

*"Regional Co-operation for
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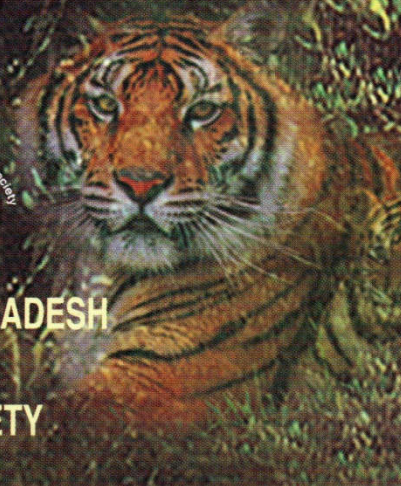
Abstracts

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**SOCIETY OF SURGEONS OF BANGLADESH
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ACUTE APPENDICITIS IN PATIENTS WITH SITUS INVERSUS VISCERUM

A K. Chowdhury, PB Roy, Md. R Karim, H Meah

Department of Surgery, USTC, Chittagong.

Diagnosis of acute appendicitis is easy in classic presentation but it appears difficult in atypical presentation specially in patients with situs inversus viscerum (SIV). Acute colicky periumbilical pain, which shifts to left iliac fossa, nausea, vomiting, anorexia and rise of body temperature are the usual symptoms of acute appendicitis in patients with SIV. Presence of tenderness, muscle guarding, rebound tenderness in the left iliac fossa, positive reverse type of Rovsing's sign, clinical and radiological and imaging evidences of situs inversus viscerum are strong supporting-findings for diagnosis of the disease in this rare occasion. By applying gridiron- incision over the left iliac fossa, detection of caecum and vermiform appendix needs additional effort, skill and experience here. Failure to diagnose the case in time may cause rapid spread of infection due to short greater omentum. There is necessity of searching other congenital abnormality. Cascade of nodal and perhaps lefty genes which are of TGF-B family are considered to be responsible for SIV. In a study of 760 cases of acute appendicitis two patients were with SIV. Both of the patients were males (25 years and 65 years). In one case preoperative diagnosis of acute appendicitis was proved to be right and in other it is was discovered only after laparotomy, which was indicated for generalized peritonitis. There was postoperative wound infection in this case and it was controlled by appropriate antibiotics and wound dressings . Both the cases were cured. Laparoscopy might have been of great value both in the diagnosis and treatment of such cases.

MISC-6

ANALYSIS OF CASES WITH SURGICAL PROBLEMS DUE TO TUBERCULOSIS

Ashish K. Chowdhury, PB Roy, R Karim, Hasan Meah

University of Science and Technology, Chittagong.

An analysis is made on medical records of 190 patients who had various lesions due to tuberculosis. These patients were consulted and managed in the Surgical Department of USTC and some private clinics in Chittagong from December 1999 to July 2004. The analysis is made to study the age of the patients, sex, organ involved, type of lesions and problem detected, technique of diagnosis, methods of treatment and the result of it. Age ranges from 14-70 yrs. Adults aged from 25-45 yrs were dominating (140, 73.68%). Male and female ratio was 10:9. Sixty patients (31.58%) were with peripheral lymphadenitis with or without cold abscesses. 48 (25.26%) had abdominal tuberculosis and out of which 12 were admitted with acute abdomen. Involvement of breast was in 16 cases (8.42%); problems of urinary system were in 8 cases, (4.21%). Caries spine with cold abscess was in 16 cases (8.42%), 8(4.21%) cases were with ano-rectal problems and 8(4.21%) cases were with pneumothorax and pyeopneumothorax 3 (1.57%) cases had more than one surgical pathology. Skin ulcers were in 8 cases (4.21%), 15 (7.89%) cases were with epididymo-orchitis and epididymitis. In 90 cases (47.36%) there was pulmonary tuberculosis. Diagnosis was made by usual method, which also includes FNAC and Histopathology. Besides medical treatment different types of surgical intervention were needed in 112(58.98%) cases. Results of treatment were good. There was no mortality. Wound infection occurred in 12 cases and they were managed by appropriate antibiotics and wound dressings. Monthly follow up was done only in 35 cases. In 30 cases there was no obvious complain. Three cases come with recurrent intestinal obstructions. One of this was operated for multiple structure of small gut and two other got relief by conservative treatment. In three cases caseated cervical lymph nodes were removed. Almost all patients tolerated anti-TB drugs well except in a few cases there was temporary complain of nausea, anorexia, digginess etc. Most of the patients are from poor and middle class family and having minimum educational qualifications.