Abstracts from the XXVI Biennial Congress of the International Society of University Colon & Rectal Surgeons, Cape Town, South Africa, September 4-7 2014

Marc E. Brozovich M.D.*
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Abstract

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4 - 7 SEPTEMBER 2014 • CAPE TOWN

Colorectal Teamwork

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Abstract: Background: 70% of the 24 million people predicted to have cancer by 2050 will live in low- and middle-income countries (LMIC). As a result, cancer care is becoming a priority for healthcare systems in West Africa. This study compares the presentation and pattern of spread of colorectal cancer (CRC) observed in a hospital in West Africa to that of a North American referral center.

Methods: Data on all adults presenting with CRC at a hospital in West Africa (1990-2011) and all adults with stages III or IV CRC at a specialty hospital in North America (2005-2011) were retrospectively examined. Demographic data, stage of disease, site of metastasis, and survival were compared.

Results: There were 160 patients identified in West Africa and 1,947 patients identified in North America. West African patients were younger (52 vs 59 years, p<0.01) and presented with a later stage of disease (58% stage IV versus 47%, p<0.01). 19% of West African patients presented with liver metastases, compared to 79% of North American patients (p<0.01). Conversely, 91% of patients in West Africa presented with portalveolar metastases, compared to 21% in North America (p<0.01). Amongst stage-matched patients, survival was significantly lower in West Africa.

Conclusion: We found differences in the presentation, metastatic pattern, and outcomes of CRC in West Africa when compared to North America. Late detection and differential tumor biology may drive the differences observed between the sites. Future studies on early CRC detection and treatment in this region.

Presenting Author: Olusegun Alatise

Abstract Title: Audit of management of fistula in ano in a Nigerian Tertiary health facility

Abstract: Introduction: Fistula in ano is a common proctological disease with varying treatment technique and outcome. The purpose of this study is to audit the outcome of operative management of fistula in ano at Obafemi Awolowo University teaching Hospitals Complex, Ile-Ife, Nigeria

Methods: Consecutives cases of anal fistula who presented at our hospital from January 2007 to December 2013 were study subjects. Patients with known or subsequently diagnosed malignancy were excluded from the study. Standard questionnaire was used to retrieve the data and this was analysed with both descriptive and inferential statistical using SPSS version 21.

Results: Overall 48 patients (40 males and 8 females) with a median age presentation of 38.5 years (range: 22-64 years) were treated surgically for fistula in ano. The median duration of symptoms was 8 months (range: 1 - 216 months). Thirty eight patients had no predisposing factor, while 5 patients had diabetic mellitus, 3 had tuberculosis and 2 had fistulizing Crohns disease. Anterior external opening was found in 28 patients. Thirty seven patients had low fistula in ano. The most common surgical procedure was fistulectomy in 26 patients. Two patients had colostomy and fistulotomy done. Duration of follow up ranges from 6 months to 4 years. Two patients had recurrence of the disease. Two patients had mild incontinence.

Conclusion: Our study showed the outcome of management of patients with fistula in ano is comparable with most data in literature.

Presenting Author: Sung Uk Bae

Abstract Title: Extramesenteric Lymph Node Dissection for Colon Cancer: Is it beneficial?

Abstract: Background: The treatment strategy and benefit of extended lymph node dissection concerning patients with preoperatively diagnosed paraaortic or lateral pelvic lymph nodes remained highly controversial. Recently, the role of neo-adjuvant treatment has been evaluated in patients with metastatic presentation of hepatic metastases. In the current study, we analyzed the prognosis of colon cancer with extramesenteric lymph node metastasis to clarify whether dissection of these nodes is beneficial or not.

Methods: From 1965 to 2000, there were 245 patients collectively with Primary Lymphoma of the Small Intestine and Colorectal area. There were 147 small bowel lymphoma and 18 colorectal cases that underwent surgery by resection, bypass or exploration. The most frequent symptoms in (SBPL) was weight loss, abdominal pain, diarrhea, fever, vomiting, melena in addition to abdominal mass, clubbing, ascites, hepatomegaly. It was complicated by malabsorption syndrome, peritonitis, obstruction, jaundice. The most frequent symptom of (CRPL) was intestinal obstruction, abdominal mass, dyspepsia, rectal bleed-ing, diarrhea and weight loss. The most frequent site in (SBPL) was a tumor located in the duodenum in 10 cases, the jejunum 37 cases, and the ileum 53cases. In the (CRPL), 13 were rectal 54 cases, 19 in the ileum with Multicentric in 127. While the location in the (CRPL) were the cecum 6, ascending colon 7, transverse colon 1, sigmoid colon 2, rectum 2. Histologically, there were 178 high-grade and 49 low-grade non-Hodgkins lymphoma and in the (CRPL), 8 were high-grade and 9 low-grade non-Hodgkins lymphoma. There was 1 Burkitts lymphoma.

Results: Radical surgery was performed on 201 patients of all stages in (SBPL) with 179 patients having chemotherapy, 8 had radiation treatment with 14 having the combination of chemotherapy/radiation therapy. Survival rate for (SBPL) was 92 cases (42%) for 2 years, 55 cases (28%) for 5 years. The (CRPL) revealed 14 cases (52%) survival of 2-4 years and 12 cases (48%) survived an average of 10 years.

Conclusion: Intestinal Lymphoma differs significantly from the gastric lymphoma. Our experience shows improvement in the prognosis with the combination of treatments in the early localized lesion. It supports the efficacy of surgery combined with chemotherapy in obtaining a good remission. The most common pathological type in the small bowel was lymphoplasmacytic type and in the large bowel was the diffuse low grade (MALT) type or Large-B Cell lymphoma.

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Methods: From a prospective surgical database of colorectal cancer patients, a total of 1109 patients who underwent curative surgery for stage II and III colonic adenocarcinoma without neoadjuvant treatment between October 1988 and December 2009 were retrieved. Lymph nodes confined to mesocolon were classified as regional lymph nodes, and those harvested during paraaortic lymph node dissection (PALND) or lateral pelvic lymph node dissection (LPLND) were defined as extramesenteric lymph nodes (EMLN). Extents of nodal dissections were defined as removal of all the lymphoareolar tissues along with the aorta between the left renal vein and the bilateral common iliac vessels in PALND and removal of all the fibrous and fatty tissues from common iliac vessels to obturator internus muscle in LPLND.
Results: 953 (86.0%) patients underwent regional lymphadenectomy and 156 (14.0%) patients underwent EMLND (14.0%) and of those, 130 (11.7%) patients underwent PALND and 26 (2.3%) patients LPLND. When the LN group was subdivided as defined by the AJCC, pathologic examinations revealed N1 in 754 (68.0%) patients, N2 in 304 (27.4%) patients, PALNM in 50 (4.5%), and LPLNM in 1 (0.1%) patients. 5-year OS and DFS were significantly better in the regional N2 group than in EMLN group (OS: 66.6% vs 33.9%, P <0.001; DFS: 57.8% vs 26.5%, P <0.001). 5-year OS and DFS were not significantly different between the EMLN and liver metastasis patients who underwent curative resection (OS: 33.9% vs 38.7%, P= 0.080; DFS: 26.5% vs 27.6%, P= 0.604).

Conclusions: EMLN can be considered as resectable distant metastasis in colon cancer, although EMLN is associated with poorer survival than regional lymph node metastasis. However, whether there is a net benefit for upfront chemotherapy as compared to initial resection for patients with a metachronous presentation of potentially resectable extramesenteric metastases remains uncertain.

Presenting Author: Sung Uk Bae
Co-Authors: Sung Uk Bae; Nam Kyu Kim

Abstract Title: Robotic lymphovascular dissection around the inferior mesenteric artery with preservation of the left colic artery for the treatment of distal rectal cancer using firefly technique

Abstract: Background: Lymphovascular dissection around the inferior mesenteric artery(IMA) with preservation of the left colic artery has been performed laparoscopically by some surgeons for rectosigmoid cancer. By integrating intraoperative near infrared fluorescence (INIF) imaging imaging into the da Vinci Si Surgical System, surgeons can identify the vascular anatomy in real-time with technical advantages of robotics useful for meticulous lymphovascular dissection. Herein, we report our initial experience using firefly technique for low ligation of IMA.

Methods: The study group included 11 patients who underwent a robotic total mesorectal excision with preservation of the left colic artery for the treatment of distal rectal cancer using firefly technique between July 2013 and December 2013. Two times of 5 mg/mL indocyanine green (ICG) dye were injected prior to near-infrared imaging to identify the left colic branch of the inferior mesenteric artery and collateral vessels near the IMV. Lymphovascular dissection time was measured from the lymph node dissection around the inferior mesenteric artery, until superior rectal artery was divided.

Results: The procedures included 5 low anterior resections and 6 ultra-low anterior resections and loop ileostomy was performed. The median total operation was 327 min(226-490). Low ligation time was 10 min(6-20) and the interval between ICG injection and division of the superior rectal artery was 5 min(2-8). The estimated blood loss was 200 ml (100-500). The median time to soft diet was 4 days (4-5) and length of stay was 7 days (5-9). There was no complication associated with ICG dye administration and no anastomotic leakage occurred. The median total number of lymph nodes harvested was 17(9-29).

Conclusions: Robotic lymphovascular dissection around the inferior mesenteric artery with preservation of the left colic artery using firefly technique was feasible and safe for rectal cancer tumors for identification of the vascular structure.

Presenting Author: Yoshiko Bamba
Co-Authors: Yoshiko Bamba; Michio Itabashi; Sayumi Nakao; Mamiko Ubukata; Sanae Kaji; Hirosawa Tomoichiro; Ogawa Shinpei; Shingo Kameoka

Abstract Title: Is current surgical equipment suited for female surgeons?

Abstract: The number of female surgeons has increased in recent years, and approximately 20% of surgeons are women in Japan. In addition, with the dissemination of laparoscopic colon surgery and expansion of its indications, the number of female surgeons engaging in not only laparotomy but also laparoscopic surgery is actually increasing. However, due to the size and rigidity of surgical equipment, it is difficult for female surgeons to use. It is well known that differences in frame and muscle mass exist between Westerners and Japanese individuals.

Measurements of grip strength for a single hand and both hands among the surgeons in our department showed large differences between the means of female surgeons (r=20; 29.6 kgf and 41.8 kgf) and male surgeons (r=20; 42.2 kgf and 59.6 kgf). It has also been reported that firing circular staplers presents the biggest problem for female surgeons, and that one in three female surgeons feels that circular staplers are heavy. In laparoscopic surgery for example, surgeons require physical strength in addition to mental strength due to maintaining an unstable posture for long periods of time, grasping forceps and surgical equipment, and firing linear and circular staplers. Recent advances in surgical equipment have begun to enable surgery that is more labor-saving yet safe. Automatic linear staplers, for example, are innovative. Automatic equipment that is labor-saving while also stable and reliable may be expected to become essential in the future. Furthermore, devices such as vessel sealing systems, and energy devices designed for smaller hands such as those of female surgeons are also important. Devices that fit the hands and are easy to maneuver enable reductions in operative time and the amount of bleeding. We herein investigated the possibility of realization of shortened surgery that alleviates the burden on female surgeons and is also safe and reliable.

Presenting Author: Naohito Beppu
Co-Authors: Naohito Beppu; Nagahide Matsubara; Masashi Noda; Hidenori Yanagi; Naohiro Tomita

Abstract Title: Pathological Evaluation of the Response of Mesorectal Positive Nodes to Preoperative Chemoradiotherapy in Patients with Rectal Cancer

Abstract: Background: The response of positive mesorectal lymph nodes to chemoradiotherapy remains largely unstudied in patients with rectal cancer. Herein, we report our initial experience using firefly technique for low ligation of IMA.

Methods: The study group included 11 patients who underwent a robotic total mesorectal excision with preservation of the left colic artery for the treatment of distal rectal cancer using firefly technique between July 2013 and December 2013. Two times of 5 mg/mL indocyanine green (ICG) dye were injected prior to near-infrared imaging to identify the left colic branch of the inferior mesenteric artery and collateral vessels near the IMV. Lymphovascular dissection time was measured from the lymph node dissection around the inferior mesenteric artery, until superior rectal artery was divided.

Results: Among 178 patients, 68 (38.2%) had 200 positive lymph nodes. We investigated the relations among TRG, LRG, and the sizes of positive lymph nodes. Results: Among 178 patients, 68 (38.2%) had 200 positive lymph nodes. We first investigated the relations of positive nodes to TRG and LRG and found that the response of the primary tumour to chemoradiotherapy correlated with the response of positive nodes. Next, we investigated the correlation between LRG and the size of positive nodes. Scores of TRG 1 and 2 (minor and moderate regression) did not correlate with LRG or positive node size. In contrast, TRG 3 (good regression) correlated with LRG and the size of positive nodes. Next, assessment of the relation between the sizes of positive nodes and complete degeneration to LRG 3 showed that the most accurate cut-off score on receiver-operator-characteristics curve analysis was 6 mm in maximum diameter for TRG 3.

Conclusion: Predictors of the complete regression of positive nodes (i.e., an LRG 3 response) are 1) degeneration of the primary tumour to TRG 3 and 2) a positive node diameter of less than 6 mm.

Presenting Author: Jane Botha
Co-Authors: Jane Elizabeth Christie Botha; Clare Warden

Abstract Title: High Resolution Anal Manometry: A local retro-spective

Abstract: Background: We have been using High Resolution Anal Manometry for anal function testing (AFT) since 2011, replacing the previous method of conventional manometry. The studies were conducted using a water-perfused catheter with 20 channels. The anal function of 164 patients was tested over a 38 month period. Indications taken into consideration were: AFT, gender, age, resting anal pressure, squeeze anal pressure and anal length.
Background: An effective handover plays an essential role in both patients’ safety and escalation of care during working hours.”

Abstract: Adequacy of safe surgical handover at a District General Hospital

Methods: A questionnaire was designed based on RCS recommendations and the Royal College of Surgeons (RCS) guidelines.

Results: The initial audit and re-audit involved 50 and 36 surgical doctors from 2011 to 2014 agreed the location of handover was appropriate and results were accessible compared to 60% of doctors in 2011 when handover was in the handover sheet. Bleep-free handover improved from 32% to 67%. 92% of doctors in 30 mins in 2014 with more than 90% agreeing to adequacy of handover time. Introduction of weekend handover sheet was found to be useful and appreciated by 95% of doctors. Overall, doctors satisfaction rate improved from 60% to 72%.

Conclusion: The re-audit has shown significant improvement in the quality of our handover with more scopes for improvements. The hospital management should put great emphasis to training doctors with good handover skills and establish own local handover guidelines to achieve such standards.

Methods: All patients admitted to our Intestinal Failure Unit with proximal enterocutaneous or entero-atmospheric fistula and managed with re-feeding enteroclysis over a 4 year period were included in this study.

Results: 20 (15 males, 5 females) patients with proximal enteric fistulas were managed with chyme re-feeding fistuloclysis. Re-feeding could be established at a mean of 14 days and TPN weaned off by 20 days after admission to the unit. The mean output from the proximal limb was 1800mls and mean volume re-fed 1220mls per day. Additional enteric feed was infused, parallel to chyme re-feeding in 12 patients. All patients were managed without pharmacologic agents to delay gastrointestinal transit and additional IV fluids for the majority of time after successful re-feeding was re-established. There were no complications or deaths related to chyme re-feeding.

Conclusion: Re-feeding enteroclysis is feasible in selected patients managed with proximal enteric fistula. Adequate nutrition can be achieved without resorting to parenteral nutrition and fluid and electrolyte homeostasis achieved without intravenous and ministration.

Methods: A major contributing factor in the multi-factorial causes for fecal incontinence is constipation and the other with major fecal incontinence after surgery for anal pain that was more common in males. In keeping with the literature pressures found in males were higher than in females. Interestingly, anal sphincter length was similar for males and females. In the literature the anal length is longer in the male patient.

Conclusion: The referral for soiling and fecal incontinence had a higher incidence in the female patients. Interesting to note that there were only two null-gravid females under the group. One presented with chronic constipation and the other with major fecal incontinence after surgery for a peri-anal abscess. Dare one conclude that pregnancy and childbirth is a major contributing factor in the multi-factorial causes for fecal incontinence in women?

Presenting Author: Edem Coetzee

Co-Authors: Adam Boutilier; Paul Goldberg; Zahra Rahim

Abstract Title: Re-feeding enteroclysis as alternative to parenteral nutrition for enterocutaneous fistula

Abstract: The management of proximal enterocutaneous and entero-atmospheric fistula is challenging. Artificial nutritional support is required until gastrointestinal continuity can be re-established. Re-feeding enteroclysis is one of the modalities used in achieving this goal. This study describes re-feeding enteroclysis and its results in a cohort of patients managed using this technique in an intestinal failure unit.

Methods: A novel re-feeding technique in an intestinal failure unit.

Results: 20 (15 males, 5 females) patients with proximal enteric fistulas were managed with chyme re-feeding fistuloclysis. Re-feeding could be established at a mean of 14 days and TPN weaned off by 20 days after admission to the unit. The mean output from the proximal limb was 1800mls and mean volume re-fed 1220mls per day. Additional enteric feed was infused, parallel to chyme re-feeding in 12 patients. All patients were managed without pharmacologic agents to delay gastrointestinal transit and additional IV fluids for the majority of time after successful re-feeding was re-established. There were no complications or deaths related to chyme re-feeding.

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Abstract Title: Is Moviprep suitable for colon preparation in a rural setting for Lynch Syndrome surveillance?

Abstract:
A cohort of subjects with an hMLH1 mutation undergo colonoscopic surveillance in the Northern Cape Province of South Africa over 1 week, annually. Excellent preparation of the colon is essential to detect small right-sided lesions. This is difficult to achieve particularly in rural areas with limited toilet facilities and many family members preparing at the same time.

Aim: To evaluate Moviprep® as a preparation for colonoscopy in a cohort of subjects with Lynch syndrome in rural area.

Patients and Methods: Moviprep is a 21 polyethylene glycol (PEG) electrolyte solution containing ascorbic acid and sodium ascorbate marketed by Norgine. It is claimed that it provides a similar quality of preparation to the standard 4 l PEG preparation but with less volume and patient discomfort. 6 weeks prior to the surveillance week, a team travelled to the area. After informed consent, 71 individuals with at least an intact left colon and known to carry a C1528T mutation in the hMLH1 gene, were individually counselled on the importance of bowel cleansing and the specific use of Moviprep®. During the surveillance week, colonoscopies were performed at 4 venues in the Northern Cape. Subjects completed a questionnaire on arrival for surveillance colonoscopy. The quality of preparation was assessed visually at colonoscopy. The preparation was graded using the following criteria (The Harefield Cleansing Scale): A = all colon segments clean; B = at least 1 segment with residual amounts of brown liquid or semisolid stool, which can easily be displaced or removed; C = at least 1 segment with only partially removable stool, preventing complete visualization; D = at least 1 segment which cannot be examined due to solid stool). Grades A or B were accepted as successful preparation and C or D would be considered failed preparation. This study was passed by the Research Ethics committee of the University of Cape Town.

Results: Questionnaires on colonic preparation were completed by 64 of 71 subjects. 53 of 64 (83%) had used other colonic preparations previously. 57 of 64 (89%) would prefer Moviprep® for their next colonoscopy. A total of 46 patients of the 64 underwent colonoscopy. 41 of the 46 (89%) had acceptable colonic preparation.

Conclusion: Moviprep® provides adequate colonic cleansing in 89% of subjects undergoing surveillance colonoscopy in a rural setting. A similar number would like to use the same preparation for their next colonoscopy.

Moviprep® for this study was donated by Norgine.

Presenting Author: Merrenna Ishan De Zoysa

Co-Authors: Merrenna Ishan Malith De Zoysa; Dharmabandu Nandadeva Samarakuskeru; Upul Senarah; Chris Reid; Dilani Lokuhetty

Abstract Title: Correlation between expression of EGFR, VEGF, CXCR4 and Vimentin by colorectal carcinomas

Abstract:
Introduction: Colorectal carcinomas are known to vary in the expression of multiple biomarkers. Increased expression of Epidermal Growth Factor Receptor (EGFR), Vascular Endothelial Growth Factor (VEGF) and Chemokine Receptor4 (CXCR4) or reduced expression of Vimentin has shown to be associated with a poor prognosis. However the correlation between expressions of these markers is hitherto not adequately evaluated.

Objective: To study the correlation between expression of EGFR, VEGF, CXCR4 and Vimentin by colorectal carcinomas.

Materials and methods: Ninety one consecutive patients who underwent colorectal carcinoma resection at the National Hospital of Sri Lanka were included. Immunohistochemical expression of four biomarkers was evaluated on representative paraffinized tumour tissue.

Digital image analysis was performed using an Olympus F070 microscope and Neurolucida 7.50.4 software package. Average staining intensity of each biomarker was recorded for each case. Correlation analysis was performed. Pearson's Correlation Coefficient(r) was used to determine the strength of values indicating statistical significance.

Results: Correlation was moderate between EGFR and VEGF expressions(r=0.506, p=0.01) and between VEGF and CXCR4(r=0.639, p=0.01). Correlation was low between EGFR and CXCR4(r=0.301, p=0.01) and between EGFR and Vimentin(r=0.264, p=0.05). No correlation was observed between VEGF and Vimentin(r=0.172) and CXCR4 and Vimentin(r=0.087).

Conclusion: VEGF expressing colorectal carcinomas are also likely to express EGFR and CXCR4. Vimentin expressing tumours are less likely to express other biomarkers. Therefore, VEGF and Vimentin should be included in the initial biomarker panel used to assess prognosis in colorectal carcinoma patients, especially in resource limited settings.

Presenting Author: Merrenna Ishan De Zoysa

Co-Authors: Merrenna Ishan Malith De Zoysa; Dharmabandu Nandadeva Samarakuskeru; Upul Senarah; Chris Reid; Dilani Lokuhetty

Abstract Title: EGFR, VEGF, CXCR4 and Vimentin expression as predictors of metastasis in colorectal carcinoma

Abstract:
Introduction: Colon rectal carcinoma(CRC) has a global incidence of over one million, with a 5 year survival rate of <20% for metastatic disease. Identification of metastasis related biomarkers will enable risk evaluation of metastasis.

Objectives: To correlate the expression of Epidermal Growth Factor Receptor (EGFR), Vascular Endothelial Growth Factor (VEGF), Chemokine Receptor 4 (CXCR4) and Vimentin with the occurrence of metastasis in a cohort of CRC patients followed up prospectively for three years.

Role players in intestinal barrier dysfunction and the link with MS and colon cancer need elucidation in future studies. (*) shows statistical significance.)

Presenting Author: David de Villiers

Co-Authors: David Johannes de Villiers; Paul Goldberg; Ursula Algar

Abstract Title: Association between tea and coffee consumption and colorectal carcinoma.

Abstract:
Background: Colorectal carcinoma accounts for substantial cancer morbidity worldwide. Tea and coffee consumption may be associated with the development of colorectal carcinomas. Previous studies have demonstrated conflicting results in this regard. Thus identifying this association would enable formulation of prevention strategies.

Methods: A case-control study was conducted for 1 year in the National Hospital of Sri Lanka from January 2009. Data was collected via an interviewer-administered, structured, pre-tested questionnaire on 200 age and sex-matched cases and 200 age and sex-matched controls.

Results: The median age was 58 years in the cases and 54 years in the controls, while male to female ratio was 1.50 and 1.49 in the case and control groups respectively. In univariate analysis it was found that risk of cancer increases starting from 4 cups of brown tea a day. However the multivariate analysis revealed consumption of 6 or more cups of brown tea per day [OR = 2.98 (95% CI 1.47-6.05), p=0.003] to be independently associated with colorectal carcinoma. Beef showed a significant association in the multivariate analysis [OR = 1.70 (95% CI 1.12-2.78), p=0.018]. Green tea was found to be protective in the univariate (X2=7.434, df=1, p=0.006), with no significant association in the multivariate. The study did not find associations with body weight, sleep pattern, smoking or consumption of alcohol, mutton, pork, fruits or coffee.

Conclusion: Consumption of 6 or more cups of brown tea per day and beef consumption appears to be independently associated with colorectal carcinoma.

Presenting Author: Merrenna Ishan De Zoysa

Co-Authors: Merrenna Ishan Malith De Zoysa; Dharmabandu Nandadeva Samarakuskeru; Upul Senarah; Chris Reid; Dilani Lokuhetty

Abstract Title: Prediction of metastasis in colorectal carcinomas using the expression of Epidermal Growth Factor Receptor (EGFR), Vascular Endothelial Growth Factor (VEGF), Chemokine Receptor4 (CXCR4) and Vimentin

Abstract:
Introduction: Colorectal carcinomas are known to variably express multiple biomarkers. Increased expression of Epidermal Growth Factor Receptor (EGFR), Vascular Endothelial Growth Factor (VEGF) and Chemokine Receptor4 (CXCR4) or reduced expression of Vimentin has shown to be associated with a poor prognosis. However the correlation between expressions of these markers is hitherto not adequately evaluated.

Objective: To study the correlation between expression of EGFR, VEGF, CXCR4 and Vimentin by colorectal carcinomas.

Materials and methods: Ninety one consecutive patients who underwent colorectal carcinoma resection at the National Hospital of Sri Lanka were included. Immunohistochemical expression of four biomarkers was evaluated on representative paraffinized tumour tissue.

Digital image analysis was performed using an Olympus F070 microscope and Neurolucida 7.50.4 software package. Average staining intensity of each biomarker was recorded for each case. Correlation analysis was performed. Pearson's Correlation Coefficient(r) was used to determine the strength of values indicating statistical significance.

Results: Correlation was moderate between EGFR and VEGF expressions(r=0.506, p=0.01) and between VEGF and CXCR4(r=0.639, p=0.01). Correlation was low between EGFR and CXCR4(r=0.301, p=0.01) and between EGFR and Vimentin(r=0.264, p=0.05). No correlation was observed between VEGF and Vimentin(r=0.172) and CXCR4 and Vimentin(r=0.087).

Conclusion: VEGF expressing colorectal carcinomas are also likely to express EGFR and CXCR4. Vimentin expressing tumours are less likely to express other biomarkers. Therefore, VEGF and Vimentin should be included in the initial biomarker panel used to assess prognosis in colorectal carcinoma patients, especially in resource limited settings.
Design, Setting and Methods: Ninety one consecutive colorectal carcinoma patients who underwent surgical resection were included. Four biomarkers were evaluated on deparaffinized tumour tissue using immunohistochemistry methodology. Biomarker expression of tumour/ connective tissue at the tumour front was assessed by two reviewers blinded to (pTN) staging and other histopathological prognostic factors. Patients were followed up for a minimum period of 3 years to determine the presence of metastasis. Multivariate logistic regression analysis was performed to assess the predictive values of biomarkers adjusted for other prognostic variables.

Results: Forty six patients (52.8%) developed metastasis during a 3 year period of follow up. Four patients(4.4%) were lost during follow up. High expression of nuclear and cytoplasmic CXCR4 were found to be highly significant predictors of liver metastasis \[OR = 83.3(95\% CI 7.3 - 1000);p< 0.001\],\[OR = 9.0(95\% CI 2.4-31.2);p= 0.001\], respectively.

Reduced Vimentin expression of connective tissue at the tumour front was significantly associated with metastasis \[OR=4.2(95\% CI 0.98- 18.10;p=0.05)\]. EGFR and VEGF were not significantly associated with prognosis \((p>0.05)\).

Conclusions: High expression of nuclear and cytoplasmic CXCR4 and reduced expression of Vimentin at the tumour front are significantly associated with metastatic disease in colorectal carcinoma during the first three years after surgical resection.

Presenting Author: Dawn Dennis

Abstract Title: A journey with ulcerative colitis

Abstract:

Aim: To highlight the preoperative and post-operative management of Ulcerative Colitis in a patient.

Method: To identify a patient in the preoperative phase, record and report all findings which includes (i) the therapeutic comprehensive patient assessment (ii) the plan of care, (iii) pre and post-operative care and (iv) the discharge planning.

Conclusion: Though Ulcerative Colitis is a common Inflammatory Bowel Disorder the management and treatment of the patient, and caregiver, remains individualised.

Presenting Author: Sakeena Ebrahim

Co-Authors: Sakeena Ebrahim; Yaw Awuku; Sandie Thomson; Charlie Viljeon

Abstract Title: The durability of intravenous iron repletion in IBD and obscure GI bleeding

Abstract:

Background: Intravenous iron, Venofer® is used to restore haematric indices in iron deficiency anaemia due to Inflammatory bowel disease (IBD) and obscure gastrointestinal tract bleeding (OGITB). We have reported the short term efficacy of this treatment. We followed the same cohort to ascertain the durability of this effect.

Patients and methods: In a cohort of 66 anaemic patients (22 IBD, 44 OGITB) who received Venofer® between January 2011 and January 2012 for OGITB or IBD a prospective database was retrospectively analysed to assess the temporal change in haematric indices. 46 patients 15 IBD and 31 OGITB had haematric indices performed prior to Venofer®, 2 weeks after receiving the calculated dose and again at a median of 19 months later (Range 8 37).

Results: Initial haematric indices confirmed iron deficient anaemias in both IBD and OGITB. Both groups had a significant improvement from base line Hb, IBD 10.4gd/dl ±1.7 to 12.1 g/dl ±1.9 \((p=0.003)\) OGITB 10.8gd/dl±1.7 to 11.5gd/dl±2.2 \((p=0.05)\). In their latest indices this improvement from baseline was sustained in the IBD group 12.4gd/dl±2.2 \((p=0.002)\) but was no different from baseline in the OGITB group 10.8gd/dl±2.5 \((p=0.7)\). Serum Iron levels were significantly higher at baseline in the OGITB group 11.6µmol/L±14 than in the IBD group 5.5µmol/L±3.0 \((p=0.03)\). Levels in both groups had significantly doubled 10.4µmol/L±16.2 (IBD) 14.5µmol/L±17.6 (OGITB) at completion of therapy \((p< 0.008)\). In the latest results, the rise was only maintained in the IBD group with the OGITB reverting to baseline levels.

Conclusion: In the IBD group a 2g/dl rise in Hb levels and a doubling of the serum iron immediately post therapy are sustained from a lower baseline serum iron level than in the OGITB group.

The Hb and serum iron level response were not sustained long term and revert to pre-treatment levels in the OGITB group.

Presenting Author: Mohamed Eftaiha

Abstract Title: Solitary rectal ulcer syndrome - clinical implication

Abstract:

Solitary rectal ulcer syndrome (SRUS) is a chronic, benign disorder of young adults, affecting the rectum, often related to straining or abnormal defecation, which in an infrequent or an underdiagnosed disorder. This study assessed , the clinical endoscopic, and histopathological characteristics for (SRUS). During the period of June 2007 to april 2014, cases of solitary rectal ulcer syndrome were diagnosed and confirmed by histopathology.

The study was made retrospectively reviewing their outpatient and inpatient records in Jordan hospital. They were diagnosed based on clinical, endoscopic, and histopathological features of SRUS. Nine of patients were treated by local excision of the ulcer, which offered good histopathological specimen for diagnosis, and behavioral modification which high fiber diet and bulk laxatives, saving the patients major resection and major operations.

In conclusion, SRUS is a chronic, benign disorder of young adults, affecting the rectum, often related to straining or abnormal defecation. The pathogenesis in not clear but mainly its related to recurrent rectal trauma and ischemia due to straining or prolapse. Usually patients presents present with straining, altered bowel habits, anorectal pain, incomplete passage of stools, and passage of mucus and blood. The diagnosis is made clinically, endoscopically, and histopathologically, here comes the importance of good biopsy from the clinician and the awareness of the histopathologist about this benign condition.

A variety of therapies has been tried. Several therapies thought to be beneficial include topical medications, behavior modification supplemented by fiber and biofeedback, and surgery. Patient education and a conservative, stepwise individualized approach remain paramount in the management of this syndrome.

Presenting Author: Lucien Ferndale

Co-Authors: Lucien Ferndale; Colleen Aldous; Sandie Thomson

Abstract Title: A Quality of life assessment tool for dysphagia

Abstract:

Background: In an attempt to minimize postoperative pain, a new technique had been developed including the transanal stapled technique, or stapled hemorrhoidectomy. This approach makes use of a specially designed circular stapler that is inserted through the anus, excises redundant rectal mucosa proximal to the internal hemorrhoids, and then the staples close the defect.

Methods: We reported the results of patients treated with stapled hemorrhoidectomy during the period from July 2007 through April 2014. 120 patients with symptomatic hemorrhoids were retrospectively evaluated for functional recovery and postoperative pain on a 1 to 10 scale.

Results: The overall mean pain score on postoperative Day 1 was 2.2, 97.8 % reported a fully functional recovery by postoperative Day 7, which included return to normal activity and bowel function.

Conclusion : Stapled hemorrhoidectomy is safe and effective procedure. There seems to be minimal postoperative pain and early recovery. There was no mortality or incontinence.

Presenting Author: Mohamed Eftaiha

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Presenting Author: Lucien Ferndale

Co-Authors: Lucien Ferndale; Colleen Aldous; Sandie Thomson

Abstract Title: A Quality of life assessment tool for dysphagia

Abstract:

Background and aims: Dysphagia is a chronic symptom that negatively affects quality of life (QOL). The impact of dysphagia on quality of life (QOL) has been studied, but largely in the first-world setting. We developed a QOL questionnaire to assess the impact of dysphagia on our local population.

Materials and Methods: We performed a prospective study by compiling a dysphagia QOL questionnaire with questions relevant to our local population and asking patients with dysphagia to complete the questionnaire together with the short form 36 and dysphagia score questionnaires.
All patients presenting to our surgical department at Grey's hospital with dysphagia as their main complaint were included in the study. Patients unable or unwilling to give informed consent were excluded. The short form 36 and dysphagia score questionnaires are international validated questionnaires and were used in order to validate the newly designed questionnaire. We collected demographic data, including age, sex and level of education. The results of the three questionnaires were then compared using Pearsons correlation.

Results: A total of 100 patients were entered into the study. There were 62 males and 38 females and the average age was 59 years. The overall level of education was found to be low. Patients showed an overall poor QOL when completing the questionnaires and this finding did not differ between the different questionnaires. There was good correlation between the newly compiled questionnaire and the two validated questionnaires. Respondents showed better compliance when completing the newly designed questionnaire compared to the international questionnaires.

The results of the newly designed questionnaire were not influenced by level of education.

Conclusion: Dysphagia does impact negatively on the quality of life of individuals. The newly designed questionnaire with locally relevant questions can be used to assess the impact of dysphagia on the quality of life of affected individuals.

Presenting Author: Tim Forgan
Co-Authors: Tim Forgan; Brian Warren

Abstract Title: Demographics and outcomes of diverticulitis in a South African referral hospital

Abstract:
Background: There is very little literature about diverticulitis, both acute and complicated, in South Africa. This study reports on the presentation, management and outcomes of diverticulitis in a tertiary level hospital in Cape Town, South Africa.

Methods: Between January 2009 and December 2013, 56 patients were treated for diverticulitis at Tygerberg Academic Hospital in Cape Town. These cases included all grades of diverticulitis and their associated complications. A retrospective folder review of these patients was carried out to determine the patient’s modified Hinchey grade, site of diverticulitis, management and outcomes. Attention was paid to the patients ethnicity, previous history of diverticulitis and any relevant comorbidities that may influence outcome.

Results: A total of 56 patients presented with diverticulitis over the study period. Ethnicity was 55% Caucasian, 41% mixed race and 4% black African with a female preponderance of 55% and a mean age of 57 years. The majority of patients presented with Hinchey 3 (27%), followed by Hinchey 1a and Hinchey 2(both 21%), Hinchey 1b accounted for 13% and Hinchey 4 was 2%. A further 9 (16%) of patients presented with fistula as a result of diverticulitis, all of which were colovesical. The site of diverticulitis was found to be the sigmoid colon in 80%, descending colon in 15% and 5% in the ascending colon. Comorbidities in the study group included diabetes (35%), hypertension (38%), COAD (16%), asthma (2%) and renal failure (2%). Management was conservative with antibiotics in 23%, antibiotics and percutaneous drainage in 14% and surgery in 63%, with an overall stoma rate of 66% and an eventual stoma closure in 62%. There was major morbidity in 20% and mortality of 14% in the surgery group and major morbidity in 1 patient in the percutaneous group with no mortality. This translates to an overall mortality rate of 9% and major morbidity rate of 12%. In the patients that died, diabetes was found to be a significant risk factor.

Conclusion: Diverticulitis incidence varies between the different ethnic groups in this study, with the highest incidence in the Caucasian group and the lowest in the black African group, with the site of diverticulitis mirroring that of western studies. Patients present with more advanced disease and thus have a high surgery rate in this study group. Diabetes is a risk factor for death in patients with diverticulitis.

Presenting Author: Tim Forgan
Co-Authors: Tim Forgan; Adam Boutil; Claire Warden; Mark Hampton; Paul Goldberg

Abstract Title: Outcomes of surgical management for Clostridium difficile colitis after medical treatment failure

Abstract:
Background: Clostridium difficile infection (CDI) may result in colitis sufficiently severe to require emergency colectomy. The aim of this study is to characterise patients managed at Grooto Schuur Hospital who required emergency colectomy for colitis.

Methods: Of the 278 patients who were managed for CDI colitis between January 2009 and May 2014, 10 were deemed to require emergency colectomy. The indications for surgery were either admission with an acute abdomen of clinical deterioration on medical therapy. This study is a retrospective folder review of those 10 individuals.

Results: 10 of 278 patients (3.6%) required colectomy. In one of these, the CDI was community acquired. Of the 5 patients with AIDS (average CD4 count 79 range: 37 to 176), 3 had Tuberculosis and 1 each Cryptococcal meningitis and Steven Johnson Syndrome. The remaining 4 patients had systemic lupus with cryptococcal meningitis in 1, chronic renal failure secondary to diabetes in 1, ulcerative colitis in 1 and 1 with acute spinal cord trauma and ventilator associated pneumonia. Two patients were admitted with acute abdomens and went for immediate surgery. All the other patients received 5 days of metronidazole and 5 received additional oral vancomycin. 9 patients had total colectomy with an end ileostomy and a single patient, sigmoidectomy with end colostomy. There were no surgery related deaths. 1 patient died in hospital 4 months after surgery, 2 patients died at home 1 and 1.5 years after colectomy.

Conclusion: The short term outcome of very ill patients with multiple co-morbidities who have CDI and fail medical therapy is good. However, there is a 30% 2 year mortality in our series from their underlying medical conditions.

Presenting Author: Ernst Fredericks
Co-Authors: Ernst Fredericks; Gill Dealtry; Saartjie Roux

Abstract Title: β-Catenin, PPARγ and COX-2 in colorectal carcinogenesis: Not as simple as APC

Abstract:
Introduction: The wnt/APC/β-catenin pathway is important in colorectal carcinogenesis. The connection between inflammation and tumorigenesis is also well-established. Colorectal cancer (CRC) is associated with increased levels of COX-2 and decreased levels of peroxisome proliferator-activated receptor (PPAR) γ. However, data in this regard is limited. The role of these molecules in carcinogenesis and their usefulness in early diagnosis of CRC still needs clarification.

Aim: To establish the roles and relationships of β-Catenin, PPARγ and COX-2 in colorectal carcinogenesis in disease entities with varying CRC risk.

Method: β-Catenin, PPARγ and COX-2 gene (qPCR) and protein expression (immunohistochemistry (IHC)) were measured in patients with varying CRC risks and inflammatory profiles. 133 patients were recruited: controls (26), IBS (48): 33 constipation-predominant (C-IBS) and 15 diarrhoea-predominant (D-IBS), IBD (22): 14 Ulcerative colitis (UC) and 8 Crohns disease (CD) and 37 with CRC.

Results: β-catenin mRNA was significantly increased in CRC and significantly reduced in both C- and D-IBS compared to normal. PPARγ mRNA was unchanged in CRC and IBD compared to normal, and significantly increased for C- and D-IBS. COX-2 mRNA was significantly increased for CRC and IBD, but was unchanged for C- and D-IBS compared to normal. However, COX-2 protein expression did not match mRNA expression. COX-2 protein was significantly increased in C-and D-IBS, but reduced in CRC, UC and CD compared to normal.

Discussion: β-catenin expression was progressively increased, confirming its role in colorectal carcinogenesis. PPARγ appears to have no discernible role in colorectal carcinogenesis. However, PPARγ mRNA was significantly increased in both C- and D-IBS suggesting a protective role against CRC. Although COX-2 gene expression was significantly up-regulated in CRC and IBD, in keeping with available literature, protein expression was reduced, suggesting post-transcriptional regulation. This suggests a homeostatic function for COX-2 protein in normal colon.
Presenting Author: Mogamad Shiraaz Gabriel
Co-Authors: Shiraaz Gabriel; Sandie Thomson; Damian Clarke; Grant Laing; Lucien Ferndale

Abstract Title: Variations in Upper endoscopy indications and diagnosis at two Tertiary Centres

Abstract: Background: There is a paucity of South African data on the indications yield and diagnostic spectrum of foregut endoscopy on which to plan strategies to improve upper endoscopy services. This descriptive analysis of the upper endoscopy datasets of two Tertiary institutions in KZN midlands and Cape Town begins to address this deficit.

Methods: Over 6 month period from 201/2013 to 6/06/2013 prospectively kept datasets from Greys Hospital (GH) and Groote Schuur Hospital (GSH) were used for a comparative analysis of the primary indication for endoscopy and endoscopic diagnosis between the two institutions.

Results: The cohorts consisted of 603 at GH and 2287 at GSH. The mean age was 53.5 years GH and 53.3 years GSH. Gender male:female distribution was 302:301 at GH and 904:1383 at GSH. The demographic mix of consisted of: african 74.5% (GH) 21.6% (GSH), asian 13.2% (GH) 2.2% (GSH), white 8.3% (GH) 6.73% (GSH) and coloured 3.9% (GH) 66.4% (GSH). The top 5 indications for endoscopy at GH were: dysphagia 36.5%, dyspepsia 31.3%, G1T bleed 14.4%, follow-up 6.5% and no recorded indication 3.5%. At GSH: dyspepsia 34.9%, follow-up 22.3%, G1T bleed 8.7%, no recorded indication 8.7% and heartburn 7.8%. The top 5 diagnosis on endoscopy at GH: oesophageal cancer 18.4%, gastritis 17.6%, normal 13.6%, oesophageal stricture 13.4%, and GORD 8.8%. At GSH: gastritis 31.5%, normal scope 15.8%, gastric ulcer 10.9%, GORD 10.3% and hiatus hernia 6.4%.

Conclusion: The analysis highlights variations in symptomatology and pathology between the institutions. The differences may be due to different disease profiles in racio ethnic groups in each community and highlight the need for data form all the provinces. Gastritis and normal endoscopy comprise 30 to 50% of the findings and merit clinical profiling to identify those who can safely avoid endoscopy.

Presenting Author: Quintin Gonzalez
Co-Authors: Quintin Gonzalez; Jesus Bahena; Monica De Jesus

Abstract Title: Comparative THD vs Ligasure for haemorrhoidal disease

Abstract: Methods: Retrospective analysis of prospective data base comparing surgical results between ligasure vs THD for haemorrhoidal disease, we analyze demographic results as age, gender, main complaint, surgical results as operative time, intraoperative bleeding, complications, score of pain, recovery time, and time to return to work.

Results: From May 2012 to June 2014, 40 patients divided in two groups, Group A ligasure (small jaw) and B THD (transanal haemorrhoidectomy dearterterilization) were included. Demographic data showed for group A 20% female and 80% male, Group B 45% female and 55% male, mean of age 39.5 years old vs 40.2. Grade of haemorrhoidal disease for Group A GII 5%, GIII 85% GIV 10% in the Group B GII 5%, GIII 80% GIV 15% with no significant difference. Preoperative main complain in both groups was bleeding 100%, followed of burning 100% and foering body sensation Group A 95% vs 85% in Group B. Surgical results: Operative time Group A 10.1 min (8.15) Group B 18.7 min (15-20) surgical bleeding 5 ml in both groups, hospital stay in both groups was 1 day, the surgeries were performed mainly in the HMHG hospital coyoacan Group A 45% and Group B 60%. None patient present urinary retention or significant postoperative bleeding. Score of pain evaluated with VSAP in Group A. Day 1 average 4.8 (range 2-7) vs Group B 4.7 (range 2-10) Day 2 Group A 3.8 (range 2-7) Group B 2.6 (range 2-7) at Day 7 both groups had score of 2 points.

Conclusions: No significant differences in surgical results with shorter time of recovery and return to work in favor of THD group.
Presenting Author: Nadine Harran
Co-Authors: Nadine Harran; Julie Herold

Abstract Title: A study of the efficacy of porcine dermal collagen (Permacol) injection for passive ficial incontinence in the Colorectal Unit (CRU) at the Wits Donald Gordon Medical Centre (WDGMC).

Abstract:
For the study of the efficacy of porcine dermal collagen (Permacol) injection for passive ficial incontinence in the Colorectal Unit (CRU) at the Wits Donald Gordon Medical Centre (WDGMC).

Method: The distribution of node metastases was obtained by the clearing method on colon carcinomas for 164 patients. Results: For pericolic spread: for pT1 tumors, the distance from the primary tumor to a metastatic node was 2.5cm; for pT2, the distance was within 5cm; for pT3 tumors with node metastases, the distance was within 7cm; for pT4 tumors, the rate of metastasis to central nodes was 0%; for pT2, the rate of metastasis was 20.0% to intermediate nodes; for pT3, the rate of metastasis was 30.6% to intermediate nodes and 22.2% to main nodes. For central spread: for pT1 tumors, the rate of metastasis to central nodes was 0%; for pT2, the rate of metastasis was 20.0% to intermediate nodes; for pT3, the rate of metastasis was 30.6% to intermediate nodes and 15.3% to main nodes; for pT4, the rate of metastasis was 44.4 % to intermediate nodes and 22.2% to main nodes.

Conclusions: Central node dissection is not required for patients with T1 carcinomas, but proximal and distal 3-3 cm margins of resection are required. For T2, central node dissection that includes the intermediate node should be performed, as well as 5-cm proximal and distal margins of resection. For T3 and T4, central node dissection including the main node should be performed, as well as 7-cm proximal and distal margins of resection.

Presenting Author: Sheng-Chieh Huang
Co-Authors: Sheng-Chieh Huang; Shih-Ching Chang; Jen-Kou Lin; Tsu-Chen Lin; Wei-Shone Chen; Jeng-Kai Jiang; Shung-Haur Yang; Huan-Sheng Wang

Abstract Title: Concordance of CEA Ratio and RECIST as Prognostic Surrogate Indicators of Metastatic Colorectal Cancer Patients Treated with Chemotherapy

Abstract:
Carcinoembryonic antigen (CEA) is widely used as a tumor marker in colorectal cancer. This study aimed to evaluate the role of the degree of change in CEA levels during treatment period and found that the degree of change in CEA levels highly correlated with disease survival and the Response Evaluation Criteria in Solid Tumors (RECIST) in evaluating the response of therapy. A total of 447 metastatic colorectal cancer patients treated with surgery followed by systemic therapy at a single center from 2000 through 2011 were reviewed. The degree of change in CEA levels was expressed as the CEA ratio (post CEA/pre CEA) and classified into four groups during treatment period for further evaluation. The imaging change of the same population was also compared with the CEA ratio during the treatment period. The CEA ratio was significantly correlated with different chemotherapy regimens (p<0.001), pre-treatment CEA level (p<0.001), lymphovascular invasion (p=0.006) and tumor differentiation (p=0.018). CEA ratio and the imaging change under RECIST were both correlated with overall survival (p<0.001). These two methods in evaluating the treatment response were highly correlated (p<0.001). In conclusion, CEA ratio was found to be a reliable prognostic factor in stage IV colorectal cancer and was highly correlated with the imaging survey under RECIST.

Presenting Author: Nidal Issa
Co-Authors: Nidal Issa; Eldad Powsner; Mai Mazareeb

Abstract Title: Transanal Endoscopic Microsurgery after Neoadjuvant Chemoradiotherapy for Rectal Cancer

Abstract:
Background: Transanal Endoscopic Microsurgery (TEM) is an acceptable procedure of local excision for selected rectal cancers. It has been associated with low rates of postoperative complications. Since neoadjuvant chemoradiation therapy (CRT) for rectal cancer may be associated with increased complications, the suitability of TEM following CRT (CST) is still debatable. In this study we aimed to compare the clinical outcomes of patients undergoing TEM with and without neoadjuvant CRT.

Methods: Between 2004 and 2010, all patients undergoing TEM for malignant rectal tumor were retrospectively analyzed. Patients were separated into two groups: group 1 included patients after CRT, and group 2 included those without CRT. Demographics and clinical data were compared.

Results: Ninety-five patients underwent TEM; forty-four of them were included in the study. Thirteen patients underwent TEM following CRT, and thirty-one patients underwent TEM without CRT. No differences were found between the two groups with regard to age, and comorbidities. The distance of the lower part of the tumor from the anal verge was 6.7±2.2cm and 7.2±2.7cm in the CRT group and the non CRT group respectively (P=0.01). No differences in the duration of the procedure were found between the groups. One patient in the non CRT group underwent protective ileostomy because of insecure rectal defect closure.

Postoperative complications were minor and included urinary retention requiring cathether placement in two patients in each group, one patient in the non CRT group had pulmonary edema and another patients in the same group developed pneumonia. One patient in the CRT group was re-admitted for pain management five days postoperatively. All complications were managed conservatively. No wound disruption, major complication, or mortality was observed in both groups.

Conclusion: With proper patient selection, TEM can be performed safely following CRT, without major complication or increased postoperative morbidity.

Presenting Author: Hei Ying Jin

Abstract Title: An endoscopic lesion measurement system can improve the accuracy of endoscopic polyp size measurement

Abstract:
Objective: To establish an endoscopic lesion measurement system (ELMS) and to study of accuracy of endoscopic polyp size measurement.

Method: Using the disposable graduated biopsy forceps (DGBF) as scale-

Abstract:

Produced by The Berkeley Electronic Press, 2014
The mean diameter of using DGBF was 0.91±0.53cm, the different was not significant compared with actual size (p=0.784). The mean diameter of using ELMS was 0.93±0.50cm, the different was not significant compared with actual size (p=0.147). The different between that by ELMS and DGBF was not significant (p=0.667). For 42 polyps that were <1 cm, only 28.6% (12/42) could be accurately estimated by the clinicians based on their experience, but 90.5% (38/42) could be accurately measured by the DGBF; these two data were statistically different (p=0.001). For polyps >2 cm, only 11.4% (1/9) could be accurately estimated by the clinicians based on their experience, but 66.6% (6/9) could be accurately measured by the DGBF; these two data were statistically different (p=0.003). The different between that by ELMS and DGBF was not significant (p=0.599).

Conclusion: The accuracy of visual estimation for poly size is low. If the DGBF and ELMS were used, the accuracy of estimation of colonic polyps could be distinctly increased. For polyps less than 1 cm, the accuracy of estimation by DGBF tend to be higher and for polyps over 1 cm, the accuracy of estimation by ELMS tend to be higher.

Presenting Author: Hei Ying Jin
Co-Author: Bei Zhang

Abstract Title: Application of Smooth Muscle Enfoldment Internal Sphincter Construction after Intersphincteric Resection for Rectal Cancer

Abstract:

Objective: To explore the role of smooth muscle enfoldment internal sphincter construction (SMESC) in improving anal continence function after intersphincteric resection (ISR) for rectal cancer.

Methods: Twenty-four bama miniature pigs were randomly divided into conventional ISR group and SMESC group, with three pigs in each group. The proximal sigmoid colon was anastomosed directly with the anus in the ISR group. In the SMESC group, internal sphincter construction was conducted. At 12 weeks before and after surgery, the rectal resting pressure and anal canal length were assessed. Three-dimensional ultrasound was used to detect the thickness of internal sphincter. After sacrificed the animals, rectum and anus were resected and pathological examinations were performed to evaluate the differences in the sphincter thickness and muscle fibers.

Results: All 24 animals in SMESC group and ISR group survived the operation. 12 weeks post-surgery, the rectal resting pressure and anal canal length were assessed. Three-dimensional ultrasound was used to detect the thickness of internal sphincter. After sacrificed the animals, rectum and anus were resected and pathological examinations were performed to evaluate the differences in the sphincter thickness and muscle fibers.

Conclusion: SMESC plays a role in achieving the purpose of anal sphincter reconstruction, and does not obviously increase the surgical risk, which is worthy of further clinical research.

Presenting Author: Shakeel Kader
Co-Authors: Shakeel Kader; Thandinkosi Madiba

Abstract Title: Stage IV Colorectal Cancer In Resource-Limited Settings. 12 Year Experience from the KwaZulu-Natal Academic Hospitals

Abstract:

Background: There is paucity of data on Stage IV colorectal cancer (CRC) in South Africa. Our hypothesis was that the proportion of Stage IV CRC was higher in South Africa compared to international norms.

Aim: To establish the hospital prevalence of Stage IV CRC in the KwaZulu-Natal (KZN) Province of South Africa and to document outcome in our resource-limited setting.

Methods: Setting: Colorectal Unit in a tertiary hospital.

Design: Retrospective analysis of an on-going prospectively collected CRC database. The study comprises patients with stage IV CRC enrolled between 2000 and 2012. Parameters analysed were demographics, clinical presentation, primary tumour site, site of metastasis, treatment and follow-up.

Study endpoints: Clinicopathologic spectrum, follow-up and outcome

Results: Of 1449 patients with CRC, 322 (22%) had metastatic disease, comprising Africans (106), Indians (129), Coloureds (21)and Whites (67) which accounted for 21%, 22%, 33% and 22% of the respective CRC cohorts. Mean age was 57.3 ± 14.4 years and the median ages for Africans, Indians, Coloureds and Whites were 50, 59, 63 and 67 years respectively. There were 63(20%), 81(25%), and 174(54%) proximal colon, distal colon and rectal tumours respectively. Common target organs for metastases were liver (242), lung (51), peritoneum (26), omentum (15), and ovaries (10). Treatment of the primary tumour was resection in 128 patients (40%). All patients except 10 received chemotherapy. Liver resections were performed only in 9 patients and chemo-embolisation in one patient. Median follow-up was 11 months and median survival was 7 months.

Conclusions: Metastatic disease accounts for 22% in our setting. African patients tend to be younger. Site distribution of primary tumour is similar to the general cohort of patients with CRC.

Presenting Author: Yoshiki Kajiwara
Co-Authors: Yoshiki Kajiwara; Hideki Ueno; Eiji Shinto; Junji Yamamoto; Kazuo Hase

Abstract Title: Risk factors of oncological inadequacy by intersphincteric resection for lower rectal cancer

Abstract:

Background: Intersphincteric resection (ISR) is considered to be contraindicated in patients with rectal cancer involving the conjoined longitudinal muscle (CLM), because this surgical technique could impair the sufficient circumferential margin. We aimed to determine the clinicopathological characteristics of tumors invading the CLM.

Patients and Methods: A total of 171 rectal cancer patients who underwent curatively-intended abdominoperineal resection were pathologically reviewed. Clinicopathological parameters examined in the present study included followings: (1) the distance between the dentate line (DL) and distal margin (DM) of tumor and (2) tumor involvement of the CLM within the anal canal.

Results: Pathological involvement of the CLM by tumors was observed in 57 patients (33.4%). The incidence of CLM involvement was significantly associated with age (<60 years, 42.9%; 60-69 years, 28.7%; p=0.044), gross appearance (invasive type, 56.3%; noninvasive type, 31.0%; p=0.041), the distance DMDL <1 cm, 60.9%>1 cm, 4.8%; p=0.0001), and tumor depth (T3 or T4, 39.7%; T2, 12.5%; p=0.0014). No association was observed between CLM involvement and tumor size or annularity. In multivariate analysis, the distance DMDL <1 cm and T3/T4 were independent risk factors for CLM involvement. The incidence of CLM involvement was 72.7% in patients with two risk factors (N = 86), whereas it was only 10.5% in patients with one risk factor (N = 86) and 0% in patients with no risk factor (N = 19; p=0.0001).

Conclusions: The ISR technique could highly yield the oncological inadequacy when it was performed in Patients with cT3/ T4 lower rectal cancer invading within <1 cm from the DL.

Presenting Authors: N’dua Kapend; Otgana Nyindje; Wakung’A Unen; David Mutombo
Co-Authors: N’dua Kapend; Otgana Nyindje; Muskafe Mwananvita Jeannette; Wakung’A Unen; Bukasa Misenga; Tshimbayi Mukuna; David Mutombo

Abstract Title: Appendicectomy via the umbilicus, a workaround for the lack of laparoscopy for aesthetic results (our personal experience of more than 50 cases)

Abstract:

Background: An appendectomy was performed by umbilical tomy in 50 patients; this technique has not given disadvantages compared to conventional routes first show but rather an aesthetic advantage.

Objective: Propose a first simple and attractive way to settings where laparoscopy is still a myth and a diagnostic approach to avoid unnecessary appendectomies in the middle under-equipped.
Patients and methods:  This is a prospective study extending from 1 May 2013 to 27 February 2014 made in 3 hospitals in Lubumbashi. During this period, 50 cases of appendicitis were operated through the umbilicus and after thorough physical examination and some simple basic diagnostic tests and inexpensive.

Results:  The appendix was normal position in 32 patients (5 were fixed by adhesions) 64% (15.6%), 8 pelvic position(16%) and 10 in retro cecal (4 of which were subserosal)20% (8%) ; 8 appendages appeared to be macroscopically normal(16%), 33 patients (66%) have undergone anterograde appendectomy and 17 patients (34%) loosening;1 patient was 4 months pregnant, 5 patients were obese and 5 patients developed superficial infection of the surgical site; 1 patient developed a hypertrophic scar and another a failure to cure the simultaneous umbilical hernia, the average stay ranged from 1 to 5 days, the average duration of the operation was 45 minutes (30'-90'), the resumption was made dehans 2 weeks and all patients were satisfied with the final result.

Conclusion: Appendectomy via the umbilicus is a simple, inexpensive and aesthetic method adapted to environments under-equipped for patients who are concerned about their body image; she is not an alternative to laparoscopy (which has a broader indication) but limited to only appendectomy workaround.

Presenting Authors: N’dua Kapend, Wakung’A Unen; David Mutombo; N’dua Kapend; Otenga Nyindje

Co-Authors: N’dua Kapend; Otenga Nyindje; Muskaze Mwananvita Jeannette; Wakung’A Unen; Bukasa Misenga; Tshimbayi Mukuna; David Mutombo

Abstract Title: Diverticular disease: delay of diagnosis and management. A case report.

Abstract: Diverticulosis of the colon is a rare disease in the African environment in general and not described in our environment in particular; we report the case of a patient of 54 years who suffered for over 20 years because of a delay and misdiagnosis has received different products over the years, the aim is to show that its impact might be large in our communities but the lack of diagnostic means and the fact that we do not think about immediately because of its “scarcity” distort the truth. Overall treatment is simple and feasible in our communities and under-equipped our patient can testify because she is healthy after a left hemicolectomy.

Presenting Author: Parveen Karjiker

Co-Authors: Parveen Karjiker; Adam Boutall, Robert Baigrie

Abstract Title: Transanal Endoscopic Microsurgery (TEO) - Local experience in a South African Setting

Abstract: Introduction: The best surgical approach for early stage rectal cancer is uncertain. Radical surgery offers the best chance of cure, but at the cost of significant morbidity, mortality and expense. Local tumour excision avoids the complications of radical surgery. Transanal endoscopic operation (TEO) and Transanal endoscopic microsurgery (TEM) have been widely adopted as the treatments of choice for large rectal adenomas and selected rectal cancers but has been under-employed in South Africa with the exception of two centers in Cape Town.

Methods: A retrospective audit was undertaken of all patients undergoing resection of benign and malignant rectal tumours by TEO at a private (Kingisbury Hospital) and a public health institution (Groote Schuur Hospital). Electronic records, including operation notes, histology and radiology were reviewed. Data is currently still being collected.

Results: 71 patients were identified. The mean height of the tumours from the anal verge was 6.5cm and the average size was 25cm2. 66 patients had a histologically clear margin. Fourteen patients had adenocarcinoma (11 with T1 and 3 with T2). 3 patients with benign disease had recurrences which were subsequently treated, 9 patients had complications: 4 with asymptomatic anal stricture, 1 with bleeding, 1 with urinary retention, 2 perforations and 1 death from a confirmed myocardial infarction.

Conclusion: TEO can be performed safely in this environment. All cancers were of an acceptable T stage and were completely resected. The recommendation is for a wider introduction of TEO in South Africa with the provision of adequate training.
Altomare Obstructive Defecation Syndrome Score decreased from a median of 14 to 2 (P < 0.001) and median Fecal Incontinence Severity Index from 24 to 0 (P < 0.001). Scores in each of the four Fecal Incontinence Quality of Life subscales significantly improved. Median anal resting and squeeze pressure decrease were not significant (P = 0.095 and < 0.99). Rectal sensation and maximum tolerated volume were not significantly affected (P > 0.99). Sphincter disruptions present in 18 patients were unchanged. Thickness of the rectovaginal septum increased from 2.2 mm to 4.3 mm (P < 0.001). On a five-point scale, level of patient satisfaction and willingness to refer were 4.53 and 4.67.

Conclusions: Transanal transverse plication of the anterior rectal muscularis in women with rectoceles is highly effective in the management of obstructive defecation. Anal incontinence improved without affecting sphincter pressures or disruptions.

Presenting Author: Christo Kloppers
Co-Authors: Christo Kloppers; Emile Coetzee
Abstract Title: Should APR be considered when a defunctioning stoma is required for anal cancer?
Abstract: Introduction: Combined modality treatment (CMT) is the preferred treatment for anal squamous cancer, but a small subgroup needs a defunctioning colostomy with temporary intent.

Aim: The aim of this study is to evaluate the functional outcome and stoma closure rate of patients who needed defunctioning colostomies prior to CMT for anal squamous carcinoma (SCC) at Groote Schuur Hospital (GSH). The key objective being to assess whether abdomino-perineal resection (APR) is a suitable primary treatment modality for the subgroup of patients needing a defunctioning stoma prior to CMT.

Method: A retrospective chart review of all patients treated at the Combined Colorectal Clinic (CRC) at Groote Schuur Hospital with histological diagnoses of anal squamous carcinoma between 1995 and 2012. Patients who required defunctioning colostomies prior to CMT will be analysed in terms of demographics, indication for stoma, response to treatment and stoma closure rate.

Results: 125 patients were treated for anal SCC. Fifty eight were males and 67 females with a median age of 56 years. Thirty nine of these were deemed to require a defunctioning stoma prior to CMT. Thirty of these were treated with curative intent (22 males and 8 females). Indications for these stomas were obstruction (n=14); incontinence (n=8); pain (n=4); fistula (n=3) and sepsis (n=1). Three of the 30 patients stomas were successfully reversed. Disease progression (n=15) was the leading reason for non-reversal of defunctioning stomas. Thirteen of the 30 patients who needed a stoma prior to CMT were clearly not resectable, while 6 were evaluated on the pre-treatment examination under anaesthesia (EUA) as resectable.

Conclusion: A defunctioning stoma prior to CMT is likely to be permanent. APR might be an alternative in cases where the tumour is resectable.

Presenting Author: Lindiwe Lamola
Co-Authors: Lindiwe Lamola; Ursula Algar; Paul Goldberg; Helen Wainwright; Raj Ramesar
Abstract Title: Genetic complexities in a high incidence Lynch syndrome environment: the Constitutional Mismatch Repair Deficiency syndrome
Abstract: Introduction: Constitutional Mismatch Repair Deficiency (CMMR-D) syndrome results from presence of rare bi-allelic/homozygous germ-line mutations in the DNA mismatch repair (MMR) genes. The presence of these mutations affects the functioning of the MMR activity and results in an increased predisposition to a range of cancers in early childhood. The team listed above is involved in the management of a substantial burden of Lynch syndrome across the west coast of South Africa, and the case presented in this context is that of a four-year-old diagnosed with CMMR-D syndrome, who had subsequently demised due to a grade IV astrocytoma in the brainstem.

The proband inherited the c.1528C>T mutation in the mismatch repair gene, MLH1, from both non-consanguineous parents. Here we report on the clinical and/or molecular methods that had been implemented for surveillance and management of CMMR-D syndrome.

Methods and results: As the mutation had been identified in heterozygous form in both parents, predictive genetic testing had been offered to the two at-risk daughters in the core family. Following the pre-symptomatic identification of a homozygous c.1528C>T mutation in one of the daughters, a rigorous cancer surveillance program was offered to the parents. Despite predictive testing and pre-symptomatic screening, the sudden death of the child with CMMR-D syndrome occurred 6 months after her last clinical surveillance.

Discussion: The ethical considerations of testing children for known cancer-causing variants and the challenges that are encountered when reporting on heterozygosity in a child younger than 18 years, are discussed. This report further highlights the difficulty of developing guidelines, as a result of the rarity of cases and diversity of presentation. Future studies should aim at improving surveillance and determination of genetic markers, which may be used to monitor the disease initiation and progression.

Presenting Author: Ismail Lawani
Co-Authors: Ismail Lawani; Gbessi Dansou Garspard; Imorou Souaibou Yacoubou; Gnangnon Freddy Houehanou Rodrigue; Nyabenda-Gomwa Adoula; Dossou Francis Moise; Mehinto Delphin Kuassi; Oloy-Togbe Jean-Leon Toussaint
Abstract Title: Prognostic factors for early mortality in colorectal cancer in Republic of Benin
Abstract: Objective: The objective of this study is to identify factors predicting early mortality in colorectal cancer patients in Republic of Benin.

Patients and Methods: We conducted a retrospective study with colorectal cancer patients admitted to the visceral surgery units of the National and University Hospital of our country between January 2000 and December 2010. Patients characteristics, clinical presentation, laboratory findings and therapeutics interventions were recorded. The study end point was mortality in the first year after treatment. Logistic regression analysis was performed to identify independent risk factor for early mortality colorectal cancer.

Results: In total 190 patients with colorectal cancer are included. Early mortality rate was 45%. The average age was 52 years male/female sex-ratio was 1.34. Elderly age, socio economic status, WHO performance status, preoperative complications, elevated carcinoembryonic antigen (CEA), T category, lymph node metastasis, distant metastasis, disease stage and type of macroscopic resection were the main pre-operative prognostic factors.

Conclusion: This study allowed us to identify main early mortality prognostic factors in colorectal cancer in republic of Benin. These factors have to help us to better select patients for different therapeutic options.

Presenting Author: Kil Yeon Lee
Abstract Title: Initial experience of robotic intersphincteric resection for rectal cancer
Abstract: Purpose: Robotic systems (the da Vinci Surgical System) may offer considerable advantages, particularly in rectal surgery operated in the confined pelvis. This study was carried out on the assumption that a robotically naive, yet laparoscopically experienced surgeon successfully transferred to a robotic environment. We assessed immediate surgical outcomes of robotic intersphincteric resection (ISR) as an initial experience of a single surgeon.

Methods: We analyzed the data of 19 consecutive patients with rectal cancer who underwent robot ISR between January 2009 and March 2012. Its immediate surgical outcomes were compared with those of 19 patients who underwent laparoscopic ISR as a control group of the same cohort.

Results: There was no significant difference in the mean operating time between robotic and laparoscopic group (261.6±57.7 minutes, 222.37±68.2 minutes, P=0.064). Mean dinstal resection margin was 1.5±2.2 and 1.1±0.9 in robotic and laparoscopic groups, respectively (P=0.464). Three patients in each group had a circumferential margin clearance of less than 1 mm. Two patients in each group suffered from anastomotic leakage. There were no significant differences in date of flatus passage and dietary intake, and the length of postoperative hospital stay between both groups.

Conclusion: Robotic ISR is a safe and feasible procedure and its early short-term surgical outcomes are comparable to those of laparoscopic surgery.
Abstract Title: Multicenter retrospective study of simultaneous vs. staged liver resection for resectable synchronous colorectal liver metastasis

Abstract:
Purpose: There is no clear consensus about optimal timing of liver resection for synchronous colorectal liver metastasis. The aim of this study is to compare short-term & long-term outcomes between staged and simultaneous liver resection.

Methods: From January 2004 to December 2009, 207 data of patients from 9 university hospital were enrolled in this study.

Results: Staged resection group was 64 and simultaneous resection group was 143. Age was older in simultaneous group (80.0 ± 10.5 vs. 59.6± 11.1, P=0.023). Ratio of colon and rectal cancer was similar between two groups (33:31 vs. 75:68, P=0.906).Number of liver metastasis (2.4± 2.0 vs. 1.6± 1.1, P=0.002) was larger in staged group, but size (2.7± 2.0 vs. 2.8± 1.9, P=0.931) of liver metastasis were similar. Non-anatomical resection was frequent in simultaneous group (69.9% vs. 32.3%, P=0.000) and anatomical segmentectomy & sectionectomy was frequent in staged group. Postoperative surgical complication rate was similar between two groups (18.5 % vs. 19.6 %, P=0.849). Neoadjuvant chemotherapy was more frequently performed in staged resection group (53.8 % vs. 18.4 %, P=0.000). 5-years DFS between two groups showed no significant difference, but in subgroup analysis, staged resection in rectal cancer showed better 5-years DFS (35.3% vs. 20.1%, p=0.015). 5-years OS was superior in staged group (76.0% vs. 49.4%, P=0.013). In subgroup analysis, staged resection in rectal cancer showed better 5-years OS (73.6% vs. 43.2%, P=0.022).

Conclusions; This study showed better 5-years DFS and 5-years OS in staged liver resection of synchronous resectable rectal liver metastasis. Further investigations including prospective randomized trial are needed.

Presenting Author: Nanda Kishore Manoharan

Abstract Title: VAAFT in the treatment of fistula in ano-an Indian experience of 345 cases

Abstract:
Aim: To evaluate the efficacy of VAAFT (video assisted anal fistula treatment) in the treatment of fistula in ano.

Materials & Methods: 345 patients in the age group of 18 to 76 years with fistula in ano were subjected to VAAFT treatment.182 of these patients had transphincteric, 125 had intersphincteric and 38 low anal fistula. 42 patients were well controlled diabetics. All patients were started on iv antibiotics preoperatively which were converted to oral antibiotics after 24 hours. 275 patients had spinal anaesthesia and 67 had general anesthesia. All patients were subjected to diagnostic fistulography using Meiner’s fistuloscope where the tract was delineated and the internal opening was identified when present. This was followed by the therapeutic phase where the tract was destroyed by electrocautery, cleaned and the internal opening closed with sutures or staples.

Results: Patients had minimal postoperative pain(pain score 1&2) on post operative day 0 & 1. All patients were discharged within 24 hours and returned to work within 48 hours. There was no sphincter incontinence. With one year follow up the transphincteric group had 44 recurrences(24.17%) and the intersphincteric group had 28 recurrences(22.4%) and none in the low anal group. The overall recurrence rate was 23.28%.

Conclusion: VAAFT is a safe and effective method in treating complex anal fistulas with a recurrence rate of 23.28%. The procedure is less painful with early mobilisation and discharge from hospital, early return to work with less post operative morbidity and no sphincter damage.

Presenting Author: Carla Marres

Abstract Title: Perioperative strategies to improve outcome in colorectal surgery in a community hospital.

Abstract:
Since January 2011 a set of measures was introduced to improve patient outcome in colorectal resections after a review of the literature for factors influencing surgical outcome after colorectal resection. Based on the existing evidence, the use of NSAIbs was stopped and nor-movloruremia was pursued pre- and postoperatively. Finally, a standardised postoperative surveillance protocol was implemented to reduce delay in the diagnosis of postoperative complications; abdominal CT-scan with rectal contrast was performed when C-reactive protein (CRP) level was over 200 on day four or had increased by 50 points compared to day two CRP level.

Methods: Patient files of 488 patients operated between 2009 and 2014 were reviewed. Two cohorts of patients who underwent colorectal surgery before and after January 2011 were compared. All patients were treated according to standard fast track surgery and were operated by dedicated colorectal surgeons. Complications were graded according to the Dindo-Clavien classification, and major complications were defined as grade 3B or higher. In addition to patient variables, complications, mortality and hospital stay, the number of CTS, CRP level in postoperative days, and the timing and outcome of CTs and following interventions were scored.

Results: The complication and mortality rates in the first cohort (patients operated before January 2011) were 25.9% and 9.2% respectively. In the cohort after January 2011 the complication rate dropped to 13.8% (p<.001) and 2.3% (p<0.001) respectively. Mean hospital stay was also significantly reduced from 13.9 to 9.8 days (p<0.001). The interval between operation and first CT decreased from 8.2 days to 5.6 days. The time until re-intervention decreased from 7.6 days to 6.4 days.

Conclusion: A significant decrease in major complication rates and mortality was observed after implementation of a set of perioperative measures. From these data it is difficult to identify which factor contributes the most to these results.

Presenting Author: Anders Mellgren

Abstract Title: TOPAS: A New Modality for the Treatment of Fecal Incontinence in Women

Abstract:
Purpose: The TOPAS system is a minimally invasive, self-fixating polypropylene mesh intended to treat fecal incontinence (FI) in women who have failed conservative therapy. It is designed to provide physical support to the pelvic floor to maintain continence. This is the first report of a prospective, FDA-regulated, multi-center study evaluating this new treatment modality.

Methods: A total of 152 women (mean age 59.6 years) were implanted with the TOPAS system and followed for 12 months post-implant at 14 centers in the United States. FI was assessed preoperatively and at the 12 month follow-up with a 14 day bowel diary, Cleveland Clinic Incontinence Scores (CCIS) and Fecal Incontinence Quality of Life (FIQOL) questionnaires. Treatment success was defined as reduction in number of FI episodes (CCIS) and Fecal Incontinence Quality of Life (FIQOL) questionnaires.

Results: Mean length of the implant procedure was 33 minutes. At 12 months, FI episodes/week decreased from a median of 9.0 at baseline to 2.5 (p < 0.001). 69.1% of patients had treatment success. The mean CCIS decreased from 13.9 at baseline to 9.6 at 12 months (p<0.001). FIQOL scores for all four domains improved significantly from baseline to 12 months (p<0.001). A total of 71 subjects experienced 113 procedure and/or device-related adverse events (AE). Most AEs were short in duration and easy to treat medically. No treatment-related deaths, erosions, extrusions, or device revisions were reported. The most common AEs were buttock pain (n=14), pelvic pain (n=12), superficial incision site infection (n=9) and groin pain (n=9).

Conclusions: The TOPAS system provides significant improvements in FI symptoms and quality of life with an acceptable AE profile and may therefore be a viable minimally invasive treatment option for FI in women.
Disclosure: This study was fully funded by American Medical Systems, Inc.

Presenting Author: Abdi hakim Mohamed

Co-Authors: Abdi hakim Mohamed; Lawrence Gichini

Abstract Title: Quality of Life analysis in Kenyan Ostomates

Abstract:
Purpose: The fashioning of a colostomy, whether temporary or permanent is sometimes essential in surgical practice. This is more so, for colon and rectal cancers. Patients who live with colostomies (ostomates) face many challenges, ranging from physical, emotional to psychosocial ones. Lack of quality ostomy appliances, leakage caused by failure of adhesives or improper flare, ballooning of bags, poor sitting, smell, bags falling off in public, are just but a few examples of the myriad of challenges these individuals face. Anxiety and embarrassment over a stoma may cause an alteration in life-style, including but not limited to: work, desire to travel, and staying away from home. Jet lag and overall self-image. Previous studies have shown that many of the patients with colon and rectal cancer in Kenya are of a young age and most will live with stomas for life. The aim of this study was to document the impact of stoma on the quality of life (QoL) of Kenyan patients as an initial step paving way for more definitive studies in the future.

Methods: The Coloplast(R) Educational Board Questionnaire was used in the study. The questionnaire was administered to 40 ostomates and has five scales of questions that assess: Anxiety, Sexuality, Self-perception, Lifestyle and Stigma.

Results: The average age of the patients was 49. The overall QoL scores changed significantly across age groups with the older patients having higher QoL scores indicating higher self-esteem as compared to the younger ostomates. Female ostomates also had higher overall QoL scores indicative of higher self-esteem. Lifestyle changes required to accommodate the stoma were approximately equal among the two sexes. Ostomates who had their colostomies over a longer period also had higher QoL scores. Ostomies generally had a negative effect on sexuality of the younger patients and stigma is more marked among this group.

Conclusion: The Quality of Life changes associated with the presence of a colostomy are much more significant among young males who are the predominant group of colon and rectal cancer patients in Kenya with most surviving with permanent colostomies. These changes seem to have long-term effects that need to be studied in further detail.

Presenting Author: Zaheer Moolla

Co-Authors: Zaheer Moolla; Maseelan Naidoo; Thandinkosi Enos Madiba

Abstract Title: The Use of Carcino-Embryonic Antigen Measurement in Suspected Colorectal Cancer

Abstract:
Background: Carcino-embryonic antigen (CEA) is routinely measured prior to treatment in patients with colorectal cancer (CRC) for prognostication. Unlike diagnostic investigations for CRC, it is inexpensive and widely available in South Africa. The correlation of CEA with CRC and the use of CEA in prioritizing colonoscopy in resource limited regions has not been investigated.

Aim: The aim of this study was to determine whether increased serum CEA levels correlate with the presence of primary CRC, and to evaluate the variation in CEA activity based on demographics, tumour site and stage.

Methods: Patients referred to Inkosi Albert Luthuli Central Hospital between 2007 and 2013 with CRC and a pre-treatment serum CEA measurement were identified from a prospectively collected CRC database. Patient demographic data, location of tumour, metastatic status and CEA activity were captured. Serum CEA >5ng/ml was considered increased.

Results: One hundred and sixty six of 271 patients had an increased CEA with an overall sensitivity of 61%. The mean patient age in the cohort was 2007 and 2013 with CRC and a pre-treatment serum CEA measurement.

Conclusion: Serum CEA has not proven to precisely correlate with primary CRC, however, in resource burdened areas CEA measurement is worthwhile and advisable in patients with suspected CRC. An elevated CEA should expedite colonoscopy.

Presenting Author: Eugene Jamot Ndebia

Co-Authors: Eugene Jamot Ndebia; Jehu Iputo; Sammon Alastair; Ekambaram Umaphay

Abstract Title: The effect of Helicobacter pylori on gastro-oesophageal reflux in a rural population of South Africa

Abstract:
Background: There is no available data on the effect of H. pylori infection on gastro-oesophageal reflux parameters in South African rural population.

Objective: To define the role of H. pylori infection on gastro-oesophageal reflux parameters in South African rural population.

Methods: Healthy volunteers living in Canzibe location, a rural village in the Eastern Cape province of South Africa were recruited for the study. They underwent 24-hour ambulatory multichannel intraluminal impedance-pH (MII-pH) monitoring. The quantification of H. pylori antibodies IgG was determined in the serum of each participant by ELISA and was correlated to the frequency, composition and distribution of gastro-oesophageal reflux episodes.

Results: Fifty one participants were included in the study (20 males, 31 females). Mean age was 37 years (range 18 - 60). All participants were found with a positive level H pylori IgG concentration in the serum. Our results showed that higher H pylori IgG concentration level in the serum was correlated (r: -0.2) with lesser oesophageal acidity and a decreased frequency of acidic reflexes. It was also significantly (P: 0.04) associated with more weakly acidic reflux.

Conclusion: In the present study H. pylori infection was associated with decreased oesophageal acidity.

Presenting Author: Yogesh Palshekar

Abstract Title: Laparoscopic Rectopexy: Do we need mesh anymore?

Abstract:
Objectives: To compare between laparoscopic mesh and suture rectopexy.

Methods: 32 cases of complete rectal prolapse who underwent laparoscopic rectopexy were selected. In 14 individuals mesh rectopexy was performed, in 18 individuals laparoscopic sutured rectopexy was performed. A comparison made between the outcome from the two methods with respect to operative time, operative ease and post-operative complications.

Results: An average operative time for mesh rectopexy - 126 minutes. An average operative time for sutured rectopexy - 92 minutes. Post operative pain score same for both methods. Costipation in 6 out of 14 mesh rectopexy and 3 out of 18 sutured rectopexy. Rectal tenesmus in 2 out of 14 mesh rectopexy, none for sutured rectopexy. No recurrence in both methods.

Conclusion: Laparoscopic suture rectopexy is a better procedure and the use of the mesh is not required.

Presenting Author: Ungchae Park

Co-Authors: Ungchae Park; Seongjun Park

Abstract Title: Clinical usefulness of defecography in patients with rectoanl intussusception and rectal prolapse on the basis of surgical decision making

Abstract:
Study was designed to characterize a defecographic images of these patients, and to evaluate the clinical usefulness in groups of patients with rectoanl intussusception (RAI) and rectal prolapse (RP).
Methods: With the use of pre-treatment defecographic imageries, 661 patients were found to have pelvic outlet obstruction. Findings were categorized as patients with rectoceles (n = 337; sensitivity: 98%; specificity: 94%; accuracy: 96%; false positive rate: 6%; false negative rate: 2%; kappa:0.925), nonrelaxing puborectal syndrome (n = 164; 86%, 90%, 88%, 10%, 14%, respectively, kappa: 0.738), and RAIRP (n = 160; 100%, 97%, 97%, 0%, respectively, kappa:0.626). We re-categorized the findings with RAIRP as patients with RAIRP (Group A, n = 138) and RP (Group B, n = 22). Non-surgical and surgical treatment were performed on the basis of defecographic findings.

Results: In Group A, RAIRP was of first degree in 101 (73%), of second degree in 21 (15%), of third degree in 16 patients (12%), and cases with RAIRP (70%) having associated with symptoms of obstructed defecation. The mean size of the intussusception was 2.5 cm (range, 1.0-5.5 cm). Patients with mechanically obstructing intussuscepta evacuated slower and less completely than those with nonobstructing intussuscepta on evacuation proctography (P < 0.001). Patients with second and third degree RAIRP showed a significantly higher frequency of obstructed defecation than in patients with first degree RAIRP (P < 0.01). Group B patients showed a significantly higher frequency of obstructed defecation than in Group A patients (P < 0.01). A dietary therapy (n=160), medical therapy (n=155), biofeedback therapy (n=61) and surgery (n=28) were performed according to these pre-treatment defecographic findings.

Conclusion: Present series with subclassifying RAIRP morphology provided the important diagnostic ramifications and clinically therapeutic profiles in patients with functionally obstructed defecation. Selection for therapeutic armamentarium on the basis of defecographic images could be logical. This helps the surgical decision making.

Presenting Author: Ungchae Park

Co-Authors: Jeremy Plaskett; Robert Baigrie

Abstract Title: Clinical Utility of a New Articulating Tissue Sealer in Laparoscopic Colorectal Surgery

Abstract:

Purpose: Describe initial experience with an articulating advanced bipolar energy device, designed for improved maneuverability/access, in laparoscopic colonic resection.

Methods: Prospective, single-arm, observational study of planned laparoscopic colon resections involving mobilization of splenic and/or hepatic flexures in three centers. The ENSEAL® G2 Articulating Tissue Sealer was used for dissection and vessel transection. Frequency of articulation and perpendicular transections assessed via third-party videography review. Surgeons' experience using the articulating tissue sealer (compared to non-articulating before study) assessed via questionnaire following each surgery.

Results: Twenty-nine consecutive procedures: 17 right colectomies, eight lower anterior resections, three left hemicolectomies, and one transverse colectomy. Complexity rated high, medium, and low in 52%, 38%, and 10% of the procedures, respectively. Average BMI 28.9 ± 6.2, procedure time 2.7±0.9 hours, and device implementation time 0.7±0.5 hours. Estimated blood loss 109±111 cc. Two conversions to open after colon mobilization, due to unexpected intraoperative findings. Of 4,153 device activations (average 143 per procedure), 59% (2,452) were articulated. Forty-eight percent (80/167) of isolated vessel transections used articulation and 93% (138/167) were perpendicular (80-90 degrees).

Conclusion: The high frequency of use of the ENSEAL® device in articulating mode, the minimal blood loss, and the usefulness ratings reported in this study underscore the need for articulating advanced energy devices in laparoscopic surgery.

Presenting Author: Jeremy Plaskett

Co-Authors: Jeremy Plaskett; Robert Baigrie

Abstract Title: The incidence of recurrence after Delorme’s procedure for full-thickness rectal prolapse - a retrospective private-public cohort study

Abstract:

Background: Delormes perineal repair has remained a procedure reserved for full-thickness rectal prolapse in elderly or co-morbid patients due to its low morbidity and complications. Reported recurrence rates are higher than in abdominal approaches.

Aim: The study assesses long-term outcomes after Delormes procedure (DP), specifically recurrence and postoperative bowel function, in both a multi-surgeon public hospital and a single surgeon cohort in the private sector (Grote Schuur Hospital and Kingsbury Hospital).

Stapled transanal rectal resection (STARR) has been introduced as a new technology for the management of obstructive defecation syndrome. This procedure offers the possibility of excising the anterior rectal wall component of a rectocele while simultaneously correcting intussusception, thus restoring normal anorectal anatomy. It remains likely that STARR has a role in selected patients. However it may be that the operation does not address loss of endopelvic fascial support to the middle and posterior components of the pelvic floor. A removal of redundant tissue of itself is not sufficient in the long term. It is recommended that a multicenter controlled randomized trial comparing surgical approaches are needed to define the precise roles of new therapeutic options. Carefully selective indications for rectocele repair are essential for the successful result. Selection criteria including long term results in my clinic are presented in this review.

Presenting Author: Glenn Parker

Co-Authors: Glenn Parker; Ben Tsai; Dipen Maun; Janice Rafferty; Michael Stamos; Piet Hinoul; Mario Gutierrez
Patients and Methods: This retrospective cohort study includes all patients who underwent DP between February 2001 and March 2014 at both study sites. The primary outcome was absence of recurrence. Secondary outcomes were bowel function (incontinence and constipation), postoperative mortality and morbidity and length of hospital stay. Patient data was collected from electronic records (Kingsbury Hospital) and paper folders/op notes (Groote Schuur Hospital), and current status was acquired by telephonic interview with either the patient, a family member or caregiver as appropriate.

Results: Seventy patients underwent DP: 37 private and 33 public; mean age 71.7 ± 8 years. There were 14 (20%) recurrences (8/37 private, 6/33 public), mean time to recurrence was 29 months (47 private; 32 public). There were 3 postoperative deaths (pneumonia, MI), 6 major complications (PR bleeding requiring transfusion or reoperation, bowel obstruction, pneumonia, MI), and 6 minor complications (PR pain, PR bleeding not requiring reoperation or transfusion, urinary retention, confusion, hyponatraemia). The mean postoperative hospital stay was 4 days.

Conclusion: Long-term outcome from this large series compares favorably with most other published series, specifically a low recurrence rate. Proposed reasons for this will be presented within the context of the published literature

Presenting Author: Florentina Luiza Popescu
Co-Authors: Florentina Luiza Popescu; Lee Dvorkin
Abstract Title: Mental Health and Physical Health Monitoring

Abstract:
Background: Mental wellbeing has a significant impact on the recovery and length of stay of patients during their admission to a general hospital and after surgical intervention. Specific challenges include; any acute deterioration in mental function (anxiety/ delirium/psychosis) and its management on a general surgical ward, the timely recognition and management of surgical complications and informed consent.

Methods: We conducted a prospective study. In the initial audit we aim to identify the appropriate use of current mini tools in assessing / monitoring of mental health at the North Middlesex University Hospital. Over a period of 2 weeks we audited all the clerking proformas filled in on admission.

Results: As the audit findings were below the expectations, and the AMT was poorly recorded on admission, we intend to adjust the current mini tool in order to address the importance and implications that mental health can have on the prognosis of a general surgical inpatient. The mini questionnaire that will be used includes sections regarding past psychiatric history, mood, cognition, and mental capacity.

Conclusions: Inpatients with mental illness represent a significant challenge for any surgical department. There is evidence that mental health issues are unrecognized and not fully addressed by medical and nursing staff in general hospitals. Early recognition of any cognitive impairment and decline in activities of daily living can improve the quality of life in the patients developing mental illness and reduce the socio-economic burden that many of these psychiatric conditions bring with them.

Presenting Author: Leanne Prodehl
Co-Authors: Leanne Prodehl; Martin Brand
Abstract Title: Surgical portosystemic shunts versus transjugular intrahepatic portosystemic shunt for variceal haemorrhage - a meta-analysis

Abstract:
Introduction: Oesophageal varices develop in approximately half of all cirrhotics as a result of portal hypertension. 15% to 20% of these will bleed requiring an intervention.

The secondary prevention of variceal haemorrhage is controversial. All forms of shunts (radiological and surgical) when compared to endoscopic therapy, have a significantly lower rebleed rate. However, there is limited evidence comparing TIPS to surgical shunts.

A recent meta-analysis concluded that surgical shunts were associated with lower failure rates and improved overall survival.

Objectives: To compare the benefits and harms of surgical portosystemic shunts versus TIPS in the treatment of chronic variceal haemorrhage.

Methods: Eligible trials were identified in The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded . Randomised clinical trials where a surgical portosystemic shunt has been compared to TIPS were identified. We performed meta-analyses according to the recommendations of the Cochrane Handbook for Systematic Reviews of Interventions and the Cochrane Hepato-Biliary Group Module.

Results: Three trials were identified comprising 426 patients. There was good follow up in all three trials. The 30 day mortality was worse for shunts (OR 1.38 [0.79, 2.39]) but the 5-10 year mortality was better (OR 0.36 [0.21, 0.60]). The odds ratios also favour surgical shunts with a 30 day rebleed rate of OR 0.09 [0.02, 0.39], and overall rate of OR 0.05 [0.02, 0.11].

The major disadvantages of TIPS are the poor potency rate and increased encephalopathy. The odds ratio for stent occlusion or thrombosis is OR 0.04 [0.02, 0.07] and for encephalopathy is OR 0.44 [0.26, 0.70]. The effect of TIPS on ascites is less marked although the odds ratio still favour surgical shunts OR 0.85 [0.51, 1.43].

Conclusion: This meta-analysis demonstrates the same findings as the previous publication.

Presenting Author: Naayil Rajabally
Co-Authors: Naayil Rajabally; Brian Kullin; Kaleemuddeen Ebrahim; Andrew Whitelew; Colleen Bamford; Valerie Abratt; Gillian Watermeyer; Sandie Thomson
Abstract Title: Optimising the diagnosis of Clostridium difficile in a tertiary institution.

Abstract:
Introduction: Clostriidium difficile (C. difficile) is the most common cause of infectious diarrhoea in the healthcare setting and accounts for significant patient morbidity, prolonged hospitalisation and increased costs. To date, there is no consensus on which test to use for its identification. Our aim was to compare several testing modalities in order to establish a clinically practical, rapid and reliable test at our institution.

Methods: Stool was tested for C. difficile using immunological assays (MiniVidas and Immunocard), nucleic acid amplification tests (Cepheid GeneXpert and Hain Lifesciences Genotype CDiff) and selective anaerobic culture methods. Presumptive C. difficile isolates were confirmed by PCR using species-specific primers targeted to C. difficile tpi gene. Confirmed isolates were screened for the presence of the following toxin genes: tcdA, tcdB, cdtA and cdtB. These were classified according to their ribotype based on comparison to local and international databases.

Results: Stool samples from 101 patients with complete data were analysed. The median age of the cohort was 42 years (IQR 28-58). C. difficile was isolated on culture in 19 (18.8%) patients of whom 11 (57.9%) were females. Hospital-acquired C. difficile was observed in 10 (52.6%) patients. Ten (52.6%) isolates were identified as the 017 strain. Using culture as the reference, 7 (36.8%) and 8 (42%) patients were toxin positive on Immunocard and MiniVidas respectively. Molecular-based tests were 36.8% (CI 16.4-61.6) and 98.8% (CI 93.4-99.8), 42.1% (CI 20.3-66.5) and 98% (CI 93.3-99.8), 79.0% (CI 54.4-93.8) and 96.3% (CI 89.7-99.2), 89.5% (CI 66.8-98.4%) and 89.0% (CI 80.2-94.9) respectively.

Conclusion: Molecular-based tests performed better than immunoassay tests and had good correlation with culture. Implementation of a molecular-based test should be considered.

Presenting Author: Jose Alfredo Reis Neto
Co-Authors: Jose Alfredo Reis Neto; Jose Alfredo Reis Junior; Joaquim Simoes Neto; Odorino Kagohara; Sergio Oliva Banci; Luciane Oliveira; Gustavo Alejandro Gutierrez; Antonio Jose Tiburcio Silva Junior
Abstract Title: Anorectal Manometry in Evaluation of Patients with Chronic Constipation

Abstract:
Introduction: Constipation is one of the most common digestive problems that can be secondary to many medical conditions.
Abstract:

Purpose: The goal of a rubber band ligature is to promote fibrosis of the submucosa with subsequent fixation of the anal epithelium to the underlying sphincter. Following this principle a new technique of ligature was developed based in two aspects:

1. macro banding: to have a better fibrosis and fixation by banding a bigger volume of mucosa and 2. higher ligature: to have this fixation at the origin of the hemorrhoidal cushion displacement.

Methods: 1634 patients with internal hemorrhoidal disease grade II or III were treated by the technique called High Macro-rubber band. There was no distinction as to age, gender and race. To perform this technique a new hemorrhoidal device was specially designed, with a larger diameter and a bigger capacity for mucosal volume aspiration. It is recommended to utilize a longer and wider anoscope to obtain a better view of the anal canal, which will facilitate to inject the submucosa higher in the anal canal and to insert the rubber band device. The hemorrhoidal cushion must be banded higher in the anal canal (4 cm above the pectinate line). It is preferable to treat all the hemorrhoids in one single session (maximum of three areas banded).

Results: From a total of 250 patients, 202 (80.8%) were female and 48 (19.2%) male, with mean age of 45.4 years. The mean resting pressure (74.46 mmHg) and squeeze pressure (144.43 mmHg) were inside the limits. Pain was associated with constipation in 50 patients and 171 (61%) did not present sphincter relaxation during forceful straining, from these, 84.5% (107) had paradoxical contraction. RAIR was present in all patients, sensory thresholds and compliance of rectum were inside the limits.

Conclusion: Anorectal manometry is helpful for diagnosing anorectal dysfunction in patients with chronic constipation.

Presenting Author: Jose Alfredo Reis Neto

Co-Authors: Jose Alfredo Reis Neto; Jose Alfredo Reis Junior; Joaquim Simoes Neto; Odorino Kagohara; Sergio Oliva Banci; Luciane Oliveira; Antonio Jose Tiburcio Alves Junior; Gustavo Alejandro Gutierrez Espinoza

Abstract Title: High Macro Rubber-Band Ligature: Technique and results

Abstract:

Abstract:

Investigation of all the factors potentially related is necessary for optimal management and includes evaluation of anorectal physiology with the presence of defecatory obstruction associated or not with paradoxical contraction.

Objective: The aim of this study is to emphasize the importance of anorectal manometry in investigation of chronic constipated patients.

Methods: Evaluation of 250 patients with chronic constipation whom underwent solid-state anorectal manometry at Reis Netos Clinic from January 2008 to January 2013. The parameters included resting and squeeze sphincter pressure, sensory thresholds in response to balloon distention, compliance of rectum, rectoanal inhibitory reflex (RAIR) and presence of paradoxical contraction.

Results: From a total of 250 patients, 202 (80.8%) were female and 48 (19.2%) male, with mean age of 45.4 years. The mean resting pressure (74.46 mmHg) and squeeze pressure (144.43 mmHg) were inside the limits. Pain was associated with constipation in 50 patients and 171 (61%) did not present sphincter relaxation during forceful straining, from these, 84.5% (107) had paradoxical contraction. RAIR was present in all patients, sensory thresholds and compliance of rectum were inside the limits.

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1. macro banding: to have a better fibrosis and fixation by banding a bigger volume of mucosa and 2. higher ligature: to have this fixation at the origin of the hemorrhoidal cushion displacement.

Methods: 1634 patients with internal hemorrhoidal disease grade II or III were treated by the technique called High Macro-rubber band. There was no distinction as to age, gender and race. To perform this technique a new hemorrhoidal device was specially designed, with a larger diameter and a bigger capacity for mucosal volume aspiration. It is recommended to utilize a longer and wider anoscope to obtain a better view of the anal canal, which will facilitate to inject the submucosa higher in the anal canal and to insert the rubber band device. The hemorrhoidal cushion must be banded higher in the anal canal (4 cm above the pectinate line). It is preferable to treat all the hemorrhoids in one single session (maximum of three areas banded).

Results: From a total of 250 patients, 202 (80.8%) were female and 48 (19.2%) male, with mean age of 45.4 years. The mean resting pressure (74.46 mmHg) and squeeze pressure (144.43 mmHg) were inside the limits. Pain was associated with constipation in 50 patients and 171 (61%) did not present sphincter relaxation during forceful straining, from these, 84.5% (107) had paradoxical contraction. RAIR was present in all patients, sensory thresholds and compliance of rectum were inside the limits.

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Co-Authors: Jose Alfredo Reis Neto; Jose Alfredo Reis Junior; Joaquim Simoes Neto; Odorino Kagohara; Sergio Oliva Banci; Luciane Oliveira; Gustavo Alejandro Gutierrez Espinoza; Antonio Jose Tiburcio Alves Junior

Abstract Title: Neoadjuvant radiotherapy in stage I cancer of the lower rectum

Abstract:

Introduction: For stage I tumors, local excision has being used increasingly, but recent studies show the need for caution with the use of this technique, as they do not consider the possibility of a positive node in stage I rectal tumors. Therefore, neoadjuvant radiotherapy should be considered for early tumors, as an attempt to prevent recurrence.

Objective: Show the effectiveness of neoadjuvant radiotherapy in stage I cancer of the lower rectum of a cohort population.

Material and Method: A cohort study in a prospective database was made with a total of 538 patients, of which were considered 75 patients with stage I lower rectal cancer. Preoperative radiotherapy was performed with 200 cGy/daily for 4 consecutive weeks up to a total of 4500 cGy, by means of a Linear Megavoltage Accelerator- tor (25 MeV), in anterior and posterior pelvic fields. Patients were followed up for a minimum period of five years.

Results: The 75 patients were divided in two groups. The stage I/TI group had 27 patients. All of them presented complete response to the treatment and did not need to be operated. During the follow up time of five years, this group showed no recurrence rate. The stage I/TI group had 48 patients, all of them submitted to the same protocol of neoadjuvant therapy.

During the follow up, 8 patients had to be operated due to suspicious lesion or scar. They were submitted to full total local excision. After evaluating the pathological specimen, none of them proved to be adenocarcinoma.

Conclusion: Preoperative radiation, not only reduced the local recurrence and mortality rate in lower rectal cancer, but also reduced the need for surgery in patients with stage I cancer.

Presenting Author: Jose Alfredo Reis Neto

Co-Authors: Jose Alfredo Reis Neto; Jose Alfredo Reis Junior; Joaquim Simoes Neto; Odorino Kagohara; Sergio Oliva Banci; Luciane Oliveira; Gustavo Alejandro Gutierrez; Antonio Jose Tiburcio Alves Junior

Abstract Title: Neoadjuvant therapy on cancer of the lower rectum: Evaluation of the effects of preoperative radiotherapy on the prognosis of patients with cancer of the lower rectum

Abstract:

Introduction: The prognosis on the treatment of lower rectal cancer has not changed in the last fifty years. The survival rates of 50 to 55% seem immutable in several published series. The main cause for these results is the high incidence of recurrence, either local or generalized. The local recurrence is directly related to the number of undifferentiated cells and to the level of wall invasion, while generalized recurrence depends specifically of lymphatic and vascular dissemination. Therefore, every treatment that reduces the number of undifferentiated cells and the tumor size or its penetration on the rectal wall, will undoubtedly, reduces the local recurrence rate, increasing the cancer free interval, and perhaps, modify the overall survival rate. Between the years of 1970 and 2009, a total of 538 patients with adenocarcinoma of the lower rectum (from the dentate line until 10 centimeters above it) have been treated with pre operative radiotherapy. METHODS: The same protocol was used in every patient - 400 cGy, 200 cGy/day, during four consecutive weeks (anterior and posterior pelvic fields) using a linear accelerators megavoltage (25 MeV). The surgery was performed two months after the end of radiotherapy.

Results: The statistic analysis of the whole group showed that pre operative radiotherapy reduced the number of undifferentiated cells. Still, the incidence of recurrence diminished after radiation. The pre operative radiotherapy reduced the tumor size and its invasion on the rectal wall, as well as the mortality rate due to lower the recurrence rate (2.6 - 3.4%) and modified the overall survival (80,1%).

Conclusion: The pre operative radiotherapy is really effective to reduce the number of undifferentiated tumour cells, to reduce the tumor size and its infiltration on the rectal wall.
Abstract: Recently, colonic stent (EMS: Self-expandable metallic stent) treatment including the colon cancer ileus became one of the standard treatment for colon cancer malignant obstruction. We investigated the usefulness of Niti-STM colonic stent introduced recently.

Results: We tried 156 cases of colonic SEMS for colostomy stenosis from 1993 through 2013. We have used Z-stentTM, WallstentTM, UltraflexTM, WallFlexTM, Niti-STM, as colonic SEMS. 180 cases of 170 cases were success to insert, and the success rate was 94%.

Niti-STM Stent, TTS (Through the scope) type, made in TaeWoong company, Korea, was introduced from 2006 and succeeded to insert 26 times of 27, and the success rate was 96%. One case migrated from stenosis site in the first time, but was able to insert in the right position in the second cusotdy. It suggested that it is better to improve the SEMS visibility. There were no serious complications including the perforation with inserted procedure, and the final results were technical success rates; 96.3%, clinical; 85.2%, early complications rate; 3.7% and late complications rate; 7.4%.

A conclusion: It is might be clear that colonic SEMS is low invasive, and is effective for patient QOL improvement. Niti-STM Stent, new TTS type SEMS has showed feasible effectiveness and safety.

Presenting Author: Mashiko Setshedhi
Co-Authors: Mashiko Setshedhi; Ming Tong; D Feng; Lisa Longato; Teresa Ramirez; T Le

Abstract Title: Ceramide inhibitors ameliorate alcohol-induced steatohepatitis in an ex-vivo liver slice culture model

Abstract: Background: Insulin resistance, increased levels of reactive oxygen species (caused by mitochondrial dysfunction), endoplasmic reticulum (ER) stress, lipotoxicity, and DNA damage, play pivotal roles in the pathogenesis of chronic alcoholic steatohepatitis (ASH). Recent studies demonstrated roles for increased expression of pro-ceramide genes and ceramide accumulation in relation to the severity of both alcoholic and non-alcoholic liver disease. Furthermore, cytotoxic ceramides cause insulin resistance and lipotoxicity in liver.

Hypothesis: The severity of ASH, cytotoxicity, and ER dysfunction can be abated by treatment with chemical inhibitors of ceramide synthesis. Methods: Adult male Long Evans rats were pair-fed with isocaloric liquid diets containing 0% or 37% ethanol by caloric content for 8 weeks. Precision-cut fresh liver slices (150 µm thick) were cultured and treated with vehicle, 25µM fumonisin B1, 10µM myriocin, or 50µM desipramine for up to 72 h. Cultured liver slices were subjected to histological studies, measurement of cytotoxicity (G6PD release), insulin and ER stress signaling.

Results: Ethanol-exposed cultures exhibited steatohepatitis with significantly higher mean levels of triglyceride accumulation in relation to the severity of both alcoholic and non-alcoholic liver disease. Furthermore, cytotoxic ceramides cause insulin resistance and lipotoxicity in liver.

Conclusions: Reversing the histopathological, biochemical, and molecular indices of chronic ASH will likely require a multi-pronged approach aimed at minimizing lipotoxicity, ER stress, and insulin resistance. In addition, the ex vivo precision cut slice culture model is an excellent tool for effectively evaluating novel treatments for ALD.

Presenting Author: Abate Shewaye
Co-Authors: Endale Lulu; Abate Shewaye; Hailu Kefene

Abstract Title: Common genotypes and treatment outcomes of HCV infection among Ethiopian patients

Abstract: Background: The genotype pattern and treatment outcome of HCV infection among Ethiopian patients has not been studied so far. Hence the aim of this study was to assess the common HCV genotypes and evaluate the treatment outcomes for those who could afford to pay for the cost of HCV treatment and required follow up investigations.

Objectives: To assess the common HCV genotypes and treatment outcomes among adult Ethiopian patients.

Method: Among adults patients (aged 18 & above) with HCV infection referred from all parts of the country, those who were willing and could afford to pay for treatment and required follow up investigations (viral load,CBC, thyroid,renal and liver tests) were recruited for treatment with Pegasis and Ribavirin during January 2008 through December 2013 at United Vision, Adera, Old Airport, and Mexico referral clinics in Addis Ababa. Patients were counseled on treatment options, cost, treatment outcomes, adverse drug effects, and possible complications. Data on demographic features, clinical characters, genotypes, and treatment outcomes were analyzed using computer soft ware.

Results: A total of 200 adults with chronic HCV infection were treated with Pegasis and Ribavirin during the study period. Of the 200 patients enrolled in the study, 120(60%) were males, 90% were from Addis Ababa, and the median age was 48 years. There were 91 patients treated at United Vision higher clinic, at 63 Adera higher clinic, and 37 at Old Airport higher clinic, and 9 at Mexico higher clinic. Majority (90%) of the patients responded were married. History of jaundice, liver disease in family, previous surgery were admitted by 11.4%, 32.6% and 7.8%, respectively. Fifty nine(30.6%) patients admitted history of alcohol consumption while only 1 patient admitted history of IV drug use. One hundred twenty (60%) of the patients were infected with genotype 4 HCV, while 15.5% by genotype 2, 13.5% by genotype 1, and 9.5% by genotype 3. Eighty percent of the patients had end of treatment response of whom 64.4% had undetectable HCV RNA 6 months after end of treatment. The corresponding treatment response was noted to be close to 100% for patients with HCV genotypes 2 and 3 infections.

Conclusions: This study indicates that genotype 4 is the prevalent HCV genotype followed by 2, 1 and 3 among Ethiopian patients. The treatment was well tolerated with very good outcomes for those who could afford the cost. Hence, a concerted national preventive and treatment programs need to be strengthened to over come the current challenge of HCV infection in Ethiopia.
3 histological patterns of injury were identified: submassive necrosis (SMN) 32% (16), nonspecific necrosis (NSH) 32% (16) and mixed cholestasis-hepatitis (MCH) 36% (18). The table notes the liver enzymes in the 3 histological sub-types. Prolonged INR was more likely in the SMN group vs. the other 2 groups, 1.68 [IQR 1.32-2.6]; 1.16 [IQR 0.98-1.28], p=0.0001. 

Conclusion: Eating marshmallows leads to a small but statistically significant reduction in ileostomy output. Would use marshmallows in the future if they wanted to reduce or thicken their ileostomy output. 

Presenting Author: Goran Stanjoевич

Co-Authors: Goran Stanjoевич; Milica Nestorović; Zoran Krivokapić

Abstract Title: Necrotising soft tissue infections of perianal and perineal region

Abstract: Necrotising soft tissue infection (NSTI) is a life-threatening infection, characterized by widespread necrosis of skin, subcutaneous adipose tissue, fascia and muscle. Data for a total 31 patients with NSTI of perianal and perineal region in the period from 2006 to 2013 were analyzed. In all cases the medical records were reviewd for sex, age of patients, the presence of risk factors, localization of NSTI, duration of symptoms, length of hospitalization, the number of necessary operations, the performance of the stoma and outcome. There was a significantly higher mortality rate in the group of patients over 50 years of age as well as those in which it has been more than 10 days from onset of symptoms to treatment (p = 0.004). The overall mortality rate was 19.3%. Age and time from onset of symptoms to treatment, increasing the possibility of a death during treatment.

Presenting Author: Douglas Stupart

Co-Authors: Douglas Stupart; Emma Clarebrough; Glenn Guest

Abstract Title: Eating marshmallows reduces ileostomy output.

Abstract: Introduction: Anecdotally, many ostmates believe that eating marshmallows can reduce ileostomy effluent. There is a plausible mechanism for this, as the gelatine contained in marshmallows may thicken small bowel fluid, but there is currently no evidence that this is effective. The purpose of this study was to determine whether eating marshmallows can reduce ileostomy output.

Methods: This is a randomized crossover trial. Adult patients with well established ileostomies were included. Ileostomy output was measured for one week during which three marshmallows were consumed three times daily, and for one control week where marshmallows were not eaten. There was a two day washout period. Patients were randomly allocated to whether the control or intervention week occurred first. In addition, a questionnaire was administered regarding patients subjective experience to whether the control or intervention week occurred first. In addition, a questionnaire was administered regarding patients subjective experience to whether the control or intervention week occurred first.

Results: Thirty-one patients were recruited, of whom 28 completed the study. There was a median reduction in ileostomy output volume of 75ml per day during the study period (p=0.0054, 95% confidence interval of 23.4 to 678.3) compared with the control week. Twenty of 28 subjects (71%) experienced a reduction in their ileostomy output, two had no change and four reported an increase. During the study period, participants reported fewer ileostomy bag changes (median five per day vs. six in the control period p=0.0255).

Conclusion: Eating marshmallows leads to a small but statistically significant reduction in ileostomy output.

Presenting Author: Daniel Surrige

Co-Authors: Daniel Surrige; Brendan Bebington

Abstract Title: PPH: Stitched up at last.

Abstract: Introduction: The stapled haemorrhoidopexy has been used for 20 years. A rare but serious complication is stenosis, occurring in 1-2% of cases. The mechanism for this stenosis has never been described.

Aim: To demonstrate the origin of the stenosis by deliberately misplacing the purse-string suture or anvil prior to firing the stapler.

Methods: The cadavers of five pigs, previously euthanased, underwent the procedure for prolapse and haemorrhoids (PPH). Four deliberate mistakes were tested: 1) doubling the circular suture bag on itself for part of the circumference at the same depth; 2) placing the circular suture at varying depths; 3) placing one bite of the suture deeper and on the opposite wall of the rectum; 4) firing the stapler with the anvil positioned proximal to the circular suture but with the suture secured tightly to the shaft of the device.

Results: Placing the circular suture and doubling the stitch back on itself did not cause stenosis. Placing the circular suture at varying depths resulted in a fold in the rectal mucosa. Placing one bite of the suture deeper and opposite resulted in a large flap of rectal mucosa folded into the staple line. Firing of the stapler outside of the suture produced a complete occlusion of the rectal lumen.

Conclusion: We have demonstrated reproducible mistakes that consistently result in one of the most serious complications, viz. complete occlusion; and propose that healing of the loose flap may contribute to subsequent partial stenosis.

Presenting Author: Izak Johannes Van Der Wat

Co-Authors: Johan Van Der Wat; Mitch Kaplan; Elgar Rogaly

Abstract Title: The pre-operative use of modified virtual colonoscopy and the LSD/MURO quantification system to establish surgical candidacy in cases with rectogenital and multifocal bowel endometriosis.

Abstract: Objective: To study whether Modified Virtual Colonoscopy (MVC) and LSD/MURO quantification system changed the surgical intervention pathway in cases with rectogenital and multifocal bowel endometriosis.

Design: Retrospective Study

Patients: Patients with recto vaginal septum lesions, known endometriosis cases with irritable bowel syndrome and known cases with extensive pelvic endometriosis were subjected to MVC and scored according to the LSD/MURO system. MVC has the unique ability by distending the bowel to diagnose intra luminal as well as extra luminal pathology.

Measurements and Main results: 245 patients formed the study group. 81(33%) patients underwent a bowel resection. 31(12%) patients had a recto vaginal nodule excised by a combined laparoscopic vaginal approach. Where no significant bowel pathology was found, patient underwent laparoscopy with excision of endometrosis.

Conclusion: In our study MVC with LSD/MURO quantification allowed us to decide pre-operatively which patients needed major bowel surgery as opposed to less invasive techniques. Where extensive bowel pathology was found i.e. strictures more than 30%, patients were subjected to bowel resection. Cases with severe rectogenital disease but without bowel pathology (12% of cases) were pre-operatively diverted to a less invasive procedure i.e. vaginal resection of the nodule with laparoscopic overview and excision of pelvic endometriosis. Proximal bowel disease of the cecum, appendix and small bowel were also diagnosed pre-operatively obviating the need for initial laparoscopic diagnosis and follow up surgery. In all our cases the surgical team had full knowledge of the surgical pathway pre operatively and were involved with the pre operative counselling and present at surgery rather than being on standby mode.
Abstract: Evacuatory dysfunction after distal colorectal resection varies from incontinence to obstructed defaecation and is termed anterior resection syndrome (ARS). The aim of this study was to identify risk factors for the development of ARS following anterior resection.

Methods: All anterior resections undertaken at Auckland Hospital from 2002-2012 were retrospectively accessed for an assortment of patient and operative variables. Cases were stratified by occurrence of ARS symptoms at yearly intervals from 1-5 years postoperatively. Univariable and regression analyses were used to identify correlates and independent predictors, respectively.

Results: 277 patients were identified. Prevalence of ARS decreased progressively from 72.5% at 1 year to 47.9% at 5 years. Univariable analysis identified anastomotic height, adjacent chemotherapy, surgeon, pT stage, procedure year and temporary ileostomy formation as recurring significant correlates (p < 0.05). Logistic regression identified lower anastomotic height, adjacent chemotherapy, surgeon, pT stage, procedure year and temporary ileostomy formation as independent predictors of ARS at 1 and 2 years respectively. Temporary ileostomy formation was an independent predictor for ARS at 3 (OR 4.17, 95% CI 1.04-16.8; p=0.044) and obstructive presenting symptoms (OR 0.71, 95% CI 1.00-44.8; p=0.050) as independent predictors of ARS at 1 and 2 years respectively. Temporary ileostomy formation was an independent predictor for ARS at 3 (OR 4.17, 95% CI 1.04-16.8; p=0.044) and obstructive presenting symptoms (OR 0.71, 95% CI 1.00-44.8; p=0.050) as independent predictors of ARS at 1 and 2 years respectively.

Conclusions: Anastomotic height and obstructive presenting symptoms were independent predictors of ARS at 1 and 2 years. Temporary ileostomy formation was an independent predictor for the occurrence of ARS at 3, 4, and 5 years. Prospective assessment is required to facilitate more accurate risk factor analysis.

Presenting Author: Ryash Vather
Co-Authors: Cameron Wells; Michael Chu; Jason Robertson; Ian Bissett

Abstract Title: Preserved colonic meal response and functional evidence for anastomotic nerve regeneration following anterior resection

Abstract: Introduction: Symptomatic change in bowel habit following distal colorectal resection is termed anterior resection syndrome (ARS) and may be related to abnormal motility resulting from failure of the myenteric plexus to re-establish across new anastomoses. A key facet of normal motility is the colonic meal response.

Aims: First, to establish whether patients with no symptoms of ARS have a normal colonic meal response; second, to determine whether coordinated pressure wave propagation occurs across colorectal anastomoses in these patients.

Methods: A fibre-optic manometry catheter was endoscopically placed within the distal colorectum of 15 patients (6 males; median age 68y/o) noting the point at which it crossed the anastomosis. A 2-hour baseline period of manometry recording was followed by administration of a 700 kCal meal and a further 2 hours of recording. Data were examined for the postprandial PS activity.

Results: Catheter displacement occurred in 3 patients. An increase in postprandial PS activity was observed in patients (p<0.001); this meal response did not differ from controls for retrograde (p=0.324) or antegrade PS. A comparative analysis of patients' hospital stay and costs was performed between this method of creating the colostomy and laparoscopic-assisted colostomy during the same time period. The laparoscopic-assisted colostomies were performed by 2 colorectal surgical partners in our group. The procedure was performed with an excision of a circular piece of skin that was marked for the colostomy site and mobilizing the sigmoid colon and maturing the colostomy with occasional tightening of the skin belt, and another developed a small bowel obstruction due to herniation at 11 months. 3 patients had superficial invasive cancer, 5-8% of the volume of the polyp without submucosal involvement. Seven patients had high grade dysplasia. All patients were followed with another colonoscopy at 3 months and at 1 year without evidence of recurrence.

Conclusion: Large polyloid lesions of the colon with a careful selection process can be successfully curatively excised.

Presenting Author: Karukurichi Venkatesh
Co-Authors: Karukurichi S Venkatesh; Sandra Yee

Abstract Title: Creative Colostomy: A Simple, Very Cost-Effective Method of Creating Diverting Colostomy

Abstract: Aim: A simple, very cost-effective way of creating colostomy is performed with a single incision, through which the colon is brought out and colostomy is matured.

Material and Methods: Fifty-five consecutive colostomies were performed over a 30 month period, for the purpose of diversion due to non-healing perineal wound, ie decubitus ulcer, suppurative perineal infections, fecal incontinence, obstructing pelvic tumors like colorectal and gynecological malignancies, and in preparation of definitive surgeries for non-healing rectovaginal and rectourethral fistulae. The age incidence varied between 26 and 86 years. BMI ranged from 20 to 41. There was a preponderance of females over males. A comparative analysis of patients' hospital stay and costs was performed between this method of creating the colostomy and laparoscopic-assisted colostomy during the same time period. The laparoscopic-assisted colostomies were performed by 2 colorectal surgical partners in our group. The procedure was performed with an excision of a circular piece of skin that was marked for the colostomy site and mobilizing the sigmoid colon and maturing the colostomy with occasional tightening of the fascia if necessary. The average surgical time was 28 minutes, ranging from 17 to 45 minutes. There were no immediate complications. By the second post-operative day, all patients were discharged, transferred to an extended care facility, or were treated with definitive surgery. The operating room and the in-hospital costs for our patients were significantly lower when compared to laparoscopic-assisted diverting colostomy done during the same time period at our hospital.

Complications: One patient had prolapse of the colostomy, treated with a belt, and another developed a small bowel obstruction due to herniation at the colostomy site, requiring surgery.

Conclusion: This simple method of creating colostomy is described, which is very cost-effective, safe, and reliable.
Abstract: The triangulating stapling technique was employed to perform colorectal anastomosis in 1452 patients over a seven year period. In 1278 patients, anastomosis was performed between colon and nonperitonealized rectum, using Contour-curved cutter stapler. The procedure was performed in 59% on the patients for rectal and rectosigmoid neoplasm and in 32% for diverticular disease. All patients underwent mini-laparotomy for the surgical resection, averaging 65 minutes to complete the procedure. The stapling time was not different than intraluminal end-to-end stapling time. The anastomatic level was between 5 and 8 centimeters in 65% of the procedures and between 8 and 10 centimeters in 32%, and below 5 centimeters in 3%. The average stay in the hospital was 4 days. The patients were followed up between 2 and 9 years. The age incidence ranged from 23 to 84 years. The male to female ratio was equal.

Results: The complications were minimal. Wound infection occurring in 19 patients, 8 requiring negative wound suction to heal the wound. Three patients developed deep vein thrombosis and pelvic abscesses were observed in 7 patients, 2 requiring diverting ostomy.

Conclusion: The triangulating stapling anastomotic technique, using the Contour stapler, can be done in a narrow pelvis and is a safe and reliable alternating technique to intraluminal end-to-end anastomotic technique. The incidence of anastomatic stenosis and leaks were less than is reported with intraluminal end-to-end stapling device.

ISUCRS ORAL ABSTRACTS (PAPERS)

Presenting Author: Karin Westberg
Co-Authors: Karin Westberg; Gabriella Jansson-Palmer; Hemming Johansson; Torbjorn Holm; Anna Martling
Abstract Title: Time to local recurrence as a prognostic factor in patients with rectal cancer
Abstract:
Introduction: Survival after local recurrence (LR) of rectal cancer (RC) is influenced by several factors. Time to LR has in some previous studies been suggested to influence survival, but other studies claim there is no difference. The aim of this study was to see whether the time interval from primary surgery of RC to diagnosis of LR has any impact on survival in a population based material.

Methods: Population based data was collected from the Swedish Rectal Cancer Registry and through review of medical records. 7410 patients were operated with radical abdominal surgery for RC during the period 1995-2002. Of these, 386 (5.2%) developed LR as first event within 5 years. Patients with distant metastases diagnosed before or simultaneously with the LR were excluded. The patients were divided into two groups: early LR (ELR), with LR diagnosed <12 months after primary surgery; and late LR (LLR), with LR diagnosed ≥12 months after primary surgery. Kaplan-Meier curves and Hazard ratios were calculated for survival analyses. Survival was calculated from date of diagnosis of LR to death or end of follow-up. Results: 95 patients (25%) had ELR and 291 patients (75%) had LLR. Median time to LR was 1.73 (range 0.05-7.94) years. In total, 130 patients (34%) went through resection of their locally recurrent tumour. Patients with stage III primary tumour and non-irradiated patients were more common in the ELR group compared to the LLR group. Factors that influenced survival were age at diagnosis of LR (p<0.001), stage of primary tumour (p=0.027) and surgical resection of LR ( p<0.001). Time to diagnosis of LR had no influence on survival after diagnosis of LR.

Conclusion: No difference in survival was seen between patients with ELR and patients with LLR. All patients with LR should be assessed for potential curative surgery, disregarding time to LR.
Abstract: Introduction: We present the types and patterns of colonic polyps from a single tertiary care center in Sri Lanka.

Methods: Endoscopy and pathology reports of a single unit from 2006-2013 were analyzed retrospectively. Spearman's correlation coefficient (For age) and Chi square (For gender) were used to identify correlations.

Results: There were a total of 158 patients (M: F = 101: 57) who had polyps encountered in Colonoscopy (n=1408) and Flexible Sigmoidoscopy (n=2402) with an incidence of 4.1%. Mean age was 56.5 years (SD 16.4). The incidence of polyps increased with age. (<20 years n=4, 21-40 years n= 26, 41-60 years n=51 and over 61 years n= 77). There were single polyps in a majority (n=129, 81.6%). A total of 168 polyps were assessed and most were seen in the Rectum (n=31, 72.4%) followed by sigmoid colon (n=43, 22.8%). The commonest histological type was tubulo-villous adenoma (n=53, 28.1%) followed by tubular adenoma (n=40, 21.3%) and hyperplastic polyps (n=29, 15.4%). The majority of polyps were benign (n=172, 91.5%). There was no statistically significant correlation with malignancy and age or gender.

Discussion: The incidence of polyps in our sample is lower than the values reported in the west. However, similar to previous reports, more polyps were identified in males and there is an increase in the incidence with age.

Conclusion: A wide range of pathological types of colonic polyps were encountered. There is no statistically significant association between age, gender or multiplicity and malignant change in the polyps.

Presenting Author: Chumpon Wilasrusmee
Co-Authors: Chumpon Wilasrusmee; Napaphat Proprom

Abstract Title: Colonic detoxification among patients with colorectal problems: An epidemiological study.

Abstract:

Background: Colon detoxification is intended to remove feces and nonspecific toxins from the colon and intestinal tract which widely touted to be vital to maintaining good health and preventing of chronic disease.

Objective: To study the epidemiology and complication of colonic detoxification in patients who have colorectal problems.

Material and Method: Questionnaires consisting of items measuring demographic variables, methods and resources of colonic detoxification, factors associated with the preference to undergo colonic detoxification, and results of colonic detoxification were administered to patients who consulted with colorectal problem at outpatient clinic. Patients were classified as having colorectal cancer and non-cancer conditions.

Results: Two thousand questionnaires were distributed and returned. Three hundred and sixty-four patients (18.2%) had performed colonic detoxification either by themselves of by health care providers. More female patients performed colonic detoxification than male patients (72.52%/27.48%). Patients with colorectal cancer performed colonic detoxification more than non-cancer patients (57.14%/29.94%). Coffee was the most commonly used substance for colonic detoxification (60.21%), followed by laxatives (30.75%), and herbal tea (9.04%). The majority of patients performed the procedures by themselves (63.6%). Eighty-eight percent of patients felt better, while 7.4% felt the same and 4.6% felt worse after the procedure. Cancer was the significant preferential factor in patients who performed colonic detoxification (risk ratio = 2.83 (95% CI, 1.57-3.95), and p-value = 0.010), followed by constipation risk ratio = 1.64 (95% CI, 1.24-3.94), and p-value = 0.010), and headache risk ratio = 1.24 (95% CI, 1.14-2.25), and p-value = 0.010). The complication rate of colonic detoxification was 25.27%, including pain (16.4%), rectal bleeding (8.24%), and perforation (0.55%).

Conclusion: Despite the widespread use of colonic detoxification in patients with colorectal problem, there are significant complications related to procedure. Concerning must be raised related to false claims of effectiveness, safety issues and control violation controls.
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Presenting Author: Bilal Bobat
Co-Authors: Bilal Bobat; Reid Ally; Nokusho Mngomezulu

Abstract Title: A Prospective study on colonoscopy bowel preparation comparing 3 methods at Chris Hani Baragwanath Academic Hospital (CHBAH)

Abstract: Background: The adequacy of Bowel preparation impacts the quality of the procedure as judged by cecal intubation and polyph detection rates. The European Bowel Preparation Guideline (ESGE) published in 2013 was compared to the manufacturers recommendation and the current practice at CHBAH. The ESGE required the patient to follow a low residue diet before drinking 2 litres of PEG that evening and again that morning not longer than 4 hours prior to colonoscopy. The manufacturers recommendation is a clear liquid diet followed by 2 litres of PEG at 13:00 and at 19:00. The CHBAH is to start the prep with 2 litres on the 2 consecutive evenings prior to the colonoscopy.

Aim: To assess Bowel Preparation in Patients directed to take Polyethylene Glycol (PEG) according to the ESGE, Manufacturers and Current CHBAH Practice.

Methods: Outpatients booked for colonoscopy between May and June 2014 were requested to participate. We excluded prisoners and patients with restricted movement. The Preparation was blinded from the endoscopist who was then asked to score the cleanliness according to the validated Boston Bowel Preparation Score (BBPS). Patient demographics, indication for colonoscopy, comorbidities and the segmental along with the total BBPS were collected. A BBPS of 5 is adequate.

Results: Demographics: 27 patients to date - 14 Males, 13 Females. Mean age 53.26 range of 24-77 years. The Ethnicity was 92.6% black/Indian

Cancer Screening 7.4% Constipation 25.9% Diarrhoea 11.1% Altered Bowel Habits 25.9% Per Rectal Bleeding 22.2% IBD 7.4% Anaemia work up 7.4% Comorbidities: Hypertension 76.5% Diabetes 11.8% HIV 11.8% BBPS: Mean 6.36 Median 6 Range 3-9. Manufacturers Recommendation: Mean 4.47 CHBAH 6.67 ESGE 8 patients booked 8 defaulted

Conclusions: The ESGE recommendations resulted in a high patient default rate. An extended preparation as used by CHBAH was the most successful. Diabetics had the lowest BBPS mean 2.5.

Presenting Author: Bilal Bobat
Co-Authors: Bilal Bobat; Reid Ally; Nokusho Mngomezulu

Abstract Title: Bowel Preparation in Soweto: A Poor Mans' Tribulation

Abstract: Background: Chris Hani Baragwanath Academic Hospital (CHBAH) is located in Soweto Johannesburg and serves a population of approximately 3.6million people. Many of these patients are from poorly developed areas with a lack of sanitation being most concerning to an individual requiring bowel cleansing. According to the 2011 census figures, access to sanitation increased from 83% in 2001 to 91% in 2011, including shared and individual pit latrines as well as chemical toilets. The share of households with access to flush toilets increased from 53% in 2001 to 60% in 2011

Aim: To assess how social circumstances impact on adequacy of Bowel Preparation

Methods: All outpatients booked for colonoscopy between May and June 2014 were requested to take part in the study. The Bowel Preparation was blinded from the endoscopist who was then scored the cleanliness according to the Boston Bowel Preparation Score (BBPS). Patient Home Sanitation circumstances, number of people the toilet was shared with, means of transport, time to get to the hospital and the BBPS were assessed. A BBPS of 5 is considered adequate.

Results: Sanitation: Indoor Toilet 81.5% Mean BBPS 5.68 Outdoor Toilet 14.8% Mean BBPS 3.00 Toilet sharing Less than 5 people 66.67% Mean BBPS 5.17 More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94 while Private Transport was used in 29.6% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. Toilet sharing Less than 5 people 66.67% Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used 70.4% Mean BBPS 4.94. While Private Transport was used in 29.6% Mean BBPS 4.94. More than 5 people Mean BBPS 3.78. Public transport was used

Conclusion: Patients household sanitation plays an important role in predicting adequacy of bowel preparation.

An Indoor toilet shared by less than 5 people with a 15 year history of ileoeacal CD presented with a suprapubic intra-abdominal abscess and an enterovesical fistula. She had been off treatment and asymptomatic for the preceding 5 years. Cross sectional imaging, laboratory markers and colonoscopy were compatible with active CD. Following surgery, histology of the resected small bowel revealed moderately differentiated SBA infiltrating the muscularis propria. The resection margins, peritoneal tissue and resected lymph nodes were free of tumour involvement. The patient had an uneventful post-operative course. She was referred for oncology follow up and at 6 months there was no evidence of tumour recurrence, metastases or active CD.

Discussion: Although CD is a known risk factor for SBA, there is difficulty in establishing the latter diagnosis in patients with CD. This is mainly because of shared clinical and radiological features. Apart from definitive histology, there exists a need to develop modalities to help identify cancer preoperatively in the setting of active inflammation as aggressive immunomodulation therapy in the presence of malignancy may result in adverse outcomes.

Conclusion: SBA whilst uncommon should always be considered in patients with CD. Further research to guide screening, diagnosis and management of SBA in this population is needed.

Presenting Author: Chae Won-young Chae
Co-Authors: Jincheon Kim; Changsik Yu; Won-young Chae

Abstract Title: Clinicopathologic characteristics, surgical treatment and outcomes in anorectal malignant melanoma patients who underwent curative operation

Abstract: Background: Anorectal malignant melanomas (AMM) are rare neoplasms with poor prognosis, accounting for 0.1-4.6% of anal tumors and 0.5-1.6% of all melanomas. The aim of this study was to evaluate the clinicopathologic characteristics and outcome in AMM patients who underwent curative operation.

Methods: A retrospective study of patients diagnosed with AMM and underwent curative surgery at the Asan Medical Center between January 1995 and December 2010 was conducted. The study included 21 patients that were evaluated with regard to age, sex, pathologic results, stage, treatment modality, and survival. Early stage and advanced stage were defined as localized primary malignant melanoma and regional lymph node metastasis, respectively.

Results: Of 21 patients, 16(76%) patients were female and 5 patients (24%) were male. Median age at diagnosis was 55 years (range: 38-69 years). The common symptoms encountered were hematochezia (48%), bowel habit change (33%), mass (19%). Mean period of symptoms occurring was 5.5months (range: 0-12 months). Seventeen patients (81%) received abdominoperineal resection and 4 patients (19%) received local excision. Mean size of tumors was 4.7 ± 3.1cm. Three patients (14.3%) were shown to have positive lympho-vascular invasion but all patient was shown negative perineural invasion. Six patients (28%) received adjuvant chemotherapy using interferon a, cisplatin-based agent. The 5-year overall survival rate and the 5-year disease free survival rate was 85.7% ± 13.2% at 5.71 ± 18.7% in early stage and 35.7% ± 12.8% ± 12.1% in advanced stage (P = 0.110/0.17, respectively). On a multivariate analysis, we could not identify any independent risk factors among the clinicopathologic parameters.

Conclusion: Prognosis of anorectal melanoma in advanced stage was poor, compared with the early stage without significance. The multivariate analysis of recurrence was restricted by the small number of patients and further study might be needed to determine prognostic factors.

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Abstract Title: Examination of a colonic stent and laparoscopic surgery for obstruction of colorectal cancer

Abstract:
Introduction: Bowel obstruction has been commonly observed in 10-15% of all colorectal cancer case. Since 1991, colorectal stenting has been reported in many countries. Its application for preoperative treatment has increasingly used and drawn attention as a new treatment strategy for obstructed colorectal cancer. In this study, we report cases of obstructed colorectal cancer treated by laparoscopic colon resection after the placement of colonic stent.

Patients and Methods: We have had 116 cases of operable obstructed colorectal cancer; 105 cases of them were successfully treated by surgeries including 27 laparoscopic cases. Concerning laparoscopically treated cases, mean age was 65.9; it consisted of 15 male and 12 female; lesions were sigmoid colon (16 cases), transvers colon (4 cases), descending colon (4 cases), cecum (1 case), ascending colon (1 case), and rectosigmoid region (1 case). Term between stent placement and surgery was 3-30 days. There was no difference from regular laparoscopic surgery in the points of operative time and blood loss. No conversion to open surgery was observed. Since 2012, most of colonic stenting cases have been able to apply laparoscopic surgery.

Conclusion: Obstructed colorectal cancer had been excluded from the indication of laparoscopic surgery because of its enlargement of colon to interfere the laparoscopic limited operative field. Stent placement, however, has enabled laparoscopic surgery by successfully decompressing enlarged bowel.

Presenting Author: Kazuha Hatta
Co-Authors: Kouichi Soyama; Kazuha Hatta; Shingo Kameoka; Shinpei Ogawa

Abstract Title: The Current Status of VTE in General Surgery

Abstract:
Introduction: Venous thrombolism (VTE) includes deep venous thrombosis(DVT) and pulmonary embolism(PE). And it is associated with morbidity and mortality, even with treatment. Therefore, it is required to establish an appropriate method for prophylaxis of VTE. Primary, we needed to grasp the present status.

Methods: The review was performed at our department for general surgery patients between July 2012 and June 2013. In order to screen for preoperative VTE, plasma D-dimer assay was measured for all of the 309 patients. The patients with positive D-dimer assay (>1μg/ml) or IBD or previous/family history of VTE took a venous duplex scanning and computed tomography (CT). And for individual VTE risk assessment, modified Caprini score was derived for all the 309 patients and divided into four risk levels. Then we assessed the associations between D-dimer level and Caprini score or individual clinical factors.

Results: We analyzed the D-dimer assay of all the 309 patients, and 103 patients tested positive. Of 98 patients, 12 patients were detected VTE. The overall prevalence of VTE was 3.9% (12/309). Based on the modified Caprini score, none of the patients classified as lowest, 25 as low, 94 as moderate, and 102 as high risk group. VTE was detected in none of the patients in the lowest and the low, a patient (3.7%) in the moderate, and 11 patients (15.9%) in the high risk group. D-dimer positivity was detected in 3 patients (12%) in the low, 25 patients (27%) in the moderate, and 75 patients (39%) in the high risk group. For respective factors, age and legs symptoms associated with D-dimer level.

Conclusions: VTE was increases with the increase in Caprini score. Caprini score effectively contributes to stratify for VTE risk. Also D-dimer level might be useful not only to diagnose VTE but to previse it. Based on this study, we expect to settle the original prophylaxis.
Methods: We reviewed 17 patients diagnosed as Fourniers gangrene in our institution from 2003 to 2013. Hospital stay, complications and mortality were analyzed retrospectively.

Results: In 17 of patients, 15 were males and two was female. Mean age was 60.0 ± 12.4 years old. Mean body mass index was 24.6 ± 5.8 / m2 and 52.9% (9 patients) were overweight. In past history, 10 patients had diabetes mellitus, 4 patients were chronic alcoholics and 3 patients were diagnosed as liver cirrhosis. Most patients had shown malnutrition state, with decreased level of cholesterol, total protein and albumin. Most commonly isolated bacterial species from wound was Escherichia coli. Mean duration of hospitalization was 38.6 ± 43.3 days and 12 patients had needed ICU care. All patients underwent wide debridement. Colostomy was performed in 9 patients. And skin grafts were needed in course of wound healing in 3 patients. Mortality rate was 23.5%. Among the expired cases, 2 patients underwent operation two days after the admission due to delayed diagnosis.

Conclusions: In care of Fourniers gangrene, early diagnosis and aggressive surgical treatment including wide debridement, stoma creation and late flap surgery should be considered as soon as possible to save the life.

Presenting Author: Kwang Yeong How
Co-Authors: Kwang Yeong How; Clement Chia; Richard Sim

Abstract Title: Emergency correction of stoma prolapse using a linear stapling device

Abstract: Background and aims: Stoma prolapse is a common complication in loop stomas with an incidence of 2-22%. Various corrective methods have been described which include manual reduction, osmotic therapy, surgical resection of a redundant stoma and button-psyexy fixation. Correction of a stoma prolapse using a stapling device has been described in case reports as an easy and safe technique. We aim to demonstrate the reduction and resection of an acute-on-chronic stoma prolapse using a stapling device.

Methods: Our patient is a 51 years old HIV positive gentleman with anal canal squamous cell carcinoma and had a trephine diverting loop colostomy prior to chemoradiotherapy. He presented to the emergency department 1.5 years after the diverting loop colostomy with severe abdominal pain. Physical examination revealed an oedematous stoma prolapse/ intussusception involving both proximal and distal limbs. He subsequently underwent reduction and resection of the stoma prolapse/ intussusception using a stapling device.

Results: Under general anaesthesia, the prolapsed stoma was first reduced. GIA 100 stapler was then used to staple off excess prolapsed sigmoid colon for both the proximal and distal limbs, first longitudinally then transversely. Mucocutaneous union was re-established with interrupted 3/0 vicryl sutures. Our patient had an uneventful post operative recovery and his stoma was functioning on discharge on post operative day 5.

Conclusion: Usage of a stapling device to correct stoma prolapse is an easy and safe technique. Long-term follow-up for recurrence is required.

Presenting Authors: Kwang Yeong How, Qin Yi Lee; Kwang Yeong How
Co-Authors: Kwang Yeong How; Qin Yi Lee

Abstract Title: Incidence of complications requiring surgery or stenting during chemotherapy for metastatic colorectal cancer: A single institution study

Abstract: Introduction: Approximately 25% of patients with colorectal cancer have metastatic disease at the time of presentation. 20% of such patients require urgent surgical intervention for complications such as obstruction or perforation. However, some of these patients may only have minimal symptoms and are therefore suitable for early systemic chemotherapy. However, complications like obstruction and bleeding are known to occur during chemotherapy. This study aims to evaluate the incidence and associated risk factors for complications requiring surgery or stenting during chemotherapy in a single institution.

Methods: Stage IV metastatic colorectal patients who were diagnosed between 1st January 2006 to 31st December 2013 were identified from a prospectively maintained colorectal carcinoma database. Patients who were not suitable for chemotherapy, underwent surgery before commencement of chemotherapy or radiotherapy or loss to follow up were excluded from the study.

Results: There were 215 newly diagnosed metastatic colorectal cancer patients between January 2006 and December 2013. Of these patients 59 (27.4 %) underwent initial chemotherapy, 131 patients (60.9%) underwent emergent surgery, 11 patients (5.1%) were for best supportive care and 14 patients (6.5%) were loss to follow up with our department. 10 patients (16.9 %) who underwent initial chemotherapy encountered complications during their treatment: seven patients had intestinal obstruction and three patients had tumour perforation. In this group, six patients underwent diversion colostomy; four of them underwent stenting. All were left sided tumours. 90% were circumferential stenotic tumours and 70% were unable to be passed by a scope at diagnosis.

Discussion and Conclusion: Intestinal complication rates in patients with metastatic colorectal cancer undergoing chemotherapy have been reported in the range of 4-13.4%. Their occurrences can disrupt the course of chemotherapy and its potential benefits. Furthermore, emergency surgery during chemotherapy is associated with higher morbidity. 16.9 % of our patients with metastatic colorectal cancer encounter complications during chemotherapy. Amongst these patients, left sided, circumferential,stenotic tumours and failure to pass at first endoscopy seem to be associated with increased risk of complications. Further studies can be considered to evaluate the significance of these factors in predicting the need for pre-emptive stoma creation or stenting prior to commencement of chemotherapy.

Presenting Author: Kwang Yeong How
Co-Authors: Takeshi Ihara; Michio Itabashi; Shingo Kameoka

Abstract Title: Risk factors of early postoperative complications after stoma closure

Abstract: Background: With the increasing number of sphincter-preserving surgeries for low rectal cancer in recent years, is also increasing the number of cases in which temporary stoma construction and stoma closure are necessary. Reports referring to postoperative complications of stoma closure as occurring with increased frequency are found occasionally; but a few only are found with a number of cases greater than 100.

Discussion: Only 1% of complicated ingested foreign bodies in the digestive tract without any complications or morbidity. However, occasionally they may lead to serious clinical problems, such as obstruction, perforation or bleeding. This report describes a case of fishbone perforation of sigmoid colon, which was managed with laparoscopic removal without primary repair or resection of the affected bowel.

Case report: A 75 year old female presented with 2 weeks history of left lower quadrant abdominal pain, vomiting and diarrheoa. A computed tomography scan of the abdomen and pelvis showed contained perforation of the sigmoid colon by a linear foreign body. Laparoscopy and dissection of the phlegmon revealed pockets of pus and a fishbone extruding from the sigmoid colon. As the perforation was small and largely encased by inflamed omentum, it was decided for tube drainage of the region without primary repair or resection of the perforated segment. Post operatively, she was managed with antibiotics and bowel rest for 3 days. 2 weeks after discharge, she remained clinically well.

Conclusion: Laparoscopic removal of foreign body without primary repair or resection of colon can be considered in select cases. However, there should be a low threshold for repeat surgical intervention at the earliest sign of clinical deterioration.
Methods: Observations were made on 212 cases among the 231 of stoma closure in our department underwent between January 2013 and October 2003, removing the 19 cases due to data unavailability. We separated the cases with and without postoperative complications in 2 groups, selected the explanatory variables based on information criteria obtained by measuring the AIC(Akaike Information Criterion) score of patient factors and surgical factors, to make a multivariate analysis.

Results: 132 male, 80 female with an average age of 53.5 were examined, with the following primary diseases: 94 cases of colorectal cancer, 64 cases of ulcerative colitis, 35 cases of peritonitis, and 19 other cases. Types of stoma observed were 164 cases of loop ileostomy, 35 cases of loop colostomy, 9 cases of end colostomy and 4 cases of end ileostomy. 64 cases had postoperative complications as follows: 34 cases of wound infection, 29 cases of bowel obstruction, 7 cases of postoperative bleeding and 4 cases of anastomotic leakage. Variables with low AIC scores were: Blood loss, Height, Age, Antiplatelet drugs use, Number of neutrophils, Duration of operation, Cardiovascular disorder, Time interval from construction to closure, Weight and Hypertension. The results from the multivariate analysis made on these items, revealed the blood loss(p=0.0150) and antiplatelet drugs use(p=0.0019) were risk factors for postoperative complications.

Presenting Author: Hei Ying Jin
Co-Author: Kunlan Wu

Abstract Title: Treatment of Neuroendocrine tumor of colon and rectum
Abstract: Purpose: Neuroendocrine tumors of colorectum have benign course largely. However, some cases are rapidly progressive with distant metastasis. Therefore we examined the frequency and risk factors of postoperative complications of stoma closure on 200 cases.

Methods: Observations were made on 212 cases among the 231 of stoma closure in our department underwent between January 2013 and October 2003, removing the 19 cases due to data unavailability. We separated the cases with and without postoperative complications in 2 groups, selected the explanatory variables based on information criteria obtained by measuring the AIC(Akaike Information Criterion) score of patient factors and surgical factors, to make a multivariate analysis.

Results: The mean duration of following-up was 45.7 ± 34.7 months. Most common primary tumor site was rectum (93 cases, 90.2%) and followed by appendix (9 cases, 8.7%). The median duration of following-up was 45.7 ± 34.7 months. Most common primary tumor site was rectum (93 cases, 90.2%) and followed by appendix (9 cases, 8.7%).

Conclusions: Recurrent rate was higher in endoscopically resected group. This result suggest that surgical resection, local excision or radical resection, is recommended as the primary treatment modality in colorectal neuroendocrine tumors.

Presenting Author: Wilson Kiraitu
Abstract Title: Challenges in rectal cancer management at a Tertiary, Referral and Teaching Hospital in Kenya
Abstract: Introduction: Colo-rectal cancer is the second most common gastrointestinal cancer in Kenya. The management of rectal cancer poses a major clinical challenge, often requiring multimodal therapy to achieve optimal results. For a resource poor country like Kenya, this is an herculean task. The purpose of this study was to analyze the frequency and risk factors of postoperative complications. A retrospective analysis was done on 212 cases among the 231 of stoma closure in our department underwent between January 2013 and October 2003, removing the 19 cases due to data unavailability. We separated the cases with and without postoperative complications in 2 groups, selected the explanatory variables based on information criteria obtained by measuring the AIC(Akaike Information Criterion) score of patient factors and surgical factors, to make a multivariate analysis.

Results: Records of 26 patients were reviewed. The commonest clinical presentation was per rectal bleeding, 24(92%) patients. Proctoscopy and biopsy was performed in 10(38%) patients. Colonoscopy and biopsy was performed in 16(61.5%) patients. The commonest histological type was adenocarcinoma, 16(61.5%). Twenty (76.9%) patient underwent radiology staging with either MRI or CT SCAN. Forty five (53.8%) patients had early disease. Five (19.2%) had locally advanced tumour and 7(26.9%) had advanced metastatic disease. Eight 30.8% patients underwent abdominal perineal resection. Two patients had terminal colostomy fashioned and one patient declined surgery. Wound sepsis was the commonest postoperative complications occurring in 8 (30.8%) patients. All patients were referred to radio-oncology unit for adjuvant chemoradiolotherapy (At present only Cobalt machine is available at KNH). At six month follow-up, only 10% were regularly attending SOPC.

Conclusion: The diagnosis of rectal cancer at Kenyatta National Hospital is promptly confirmed by proctoscopy, colonoscopy and histology. However optimal treatment is hampered by lack of expertise, equipments, high cost of chemo radiation and erratic variable follow-up of patients.

Presenting Author: Hiroko Kondo
Co-Authors: Hiroko Kondo; Shigeki Yamaguchi; Youhei Morita; Kiyoko Hara; Asami Suzuki; Jo Tashiro; Toshimasih Ishii
Abstract Title: Comparative study of laparoscopic and open resection for unresectable Stage IV colorectal cancer
Abstract: Purpose: Even though metastasis is unresectable for Stage IV colorectal cancer, resection of the primary lesion has been performed for the control of intestinal obstruction, perforation and bleeding. Laparoscopic resection is technically demanding especially for advanced primary lesion like Stage IV colorectal cancer. We assessed safety and feasibility of the laparoscopic resection of the primary lesion for Stage IV colorectal cancer.

Methods and Materials: We analyzed 103 of neuroendocrine tumor patients diagnosed by endoscopy. All of the endoscopically and surgically resected colorectal neuroendocrine tumors were reviewed retrospectively and the data regarding demographic characteristics, histological grading, nodal status and oncological outcomes were collected and analyzed.

Results: There were 70 of males and 33 of females, and the mean age was 49.5 ± 12.6 years old.

Conclusions: Recurrent rate was higher in endoscopically resected group. This result suggest that surgical resection, local excision or radical resection, is recommended as the primary treatment modality in colorectal neuroendocrine tumors.
Also blood loss count was 25ml vs. 333ml, the mean diet start date was 3 vs. 3, and postoperative hospital stay was 7 vs. 8, respectively. Laparoscopic surgery was less blood loss and similar operative time to open surgery. Concomitant resection of other organ was performed for 4 cases (8%) of laparoscopic surgery, and 5 cases (25%) of open surgery. Complications occurred in 7 laparoscopic cases (14%) and in 6 open cases (30%). Laparoscopic surgery was less complications, however there was no significant difference.

Conclusion: Laparoscopic surgery for resectable Stage IV colorectal cancer is safe and feasible from short-term results.

Presenting Author: Yoonsuk Lee
Co-Authors: Yoonsuk Lee; JH Kim; HY Kim; ST Oh; JG Kim
Abstract Title: Long-term oncological results of obstructive colorectal cancer with stent insertion followed by laparoscopic surgery
Abstract: Purpose: Self-expanding metallic stents (SEMS) insertion for obstructive colon cancer has allowed laparoscopic surgery to be performed by means of preoperative bowel decompression and bowel preparation. The aim of this study was to evaluate the short-term and long-term safety of a curative laparoscopic resection following the insertion of stent for obstructing colon cancer.
Methods: Between January 2006 and December 2010, a laparoscopic colon operation was performed on 27 consecutive patients with obstructive colon cancer after placement of a self-expandable stent and the results were compared retrospectively to those for 215 patients with non-obstructive colon cancer who had undergone a laparoscopic procedure. The clinic-pathologic characteristics, short-term surgical outcomes and long-term oncological outcomes were analyzed.
Results: There was no significant difference in clinic-pathologic characteristics between two groups. No difference was found in postoperative complications between two groups. Overall survival rate of two groups showed no statistically significant differences (P=0.057). Stage-matched survival rates (stage II & stage III) were also showed no differences between two groups.
Conclusion: Preoperative stent decompression for obstructive colorectal cancer followed by a laparoscopic colon resection is a safe and feasible option for treating obstructing colon cancer. However, further large-scale prospective investigation is needed.

Presenting Author: Jong Lyul Lee
Co-Authors: Jong Lyul Lee; Chan Wook Kim; Yong Sik Yoon, In Ja Park; Chang Sik Yu; Jin Cheon Kim
Abstract Title: Systemic Recurrence Patterns in Curatively Operated Rectal Cancer Patients according to Tumor Location and Chemoradiotherapy
Abstract: Background: Precise understanding of recurrence patterns permits efficient surveillance and effective treatment strategies. The aim of this study was to evaluate recurrence patterns after treatment of rectal cancers, specifically with respect to tumor location and chemoradiotherapy.
Methods: A single-institution, retrospective cohort of 2,086 consecutive rectal cancer patients enrolled between January, 2000 and December, 2007. All the patients underwent curative operations (R0). Tumor location was classified into lower (<5cm), middle (5cm - <8cm), and upper (> 8cm) groups based on the distance of the inferior tumor border from the anal verge; the patients were also characterized according to whether they received preoperative/postoperative chemoradiotherapy (CRT).
Results: The lung was the most common recurrence site in the lower location group (lower vs. middle/ upper; 14.6% vs. 8.9%/ 8.0%, P = 0.001/ 0.001). Recurrence patterns were not associated with receipt of preoperative / postoperative CRT. Additionally, RT and CRT did not reduce the rate of pulmonary recurrence (no RT/preoperative CRT/postoperative CRT, 37/53/37 94/2.6%, P = 0.13). In a multivariate analysis, preoperative level of serum carcinoembryonic antigen, abdominopelvic resection, advanced T category, N category, and circumferential resection margin were identified as independent risk factors for pulmonary recurrence in all groups. Lower rectal cancer was associated with unresectable pulmonary recurrence (RR = 2.19, 95% CI = 1.012-3.072, P = 0.04).
Conclusions: Tumor location affects recurrence in rectal cancer patients, such that the Lower group is a risk factor for unresectable pulmonary recurrence. Neither RT nor CRT affects the pattern and rate of recurrence.

Presenting Author: Hilmar Luckhoff
Co-Authors: Hilmar Luckhoff; Susan Janse van Rensburg; Lize van der Merwe; Leslie Fisher; Frederik Kruger; Caroline Daniels; Jakobus Pretorius; Martha Kotze
Abstract Title: A polymorphism (738409 C>G) in PNPLA3 confers susceptibility towards NAFLD in the South African population
Abstract: Background: A low-penetrance functional polymorphism (rs738409 C>G) in the patatin-like phospholipase 3 domain-containing protein (PNPLA3) gene has emerged as a potent genetic risk modifier conferring susceptibility towards non-alcoholic liver disease (NAFLD) and the development of steatohepatitis (NASH), progressive hepatic fibrosis and hepatocellular carcinoma (HCC).
Aim: To replicate the known association between the PNPLA3 rs738409 C>G polymorphism and NAFLD susceptibility in the local population, with the ultimate goal of developing a non-invasive biomarker panel for the prediction of NASH and advanced hepatic fibrosis in this condition.
Methods: The study consisted of 33 Caucasian patients with biopsy-confirmed NAFLD and 124 population-matched controls. Histological classification of liver tissue biopsies was performed according to the NASH CRN 2005 criteria. All study participants were genotyped for the rs738409 C>G polymorphism using allele-specific real-time polymerase chain reaction (RT-PCR) technology. Logistic regression analysis was performed in order to assess the relevance of the PNPLA3 rs738409 C>G polymorphism as genetic modifier of NAFLD susceptibility risk.
Results: Genotype frequencies for PNPLA3 rs738409 C>G differed significantly between NAFLD patients (CC=0.33, CG=0.52, GG=0.15) and controls (CC=0.57, CG=0.38, GG=0.05). Each copy of the risk-associated minor G-allele conferred significant additive risk for NAFLD (OR=2.49; 95% CI: 1.30-4.95, p=0.006), with GG homozygotes exhibiting a greater than 5-fold (95% CI: 1.34-21.06, p=0.014) increased risk over CC (wild-type) homozygotes.
Conclusion: The PNPLA3 rs738409 C>G polymorphism was identified as a significant individual genetic risk modifier associated with increased susceptibility towards NAFLD in a genetically homogeneous South African population.

Presenting Author: Dean Lutrin
Abstract Title: Major gastro-intestinal surgical cases at Wits Donald Gordon Medical Centre between October 2013 and April 2014
Abstract: The Wits Donald Gordon Medical Centre is a unique institution in South Africa with a full sub specialist academic training program within a private hospital environment. Fellows in surgical subspecialties spend a significant part of their training time at this hospital. A number of major operations were selected for audit. The number of each operation performed, the costs of the operation, complication rates and quality of resection were audited for a six month period. This paper presents this experience.

Presenting Author: Wael Mahmood Mahmood
Co-Authors: Wael Mahmood Mahmood; Niclas Hakansson; Mirna Abraham Nordling; Alicja Wolk; Fredrik Hjern
Abstract Title: The relationship between intake of different fiber types and diverticular disease of the colon
Abstract: Introduction: The aetiology of diverticular disease (DD) is largely unknown. Dietary and lifestyle factors have probably a major impact even though recent studies have shown a hereditary component. High intake of dietary fibers has been associated with a reduced risk of disease. Most dietary guidelines advice primarily fibers from cereals over fruit and vegetables even though evidence is poor. The aim of this study was to investigate if intake of different types of fibers (fruits and vegetables compared to cereals) affects DD.

Results: Genotype frequencies for PNPLA3 rs738409 C>G differed significantly between NAFLD patients (CC=0.33, CG=0.52, GG=0.15) and controls (CC=0.57, CG=0.38, GG=0.05). Each copy of the risk-associated minor G-allele conferred significant additive risk for NAFLD (OR=2.49; 95% CI: 1.30-4.95, p=0.006), with GG homozygotes exhibiting a greater than 5-fold (95% CI: 1.34-21.06, p=0.014) increased risk over CC (wild-type) homozygotes.
Methods: Prospective population-based cohort study. In all 36,110 middle-aged women, in the Swedish Mammography Cohort, answered extensive life style questionnaires at baseline in 1997 and were followed for eight years. Cohorts were linked to the Swedish Inpatient Register (SIR) and the Causes of Death Register (CDR). The effect of dietary intake of different types of fibers and the incidence of hospitalization due to DD were investigated using Multivariable Cox regression. We adjusted our estimations to age, BMI, education level, diabetes mellitus, hypertension, smoking and alcohol.

Results: In multivariate analysis, high intake of fibers from fruits and vegetables (i.e. the highest quintile in the cohort) reduced the risk of DD requiring hospitalization (Relative Risk (RR) 0.70; 95% CI 0.53-0.93). A dose-response relationship was found where increased intake of fruit and vegetables decreased the risk (p for trend &lt;0.001). Moreover, intake of fibers from cereals did not influence the risk (RR 0.90; 95% CI 0.69-1.18).

Conclusion: High intake of fruit and vegetables reduces risk of symptomatic DD. Intake of cereals, in contrast to most dietary guidelines, does not influence the risk.

Presenting Author: Maria de Fatima Maibaze
Co-Author: Liana Mondlane; Sheila Machatine

Abstract Title: Hepatocellular Carcinoma, Metastases to the Soft Tissue

Abstract: Introduction: Hepatocellular carcinoma (HCC) is a primary tumor of the liver, which usually develops in the setting of chronic liver disease, particularly in patients with chronic hepatitis B and C. is the fifth most common cancer globally and the third leading cause of cancer related mortality worldwide. Almost 80 percent of cases are due to underlying chronic hepatitis B and C virus infection. The high-incidence regions (more than 15 cases per 100,000 population per year) include sub-Saharan Africa, the People’s Republic of China, Hong Kong, and Taiwan. Parts of Africa the incidence is 24.2/100,000, and 35.5/100,000 population per year in Eastern Asia. It is two to three times more common in men compared to women. Several large prospective studies conducted in both Asia and Western Europe have noted a mean age at presentation between 50 and 60 years. In sub-Saharan Africa, however, the mean age of presentation of HCC is decreasing, with a mean age of 33 years at presentation. Africans > 20 years (HBV+), Dietary afla toxicity are risk factors for developing HCC. Mozambique, specially Inhambane have high rates world wide of exposure to afla toxin. It is frequently diagnosed late in its course because of the absence of pathognomonic symptoms. As a result, many patients have untreatable disease when first diagnosed, and the median survival following diagnosis is approximately 6 to 20 months.

Extrhepatic metastases are more common in patients with advanced stage primary tumors (>5 cm, large vessel vascular invasion), and the most common sites are lung, intra-abdominal lymph nodes, bone, and adrenal gland. The screening should be performed in all patients with cirrhosis and chronic carriers of HBV (Asian males over the age of 40, Asian females over the age of 50, and Africans over the age of 20). No cases died or experienced carcinoid recurrence during 39 months follow-up period on average.

Clinical Case Report: A 41 year old male born in Inhambane, residing in a rural area near Maputo city, with a four year history of an abdominal mass and oedema of the lower limbs, followed 2 months later with two masses in the anterior region of the thorax with dry cough and dyspnoea at rest with no prior history of alcohol or tobacco consumption.

Physical examination: The patient presented with dyspnoea (28 breaths per minute), one of two masses located the middle third of the sternum measuring 4x4cm and the second below the nipple of 5x4cm both with a rounded shape, smooth surface, firm-elastic consistency, painless, superficial with well defined limits. On pulmonary examination with crepitations on both lung fields. The abdomen was distended with collateral circulation and visible bulging in the right hypochondrium with enlarged liver of 4cm below the right costal margin and 10 cm below the xiphoid with a firm consistency, nodular surface, irregular border, painless and a grade II enlarged spleen with grade II edema of the lower limbs.

Laboratory results: Normocytic normochromic anemia of 8.9g/dl; Liver function altered with 6x AST and remaining parameters normal; Hypoalbuminemia of 27gr/l; Cholesterol of 9.2; ESR 65mm/h; PT 12,6 second (82%); HbA<sub>5g</sub>; AFP &gt;1000 IU/ml; H. Pylori serology (-). Chest X-ray: Radiolucent lesions suggestive of hepatic metastatic.

Abdominal ultrasound: Hepatomegaly multinodularity, the largest nodule measuring 7x6cm with signs of portal hypertension (ascites and splenomegaly).

Upper digestive endoscopy: Esophageal varices grade I, Duodenal Ulcer Forrest IB. Fine needle aspiration cytology of the liver: Hepatocellular Carcinoma. Fine needle aspiration cytology of the masses: Metastasis of liver carcinoma.

The patient was admitted for 10 days with a stationary clinical evolution.

Discussion and conclusion: This patient have no criteria for Surgical treatment because he had a tumor > 5 cm with distant metastasis and portal hypertension (Milton criteria). He have are very poor prognosis (median survival ~ 3 months in BCLC stage D patients).

Most of our patients present with intermediate or advanced stages of HCC (large single tumours or multifocal disease).

Presenting Author: Keiji Matsuda
Co-Author: Keiji Matsuda; Keisuke Nakamura; Takeshi Tsuchiya; Tamuro Hayama; Hisae Linuma; Shoichi Fujii; Keiji Nozawa; Yojiro Hashiguchi Hashiguchi

Abstract Title: Investigation of rectal NETs treated in our department.

Abstract: Introduction: Rectal NETs are uncommon tumors. Treatment approaches are still controversial because long-term outcomes for patients without metastasis are poorly described in the literature. In the present study we sought to elucidate which patients would likely benefit from local excision, ie, transanal excision or endoscopic resection.

Materials and Methods: Twenty-two cases of rectal NETs treated or followed in our department were investigated clinically and histopathologically.

Results: The mean patient age at diagnosis was 58 years (range, 24-84 years). Thirteen patients (59%) were men, and 9 (41%) were women. The sizes of the lesions were 3 to 26 mm and 6 on average. As for the depth of the carcinoids, 20 were submucosal and two muscularis propria. As for treatment, 14 cases underwent surgery alone, 2 endoscopic mucosal resection and surgery, 6 endoscopic resection alone. All lesions were classified into NET G1 of WHO classification. The depth beyond the muscularis mucosa was 150 to 11,000µm. No lesions showed mitoses, lymphatic or venous permeations. Three cases showed simultaneous metastases when NETs were diagnosed. One was hepatic metastasis and the other two were lymph nodal. Two lesions were muscularis propriae in depth and one was submucosa. NETs with metastases were all more than 10 mm (12mm, 12mm, and 26mm). NETs less than 10 mm in diameter had no metastases. Four cases out of 22 (18%) were complicated with colorectal cancer. No cases died or experienced carcinoid recurrence during 39 months follow-up period on average.

Conclusion: Local resection or endoscopic resection is recommended for rectal NETs less than 10 mm in diameter, limited in the submucosal layer. The complication rate of rectal carcinoid and colorectal cancer is high, which suggests that we should not miss submucosal tumor in the rectum when performing colonoscopy for patients with colorectal cancer.

Presenting Author: George (Jiri) Melich
Co-Author: George Melich; Michael Weber Weber; Barry Stein; Vincenzo Minutolo; Manuel Arena; GoFFredo Arena

Abstract Title: Total sacrectomy for recurrent rectal cancer - a case report featuring technical details and potential pitfalls

Abstract: Background: Total sacrectomy for recurrent rectal cancer is controversial. However, recent publications suggest encouraging outcomes with high sacral resections. We present first case report describing technical aspects, potential pitfalls and treatment of complications associated with total sacrectomy performed as a treatment of recurrent rectal cancer.

Case Report: A fifty-three year old man was previously treated at another institution with a low anterior resection (LAR) followed by chemo-radiation and left liver tri-segmentectomy for metastatic rectal cancer.
Three years following the LAR, the patient developed recurrence at the site of colorectal anastomosis, manifesting clinically as a contained perforation, forming a recto-cutaneous fistula through the sacrum. Abdomino-perineal resection (APR) and complete sacrectomy was performed using an anterior-posterior approach with posterior spinal instrumented fusion and pelvic fixation using iliac crest bone graft. Left sided vertical rectus abdominis muscle flap and right sided gracilis muscle flap were used for hardware coverage and to fill the pelvic defect. At one year after the resection, patient remains disease free and has regained ability to move his lower limbs against gravity.

Conclusion: Total sacrectomy for the treatment of recurrent rectal cancer with acceptable short-term outcomes is possible. Technical details are presented to help avoid and manage potential complications associated with such a radical surgery.

Presenting Author: Vimal Nair
Co-Authors: Lucien Ferndale; Morgie Govender; Vimal Nair

Abstract: Endoscopic Transmural Drainage of Pancreatic Pseudocysts without EUS: Single Centre Experience

Abstract: Background and Aims: Endoscopic drainage has become the preferred first line therapy for pancreatic pseudocysts. Although endoscopic ultrasound guided transmural drainage (EUD) is preferred in many centres, we could only perform conventional transmural drainage (CTD), due to the lack of availability of EUS. We performed a retrospective study evaluating the technical success and complication rates of CTD in our centre.

Patients and Methods: A retrospective study of all patients who underwent endoscopic transmural drainage of pancreatic pseudocysts without EUS during the time period of January 2013 to April 2014 was performed. Only patients with distance of 1cm or less between the pseudocyst and gastric wall on CT scan, and a luminal bulge noted on endoscopy with the absence of varices, pseudoaneurysms and malignancy, were selected to undergo the procedure. The technical success rate, complications and short term results were evaluated.

Results: The procedure was performed on 12 patients (9 males and 3 females, mean age: 37), with success achieved in 10 patients, defined as resolution of symptoms clinically. The procedure was unsuccessful in two patients (16.67%), who complicated with gastric perforation, which was recognized immediately and they had an open cystgastrostomy performed. There was no periprocedural mortality.

Conclusion: Conventional transmural drainage can be considered as a first line treatment modality for appropriately selected patients with pancreatic pseudocysts in centres which do not have the resources for EUS.

Presenting Author: Robert Nel
Co-Authors: Robert Nel; Sean Burmeister; Dion Levin; Mark Sonderup; Michael Locketz; Sandie Thomson

Abstract: The variable clinical picture of hepato-pancreatico-biliary IgG4-related disease: A case series.

Abstract: Background: IgG4 related disease (IgG4-RD) is an emerging clinical entity with multiple organ involvement. We review five patients over the last three years with prominent hepato-pancreatico-biliary involvement which illustrate the variable presentations and the systemic nature of this condition.

Patients: 1 - 62 year old jaundiced male was found to have multilevel obstruction on imaging, the serum IgG4 levels, parotid and liver histology confirmed IgG4 RD. 2 - 58 year old male with weight loss, jaundice and pruritis. A parotid tumour had recently been excised. MRCP showed attenuated intrahepatic bile ducts and a diffusely thickened gallbladder wall. Serum IgG4 levels, parotid and liver histology confirmed IgG4 RD. 3 - 52 year old male with obstructive jaundice, weight loss and abdominal pain. CT abdomen showed an enlarged pancreas and a pancreatic duct stricture without dilatation. ERCP demonstrated a supraduodenal CBD stricture and diffuse intrahepatic bile duct abnormalities. Serum IgG4 levels were elevated.

4 - 58 year old male with weight loss, jaundice and pruritis. A parotid tumour had recently been excised. MRCP showed attenuated intrahepatic bile ducts and a diffusely thickened gallbladder wall. Serum IgG4 levels, parotid and liver histology confirmed IgG4 RD. 5 - 48 year old female with obstructive jaundice and a head of pancreas mass on CT abdomen. After ERCP and stenting, a Whipples procedure was done. Serum IgG4 levels were normal. Histology revealed IgG4-related pancreatitis, cholangitis and cholecystitis.

Discussion: The relative rarity, the variable location and severity of organ involvement make the diagnosis of IgG4 related disease problematic. The variable levels of jaundice and CA19-9 are often compatible with more common diagnoses. Multilevel obstruction on imaging, the serum IgG4 levels and histopathology in combination, provide the missing pieces of the diagnostic jigsaw puzzle.

Presenting Author: Eiichiro Noguchi
Co-Authors: Eiichiro Noguchi; Takako Kamio; Michio Itabashi; Hironari Shindo; Shingo Kameoka

Abstract: A Case of Colitic Cancer with Breast Metastasis

Abstract: Metastasis to the breast from extramammary malignancies is rare and account for 0.43% of all breast malignancies. On the other hand, cases of metastases from primary colorectal cancer to the breast are extremely rare. Only about 20 cases have been reported in literature so far. We have experienced a case of metastasis to the breast from Colitic Cancer (T4aN3P1H0M0) that was developed 13 years after the onset of ulcerative colitis, and it was identified 17 months after surgery. She was 35 years old. There is no report of breast metastasis from Colitic Cancer so far. So we will announce this first case.

Presenting Author: Kemal Peker
Co-Authors: Kemal Peker; Arda Isik; Orhan Cimen; Ismail Demiriyilmaz; Ismayil Yilmaz; Senol Bicer

Abstract: A complication of Spatz gastric ballon

Abstract: Obesity is a chronic and severe disease caused by environmental and genetic factors. Here we present 53 years old female patient who has Spatz gastric balloon inserted due to morbid obesity. Her BMI was 41.08. Her urine color changed to blue in the 9th month while balloon was discharged from the anlus. As a result gastric balloon is a suitable method for obesity while it has severe complications.

Presenting Author: Kemal Peker
Co-Authors: Ismail Demiriyilmaz; Ismayil Yilmaz; Kemal Peker; Fehmi Celebi; Orhan Cimen; Arda Isik; Senol Bicer; Deniz Firat

Abstract: Application of fasciocutaneous V-Y advancement flap in primary and recurrent sacrococcygeal pilonidal sinus disease

Abstract: Background: Pilonidal sinus disease is a common disease of young adults that most frequently occurs in sacrococcygeal region on the skin’s midline. Various procedures from simple incision and curettage to complex flaps for natal cleft obliteration have been described in the literature.

Material and Method: In this study, we aimed to present the dermatologic characteristics, post-operative complications, length of stay in hospital, time of return to daily activities and recurrence rates of the patients that we applied sinus excision and fasciocutaneous V-Y advancement flap due to primary complicated or recurrent sacrococcygeal pilonidal sinus disease.

Results: Between 2009-2013, 45 patients with primary complicated and recurrent pilonidal sinus were applied fasciocutaneous V-Y advancement flap in general surgery service of our hospital. Of these patients, 43 were male (95.5%), 2 were female (4.5%). The median age of the patients was 28 (range between 17-53). 11 patients had recurrent disease. As 37 patients were applied unilateral V-Y flap, 8 patients were applied bilateral V-Y flap. None of the post-operative patients had flap necrosis or wound opening. 2 (4.5%) of the patients had self-draining simple seroma, 3 (6.6%) of the patients had delay in wound healing in perianal region of the incision and it was treated with dressing.
The mean duration of the patients to return to their daily activities was 7 days (sd:2.2), to their working life was 17 (sd:3.2). In the mean 25-month (range between 6-48 months) follow-ups of the patients, no recurrences were detected. Consequently, we think that fasciocutaneous V-Y advancement flap is a pretty easily learnable and practicable method that reduces the recurrences in the patients with primary complicated and recurrent pilonidal sinus, length of stay in hospital, duration of returning to daily activities and working life in post-operative period.

Presenting Author: Kemal Peker
Co-Authors: Ismail Demiryilmaz; Ismayil Yilmaz; Kemal Peker; Arda Isik; Ilyas Sayar; Fehmi Celebi

Abstract Title: Bilateral V-Y advancement flap at sacrococceal hidradenitis suppurativa

Abstract:
Hidradenitis suppurativa is a chronic recurrent disease of apocrine glands. Here we present two cases of sacrococceal hidradenitis suppurativa treated by total excision and bilateral V-Y advancement flap. No recurrence was seen in each cases. As a result, hidradenitis suppurativa can be treated by total excision and V-Y advancement flap.

Presenting Author: Kemal Peker
Co-Authors: Ismail Demiryilmaz; Ismayil Yilmaz; Kemal Peker; Kemal Peker; Fehmi Celebi; Orhan Cimen; Ilyas Sayar; Deniz Firtat

Abstract Title: Cecal obstruction due to cecal lipoma: an extremely rare case

Abstract:
In this case, a patient who was operated for acute abdomen and right hemicolectomy was done for a polipoid obstructive intraluminal mass of 6x5 cm, is presented. The pathology result was submucosal lipoma. Colon lipomas are rarely seen non-epithelial tumors. Usually smaller than 2 cm and there is no need for treatment unless symptomatic. 65 years old female patient was admitted to emergency surgery department. She had defants at all quadrance. At emergency operation, at cecum there is an obstructive mass which was taught to be tumor and right hemicolectomy was done. She was discharged on postoperative 5 the day. On follow-up period, there is no problem. As a result, colon lipomas may mimic colon cancer.

Presenting Author: Kemal Peker
Co-Authors: Kemal Peker; Orhan Cimen; Arda Isik; Ismail Demiryilmaz; Ismayil Yilmaz; Senol Bicer; Deniz Firtat; Mehmet Soyturk

Abstract Title: Cecal torsion

Abstract:
Cecal volvulus is a one of the rare cause of mechanic intestinal obstruction. Current diagnosis is made by laparotomy; Detorsion and cekepoxy is the main treatment, unless necrosis or ischemia. If there is ischemia or necrosis, right hemicolectomy must done. Here we presented 21 years old male patient, who was operated due to cecal volvulus. The torsion is 270 degrees. Detorsion and cekepoxy was done. No problem was seen at follow-up period.

Presenting Author: Kemal Peker
Co-Authors: Kemal Peker; Arda Isik; Orhan Cimen; Deniz Firtat; Ismail Demiryilmaz; Ismayil Yilmaz; Senol Bicer

Abstract Title: Endoscopic balloon dilatation at anastomosis stricture

Abstract:
Mechanic intestinal obstruction is the unflow of the intestinal components inside the bowel. Intestinal obstruction is one of the most seen acute abdominal cause. Emergent colonoscopy is one of the diagnostic and therapeutic option. Here we presented two cases of anastomosis stricture due to colon operation who were treated by endoscopic dilatation. It is a safe, less invasive, cheap and less complicated procedure done for anastomosis stricture of colon anastomosis.

Presenting Author: Kemal Peker
Co-Authors: Ismail Demiryilmaz; Ismayil Yilmaz; Kemal Peker; Arda Isik; Orhan Cimen; Deniz Firtat; Huseyin Eken; Fehmi Celebi

Abstract Title: Fibrin glue at the treatment of colonic anastomosis leakage

Abstract:
Fibrin glue as human fibrinogen combined with thrombin has an advantage for adhesion and hemostasis. We presented two cases of anastomosis leakage&nbasp;whom was treated by fibrin glue endoscopically. Case 1: 20 years old male patient was operated due to familial poliposis coli. Total proctocolectomy and ileostomy was done. On postoperatif 5th day, intestinal components were drained from the abdominal drainage tube. He had controlled fistula. On 45th day, rectoscopy was done and fibrin glue was applied by endoscopically. Fistula closed day after the procedure. Case 2: 55 years old male patient was operated due to rectum cancer. Low anterior resection was done. On postoperatif 5th day, intestinal components were drained from the abdominal drainage tube. He had controlled fistula. On 60th day, rectoscopy was done and fibrin glue was applied by endoscopically. Fistula closed day after the procedure.

Presenting Author: Kemal Peker
Co-Authors: Ismail Demiryilmaz; Ismayil Yilmaz; Kemal Peker; Arda Isik; Orhan Cimen; Deniz Firtat; Fehmi Celebi

Abstract Title: Fistulotomy and marsupialisation in treatment of perianal fistul

Abstract:
In this report we presented 25 perianal fistul patients who treated by fistulotomy and marsupialisation. Between 2010-2013, 20 male, 5 female patients, mean age 34.4 evaluated retrospectively. 18 patients were operated by fistulotomy and marsupialisation in single seance, where 5 patients were operated by fistulotomy, marsupialisation and seton procedure. No recurrence was seen for 1 year period. As a result, fistulotomy and marsupialisation is an effective treatment at perianal fistul.

Presenting Author: Kemal Peker
Co-Authors: Kemal Peker; Arda Isik; Orhan Cimen; Ismail Demiryilmaz; Ismayil Yilmaz; Deniz Firtat; Ilyas Sayar; Senol Bicer

Abstract Title: Multi trauma due to billet

Abstract:
30 years old male patient was admitted to emergency department. He felt down from a tree on to the billet(figure1). Cecum was perforated. He had grade 2 injury on the right thigh. Right hemicolectomy was done. He had discharged from the hospital on postoperative 6th day. Figure 1: Multitrauma view before operation.

Presenting Author: Kemal Peker
Co-Authors: Ismayil Yilmaz; Ismail Demiryilmaz; Kemal Peker; Arda Isik; Ilyas Sayar; Huseyin Eken; Fatih Ozciek

Abstract Title: Rectal gastrointestinal stromal tumor

Abstract:
55 years old female patient who has admitted to general surgery polyclinic for rectal bleeding in 6 month duration was presented in this poster. At colonoscopy; 5 cm polipoid mass was detected at 10th cm and multipl biopsies were taken. The pathology result was rectal gastrointestinal stromal tumor. Gastrointestinal stromal tumors are amongst the most seen mesenchymal gastrointestinal tumors. Mostly seen at stomach and rarely seen at rectum.

Presenting Author: Neagu Stefan Ilie

Abstract Title: The “Modern” Technique of Abdominoperineal Resection of the Rectum is in Fact so Old

Abstract:
The Modern technique of abdominoperineal resection described by F. Mouvais et al. in Journal de Chirurgie Visceral vol. 148, nr. 2, 2011, considered essential to perform a cylindric excision and the TME after Head. The schema of cylindric excision of the rectum is the same with that published by Victor Pauchet in 1931 in Paris, after Miles.

An earlier description of the APR is made by Quenu at the XII French Congress of Surgery, Paris 17-24 oct 1898.
Brozovich: Abstracts from the XXVI Biennial Congress of the International So


So that the modern technique of abdominoperineal resection is real old indeed.

Conclusion. We must not forget our history of surgery.

Presenting Author: Asami Suzuki

Co-Authors: Asami Suzuki; Shigeki Yamaguchi; Toshimasa Ishii; Jo Tashiro; Hiroka Kondo; Kiyoka Hara; Youhei Morita

Abstract Title: Clinopathologic study of medullary type poorly differentiated colorectal adenocarcinoma

Abstract: Purpose: Most of colorectal cancer is well or moderate differentiated adenocarcinoma. Poorly differentiated adenocarcinoma is relatively rare, and prognosis is poor. Medullary type poorly differentiated adenocarcinoma were reported more common in older female, more in the right of colon, and relatively good prognosis. In this study, we examined the poorly differentiated adenocarcinoma of our department.

Methods: 49 cases (2.7%) out of 1819 cases of colorectal cancer that underwent the primary resection at our department during July 2007 to July 2013, were diagnosed with poorly differentiated adenocarcinoma. 49 cases were divided into medullary type and non-medullary type, and examined the gender, age, location, lymph node metastasis, pathological stage, maximum tumor diameter, recurrence rates and survival.

Result: Of the 49 cases of poorly differentiated adenocarcinoma, 15 cases (0.8%) were medullary type and 34 cases (1.9%) were non-medullary type. Significant differences between medullary group (M) and non-medullary group (non-M) were observed as follows; male in gender : 80% (M), 32.3% (non-M) (p=0.002), pStageIV : 60% (M), 26.5% (non-M) (p=0.025). The location of the right colon were 66.7% (M), 64.7% (non-M) (p=0.89). Lymph node metastases were observed 66.7% (M), 67.6% (non-M) (p=0.94). Age, tumor size, recurrence rates (13.3% (M), 29.4% (non-M) and 3-years survival (13.3% (M), 26.5% (non-M)) were no significant difference.

Conclusion: In our department, the medullary type poorly differentiated adenocarcinoma was more common in male and more advanced stage. The prognosis was not different between medullary type and non-medullary type.

Presenting Author: Yuya Takenaka

Abstract Title: Feasibility of sphincter-preserving surgery for resectable T3 rectal cancer treated with short-course radiotherapy with delayed surgery.

Abstract: Background: If sufficient distal margin cannot keep at sphincter preserving surgery, abdominoperineal resection (APR) is inevitable for lower rectal cancer. Then, we investigate the suitable distal margin and the oncologic outcomes of sphincter-preserving surgery for resectable T3 lower rectal cancer treated with short-course radiotherapy with delayed surgery (SRT-delay).

Methods: Resectable T3 lower rectal cancer treated with total mesorectal excision after SRT-delay were included. Sphincter-preserving rate and long term outcomes of distal margin≤5mm and >5mm were analyzed. Local relapse-free (LFS), recurrence-free (RFS) and overall survival (OS) were analyzed with the Kaplan-Meier method and compared using the log-rank test. The median follow-up was 53.5 months.

Results: Sphincter-preserving surgery was performed in 149 (92.5%) of the 161 patients. The procedures were as follows: double-stapling technique (DST), 58 patients; intersphincteric resection (ISR), 91; APR, 10; and Hartmann operation, 2. Among the patients who underwent sphincter-preserving surgery, the distal margin was ≤5 mm in 41 patients and >5 mm in 108. LFS was respectively 94.2% vs. 89.6% (p=0.606), RFS 83.4% vs. 82.8% (p=0.692), and OS at 5 years 82.3% vs. 87.6% (p=0.418). Our results suggested that there is no difference in long-term outcomes between a distal margin of ≤5 mm and >5 mm.

Conclusion: Sphincter-preserving surgery was performed in 92.5% of patients with resectable T3 lower rectal cancer who received SRT-delay. Our results confirmed the long-term oncologic feasibility of sphincter-preserving surgery with a distal margin of ≤5 mm.

Presenting Author: Myint Tun

Co-Authors: Myint Tun; A Adewunmi; C Balthazar; A Rzepeci

Abstract Title: Colonoscopy audit of a regional hospital

Abstract: Aim: To study the factors which determine performing a successful and safe colonoscopy

Method: Audit the colonoscopy records (from 01-10.2010 to 28.02.2014) of a level II regional hospital with a newly established endoscopy unit. Results: Three hundred and eight patients (n=308, male=162, mean age=55 y) underwent colonoscopies with (133) normals, (37) diverticuli, (34) polyps, (36) malignancies, (22) strictures, (32) colitis, (6) Hartmann pouches and (1) foreign body. One hundred and thirty two colonoscopies were performed under conscious sedation and one had general anaesthesia. One patient was complicated with colonic perforation. Procedures were performed by endoscopist I (253), endoscopist II (15), endoscopist III (5), endoscopist IV (32) and training registrars (2), with cecal incubations in (183) procedures. Records were audited by using 2010 Microsoft Excel and Fisher Exact test. Detailed results will be presented.

Conclusion: In our experience, conscious sedation improves cecal/colon incubation rate in difficult procedures. However, in poorly resourced institutions, performing colonoscopy with no sedation proved to be a safer alternative.

Presenting Author: Myint Tun

Co-Authors: Myint Tun; PO Makhwanya; A Adewunmi

Abstract Title: Post ERCP Pancreatitis (PEP)

Abstract: Introduction: Every endoscopic procedure must be performed successfully and safely. PEP is well known complication of ERCP. Guide wire-assisted cannulation has been recommended to prevent PEP.

Method: Audit the records (from .03.06.2006 to 03.06.2014) of ERCP performed by single endoscopist. Results: Ninety seven patients (n=97, females=80, mean age=43 y) underwent ERCP with indications of (66) gall stones, (5) sclerosing cholangitis, (2) chronic pancreatitis, (8) bile leak, (14) malignancy and (1) hepatitis. Guide wire-assisted cannulation in thirty procedures and traditional dye injection in sixty seven procedures (one failed to cannulate bile duct); (67) ES, (18) stenting, and (5) pre-cut procedures performed. Pancreatic duct was inadvertently cannulated in (21) procedures, resulting in two PEP, both (29) have BMI >35. Three patients were complicated with PEP. Records were audited by using 2010 Microsoft Excel and Fisher Exact test. Detailed results will be presented.

Conclusion: In our experience, increased PEP risk in traditional dye injection and inadvertent pancreatic cannulation in patients with BMI>35 does increase risk of PEP with statistical significance.

Presenting Author: Takahiro Umemoto

Co-Authors: Takahiro Umemoto; Ryuichi Sekine; Yoshikuni Harada; Gaku Kigawa Kigawa; Jun-ichi Tanaka

Abstract Title: Analysis of the mRNA expression of EGFR and VEGF in Patients with colorectal cancer

Abstract: Purpose: The establishment of individualized chemotherapy for colorectal cancer (CRC) based on the expression of genes involved in chemotherapeutic sensitivity or prognosis is necessary. Predictor of the response of CRC to the monoclonal antibodies such as Bevacizumab (Bev) and Cetuximab (Cet) remains poorly understood.
We analyzed the mRNA expression levels of Epidermal Growth Factor Receptor (EGFR) and Vascular Endothelial Growth Factor (VEGF) related to sensitivity to Bev and Cet derivatives in patients with CRC.

Patients and Methods: Danenberg tumor profile method (DTP) was used to measure mRNA expression levels of EGFR and VEGF out of 180 patients with CRC. The relations of expression levels with clinicopathological factors and outcomes were investigated.

Results: Interestingly, the mRNA expression of EGFR was significantly related to a higher proportion of patients with submucosal or shallower invasion (P=0.0039), and without peritoneal dissemination (P=0.0206). And the mRNA expression of VEGF was associated with venous invasion (P=0.009). Furthermore, increased VEGF mRNA expression positively correlated with EGFR expression.

Conclusion: mRNA expression of EGFR and VEGF is associated with distinct characteristics and may open up new perspectives for alternative treatment strategies in patients with venous invasion and submucosal or shallower invasion.

Presenting Author: Ryash Vather

Co-Authors: Ryash Vather; Ian Bissett

Abstract Title: Defining Postoperative Ileus: Results of a Systematic Review and Global Survey.

Abstract: Introduction: There is a lack of an internationally accepted standardised clinical definition for postoperative ileus (POI). This has made it difficult to estimate incidence, identify risk factors and has compromised the external validity of clinical trials by impairing ability to compare the relative efficacy of competing therapies.

Aim: To clarify the terminology of POI and provide concise, clinically quantifiable definitions which may be used for future studies.

Methods: A systematic review was conducted according to PRISMA guidelines to extract definitions from randomised controlled trials (RCTs) published between 1996-2011 investigating POI after abdominal surgery. This was followed by an online global survey seeking opinions of experts in the field.

Results: Definitions were extracted from 52 identified RCTs. Responses were received in the online survey from 45 of 118 experts. Data were amalgamated to synthesise the following definitions: postoperative ileus (POI) interval from surgery until passage of flatus/stool AND tolerance of an oral diet; prolonged POI: two or more of nausea/vomiting, inability to tolerate oral diet over 24hrs, absence of flatus over 24hrs, distension, radiologic confirmation occurring on or after Day 4 postoperatively without prior resolution of POI; recurrent postoperative ileus two or more of nausea/vomiting, inability to tolerate oral diet over 24hrs, absence of flatus over 24hrs, distension, radiologic confirmation occurring after apparent resolution of POI. Concordance of the latter two definitions with survey responses were ≥75%.

Conclusions: There is considerable heterogeneity with which terminology and definitions of POI are used. We have proposed standardised endpoints for use in future studies in order to allow objective comparisons between competing interventions.

Presenting Author: Ryash Vather

Co-Authors: Ryash Vather; Ian Bissett

Abstract Title: Management of Prolonged Postoperative Ileus - Evidence Based Recommendations.

Abstract: Purpose: Prolonged postoperative ileus (PPOI) occurs in up to 25% of patients following major elective abdominal surgery. It is associated with a higher risk of developing postoperative complications, prolongs hospital stay, and confers a significant financial load on healthcare institutions. Literature outlining best-practice management strategies for PPOI is nebulous.

Aim: To review the literature and provide concise evidence based recommendations for its management.

Methodology: A literature search through the Ovid MEDLINE, EMBASE, Google Scholar and Cochrane databases was performed from inception to July 2012 using a combination of keywords and MeSH terms. Review of the literature was followed by synthesis of concise recommendations for management accompanied by Strength of Recommendation Taxonomy.

Results: Recommendations for management include regular evaluation and correction of electrolytes; review of analgesic prescription with weaning of narcotics and substitution with regular paracetamol, regular non-steroidal anti-inflammatory drugs if not contraindicated, and regular or as-required Tramadol; nasogastric decompression for those with nausea or vomiting as prominent features; isotonic dextrose-saline crystalloid maintenance fluids administered within a restrictive regimen; balanced isotonic crystalloid replacement fluids containing supplemental potassium, in equivalent volume to losses; regular ambulation; parenteral nutrition if unable to tolerate an adequate oral intake for more than 7 days postoperatively; and exclusion of precipitating pathology or alternate diagnoses if clinically suspected.

Conclusions: Recommendations have a variable and frequently inconsistent evidence base. Further research is required to validate many of the outlined recommendations and to investigate novel interventions which may be used to shorten duration of PPOI.

Presenting Author: Ryash Vather

Co-Author: Ian Bissett

Abstract Title: Risk Factors for the Development of Prolonged Postoperative Ileus following Elective Colorectal Surgery.

Abstract: Purpose: Prolonged postoperative ileus (PPOI) increases postoperative morbidity and prolongs hospital stay. An improved understanding of the elements which contribute to the genesis of PPOI is needed in the first instance to facilitate accurate risk stratification and institute effective preventive measures.

Aim: To determine the peri-operative risk factors associated with development of PPOI.

Methodology: All elective intra-abdominal operations undertaken by the Colorectal Unit at Auckland District Health Board between 1st January to 31st December 2011 were retrospectively accessed. Data were extracted for an assortment of patient characteristics and peri-operative variables. Cases were stratified by the occurrence of clinician diagnosed PPOI. Univariate and regression analyses were performed to identify correlates and independent risk factors, respectively.

Results: 255 patients were identified of whom 50 (19.6%) developed PPOI. The median duration for PPOI was 4 days with 98% resolving spontaneously with conservative measures. Univariate analysis identified increasing age; procedure type; increasing opiate consumption; elevated pre-operative creatinine; postoperative haemoglobin drop, highest white cell count and lowest sodium; and increasing complication grade as significant correlates. Logistic regression found increasing age (OR1.032, 95% CI 1.004 1.061; P=0.026) and increasing drop in pre- to postoperative haemoglobin (OR 1.043, 95% CI 1.002 1.085; p=0.037) as the only independent predictors for developing PPOI.

Conclusions: Increasing age and increasing drop in haemoglobin are independent predictors for developing PPOI. Prospective assessment is required to facilitate more accurate risk factor analysis.

Presenting Author: Ramesh Wijaya

Co-Authors: Ramesh Wijaya; Felicia Teo; Steve Wong; Kevin Kaity

Abstract Title: Colonoscopy in patients on Warfarin therapy: Our practice - Is there bleeding?

Abstract: Aims: To determine the overall risks of haemorrhage versus thromboembolism in patients on warfarin therapy undergoing colonoscopy.

Study design: A retrospective, single-centre cohort study was conducted for a one-year period of patients on warfarin therapy undergoing colonoscopy.
Patient demographics, indications for colonoscopy, endoscopic findings, type of endoscopic procedures carried out, use of concurrent antplatelet agents, patients personal risk factors for bleeding, and incidence of bleeding were documented from our centres electronic case records. Bleeding episodes were classified as early or delayed. Colonoscopy polyectomy was defined as a high-risk procedure, while low-risk procedures included colonoscopy with or without biopsy.

Results: 21 patients on long-term warfarin therapy who underwent colonoscopy were reviewed. Warfarin therapy was temporarily stopped in the patients before the procedure and none received bridging heparin therapy. Seven underwent polyectomy. Mean pre-colonoscopy INR was 1.40. One patient from the polyectomy group had early bleeding (14.3%), none from the low-risk group. The overall incidence of haemorrhage is 4.76%. There were no thromboembolic events in all patients up to 30 days post-colonoscopy.

Conclusion: Patients on warfarin therapy who undergo colonoscopy according to existing guidelines confers an acceptable thromboembolic risk with temporary cessation of warfarin prior to the procedure, however, there is an increased risk of bleeding when the patient undergoes a polyectomy.

Presenting Author: Ramesh Wijaya
Co-Authors: Ramesh Wijaya; Sulaiman Bin Yusof; Kevin Kaity Sng; Su-Ming Tan

Abstract Title: Surveillance for Curative Colorectal Cancer: Concordance, Receipt and Does Stage affect Surveillance Practice?

Abstract:
Introduction: Numerous guidelines (ESMO, NCCN, ASCO) exist for surveillance of recurrence post-resection for curative colorectal cancer. However, this leads to a variety of practice, as data for the efficacy and quality of surveillance is variable. Emerging evidence shows that by expanding the window of opportunity after primary curative treatment with effective surveillance, early detection and treatment for recurrent disease can prolong survival. Therefore, we aim to look at the compliance of numerous surveillance strategies and assess if stage affects practice of surveillance to optimize this situation.

Methods: A one-year cohort of 63 colorectal cancer patients treated with curative resection with a 5 year follow-up was reviewed. Stage of disease and Surveillance modalities for detection of recurrence were noted, namely, Carcinoembryonic Antigen (CEA), Abdominal and Chest imaging and Colonoscopy. Concordance and receipt to different available screening guidelines was also assessed. Statistical Analysis was performed using Fisher’s exact test and p-value <0.05 was taken as statistically significant.

Results: The cohort had 23, 19 and 20 patients who were Stage I, II and III respectively after curative resection. Only 19.4% of this cohort patients complied with the ESMO guidelines for CEA monitoring, as compared to 41.9%when using the NCCN guidelines for CEA monitoring. There was significant difference between Stage I (75%), Stage II (36.8%) and Stage III (17.4%) CEA monitoring using the NCCN guidelines. Only 50% complied with guidelines for Colonoscopy. 82.3% had abdominal imaging in keeping with the ASCO, EMSO and NCCN guidelines compared with 4.8% of patients. There was no significant difference comparing stage and use of Colonoscopy and imaging as surveillance modalities.

Conclusion: Concordance and receipt of surveillance with guidelines is poor, except for abdominal imaging in our cohort of patients. There is no difference of practice with regards to stage of disease except for CEA monitoring with NCCN guidelines. More needs to be done to improve colorectal surveillance strategies especially in Asian patients and also to look into development of specific guidelines for Asian patients.

VIDEO ABSTRACTS
Presenting Author: Ali Al Ghrebawi

Abstract Title: Single incision laparoscopic colon resection

Abstract:
The guiding principle is operating through a single transumbilical incision, and removing the colonic specimen through the same small incision. Compared to classic laparoscopecolecotomy, the potential advantages of the SILC are believed to be reduction incutaneous and parietal trauma, decreased postoperative pain, improved cosmesis and shorter recovery. Operation start with 20-30 mm incision in the umbilicus, opening the fascia and peritoneum and now the port will be inserted into the Abdomen. The Port is a soft and flexibleinstrument with 3-4 distinct openings which allows for the use of 3-4 surgical devices at the same time.

Conclusion: Single incision laparoscopic colectomy is feasible, and appears to have results similar to standard multiport colectomy in our initial comparisons. Ongoing development in instrumentation may help to further shorten operative time and minimize complications, and may make this an equivalent or preferred method for minimally invasive colorectal surgery. An additional learning curve is involved, and extra incisions are sometimes required. Large, prospective, randomized, controlled trials should be conducted to further compare the safety and efficacy of this approach.

Presenting Author: Sung Uk Bae
Co-Authors: Sung Uk Bae; Nam Kyu Kim

Abstract Title: Laparoscopic right hemicolectomy with D3 lymphadenectomy and intracorporeal anastomosis for ascending colon cancer

Abstract:
The extent of lymph node dissection is a key factor in surgical oncology and a radical lymphadenectomy along the primary feeding vessels is the standard procedure for advanced colorectal cancer.

Recently, in accordance with the concept of D3 lymphadenectomy, which is recommended by Japanese surgeons for advance colon cancer, complete mesocolic excision (CME) and central vascular ligation for colonic cancer were introduced. Here we present a video of a patient underwent right hemicolectomy with D3 lymphadenectomy and intracorporeal anastomosis for ascending colon cancer. A 61 year male patients with ascending colon cancer had biopsy-proven adenocarcinoma. Preoperative clinical stage was cT3N+ by abdominal CT scan and colonoscopy. The procedure was technically successful without the need for conversion to open surgery. The operation time was 190 min and estimated blood loss was 100ml. The time to soft diet was 4 days and length of stay was 6 days. Histology revealed pT3N0 tumor and the total number of lymph nodes harvested was 47. There was no postoperative complication. Laparoscopic right hemicolectomy with D3 lymphadenectomy for right-sided colon cancer could be safely performed with favorable clinicopathologic outcomes.
Presenting Author: Heather Bougard

Abstract Title: Resourceful Resection: Laparoscopic Hand-Assisted Total Colectomy for under 600 Euros

Abstract:
The aim of the video presentation is to demonstrate the authors' technique of laparoscopic hand assisted colonic resection using the bare minimum of required consumables, hence containing costs.

The technique also demonstrates the ability to follow principles of open surgery hence making the procedure easy to learn and adopt and adapt in the African context.

Presenting Author: Clement Chia

Co-Authors: Kwang Yeong How; Richard Sim

Abstract Title: Emergency correction of stoma prolapse using a linear stapling device.

Abstract:
Background and aims: Stoma prolapse is a common complication in loop stomas with an incidence of 2-22%. Various corrective methods have been described which include manual reduction, osmotica therapy, surgical resection of a redundant stoma and button-pxey fixation. Correction of a stoma prolapse using a stapling device has been described in case reports as an easy and safe technique. We aim to demonstrate via a video presentation the reduction and resection of an acute-on-chronic stoma prolapse using a stapling device.

Methods: Our patient is a 51 years old HIV positive gentleman with anal canal squamous cell carcinoma and had a trephine diverting loop colectomy prior to chemoradiotherapy. He presented to the emergency department 1.5 years after the diverting loop colostomy with severe abdominal pain. Physical examination revealed an oedematous stoma prolapse/intussusception involving both proximal and distal limbs. He subsequently underwent reduction and resection of the stoma prolapse/intussusception using a stapling device.

Results: Under general anaesthesia, the prolapsed stoma was first reduced. GIA 100 stapler was then used to staple off excess prolapsed sigmoid colon for both the proximal and distal limbs, first longitudinally then transversely. Mucocutaneous union was re-established with interrupted 3/0 vicryl sutures. Our patient had an uneventful post operative recovery and his stoma was functioning on discharge on post operative day 5.

Conclusion: Usage of a stapling device to correct stoma prolapse is an easy and safe technique. Long-term follow-up for recurrence is required.

Presenting Author: Daniel Kim

Co-Authors: Daniel Kim; Ron Landmann

Abstract Title: Laparoscopic Resection of Retroperitoneal Paraaortic Colorectal Metastasis

Abstract:
There is a 20-30% risk of locoregional or distant metastatic recurrent disease with colorectal cancer after curative resection. In patients initially presenting emergently with advanced stage disease, the rate may be higher likely adverse prognostic markers for advanced biology. We present the case of a 43 year-old male who underwent emergent laparoscopic low anterior resection for obstructing Stage III disease who developed a new retroperitoneal paraaortic lymph node metastasis after adjuvant chemotherapy. The video demonstrates principles of appropriate oncological resection of these metastatic recurrences in a straight laparoscopic approach. Care must be made to minimize peritoneal shedding and port-site metastasis. Complete R0 resection is safe and feasible for resection of advanced metastatic colorectal cancer using minimally invasive techniques with control of disease and low morbidity.

Presenting Author: Daniel Lee

Abstract Title: Laparoscopic Resection of Large Rectal GIST is Safe and Oncological Feasible: a case report and review of literatures

Abstract:
Background: The incidence of rectal GIST accounts for less than 5% of all rectal malignancies. Complete surgical resection remains the primary end point for all operable rectal GISTs. Neoadjuvant Gleevec therapy has been reported to successfully results in tumour shrinkage and allowing a less extensive surgery. Nevertheless, laparoscopic resection is a minimally invasive treatment option that allows complete resection with negative margin, and a favourable post operative recovery. We present a case of large rectal GIST resected via laparoscopic approach.

Method: A 54-year old male who presented with per rectal bleeding was found to have a submucosal lesion 3cm from anal verge. Colonoscopy and computed tomographic scan revealed a spherical submucosal tumour (5cm x 4.5cm x 5cm) located mostly exophytic at the anterior wall of the rectum. The tumour was abutting the posterior wall of the bladder and seminal vesicle. Patient successfully underwent laparoscopic assisted ultra low resection of the rectal GIST. The procedure was performed using three 5-mm working ports and one camera port. The entire left sided colon and rectum were mobilized laparoscopically up to the level of the tumour. Subsequently, a small pfenestral incision was made and the tumour was dissected carefully along with the rectum without any spillage. The rectum was transected with a distal margin of 1cm. Finally, primary anastomosis was achieved using circular stapler CDH 29 and a protective ileostomy was fashioned at right iliac fossa.

Results: Patient was discharged well on postoperative day 4. Histology showed R0 resected specimen, and size of the tumour was 4cm x 5cm with 19 mitoses per 50 HPF that correspond to a high risk malignant tumour.

Conclusion: Laparoscopic-assisted resection for large rectal GIST is both minimally invasive and feasible without compromising oncological clearance. Neoadjuvant therapy with imatinib may be used if R1 resection is not possible.

Presenting Author: Shigeki Yamaguchi

Co-Authors: Shigeki Yamaguchi; Hiroko Kondo; Asami Suzuki; Toshimasa Ishii; Jo Tashiro; Kiyoka Hara

Abstract Title: Laparoscopic low anterior resection preserving total autonomic nerve for rectal cancer

Abstract:
Purpose: Postoperative complication after low anterior resection is still problem for rectal cancer patients. Most of urinary and sexual dysfunction must be due to autonomic nerve injury. This video presentation demonstrates how to recognize and preserve autonomic nerves during low anterior resection for rectal cancer.

Technique: Mobilization of the mesorectum is performed along the proper fascia of the rectum. Proper fascia is easily recognized at the posterior to lateral part in most of the patients. The hypogastric nerves and the pelvic splanchnic nerves are automatically preserved at the posterior part of the mesorectum. Denonvilliers fascia should be recognized at the anterior part. The vessels and autonomic nerves are combined and formed so-called neurovascular bundle at the peripheral part of the pelvic plexus. At the anterolateral part, the neurovascular bundle sends some branched to the rectum. The assistant role is important to pull up the rectum and push up the pelvic wall for keeping the tension to the pelvic plexus. Surgeons left hand gives the counter traction to the mesorectum. The precise division between whitish nerves and yellowish mesorectal fat accomplishes complete nerve preservation. Denonvilliers fascia must be divided from the rectum before dissecting anterolateral part, because strong connective tissue exists into the nerves. Sufficient mobilization from the levator ani muscle is important for tension-free safe anastomosis. This video shows actual procedure of low anterior resection preserving autonomic nerves.