7th Conference of the ASEAN Society of Pediatric Surgery
9th Surgical Forum & 6th Annual Brunei Surgical Scientific Session

ASPS 2012

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Foreword from the Minister of Health Brunei Darussalam

بسم الله الرحمن الرحيم

السلام عليكم ورحمة الله وبركا ته

Brunei Darussalam is honoured to be accorded the opportunity by the ASEAN Society of Pediatric Surgery to host its 7th Conference this year. This will be the first paediatric surgical meeting to be held in our country and it is made possible by the commitment and dedication of our local team of surgeons, spearheaded by our first Bruneian consultant to be trained in paediatric surgery. I applaud them on this worthwhile endeavour.

I also wish to extend a very warm welcome, as well as convey my sincerest appreciation to all the renowned speakers, who have come not only from the ASEAN region (including Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore and Thailand), but also all the way from France and the United Kingdom. The wealth of experience and valuable knowledge that you share with us will be beneficial and certainly be put to good use. It is indeed heartening to know that there are surgeons amongst us that have dedicated their lives to the care of children, our most-treasured assets for future generation.

With the improvement in quality of our healthcare system by adopting universal health coverage, namely maternal and child health services at community level, as well as improved paediatric and neonatal services in the hospitals, Brunei Darussalam has seen a significant reduction in under-five and infant mortality rates over the last few decades. The latest 2011 statistics are comparable to those of developed countries in the region, so much so that Brunei Darussalam has already achieved The United Nations Millenium Development Goal 4 that is related to health. However, Brunei Darussalam will not remain complacent with this achievement. But, it remains a challenge for us to further reduce the mortality rates for our children.

In this context, I am therefore very delighted to learn that the theme of this year's Conference is ***'Dealing with Congenital Anomalies'*** which is very relevant to meet our challenges. Thus, it is certainly very appropriate indeed, since congenital anomalies has consistenly been in the top two causes of death for Bruneian children under the age of 5 years, over the last 5 years. Although we are very fortunate in Brunei Darussalam that more than 99% of pregnant women receive antenatal care and most congenital anomalies are detected either antenatally or soon after birth, it is hoped that the lessons learned and experiences gained through this Conference will add value and contribute to facilitate our relentless efforts to reduce deaths amongst infants and young children due to congenital anomalies, especially in Brunei Darussalam.

I congratulate the collaboration between the organising committee and the Brunei International Medical Journal (BIMJ) for publishing the abstracts of the talks and free paper as a supplement of the BIMJ. This will allow useful knowledge gained from the Conference to be disseminated to a wider audience.

For the participants, I hope that not only will you be able to further consolidate your understanding of paediatric surgery, but you should also use this rare opportunity to interact and share knowledge and experiences with renowned experts and network with colleagues from the region and beyond.

I wish you all a most fruitful Conference.

والهداية التوفيق وبالله
وبركاته الله ورحمة عليكم والسلام

Pehin Orang Kaya Johan Pahlawan Dato Seri Setia Awang Haji Adanan bin Begawan Pehin Siraja Khatib Dato Seri Setia Haji Awang Mohd Yusof
Minister of Health
Brunei Darussalam

3 Muharram 1434 / 17 November 2012

Welcome Message from the President of ASEAN Society of Pediatric Surgery

It is indeed a great pleasure to welcome you to the 7th Annual Conference of the ASEAN Society of Pediatric Surgery (ASPS), to be held in Brunei Darussalam, 17th-18th November 2012.

Continuing the Phnom Penh 6th ASPS's theme, '*Management of Gastrointestinal Congenital Anomalies, The State of the Art*', this year's theme, '*Dealing with Congenital Anomalies*', puts more effort to take care of babies born with varieties of congenital anomalies. This theme promises to be more provocative and pertinent to the current situation of increasing demand for early detection and early intervention of all aspects of birth defects and anomalies that we all are facing.

For the first time, this meeting is to be held in Brunei Darussalam, the land of Istana Nurul Iman, where local, regional, as well as world experts of paediatric surgery gather again to discuss and exchange their skills, experiences and all updated knowledge and findings in our field of paediatric surgery.

I am grateful to Dr. Janice Wong personally, and to the Ministry of Health of Brunei Darussalam, for hosting such an important scientific event this year in their beautiful country. Brunei Darussalam with its great charm and history offers a unique and great opportunity to explore.

Janice Wong, Organising Chairman of the 7th ASPS & 9th Surgical Forum has put together excellent scientific and social programs that should be of interest to all. Contributions and papers from local surgeons, participated countries and international faculties have ensured an instructional and recommended scientific programme.

It is a great opportunity also to welcome Presidents and Representatives not only from Asean Countries but also from the other parts of the world. We welcome the opportunity to interact with Asean colleagues all international faculties who would contribute the most to the meeting.

I hope you enjoy the education, meeting old friends, making new friends, and what promises to be an exciting academic and social interaction.

I look forwards to seeing you and best wishes to all for a successful gathering.

Vuthy CHHOEURN
President of the ASEAN Society of Pediatric Surgery.

Welcome Message from the Chairman

It is indeed an honour for Negara Brunei Darussalam to host this year's 7th Conference of the ASEAN Society of Pediatric Surgery (ASPS) in conjunction with the 9th Surgical Forum and 6th Annual Brunei Surgical Scientific Session. Our special thanks to Prof Vuthy Chhoeurn, the President of the ASEAN Society of Pediatric Surgery and the Ministry of Health, Brunei Darussalam for making this conference possible.

We welcome all our invited speakers, international delegates, doctors, nurses and allied health professionals from near and far who have taken time out from their busy schedules to attend this conference.

We thank all the doctors from the surgical specialties (Orthopaedics, Neurosurgery, Maxillofacial & Plastic Surgery, Urology) and Pathology for their continual support of the Annual Brunei Surgical Scientific Session and for presenting their work at this conference.

We sincerely hope that during this conference it will enable all of us to understand more about the scope of paediatric surgery and to work together towards better provision of care for the children in our trust. May we learn from each other and benefit greatly from the close ties that will be formed during the conference.

We look forward to meeting all of you during the conference.

Janice WONG
Chairman

CHONG Chean Leung
Co-Chairman

7th Conference of the ASEAN Society of Pediatric Surgery
9th Surgical Forum & 6th Annual Brunei Surgical Scientific Session
ASPS 2012
'Dealing with Congenital Anomalies'
17th – 18th November 2012

The Core Universiti Brunei Darussalam
Jalan Tungku Link, Gadong, Negara Brunei Darussalam

17th November 2012 (Saturday)

08:00 – 08:30 hr	Registration
08:30 – 08:35 hr	Recital of Al Fatihah
08.35 – 08.40 hr	Opening speech by Chairman 7th ASPS – Dr Janice Wong
08:40 – 08:50 hr	Speech by Chairman ASEAN Society of Pediatric Surgery – Prof Vuthy Chhoeurn (Cambodia)
08:50 – 09:10 hr	Official Opening by Guest of Honour, The Minister of Health Brunei Darussalam
09:10 – 09:30 hr	Challenges in developing Paediatric Surgery in Malaysia: Prof Dato' Dr Mahmud Mohd Nor
09:30 – 10:00 hr	Coffee break
	Session A
10:00 – 10:20 hr	Paediatric Surgery in Brunei Darussalam – Dr Janice Wong
10:20 – 10:40 hr	Minimally Invasive Surgery in Paediatric Patients: The National University of Malaysia Experience – A/Prof Dayang Anita Abdul Aziz (Malaysia)
10:40 – 11:00 hr	'A visiting Paediatric Surgeon in Tanzania 2011 – 2012' – Prof David Drake (United Kingdom)
	Session B
11:05 – 11:25 hr	Management of perineal canal at the National Paediatric Hospital Cambodia – Dr Choeu Hor, Prof Mam Vithyarith, Prof Vuthy Chhoeurn
11:25 – 11:45 hr	Anorectal Malformations – Prof Amir Thayeb (Indonesia)
11:45 – 12:05 hr	Conjoint Twins in Myanmar – Prof Htoo Han
12:05 – 13:20 hr	Buffet Lunch
12:50 – 13:20 hr	Lunch Symposium : 'QUALITI Platform: A Practical Approach to Upholding High Standards of Care' – Dr John Flores
12:10 – 13:20 hr	Lunch Meeting ASPS ASEAN representatives
	Session C
13:20 – 13:40 hr	Factors Affecting Mortality in the Surgical Treatment of Malrotation: A 10-year study at the Philippine Children's Medical Center – A/Prof Beda Espineda
13:40 – 14:00 hr	Supportive management in short gut – A/Prof Anette Jacobsen (Singapore)
14:00 – 14:20 hr	Emergency in neonatal surgery at the Children's Hospital of Thailand – Dr Achariya Tongsin
14:20 – 14:40 hr	Malrotation and midgut volvulus – Prof Rangsan Niramis (Thailand)
14:40 – 15:00 hr	Oesophageal surgery for children – Prof Pierre Hélardot (France)
15:00 – 15:15 hr	Crohn's disease in Tanzania – why is it so rare ? – Prof David Drake (UK)
15:25 – 15:45 hr	Coffee break
	Session D
15:45 – 16:55 hr	ASPS Free Papers Presentations
17:00 – 21:00 hr	Conference dinner for 7th Conference of the ASEAN Society of Pediatric Surgery

18th November 2012 (Sunday)

08:30 – 08:45 hr	Registration
	Session E
08:45 – 09:40 hr	ASPS Free Papers Presentations (Papers 5 to 7)
09:40 – 10:00 hr	Coffee Break
10:00 – 11.50 hr	ASPS Free Papers Presentations (Papers 8 to 14)
11:50 – 12:05 hr	Prize presentation and closing remarks 7th ASPS
12:05 – 13:00 hr	Buffet Lunch
13:00 – 17:00 hr	7th Conference of the ASEAN Society of Paediatric Surgery City Tour
	Session F (6th ANNUAL BRUNEI SURGICAL SCIENTIFIC SESSION)
13:00 – 13:15 hr	Surgical Quiz – Mr Hj Mohammad Ady Adillah Ahmad
13:15 – 15:03 hr	ABSSS Free paper Session (Papers 1 to 10)
	Closing Session: Chairman – Mr Chong Chean Leung
15:05– 15:20 hr	Answers for surgical quiz – Mr Hj Mohammad Ady Adillah Ahmad
15:20– 15:30 hr	Prize presentations and closing remarks 6th ABSSS by Dato Setia Mr Yapp

Free papers presentations for the ASPS and ABSSS 2012

Session D	
15:45 – 16:05 hr	ASPS Free paper 1 : 'Spectrum of thoracic mass in children, 10 years review' – Dr Mohd Fitri Shukri Bin Mohamed Adanan
16:05 – 16:20 hr	ASPS Free paper 2 : 'Early experience of minimally invasive repair of Pectus Excavatum in RIPAS Hospital.' – Dr Shazana Nor
16:20 – 16:40 hr	ASPS Free paper 3 : 'The effects of gluthatione on malondialdehyde expression and testicular damage in experimental testicular torsion – detorsion' – Dr Ruankha Bilommi
16:40 – 16:55 hr	ASPS Free paper 4 : 'The use of Clinical Practice Improvement Program (CPIP) tools to improve 30-day device retention rates of implantable central venous access devices in children receiving chemotherapy.' – Dr Joyce Chua

Session E	
08:45 – 09:00 hr	ASPS Free paper 5 : 'Pediatric solid tumours - an epidemiological study from Brunei' – Dr Ghazala Kafeel
09:00 – 09:20 hr	ASPS Free paper 6 : 'Evolution of paediatric minimally invasive surgery in Myanmar' – Dr Nyo Nyo Win
09:25 – 09:40 hr	ASPS Free paper 7 : 'Neck swelling...not always a benign lesion.' – Dr Najua Binti Ramli
09:40 – 10:00 hr	Coffee Break
10:00 – 10:20 hr	ASPS Free paper 8 : 'Blunt abdominal trauma in children : 5-years clinical experience in Sabah, Malaysia.' – Dr Hazlina Binti Mohd Khalid
10:20 – 10:30 hr	ASPS Free paper 9: ' Endopouch – A novel use as silo in exomphalus major repair.' – Mr Chua Hock Beng
10:30 – 10:50 hr	ASPS Free paper 10 : 'Intussusception in children in Sabah, 7 years experience.' – Dr Najua Binti Ramli
10:50 – 11:05 hr	ASPS Free paper 11 : 'Diagnostic dilemma and management of adrenal tumoyrs in children; Report of three cases and review of literature.' – Dr Rafidatul Wajihah Binti Rosli
11:05 – 11:20 hr	ASPS Free paper 12 : 'Primary gross total resection for rhabdomyosarcomas arising from urachal remnants – 2 Case Reports.' – Dr Oo Mon Mon
11:20 – 11:35 hr	ASPS Free paper 13 : 'Prolapsed patent urachus : A Serial Case.' – Dr Fransiska Kusumowidagdo
11:35 – 11:50 hr	ASPS Free paper 14 : 'Comparisons of the RIPASA score with ALVARADO score for the diagnosis of acute appendicitis in paediatric patients.' – Mr Hj Md Ady Adillah Ahmad
11:50 – 12:05 hr	Prize presentation and closing remarks 7th ASPS

Session F	
13:00 – 13:15 hr	Surgical Quiz – Mr Hj Md Ady Adillah Ahmad
13:15 – 13:25 hr	ABSSS FP 1 : 'Paediatric brain tumours collaborative management - RIPAS experience.' – Dr Selvam
13:25 – 13:37 hr	ABSSS FP 2 : 'Observer variation with the use of classification systems for ankle fractures.' – Mr Md Hafidz Bin Hj Yakob
13:37 – 13:47 hr	ABSSS FP 3 : 'Effect of congenital hydrocephalus on intellectual abilities, seizures and obesity in children.' - Yee Chen Hui
13:47 – 13:59 hr	ABSSS FP 4 : 'RIPAS Hospital breast reconstruction service in its' infancy.' – Dr Shaheen Habeebulla
13:59 – 14:11 hr	ABSSS FP 5 : 'Comparison of ureteroscopy with or without ureteric stent placement in the management of distal ureteric calculi.' – Mr Samer Altawil
14:11 – 14:21 hr	ABSSS FP 6 : 'Paraffinoma - 'The silent epidemic' – Dr Gigy Raj Kulangara
14:21 – 14:31 hr	ABSSS FP 7 : 'Results of primary repair of penile paraffinoma excision - 60 cases in 8 years at RIPAS Hospital.' – Dr Pg Sirajul Adli Pg Hj Jamaludin
14:31 – 14:41 hr	ABSSS FP 8 : 'Paediatric Neurosurgery in RIPAS Hospital - A review, Brunei Darussalam.' – Dr Selvam
14:41 – 14:53 hr	ABSSS FP 9 : 'Reconstructive microsurgery: The RIPAS Hospital experience.' – Dr Shaheen Habeebulla
14:53 – 15:03 hr	ABSSS FP 10 : 'Transurethral vaporesection of prostate with Thulium laser (RevoLix).' –Miss Zuraini Ibrahim

Challenges in developing Paediatric Surgery in Malaysia

Prof Dato' Dr Mahmud Bin MOHD NOR
Universiti Sains Islam Malaysia, Kuala Lumpur, Malaysia

When Malaysia became a newly independent nation in 1957, it faced many developmental challenges. The development of Paediatric Surgery was small compared to the many efforts taken to provide a better health care service. The health care service at independence was quite rudimentary, archaic and concentrated mainly in the big towns. The health indices of children were poor. Infant mortality was at 70 per 1,000 live births. The immediate need was for a low cost primary care and public health programme especially in the rural areas which had the highest infant mortality. This was successfully achieved resulting in a dramatic fall in infant mortality to 7.5 per 1,000 live births in 2000 and 6.5 per 1,000 live births in 2009. Further reduction requires improvement in the neonatal and perinatal mortalities. This will require more financial resources and a higher level of specialised hospital care particularly paediatric surgical care of the newborn.

Unlike Paediatric Medicine which was accepted as a specialty quite early in the 60's Paediatric Surgery was for a long time considered to be a part of General Surgery. General surgeons were performing all kinds of surgeries in both adults and children. It was not surprising that the outcome of surgery in children especially in neonates was horrendous. It was only around the late 60's that there was greater awareness and recognition that surgeons performing surgeries in children need to be better trained. The service however remained a part of general surgery. There was significant improvement in the outcome when surgery was done by a surgeon with additional training and interest in the surgery of children.

The change in attitude to recognise Paediatric Surgery as a specialised field came in 1976 when an enlightened head of the surgical service transferred the responsibility for the care of surgical babies to one unit under the responsibility of the newly established Universiti Kebangsaan Malaysia (National University of Malaysia) or UKM surgical unit. This was in a newly built modern general hospital. This move facilitated a comprehensive reorganisation and deployment of the required health personnel for the unit. Steps were also taken to improve the supporting services and upgrading of appropriate equipment required for surgery in children. Later a special facility

called the Institute of Paediatrics was built and started to function in1991 at the Kuala Lumpur Hospital. Although not a fully comprehensive children hospital it significantly contributed to a dramatic improvement in the quality of care with better outcome of surgery in children. It became a referral centre for the country and was able to handle many complex surgeries successfully. It was recognised that there was also a need for better surgical care of children especially the neonates in other parts of the country. Inadequately trained adult surgeons were found to be still performing surgeries in children with unsatisfactory outcome. One of the greatest challenges faced to overcome this was to have adequate numbers of trained paedatric surgeons to cater for the need of the whole country. There is still an acute shortage of trained paediatric surgeons. Despite an ongoing postgraduate Mastership programme not many doctors were attracted to Paediatric Surgery compared to other more lucrative surgical specialties like plastic surgery or the subspecialties of general surgery.

The absence of a proper children hospital to date further hampers the development of Paediatric Surgery. Better outcome of surgery requires the service preferably under one roof of a multidisciplinary group of trained health personnel for the comprehensive care of children. The country needs at least two tertiary children hospitals in the Kuala Lumpur area and five more regional hospitals including one each for Sabah and Sarawak if it hopes to have better surgical care for children. There is now hope of significant improvements in the development of Paediatric surgery with the completion of two child friendly children's hospital in the country in about three years. There is also encouraging indication of greater interest amongst doctors to pursue a career in Paediatric surgery. The greatest challenge facing the country is not the ability to provide the physical structures but the ability provide the appropriate number of trained health personnel to cater for the increasing healthcare needs of a growing population of children.

Speaker: Prof Dato' Dr Mahmud Bin Mohd Nor graduated from the University of Malaya in 1970 and is a Senior Consultant and Surgeon at the Faculty of Medicine and Health Sciences at the Universiti Sains Islam Malaysia USIM since December 2008. He is also the Chairman of the National Credentialing Committee for Paediatric Surgery of National Specialist Register, Malaysia from Dec 2007. His other academic appointments include; honorary lecturer at the Universiti of Malaya, Adjunct Prof at the Universiti Kebangsaan Malaysia, member of the Advisory Panels for the Development of UKM Specialist Children's Hospital, president of the Malaysian Association of Paediatric Surgeons and of the Child friendly Healthcare Association Malaysia and many other international organisations. He was also involved with the establishment of several medical schools in Malaysia. He is the first Malaysian citizen to succeed in the operation to separate a Siamese twins (17 July 1988) and to date has been involved or led in the separation of ten pairs with 15 children surviving. He also established and headed the first comprehensive Burn Care Service at Hospital Kuala Lumpur in September 1998 and the centre has now become the national reference point for Burn Care in Malaysia.

Paediatric surgery in Brunei Darussalam

Miss Janice WONG
Department of Surgery, RIPAS Hospital, Brunei Darussalam

Brunei Darussalam is a small country with a population of 422 thousand within a 5,765 km^2 land area. Four hospitals, 15 health centres and 19 health clinics provide adequate free health care throughout the country. With 6,400 live births per year (2011) there is more than enough work for one paediatric surgeon.

RIPAS Hospital is the main referral hospital in the country. In the Department of General Surgery, there are six General Surgeons, one cardiothoracic surgeon, two urologists and one paediatric surgeon.

Pehin Dato Mr Ian Harris, an Australian Scotsman was the first specialist surgeon in Brunei. He was employed in 1961 and left in 1987. He undertook general, thoracic and orthopaedic surgery. Dato Setia Mr Samuel Yapp, a Bruneian returned as a medical officer in 1970. He then left for the United Kingdom for further training (1974-79) and this included six months in paediatric surgery in Alder Hey Children's Hospital, Liverpool. Upon his return he took over the surgical care for children assisted by two medical officers Dr Ghouse and Mr Hj Ali. Dr Pe Nyunt, a paediatric surgeon from Myanmar was working as a general surgeon in Suri Seri Begawan Hospital, Kuala Belait at that time would come and assist Dato Yapp for major paediatric cases. Mr Chua Hock Beng, a general surgeon who is now a urologist also helped with the development of paediatric surgery in Brunei.

Currently paediatric surgery in Brunei Darussalam is very much in its infancy and much dependent on the help of the general surgeons. With the help of a dedicated team of paediatricians and a neonatologist, the surgical care of neonates, younger and critically ill children has improved. The hope is that once the hospital's new Women's and Children's block is completed, the provision of care will be more consolidated and in time a small paediatric surgical unit may one day grow into a paediatric surgical department.

Speaker: Dr Wong is a Consultant Paediatric Surgeon working in RIPAS Hospital, Brunei Darussalam. She graduated from the University of Edinburgh in 1999 and obtained her MRCS in 2004. She returned to Brunei Darussalam in September 2010 after completing her advanced surgical training in paediatric surgery in KK Women's and Children's Hospital, Singapore and a year's fellowship in Leeds General Infirmary, United Kingdom.

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Minimally invasive surgery in paediatric patients: The National University of Malaysia experience

A/Prof Dayang Anita ABDUL AZIZ
UKM Medical Centre, Kuala Lumpur, Malaysia

Prior to 2007, Universiti Kebangsaan Malaysia Medical Centre (UKMMC) recorded about 200 cases of paediatric minimally invasive surgeries (MIS) over the span of 10 years i.e. 20 MIS cases per year since 1997. However, UKMMC started a new brand of Paediatric MIS services at the end of 2007 with the arrival of distinguished Professor Tan Hock Lim and a new paediatric surgery team (including the author) at UKMMC. The idea was for UKMMC to be Malaysia's leading centre for Paediatric MIS and, the services subsequently fully run by local talents.

The author performed a retrospective and prospective review of all aspects of Paediatric MIS services over the last five years. The review included the number of Paediatric MIS courses performed, the performance of the advanced paediatric MIS training programme including basic courses for nurses and the incidence of morbidity and mortality. A three years study looking at parents' satisfaction towards the paediatric laparoscopic services was also carried out. Recommendation was made to UKMMC to enable improvement and sustenance of these services.

Over 500 MIS cases were performed over the last five years, 80% were done within infant group. Laparoscopic herniotomy was the commonest operation. Major breakthrough surgeries like neonatal thoracoscopic repair of long gap oesophageal atresia, neonatal thoracoscopic repair of high eventration of the diaphragm and neonatal near total laparoscopic pancreatectomy were also carried out recently. The advanced paediatric laparoscopic training programme has managed to attract at least one trainee per year; notably more local paediatric surgeons have joined the programme. Regular laparoscopic courses for nurses and medical officers have taken placed every four months since the last one year with a total of 120 nurses trained. There was one patient who died due to overwhelming sepsis from delayed diagnosis of leaking gastrostomy post laparoscopic insertion. About five percent of patients had morbidity ranging from superficial infection over the port site to redo surgery for incomplete excision of pathology. Parents' satisfaction study revealed 99% of parents were satisfied with the MIS services, there was significant correlation to cosmesis, early recovery and less post-operative pain. Interestingly all parents

will recommend MIS to other parents including 1% of the dissatisfied parents group.

Paediatric MIS at UKMMC have carved itself as an important niche area in the overall paediatric and surgical services at UKM and in Malaysia. It has now been accepted as a leading field to be further promoted especially for Malaysia's first children's hospital under the umbrella of UKM. The on-going training programme is currently undergoing accreditation process. This is a correct and important move to ensure that the current curriculum is of the highest standard.

Speaker: A/Prof Anita Abdul Aziz is Consultant Paediatric Surgeon and a Senior Fellow in Paediatric Surgery & Head of Paediatric Surgery at the UKM Medical Centre. She graduated with Bachelor of Medical Science from the Universiti Kebangsaan Malaysia in July 1992. She completed her MD from the same institution in August 1995 and became a fellow of the Royal College of Surgeons, Edinburgh United Kingdom in December 1999. She later did a fellowship in Paediatric Laparoscopy in Adelaide Australia in January 2005. She is active in research and publication and is very involved in the development of paediatric surgery in Malaysia and the ASEAN region.

 Brunei Int Med J. *2012; 8 (Supp 1): s6-7*

A visiting Paediatric Surgeon in Tanzania 2011-2012

Prof David DRAKE
Great Ormond Street Children's Hospital Trust & Institute of Child Health, London, United Kingdom & Kilimanjaro Christian Medical Centre, Moshi, Tanzania

Tanzania is in East Africa, just south of the equator, with a population of 40 million people. Many rural Tanzanians are subsistence farmers but agriculture also produces significant exports of coffee, tea, cotton, cloves and cashew nuts. Gold and diamonds are mined and there have been recent discoveries of offshore natural gas in the Indian Ocean. The country became independent 50 years ago, when it was one of the poorest five countries in the world. However, in the last 15 years, tourism has expanded rapidly and the economy has grown. The coastal areas and Zanzibar have strong links with the Middle East and Islam – inland the people are mainly Christian. Dar es Salaam on the coast has a population of approximately three million and is the largest urban area. Tanzanians are divided into 120 tribes, each with their own language with the national language being Swahili. English is the language of secondary and university education.

There are five referral hospitals staffed by 'specialists' and several hundred district hospitals staffed by doctors and assistant medical officers. In total, there are 2,000 doctors, including 100 surgeons and three paediatric surgeons. The annual health budget is USD 20 per person. One of these referral hospitals, Kilimanjaro Christian Medical Centre (KCMC), opened in 1971 and is in the north of the country, close to the Kenyan border and the highest mountain in Africa. The nearest large city is Nairobi in Kenya, which is a six hour bus journey or a one hour flight away.

At KCMC there are four general surgeons on the staff and 16 surgical residents on a 4-year training programme. In addition there are orthopaedic surgeons, urologists, gynaecologists, ophthalmic surgeons, a dentist and an ENT surgeon. The general surgeons cover adult and paediatric general surgery, including head injuries, burns, spina bifida, hydrocephalus and clefts. There are currently no plastic surgeons or neurosurgeons.

There is a busy paediatric department including a special care baby unit with 35 cots. 3,000 babies are born each year in house, with over 300,000 babies born in the region. However, there are no intensive care facilities for small children or infants. Anaesthetics are given by nurses supervised by one

medical anaesthetist covering nine operating theatres.

There is a 12 bedded paediatric surgical ward with up to six surgical neonatal beds in the Special Care Baby Unit (SCBU). Omphalocoele, ano-rectal malformations, spina bifida and hydrocephalus are frequent neonatal admissions, which total around 150 a year. Hirschsprung disease usually presents at a few months of age on weaning from breast milk.

Two of the four general surgeons take care of the Paediatric Surgery, assisted by the residents. They welcome visiting specialist input, although the range of surgical conditions is very different to that managed by a General Paediatric Surgeon in the United Kingdom. The mornings are spent on ward rounds, in the operating theatre and at two out-patient clinics a week. With 10 million people living in Northern Tanzania, it is a constant challenge to find facilities for the numbers of presenting patients. Children overflow onto the adult surgical wards.

Many emergency surgical admissions are for treatment of trauma, including head injuries and burns. Road traffic accidents are common, many related to motorcycles. The incidence of HIV is significantly lower than most sub-Saharan countries. Less than 10% of the populations are infected. There is an attached medical school with 150 students a year on a 5-year course and 28 fifth year students are attached to surgery for two months of training. The students welcome teaching in the afternoons on adult and paediatric surgical topics.

Post-graduate training in Paediatric Surgery is available in neighbouring Kenya and Malawi and in South Africa but very few surgical trainees can obtain sponsorship to access this training. Currently, visiting paediatric surgeons enhance the skills of the general surgeons and can encourage more trainees to seek specialist training.

I am part of the Oxford – KCMC link established 14 years ago by an Oxford urologist. This link organises visits from UK surgeons, anaesthetists, radiologists, midwives, nurses and allied health professionals and provides funding for Tanzanian medical students and residents to travel to the UK for 'elective periods'. Without such links, the staff at KCMC would become increasingly isolated as they have very little funding for attending national or international meetings.

Although there is only a small budget for surgical services, the need for trauma care is great and correctable congenital anomalies frequently present at referral hospitals. The number of general surgeons is slowly increasing and they welcome advice on the care of infants and children with surgical conditions.

Speaker: Prof Drake is a Honorary Consultant Paediatric Surgeon at the Great Ormond Street Children's Hospital Trust, Honorary Senior Lecturer at the Institute of Child Health, London and a Visiting Paediatric Surgeon to the Kilimanjaro Christian Medical Centre in Tanzania. He graduated from the Middlesex Hospital Medical School, London in 1969. He was the Medical Director of Great Ormond Street Hospital for Children NHS Trust between 2002 and 2005, president of the British Association of Paediatric Surgeons (BAPS) from 2008 to 2010 and an active member of the British Medical Association and British Association of Paediatric Endoscopic Surgeons (BAPES). Prof Drake has also been an active member of the ASEAN Society of Pediatric Surgery (ASPS) and has been involved in the last few ASPS annual meeting.

Surgical management of perineal canal in the National Paediatric Hospital Cambodia

CHOEU Hor, OU Cheng Ngiep, CHHOEURN Vuthy, MAM Vithyarith
National Pediatric Hospital, Phnom Penh, Cambodia

Perineal canal is a rare lower form of female anorectal malformation. We report our clinical experience with the perineal canal and suggest the management.

A retrospective detailed chart review of patients with diagnosis of perineal canal admitted to the surgical department of the National Paediatric Hospital between 2006 and 2011 and managed with Tsuchida's technique were carried out. The lesions were classified according to the classification by Son Le T *et al.*: Group I- active perineal inflammation, Group II- vulvar excoriation and Group III- no active inflammation. Group III patients underwent primary surgical repair. Group I and II patients underwent repair after medical management.

Between 2006 and 2011, we treated 12 cases of perineal canal. Group I, II and III consisted of 2, 2 and 8 patients, respectively. The ages of the treated patients ranged from 2 days to 13 years. In 8 patients without any perineal inflammation (Group III), immediate surgery was undertaken. Surgery was delayed in 4 patients with perineal excoriations and/or active inflammation (Groups I and II). In the post-operative follow-up, there was no recurrence. All patients had normal defaecation with good cosmetic results.

The Tsuchida's technique offers very satisfactory result in one stage repair of the perineal canal.

Speaker: Dr Hor CHOEU graduated from the University of Medicine and Pharmacy, Ho Chi Minh City, Viet Nam in 1998 and obtained his Master in Paediatric Surgery from the same institution in 2005. He is currently working as a paediatric surgeon in the Department of Surgery of the National Pediatric Hospital, Phnom Penh, Cambodia. Prior to joining the National Pediatric Hospital, Dr Choeu worked in Kean Svay Referral Hospital in the Kandal Province of Cambodia. One of Dr Choeu's main interest is in laparoscopic surgery and has had training in Asan Medical Center in Korea.

Supportive management in short gut

A/Prof Anette JACOBSEN
KK Women's and Children's Hospital, Singapore

Patients with Intestinal failure may perish in the hospital with sepsis, liver failure after a multitude of operations. We have recently treated two patients with intestinal failure. We believe the combined team approach as well as new feeding and nutritional regime approaches gave rise to successful rehabilitation in these two patients.

Several hospital teams were involved in the management: total parenteral nutrition (TPN)/Nutrition team, Gastroenterology team, High Dependency Nursing team, Paediatric surgical Team and Neonatology and Radiology.

TPN modifications utilised included: reduced lipids, Omega 3 fatty acid containing lipids, TPN cycling and gradual withdrawal.

The feeding regimes included: early sham feeding, elemental diet and See-Saw change from continuous to bolus feeds

We believe the combined team approaches with regular team discussions contributed significantly to the success stories of these two babies which will be presented.

Note: Both sets of parents have given consent to this presentation.

Speaker: Prof Jacobsen graduated from the Royal College of Surgeons in Ireland. She is the Associate Dean and Clinical Associate Professor with the Yong Loo Lin School of Medicine, Singapore. She is a Senior Consultant at the KK Women's and Children's Hospital, Singapore with a special interest in paediatric urology and also the hospital's Clinical Director of the International Medical Programmes (Surgery). She is a member of the Specialist Accreditation Committee (Paediatric Surgery). She is the current Secretary General of the Asian Association of Pediatric Surgeons (AAPS) and a past AAPS president in 2004.

Conjoint twins in Myanmar

Prof Htoo HAN
Yangon Children Hospital & University of Medicine, Yangon, Myanmar

More than 600 publications about conjoined twins have been written. Incidence ranges from 1:25,000 to 1:18000 deliveries. In Africa frequency is reported 1:14,000 births suggesting an increased incidence in blacks. Approximately 60% are stillborn. Their life spans range from a few minutes to six decades, either joined or after surgical separation.

Classification of conjoined twins is mainly based on the site of connection and the word used "***pagos***" means "***fixed***". This is shown in the Table below.

Some authors group thoracopagus and omphalopagus together as ***Thoraco-omphalopagus*** which account for 73%.

First experience in separation of conjoined twins in Myanmar was in 1972, omphalopagus twins who were successfully operated by our pioneer paediatric surgeons Prof Pe Nyun and Prof Htut Saing. From 1972 to 2012, there are total of 16 pairs of conjoined twins in Myanmar. Emergency separation was performed in one pair of twins. This lecture is to share our experience of separation of conjoined twins in Myanmar.

Table: Classification of conjoined twins.

Types	%
Thorax – Thoracopagos	40%
Abdomen – Omphalopagos	33%
Sacrum – Pyopagus	19%
Pelvis – Ischiopagus	6%
Skull – Craniopagus	2%
Others – heteropagus, dicephalus dipus and "parasitic twins".	

Speaker: Dr Htoo HAN is currently a Professor and Head of Department of Pediatric Surgery in Yangon Children Hospital, University of Medicine, Yangon, Myanmar. He graduated from the Institute of Medicine 1, Yangon, Myanmar in 1980. He is also the Chairman, The Board of Study for Doctorate Degree for Pediatric Surgery, The University of Medicine (1), Yangon. He is member of several societies in Myanmar (Myanmar Medical Association (MMA), Surgical Society of MMA, Pediatric Society of MMA and Myanmar Academy of Medical Science. He is also member of Asia Pacific Association of Pediatric Urologists, Asian Association of Pediatric Surgeons and ASEAN Society of Pediatric Surgery (ASPS).

Factors affecting mortality in the surgical treatment of malrotation: A 10-year study at the Philippine Children's Medical Center

A/Prof Beda ESPINEDA
Philippine Children's Medical Center, Manila, Philippine

Abstract not available

Speaker: Asso Prof Beda R. Espineda is currently the head of Department of Pediatric Surgery in the Philippine Children's Medical Center. He is also the Chairman for the Department of Surgery in Fe Del Mundo Medical Center and Associate Professor in Surgery II, Manila Central University Felimon Tanchoco Medical Foundation and Hospital. He is the past president of the Philippine Society of Pediatric Surgeons and Regent for the Philippine College of Surgeons 2012. He is a fellow of the Philippine Society of Pediatric Surgeons, Philippine College of Surgeons and an affiliate fellow of the Philippine Pediatric Society.

Anorectal malformations

Prof Amir THAYEB
Indonesia

Abstract not available

Oesophageal surgery for children

Prof Pierre HELARDOT
Hopital Armand Trousseau, Paris and Université Paris VI Saint-Antoine, France

Oesophageal replacements, mainly for caustic burns with an overview on indications of replacement in oesophageal atresia.

Speaker: Prof Pierre Hélardot is the head of the Paediatric General Surgery Department at Armand Trousseau Children Hospital, Paris, France (from Nov. 2000). He was previous in charge of the department of Paediatric General Surgery at St. Vincent de Paul Hospital, Paris, France (1991/2000). He is a member of the European Board of Paediatric Surgery since 1997. Apart from this, he is also member of the Société Française de Neonatalogie, Société Française de Chirurgie pediatrique, International Society of Paediatric Oncology (S.I.O.P) and International society of Paediatric Surgical Oncology (I.P.S.O.). His main interests are in the fields of surgical oncology, neonatal surgery and surgery of the oesophagus.

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Emergency in neonatal surgery at the Children's Hospital of Thailand

Achariya TONGSIN, Rangsan NIRAMIS, Maitree ANUNTKOSOL
Department of Surgery, Queen Sirikit National Institute of Child Health (Children's Hospital), Bangkok, Thailand

Emergency neonatal surgery for congenital conditions is serious and can be dangerous due to life threatening situation is not treated promptly. Congenital diaphragmatic hernia (CDH) and oesophageal atresia (OA) are the most commonly associated with respiratory distress in the first few hours of life. Gastroschisis (GS) is the most common abdominal wall defect that requires surgical repair soon after birth. The objectives of this study were to assess the incidence, management and outcomes of CDH, OA and GS.

Between Jan 2009 to June 2012, a total of 1,316 patients were treated at the Neonatal Surgical Units (NSU), Queen Sirikit National Institute of Child Health. Forty-five (3.4%) patients had CDH, 115 (8.7%) had OA and 212 (16.1%) had GS. Preoperatively, 39 cases of CDH required conventional ventilator and six required no ventilator support. Six had severe pulmonary hypertension and died before surgery. Thirty-nine patients underwent primary repair at a mean age of 4.2 days (2-12). Survival rate in the operated group was 92.3% with an overall survival rate of 80%. Of the patients with OA, 62 required ventilation in the preoperative period with 24 having primary repair and 91 having staged repair of the oesophagus. Nine patients subsequently died of severe congenital heart disease. The overall survival rate in the OA group was 92.2%. Of the patients with GS, 66 required ventilation in preoperative period with 118 having primary closure of abdominal wall defect whereas 94 had staged closure. Nine patients subsequently died of respiratory failure and septicaemia. The overall survival rate was 95.7%.

More than one fourth of the neonates with congenital surgical anomalies required immediate surgical management. Related congenital anomalies influence successful treatment and outcomes of these conditions. The excellent outcomes of this study are comparable with those of international tertiary centres in the developed countries.

Speaker: Achariya Tongsin graduated from the Faculty of Medicine of Srinakharinwirot University, Thailand and did her Residency Training in General Surgery at the Rajavithi Hospital, and then later her Residency Training in Paediatric Surgery at the Queen Sirikit National Institute of Child Health, Thailand. She spent a year (2009-2010) of training in neonatal surgery at Princess Margaret Hospital for Children, Perth, Australia. She currently works as a paediatric surgeon at the Department of Surgery Queen Sirikit National Institute of Child Health, Bangkok Thailand.

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Crohn's disease in Tanzania – Why is it so rare?

Prof David DRAKE
Great Ormond Street Children's Hospital Trust & Institute of Child Health, London, United Kingdom & Kilimanjaro Christian Medical Centre, Moshi, Tanzania

Dr Crohn described regional ileitis in a teen-aged girl in New York 80 years ago and the disease has increased in prevalence in children and adults living in Europe and North America. However, only recently in Tanzania have a small number of patients been diagnosed with Crohn's disease and they are adults living in urban areas. Why is the prevalence of this disease so varied around the world? Is there an inverse link with the prevalence of intestinal helminths?

Hookworm (ancylostomiasis), roundworm (ascaris lumbricoides) and schistosomiasis are all common in East Africa. Hookworm is still found occasionally in North America but there was a major public health initiative in the US in the 1930s to treat and eradicate this infestation amongst rural children. Could the absence of hookworm influence the prevalence of Crohn's disease?

The cellular events in the pathogenesis of Crohn's disease involve activation of macrophages, lymphocytes and polymorphonuclear cells by antigens sampled from the intestinal lumen. Antigen-presenting cells relay the antigens to CD4+ T cells, which in turn activate T cells with the release of inflammatory cytokines leading to tissue damage and ulceration. This cascade occurs in genetically susceptible individuals.

To remain healthy, individuals living in environments with intestinal helminths need to be genetically programmed to limit the numbers of worms living in their intestines by mounting an inflammatory reaction. Similarly, successful worms will act to modulate the hosts' immune response so as to maintain a stable environment in the intestinal mucosa. If these genetically programmed healthy individuals are deprived of intestinal worms, their immune mechanisms may become overactive and mount a brisk inflammatory response to non-harmful antigens, as they now lack the modulating influence of the helminthes.

Can helminths be used as therapeutic agents in patients with Crohn's disease? A small pilot study has been reported using the ova of a pig threadworm in 29 patients. After 24 weeks, 72% of the patients were in

remission. This has limited therapeutic potential as it is difficult to prepare the worm ova and the patients need to drink repeated doses to maintain the benefit. Immune modulating medications such as steroids and infliximab are easier to prescribe in accurate dosages.

It is intriguing to speculate that public health measures to reduce the prevalence of intestinal helminths may leave some individuals more at risk of developing Crohn's disease. It is known that the prevalence of inflammatory bowel disease increases amongst Africans who live in North America, so environmental factors are as important as the genetic susceptibility.

How frequent do paediatricians and paediatric surgeons see and treat patients with Crohn's disease in South East Asia? In the United Kingdom, Crohn's disease is much more common than ulcerative colitis in children.

Speaker: Prof Drake is Honorary Consultant Paediatric Surgeon, Great Ormond Street Children's Hospital Trust, Honorary Senior Lecturer Institute of Child Health, London and a Visiting Paediatric Surgeon, Kilimanjaro Christian Medical Centre Tanzania. He graduated from the Middlesex Hospital Medical School, London in 1969. He was the Medical Director of Great Ormond Street Hospital for Children NHS Trust between 2002 and 2005, President of the British Association of Paediatric Surgeons (BAPS) from 2008 to 2010 and active member of the British Medical Association and the British Association of Paediatric Endoscopic Surgeons (BAPES). Prof Drake has also been an active member of the ASEAN Society of Paediatric Surgery (ASPS) and has been involved in the last few ASPS annual meeting.