patients were able to achieve pre-operative intensity and pitch in 3 months.

Conclusion

When voice is objectively assessed EBSLN injury is 14.8% and the RLN injury 62.9% at 2weeks in this cohort. These changes are temporary. Voice return to normal at 3 months and the higher incidence of RLN injury is likely to be due to traction.

PP 05

ANALYSIS OF INTRAOPERATIVE PANCREATIC FLUID ASPIRATE IN PATIENTS WITH CHRONIC PANCREATITIS UNDERGOING LATERAL PANCREATICJEJUNOSTOMY.

S ...nera, Yogesh Kumar

Kasturba Medical College, Manipal University, India

Introduction

Chronic pancreatitis is a progressive inflammation of the pancreas leading to permanent anatomical as well as functional damage. Lateral pancreaticojejunostomy is one of the most commonly employed drainage procedure used for its treatment. The intra-operative pancreatic duct aspirate is an important source to analyse the lithogenic property, cytodiagnosis to suspect occult neoplasms and to isolate the causative organism. The objective of the study was to analyse the intra-operative pancreatic duct aspirate during lateral pancreaticojejunostomy in the form of cytology, culture and antibiotic sensitivity and lithogenicity.

Methods

It is a prospective and observational study of 18 months duration conducted in the hospitals of Kasturba Medical College, Mangalore. In the current study with patients undergoing Lateral Pancreaticojejunostomy study, the pancreatic duct aspirate was carefully collected and sent for analysis.

Results

Total number of cases studied are 20. The aspirate culture was positive in 5 patients (*E. coli* in 4 patients and *Citrobacter* and *Enterobacter fecalis* in one patient). Cytodiagnosis was negative for all patients. The mean calcium levels of patients were within normal limits.

Conclusion

The intra-operative pancreatic duct aspirate is an useful source to isolate the organism and to study the antibiotic sensitivity. *E. Coli* was the most common organism isolated in the study group. More number of cases may be required to assess the role of cytodiagnosis and to predict the lithogenicity.

PP 06

PATTERNS OF BILE DUCT INJURIES OBSERVED DURING ENDOSCOPIC RETROGRADE CHOLANGIOGRAM: 13 YEARS OF EXPERIENCE IN A TERTIARY CARE REFERRAL CENTRE

MAC Lakmal, B Dasanayake, KAN Chanaka, A Pathirana, B Gamage, T Wijerathne, IWMP Wanigasooriya, M de Silva

Colombo South Teaching Hospital, Sri Lanka

Introduction

Endoscopic Retrograde Cholangiogram (ERC) has diagnostic and therapeutic indications in the management of bile duct injuries. Data on this aspect in the Sri Lankan setting is scarce.

Methods

Retrospective analysis of the ERC findings of patients with suspected bile duct injuries from 2003 to 2016 was done. Injuries were categorized by Bismuth-Strasberg classification (A-E). E (1-5) were considered as major injuries. Iatrogenic bile duct injuries (IBDI) were grouped under laparoscopic (LC), converted to open (LCOC) and open cholecystectomy (OC)

Results

Over 13 years, 3567 ERCPs were performed in biliary tree and 106 patients had suspected biliary injuries, of which 93(2.6%) were confirmed. Seventy two (78%) were females. Mean age was 44 years (range 10-80). The majority of injuries were IBDI (n=87,93%), 46 following LC, 15 after LCOC, and 26 after OC. Trauma was the cause in 6 patients. In IBDI group, 47% had major injuries, with Bismuth types A–36%, D–10%, E1-9%, E2-29%, E3-13%, E4-3%. There was no difference with regards to the severity of injury in the 3 surgery groups. All minor injuries were managed with stenting. The need for reconstructive surgery was significantly more with major biliary injury (p >0.01) and OC(p=0.01), and was significantly less in LC(p=0.01).

Conclusion