

Culture & ABST results obtained during the 6 months from November 2015 to April 2016 from patients with suspected biliary sepsis, were prospectively analyzed using the database at the microbiology Laboratory of the NHSL, Colombo.

Results

The total number of patients was 88. Mean age = 57 (range 15-82) and male: female = 1:1.1. Positive cultures were obtained in 32% (n=28) of which 67.8% were gram-negatives. Of the 28 positive cultures, the commonest organisms isolated were coliforms (n=10) followed by *Pseudomonas* (n=4) and *Staphylococcus aureus* (n=2). Coliforms were most sensitive to amikacin (100%), ciprofloxacin (77.8%), imipenem (66.6%) and cefepime (66.6%). Sensitivity to 2nd and 3rd generation cephalosporins was 50%. All staphylococcus isolates were methicillin sensitive while 1 of 4 *Enterococci* isolates showed resistance to vancomycin (VRE).

Conclusion

The exceptional susceptibility to aminoglycosides shown by most causative organisms (i.e. gram-negatives) of biliary sepsis makes them an effective and most first-line option in therapy. Carbapenems are a good, albeit expensive alternative in patients with compromised renal function. Of concern, is the increased resistance to cephalosporins. These results add anecdotal evidence showing increasing incidence of ESBL coliforms with similar sensitivity patterns.

OP 35

FACTORS ASSOCIATED WITH NEED FOR REVISION RECONSTRUCTION OF HEPATICOJEJUNOSTOMY AFTER IATROGENIC BILIARY INJURIES

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Introduction

Anastomotic stricture(AS) is the most frequent long-term complication of hepaticojejunostomy(HJ), the reconstructive procedure for iatrogenic biliary injuries(ABI). We analyzed the factors associated with AS leading to revision-HJ(RHJ) in all HJs performed for ABI in our unit.

Methods

Association between the mode and Bismuth grade of initial injury, time and place of primary reconstruction and presence of vascular injury or bile leak were compared between two groups, RHJs and successful primary Hjs (SPHJs).

Results

Out of 35 biliary reconstructions for IBI (30 females; Mean age-39 years), 23 had SPHJ and 12 needed RHJs (two re-revisions). Laparoscopic approach was the mode of injury in 8/12 RHJs and 14/23 SPHJs (P=0.626). All twelve in RHJ group and 10/23 in SPHJ group had hilarinjuries (\geq Bismuth III) (P= 0.033). Median time for primary reconstruction was three weeks in RHJs and 17 in SPHJs(p <0.001). Nine cases in RHJ group had initial reconstruction peri-operatively or within eight weeks of injury. All reconstructions were completed after eight weeks among SPHJs (P <0.001). Primary reconstruction was performed in a specialized hepatobiliary unit (SHBU) in 5/12 RHJs and 23/23 SPHJs (p<0.001). Four out of five cases with vascular injuries needed RHJ (P=0.047). Presence of bile leak lead to significantly earlier reconstruction (p <0.001), but was not associated with need for RHJ (p>0.05). Average time for a revision was 42(Range 8-120) months after primary HJ.

Conclusion

Hilar injuries, early reconstructions, reconstructions at non-SHBUs and presence of vascular injury had significant association for AS leading to RHJ. Revision reconstruction was independent of initial cause of injury or presence of a bile leak. HJ stricture may happen even after ten years.

OP 36

KI-67 INDEX AND AXILLARY LYMPH NODE METASTATIC STATUS OF BREAST CANCERS IN SRI LANKA

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Introduction

The Ki-67 is a nuclear protein seen in proliferating cells and this is a prognostic factor in breast carcinoma. We focused the correlation between Ki-67 index and axillary lymph node metastasis in carcinoma of breast.

Methods

This retrospective study conducted at NHSL in 2015 with permission. Out of 198 patient's records we analysed only 79 records which were possess