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OP 28  
**DISEASE PATTERN IN SRI LANKAN IBD PATIENTS**

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**Introduction**

The prevalence of inflammatory bowel disease (IBD) is increasing worldwide. We assessed the pattern of disease in a cohort of Sri Lankan IBD patients.

**Methods**

Information was collected from IBD patients attending the gastroenterology clinic of the National Hospital of Sri Lanka from March to June 2016. All cases had endoscopic and histological confirmation of IBD. Demographic, clinical and investigation findings were recorded. Disease activities were calculated by Simple Clinical Colitis Activity Index (SCCAI) for ulcerative colitis (UC) and Harvey-Bradshaw index for Crohn's disease (CD).

**Results**

There were 129 patients (UC=100, CD=29). Age: range 14-81 years (mean=47, SD=16). 48 (48%) UC and 10 (34%) CD patients were females. Twenty one (21%) UC and 8(28%) CD patients had at least one immune-related comorbidity. Eleven (11%) UC and 7 (24%) CD patients have had reactions to at least one food or drug and 3 (3%) UC patients have a confirmed family history of UC in a first degree relative. Medications used at the time of review were: Sulphasalazine – 105 (81%), Prednisolone – 11(9%), Azathioprine – 55 (43%) and Amitriptyline – 11 (9%). Fifty four (42%) are on multidrug therapy and 80 (62%) had received oral steroids in the past. Nine (31%) CD and 1 (1%) UC patients had undergone surgery. Average disease activities were: before treatment (UC=12.72, CD=10.94) and on treatment (UC=2.81, CD=3.90).

**Conclusion**

UC is more common than CD in Sri Lanka. Optimized medical treatment helps reduce disease activity. Sizeable numbers of CD patients have an immune related co-morbidity and need a surgical procedure.

OP 29

**LAPAROSCOPIC COMMON BILE DUCT EXPLORATION (LCBDE), SAFE TECHNIQUE FOR COMMON BILE DUCT STONES**

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**Introduction**

Laparoscopic Common Bile Duct exploration is a single stage, single stay procedure with low morbidity and mortality which is currently the gold standard for CBD stones.

**Methods**

We have started performing LCBDE in January 2013. Procedure was done using two 10mm and two/three 5mm ports. We used trans-ductal approach for majority and trans-cystic approach used only once. Stone extraction done with standard laparoscopic forceps vascular forgarty catheters, dormia basket followed by choledhocoscopy confirmation. We routinely placed T-tube and allowed to free drain and on post-operative D10 T-tube Cholangiogram was done to confirm complete clearance.

**Results**

LCBDE performed in 18 patients since January 2013. Twelve were female, age range from 27 to 84 years with mean of 56.8 years. Nine of them had previous ERCP and stenting (two patients had ERCP trice). Three patients had cholangitis preoperatively. During exploration 10 were having multiple stones while 7 having single stone in the duct system. One patient had common hepatic duct stones and all others had CBD stones. Average operative time was 4 hours and 5 minutes. We achieved 100% stone clearance. None of our patients experienced any major morbidity or mortality. Average hospital stay was 10.2 days ranging from 4 to 25 days. We have followed up patients since 2013 and only once we encountered recurrent stones and underwent re-exploration successfully.

**Conclusion**

LCBDE is a safe procedure for CBD stones with a significantly low morbidity and mortality in the hands of experienced laparoscopic surgeon

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**A NEW PARADIGM FOR ULTRASONOGRAPHY, AS AN OUTCOME PREDICTING TOOL IN**

**CHOLEDOCOLITHIASIS**

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**Introduction**

This study is designed to evaluate the effectiveness of ultrasonography as an outcome predicting tool in the management of choledocolithiasis.

**Methods**

This is a retrospective analytical study enclosing a continuous sample of 247 subjects for a period of five years until January 2016. The sample includes patient referred for endoscopic management of choledocolithiasis to a tertiary care Hospital. Ultrasound reporting was done by different consultant radiologists and senior registrars of the hospital and of referring hospitals.

**Results**

USS was 97.4% accurate in detecting intrahepatic duct dilatation. Stone count given in the USS is strongly correlated with the number of stones delivered during endoscopic removal (p<0.001). The difference in mean diameter of the CBD of patients with choledochal cyst (12.57mm) and of patients without choledochal cyst (12.39mm) is statistically significant (p <0.001). At 14.5 mm the negative predictive value for a choledochal cyst is 99.02%. Having multiple stones (Chi square p = 0.03) and having proximal or mid CBD stones (Chi square p = 0.02) were predictors of incomplete CBD clearance.

**Conclusion**

Ultrasonography is an excellent tool to detecting IHDD, stone count and the presence of a choledochal cyst. A CBD diameter of 14.5 mm in USS can be used as a cutoff for predicting extrahepatic choledochal cysts. Multiple stones and proximal or mid CBD stones are predictive of difficult CBD clearance.

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**DISEASE CHARACTERISTICS AND ENDOSCOPIC MANAGEMENT OF CHOLEDOCOLITHIASIS IN SRI LANKA**

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**Introduction**

This study is carried out to determine epidemiological, clinical and endoscopic characteristics of choledocolithiasis in Sri Lanka.

**Methods**

This is a retrospective analytical study enclosing a continuous sample of 253 subjects for a period of five years until January 2016. The sample includes patient from many parts of the island referred for endoscopic management of choledocolithiasis to a tertiary care hospital. Data is collected from the ERCP data base of the unit and from patient records.

**Results**

Mean Age of the patients is 53.6 and majority were females (58.9%). Patients were presented with obstructive jaundice (58.5%), cholangitis ( 25.3%), biliary colic or upper abdominal pain (14.2%) and biliary pancreatitis(2%). Patients presenting with cholangitis were significantly older than the patients with biliary colic (p-<0.001). In 173 patients (68.4%) ultrasound has detected gall bladder calculi. 36 patients (14.2%) had juxta-papillary diverticuli. Stones were commonly found in distal CBD (68.4%) and majority had a single stone (47.8%). ERCP detected choledochal cysts in 21(8.3%) and CBD strictures in 9 (3.6%) patients. CBD clearance was achieved endoscopically in 55.6% of patients in one attempt and 35.6% patients were stented.

**Conclusion**

Advanced age is correlated with grave complications of choledocolithiasis like jaundice and cholangitis. Patients with multiple CBD stones and proximal or mid CBD stones are more likely to require further endoscopic or surgical care.

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**RESECTION MARGINS AND LYMPH NODE CLEARANCE IN LAPAROSCOPIC ASSISTED PANCREATICO-DUODENECTOMY**

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**Introduction**

Pancreatico-duodenectomy is the curative resection for carcinoma of head of the pancreas and periampullary