OP 1

Upper limb muscle strength and endurance in Chronic Obstructive Pulmonary Disease Mahaarachchi DP¹, Madushantha RR¹, Eshani MDP¹, Weerasinghe N¹, Jayakody NM¹, Wijekoon PWMCSB²

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Introduction: Skeletal muscle weakness is an overlooked effect of chronic obstructive pulmonary disease (COPD).

Objectives: In this case-control study we compared skeletal muscle strength and endurance of a group of patients with COPD with a comparable group of healthy volunteers.

Methods: Upper limb muscle strength and endurance of 18 males and 12 females from a medical clinic of a tertiary care hospital with diagnosed COPD was measured by a handgrip dynamometer using prescribed protocol and was compared with muscle strength and endurance of 30 healthy age, gender and body mass index (BMI) matched volunteers. Patients with concomitant severe cardiac, neurological and rheumatological conditions were excluded. Data were analyzed using SPSS version 16. Two sample T-test was used to identify the statistical significance.

Results: There was no significant difference in BMI of cases and controls (males mean BMI: cases 19.8kgm², controls 20.4kgm²; p = 0.73; females mean BMI: cases 20.4kgm², controls 18.6kgm²; p = 0.19). Muscle strength and endurance were significantly lower in cases when compared with controls, both in males (mean muscle strength: cases 19.8kg, controls 29.3kg, p<0.001. mean endurance: cases 80.6s, controls 190.2s, p<0.001) and females (mean muscle strength; cases 11.8kg, controls 23.3kg, p<0.001, mean endurance: cases 49.3s, controls 111.3s, p<0.001).

Conclusions: In this study a population of patients with COPD had significantly lower muscle strength and endurance. Since muscle weakness contributes to poor ventilation and quality of life, programmes to improve muscle strength and endurance should be considered in the management of COPD.

OP 2

Utility of WIfI foot assessment tool in a Sri Lankan setting; an initial experience

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Introduction: Potential for limb salvage and wound healing in a lower limb ulcer depends on degree of ischemia, wound grade and superadded foot infection.

Objectives: Our objective was to assess the feasibility of applying WIfI classification system to stratify patients presenting with limb ulceration according to risk of undergoing amputation and benefit of revascularization.

Methods: Fifty four consecutive patients with ulcerated limbs presenting over two months to the University unit at the National Hospital were staged according to the Society for Vascular Surgery(SVS) Wound, Ischemia, and Foot Infection (WIfI) classification system.

Results: The median age was 64 (39-93), and 42 (79%) patients were males. Diabetes (87%), hypertension (53%), ischemic heart disease (14%), cerebrovascular disease (13%), chronic renal disease (13%) were identified risk factors. Smoking was reported among 35%. Median Anterior Tibial Artery(ATA), Posterior Tibial Artery(PTA), Toe pressures, Ankle Brachial Index, Pole test values of the affected side lower limbs were 114.5mmHg, 107.5mmHg, 41mmHg, 0.87 and 85cm respectively. Values for the contralateral limb were 140mmHg, 120mmHg, 74mmHg, 1.0 and 85cm respectively.