Surgery at the University of Colombo and a Consultant Vascular and Transplant Surgeon at the National Hospital of Sri Lanka (NHSL), Colombo.

He completed his primary medical education at the Faculty of Medicine, University of Colombo, Sri Lanka, achieving first class honours. He was awarded distinctions in Anatomy, Surgery, Clinical Medicine, and Parasitology.He received several gold medals, including the Chalmers Gold Medal for Anatomy, the Dhunjishaw Dadabhoy Gold Medal for Medicine, the Rockwood Gold Medal for Surgery and the Dr. M. N. Burhan Gold Medal for Surgery. In addition, he received the Dr. P. R. Anthonis Gold Medal for the MD (Surgery) examination in 2007.

He currently leads a liver transplantation unit at the NHSL. Previously, he served at the Teaching Hospital Anuradhapura (THA). At that time the THA had the only vascular and transplant unit in the north central province and the adjacent regions. Professor Arudchelvam performed several milestone surgeries in Sri Lanka, including the countrys first simultaneous pancreas–kidney transplant (SPK) in 20 July 2016, the first enbloc dual-kidney transplant on 8 June 2017, and the first limb transplantation on 24 July 2017. He also performed the first liver transplantation at Anuradhapura. Professor Arudchelvam has also contributed to developing transplantation services beyond Anuradhapura. At District General Hospital Polonnaruwa, he performed the first live-donor renal transplant on 8 February 2016 and the first deceased-donor renal transplant on 3 March 2017. He was part of the teams that carried out the first liver transplant at the Teaching Hospital Kandy on 25 July 2018 and the first deceased- and live-donor renal transplants at Teaching Hospital Kurunegala on 2 and 15 July 2019, respectively. He has also performed the first cadaveric organ retrieval surgeries in Ampara, Hambantota and Ratnapura. At NHSL, he performed the first hand-assisted laparoscopic donor nephrectomy in 2022.

Anuradhapura Medical Association Oration 2026

Establishing Liver Transplantation in a local setting: Early Experiences and challenges in Developing a Sustainable Program

Joel Arudchelvam MBBS (COL), MD (SUR). MRCS (ENG), FCSSL
Professor in Vascular and Transplant Surgery, Department of Surgery, faculty of medicine, University of Colombo. Consultant Vascular and Transplant Surgeon, National Hospital of Sri Lanka.

Liver transplantation (LT) is the definitive treatment for decompensated and end-stage liver disease (ESLD). In Sri Lanka, cirrhosis-related liver failure is the second leading cause of death in healthcare facilities, commonly resulting from non-alcoholic fatty liver disease and alcoholic cirrhosis. Since the first LT performed by the University of Colombo (UOC) Liver Transplant Unit in 2010, LT encountered many challenges. Despite these challenges, the UOC team has performed 39 liver transplantations to date.

Successful LT requires comprehensive knowledge of hepatic vascular anatomy and its variations. In an imaging based study by the author, the typical portal vein (PV) branching pattern was identified in only 87.4% of cases. Hepatic arterial variations is also common, with the common hepatic artery arising from the coeliac axis in 86.0%, the superior mesenteric artery in 2.9%, and directly from the aorta in 1.1%. Additional anatomical variations encountered during CT angiography and organ retrieval have been reported in the author's publications.

Knowledge of LT techniques is also valuable in complex inferior vena cava (IVC) surgeries. The author has performed 51 IVC tumour resections, including procedures for primary IVC leiomyosarcoma and renal cell carcinoma with IVC tumour thrombus. In the reported leiomyosarcoma series, survival was 100% at a mean follow-up of 542.7 days. Following resection for renal cell carcinoma with IVC tumour thrombus, one-month and one-year survival rates were 96% and 72%, respectively.

At the UOC, 97.4% of LTs have utilised deceased-donor organs. Hepatic venous reconstruction has predominantly employed the piggyback (PB) technique and side-to-side cavostomy (SSC). Hepatic venous outflow obstruction occurred in 13% of transplantations, exclusively following PB reconstruction. Since adopting SSC, no further cases of HVOO have been reported in UOC.

Estimated patient survival following LT was 81.8% at 30 days and six months, 76.0% at one year. The last seven LT recipients did not encounter any complications with 100% survival at UOC. Strengthening organ retrieval teams, standardising protocols, and expanding specialist training and education are essential to improving transplant capacity and outcomes in Sri Lanka.

Annual Academic Sessions of Anuradhapura Medical Association

2026

Pre-Congress events - Teaching Hospital, Anuradhapura

DATE	PRE-CONGRESS EVENT
15th October 2026 11:30 AM - 12:30 PM	Lecture for nurses: Delirium Identification and Management Prof. Amila Isuru
20th October 2026 08:30 AM-12:45 PM	Getting Research Evidence into Clinical Practice (Workshop)
29th October 2026 08:00 AM – 04:30 PM	Masterclass on Mechanical Ventilation (Workshop) Organized in collaboration with the College of Anaesthesiologists and Intensivists of Sri Lanka
30th October 2026 09:00 AM - 04:00 PM	Workshop on Point-of Care Ultrasound Scan

Inauguration Ceremony & AMA Oration

Golden Ballroom - Golden Mango Resort, Anuradhapura

10th November 2026 - 6.00pm onwards

Chief Guest – Prof Tissa Wijeratne

Chair, Department of Neurology at Western Health, Melbourne, Australia
Co-Founder and Chair, World Brain Day

Guest of Honour – Emeritus Professor S A M Kularatne

Former Chair Professor of Medicine, Faculty of Medicine, University of Peradeniya.

AMA Oration 2026 - Prof. Joel Arudchelvam.

Professor in Vascular and Transplant Surgery, Department of Surgery, Faculty of Medicine, University of Colombo.

** Participation by Invitation Only*

FREE PAPER AND POSTER SESSIONS

FREE PAPER SESSIONS

Glass Hall, Golden Mango Resort, Anuradhapura
11th November 2026

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

Glass Hall, Golden Mango Resort, Anuradhapura
11th November 2026

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

CONTACT: Ms Shashikala (025) 222 7706 | ama@med.rjt.ac.lk

Annual Academic Sessions 2026

Golden Ballroom - Golden Mango Resort, Anuradhapura - 11th November 2026

Time	Topic	Speaker	
8.30 - 9.00	From Stroke at 2 AM to Brain Health for All: From Emergency Treatment to Prevention, Access and Action	Prof Tissa Wijerathne	Chair, Department of Neurology, Western Health, Melbourne, Australia
9.00 - 9.30	Hypertension Beyond the Numbers	Prof T Kumanan	Chair and Professor of Medicine Department of Medicine, Faculty of Medicine, University of Jaffna
9.30 - 10.00	Our Lifestyle, our Mental Health: Evidence for Action	Prof Vajira Dharmawardene	Head, Department of Psychiatry, Faculty of Medicine, Sabaragamuwa University of Sri Lanka
10.00 - 10.30	Erectile Dysfunction	Prof Ajith P Malalasekara	Professor in Urology, Consultant Urological Surgeon, Faculty of Medicine University of Colombo. President, College of Surgeons of Sri Lanka
10.30 -11.00	TEA		
11.00 -11.30	Neurosurgical Management of Subarachnoid Haemorrhage	Dr Deepal Attanayake	Consultant Neurosurgeon National Hospital of Sri Lanka
11.30 - 12.00	Reading Between Lines: The Chest X-ray in Tuberculosis and Beyond	Dr Upul Pathirana	Consultant Respiratory Physician District General Hospital, Kegalle
12.00 - 12.30	The Looming Tsunami of Osteoarthritis; Why Everyone is at Risk and How We Manage Future	Dr Himantha Athukorala	Consultant in Rheumatology and Rehabilitation, District General Hospital, Gampaha
12.30 - 1.00	Compliance and Adherence of Therapy in Older Adults	Prof Shehan Silva	Professor in Medicine, Faculty of Medicine, University of Sri Jayewardenepura President -SLAGM
1.00 -1.45	LUNCH		
1.45 -2.15	"Beyond the Platelet Count: A Practical Approach to Dengue"	Dr Lakkumar Fernado	Senior Consultant Paediatrician
2.15 - 2.45	Allergy in Children: What Every Doctor Should Know	Dr Tharindi Sooriyapperuma	Senior Lecturer in Paediatrics Faculty of Medicine, University of Kelaniya
2.45 - 3.15	Fertility care for All Clinicians: Identifying, Evaluating and Supporting Subfertility	Prof Sivaligarajah Raguraman	Professor in Obstetrics and Gynaecology, Faculty of Medicine, University of Jaffna
3.15 - 3.45	From Symptoms to Diagnosis: A Practical Approach to Urinary Problems in Women	Dr Chinthaka Banagala	Consultant Obstetrician and Gynaecologist, Senior Lecturer in Obstetrics and Gynaecology, Faculty of Medicine University of Colombo
3.45 - 4.15	The Patient with Gallstones: What Every Doctor Should Know	Prof Arinda Dharmapala	Professor in Surgery Department of Surgery Faculty of Medicine University of Peradeniya
4.15	Closing Remarks and Tea		

POST-CONGRESS PROGRAM

Neurology Masterclass | 9am – 12 noon
@Teaching Hospital, Anuradhapura
Prof Tissa Wijeratne

REGISTRATION ON-SITE REGISTRATION AT THE VENUE

Consultants & Senior University Academics	LKR 2000/-
Medical Officers & Junior University Academics	LKR 1000/-

* Duty Leave Approved

ELIGIBLE FOR 6.5 CPD POINTS

Programme

6.00 pm	Arrival of Guests
6.15 pm	Ceremonial procession and arrival of distinguished dignitaries
6.25 pm	Lighting of the Traditional Oil Lamp
6.35 pm	National Anthem
6.40 pm	Welcome & Presidential Address **Prof. Anjana Silva** *President – Anuradhapura Medical Association*
6.55 pm	Address by the Guest of Honour **Emeritus Professor S.A.M. Kularatne** *Former Chair Professor of Medicine, University of Peradeniya*
7.10 pm	Address by the Chief Guest **Professor Tissa Wijeratne** *Professor in Neurology, Director, Academic Medicine and head of the Department of Neurology and Stroke at Western Health, Victoria, Australia.*
7.25 pm	Introduction of the Orator
7.30 pm	AMA Oration 2026 "Establishing Liver Transplantation in a local setting *Early Experiences and challenges in Developing a Sustainable Program" Orator:* **Professor Joel Arudchelvam** *Professor in Vascular and Transplant Surgery and Consultant Vascular and Transplant Surgeon, Department of Surgery, Faculty of Medicine, University of Colombo.*
8.05 pm	Presentation of Awards and Mementoes
8.25 pm	Vote of Thanks **Dr Nayani Suraweera** *Joint Secretary, Anuradhapura Medical Association*
8.30 pm	Entertainment
9.00 pm	Ceremonial Procession leaves the hall
9.05 pm	Fellowship & Dinner

Pre-congress sessions

Anuradhapura Medical Association

Annual Academic Sessions 2026

'Science, professionalism and humanity towards advancing medical practice'

Pre-congress lecture for nurses

Delirium:

Identification and management

Prof. Amila Isuru MBBS, MD, MRCPsych
Head, Department of Psychiatry
Faculty of Medicine and Allied Sciences
Rajarata University of Sri Lanka



Thursday, 15th October 2026
12:00 noon-1:00 pm
Professorial Unit Auditorium
Teaching Hospital, Anuradhapura


How does a patient with delirium commonly present in a ward setting?
Pre-congress Program for Nurses: Annual Academic Sessions 2026
Anuradhapura Medical Association


Pre-congress Program for Nurses: Annual Academic Sessions 2026
Anuradhapura Medical Association


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ANURADHAPURA MEDICAL ASSOCIATION
ANNUAL ACADEMIC SESSIONS 2026

PRE-CONGRESS PROGRAM
PRE-CONGRESS WORKSHOP 1

Getting Evidence into Clinical Practice

20 OCT 2026
TUESDAY

8:30 AM – 12:30 PM

MAIN AUDITORIUM
THA

One clinical question. Multiple sources of evidence.
An interactive journey from uncertainty to clinical decisions.

WHAT YOU WILL EXPLORE

- Introduction & Clinical Problem
- Understanding Research Evidence
- From Evidence to Practice
- Critical Appraisal & Evidence Synthesis
- Applying Evidence to Individual Patients
- Interactive Evidence Challenges
- Panel Discussions

EXPERT RESOURCE PERSONS


Senior Prof. Sisira Siribaddana, Chair Professor of Medicine


Prof. Anjana Silva, Professor of Parasitology


Prof. Kosala Weerakoon, Professor in Parasitology


Dr. Janaka Pushpakumara, Dean, FMAS, RUSL


Dr. Chamara Sarathchandra, Consultant Physician


Prof. S. Jayaweera, Professor of Microbiology


Prof. Janith Warnasekara, Professor in Public Health


Dr. Ayesh Hettiarachchi, Senior lecturer, FMAS,

WHO SHOULD ATTEND?

- Consultants
- Post-graduate trainess
- MSc/ MPhil/ PhD students
- Academic staff
- Medical Officers
- Research enthusiasts

REGISTRATION FREE!

Scan the QR code and fill the google form!

071 4142462 - Gajaba
070 2108423 - Dinithi

gnayakarathne@gmail.com
dinithith99@gmail.com


Pre-Congress Program: Annual Academic Sessions 2026
Research Workshop: "Getting Evidence into Clinical Practice"
Anuradhapura Medical Association
Pre-Congress Program: Annual Academic Sessions 2026
Research Workshop: "Getting Evidence into Clinical Practice"
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Anuradhapura Medical Association
Pre-Congress Program: Annual Academic Sessions 2026
Research Workshop: "Getting Evidence into Clinical Practice"
Anuradhapura Medical Association

MASTERCLASS ON MECHANICAL VENTILATION

PRE-CONGRESS WORKSHOP 3

ANNUAL ACADEMIC SESSIONS 2026
ANURADHAPURA MEDICAL ASSOCIATION

In collaboration with

COLLEGE OF ANAESTHESIOLOGISTS AND INTENSIVISTS OF SRI LANKA

Medical Officers, Postgraduate Trainees, and Consultants involved in managing patients receiving mechanical ventilation.

DATE
29th October 2026
(Thursday)

VENUE
Teaching Hospital
Anuradhapura

START TIME
08:00 AM

PROGRAMME

TIME	SESSION
08:00 – 08:30	Opening Remarks
08:30 – 09:00	Fundamentals of Mechanical Ventilation
09:00 – 10:00	Ventilator Modes: Concepts and Practical Demonstration
	MORNING TEA
10:20 – 10:50	Ventilator Setup: A Step-by-Step Approach
10:50 – 11:50	ARDS and Lung-Protective Ventilation Strategies
11:50 – 12:50	Tailoring Ventilation to Common Pulmonary Pathologies: A Case-Based Approach
	LUNCH
13:30 – 14:30	Troubleshooting During Weaning from Mechanical Ventilation
14:30 – 15:00	High Flow Nasal Oxygen (HFNO)
15:00 – 16:00	Non-Invasive Ventilation (NIV): Fundamentals and Clinical Applications
16:00 – 16:30	Q&A and Closing Remarks
	EVENING TEA

FACULTY

Dr. Chandana Karunarathe
Consultant Anaesthetist
National Hospital Galle

Dr. Anusha Samaranayaka
Consultant Anaesthetist
District General Hospital Hambantota

Dr. Mihiran Herath
Consultant Anaesthetist
Teaching Hospital Anuradhapura

WHAT YOU WILL GAIN

- Strengthen fundamentals of mechanical ventilation
- Understand and apply different ventilator modes
- Hands-on demonstration of ventilator setup
- Evidence-based strategies for ARDS and lung protection
- Case-based discussions for real-world decision making
- Weaning strategies and NIV clinical applications

REGISTRATION

5 CPD POINTS AWARDED

REGISTRATION FEE
Rs. 5,000
per participant

MAXIMUM PARTICIPANTS
80 ONLY

SCAN TO REGISTER

Mihiran Herath 077 337 8697 | mihiranherathdr@gmail.com

OPTIMISE VENTILATION. IMPROVE OUTCOMES. SAVE LIVES.


Anuradhapura Medical Association – Annual Academic Sessions 2026
Pre-congress Program – Pre-congress Workshop 2 – Ventilation Masterclass
Organised in collaboration with the
College of Anaesthesiologists and Intensivists of Sri Lanka
29th October 2026 – Teaching Hospital, Anuradhapura






Anuradhapura Medical Association – Annual Academic Sessions 2026
Pre-congress Program – Pre-congress Workshop 2 – Ventilation Masterclass
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Anuradhapura Medical Association – Annual Academic Sessions 2026
Pre-congress Program – Pre-congress Workshop 2 – Ventilation Masterclass
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29th October 2026 – Teaching Hospital, Anuradhapura


ANURADHAPURA
MEDICAL ASSOCIATION


Precongress Workshop 4
Annual Academic Sessions 2026
Anuradhapura Medical Association
POINT OF CARE ULTRASOUND
"Task shifting – Advanced care to the bedside"
30/10/2026 (Friday)
8.00 am to 5.00 pm
Main Auditorium & ETU Premises, Teaching Hospital Anuradhapura.
WHO SHOULD ATTEND?
Consultants, PG trainees, and medical officers working in acute care settings
Accredited, structured and competency-based training
CPD
CPD points awarded
WORKSHOP CONTENT
Introductory lecture, Demonstrations and Hands on training
01 Ultrasound Physics Essentials
02 Shock 1 – RUSH – IVC and AAA assessment
03 Shock 2 – eFAST and Dengue leaking scan
04 Shortness of breath – BLUE protocol
05 Basic cardiac assessment
06 Ultrasound guided cannulation
FACULTY
Dr Madurika Kavirathne
Consultant Radiologist
Dr A G Thanuja Darshanee
Consultant Emergency Physician
Dr Chulanga Wickramasinghe
Consultant Emergency Physician
Dr Kandaiah Manitheepan
Consultant Emergency Physician -
Dr Sandamali Dharmasena
Associate Specialist in Emergency Medicine
Dr Sajani Udumulla
Associate Specialist in Emergency Medicine
Dr Nandana Kumara Jayathilake
Consultant Emergency Physician
Dr Thilina Ariyasinghe
Senior Registrar in Emergency Medicine
Dinesh Weerasinghe
Acting Consultant Emergency Physician
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RUSH / IVC
eFAST
Lung (BLUE)
Cardiac
Ultrasound Guided Cannulation
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Dr Dinesh Weerasinghe
076 911 4181


Anuradhapura Medical Association – Annual Academic Sessions 2026
Pre-congress Program – Pre-congress Workshop 3 – Point-of-Care Ultrasound Sca
30th October 2026 – Teaching Hospital, Anuradhapura
Innovation, in every facet
Describing echog
Anuradhapura Medical Association – Annual Academic Sessions 2026
Pre-congress Program – Pre-congress Workshop 3 – Point-of-Care Ultrasound Scan
30th October 2026 – Teaching Hospital, Anuradhapura
Anuradhapura Medical Association – Annual Academic Sessions 2026
Pre-congress Program – Pre-congress Workshop 3 – Point-of-Care Ultrasound Scan
30th October 2026 – Teaching Hospital, Anuradhapura

Invited faculty



Prof. Tissa Wijerathne



Prof. T Kumanan



Dr. Himantha Athukorala



Prof. Ajith P Malalasekara



Dr. Deepal Attanayake



Prof. Vajira Dharmawardene



Dr. Upul Pathirana



Prof. Sivaligarajah Raguraman



Dr. Lakkumar Fernando



Dr. Tharindi Sooriyapperuma



Prof. Shehan Silva



Dr. Chinthaka Banagala



Prof. Arinda Dharmapala

Annual Academic Sessions of

Anuradhapura Medical Association

Abstracts

Panel of abstract reviewers

Prof. Janith Warnasekara MBBS, MSc, MPH, PhD, FRSPH (Professor, Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Prof. Kosala Weerakoon MBBS, PGDip (Applied Statistics), MPhil, PhD, FRSPH (Professor, Department of Parasitology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Prof. Subhashini Senadheera BSc, PhD (Professor, Department of Biochemistry, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Prof. Harshi Weerakoon MBBS, PGDip (Applied Statistics), MPhil, PhD (Professor, Department of Biochemistry, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Prof. Nuwan Wickramasinghe MBBS, MSc, MSc, MD, FRSPH (Chair Professor, Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Dr. Janaka Pushpakumara MBBS, PGD, MPhil, MCGP (Dean and Senior Lecturer, Department of Family Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Dr. Dhanushka Hewa Bostanthirige MBBS, MSc, PhD (Senior Lecturer, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Dr. Anuradha Jayathilake MBBS, MD (Senior Lecturer, Department of Surgery, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka; Consultant General Surgeon)

Dr. Shashanka Rajapakse MBBS, MSc, MPhil (Senior Lecturer, Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Dr. Sonali Gunasekara BSc, PhD (Lecturer, Department of Health Promotion, Faculty of Applied Sciences, Rajarata University of Sri Lanka)

Dr. M.I.M. Shuja MBBS, PGDip (Physiology) (Lecturer, Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Dr. Lahiru Wijayarathna MBBS (Lecturer, Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Ms. Chamila Kappagoda BSc, MSc (Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka)

Oral Presentations

Tropical Medicine and Infections

OP 01

Strengthening national leptospirosis diagnostic capacity through a regional laboratory in Sri Lanka

Sewwandi AHM1, Menike WGYDK.1, Premalal WHAT1, Kappagoda CN1, Warnasekara YPJN1, Senevirathna I1,3, Jayasundara D1,2, Agampodi SB1,4

[1] *Public Health Research Laboratory, Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka.*

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

[3] *Department of Biochemistry, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. Anuradhapura, Sri Lanka.*

[4] *International Vaccine Institute, Seoul, Republic of Korea.*

Background: Despite having one of the highest reported leptospirosis incidences globally, diagnostic support for leptospirosis remains limited in Sri Lanka. Decentralised laboratory capacity can improve timely diagnosis, surveillance, and outbreak response in high-burden areas. The Rajarata University Leptospirosis Research Laboratory was established in 2016 to help address this gap.

Objective: To describe the diagnostic workload, test positivity, referral patterns, and clinical service role of the Rajarata University Leptospirosis Research Laboratory for suspected leptospirosis samples received during 2022–2026.

Methods: We descriptively analysed suspected leptospirosis samples received during 2022–2026. Serum was tested by MAT, and PCR was performed on selected blood samples. We summarised demographic, referral, temporal, and diagnostic data.

Results: The laboratory received 559 suspected leptospirosis samples during 2022–2026.
Submissions showed clear seasonality, with 237 samples (42.4%) received during October– January, corresponding to the rainy Maha cultivation period. Samples increased from 51 in Maha 2024/25 to 152 in Maha 2025/26, coinciding with flood-related transmission and wider referrals from districts including Kandy, Vavuniya, Jaffna, and Polonnaruwa. Patients ranged from 2 to 79 years of age (mean 46.4±15.4), and 429 (76.7%) were male. Most samples were from medical wards (n=328), while 231 (41.3%) were from intensive care units, indicating substantial use for severe disease management. Reports were issued within 24 hours, with urgent ICU results communicated directly to clinicians. Overall, 119/559 samples (21.3%) were MAT-reactive, of which 83/119 (69.7%) had diagnostically significant titres. Among 95 samples tested by PCR, 15 (15.8%) were positive for pathogenic *Leptospira* DNA.

Conclusion: The laboratory provided rapid leptospirosis diagnostic support across districts, including for ICU patients during seasonal and flood-related surges. Sustaining this decentralised service requires reliable support for reagents, consumables, and molecular testing.

Keywords: Leptospirosis, Peripheral laboratory, Microscopic agglutination test

OP 02

Challenges encountered by medical and nursing officers in the management of snakebite cases: A qualitative study in hospitals of Anuradhapura district

Wickramasinghe M[1], Weerasooriya L[1], Weerasuriya A[1], Weerawarna L[1], Weththewa K[1], Wickramanayake S[1], Wickramasinghe R[1], Silva A[2]

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

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

Background: Snakebite is an important public health problem in rural Sri Lanka, and understanding context-specific challenges in its management is important for improving care.

Objective: To explore the challenges encountered by medical and nursing officers in managing snakebites in primary, secondary, and tertiary care hospitals in the Anuradhapura district.

Methods: A qualitative study was conducted among purposively selected medical and nursing officers with ≥2 years of experience in snakebite management, representing six primary care hospitals (Andiyagala, Kalawewa, Maradankadawala, Mihintale, Senapura and Talawa Divisional Hospitals), two secondary care hospitals (Madawachchiya and Thambuttegama Base Hospitals) and one tertiary care hospital (Teaching Hospital Anuradhapura) in the Anuradhapura District. Forty-two in-depth interviews were conducted with 22 medical officers (primary, 08; secondary, 07; tertiary, 07) and 20 nursing officers (primary, 11; secondary, 06; tertiary, 03). Semi-structured interviews in Sinhala were audio-recorded, transcribed, translated into English and thematically analysed to identify codes, sub-themes, and overarching themes.

Results: Five major themes emerged. Health system and resource limitations included inadequate ICU facilities, shortages of essential drugs, and limited laboratory support. Clinical management and diagnostic challenges involved diagnostic problems delaying antivenom and difficulty in managing antivenom reactions. Inefficiencies in referral, transport, and care pathways included delays in inter-hospital transfers, poor communication, and overdependence on tertiary care. Community- and patient-related barriers included delayed presentation, reliance on traditional treatments, and harmful first-aid practices. Systemic, socioeconomic, and operational pressures encompassed workforce shortages, lack of systematic training on snakebite, high workload, and accessibility barriers affecting patient care.

Conclusion: Challenges spanning health system constraints, clinical service limitations, and sociocultural factors hinder snakebite management in rural Sri Lanka. Strengthening resource availability, improving training, optimising referral systems, and enhancing community awareness are recommended to improve patient care and outcomes.

Keywords: Challenges, Snakebite, Sri Lanka

OP 03

Culture media with sustained in vitro viability of *Leptospira*: A systematic review

Menike D[1*], Premalal A[1], Warnasekara J[2], Agampodi S[4], Jayasundara D[1,3]

[1]*Public Health Research Laboratory, Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*

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

[3]*Department of Microbiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*

[4]*International Vaccine Institute, Seoul, South Korea.*

Background: Prolonged in vitro viability of *Leptospira* in culture media is essential for leptospirosis research and diagnosis. Conventional cryopreservation necessitates expensive infrastructure, constrained in resource-limited settings. Therefore, maintaining *Leptospira* in laboratory media with minimal subculturing offers an alternative, yet evidence remains systematically unevaluated.

Objective: This study aims to synthesise existing knowledge on available culture media for long-term viability of *Leptospirae*, identify gaps, and explore techniques for optimisation of culture media for long-term maintenance.

Method: This systematic review followed the Cochrane guidelines. Articles were retrieved from PubMed, Scopus, Web of Science, TRIP, Cochrane Library, and Google Scholar and reported according to the PRISMA 2020 statement. The ToxRTool *in vitro* module assessed the study quality.

Results: Out of 37,267 articles, 5 studies (1918-2026) were selected after filtering. These included one of each liquid (Modified Gardner), solid (Leptospira Vanaporn Wuthiekanun -LVW), biphasic (charcoal), and 3 semi-solid (Polysorbate 80-based, Fletcher and Ellinghausen-McCullough-Johnson-Harris-EMJH) media. Duration of viability testing varied. Polysorbate 80-based and Biphasic media retained viability for 2 years, LVW for over 1 year, Fletcher for <1 year, and Modified Gardner and EMJH for 3 months. Tween 80 was the main fatty acid in P-80 medium and EMJH, while Modified Gardner, Fletcher, and biphasic media relied on rabbit serum. LVW contained both Tween 80 and rabbit serum as fatty acid sources. All media contained albumin for fatty acid detoxification, while the biphasic medium additionally contained charcoal for detoxification, which was modified from Fletcher medium.

Conclusion: Polysorbate 80-based, Biphasic charcoal, and LVW media retained viability for at least 1 year, potentially reflecting balanced unsaturated fatty acid availability, detoxification, and control of low-oxygen niches through semi-solid, biphasic, and solid consistency that facilitates a microaerophilic environment. Tween 80 and rabbit serum together in LVW would have enhanced nutrient availability for the organisms. In contrast, charcoal enhances additional detoxification in biphasic medium but hinders macroscopic and microscopic observation of *Leptospira*.

Key words: Long-term, Viability of *Leptospira*, systematic review

OP 04

Reported occupational blood and body fluid exposures managed at the STD clinic, Teaching Hospital Anuradhapura

Iddamalgoda W, Karawita A, Vitharana T, Weerakoon HS, Weerasundara N

[1]*Sexual health centre, Teaching Hospital Anuradhapura.*

Background: Occupational blood exposure requires assessment, testing, and sometimes prophylaxis depending on the risk of exposure. In a Colombo survey, 83.3% of healthcare workers identified reporting to infection-control staff as a step after a contaminated needlestick. Sri Lankan surveys found needlestick injury histories in 43% of nurses at three district general hospitals and 48% at the National Hospital, Colombo; 49% and 55% of injured nurses, respectively, did not report their injuries. A Southern Province study found 64.2% of doctors' sharps injuries were not notified.

Objective: To describe occupational blood exposures recorded by the STD clinic serving Anuradhapura healthcare workers.

Methods: We retrospectively reviewed 163 entries from September 2025 to September 2026 in the occupational exposure record book of the STD clinic at Teaching Hospital Anuradhapura. Frequencies and percentages summarise reported events. Exposures not reported to the clinic could not be captured.

Results: Of 163 reports, 151 (92.6%) were reported from Teaching Hospital Anuradhapura and 12 (7.4%) were from peripheral hospitals. Nursing officers accounted for 66/162(40.7%), and 98/163 (60.1%) occurred in wards. There were 137 prick injuries (84.0%), 15 cuts (9.2%), and eight splashes (4.9%). Common recorded circumstances included venipuncture (23/163, 14.1%), capillary blood testing (22/163, 13.5%), sharps or waste disposal (15/163, 9.2%), and suturing (15/163, 9.2%). Seven entries (4.3%) had no description of how exposure occurred. Six health care workers (3.7%) presented after 72 hours. HIV PEP was recommended for eight (4.9%), all of whom accepted it. Follow-up entries were sparse.

Conclusion: The clinic records show a substantial workload from reported occupational exposures. They cannot establish injury incidence among all healthcare workers because unreported events are missing. Training in safe blood sampling, accessible point-of-use sharps bins, avoidance of recapping, prompt reporting, and reliable follow-up should be prioritised. Improve documentation of exposure circumstances, follow-up, and investigation and prophylaxis costs to support surveillance and cost estimation.

Keywords: Occupational blood exposure; Needlestick injuries; Post-exposure prophylaxis

OP 05

Awareness and perceptions on preventing re-establishment of malaria in Anuradhapura District: A qualitative study among community, patients, and healthcare professionals

Ediriweera TS[1], Edirisinghe KK[1], Ekanayaka WMMI[1], Faroosa MF[1], Fathha MI[1], Gunasekara WMSD[1], Gunasekara SD[2], Weerakoon KG[3]

[1]*Undergraduate Medical Student, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.* [2]*Department of Health Promotion, Faculty of Applied Sciences, Rajarata University of Sri Lanka.* [3]*Department of Parasitology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.*

Background: Sri Lanka remains at risk of malaria re-establishment due to imported cases and the presence of competent vectors, including *Anopheles culicifacies* and *A. stephensi*. Evidence on stakeholder perceptions, preparedness, and challenges in preventing malaria re-establishment remains limited.

Objective: To explore awareness and perceptions of the prevention of malaria re-establishment among community members, healthcare workers, and individuals who acquired malaria overseas.

Methods: A qualitative study was conducted among community members, patients with imported malaria, and healthcare workers in Anuradhapura District. Participants were selected using convenience sampling. Semi-structured interviews lasting 25–50 minutes were conducted until data saturation. Interviews were audio-recorded, transcribed verbatim, and analysed thematically.

Results: Twenty-eight interviews were conducted with 15 community members, 10 healthcare workers, and three patients. Six themes emerged: awareness and knowledge; perceptions; preventive behaviours and practices; social context; challenges and barriers; and possible interventions. Participants were generally aware of mosquito-borne transmission and Sri Lanka's malaria-free status, but knowledge of vector behaviour, complications, and treatment varied. Healthcare workers demonstrated greater awareness of vector surveillance and identified the urban threat posed by *A. stephensi.* Malaria was perceived as a lower public health priority than dengue because of the absence of recent local transmission, while elimination was sometimes perceived as eliminating future risk. Misconceptions regarding respiratory, physical-contact, and supernatural transmission persisted. Healthcare workers identified declining clinical vigilance, workforce constraints, and limited vector-control capacity as challenges. Among patients, low perceived risk, forgetfulness, and adverse effects hindered chemoprophylaxis adherence.
Participants recommended strengthening awareness through social media, community engagement, traveller surveillance, and prophylaxis reminder systems.

Conclusion: Despite malaria-free status, Sri Lanka remains vulnerable to malaria re-establishment due to low-risk perception, misconceptions, reduced vigilance and operational constraints in surveillance and prevention. Strengthening clinician and community awareness, prophylaxis adherence, and community engagement in disease prevention remains essential to prevent malaria re-establishment.

Keywords: Awareness, Malaria re-establishment, Perceptions, Infectious diseases

OP 06

Snakebite incidence in a high-burden district of Sri Lanka: Pooled evidence from two independent community surveys

Wijayasekara A[1,2], Weerakoon K[2], Jayakody N[1], Wijayarathna L[2], Agampodi T[3], Isbister GK[4], Silva A[2]

[1]*Faculty of Medicine, Wayamba University of Sri Lanka.*

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

[3]*International Vaccine Institute, Republic of Korea.*

[4]*Clinical Toxicology Research Group, University of Newcastle, Australia.*

Background: Periodic reassessment of snakebite incidence is essential to reduce snakebite burden, yet logistically challenging in resource-limited settings. Embedding snakebite recall using a consistent recall period within existing community surveys may provide a lower-resource approach to updating incidence estimates.

Objective: This study aims to estimate community snakebite incidence in the Anuradhapura district using a standardised 12-month recall window, by embedding snakebite recall in two independent opportunistic community surveys using different sampling approaches.

Methods: We pooled household-level data from two non-overlapping independent opportunistic community-based cross-sectional surveys in Anuradhapura district: 1) a school-community-based survey among caregivers of primary school children in 19 selected schools (January–December 2023); 2) a district-wide electoral register-based adult household survey (June 2024–August 2025). We included an identical interviewer-administered questionnaire to capture snakebite recall events among all co-resident household members. The event time points were recorded from January 2022 onwards, aligned with a recall window of 12 months. We used exact Poisson confidence intervals and a cluster bootstrap across 41 clusters.

Results: The pooled dataset comprised 1,262 households and 5,603 persons. Of 37 reported events, 26 (70.3%) fell within the 12-month recall window. Incidence was 447.6 per 100,000 person-years (95% CI 265.3–707.5) in Survey 1 and 505.7 (95% CI 218.3–996.4) in Survey 2, giving a pooled estimate of 464.0 per 100,000 person-years (95% CI 303.1–679.9; design adjusted 275.8–679.0). The incidence estimates did not differ significantly between the two surveys (rate ratio 1.13, 95% CI 0.49–2.60; p=0.77). Reported incidence declined with increasing recall interval in both surveys (Survey 1, 447.6 to 330.0; Survey 2, 505.7 to 63.2 per 100,000 person-years).

Conclusion: Two opportunistically nested community-based surveys produced concordant high estimates of snakebite incidence in Anuradhapura, at a level comparable to earlier national and provincial figures.

Keywords: Snakebite, Incidence, Community-based survey, Anuradhapura

OP 07

Spatial clustering and environmental correlates of leptospirosis seroprevalence in pregnant women from Anuradhapura, Sri Lanka: An ecological study

Nayakarathne G[1], Warnasekara JN[2], Jayasundara D[3], Senevirathna I[4], Agampodi T[2,6], Zellweger R[6], Agampodi S[2,6] Rajapakse S[5]

[1]*Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka.*
[2]*Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka.*
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[5]*Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka.*
[6]*International Vaccine Institute, Seoul, South Korea.*

Background: Leptospirosis transmission is strongly shaped by environmental conditions that determine human exposure risk, particularly in dry-zone agricultural districts such as Anuradhapura, Sri Lanka. Pregnant women remain an understudied but critical population, given the potential for adverse pregnancy outcomes from leptospiral infection. Understanding these ecological determinants requires population-based exposure assessment combined with spatial analysis.

Objective: To identify spatial clusters of leptospiral seropositivity and ecological correlates in Anuradhapura district, Sri Lanka.

Methods: Baseline serum samples from 3,131 pregnant women enrolled in the Rajarata Pregnancy Cohort (90% of antenatal registrations in Anuradhapura) were tested using the Microscopic Agglutination Test at 1:50 (higher sensitivity) and 1:100 (higher specificity, presumptive infection) dilution thresholds. Spatial scan statistics identified local clusters of seropositivity. Twenty-one density-standardised ecological predictors (demographic, agricultural, livestock, and land cover variables) were evaluated using bivariate linear, regularised, and Poisson regression models, using population at risk as offset, with 1:100 as the primary outcome. Benjamini–Hochberg correction was applied for multiple testing, followed by multivariable Poisson regression.

Results: Seropositivity was detected in 111(3.55%) and 69 (2.20%) women at 1:50 and 1:100 thresholds. Spatial scan statistics identified a two-area primary cluster (Nuwaragam-Palatha Central and East) across population upper-bound settings of 20–50% (1:50 OER=1.99, $p \leq 0.023$; 1:100 OER=2.34, $p \leq 0.018$). Lasso and elastic net regression retained urban/built-up land cover and woody savanna. In bivariate Poisson regression, urban/built-up land cover showed the strongest association (IRR=2.08, 95% CI:1.42–3.04, $p<0.001$) and survived correction for multiple testing (FDR-p<0.001). Evergreen broadleaf forest (IRR=0.948, 95% CI:0.904–0.993, $p=0.023$), woody savanna (IRR=0.978, 95% CI:0.959–0.997, p=0.022), and slaughtered cattle density (IRR=0.853, 95% CI:0.733–0.992, $p=0.039$) showed inverse associations not surviving correction. In the multivariable model, only urban/built-up land cover remained significant (IRR=1.698, 95% CI:1.115–2.585, p=0.014).

Conclusion: Contrary to the rural exposure paradigm associated with leptospirosis, seroprevalence clustered spatially and was robustly associated with peri-urban built-up land cover, an area-level finding requiring confirmation before informing prevention strategies.

Keywords: Seroprevalence, Pregnant women, Spatial clusters, Ecological correlates, Sri Lanka

OP 08

Ocular nodules with suspected trematode aetiology in Anuradhapura, Sri Lanka: A mixed-methods study of clinical, histopathological, epidemiological, and patient perspectives

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Background: Ocular nodules can result from infectious and non-infectious etiologies, with ocular trematode infections (OTIs) representing an uncommon cause. Ocular nodules suspected to be of trematode origin have been reported in Anuradhapura District. However, evidence on clinical, epidemiological, and histopathological characteristics and patients' perspectives remains limited.

Objective: To identify clinical, epidemiological, and histopathological characteristics and patient perspectives related to presumed ocular trematode infections in Anuradhapura District.

Methods: This mixed-methods study was conducted at the Ophthalmology Unit, Teaching Hospital, Anuradhapura. Patients suspected of having OTIs were included. Quantitative data were analysed descriptively, while qualitative data were analysed thematically.

Results: From October 2024 to August 2026, 65 children were recruited. The mean age was 9.7 ± 3.1 years (range 3–16), and 46 (70.8%) were male. All reported regular use (n=52, 80%) or prior exposure to open water sources, predominantly irrigation canals (n=45, 69.2%). 'Jaya Ganga' was the frequently reported exposure site (n=23, 35.4%). Cases showed potential seasonality, with higher occurrence (n=40, 61.5%) during the dry season (May–September). All patients presented with episcleral nodules, predominantly unilateral (n=63, 96.9%). Other symptoms were redness (n=61, 93.8%), followed by pain (n=18, 27.7%) and photophobia (n=13, 20%). Medical treatment was successful in 56.9% (n=37), while 43.1% (n=28) underwent surgical excision. Histopathology demonstrated mixed inflammatory responses.
Interviews revealed that guardians' knowledge and perceptions were largely shaped by information received from peers/community rather than formal sources. Psychosocial impacts included fear of blindness, financial burden, and disruption to the child's education. A lack of alternative water sources limited Behavioural changes.

Conclusion: Clinical manifestations and environmental exposure patterns were consistent with clinico-epidemiological features of OTIs. Families experienced psychological, financial, and social burdens due to uncertainty and reliance on informal knowledge. Further molecular evaluation and targeted community health education are needed to reduce the burden and impact of OTIs.

Keywords: Ocular nodules, Ocular trematode infections, Parasitic eye infections

OP 09

A cross-sectional survey on antibiotic therapy in pediatric wards in Teaching Hospital Anuradhapura, Sri Lanka

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Background: Antibiotic misuse is a major global public health concern contributing to antimicrobial resistance (AMR). In paediatric populations, irrational prescribing increases adverse drug reactions, healthcare costs and long-term consequences. Despite established guidelines, inappropriate use of broad-spectrum antibiotics and poor adherence to best practices remain common in hospital settings. Limited data on paediatric antibiotic use in Sri Lanka prompted this study in the paediatric Wards at THA.

Objective: To assess antibiotic prescribing practices, diagnostic approaches, adherence to clinical guidelines, and caregiver awareness in paediatric medical wards at THA.

Method: A descriptive cross-sectional study was conducted among paediatric inpatients (<14 years) over two weeks. Although the calculated sample size was 385, 120 patients were included due to time constraints. Data were collected from bed head tickets and caregivers, including antibiotic type, route, indication, guideline adherence, and pre-admission consultation.

Results: The most frequently prescribed antibiotic was azithromycin (30.8%), followed by cefotaxime (8.3%), ceftriaxone (7.5%), and co-amoxiclav (7.5%). Cefuroxime (4.2%) and other antibiotics were used less frequently (<5%), indicating a predominant reliance on azithromycin. Therapeutic antibiotic use was most common (71.7%), while 25.8% received empirical therapy and 2.5% received prophylactic therapy. Cultures were obtained before antibiotic initiation in only 22.7% of cases, whereas 77.3% received treatment without microbiological confirmation. The majority received oral antibiotics (58.3%), followed by intravenous (26.7%) and mixed routes (15.0%). Indications were documented in 84.2% of cases, while 15.8% lacked proper documentation. Preadmission consultation was noted in 70% of patients, and 40% had received antibiotics before hospital admission.

Conclusion: Antibiotic use in paediatric wards at THA is predominantly therapeutic with a high reliance on azithromycin. However, limited microbiological testing and gaps in documentation highlight the need to strengthen antimicrobial stewardship and promote evidence-based prescribing.

Keywords: Antimicrobial resistance, Microbiological investigations, Therapeutic antibiotic

Public Health

OP 10

Barriers to healthcare access among a marginalized gypsy community in Anuradhapura District, Sri Lanka

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Background: Gypsies are a marginalised minority community in Sri Lanka with traditionally itinerant lifestyles such as snake charming and fortune telling. These circumstances contribute to socioeconomic deprivation and limited healthcare access. Despite increasing attention to health inequities, healthcare experiences among Sri Lankan Gypsy communities remain poorly understood.

Objective: To explore healthcare utilisation patterns and barriers and facilitators to healthcare access among a marginalized Gypsy community in the Anuradhapura district.

Methods: A qualitative study was conducted among purposively selected healthcare workers and Gypsy community members in the Anuradhapura district. Semi-structured interviews lasting 30–40 minutes were conducted with 13 participants aged 18 years and above, including 10 community members and three healthcare workers. Data were analysed using framework analysis based on the Penchansky and Thomas healthcare access model, focusing on availability, accessibility, accommodation, affordability, and acceptability.

Results: Multiple barriers and facilitators to healthcare access were identified. Under accessibility, poor road infrastructure and delays in emergency healthcare services were major barriers, while short distances to healthcare institutions facilitated access. Limited participation in healthcare awareness programs was also evident. Under acceptability, perceived self-stigmatisation negatively affected healthcare-seeking behaviour, although increasing preference for Western medicine facilitated healthcare utilisation. High out-of-pocket expenditure remained a major affordability barrier. In the accommodation domain, participants preferred private healthcare due to shorter waiting times and convenience, while mobile healthcare services within the village were well accepted. Strong social networks and support from non-governmental organisations positively influenced healthcare access. In terms of availability, curative and preventive services were generally accessible, although shortages of specialised services and essential medications were identified in local government hospitals.

Conclusion: Healthcare access barriers in this marginalised community appear to have decreased over time due to social and generational changes. However, important socioeconomic, infrastructure, and cultural barriers persist, highlighting the need for culturally sensitive and accessible healthcare approaches for marginalised populations in Sri Lanka.

Keywords: Barriers, Healthcare, Marginalisation

OP 11

Identification and prioritisation of determinants influencing dietary practices among school-going children using a school in Anuradhapura District, Sri Lanka.

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Background: Dietary practices established during childhood serve as a foundation for maintaining physical well-being, and these practices tend to track into adulthood. Individual, social and environmental determinants influence dietary practices among school children. Understanding and prioritising these determinants is essential for developing context-specific health promotion interventions.

Objective: To identify and prioritise the key determinants influencing dietary practices using a participatory health promotion approach among school-going children aged 10 to16 years at Vivekananda Tamil Maha Vidyalaya in Anuradhapura.

Methods: A school-based mixed-methods, single-group pre-intervention study was conducted among children aged 10-16 years at Vivekananda Tamil Maha Vidyalaya. A convenience sampling method was used, and 62 school-going children participated. Determinants were identified through literature review, self-administered questionnaire, focus group discussions and participatory group discussions. Quantitative data were analysed using descriptive statistics and a paired t-test, while qualitative data were analysed thematically.

Results: Several factors influencing dietary practices were identified. Through participatory prioritisation, four key determinants were prioritised: poor knowledge, peer influence, media influence and junk food consumption. Children reported that peers and media influenced their food choices. In contrast, limited knowledge regarding healthy dietary practices and frequent consumption of junk foods were identified as important barriers to healthier choices. Children improved their comprehensive understanding of how each factor influences dietary practices, which was a significant change ($p<0.05$). These findings highlighted that dietary practices were shaped not only by individual knowledge but also by social influences.

Conclusion: The study identified four interrelated priority determinants of dietary practices among school children: poor knowledge, peer influence, media influence and junk food consumption. A participatory approach enabled children and relevant stakeholders to identify determinants within their own context and prioritise areas for timely action. These findings may inform addressing these determinants concurrently and may support the development of context-specific school-based health promotion strategies to improve dietary practices.

Keywords: Determinants, Dietary practices, Health promotion.

OP 12

Characterisation of soil-transmitted helminth infections missed by Kato– Katz microscopy among qPCR-positive primary schoolchildren in Sri Lanka

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Background: Soil-transmitted helminth infections (STHIs) remain an important public health problem among school-aged children. Although Kato–Katz (KK) microscopy is widely used for surveillance, its limited sensitivity for low-intensity infections may underestimate the true burden, particularly as control efforts progress.

Objective: This study aimed to characterise qPCR-detected STHI missed by KK among primary schoolchildren (PSC) in Anuradhapura District, Sri Lanka, and assess factors associated with microscopic detection.

Methods: A total of 626 PSC were recruited using multistage stratified cluster sampling. Single stool samples were examined in triplicate by KK and qPCR for *Ascaris lumbricoides*, *Trichuris trichiura* and hookworms. Among qPCR-positive children, KK-positive and KK-negative groups were compared according to Ct values and selected epidemiological factors.

Results: Among children positive for STHI by qPCR (n=152, 24.3%), KK detected only 16.7% of *A. lumbricoides* infections and 14.8% of *T. trichiura* infections, while KK missed all 34 qPCR-positive hookworm infections. Among *A. lumbricoides* qPCR-positive children, KK-positive children had significantly lower Ct values than KK-negative children (median 32.72 [IQR: 32.57–33.03] vs 33.19 [IQR: 32.82–34.64]; p=0.008). Similarly, *T. trichiura* KK-positive children had lower Ct values than KK-negative children (median 33.40 [IQR: 32.98–33.68] vs 34.10 [IQR: 34.00–34.30]; p=0.009). Among qPCR-positive children, younger children were more represented among KK-positive than KK-negative children (75.0% vs 51.5% aged 5–7 years). Recent deworming was significantly associated with KK detection (p=0.014). No significant associations were observed with guardian education, socioeconomic status or good handwashing practices.

Conclusion: KK microscopy missed a substantial proportion of qPCR-detected STHIs. Lower Ct values among KK-positive infections suggest preferential detection of higher burden infections, while differences by age and recent deworming indicate potential variability in microscopic detection. These findings suggest that microscopy-based surveillance may underestimate residual STHI burden and support the use of molecular diagnostics for detecting low-intensity infections.

Keywords: Kato-Katz, qPCR, Schoolchildren, Soil-transmitted helminths

OP 13

School sanitation conditions, and water consumption and urination habits among school children: A mixed-methods study

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Background:
Adequate hydration is essential for cognitive performance, renal function, and overall wellbeing in children, while regular urination reflects adequate fluid intake. Inadequate school sanitation facilities may discourage toilet use, altering hydration behaviour. Evidence linking school latrine conditions with urination patterns and water consumption in low-resource settings remains limited.

Objectives: To assess the association of school latrine conditions with urination habits and daily water consumption among school children.

Methods: A descriptive cross-sectional mixed-methods study was conducted among 330 schoolchildren studying in grades 5-7 within the Nuwara Gampalatha East educational division. Data were collected using an interviewer-administered questionnaire, structured observation checklist, and semi-structured interviews. Quantitative data were analysed using SPSS, while qualitative findings were analysed thematically. Key outcomes included urination frequency during school hours and comparable daytime periods at home, daily water intake, toilet utilisation patterns, and perceived sanitation conditions. Paired t-tests, chi-square tests, and Pearson correlation tests were used in the analyses.

Results: The 330 student participants were predominantly female (58.2%) and aged 9–12 years. Mean urination frequency during school hours was lower than during comparable daytime periods at home, though not statistically significant (1.82, SD=1.16 vs 3.14, SD=1.37; p=0.067). Approximately 90% reported using school toilets at least once daily. Mean water intake during the 6-hour school period was 1025ml (SD=518). Poorer latrine condition scores were significantly associated with reduced school urination frequency (r=0.16, p=0.004). Commonly reported deficiencies included unclean toilets (n=154, 46.6%), unpleasant odour (n=168, 50.9%, inadequate water supply (n=44, 13.3%), broken doors (n=67, 20.3%), lack of soap (n=62, 18.7%), and overcrowding during intervals (n=53, 16.1%). Qualitative findings indicated toilet avoidance due to discomfort, embarrassment, and lack of privacy.

Conclusion: Poor school latrine conditions are associated with reduced urination frequency and behavioural adaptation to inadequate sanitation environments, highlighting the need for improved sanitation, privacy, cleanliness, and healthy hydration practices in schools.

Keywords: School sanitation, Hydration behaviour, School children, Latrine conditions, Urination habits, WASH (Water, Sanitation And Hygiene)

OP 14

Menstrual health-related practices among female garment factory workers in Anuradhapura District, Sri Lanka

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Background: Menstrual health is an important component of women's well-being. Female garment workers, as a skilled workforce, face challenges in managing menstruation due to demanding work schedules and workplace conditions. Understanding menstrual health-related practices is essential for identifying behavioural gaps and informing workplace health strategies.

Objective: To assess menstrual health-related practices among female garment factory workers in a selected garment factory in Anuradhapura District, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted in a selected mid-scale garment factory in Anuradhapura District. All eligible workers were included using total population sampling. Data were collected using a pre-tested, structured, self-administered questionnaire. Data were analysed using descriptive statistics.

Results: Among 75 participants, 30 (40.0%) were aged 17–24 years, 54 (72.0%) had completed secondary education, 51 (68.0%) were married, and 57 (76.0%) reported a monthly income of LKR 25,000–49,999. All participants used disposable sanitary pads at home and work. Changing pads every 1–4 hours was reported by 51 (68.0%) at home and 40 (53.3%) at work, while safe disposal was reported by 53 (70.7%) and 26 (34.7%), respectively. Handwashing during pad changing was reported by 71 (94.7%) at home and 61 (81.3%) at work, while soap use during genital cleaning was reported by 56 (74.7%) and 31 (41.3%), respectively. For pain management, rest (39, 52.0%) and increased water intake (32, 42.7%) were common at home, while increased water intake (37, 49.3%) and resting during breaks (24, 32.0%) were common at work. Pain medication was used by 27 (36.0%), mainly paracetamol (22, 29.3%); only 2 (2.7%) reported doctor-recommended medication, and 12 (16.0%) demonstrated appropriate awareness of its use.

Conclusion: Important gaps were identified in menstrual health-related practices in the workplace, particularly discarding, menstrual hygiene, and pain management. Workplace-based health promotion interventions addressing self-care practices and supportive workplace conditions are warranted.

Keywords: Female garment factory workers, Menstrual health, Menstrual-related practices

OP 15

Books and jobs: Part-time employment, associated factors, and academic impact among medical students

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Background: Medical education in Sri Lanka is highly demanding, and financial difficulties with rising living costs may lead medical students to engage in part-time employment (PTE). Balancing work with academic and clinical responsibilities may affect academic performance and well-being. However, limited evidence exists regarding PTE practices and their academic implications among Sri Lankan medical undergraduates.

Objective: To determine the prevalence, patterns, associated factors, and academic impact of PTE among students at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among first- to fourth-year students at FMAS, RUSL. Data were collected using a self-administered online questionnaire. Associations were analysed using the chi-square test, with $p < 0.05$ considered statistically significant.

Results: A total of 835 students were invited to participate, and 768 responded (response rate: 91.9%). Among them, 436 (56.7%) were female. Among respondents, 304 (39.5%) reported engaging in PTE at least once during medical training, while 435 (56.5%) had never engaged and 31 (4.0%) were planning to engage in PTE. Doing tuition was the most common type of PTE, reported by 156 students (51.5%), while some engaged in freelancing (1.7%), pharmacy work (2.6%), social media-related jobs (1.0%), and combinations of multiple jobs (17.2%). A proportion of students did not disclose the employment type (25.7%). A significant association was observed between PTE and missing academic activities ($\chi^2=8.629$, $p=0.013$), while low family income was significantly associated with involvement in PTE ($\chi^2=11.079$, $p=0.026$). There was no significant association between PTE and 2nd MBBS performance ($\chi^2=2.2$, $p=0.136$), whereas a significant association was observed with poorer performance at the 3rd MBBS examination ($\chi^2=7.3$, $p=0.003$).

Conclusions: PTE was common among medical students and was associated with low family income, missing academic activities, and poorer performance at the 3rd MBBS examination. This suggests greater academic interference during the latter part of undergraduate training, highlighting challenges faced by working medical students.

Keywords: Part-time jobs, Medical students, Academic performance

OP 16

Student-identified strategies for reducing harmful academic stress during final-year medical training

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Background: Harmful academic stress may arise from modifiable features of the curriculum and learning environment. Students' perspectives are essential when designing contextually appropriate interventions for final-year medical training.

Objective: To describe final-year medical students' experiences of academic stress and their recommendations for reducing harmful stress.

Methods: A cross-sectional study involving a census of 148 final-year medical students at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, used a self-administered questionnaire containing open-ended questions. Responses were analysed using descriptive content analysis and grouped into non-mutually exclusive themes, which were summarised using frequencies and percentages.

Results: Participants were predominantly female (105/148; 70.9%), with a median age of 27 years (range: 25–30; n=147). Of the 93 students who answered the stress-reduction question, 87 provided interpretable suggestions. The two leading recommendations were earlier curriculum completion and lectures (35/93; 37.6%) and protected study time, adequate leave, rest and better examination spacing (35/93; 37.6%). Other priorities were reducing unnecessary clinical workload and ward hours (28/93; 30.1%), providing structured schedules, objectives, guidance and feedback (22/93; 23.7%), and strengthening examination-focused teaching and preparation (21/93; 22.6%). Supportive and respectful teaching or mentoring was recommended by 17/93 students (18.3%). Among 56 students who described personal experiences, 26 (46.4%) reported emotional distress, anxiety, fear or negative mood; 12 (21.4%) reported reduced concentration or perceived academic performance; and 12 (21.4%) described positive motivation or personal growth.

Conclusion: Students prioritised structural and educational changes over support alone. Earlier curriculum completion, protected study time, manageable clinical workloads, clear examination guidance and respectful supervision should be combined with confidential psychological support to reduce harmful stress.

Keywords: Academic stress, Curriculum planning, Student well-being

OP 17

Exploring job satisfaction and its determinants among nursing officers in selected government hospitals of the North Central Province

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Background: Evidence on job satisfaction among nursing officers in Sri Lanka remains limited, particularly in relation to factors influencing workplace satisfaction. Understanding these factors is important for improving staff wellbeing and the quality of healthcare service delivery.

Objective: To determine the level of job satisfaction and its determinants among nursing officers in secondary and tertiary curative care institutions of the government sector in the North Central Province (NCP).

Methods: A cross-sectional study with an analytical component was conducted among 13 secondary and tertiary curative care institutions in the NCP. All male and female nursing officers working in Medical, Surgical, Paediatric and Gynaecological and Obstetrics wards in the selected hospitals were invited to complete a pre-tested self-administered questionnaire (in all three languages). Data were analysed using SPSS 23.0. We categorised job satisfaction based on the median total score of the sample as the cutoff. A binary logistic regression analysis was performed to identify factors independently associated with job satisfaction, with variables demonstrating statistical significance at $p<0.05$ in the bivariate analysis entered into the model.

Results: Of the 534 eligible nursing officers, 250 (46.8%) completed the questionnaire. The majority were females (n=241, 96.4%). The mean (SD) age was 37.2 (8.1) years. The job satisfaction score ranged from 36 to 120, with a mean (SD) of 76.28 (14.3) of 76.28 (14.3) of 75 (19), respectively. Nursing officers who perceived workplace safety as adequate (AOR=2.8,
95% CI: 1.4–5.7; p=0.004) and were satisfied with overtime payment (AOR=2.3, 95% CI: 1.2– 4.4; p=0.008) were more likely to have high job satisfaction compared to their counterparts. Nursing officers with a longer commuting distance (AOR=0.4, 95% CI: 0.2–0.8; p=0.009) were less likely to have high job satisfaction.

Conclusion: Job satisfaction among nursing officers was significantly associated with multiple workplace, organisational, and psychosocial factors, suggesting the need for strengthening supportive workplace environments.

Keywords: Job satisfaction, Nursing officers, Curative care

OP 18

Situation of body image concern among adolescents in an educational setting

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Background: Body image concerns (BIC) among adolescents are a growing global public health challenge. Puberty-related changes, media exposure, peer comments, and beauty norms contribute to BIC among adolescents, and it is known to increase the risk of negative health outcomes, including disordered eating, low self-esteem, and academic impairment. Most studies originate from high-income settings, and the limited Sri Lankan evidence is inconsistent. This creates a gap in understanding how sociocultural expectations uniquely influence Sri Lankan adolescents.

Objective: To identify the existing situation of BIC among students at Central College, Anuradhapura.

Methods: A school-based cross-sectional assessment was conducted among Grade 11 students at Central College, Anuradhapura (N=456). Two Grade 11 classes were selected using convenience sampling due to logistical constraints, resulting in a sample of 90 students. A pretested, self-administered questionnaire in Sinhala was used to collect data. Data were analysed using IBM SPSS Statistics 27, and chi-square tests of independence were used to assess associations.

Results: The response rate was 90% (n=81). Overall, 60.5% of participants were dissatisfied with their body image. 56.8% of students reported a desire to change their appearance. Female participants demonstrated slightly higher dissatisfaction than males, but the association was not statistically significant χ^2 (1, n=81) = 0.202, p=0.655. The highest levels of dissatisfaction were reported for the chest/breasts (74.1%), thighs (69.1%), arms (66.7%), and abdomen (64.2%). A higher proportion of female students desired to be thinner (42.9% vs 28.9%), while a higher proportion of male students desired to be fatter (47.4% vs 20.9%).

Conclusion: Findings revealed that more than half of students in the sample were not satisfied with their body image, and this did not differ significantly by gender. However, there was slightly higher dissatisfaction among females. However, these findings are limited to two classes in one school and cannot be generalised. Therefore, future research should involve larger and more diverse samples.

Keywords: Adolescents, Body Image Concern, Dissatisfaction

Surgical and Chronic Diseases

OP 19

Timeliness of prophylactic intravenous antibiotic administration in open fractures at a tertiary referral centre in sri lanka: A clinical audit against BOAST guidelines.

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Background: Open fractures are surgical emergencies requiring rapid systemic prophylactic antibiotics to prevent osteomyelitis and nonunion. The British Orthopaedic Association Standards for Trauma (BOAST) guidelines recommend administering intravenous (IV) antibiotics within 1 hour of injury.

Objectives: To evaluate compliance with the BOAST guidelines of administering intravenous prophylactic antibiotics within 1 hour of injury to patients with open fractures at Teaching Hospital Kurunegala and to identify operational bottlenecks within the pre-hospital and in-hospital workflow that led to treatment delays.

Methods: A prospective clinical audit was conducted at the Accident and Emergency (A&E) Department over two months (June–July 2026). Data parameters included demographics, anatomical site, Gustilo-Anderson classification, and timestamps for injury, A&E admission, and initial IV antibiotic administration. Compliance was assessed against the BOAST standard (≤ 1-hour post-injury) and an in-hospital threshold (≤ 1-hour post-A&E admission).

Results: Nineteen patients were evaluated (mean age:36.6 ± 17.1 years; range: 13–63). Severity distribution: Gustilo Type I (n=3, 15.8%), Type II (n=8, 42.1%), Type IIIA (n=6, 31.6%), and Type IIIB (n=2, 10.5%). Median time from injury to A&E admission was 60.0 minutes (IQR: 30.0–95.0), and from A&E admission to IV antibiotic delivery was 53.0 minutes (IQR: 28.0–102.5). Total median time from injury to antibiotic delivery was 120.0 minutes (IQR: 70.0– 207.5). Compliance with the BOAST target was achieved in 3 patients (15.8%), whereas in-hospital compliance was achieved in 12 patients (63.2%). Post-injury BOAST compliance was highest in Type IIIB (50.0%) and IIIA (33.3%) fractures, while zero patients with Type I or II achieved this target.

Conclusions: Compliance with the BOAST 1-hour post-injury guideline is low, primarily due to pre-hospital transit delays and reliance on radiological confirmation before IV antibiotic administration. Implementing A&E fast-track protocols and empowering primary care providers to initiate pre-transfer IV antibiotics are key to improving care.

Keywords: BOAST guidelines, Open fractures, Prophylactic antibiotics.

OP 20

Validation of the Alvarado scoring system for diagnosing acute appendicitis in adult surgical patients undergoing appendicectomy

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Background: Acute appendicitis is a common surgical emergency requiring prompt diagnosis. The Alvarado score is widely used for clinical assessment, but its diagnostic accuracy in local clinical settings requires evaluation.

Objective: To determine the diagnostic accuracy of the Alvarado score in detecting acute appendicitis among patients undergoing appendicectomy in the surgical wards of Teaching Hospital Anuradhapura and Kurunegala.

Methods: A cross-sectional validation study was conducted using secondary data extracted from Bed Head Tickets and histopathology reports of adult patients who underwent appendicectomy from May to September 2025. Consecutive sampling was applied. Sociodemographic data, clinical features, laboratory findings, and Alvarado scores were collected using a structured extraction sheet. Histopathology was used as the reference standard. Sensitivity, specificity, positive and negative predictive values (PPV, NPV) were calculated with 95% confidence intervals.

Results: Data from 92 patients were analysed, of whom 47 (51.1%) were male. The mean (SD) age was 34.2 (15.0) years. Histological evidence of appendicitis was present in 76 patients (82.6%). At an Alvarado score cut-off of 7, sensitivity was 71.0% (59.5-80.9), specificity 56.2% (29.9-80.2), PPV 88.5% (91.3-93.2), and NPV 29.0% (18.9-41.7). At a cut-off of 5, sensitivity increased to 94.7% (87.1-98.6) while specificity decreased to 31.2% (11.0-58.7); PPV and NPV were 86.7% (82.4-90.1) and 55.6% (27.4-80.6), respectively.

Conclusion: At a lower cut-off, the Alvarado score showed high sensitivity but limited specificity, identifying most suspected cases. A higher cut-off improved specificity, reducing false positives, but decreased sensitivity. Histopathology remains essential for definitive diagnosis.

Keywords: Accuracy, Alvarado, Appendicitis

OP 21

Zero chylothorax and zero gastric conduit necrosis after Mckeown minimally invasive esophagectomy: Surgical technique and outcomes in 30 consecutive cases

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Background: Chylothorax and gastric conduit necrosis are among the most devastating complications of McKeown minimally invasive esophagectomy (MIE). Extensive mediastinal lymphadenectomy places the thoracic duct at risk, with reported chylothorax rates of 2–9%. At the same time, the conduit tip, which must reach the neck for cervical anastomosis, has reduced perfusion and is vulnerable to necrosis. We reviewed our consecutive cases to determine the incidence of both complications and the preventive techniques used.

Objective: Primary outcomes were the incidence of post-operative chylothorax, gastric conduit necrosis and 30-day mortality. Secondary outcomes were anastomotic leakage, duration of thoracic drainage, R0 resection, lymph node yield and hospital stay.

Methods: Between January 2024 and August 2026, 30 patients with resectable oesophageal or gastroesophageal junction malignancy underwent thoraco-laparoscopic McKeown MIE at a tertiary-care institution. Thoracic duct anatomy was identified during thoracoscopic mobilisation, and the duct was managed by low mass ligation or selective clipping according to intra-operative findings. The stomach was mobilised laparoscopically, preserving the right gastroepiploic arcade, and a 3-4 cm wide conduit was stapled and passed atraumatically through the posterior mediastinum for cervical anastomosis.

Results: All 30 procedures were completed without conversion to thoracotomy. The mean age was 62.1±10.9 years, and 56% were adenocarcinoma. There was no chylothorax (0/30) and no conduit necrosis, ischemia requiring re-exploration, or conduit revision. No patient required intervention or nutritional therapy for chyle leakage. Mean thoracic drainage duration was 4 days. Cervical anastomotic leakage occurred in 15%, all managed conservatively. R0 resection was achieved in 96%, with a mean lymph node yield of 20. Median hospital stay was 14 days, and 30-day mortality was 6.7% (2/30).

Conclusion: Systematic thoracic duct identification with proactive ligation or clipping, combined with perfusion-preserving conduit construction and atraumatic delivery, achieved zero chylothorax and zero conduit necrosis without compromising oncological adequacy. Larger prospective series are needed for validation.

Key words: Esophagectomy, Chylothorax, Necrosis

OP 22

Peritoneal dialysis catheter insertion and outcomes in children: A 14-year single-centre audit against ISPD benchmarks

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Background: Peritoneal dialysis (PD) success depends on timely placement of a safe, functional, durable catheter; catheter complications remain a leading cause of technique failure. Paediatric evidence is limited, and practice is often extrapolated from International Society for Peritoneal Dialysis (ISPD) guidelines based largely on adult data.

Objectives: To describe the clinical profile, insertion techniques, complications and outcomes of children undergoing PD catheter insertion at a single centre, and to benchmark outcomes against ISPD key performance indicators.

Methods: A retrospective audit was conducted of all children undergoing PD catheter insertion over 14 years. Demographics, underlying diagnosis, insertion technique, and infectious/mechanical complications were reviewed and compared against ISPD-recommended benchmarks for catheter patency, infection and procedural complications.

Results: Thirteen children were included (male 84%; <5 years n=4, 5–10 years n=4, >10 years n=5). Structural anomalies were the most common diagnosis (53%). Advanced laparoscopic insertion with omentectomy was used in 92% (12/13) and open insertion in 8% (1/13). Twelve-month catheter patency was 69% overall (laparoscopic 67%, open 100%), below the ISPD benchmark of 95% (advanced laparoscopic)/80% (other methods). Exit-site/tunnel infection within 30 days was 0%, with no visceral injury or significant haemorrhage, both within ISPD targets. Peritonitis and pericatheter leaks within 30 days each occurred in 15% of patients, exceeding the ISPD benchmark of <5%, with leaks associated with early/urgent PD initiation. Concurrent gastrostomy tubes were present in three patients; one developed culture-negative peritonitis, and one had gastric perforation when placed simultaneously with the PD catheter.

Conclusion: Infection-prevention and procedural safety outcomes met or exceeded ISPD benchmarks, but 12-month catheter patency fell short and early peritonitis/leak rates exceeded targets, particularly with urgent PD starts. These findings support adherence to recommended break-in periods, cautious management of concurrent gastrostomy tubes, and regular audit against international standards to guide quality improvement in paediatric PD access.

Keywords: *CAKUT, ISPD,* Peritoneal dialysis

OP 23

Diagnostic performance of selected non-invasive indices for detecting hepatic steatosis in sri lankan adults: A community-based cross-sectional study

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Background: Limited availability and cost of imaging may limit the early detection of hepatic steatosis (HS), particularly in resource-limited settings.

Objective: This study evaluated the diagnostic performance of selected non-invasive indices (NIIs) for detecting HS in Sri Lankan adults.

Methods: A total of 475 adults were selected through proportionate sampling from 22 Divisional Secretariats in the Anuradhapura District, Sri Lanka. Anthropometric, clinical, biochemical, and ultrasonographic data were collected to calculate Fatty Liver Index (FLI), Framingham SteatoIndex (FSI), Hepatic Steato-Index (HSI), Lipid Accumulation Product (LAP), Visceral Adiposity Index (VAI), NAFLD-Liver Fat Score (NAFLD-LFS), Triglyceride–Glucose Index (TyGI), and Zhejiang University Index (ZJUI). Diagnostic performance was assessed using receiver operating characteristic (ROC) analysis, sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV), with Youden index-derived optimal cut-offs using ultrasonography as the reference.

Results: The mean age of participants was 46.6 (SD 11.7) years, and 62.7%(n=298) were females. Ultrasonography identified HS in 343(72.2%). All NIIs were significantly higher in participants with HS. ROC analysis demonstrated acceptable-to-good discriminative ability, with AUROC values ranging from 0.69 to 0.81. The highest AUROCs were obtained for FSI (0.81), HSI (0.8), and FLI (0.8). Cut-off values calculated for VAI, TyGI, LAP, HSI, FLI, FSI, NAFDL-LFS, and ZJUI were 1.3, 4.6, 25.2, 32.9, 16.8, 7.6, -1.6, and 35.4, respectively. All these cutoff values were lower than those used in the Western region. Sensitivity and specificity ranged from 70- 80% and 60%80%, respectively. The highest sensitivity (0.8) was observed for LAP, FLI, and FSI, whereas HSI, FSI, and ZJUI demonstrated the highest specificity (0.8). PPV and NPV ranged from 80.3- 90% and 44.6- 62.4%, with the ZJUI and FLI demonstrating the highest PPV and NPV, respectively.

Conclusion: FLI, FSI, HSI, and the ZJUI demonstrated good-to-excellent diagnostic performance for HS. Lower population-specific cut-offs highlight the need for local validation and support NIIs as accessible screening tools where imaging is limited.

Keywords: Non-invasive indices, Sri Lanka, Steatotic liver disease

OP 24

Prevalence and associated factors of cognitive impairment among chronic kidney disease patients attending Teaching Hospital Anuradhapura

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Background: Cognitive impairment is a recognised problem among patients with chronic kidney disease (CKD) and may affect treatment adherence, self-care and quality of life. However, there is limited local information on cognitive impairment among CKD patients in Sri Lanka.

Objective: To determine the prevalence and factors associated with cognitive impairment among CKD patients attending Teaching Hospital Anuradhapura.

Methods: A hospital-based descriptive cross-sectional study was conducted among 110 adult CKD patients attending Teaching Hospital Anuradhapura. Socio-demographic, clinical and biochemical information was collected using an interviewer-administered questionnaire and clinical records. Cognitive function was assessed using the Montreal Cognitive Assessment (MoCA), with a score <26 considered indicative of cognitive impairment.

Results: The median age of participants was 64 years (IQR 54–70), and 77 (70.0%) were males. More advanced CKD stages were associated with lower MoCA scores (r=−0.289, p=0.002). Educational level was significantly associated with MoCA scores (p<0.001), while higher eGFR showed a positive correlation (r=0.277, p=0.003). No significant associations were found with occupation (p=0.076), sex (p=0.570), duration of CKD (p=0.446), diabetes (p=0.288), hypertension (p=0.713) or haemoglobin (p=0.103). There was also no significant difference in MoCA scores between patients undergoing haemodialysis and those who are medically managed. (18±6 vs 18±5, p=0.652)

Conclusions: Cognitive impairment was highly prevalent (90.9%) among CKD patients in this study. Older age, lower educational attainment, lower eGFR and advanced CKD stage were associated with poorer cognitive performance. These findings highlight the value of considering routine cognitive assessment, particularly in patients with advanced CKD and lower educational attainment.

Keywords: Chronic kidney disease, Cognitive dysfunction, Cognitive assessment

OP 25

Awareness and practices of diabetic foot care among patients with type 2 diabetes mellitus attending the endocrine clinic at Teaching Hospital Anuradhapura

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Background: Diabetic foot complications are a major cause of morbidity and may result in ulcers, infections and lower limb amputations. Many complications are preventable through early risk identification and appropriate foot care practices. However, data on diabetic foot care awareness and practices in regional Sri Lankan settings such as Anuradhapura are limited.

Objective: To assess awareness and evaluate foot care practices among patients with type 2 diabetes mellitus attending the endocrine clinic at Teaching Hospital Anuradhapura.

Methods: A descriptive cross-sectional study was conducted among 190 patients with type 2 diabetes mellitus; participants were recruited using consecutive sampling. Data were collected using a pretested interviewer-administered questionnaire. Awareness was categorised according to Bloom's cut-off points as good (≥80%), moderate (60–79%) and poor (<60%). Data were analysed using descriptive statistics and Chi-square tests.

Results: The mean age was 53.1 ± 13.4 years and 70.0% were female. The mean duration of diabetes was 9.2 ± 7.6 years. Established diabetic foot disease was present in 6.3%, while 14.7% had moderate-risk features. Daily foot washing and drying between toes were reported by 95.3% and 82.6%, respectively. Daily foot self-examination was performed by 42.1%, while 50.0% tested water temperature and 42.6% avoided walking barefoot. Unsuitable footwear was used by 84.7%, while 3.7% used specialised diabetic footwear. Good, moderate and poor awareness were observed in 14.2%, 62.6% and 23.2%, respectively. Longer duration of diabetes, smoking, ulcers or calluses, and peripheral vascular disease were significantly associated with diabetic foot status (p<0.05).

Conclusion: Most participants had moderate awareness, with substantial gaps in recommended foot-care practices. Targeted patient education and structured foot-care programmes are recommended to improve preventive practices and reduce diabetic foot complications.

Keywords: Awareness, Diabetic foot, Foot care practices

OP 26

Lived experiences of women diagnosed with systemic lupus erythematosus (SLE): A qualitative study in a tertiary care hospital in North Central Province of Sri Lanka

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Background: Systemic Lupus Erythematosus (SLE) is a multi-system autoimmune disease predominantly affecting young women. It significantly impairs physical, psychological, and social well-being, leading to a diminished quality of life. While higher disease activity is linked to poorer outcomes, the personal impact remains under-explored.

Objective: To explore the lived experiences of women with SLE who are managed and followed up at a tertiary care hospital in North-Central Province of Sri Lanka.

Method: A qualitative study with a phenomenological design was conducted among fifteen women living with an SLE diagnosis for a minimum of six months. Participants were recruited using purposive sampling from the Teaching Hospital, Anuradhapura until theoretical saturation was achieved. Data collection was done through in-depth interviews, which were transcribed verbatim, translated into English and analysed using a thematic approach.

Results: Five major domains comprising twenty themes were identified, including physicality, socioeconomic impact, psychological and emotional impact, healthcare journey, and coping and support systems. Physicality includes symptoms, treatment-related side effects and overall physical burden. The socioeconomic domain reflects limitations on daily activities, education, occupation, marital life and economic impact. The psychological and emotional domain captures emotional burden, including fear, anxiety, isolation and stigma. The healthcare journey highlights experiences and barriers in accessing and utilising healthcare facilities. Coping and support systems detail the role of social support and spiritual practices in the lives of these women.

Conclusion: The findings reveal interconnected challenges across different domains. A comprehensive, patient-centred approach addressing psychological, socioeconomic and healthcare-related needs alongside clinical management is essential to improve the lived experiences of women with SLE.

Keywords: Lived experiences of women, SLE, Systemic lupus erythematosus

Poster Presentations

Tropical Medicine and Infections

PP 01

Intangible costs of leptospirosis: A qualitative study among clinically diagnosed leptospirosis patients admitted to Teaching Hospital, Anuradhapura, Sri Lanka

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Background: Leptospirosis imposes a substantial health and economic burden, particularly in tropical and resource-limited countries, including Sri Lanka. However, evidence on the intangible costs of leptospirosis remains limited.

Objective: To explore the intangible costs of leptospirosis from the perspectives of clinically diagnosed patients.

Methods: A qualitative study was conducted among clinically diagnosed leptospirosis patients admitted to Teaching Hospital Anuradhapura, Sri Lanka. Participants were selected using purposive sampling. After discharge, in-depth interviews were conducted at participants' residences or at the nearest Medical Officer of Health office using an interview guide. The interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis.

Results: Ten patients were interviewed, aged 27 - 66 years; three were female and seven were male. Most participants were engaged in farming. Preliminary analysis generated six themes describing the intangible costs of leptospirosis: 1) psychological and emotional distress; 2) acute illness symptoms; 3) procedural discomfort; 4) persistent post-illness effects and fears; 5) disruption of family and social roles; and 6) negative interactions with healthcare workers. Fear at diagnosis, loneliness during hospitalization, and distress caused by lost livelihood contributed to psychological and emotional distress. Acute illness symptoms included myalgia, headache, debilitating weakness and gastrointestinal symptoms. Venipuncture, intravenous cannulation, and dialysis were reported as sources of procedural discomfort. Participants also reported persistent post-illness effects and fears including fatigue, reduced occupational capacity, occasional cognitive difficulties, and fear of recurrence. Changes in caregiving responsibilities and restricted social participation disrupted family and social roles. Negative interactions with healthcare workers included scolding and harsh remarks.

Conclusion: These preliminary findings suggest that leptospirosis imposes substantial intangible costs, negatively affecting patients' psychological well-being, functional capacity, social roles, and experiences of care. They underscore the need for holistic, patient-centered care, including improved communication by healthcare staff and targeted psychosocial and occupational support for affected individuals and their families.

Keywords: Intangible cost, Leptospirosis, Sri Lanka, Zoonotic diseases

PP 02

Study protocol: An investigation of pathogenic *Leptospira* urine shedding, isolation, genomic characterization, and cattle - human serological relationships in Anuradhapura District, Sri Lanka

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Background: Leptospirosis is an important zoonotic disease caused by pathogenic *Leptospira* species. Chronically infected cattle may act as maintenance hosts, shedding leptospires in urine and contributing to environmental contamination and disease transmission. In Sri Lanka, the occurrence of pathogenic *Leptospira* urine shedding in cattle poorly investigated. This study aims to investigate urinary shedding of pathogenic *Leptospira* among dairy cattle in Anuradhapura District, isolate and genomically characterize circulating strains, and examine cattle-human serological relationships to better understand transmission dynamics.

Objective: To determine the occurrence of pathogenic Leptospira urine shedding and genomic diversity in cattle in Anuradhapura District, characterize cattle isolates through genome sequencing and comparison with published Sri Lankan human and environmental strains, and compare cattle and human serological evidence of exposure to evaluate the role of cattle in transmission.

Methods and Analysis: A cross-sectional study with repeated urine sampling will be conducted among cattle in randomly selected Grama Niladhari divisions of Anuradhapura District, Sri Lanka. Smallholder dairy cattle from farms with free grazing and access to paddy fields or surface-water sources will be enrolled. Three urine samples within 14 days and one blood sample will be collected from selected cattle; blood samples will also be collected from consenting adults with regular cattle contact. Cattle management practices, environmental exposures, rodent/wild animals contact, and human exposure data will be collected using a structured questionnaire. Urine will be processed by filtration for real-time PCR detection of pathogenic *Leptospira* and parallel culture in EMJH media. Cattle and human sera will be tested by Microscopic Agglutination Test using 11-serovar panel. Recovered isolates will undergo genomic characterization (WGS/MLST) and phylogenetic comparison with published Sri Lankan human, animal, and environmental Leptospira genomes. Mixed-effects logistic regression will assess shedding and exposure-associated factors.

Keywords: *Leptospira*, Cattle, Genomic characterization

PP 03

Awareness, preventive practices, and barriers to leptospirosis prevention among farmers in the Jaffna District: A qualitative study

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Background: Leptospirosis is a bacterial disease transmitted through water and soil contaminated with infected animal urine, with farmers at increased occupational risk. Evidence on farmers' awareness and preventive practices remains limited, highlighting an important gap for leptospirosis prevention.

Objective: To explore farmers' awareness, preventive practices, and barriers related to leptospirosis prevention in Jaffna, Sri Lanka.

Methods: A qualitative study was conducted among purposively selected farmers in three Medical Officer of Health areas in Jaffna, a farming-dependent community that reported a high incidence of leptospirosis in 2022. In-depth interviews and focus group discussions were conducted from February to September 2025. Data were analyzed thematically using NVivo software.

Results: This study included thirty in-depth interviews and three focus groups with 38 males and 16 females aged 27 to 83 years. Six overarching themes were identified: farmers' understanding of leptospirosis; perceived susceptibility related to disease; prevention and healthcare-seeking behaviours; health beliefs and misconceptions; barriers to prevention and timely care; and suggestions for improving awareness and prevention. Farmers identified several environmental and occupational risk factors for leptospirosis but had limited knowledge of symptoms and chemoprophylaxis. Perceived personal susceptibility to acquiring leptospirosis was generally low, while they acknowledged environmental and occupational susceptibility despite frequent occupational exposure. Preventive behavior focused mainly on post-farming hygiene, and they commonly preferred private health care for treatment. Some had misconceptions related to transmission and social stigma associated with the disease. Key barriers to timely care and prevention included reliance on home remedies, occupational demands, and inadequate training in using personal protective equipment. Farmers emphasized the need for community health education.

Conclusion: The findings highlight gaps in leptospirosis awareness, misconceptions, contextual barriers, and limitations in preventive practices that may delay effective prevention and timely healthcare-seeking among farmers.

Keywords: Awareness, Farmers, Leptospirosis, Healthcare-seeking, Sri Lanka

PP 04

CKDu cases reported at the Medawachchiya Nephrology Clinic before and after the introduction of reverse osmosis drinking water, and changes in community water consumption habits

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Background: Chronic kidney disease of unknown aetiology (CKDu) is a major public health concern in North Central Province, Sri Lanka. Concerns about groundwater quality have prompted the introduction of reverse osmosis (RO) drinking-water projects in CKDu-affected communities.

Objective: To describe changes in newly reported CKDu cases at the Medawachchiya Nephrology Clinic before and after the introduction of RO water projects, and to examine community drinking-water practices.

Methods: Clinic records were reviewed to describe newly reported CKDu cases from 2009 to 2024. A cross-sectional community survey was also conducted in five randomly selected villages to assess drinking-water practices.

Results: Newly reported CKDu cases, annually, at the Medawachchiya Nephrology Clinic increased from 199 in 2009 to 332 in 2015, followed by a decline to 51 in 2020 and 26 in 2024. The comparative cross-sectional study included 163 participants, with 8 CKDu patients. Among non-CKDu individuals, 97.4% (n = 151) had adopted RO water, primarily due to positive perceptions of its quality. Statistical analysis showed a significant association between the shift for consuming RO water and positive attitudes towards the water quality ($p < 0.01$; OR = 1.125; 95% CI = 1.002–1.263). There were no incorrectly diagnosed CKD patients as CKDu. Total of 2697 CKDu patients were reported from 2009 – 2024.

Conclusion: Newly reported CKDu cases at the Medawachchiya Nephrology Clinic declined substantially between 2015 and 2024, during the period when RO water projects were introduced. RO water use was also common among surveyed residents. The observational findings do not establish that RO water provision caused the decline.

Keywords: CKDu, RO water, Water consumption habits

PP 05

Disseminated *Klebsiella* infection presenting as diabetic ketoacidosis: A case report

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Background: Diabetes is a well-known risk factor for the development of *Klebsiella pneumoniae* liver abscess. Diabetic ketoacidosis is a severe, life-threatening complication. Although infections are well-established precipitants of diabetic ketoacidosis (DKA), uncommon infectious sources such as pyogenic liver abscesses may also serve as the underlying trigger.

Case summary: A 40-year-old known diabetic presented to the emergency department with a three-day history of fever associated with altered mentation. On admission, the patient was tachycardic and GCS was 12/15. His capillary blood sugar level was 483 mg/dL with positive urine ketone bodies, ECG revealed an SVT and venous blood gas showed a high anion gap metabolic acidosis. SVT was treated with cardioversion since he was not responding to adenosine boluses. Even though the SVT reverted, the patient's tachycardia persisted and ultimately, he developed respiratory arrest, following which he was resuscitated, intubated and handed over for ICU care. During the ICU stay he was managed with soluble insulin infusion as per DKA management guidelines and was investigated for septic foci. He had already been started on intravenous ceftriaxone empirically and was further investigated, during which multiple pyogenic liver abscesses were found on ultrasound abdomen. The abscesses were aspirated, and the aspirate culture was positive for Klebsiella pneumoniae. Since the GCS remained low, a non-contrast CT brain was planned and revealed multiple cerebral microabscesses. With continuation of intravenous antibiotics, the patient's GCS returned to normal, optimal blood glucose levels were achieved with insulin infusion and urine ketones cleared. He was extubated and transferred back to the medical ward after seven days of ICU stay.

Conclusion: In patients presenting with DKA and suspected infection or sepsis without an obvious source, less common foci such as liver abscesses should be considered, and thorough septic screening may aid timely localization and targeted antimicrobial therapy.

Keywords: Diabetic ketoacidosis, *Klebsiella pneumoniae*, Pyogenic liver abscess

PP 06

Profound coma with hypercapnic respiratory failure in a young woman: Emamectin benzoate self-poisoning masquerading as acute meningoencephalitis

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Background: Emamectin benzoate is an avermectin-class macrocyclic lactone insecticide that is widely marketed as being of low mammalian toxicity. Human poisoning is uncommon so the compound is rarely considered at the bedside. We describe female presented in profound coma with severe acute hypercapnic respiratory acidosis following Emamectin poisoning.

Case summary: A 19-year-old previously healthy woman was admitted to the local hospital complaining of drowsiness and headache for 6-hour duration. At the referring hospital she had a Glasgow Coma Scale (GCS) score of 9/15 with stable cardiovascular parameters. She was transferred to CNTH-Ragama following deteriorating level of consciousness. On arrival to CNTH, her GCS was 5/15 (E1V1M3) with shallow respiration. VBG analysis showed pH 7.10, pCO_2 78 mmHg and bicarbonate 23.7 mmol/L — an essentially uncompensated acute respiratory acidosis for which she was intubated and transferred to ICU. Her NCCT brain was normal, urine toxicology screen was negative and no significant derangement in biochemical investigations. Poisoning was suspected but Empirical intravenous antimicrobials were commenced for possible central nervous system infection. 24 hours into ICU stay while receiving ventilatory support, her acidosis improved. She was extubated on day 3 with complete neurological recovery, and only then disclosed deliberate ingestion of Emamectin benzoate. Antimicrobials were stopped and she was referred for psychiatric assessment.

Conclusion: Patients with abrupt-onset coma, a normal CT brain, no fever, no other red flag signs but the blood gas showing isolated hypercapnia, the possibility of central respiratory depression from a toxic cause should be readily entertained. Standard urine drug immunoassay panels do not detect agricultural pesticides, and a negative result carries no exclusionary value. Emamectin benzoate poisoning has no antidote; with early airway control and supportive care, full neurological recovery is achievable despite of low GCS values on presentation.

Keywords: Emamectin benzoate; Avermectin; Hypercapnic respiratory failure; Coma; Sri Lanka

PP 07

Refractory anaphylaxis complicated by suspected type I Kounis syndrome

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Background: Anaphylaxis is a severe systemic hypersensitivity reaction and failure to initial management leads to refractory anaphylaxis requiring intravenous adrenaline infusion. Cardiac involvement during anaphylaxis should consider the evaluation of Kounis syndrome which is an allergy-mediated acute coronary syndrome

Case summary: An 18-year-old woman with multiple food allergies and recurrent anaphylaxis presented with generalized urticaria, dyspnoea, abdominal pain, vomiting, chest pain and hypotension. She received immediate intramuscular adrenaline and intravenous crystalloid resuscitation. Persistent shock despite two intramuscular adrenaline doses required escalation to an intravenous adrenaline infusion. She subsequently developed profound hypoxaemia, bilateral crepitations and bilateral B-lines on point-of-care lung ultrasonography, which was consistent with acute pulmonary oedema, Severe type I respiratory failure warranted the need for emergency intubation and invasive ventilation. Electrocardiography demonstrated ST-segment depression in the inferior and anterolateral leads, with rising troponin I and mild apical-anterolateral hypokinesia on echocardiography. With supportive intensive care, the ECG normalized and follow-up echocardiography showed complete resolution of the regional wall-motion abnormality. She was extubated the following day and made a full clinical recovery.

Conclusion: Refractory anaphylaxis may be complicated by an acute coronary event. Chest pain with elevated troponin, transient ECG changes with regional wall-motion abnormalities during anaphylaxis should raise the suspicion of Kounis syndrome. Prompt escalation of anaphylaxis treatment, together with vigilant critical care cardiopulmonary monitoring, is important in managing potentially reversible complications.

Keywords: Anaphylaxis, Kounis syndrome, Myocardial Injury

Public Health

PP 08

Factors influencing smokeless tobacco use among manual cleaning workers in a workplace setting

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Background: Smokeless tobacco (SLT) use is associated with substantial health risks and may be reinforced by social practices in manual occupations. Understanding workplace-related influences can inform tobacco prevention activities.

Objective: To identify factors influencing SLT use among manual cleaning workers at Rajarata University of Sri Lanka.

Methods: A survey was conducted as part of a quasi-experimental study among available manual cleaning workers at Rajarata University of Sri Lanka. Consenting workers completed an anonymous interviewer-administered questionnaire. Frequencies and proportions were calculated.

Results: Ninety-three manual cleaning workers aged 21 to 70 years participated. Betel quid with tobacco was the most common SLT used by participants. Overall, 67.7% of participants reported current use, of whom 74.6% were daily users, with 19.0% consuming at least 5 betel quids per day. 90.5% of users consumed betel quids at the workplace during breaks together with co-workers. Only 41.3% reported using at home. Outside the workplace, SLT use was commonly reported at social gatherings, such as funerals (52.4%). Peer influence was common, as 74.6% reported using betel quid after seeing others using it and 61.9% used it when someone else offered it. Furthermore, 34.9% reported using betel quid to avoid unpleasant taste in the mouth or after a meal. None of the participants thought that chewing betel quid was a disturbance to their work and 91.4% were aware of the common health effects.

Conclusion: The high rate of betel chewing in workplace settings is mainly due to the nature of collective use of it with social influence and interactions. The findings suggest that prevention requires group or community-based interventions.

Keywords: Betel quid, Manual cleaning workers, Smokeless tobacco, Workplace setting

PP 09

Menstrual pain and academic absenteeism among female medical undergraduates in Sri Lanka

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Background: Menstrual symptoms can disrupt class attendance and academic participation, yet their impact among medical undergraduates remains under-recognised.

Objective: To examine the burden of menstrual-related absenteeism and its association with menstrual pain among female medical and allied health undergraduates.

Methods: A cross-sectional survey was conducted among 582 female undergraduates at Rajarata University of Sri Lanka. Menstrual pain was assessed on a 0–10 scale, and menstrual-related absenteeism was recorded. Associations were examined using descriptive and multivariable analyses.

Results: More than one in four students (25.7%) reported missing university or classes because of menstruation, demonstrating a substantial educational impact. Severe menstrual pain, defined as a score of 7 or above, affected 36.5% of participants. Students reporting absenteeism had markedly greater pain severity than those who remained in classes, indicating a clear dose-response relationship between symptom burden and academic disruption. In multivariable logistic regression, menstrual pain remained a strong independent predictor of absenteeism. Each one-point increase in pain score was associated with a 61% increase in the odds of missing classes (adjusted OR 1.61; 95% CI 1.44–1.81). Thus, a student reporting a pain score several points higher had substantially greater odds of academic absence. The findings also occurred in a population with medical training and high access to health information, suggesting that knowledge alone may not protect students from the functional consequences of dysmenorrhoea. The combination of high severe-pain prevalence and frequent absenteeism highlights menstrual health as an important student-wellbeing and educational issue rather than solely a private or personal concern.

Conclusion: Menstrual pain is a major and independent contributor to academic absenteeism among female medical undergraduates. University health services should prioritize early identification and effective management of dysmenorrhoea to reduce avoidable disruption to academic participation.

Keywords: Absenteeism; Dysmenorrhoea; Medical students; Menstrual health; Sri Lanka

PP 10

Academic stress and final examination performance among final-year medical students at a Sri Lankan university

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Background: Final-year medical students experience overlapping academic, clinical and examination pressures. Although excessive stress may impair learning and well-being, its association with examination performance remains uncertain.

Objective: To determine academic stress levels and examine their association with final examination performance among final-year medical students.

Methods: A cross-sectional analytical study used census sampling to recruit 148 final-year medical students from the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. Participants completed a self-administered questionnaire containing a 15-item academic stress scale. Data were analysed using descriptive statistics, Cronbach's alpha, Kruskal–Wallis test, Spearman correlation and binary logistic regression.

Results: Participants were predominantly female (105/148; 70.9%), with a median age of 27 years (range: 25–30; n = 147). The mean stress score was 48.73 (SD=8.63), and the median was 50.00 (IQR=44.00–54.25). The scale demonstrated good internal consistency (Cronbach's alpha=0.826). The most frequently reported moderate-to-severe stressors were syllabus volume (91.9%), viva examinations (90.5%), clinical responsibilities (85.8%) and OSCE or clinical stations (81.8%). Examination outcomes were repeat in 28 students (18.9%), pass in 28 (18.9%), class in 65 (43.9%) and distinction in 27 (18.2%). Stress scores did not differ significantly across these categories ($H=7.090$; $p = 0.069$) and were not correlated with ordered examination performance ($rho=-0.075$; $p = 0.365$). After adjustment for prior academic performance, stress was not associated with repeat status (adjusted OR per five-point increase=0.806; 95% CI: 0.623–1.044; $p = 0.103$). However, each one-level increase in self-reported prior academic performance was associated with 66.4% lower odds of repeat status (adjusted OR=0.336; 95% CI: 0.180–0.626; $p < 0.001$).

Conclusion: Final-year students experienced substantial stress, particularly from curriculum volume and performance-based assessments, but stress was not independently associated with examination outcomes. Medical faculties should reduce avoidable academic pressures and strengthen student support irrespective of measurable effects on examination performance.

Keywords: Academic stress, Examination performance, Medical students

PP 11

Fragrance preferences and motivations among medical students at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

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Background: Fragrance use among university students is influenced by biological, psychological, social and cultural factors and may be associated with memory, emotion and mood. Traditional and modern fragrance practices coexist in Sri Lanka, but evidence on fragrance use among medical students remains limited.

Objective: To explore fragrance preferences and motivations, and the factors influencing fragrance choice among medical students at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka (FMAS-RUSL).

Methods: A descriptive cross-sectional study was conducted among 390 MBBS students (female: 68.7%; male: 31.0%) across four academic years, via stratified random sampling. A 28-item questionnaire was used; data were analysed using descriptive statistics and Chi-square tests with Cramer's V in SPSS v26 ($p < 0.05$).

Results: Daily fragrance use was reported by 66.9%. Perfume was predominant (81.8%), with moderate intensity preferred (58.7%). Personal comfort (85.4%) and self-confidence (57.4%) were leading motivations; 69.7% agreed fragrance enhanced confidence. Smell preference drove purchases (88.5%). Females favoured floral scents (85.4% vs 47.9%), while males preferred citrus (24.8% vs 6.7%) and woody (23.1% vs 4.5%) scents and cited attraction more often (27.3% vs 9.0%, all $p < 0.001$). Although 49.5% always wore fragrance clinically, 60.0% never modified type or intensity there.

Conclusion: Fragrance use was motivated mainly by personal comfort and self-confidence, with differences by sex in scent preferences and reasons for use. The finding that 60.0% never modified their fragrance use in clinical settings raises questions about awareness of professional etiquette and potential patient discomfort. Guidance on appropriate fragrance use in clinical environments may be beneficial.

Keywords: Fragrance Preferences, Medical Students, Motivations

PP 12

Prevalence and patterns of dating violence among second-year undergraduates at a rural Sri Lankan university

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Background: Dating violence is increasingly recognised as a public health concern among young people, but it remains understudied in Sri Lanka compared with intimate partner violence within marriage.

Objective: To determine the prevalence and behavioural patterns of dating violence, by domain and by individual behaviour, among second-year undergraduates of the Faculty of Applied Sciences (FAS), Rajarata University of Sri Lanka (RUSL), as baseline data preceding a health promotion intervention.

Methods: A cross-sectional survey was conducted among second-year FAS undergraduates who were currently in or had previously been in a dating relationship. Of 280 eligible students, 44 completed a self-administered, anonymous questionnaire via Google Form comprising sociodemographic items and the 20-item Revised Dating Violence Questionnaire (DVQ-R). Data were analyzed descriptively.

Results: Participants were predominantly female (72.7%) and rural residents (63.6%), with a mean age of approximately 24 years; 97.7% had ever been in a dating relationship, and 84.1% were currently in one. The total DVQ-R score was 13.45 (SD 12.99). Coercion (mean 4.95, SD 4.75) and detachment (mean 4.05, SD 3.78) were the most prevalent domains: 25.0% of participants reported that their partner "tested" their love or set traps to check for infidelity "all the time," and 61.4% reported their feelings had been ignored at least sometimes. Humiliation was moderately prevalent (mean 3.20, SD 4.07). Physical violence (mean 0.43, SD 1.09) and sexual violence (mean 0.82, SD 1.66) were least frequently reported, though 13.6% had been slapped, pushed, or shaken, and 22.7% had felt compelled to have sex, at least once.

Conclusion: Psychological forms of dating violence, particularly controlling behaviour and emotional detachment, dominate the experience reported by this undergraduate sample, though the modest response rate warrants some caution regarding representativeness. Physical and sexual violence, while reported less frequently, are unlikely to be genuinely absent and may instead be under-recognized or under-disclosed.

Keywords: Dating violence, Undergraduates, Prevalence, Sri Lanka

PP 13

Contraceptive knowledge and misconceptions across academic years among female medical undergraduates in Sri Lanka

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Background: Medical undergraduates are expected to develop accurate reproductive health knowledge, yet misconceptions about contraception may persist throughout training.

Objective: To assess contraceptive knowledge and examine variation across academic years among female medical and allied health undergraduates.

Methods: A cross-sectional survey was conducted among 582 female undergraduates of the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. Contraceptive knowledge was assessed using nine true/false/don't know items. Scores were categorized as poor (0–5), fair (6–7), or good (8–9), and compared across academic years.

Results: The mean knowledge score was 5.36/9, with a median of 6. Among students with complete data, 47.2% had poor knowledge, 44.5% fair knowledge, and only 8.3% good knowledge. Knowledge differed markedly across academic years (Kruskal–Wallis χ^2=173.99, df=4, $p < 0.001$). Good knowledge increased progressively from 0% in first year to 6.4% in second year, 5.5% in third year, 12.7% in fourth year, and 17.9% in final year, while poor knowledge fell from 87.2% in first year to 19.8% in final year. Basic concepts were well recognized: 92.8% knew that pregnancy may occur after first sexual intercourse, 82.8% knew that condoms protect against both pregnancy and sexually transmitted infections, and 86.2% rejected the belief that contraception is only necessary for married couples. In contrast, major gaps were evident in method-specific knowledge. Only 19.2% correctly identified the effective time window for emergency contraception, 26.1% correctly rejected the misconception that long-term contraceptive use causes infertility, 39.6% correctly understood return to fertility after stopping contraception, and 45.3% knew that intrauterine devices can be used safely by nulliparous young women.

Conclusion: Contraceptive knowledge improved substantially with advancing academic year, but important misconceptions persisted even among senior medical undergraduates. Teaching should place greater emphasis on practical contraceptive counselling, emergency contraception, fertility return, and correction of common myths.

Keywords: Contraception, Medical students, Reproductive health, Sri Lanka, Undergraduate education

PP 14

Identification and prioritisation of determinants of alcohol use among youth at the University College of Anuradhapura

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Background: Alcohol use among young people is an important public health concern because initiation and patterns of alcohol use during this period may contribute to subsequent alcohol-related health and social consequences. Multiple determinants influence alcohol use among youth. Identifying and prioritizing these determinants is essential for developing context-specific health promotion interventions.

Objective: To identify and prioritise determinants influencing alcohol use among youth aged 20-24 years at the University College of Anuradhapura, Sri Lanka.

Methods: The study used a mixed-methods approach guided by the action research model and health promotion principles, involving 50 first-year students selected through convenience sampling. Baseline information was collected using a self-administered questionnaire and focus group discussions. Quantitative data were analysed using descriptive statistics, while qualitative data were analysed thematically. Through a participatory approach, participants were facilitated to identify determinants influencing alcohol use, discuss perceived importance and relevance to their context, and prioritise determinants requiring attention.

Results: The study included 50 first-year students aged 20–24 years from the University College of Anuradhapura. The sample of 50 included 34 males (68%) and 16 females (32%). Ten determinants of alcohol use were identified. four determinants were prioritised from the identified determinants by participants. The prioritized determinants included the attractive image of alcohol, beliefs and perceptions related to alcohol use, lack of awareness regarding the harmful effects of alcohol, and peer influence. Participants described how social influences and exposure to alcohol-related media content could shape perceptions toward alcohol use.

Conclusion: The findings suggest that alcohol use among university college youth is shaped by specific determinants rather than knowledge alone. Participatory identification and prioritization of determinants can provide a foundation for designing health promotion interventions. Addressing prioritized determinants through interactive strategies may strengthen the relevance and acceptability of alcohol prevention initiatives in educational settings.

Keywords: Alcohol consumption, Determinants, Health promotion

PP 15

Knowledge, attitudes and practices regarding metered-dose inhaler technique among patients with asthma attending the respiratory clinic, Teaching Hospital Anuradhapura

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Background: Asthma is a chronic inflammatory airway disease. Metered-dose inhalers (MDIs) are central to treatment, but incorrect technique can reduce medication delivery and compromise asthma control. Local evidence on inhaler technique among patients attending Teaching Hospital Anuradhapura is limited.

Objective: To assess the knowledge, attitude and practices of MDI technique among asthmatic patients attending the Respiratory Clinic, Teaching Hospital Anuradhapura.

Methods: A descriptive cross-sectional study with a follow-up component was conducted among 114 adult asthma patients selected by consecutive sampling. Data were collected using a pre-tested structured questionnaire, a standardized 10-item observational checklist based on GINA, NIH and Australian National Asthma Council guidelines, and the EuroQol EQ-5D-5L instrument. Participants received standardized education on correct MDI use. Data were analyzed using SPSS and ($p < 0.05$).

Results: Among 114 participants, 69.3% were females and 57.0% were aged above 60 years. Most (56.1%) had secondary education, 56.1% had asthma for more than 5 years, 76.3% had used MDIs for over 12 months, 84.2% used SABA+ICS+LABA inhalers and 89.5% used inhalers daily. Correct performance was highest for replacing the mouthpiece cap (97.4%) and holding the inhaler upright (95.6%). However, only 25.4% exhaled fully before actuation, 40.4% performed slow deep inhalation correctly and 39.5% waited one minute between puffs. Overall, 71.9% demonstrated inefficient MDI technique, failed with one or more critical steps despite prolonged inhaler use.

Conclusion: Incorrect MDI technique was common despite prolonged inhaler use. Routine assessment and targeted education during clinic follow-up, particularly on critical breathing and actuation steps, may improve medication delivery and asthma management.

Keywords: Asthma, Attitude, Inhalation technique; Knowledge, Metered dose inhaler, Practice.

PP 16

Vitamin D supplementation regimens to improve glucose tolerance in vitamin D-deficient adults: Protocol for a preliminary open-label phase IV randomised trial

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Background: Vitamin D plays a role in calcium and phosphate homeostasis and glucose metabolism through effects on pancreatic β-cell function, insulin sensitivity and inflammation. Vitamin D deficiency may contribute to impaired glucose tolerance and insulin resistance. Given the high prevalence of vitamin D deficiency and diabetes in Sri Lanka, effective preventive strategies are needed. However, the optimal supplementation regimen for improving glucose metabolism remains uncertain.

Objective: To compare the effectiveness and feasibility of two vitamin D supplementation regimens, alongside lifestyle modification, for improving glucose tolerance among Sri Lankan adults with prediabetes and vitamin D deficiency or insufficiency.

Methods: Adults (n = 40, age 30-50 years) with impaired glucose tolerance and insufficient/deficient VD levels and fulfilled the other eligibility criteria will be recruited through purposive sampling. Participants will be randomly allocated to receive oral cholecalciferol either (i) 2,000 IU daily for 24 weeks or (ii) 60,000 IU weekly for 8 weeks followed by 2,000 IU daily for next 16 weeks. Both groups will receive standardized lifestyle modification advice, including dietary counselling, recommendations for regular moderate-intensity physical activity, and guidance on safe sun exposure. Fasting and 2-hour plasma glucose following 75 g of oral glucose, serum 25-hydroxyvitamin D, HOMA-IR, and the biochemical markers assessing VD toxicity will be measured at baseline and follow-up. Changes in glucose tolerance will be the primary outcome, while secondary outcomes will include changes in VD status, glycemic parameters, adherence, tolerability, and safety. Statistical analysis will be conducted using appropriate parametric or non-parametric tests, with multivariable models employed to adjust for baseline values and lifestyle-related covariates where necessary.

Implication: The findings are expected to inform context-appropriate vitamin D supplementation strategies for people with prediabetes in Sri Lanka and similar settings.

Keywords: Glucose tolerance, Supplements, Oral cholecalciferol, Preliminary open-label phase IV randomised trial

PP 17

Vision loss following accidental laser exposure while chasing elephants: A case report of laser-induced maculopathy

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Background: Laser retinopathy is increasingly encountered in the general population owing to the wide availability of commercial laser-incorporated devices such as pointers, toys, lights and torches. Public awareness of their ocular hazards and of eye protection remains poor, contributing to a rising incidence of laser eye injuries. In rural Sri Lanka, farmers commonly use laser torches to chase wild elephants away from crops.

Case summary: A 25-year-old woman presented with sudden loss of vision in the left eye following accidental exposure to a laser torch used to chase elephants. Left visual acuity was 6/60. Fundoscopy showed retinal pigment epithelium (RPE) changes and blunting of the foveal reflex, and optical coherence tomography (OCT) of the macula demonstrated disruption of the subfoveal ellipsoid zone. She was treated with topical NSAIDs and followed up with serial visual acuity, colour vision and OCT assessments. Visual acuity gradually improved to 6/6 over six months, with a reduction in the area of ellipsoid zone damage on OCT. The patient and her family were educated on laser hazards.

Conclusion: Laser-incorporated devices can cause photothermal macular injury, the severity of which depends on wavelength, power, exposure time, location and spot size; lesions range from mild RPE disruption to retinal haemorrhage, retinal rupture and macular hole. Disruption of the ellipsoid zone and RPE are key OCT features. There is no proven treatment, although vision may improve to a varying degree, and long-term follow-up is needed because of the risk of secondary choroidal neovascularisation. Public awareness of laser safety and regulation of the sale of these devices are required to prevent this avoidable injury.

Keywords: Laser retinopathy, Maculopathy, Ocular injury, Optical coherence tomography

Surgical and Chronic Diseases

PP 18

An uncommon anatomical variation of the thyroid lobe and its clinical relevance

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Background: Thyroid disorders are a common health problem. Around 5% of the world population is affected by thyroid disorders and a majority of these require medical and surgical intervention. Morphological changes of the anatomy of the thyroid gland have been well documented in the literature. Thorough understanding of the anatomy of the thyroid gland and its morphological variations is immensely important when performing thyroid surgeries.

Case summary: Total thyroidectomy was performed on a 59 year old female with history of thyroiditis who underwent total thyroidectomy for a ultrasonically TR2/TR3, and cytologically Thy3 follicular type multi nodular goitre. Intraoperatively, while mobilizing the lower pole of the right lobe, it was noted that there was an unusual extension of thyroid tissue extending caudally from the inferior aspect of the lobe parallel and medial to the RS RLN. This extension extended about 2cm towards the sternal notch. It was excised completely en bloc with the rest of the right Thyroid lobe. Further this patient had a well-formed pyramidal lobe and the isthmus was bilaterally elongated to form a stalk like structure. The surgery was completed as per routine and the patient had an uneventful postoperative recovery and was discharged on routine post thyroidectomy follow-up.

Conclusion: The above case illustrates a rare morphological variation of the anatomy of the thyroid gland with significant clinical implications which is infrequently described in the literature. Recognition of these variations is crucial when carrying out surgery in order to ensure complete excision of the gland, particularly in conditions such as Grave's disease where residual tissue can lead to disease recurrence. Therefore, a comprehensive understanding in the thyroid anatomy variations is essential to optimize surgical outcomes.

Keywords: Thyroid gland, Anatomical variation, Aberrant thyroid tissue

PP 19

Cytogenetic spectrum and associated congenital heart disease among patients with Down syndrome in the North Central Province of Sri Lanka: Establishment of a new cytogenetic laboratory

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Background: Down syndrome is the most common viable chromosomal disorder, occurring in approximately 1 in 700 live births. It mainly results from free trisomy 21 due to meiotic non-disjunction (95%), translocation (4%), or mosaicism (1%). Approximately 40–50% of individuals with Down syndrome have congenital heart disease (CHD), and atrioventricular septal defect (AVSD) is the most common cardiac defect. Although regional variations in cytogenetic subtypes and associated CHD have been reported worldwide, data from Sri Lanka remain limited, particularly in the North Central Province, where access to cytogenetic diagnostic facilities is restricted. Region-specific data are therefore needed to better understand cytogenetic subtypes and associated cardiac abnormalities. Establishing a new regional cytogenetic laboratory will strengthen diagnostic services and improve patient care.

Objective: To characterize the cytogenetic spectrum of Down syndrome, determine the prevalence and pattern of associated CHD, describe their relationship across karyotype categories, perform parental karyotyping in translocation cases, and establish a regional cytogenetic laboratory.

Proposed Methodology: A descriptive cross-sectional analytical study will be conducted among children with clinically suspected or cytogenetically confirmed Down syndrome attending selected paediatric services in the North Central Province during the study period. Demographic and clinical data will be collected using a structured data collection tool. Existing cytogenetic reports will be reviewed, and karyotyping will be performed for eligible children without previous investigations. Echocardiographic findings will be obtained to identify and characterize CHD. Parental karyotyping will be performed in children identified as having translocation Down syndrome. The association between cytogenetic subtypes and CHD will be described.

Significance: The study is expected to generate regional evidence on cytogenetic patterns and associated CHD in Down syndrome. Establishing cytogenetic diagnostic capacity at the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, will strengthen regional diagnostic services and facilitate future research in medical genetics.

Keywords: Congenital heart disease, Down syndrome, Karyotyping

PP 20

Acute abdomen due to a jejunal plasma cell neoplasm

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Background: Plasma cell neoplasms rarely involve the gastrointestinal tract. This report describes a jejunal plasma cell neoplasm presenting as an acute abdomen.

Case summary: A 79-year-old woman with multiple comorbidities presented with generalised abdominal pain, distension and melaena. Imaging showed free intraperitoneal fluid and dilated bowel loops. Following resuscitation, she underwent emergency exploratory laparotomy, which revealed a perforated jejunal tumour with mesenteric involvement. Histology confirmed a plasma cell neoplasm. Despite surgery and intensive care, she developed multiorgan failure secondary to peritonitis-associated sepsis and died on postoperative day 9.

Conclusion: Jejunal plasma cell neoplasms can present as an acute abdomen and pose diagnostic and therapeutic challenges, particularly in older patients with comorbidities. Early recognition and multidisciplinary management are important.

Keywords: Acute abdomen, Intestinal perforation, Plasma cell neoplasm

PP 21

Morbid obesity and laparoscopic mini-gastric bypass surgery: A case report

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Background: Laparoscopic Mini Gastric Bypass Surgery is technically less demanding with only one anastomosis and a longer gastric pouch than for standard gastric bypass. Laparoscopic Mini Gastric Bypass Surgery is now performed in patients with morbid obesity (Body Mass Index (BMI) >40kg/m2), or in patients with a BMI higher than 35 kg/m2 and obesity related complications, after conventional lifestyle approaches have failed.

Case summary: We report 36 years old female, with morbid obesity (BMI-60kg/m2), controlled hypothyroidism, hypertension, mild obstructive sleep apnea and grade two fatty liver, who underwent laparoscopic mini gastric bypass surgery. Postoperative recovery was uneventful. At three months, she lost 14 kg of weight and blood pressure improved to 130/90 mmHg.

Conclusion: This case illustrates early postoperative weight loss and improvement in blood pressure following laparoscopic mini-gastric bypass surgery after multidisciplinary optimisation. Longer follow-up is needed to assess sustained weight loss and metabolic outcomes.

Keywords: Bariatric surgery, Laparoscopic mini gastric bypass, Morbid obesity

PP 22

Multidisciplinary management of bilateral floating knees in a paediatric patient: A case report

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Background: Paediatric high-energy polytrauma presents a complex clinical challenge requiring a highly coordinated, multidisciplinary approach. Bilateral femur fractures combined with bilateral open tibial fractures are exceptionally rare in the paediatric population and demand immediate resuscitation, precise surgical stabilization, soft tissue management, and vigilant psychological support.

Case summary: An 11-year-old boy was admitted after a high-energy road traffic collision. Initial resuscitation at a local hospital included intravenous fluids, tranexamic acid and blood transfusion. After transfer to a tertiary centre, secondary and tertiary surveys identified bilateral closed midshaft femoral fractures and bilateral Gustilo–Anderson type IIIB open tibial fractures. Computed tomography angiography confirmed distal limb perfusion. On day 0, the wounds were debrided and uniplanar external fixators were applied to both tibiae. On the following day, both femora were stabilised with titanium elastic nails (TENs). Split-thickness skin grafting was performed on day 8 after nutritional optimisation. Postoperative anaemia was treated with transfusion. On day 24, post-traumatic stress disorder (PTSD) was diagnosed and psychological and pharmacological treatment was initiated. He was discharged after 33 days for multidisciplinary follow-up.

Conclusion: Bilateral floating knees in children require coordinated staged management, including damage-control orthopaedics, wound debridement, growth plate-sparing fixation, early soft-tissue coverage and psychological support.

Keywords: Bilateral floating knees, Post traumatic stress disorder, Titanium elastic nails

PP 23

Subclavian and axillary artery injuries: A case series

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Background: Subclavian and axillary artery injuries are uncommon but potentially life-threatening. Their deep location and proximity to the brachial plexus, major veins, and thoracic structures make management challenging. Early recognition and restoration of distal perfusion are essential for limb salvage.

Objective: To describe the clinical presentation, mechanisms, anatomical distribution, associated injuries, surgical management, and outcomes of traumatic subclavian and axillary artery injuries.

Methods: A retrospective case series was conducted involving consecutive patients with traumatic subclavian and axillary artery injuries managed at the National Hospital of Sri Lanka from June to August 2026. Mechanisms of injury, clinical presentation, associated injuries, vascular reconstruction, surgical access, complications, and outcomes were reviewed.

Results: Six patients were included. Mechanisms included road traffic accidents in 2 (33.30%), stab injuries in 2 (33.30%), falls from height in 1 (16.70%), and iatrogenic injury in 1 (16.70%). Three patients (50.00%) sustained blunt and three (50.00%) penetrating injuries. Hemorrhagic shock was the predominant presentation (5, 83.30%), while 1 patient (16.70%) presented with limb ischemia. Proximal arterial injury was most common (4, 66.70%). Arterial injuries included contusion in 3 (50.00%), laceration in 3 (50.00%), and side-wall injury in 1 (16.70%).
Associated injuries included head injury and brachial plexus injury in 2 patients each (33.30%), and humeral fracture, venous injury, and significant soft-tissue injury in 1–2 patients.
Reconstruction comprised interposition grafting in 2 (33.30%), ligation in 2 (33.30%), bypass in 1 (16.70%), and primary repair in 1 (16.70%). Sternotomy was required in 3 patients (50.00%). Four patients (66.70%) achieved satisfactory perfusion, 1 (16.70%) required redo surgery, and 1 (16.70%) underwent above-elbow amputation with renal failure.

Conclusion: Early vascular control and individualized reconstruction are crucial in subclavian and axillary artery trauma. Interposition grafting and bypass are valuable when primary repair is not feasible. Appropriate thoracic surgical backup and readiness for sternotomy or thoracotomy are essential for safe vascular access and proximal control.

Keywords: Axillary artery injury, Subclavian artery injury, Vascular reconstruction

PP 24

A two-decade diagnostic delay of a digital glomangioma: A case report

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Background: Glomus tumor is a rare type of tumor with an incidence of 1% of hand tumors and of these, 20% are glomangiomas. This tumor is a rare benign vascular condition and a vascular hamartomatous derivative of the glomus body which is a normal intradermal arteriovenous anastomosis that arises from the normal neuromyoarterial glomus. These patients usually present with a triad of symptoms 63% to 100%. Diagnosis is confirmed with the Hildreth's test and the Love's pin test with a sensitivity and a specificity of 90%. The complications are pain, anatomical distortion, cosmetic disfiguration and increase in size. If left untreated, intensity of pain and size will be increased. Treatment is the surgical excision of the tumor and repairing of the nail bed. There is a 10% to 33% recurrence rate. Other available methods include; laser ablation, cryotherapy and embolization.

Case summary: This report describes a female patient with a right-hand middle finger subungual chronic lump which has not been diagnosed for 20 years. She had the classical symptom triad of Glomus tumor; tender to touch, chronic pain and increased sensitivity to temperature. Under suspicion of a glomus tumor, she was treated surgically with subungual excision of the lump and suturing of the nail bed. Her postoperative recovery was uneventful with an immediate relief of 20 years pain. The histology confirmed Glomangioma.

Conclusion: In this case report the authors present a patient with a classical triad of symptoms of a glomus tumor for 20 years. As it is recommended, she underwent a surgical excision and on follow-up found to have a satisfactory improvement of symptoms. Glomangioma is a rare form of nail bed benign tumor and it is important to diagnose this condition early and to resect surgically.

Keywords: Fingers, Glomus Tumor, Nails

PP 25

Primary squamous cell carcinoma of the thyroid: A rare and aggressive malignancy

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Background: Squamous cell thyroid carcinoma (SCTC) is considered as one of the rarest thyroid malignancies with a percentage less than 1% and a very poor prognosis. Due to rarity of this malignancy, there is no proper evidence-based approach to these patients.

Case summary: A 73 years old male patient with dyslipidemia, hypertension and bronchial asthma presented with a history of a rapidly growing anterior neck lump for 1 week duration with associated hoarseness of voice. Ultrasound scan (USS) Neck confirmed TIRADS 4 two nodules with Level IV Cervical Lymph nodes. Fine needle aspiration cytology (FNAC) of suspected lesion and cervical lymph node and lesion reported as Thy 4 Bethesda V (scattered bizarre cells and cells with inky black nuclei) and cervical lymph node as definite features of high-grade thyroid malignancy. Total thyroidectomy with cervical lymph node clearance (II, III, IV, V, VI) done. Histology revealed high grade squamous cell carcinoma of thyroid with 3 out of 15 nodes positive (pT2N1b) in Level II, III, IV AND V.

Conclusion: Squamous cell carcinoma of the thyroid is rare and clinically aggressive. Early diagnostic evaluation and multidisciplinary treatment planning are essential, although prognosis is often poor.

Keywords: Thyroid gland, Squamous cell carcinoma, Metastasis

PP 26

Anterior abdominal wall endometrioma mimicking a soft-tissue sarcoma: A case report

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Background: Anterior abdominal wall masses may comprise benign (57.8%) and malignant (42.2%) conditions. Among the benign masses, endometriosis is a rare presentation with an incidence of 7.6%. Among the Anterior wall Masses, there are Benign as well as Malignant lesions. Malignant lesions of the anterior abdominal wall present as painless lesions with a progressive growth and are detected when more than 5 cm. current recommendation is to en bloc resection with a 3 cm margin and abdominal wall defect reconstruction with either myocutaneous flap, synthetic mesh or both.

Case summary: This article contains a case report of a 46-year-old lady who has been presented with an anterior abdominal wall lump measuring 5cmx6cm with on and off pain and tenderness. During her assessment, both ultrasound scan (USS) and contrast enhanced computed tomography (CECT) Abdomen done. According to CECT abdomen, there was a malignant looking lesion measuring 5.6cmx8.8cmx8cm within the rectus muscle. After initial assessment patient underwent anterior abdominal wall mass excision and sent for histology for further evaluation. The histological confirmation has been found out to be an endometrioma which is a rare presentation among anterior abdominal wall Benign conditions.

Conclusion: This case demonstrates that abdominal wall endometrioma can mimic soft-tissue sarcoma on imaging, highlighting the importance of histopathological examination to establish the diagnosis.

Keywords: Abdominal wall, Endometriosis, Soft tissue neoplasms

PP 27

Recurrence of angioinvasive follicular variant papillary thyroid carcinoma with vascular invasion: A case study

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Background: Papillary thyroid carcinoma (PTC) is the most common form of thyroid malignancy and generally has a favorable prognosis. However, certain aggressive variants, such as the angioinvasive encapsulated follicular variant of PTC (EFVPTC), may exhibit recurrence and vascular invasion, complicating treatment and prognosis. Intravascular extension to the brachiocephalic vein, is a rare occurrence and poses significant challenges in diagnosis and management.

Case summary: A 50-year-old man with a history of total thyroidectomy for papillary thyroid carcinoma and subsequent radioactive iodine therapy presented with recurrent disease. He was asymptomatic, but ultrasound and laboratory findings revealed an enlarged left level III cervical lymph node and elevated serum thyroglobulin levels (227.3 ng/ml). Contrast-enhanced computed tomography (CECT) confirmed tumor recurrence with intravascular extension along the inferior thyroid vein into the left brachiocephalic vein. The patient underwent extensive surgical resection via sternotomy, including left cervical block dissection and en bloc removal of the tumor thrombus with a cuff of the brachiocephalic vein, followed by primary venous repair. His postoperative recovery was uneventful.

Vascular invasion in PTC is uncommon, with an estimated incidence of 2–14%, and direct extension into major veins such as the brachiocephalic vein is even rarer. The mechanism likely involves tumor spread through the inferior thyroid veins, leading to intravascular thrombus formation. Diagnosis can be challenging, particularly in asymptomatic patients, requiring a high degree of suspicion and advanced imaging techniques such as CECT or MRI. Surgical resection remains the primary treatment, while adjunctive therapies such as radioactive iodine and external beam radiotherapy may be considered in selected cases.

Conclusion: This case highlights the rare occurrence of intravascular extension of recurrent EFVPTC into the brachiocephalic vein. Early detection through appropriate imaging and a multimodal treatment approach, including aggressive surgical intervention, are crucial in managing such cases. Further research is needed to establish optimal strategies for diagnosis and management in similar presentations

Keywords: Brachiocephalic vein, Papillary thyroid carcinoma, Thrombus

PP 28

Osteopetrosis presenting with severe pallor and bicytopenia in a three-year-old boy: A case report

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Background: Osteopetrosis is a rare heritable bone disorder caused by defective osteoclast-mediated bone resorption, resulting in increased bone density, obliteration of marrow spaces, and secondary bone marrow failure. The infantile form typically follows an autosomal recessive inheritance pattern, presents in early childhood, and carries morbidity if not diagnosed and managed promptly.

Case summary: We report a three-year-old boy, born to consanguineous parents, who was referred with severe pallor detected incidentally during routine immunization. He had a history of bicytopenia identified 18 months previously during evaluation for a lower respiratory tract infection, but had defaulted follow-up. On presentation, he had easy fatigability, reduced activity, and poor feeding, without a history of bleeding tendency or bone pain. Both parents were thalassaemia trait carriers. His development was delayed, predominantly affecting the gross motor domain.

Examination revealed growth faltering, severe pallor, frontal bossing, a broad depressed nasal bridge, delayed dentition, hepatomegaly, and splenomegaly. Initial full blood count showed severe anaemia (Hb 4.9 g/dL), thrombocytopenia (57×10^9/L), WBC 22.2×10^9/L, and MCV 100.5 fL. Blood film showed hypochromic microcytic red cells with teardrop cells, alongside features of a haemoglobinopathy carrier state. Radiographs demonstrated a sclerotic skull and an Erlenmeyer flask appearance of the femur. Bone marrow biopsy demonstrated markedly thickened, sclerotic bony trabeculae with obliteration of marrow spaces, hypocellular residual marrow with severely reduced trilineage haemopoiesis, occasional osteoclasts, and focal fibrosis, consistent with osteopetrosis—most likely of autosomal recessive inheritance given the early-onset phenotype and parental consanguinity. Genetic testing is awaited to confirm the molecular subtype, which will guide consideration of haematopoietic stem cell transplantation as definitive management.

Conclusion: Osteopetrosis should be considered in children presenting with unexplained cytopenias and hepatosplenomegaly. This case highlights the importance of timely evaluation and continued follow-up of unexplained childhood cytopenias to facilitate early diagnosis and treatment and reduce subsequent complications.

Keywords: Bicytopenia, Osteopetrosis, Pallor

PP 29

Ectopia cordis with complex cyanotic congenital heart disease: Survival to nine months

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Background: Ectopia cordis is a rare congenital anomaly in which the heart is located outside the thoracic cavity. This condition has a poor prognosis, especially when it is associated with severe cardiac malformations. We report a baby with ectopia cordis and complex cyanotic congenital heart disease who has survived nine months with satisfactory weight gain despite a guarded prognosis.

Case summary: A 9-month-old infant born to healthy, non-consanguineous parents was diagnosed with ectopia cordis in the anomaly scan, at 32 weeks of gestation. He was delivered at 37+3 weeks of gestation by elective caesarean section. Postnatal echocardiography confirmed the diagnosis of ectopia cordis with complex cyanotic congenital heart disease, including cardiac-type Total Anomalous Pulmonary Venous Drainage (TAPVD), pulmonary stenosis, hypoplastic right ventricle, hypoplastic tricuspid valve, conoventricular VSD and overriding aorta.

Examination revealed an alert and comfortable child without respiratory distress with a baseline saturation of 72%. The heart was visible outside the thoracic cavity towards right lower chest wall, covered with a membrane. There were no abdominal wall or other major midline anomalies to suggest Pentalogy of Cantrell. His developmental milestones are consistent with a developmental age of approximately 6–8 months. He has experienced eight hypercyanotic spells to date. Despite this, he has continued to gain weight satisfactorily. In view of the complexity of the cardiac anatomy and the guarded prognosis, corrective surgical intervention was not considered feasible, and medical management was planned. Child has been on iron and folic acid treatment only. Endocarditis prophylaxis is recommended.

Conclusion: The survival of this child to nine months, with satisfactory growth and ongoing developmental progress despite severe cyanotic congenital heart disease, recurrent hypercyanotic spells and a baseline saturation of 69%, makes this a noteworthy clinical experience.

Keywords: Cyanotic congenital heart disease, Ectopia cordis, Hypercyanotic spells

PP 30

Cardiac syncope in acute STEMI with complete heart block

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Background: Syncope associated with chest pain, bradycardia and hemodynamic instability is an important presentation of acute coronary syndrome. Inferior myocardial infarction can be complicated by complete heart block due to involvement of the conducting system with severe bradycardia, cardiogenic shock and acute pulmonary edema. Early recognition and simultaneous management of myocardial ischemia, conduction abnormalities, hemodynamic instability and respiratory compromise are essential.

Case summary: A 56-year-old woman with diabetes mellitus and hypertension presented to the emergency department following an episode of syncope associated with sweating and shortness of breath, preceded by cardiac-type chest pain. On arrival she was profoundly hypotensive, bradycardic, hypoxic and tachypneic with an irregular pulse.

Focused bedside lung ultrasonography demonstrated bilateral B-profile, consistent with acute pulmonary edema. Echocardiography revealed an acute posterior-inferior ST elevation myocardial infarction complicated by complete heart block. Bedside echocardiography demonstrated reduced eye balled left ventricular ejection fraction, and regional wall motion abnormality seen inferiorly.

She was managed according to the bradycardia algorithm and received atropine maximum dose. Due to persistent profound hypotension and bradycardia, intravenous adrenaline infusion was initiated for hemodynamic support. As primary percutaneous coronary intervention (PCI) was not offered, thrombolysis with intravenous tenecteplase. NIV was commenced for hypoxemia and pulmonary edema.

Following thrombolysis and supportive management, chest pain and respiratory distress improved. At 90 minutes repeat ECG demonstrated resolution into sinus rhythm, although ST-segment resolution remained below 50%. Repeat bedside echocardiography showed improvement of left ventricular ejection fraction and clinical improvement.

Conclusion: This case highlights cardiac syncope as a presentation of acute STEMI complicated by complete heart block and cardiogenic shock. Rapid ECG recognition, adherence to bradycardia algorithm, timely thrombolysis, hemodynamic support and respiratory management resulted in clinical stabilization and early recovery despite the absence of immediate primary PCI.

Keywords: Syncope, Complete heart block, Acute myocardial infraction

PP 31

Tears of Blood: Hematidrosis in an Adolescent Girl Presenting with Depression and Multiple Psychosocial Stressors — A Case Report

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Background: Hematidrosis is a rare clinical phenomenon characterized by spontaneous, recurrent episodes of self-limited exudation of blood through intact skin or mucosal surfaces, without an underlying bleeding disorder or trauma. It occurs predominantly in children and adolescents, shows female preponderance, and is linked to acute or chronic psychological stress, likely through adrenergically mediated constriction and rebound dilatation of the dermal capillary plexus surrounding eccrine sweat glands. Because presentation mimics coagulopathy or raises suspicion of self-inflicted or factitious injury, it is frequently misattributed to hematological, dermatological, or factitious causes before psychiatric formulation is considered; diagnosis follows thorough medical exclusion.

Case Summary: A 13-year-old girl from a rural district of Sri Lanka presented with a two-year history of recurrent, episodic bleeding from eyebrows, earlobes, scalp, and nose, accompanied by episodic headache, requiring three hospital admissions. Symptom onset coincided temporally with the introduction of harsh, punitive parenting after she was wrongly accused of having a romantic relationship with a boy. Associated features included school refusal driven by bullying and humiliation related to bleeding episodes at school, irritability and oppositional behavior toward her mother, sleep and appetite disturbance, screaming and pacing episodes, and deteriorating self-care, consistent with a depressive episode. The parents had sought traditional healing methods and consulted multiple physicians prior to presentation. Physical, hematological, and neurological work-up was unremarkable; nonverbal cognitive assessment (TONI-4) was within the average range. A multidisciplinary formulation of psychogenic hematidrosis in the context of a depressive episode secondary to multiple psychosocial stressors was made. Management involved low-dose sertraline, ward observation to exclude self-inflicted injury, and coordinated input from psychiatry, the National Child Protection Authority, and the Probation service, with safety-netted outpatient follow-up.

Conclusion: This case illustrates hematidrosis as a rare but clinically significant somatic manifestation of severe psychosocial stress and depression in adolescence, requiring a biopsychosocial, multidisciplinary, and child-protection-informed approach to management.

Keywords: Adolescent depression, Hematidrosis, Psychosocial stressors

Anuradhapura Medical Association.

Our Journey Together: Highlights of 2026

MD Preparation (MD Prep) MCQ course

Date	Activity/Topic	Resource person
24 February	Dermatology	Dr. Himali Sudusinghe
12 March	Haematology	Dr. Vasana Mendis
26 March	Neurology	Dr. Medini Boteju
15 April	Cardiology	Dr. Tharanga Fernando
18 April	Physiology (Part I)	Dr. Namal Herath
25 April	Physiology (Part II)	Dr. Namal Herath
14 May	Anatomy	Prof. Sampath Paththinige
22 May	Statistics	Prof. Janith Warnasekara
1 June	Pathology	Dr. Pradeepa Gayani
18 June	How to Prepare for MD (Medicine) Selection Examination	Dr. Chamara Sarathchandra Dr. Lanka Wijekoon
16 July	Microbiology	Prof. Sampath Jayaweera
19 August	Parasitology	Dr. Subodha Waiddyanatha
27 August	Pharmacology	Dr. Supun Wedasingha

Continuing Medical Education (CME) lectures

Date	Lecture topic	Resource person
13 January	Common Headache Disorders in Primary Care	Dr. Manjula Caldera
28 January	Basic ECG Interpretation: Case-based Approach to Interesting ECGs	Dr. Arulkumar Jegavanthan
10 February	From Small Ulcer to Major Amputation: Where Did We Go Wrong?	Dr. Selvaratnam Srishankar
24 February	Prescribing in Advanced Liver Disease: A Clinician's Perspective	Dr. Nuvan Premawardana
13 March	Kidney Health for All: Caring for People, Protecting the Planet (World Kidney Day Lecture)	Dr. Nadeesha Nishanthi
26 March	The Eye in the Pelvis: Modern Gynaecologist's Most Reliable Tool	Prof. Kumara Dissanayake
7 April	Management of Childhood Diarrhoea in Primary Care	Dr. Udaya de Silva
28 April	Basics of Fracture Management	Dr. G. A. Lamindu Niroshana
5 May	Delirium in the Spotlight	Prof. L. L. Amila Isuru
20 May	A Systematic Neuroradiological Approach to Intracerebral Haemorrhage	Dr. Nadun Vithanage
4 June	Diabetes Revisited: From Basics to Bedside	Dr. Gishan Pimburage
17 June	Recognising Autism Early	Dr. Nayani Suraweera
7 July	Snakebite: What Do We Still Need to Know?	Prof. David Lalloo
18 August	Red Flags in Ureteric Colic	Dr. M. A. Anomilan
1 September	1000 Ways to Die from Animals	Dr. Ruchira Somaweera
8 September	Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) in 2026	Dr. Chinthaka De Silva

22 September	Polyendocrine Metabolic Ovarian Syndrome	Dr. Chamidri Naotunna Dr. Jeewaka de Zoysa

Neeroga Live Radio Clinic on Rajarata FM

Date	Topic	Resource person
22 January	Gallstone Disease	Dr. Anuradha Jayathilaka
29 January	Obesity-related Health Problems	Dr. Namal Herath
5 February	Iron Deficiency Anaemia	Dr. Thilini Ekanayake
12 February	Diabetic Retinopathy	Dr. Wathsala Gunasekara
19 February	Leprosy	Dr. Thejana Somathilak
26 February	Introducing the Concept of a Family Doctor	Dr. Parami Abeyrathna
5 March	Diabetes	Prof. Sisira Siribaddana
12 March	Tuberculosis	Dr. Thushara Bandara
19 March	Guest Programme – AMA/CCP	Prof. Namal Wijesinghe
26 March	Childhood Obesity	Dr. Chamindri Naotunna
2 April	Preparation for Radiological Investigations	Dr. Madurika Kaviratne
9 April	Backache and Neck Pain	Dr. Hemantha Gunathilake
23 April	Malaria	Dr. Kiloshini Hendawitharana
30 April	Migraine	Dr. Medini Botheju
7 May	Depression	Dr. Dinithi Kulasinghe
14 May	Obesity-related Behaviour	Dr. Parami Abeyrathna
21 May	Hypertension	Dr. Sameera Narasinghe
4 June	Complementary Feeding	Dr. Nayani Suraweera
11 June	World Blood Donor Day	Dr. Dhammika Seneviratne
18 June	Leptospirosis	Dr. Prasanna Weerawansa
25 June	Sexual Dysfunction	Dr. Thanuja Witharana
2 July	Sepsis	Dr. Dinesh Weerasinghe
9 July	Thyroid Disorders	Dr. Gishan Pimburage
16 July	Sarcopenia	Dr. Madushan Ranabahu
23 July	Per-rectal Bleeding	Dr. Shashika Liyanage
30 July	Long-term Complications of Snakebite	Dr. Subodha Waiddyanatha
6 August	Dengue Fever	Dr. Chamara Sarathchandra
13 August	Injuries to the Eye	Dr. Kumudu Anthony
20 August	Psychiatric Illnesses in Adolescence	Dr. Lakshika Randeny
3 September	Cirrhosis	Dr. Chinthaka de Silva
10 September	Thalassaemia	Dr. Chathurma Piyaratne
17 September	Clinical Genetics	Dr. Dhanushka Hewabosthanthrige

Continuing Professional Development (CPD) workshops

Date	Activity	Resource person
3 March	White Coat to Camera: Media Mastery for Medical Experts – How to Deliver Health Messages Effectively to the Public	Dr. Iranga Madushan – Medical Doctor, TV Presenter and Digital Health Communicator
12 March	Beyond Slides: The Clinician's Guide to Powerful Scientific Presentations	Prof. Thashi Chang – Senior Professor in Neurology, University of Colombo

28 April	An Emotional Journey Through Music: What Generates Feelings in Music? Followed by AMA Voice 2026 Singing Contest	Mr. Dharshana Ruwan Dissanayake – Award-winning Music Composer
14 July	Clinical Teaching for Busy Clinicians	Prof. Saroj Jayasinghe-Emeritus Professor, University of Colombo
14 July	Case Report Writing	Prof. Saroj Jayasinghe, Prof. Sisira Siribaddana and Prof. Anjana Silva
15 July	Introduction to Medical Humanities	Prof. Saroj Jayasinghe-Emeritus Professor, University of Colombo
16 September	Apa Nodath Anuradhapura – Anuradhapura Beyond Chronicles	Prof. Raj Somadeva-Senior Professor in Archeology, University of Kelaniya

Collaborative academic and professional activities with colleges and professional Organizations

Date	Partner Organisation	Activity	Target group
25 February	College of Ophthalmologists	Glimpse of Primary Eye Care – Clinical Meeting and Symposium on Eye Care for Ophthalmic Nurses	Doctors and Nurses
18 March	Ceylon College of Physicians (CCP)	Regional Academic Sessions: Achieving Health Excellence Through Person-Centred Care	Doctors and Nursing Officers
7 May	Sri Lanka College of Obstetricians and Gynaecologists (SLCOG)	Safe Motherhood Programme	Doctors, hospital staff and field obstetric care staff
14 May	Sri Lanka College of Cardiology	Cardiology Regional Sessions - Anuradhapura, including a parallel session	Doctors, nurses, cardiographers, radiographers and allied health staff
18 June	Stroke Association of Sri Lanka	Acute Stroke Care Training Programme	Doctors, nurses and therapists
21 July	Vaccine Forum	Academic session (specific event title not provided)	Doctors
21 October	Sri Lanka College of Paediatricians	CME programme	Doctors and nurses

Other Specialised training workshops

Date	Activity	Partner Organisation / Resource persons	Target group
28 March	Operating Room Nurses Training Programme on Orthopaedics	AO Alliance	Nurses
19 May	SCOOP Protocol Workshop with Live Demonstration	Partner Organisation/resource persons not specified in spreadsheet	Doctors and nurses

Social and fellowship activities

Date	Activity	Description / Contributors
22 April	AMA Avurudu Festival '26	Annual New Year celebration featuring traditional games, competitions, dinner and DJ entertainment
28 April	AMA Voice 2026	Singing competition for AMA members and participants; associated with the CPD music Programme

Overall summary of AMA activities in 2026

Category	Number of activities
MD Preparation MCQ Programme	13
CME Lectures	17
Neeroga Radio Programmes	32
CPD Workshops	7
Collaborative Sessions with Professional Colleges/ Associations	7
Social and Fellowship Activities	2
Other Specialized Workshops	2
Pre-congress Workshops	3
Pre-congress lectures	1
Total	85

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References: 1. Influvac Tetra | WHO - Prequalification of Medical Products (IVDs Medicines, Vaccines and Immunization Devices, Vector Control) last accessed on 13th Augusr 2025. 2. Centers for Disease Control and Prevention. Quadrivalent Influenza Vaccine. [Internet] [Updated 2019 Nov 6] [Cited 2023 Jan 16]. Available at: https://www.cdc.gov/flu/prevent/quadrivalent.htm. 3. Shah R et al. Advantages of Subunit Influenza Vaccine: An Overall Perspective. AJPP. 2018; 1(5): 19-28. 4. Wood JM, Williams MS. History of inactivated Influenza vaccines. In: textbook of influenza. Oxford: Blackwell Science 1998, pp. 317-323 5. Hovden AO et al. Influenza: the virus and prophylaxis with inactivated influenza vaccine in "at risk" groups, including COPD patients. Int J Chron Obstruct Pulmon Dis. 2007;2(3):229-40

Abbreviated Prescribing Information
For the Use of a Registered Medical Practitioner Only GENERIC NAME: Inactivated Influenza Vaccine (Surface Antigen) I.P. BRAND NAME : INFLUVAC® 2025/2026 (Suspension for injection) QUALITATIVE AND QUANTITATIVE COMPOSITION: Influenza virus surface antigens (haemagglutinin and neuraminidase) of the following strains*: A/Victoria/4897/2022 (H1N1) pdm09-like strain 15 micrograms HA** (A/Victoria/4897/2022, IVR-238) A/Croatia/10136RV/2023 (H3N2)-like strain 15 micrograms HA** (A/Cro tia/10136RV/2023, X-425A) B/Austria/1359417/2021-like strain 15 micrograms HA** (B/Aastria/1359417/2021, BVR-26) per 0.5 ml dose * propagated in fertilized hens' eggs from healthy chicken flocks ** haemagglutinin This vaccine complies with the World Health Organization (WHO) recommendation (Northern hemisphere) and competent authority decision for the 2025/2026 season Influvac® may contain traces of eggs (such as ovalbumin, chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80 or gentamicin, which are used during the manufacturing process. THERAPEUTIC INDICATIONS:Prophylaxis of influenza, especially those who run an increased risk of associated complications. Influvac® is indicated in adults and children from 6 months of age. The use of Influvac® should be based on official recommendations.Vaccination is particularly recommended for the following categories of patients, depending on national immunization policies: Persons aged ≥ 65 years, regardless their health condition. Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including asthma. Adults and children with chronic metabolic diseases such as diabetes mellitus. Adults and children with immunodeficiencies due to disease or immunosuppressant medication (e.g., cytostatics or corticosteroids) or radiotherapy. Children and teenagers (6 months - 18 years) who receive long-term acetylsalicylic acid containing medication and might therefore be at risk for developing Reye's syndrome following an influenza infection. POSOLOGY AND METHOD OF ADMINISTRATION: Posology: Adults: 0.5 ml. Paediatric population: Children from 36 months onwards: 0.5 ml. Children from 6 months to 35 months: Clinical data are limited. Dosages of 0.25 ml or 0.5 ml may be given. The dose given should be in accordance with existing national recommendations. For children who have not previously been vaccinated, a second dose should be given after an interval of at least 4 weeks. Children less than 6 months: The safety and efficacy of Influvac® in children less than 6 months have not been established. No data are available. Method of Administration: Immunization should be carried out by intramuscular injection or deep subcutaneous injection. CONTRAINDICATIONS: Hypersensitivity to the active substances, to any of the excipients (Potassium Chloride, Potassium Dihydrogen Phosphate, Disodium Phosphate Dihydrate, Sodium Chloride, Calcium Chloride Dihydrate, Magnesium Chloride Hexahydrate and Water for Injections) or to any component that may be present as traces such as eggs (ovalbumin, chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80 or gentamicin. Immunization shall be postponed in patients with febrile illness or acute infection. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine. Influvac® should under no circumstances be administered intravascularly. As with other vaccines administered intramuscularly. Influvac® should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following an intramuscular administration to these subjects. Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress related reactions can occur following, or even before, any vaccination as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. Influvac® is not effective against all possible strains of influenza virus. Influvac® is intended to provide protection against those strains of virus from which the vaccine is prepared and to closely-related strains. As with any vaccine, a protective immune response may not be elicited in all vaccinees. Antibody response in patients with endogenous or iatrogenic immunosuppression may be insufficient. This medicine contains less than 1 mmol sodium (23 mg) per dose, i.e., essentially 'sodium free'.This medicine contains potassium, less than 1 mmol (39 mg) per dose, i.e., essentially "potassium- free". PREGNANCY AND LACTATION: Pregnancy: Inactivated influenza vaccines can be used in all stages of pregnancy. Larger datasets on safety are available for the second and third trimester, compared with the first trimester; however, data from worldwide use of influenza vaccine do not indicate any adverse foetal and maternal outcomes attributable to the vaccine. Breastfeeding: Influvac® may be used during breastfeeding. Fertility: No fertility data are available UNDESIRABLE EFFECTS: Very common (≥1/10), common adverse effects (≥1/100, <1/10) observed during clinical trials were headache, fatigue, drowsiness, myalgia, malaise, sweating, arthralgia, diarrhea & vomiting and local reactions such as redness, swelling, pain, ecchymosis, induration. Most reactions usually occurred within the first 3 days following vaccination and resolved spontaneously within 1 to 3 days after onset. The intensity of these reactions was generally mild. Other common adverse effects observed are myalgia, fever, malaise, shivering and fatigue. Adverse reactions reported from post marketing surveillance are, next to the reactions which have also been observed during the clinical trials include transient thrombocytopenia, transient lymphadenopathy, allergic reactions, in rare cases leading to shock, angioedema, neuralgia, paresthesia, febrile convulsions, neurological disorders, such as encephalomyelitis, neuritis and Guillain Barré syndrome. Vasculitis associated in very rare cases with transient renal involvement. Generalized skin reactions including pruritus, urticaria or non-specific rash. ISSUED ON: 10th September 2025 SOURCE: Prepared based on full prescribing information, version NIL dated April 2025 For full prescribing information, please contact Medical Sciences Division, Abbott India Limited, Godrej BKC, Plot No. C – 68, BKC, Near MCA Club, Bandra (E), Mumbai – 400 051.
For Additional Information please contact Abbott Medical Science

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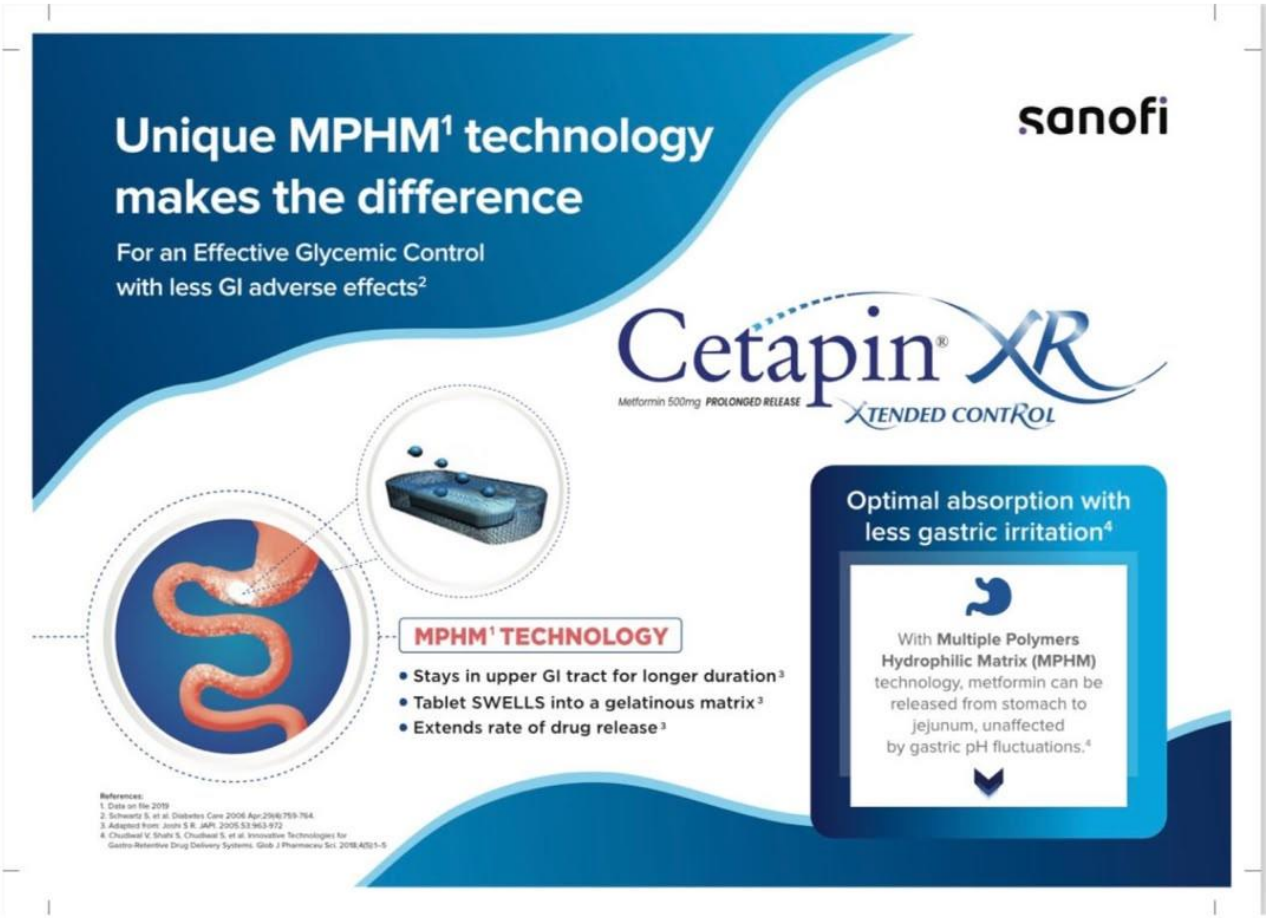


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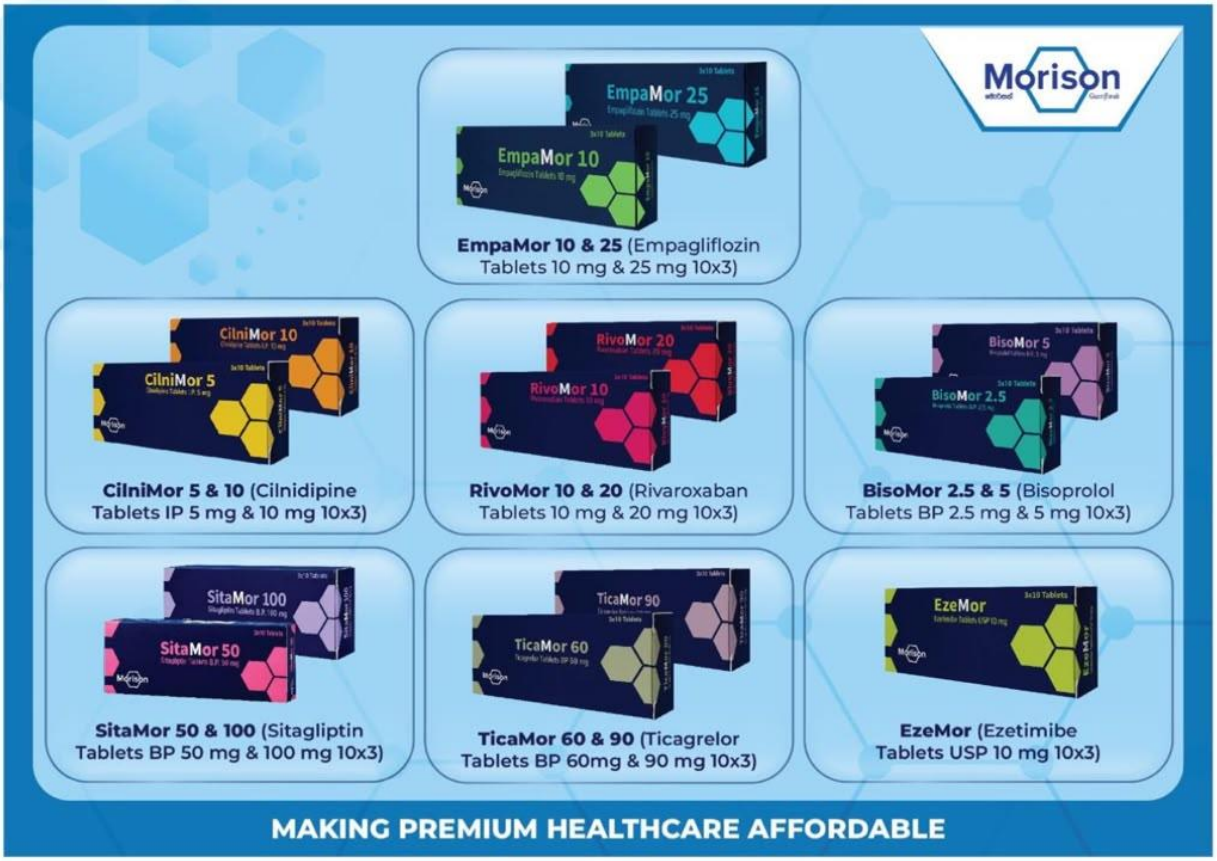
Morison
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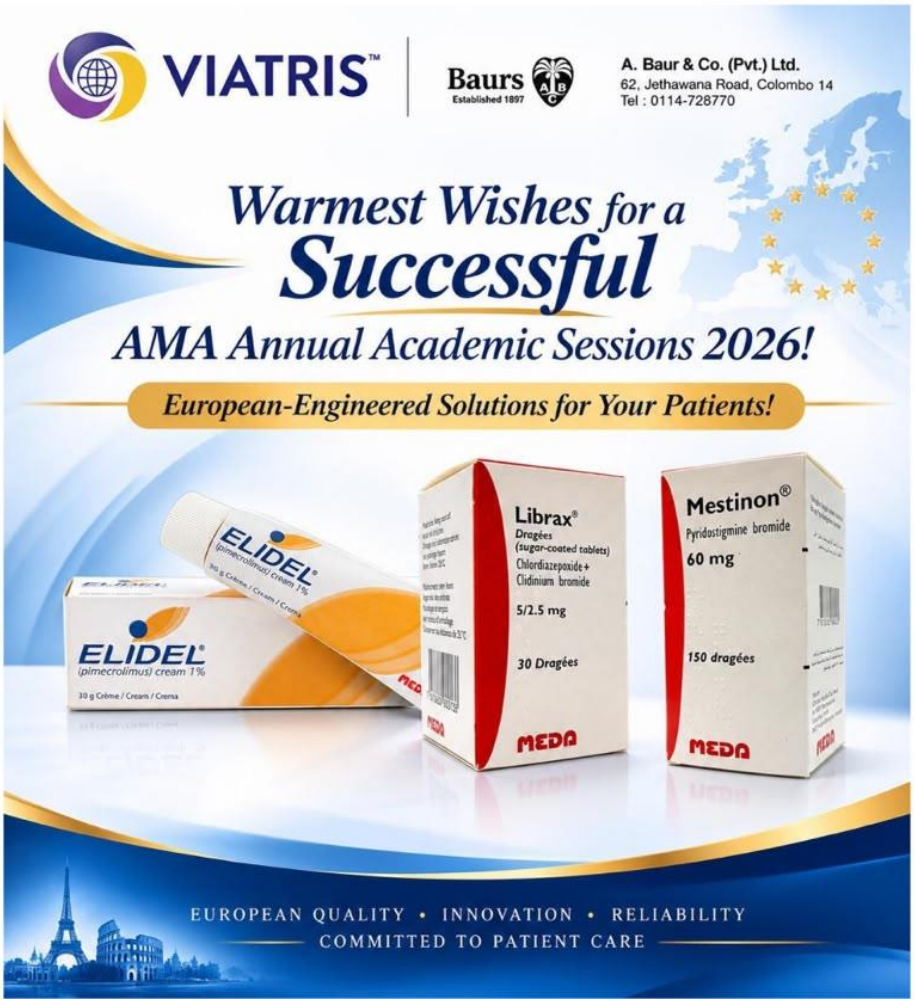
EmpaMor 10
EmpaMor 10 & 25 (Empagliflozin Tablets 10 mg & 25 mg 10x3)
CilniMor 10
CilniMor 5
CilniMor 5 & 10 (Cilnidipine Tablets IP 5 mg & 10 mg 10x3)
RivoMor 20
RivoMor 10
RivoMor 10 & 20 (Rivaroxaban Tablets 10 mg & 20 mg 10x3)
BisoMor 5
BisoMor 2.5
BisoMor 2.5 & 5 (Bisoprolol Tablets BP 2.5 mg & 5 mg 10x3)
SitaMor 100
SitaMor 50
SitaMor 50 & 100 (Sitagliptin Tablets BP 50 mg & 100 mg 10x3)
TicaMor 90
TicaMor 60
TicaMor 60 & 90 (Ticagrelor Tablets BP 60mg & 90 mg 10x3)
EzeMor
EzeMor (Ezetimibe Tablets USP 10 mg 10x3)
MAKING PREMIUM HEALTHCARE AFFORDABLE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