

Abstracts of the 2024 Medical Association of Nigerians across Great Britain (MANSAG) Annual Educational Symposium on 11th May 2024

Held at Delta Hotels by Marriott Nottingham Belfry, UK.

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OP01

A scoping review of the management of prostate cancer in Africa

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Department of Urology, Surgery Interest Group of Africa – Link

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Abstract

Prostate cancer is one of the most frequently diagnosed cancers in men and a major cause of cancer-related deaths in men, globally. The management of prostate cancer in Africa is unique; most patients present with advanced disease as result of a largely under-developed healthcare delivery. However, due to the underdeveloped healthcare system in Africa, there are unique limitations to delivering these treatments. Thus, the need for this scoping review on the management of prostate cancer in Africa. Aim: To give an account of the pattern of presentation, histological types, investigative and treatment modalities of prostate cancer in Africa. A literature search through PubMed, Google Scholar, and African Journal Online on the management of prostate cancer in Africa was conducted. Results are then reported according to the Preferred Reporting Items for Systematic Review and Meta-analyses extension for Scoping Review. Forty-three articles fully satisfied the inclusion criteria and were used for this review.

The commonest presentation of prostate cancer was lower urinary tract symptoms, followed by bone pain and urinary retention in that order. Adenocarcinoma was the commonest histological type for 98.5% of the study. A total 23.3% of patients had hormonal treatment which was the commonest treatment option. Chemotherapy and open radical prostatectomy were used in 17.7 and 12.9% cases respectively. The use of robot-assisted radical prostatectomy was not an option of care noted in the review. The findings of this study highlight the need for integration of modern investigative modalities and treatment options for prostate cancer in Africa.

Keywords: prostate cancer; cancer death; men; adenocarcinoma; Africa

OP02

Evaluation of increased posterior tibial slope as a risk factor for anterior cruciate ligament injury

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Abstract

Individuals who sustain anterior cruciate ligament (ACL) injury have an increased risk of developing early onset post traumatic osteoarthritis of the knee despite treatment received [1]. An increase in the posterior tibial slope is postulated to increase the risk of ACL rupture [2]. Measurement of the posterior tibial slope in individuals would serve as a means of screening and identifying those at increased risk of developing ACL injuries to take measures towards prevention. The aim was to measure and compare the mean value of the posterior tibial slope in adult patients with or without ACL injury.

This was a hospital-based case-control study comprising 80 patients divided into two matched groups. Posterior tibial slope was measured on the plain lateral radiograph of the knee using the proximal tibial anatomic axis measurement protocol in all participants. Independent sample *t*-test was used to compare the means of the measured posterior tibial slope between cases and controls. The difference in the measured mean posterior tibial slope between the ACL injured group and the non-ACL injured group was found to be statistically significant with those in the ACL injured group having higher mean values ($12.71 \pm 1.2^\circ$ vs $10.25 \pm 1.1^\circ$) with a *P* value of < 0.001 . Individuals with ACL injury have a significantly greater posterior tibial slope than those without ACL injury when measured on the lateral plain radiograph of the knee using the proximal tibial anatomic axis measurement protocol.

Keywords: anterior cruciate ligament injury; posterior tibial slope; knee osteoarthritis

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OP03

Primary extranodal lymphoma: a report of six cases in a private cancer centre in Nigeria

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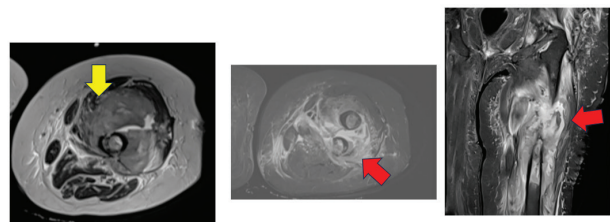
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Abstract

Primary extra-nodal lymphoma (PENL) refers to lymphomas which present with disease in any organ or tissue other than lymph nodes or spleen. Symptoms at initial presentation are mainly from extra nodal involvement and after routine staging procedures, the extra nodal involvement remains the clinically dominant site of disease with little or no nodal disease [1, 2]. About 25–40% of lymphomas arise at extra nodal sites and with clinical presentation similar to solid tumors [3, 4] creating ambiguity in diagnosis and delays in treatment especially in resource poor settings.

We report six cases of PENL seen at a private cancer centre in Lagos, Nigeria between 2021 and 2022. The age range was 32–95 years with five females and one male. Two patients were HIV positive. Five patients had initial symptoms of vague abdominal pain with one patient investigated multiple times for peptic ulcer disease. One patient presented with pathological fracture of left femur. Another patient had previously been diagnosed



95 year old female who presented with a left femur fracture following minor trauma. Large intermediate signal mass invading the muscles of the proximal thigh (yellow arrow) and abnormal marrow infiltration and a pathological fracture of the proximal femoral metaphysis (red arrow)

with an inoperable cholangiocarcinoma. All patients had non-Hodgkin's lymphoma, DLBCL being most common (83.37%). Four patients started chemotherapy. All treated patients showed good outcomes with complete or good partial response highlighting the importance of accurate diagnosis.

Initial histological diagnosis in most of the cases did not suggest lymphoma until immunohistochemistry (IHC) results were received. Cancer care in Nigeria is fraught with difficulties obtaining accurate diagnosis due in part to the limited availability of IHC and molecular testing facilities required to characterize the malignant cells leading to delays in treatment and poorer prognosis [6–8].

Keywords: *lymphoma; nodal disease; cancer treatment; healthcare in Nigeria*

OP04

Understanding epilepsy: residents' knowledge, experience and attitudes towards epilepsy and its first aid measures in Lagos, Nigeria

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Abstract

Epilepsy presents a longstanding global challenge, particularly in developing countries like Nigeria, where significant treatment gaps persist [1, 2], despite the increasing prevalence of the disease [3]. Community support plays a vital role in managing People Living with Epilepsy (PLWE), provided community members have a good knowledge of epilepsy [4]. This study evaluated residents' knowledge of epilepsy, its first aid measures, and their attitudes toward PLWE in Surulere LGA, Lagos State, Nigeria.

The study was conducted between April and December 2023 and employed an analytical cross-sectional design in Surulere LGA, Lagos State. The sampling methodology utilised a multistage sampling technique, with 291 respondents surveyed using an interviewer-administered semi-structured questionnaire. Data analysis was performed using IBM SPSS version 26.0, with univariate and bivariate analyses conducted.

All 291 questionnaires were completed, revealing a mean respondent age of 32.3 ± 11.8 years, predominantly spanning 26–45 years (45.4%). Overall, respondents demonstrated good knowledge of epilepsy (51.2%), with over half recognising it as a neurological disease and 56% acknowledging its non-contagious nature. Notably, 82.1% perceived epilepsy as treatable, however, with about half endorsing spiritual or traditional methods. Factors such as prior seizure witness, personal connection to PLWE, and religious affiliation significantly influenced epilepsy knowledge and attitudes.

While residents exhibited a commendable understanding of epilepsy, misconceptions and negative attitudes toward PLWE persist. Efforts should prioritise targeted educational campaigns addressing specific myths and misconceptions, and innovative delivery methods of educational materials should be explored.

Keywords: *epilepsy; first aid measures; Lagos; Nigeria*

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OP05

Cauda equina syndrome in the emergency department: a 2-year retrospective review

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Abstract

Cauda equina syndrome is a rare but life-changing clinical condition in which pressure is exerted on the group of nerve roots known collectively as cauda equina.

It was first described in 1934. It has an incidence ranging from 2.7 to 4.0 per 100,000.

It is more common in women with a mean age of 42 years.

It can lead to loss of control of pelvic organs and legs, with a risk of permanent loss of sensory and motor control in the area supplied by the cauda equina.

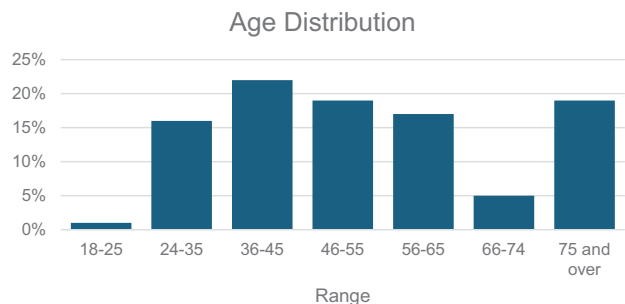


Fig. 1. Age distribution.

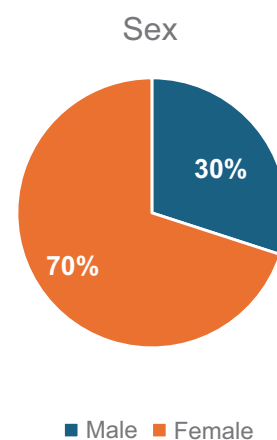


Fig. 2. Gender distribution.

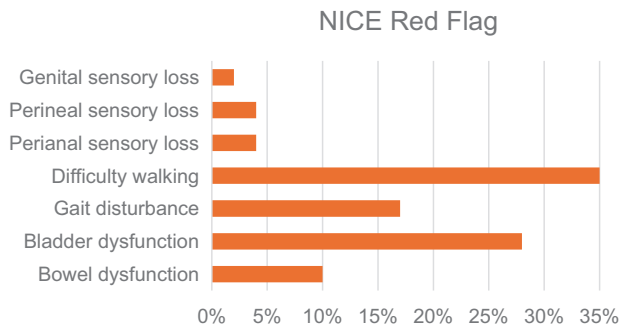


Fig. 3. National Institute for Health and Care Excellence (NICE) red flags.

Patient admitted, discharged or transferred?

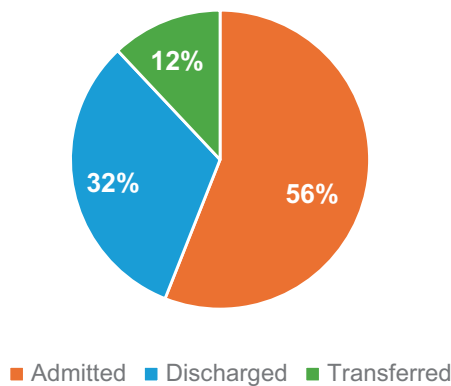


Fig. 4. Disposition.

The setting for the study was the emergency department in a Large Urban Teaching Hospital. A Retrospective Chart Review over 2 years from January 2022 to December 2023 was conducted. Adult patients aged 18 years and over presenting with suspected cauda equina syndrome (CES) were included. We found a CES prevalence of 0.07% of all ED attendances or 74 per 100,000. There was a female preponderance of 70% versus 30% male. A total of 74% of cases were aged between 24 and 65 years at one peak, and a spike after the age of 75 years. Most cases (92%) were managed conservatively. A total of 100 patients (68%) were admitted or transferred, while 32% were discharged. A total of 140 patients (95%) met the National Institute for Health and Care Excellence (NICE) red flag symptoms.

In conclusion, CES is rare (<0.5% of ED presentations). There was an age peak between 25 and 65 years, with a spike after the age of 75 years. It has a large female preponderance in keeping with the observation from other studies. Ninety five per cent of cases in our cohort met the NICE red flag criteria. Most cases were managed locally and conservatively.

Keywords: *cauda equine; emergency; retrospective study; red flags; NICE*

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OP06

Recognising the social causes of student under-performance in medical education: a scoping review

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Abstract

The social aspects of underperformance in medical education can be perceived as an uncomfortable topic in some contexts. Vaughn's [1] evergreen description of underperformance: the state where a student's academic performance is significantly below that which is expected of them – because of a 'specific affective, cognitive, structural, or interpersonal difficulty' was used in this study. With up to 15% of medical students experiencing significant difficulties during medical training [2], the session mandate is to explore social causes of underperformance towards best practice approaches for student's support, discomfort notwithstanding.

A scoping review was conducted using the JBI framework [3] to explore social issues surrounding medical student underperformance. A PubMed search using 'medical underperformance' and 'remediation' was used as an expansive template to find papers that described key concepts. Forty-six papers were identified and in papers that the titles dealt with the topic, 20 full texts were reviewed. Framework analysis [4] was used to identify themes from key papers. A key social reason for medical students' underperformance was cultural clashes. An evidence-based process of management can be used to deduce root causes of underperformance and assist the affected student back on track with their self-regulated learning.

Aims

- Critically analyse the social difficulties faced by underperforming students.
- Practice the creation of evidence-based tailored remediation plans.

Engagement: I intend to use a case study and questions to engage attendees.

Keywords: *student; student underperformance; medical education; social factors affecting education*

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OP07

Demystifying the MRCP exams for IMGs: the impact of five Nigerian Specialist Registrars through a virtual medical academy

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Abstract

‘There is a loftier ambition than to stand tall in the world, it is to stoop down and raise mankind higher’ – Henry Van Dyke.

The MRCP PACES exam is the last hurdle to climb for internal medicine registrars before they become a prestigious Member of the Royal College of Physicians United Kingdom. However, most International Medical Graduates (IMGs) do shy away from the medical specialty because of the failure rate of these exams. According to the Paces Spring Performance Report 2023, the failure rate of IMG in Paces was alarming compared with British Medical Graduates; Around 60% of IMGs failed the exam-700 IMGs in comparison to approximately 30–200% UK graduates [1, 2]. These disparities invigorated five Nigerian IMG registrars to bridge this gap through a free weekly virtual PACES exam for the last 40 weeks. We also started monthly MRCP Courses and PACES-centred MRCP Masterclasses to support International Medical Graduates to ace their PACE exams. Furthermore, through the power of representation, we are inspiring and attracting IMG doctors to the physician specialty [3].

Five Nigerian IMG registrars – ST4 to ST5, trainees of HEE in Acute Medicine, Neurology, Cardiology, and Stroke Medicine across diverse regions in England facilitated weekly tutorials up to three times weekly since June 2023 through the Zoom Platform. The success of the free tutorials led to the development of the Virtual PACES and created a need to start a Virtual MRCP PACES Course. We have facilitated more than 10 PACES courses, 15 Paces Mocks, 4 Neurology Masterclasses, and 4 Communication Master Classes. To the best of our knowledge,

we are the first group to conduct a Successful Virtual PACES Mock exam. We have more than 500 International Medical Graduates on our social media platform who participate actively in all our educational courses. The majority of them live in the United Kingdom and completed their medical school in Asia, Africa, or Europe.

To rate the impacts of our weekly IMG Paces tutorials, we decided to conduct an anonymous online survey. More than 50 doctors responded. More than 96% of the respondents were IMGs. A third of the respondents were Internal Medicine Trainees (IMTs) in the UK. About a third were trainee registrars and a third were in a non-training role. A third of our respondents have attempted paces before. More than about half of the respondents had attended more than five weekly sessions.

When asked to ‘rate their strength in the paces content before attending Free PACES teaching’; more than half of respondents rated themselves as either poor or fair across all pace components, especially in Neurology, Communication, and Consultation [4].

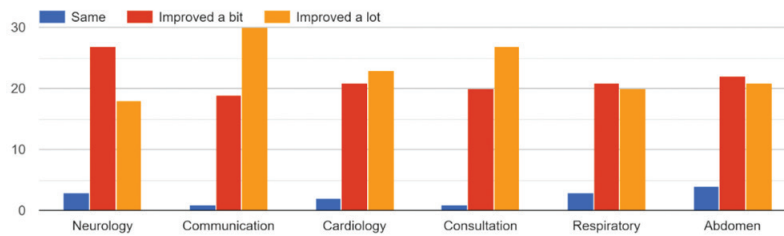
When asked to rate their improvement in the PACES content after attending our free PACES teaching. More than 90% rated improvement across all the paces and approximately 60% of respondents said they ‘improved a lot’ in Communication, Consultation, and Neurology.

When asked **‘how do you feel seeing fellow IMG Registrars taking you through the Sessions?’** More than 90% of respondents feel more confident, more supported, inspired, and more included to pass paces. Almost all respondents now have a more positive perception of IMG registrars following the tutorials [5].

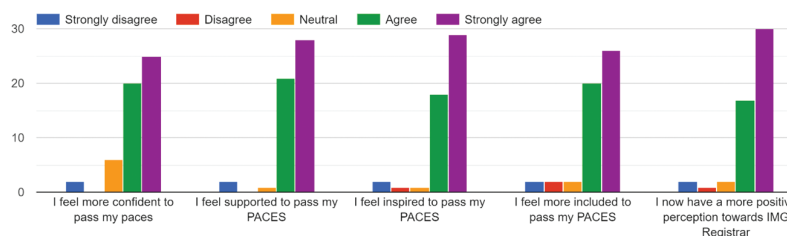
Finally, for people who attend our courses and mocks, we have a success rate of more than 50% in the MRCP exams which is higher than the national average for IMGs.

This bold and altruistic step taken by five Nigerian Specialist Registrars has bridged the gap to improve the success rates of IMGs in

Rate your improvement in the PACES Content after you started attending the ACE PACES WEEKLY TUTORIALS



How do you feel seeing fellow IMG Registrars taking you through the Sessions?



completing the MRCP PACES exam. We hope to extend this innovative platform to other specialties who are willing to collaborate with us in our quest to empower IMGs. Beyond that, we believe we are changing narratives and shaping the perception of Nigerian doctors, Nigeria, and Africa as a whole. That to us, becomes an 'icing on the cake'.

Keywords: *MRCP; MRCPUK; MRCP PACES; Royal college of Physicians; virtual academy; international medical graduates; medical registrars; Nigerian doctors; internal medicine; tutoring; postgraduate exam*

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OP08

The impact of the bottleneck to entry into ophthalmology specialty training

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Abstract

Seventy-nine per cent of those living with visual impairment are over 60 and increased longevity will increase the prevalence of eye diseases by more than 50%. To meet the escalating demand for eye care, more ophthalmologists must be trained. Changes to the application in 2024 have been aimed at facilitating this.

Aim: To evaluate the opinions of aspiring and current ophthalmology trainees regarding the recent changes. A survey-based questionnaire of 11 questions was developed and distributed amongst medical students and junior doctors. We received responses from 17 medical students (17.6%), foundation doctors (5.9%), junior doctors out of training (17.6%), and ophthalmology trainees (58.9%), with 76.5% trained in the UK. Demographically, 41.2% were Black, 11.8% White, 29.4% Asian, and 5.9% Arab. Among current trainees, 60% had been unsuccessful in their first application, and an additional 10% on their second attempt. Despite 88.2% being aware of the competition, all found securing a training post challenging. Over half disagreed with the sufficiency of ST1 positions, and none supported the elimination of the ST3 application route.

Applicants are applying multiple times, each with progressively more competitive portfolios and higher entry exam scores. For this reason, the recruitment process may be missing out on good ophthalmologists who did not have the necessary privileges to excel relatively early on in their professional careers. Such candidates may have fared better as ST3 candidates. To service the widening and complex demographic of

patients, changes may need to be made to meet the demand with a diverse workforce.

Keywords: *ophthalmology; specialty training; UK residency; bottleneck in residency; Royal College of Ophthalmologists*

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OP09

Trends in research grant applications and outcomes among students in the United Kingdom: a national self-reported cross-sectional study

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Abstract

Research funding disparities contribute to clinical-academic workforce inequalities [1–3]. Hence, our study explores the association between student demographics and research grant application rates and outcomes among UK medical students. This is a national multicentre cross-sectional survey of UK medical students in the 2020–21 academic year. Multiple zero-inflated negative binomial regression and generalized linear model (binomial distribution; logit link) were utilized to investigate the association between student demographics, number of grant applications submitted, and successful grant applications (yes or no). *P*-values less than a Bonferroni-corrected significance level of 0.05/36 = 0.0014 were statistically significant.

A total of 1,528 students participated from 36 medical schools. A total of 151 respondents (9.9%) had applied for research grants. Black students submitted applications 2.90 times more often than white students [Incident rate ratio (IRR): 2.90, 95% confidence interval (CI): 1.37–6.16], with no ethnic disparity in the odds of successful applications. Gender did not influence application rates significantly (*P* = 0.248), but women were 4.61 times more likely to secure a grant than men [odds ratio: 4.61, 95% CI: 2.04–10.4]. Being a PubMed-indexed author was associated with increased grant application submission rates [IRR: 3.61, 95% CI: 2.20–5.92] while conducting more research was associated with greater odds of securing a grant [odds ratio: 1.42, 95% CI: 1.17–1.73].

Although black students submitted more applications, ethnicity did not influence success rates. Gender did not influence application rates, but women were more successful. These findings underscore the need for strategies supporting women and underrepresented students for continued academic achievement after graduation.

Keywords: *research; research grants; students; United Kingdom; medical schools; ethnic disparity; academic inequality*

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OP10

MyCare journal

Fatima Nadeem

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Cite: Journal of Global Medicine 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.155>

Presenter: Fatima Nadeem (Fatima.nadeem2@nhs.net)

Abstract

Apple ward in Hinchingbrooke Hospital consists of both medical and stroke patients. Many patients on the unit have had ailments which affect their communication, which ranges from dementia to dysarthria following strokes. The aim of this project was to provide a tool that would help staff be more familiar with patients who may struggle to communicate and provide more comfort in their care, for example by playing TV shows they enjoy, or providing food and beverages they enjoy, which would make their stay in hospital more pleasant. To develop a communication tool which would enable the staff on stroke/geriatrics ward at Hinchingbrooke hospital to provide personalised care for patients who may struggle to communicate. The leaflet was based off 'Patient Passports' which were used in the critical care unit in Salford Royal hospital. The MyCare journals are to be filled by family/friends and left at the bedside for staff to access when needed.

I developed the MyCare journal on Canva and I used bright colours to draw attention from the audience. I took inspiration from the

questions on the original Patient Passport but tailored them to make them more suitable for the geriatrics/stroke ward. I used semi-structured interviews to assess feedback from relatives and staff and provided them with copies to keep and use. The questions included their view on the design, prompts, and whether they would change anything with the MyCare journal. Overall, I interviewed three patient families, two doctors on the medical team, and one stroke occupational therapist.

This is an ongoing pilot project, so I am continuing to gain feedback. So far, there has been overwhelming positive feedback from families, they have liked the purpose of the leaflet and the design. They also found the section on mobility aids and glasses extremely useful. The feedback from the medical and therapy team has also been very positive, they felt that it would help to personalise patient care and make the patients more comfortable during their stay. Overall, families have given positive feedback on the MyCare journal. One challenge I have faced is how to encourage use of the passport on the ward as this would require ongoing prompts to ensure it is given to patients with communication difficulties. There was quite a limited sample size, partially due to time constraints and partially due to the fact that not all families were available. There is also difficulty in implementing and keeping the project going. I discussed this with the occupational therapy team; they previously had a similar project ongoing, and they were keen to use this one with patients.

Keywords: *patient journal; patient journey; patient passport; communication tool*



OPI1

Audit of VTE prophylaxis risk assessment and prescribing for general medical inpatients

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Cite: Journal of Global Medicine 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.219>

Presenter: Lalesia Ngoke (lalesiangoke@hotmail.com)

Abstract

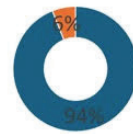
Venous thromboembolism is a significant cause of morbidity and mortality amongst hospitalised patients. The aim was to review the current level of completeness of venous thromboembolism (VTE) prophylaxis risk assessment documentation at Surrey and Sussex Healthcare NHS Trust. The VTE prophylaxis risk assessment form is provided on Cerner and all doctors are prompted to complete this when opening a patient record. The risk assessment proforma ensures that all patients who are assessed as either at moderate or high risk of VTE during their admission receive pharmacological VTE prophylaxis or if contraindicated mechanical prophylaxis. Using the Trusts thromboprophylaxis guideline, six standards were defined. The target for each standard is set at 100% and complies with national audit standards for preventing hospital acquired VTE and PE.

Results are shown further in the text:

Ninety three per cent of admissions had documented assessments on admission to hospital. 0.03% had VTE risk reassessed within 24 h- and some of these patients would have gone to other wards first, 12.5% had 24 h reassessment documented which did not meet national targets. Limitations faced included: limited timeframe of data collection, small sample size and prophylaxis could have been prescribed, but the clinician had not recorded the assessment on the electronic record (Cerner). These findings have been presented to our local general internal medicine department. We plan to reaudit VTE compliance on another GIM ward. We expect findings to be similar; therefore we plan to implement a change to improve compliance rates to the national standard. We will then reaudit within 6 months to see if we have improved. I'm looking forward to the results!

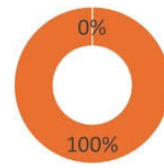
Keywords: *venous thromboembolism; thromboprophylaxis; anticoagulation; VTE; hospital acquired; PE; DVT*

VTE risk assessed on admission



■ Yes ■ No

VTE risk assessed at 24hrs



■ Yes ■ No

Standard	Exclusions	Target	Findings
All patients should have a completed VTE risk assessment on admission to hospital including their bleeding risk. (n= 33)	None	100%	Yes – 31 (93.9%) No – 2 (6.06%)
All medical patients should have their risk for VTE re-assessed within 24 hours. (n= 33)	None	100%	Yes – 1 (0.03%) No – 32 (96.9%)
All patients should be prescribed medical prophylaxis according to their identified risk. (n= 29)	Low risk (n=0) Contra-indications (n=4)	100%	Yes – 28 (96.6%) No – 1 (0.03%)
All patients should be prescribed anti-embolic stockings or intermittent compression device unless contra-indicated. (n= 32)	Contra-indications (n=1)	100%	Yes – 12 (37.5%) No – 20 (62.5%)
Outstanding admission VTE risk assessment completed on Kingsfold ward. (n=2)	None	100%	Yes – 2 (100%)
Outstanding 24hr VTE risk assessment completed on Kingsfold ward. (n=32)	None	100%	Yes – 4 (12.5%) No – 28 (87.5%)

OPI2

The prognostic utility of temporalis thickness measured on MRI scans in patients with intra-axial malignant brain tumours: a systematic review and meta-analysis

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Cite: Journal of Global Medicine 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.179>

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Abstract

Sarcopenia is associated with worsened outcomes in solid cancers [1]. Temporalis muscle thickness (TMT) has emerged as a measure of sarcopenia [2]. Hence, this study aims to evaluate the relationship between TMT and outcome measures in patients with malignant intra-axial neoplasms. We searched Medline, Embase, Scopus, and Cochrane databases for relevant studies. Event ratios with 95% confidence intervals (CI) were analysed using the RevMan 5.4 software. Where meta-analysis was impossible, vote

counting was used to determine the effect of TMT on outcomes. The GRADE framework was used to determine the certainty of the evidence.

Four outcomes were reported for three conditions across 17 studies involving 4430 patients. Glioblastoma: thicker TMT was protective for overall survival (OS) (HR 0.59; 95% CI 0.46–0.76) (GRADE low), progression free survival (PFS) (HR 0.40; 95% CI 0.26–0.62) (GRADE high), and early discontinuation of treatment (OR 0.408; 95% CI 0.168–0.989) (GRADE high); there was no association with complications (HR 0.82; 95% CI 0.60–1.10) (GRADE low). Brain Metastases: thicker TMT was protective for OS (HR 0.73; 95% CI 0.67–0.78) (GRADE moderate); there was no association with PFS (GRADE low). Primary CNS lymphoma: TMT was protective for overall survival (HR 0.34; 95% CI 0.19–0.60) (GRADE moderate) and progression free survival (HR 0.23; 95% CI 0.09–0.56) (GRADE high).

Across various intracranial intra-axial malignancies, patients with thicker TMT have better survival outcomes and are less prone to discontinuing treatment secondary to drug toxicity. TMT has the potential to be a valuable prognostic tool for risk-benefit considerations in the management of these patients.

Keywords: *temporalis thickness; MRI scan; brain tumours; systematic review; malignant; neurosurgery*

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OPI3

Improving antibiotic stewardship in an acute medical unit

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Cite: *Journal of Global Medicine* 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.217>

Presenter: Favour Balogun (Favour.balogun@nnuh.nhs.uk)

Abstract

Antibiotic resistance is related to the incorrect/inappropriate use of antibiotics. In 2019, there were nearly 5 million deaths associated with bacterial antimicrobial resistance across 204 countries. There has been an increase in antibiotic prescription within secondary care by about 4.8% since the COVID-19 pandemic. Appropriate use of antibiotics reduces the risk of antibiotic resistance and attendant morbidity and mortality. The aim was to improve compliance with trust guidelines when prescribing antibiotics as well as documentation of antibiotic indication and review date.

A retrospective study was conducted for patients admitted to AMU in October '22 who had been prescribed antibiotics as part of their management. Clinical information regarding the appropriateness of the antibiotic and documentation of the indication and review by date was obtained. Interventions used were one-on-one teaching, group teaching, as well as posters put up throughout the department. We worked with trust pharmacy and QI department and then completed the Plan-Do-Study-Act cycle.

Post intervention, 12% of the patients admitted had received antibiotics for non-infectious illness compared with 26% in the 1st cycle, 48% had antibiotics prescribed according to micro-guide, compared with 41.6% pre-intervention, and 5% had indications documented on EPMA, compared with none previously. These were published at the trust Shared Learning Bulletin. Overall, there has been a positive change in attitude towards the prescription of antibiotics, with more attention paid to indication and review-by date.

Keywords: *antibiotics; acute medicine; antibiotics stewardship; antimicrobial resistance*

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OPI4

Whole eye transplantation: are we on the cusp of an inflection point?

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Abstract

Traumatic facial injury and resultant eye enucleation remains a devastating life-changing event for many. With advancements in surgical techniques and immunosuppressive therapies, facial transplantation has been made viable. However, whole-eye transplantation (WET) has remained a distant goal until recently. Our aim was to review the existing literature on WET and assess current hurdles for its success. We identified pertinent keywords by conducting an initial literature exploration which was subsequently used to search scientific databases, including PubMed, Medline, and Embase. In line with the narrative methodology employed in this article, specific inclusion and exclusion criteria were not explicitly defined. The review focused exclusively on articles relating to ocular restoration and reconstructive surgery.

Though vision restoration remains elusive, burgeoning surgical techniques such as vascularised composite allotransplantation have opened the scope for surgeons to consider WET when planning facial transplants. Dr. Rodriguez and the NYU Langone team's transplantation has remained viable at 10 months. Though it has not facilitated visual restoration, it supports the potential of CD34-positive stem cells as neuroprotective agents when injected at the optic nerve connection of the recipient. Nevertheless, it is also crucial to deliberate on ethical considerations such as the lifelong implications associated with immunosuppression and, challenges related to the equitable division of ocular tissue for WET versus keratoplasty. WET amid significant facial trauma has great potential to restore the quality of life in patients through improved cosmesis. Further research is required to demonstrate its long-term viability and potential for vision-restoration in humans.

Keywords: *eye transplantation; traumatic facial injury; surgical advancement; cosmetic surgery*

OPI5

Quality improvement project on trainee induction in urology

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Cite: *Journal of Global Medicine* 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.185>

Presenter: Moses Abu (abumoses3@gmail.com)

Abstract

An induction is the first and most important introduction to a department [1]. We outline the changes that led to a significant improvement and triggered positive change in the induction process.

Aim: To improve the trainees induction.

The Plan Do Study Act methodology was used. We designed a questionnaire for trainees in Urology; improvements were made based on the feedback and a second cycle was undertaken. Change was measured statistically. We authored a Urology learning resource for the trainees. We structured the induction and made it more relatable to the trainees.

Evidently, the induction was far from effective with less than 25% of the doctors feeling confident going into the rotation even after the induction, this markedly improved to about 70% after the improvements. Also, from the first cycle, half of the doctors did not find the induction relevant to their rotation, this improved to about 70% after the improvements. Similar data like this highlighted the profound effectiveness of this change. Inductions happen in every hospital but are often not audited to see if they are still relevant to the inductees. This project was very informative on the induction process in the department and the changes that should have been made a long time ago. From the result of this project, other departments now see the need to also improve their induction. Anyone can make a change beyond just having an induction; the induction must be satisfactorily done to meet the needs of the inductees.

Keywords: quality improvement project; urology; trainee induction; surgical training; specialty training; residency

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Poster presentations

PP01

QIP on VTE prevention in stroke patients within 24 hours

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Cite: *Journal of Global Medicine* 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.157>

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Abstract

This abstract focuses on the initial problem of suboptimal venous thromboembolism (VTE) prevention among stroke patients in our hospital's stroke unit. The relevance to acute medicine and the subsequent analysis, intervention, and results are discussed. Lessons learned, additional changes, and the authors' plans for sustainable practice change are also addressed.

The QIP revealed inadequate adherence to VTE prevention guidelines in stroke patients, posing a significant risk. The relevance to acute medicine lies in the vulnerability of stroke patients to VTE due to immobility and altered coagulation profiles.

The analysis found that only 60% of eligible stroke patients received appropriate VTE prophylaxis, necessitating an intervention to improve adherence. A multidisciplinary team developed a protocol for risk assessment, pharmacological prevention, early mobilisation, and patient education.

The intervention significantly improved adherence to VTE prevention measures, with 85% of eligible stroke patients receiving appropriate

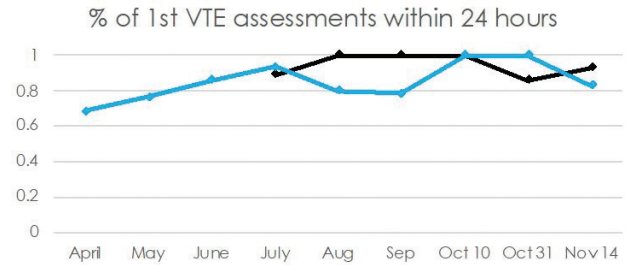


Fig. 1. The blue line represents patients in the stroke unit and black line represents patients in the hyperacute stroke unit. Variable 0–1 representing 0–100%.

prophylaxis. Lessons learned emphasised collaboration, standardised protocols, and ongoing education. Regular audits and feedback facilitated sustained improvements.

Further changes were made to enhance sustainability, including integrating the protocol into electronic medical records, educating new staff, and appointing a VTE prevention champion.

In conclusion, this study successfully implemented an intervention for VTE prevention in stroke patients, resulting in improved adherence to guidelines and reduced VTE events. The findings underscore the importance of proactive measures and interdisciplinary collaboration in acute medicine, ultimately enhancing patient outcomes and safety.

Keywords: stroke; audit; venous thromboembolism; outcomes

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PP02

Long-term safety and efficacy of Glycopyrronium tosylate in patients with primary axillary hyperhidrosis: a systematic review and meta-analysis

Eman A Nada¹, Abdallah A. Helal², Mallak E Kaddorah³, Mohamed M Hesn⁴, Suha Y Hasan⁵, Jeremiah O Daniel⁶ and Mohamed Abd-ElGawad²

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Cite: *Journal of Global Medicine* 2024, 4:S1 - <http://dx.doi.org/10.51496/jogm.v4.S1.177>

Presenter: Jeremiah Daniels (jerehahdanielmd@gmail.com)

Abstract

Background: Hyperhidrosis, a condition characterized by excessive sweating, affects ≈ 4.8% of the US population. (1) Glycopyrronium tosylate (GT) is a topical anticholinergic drug approved for primary axillary hyperhidrosis (PAH) treatment. (2) However, no meta-analysis exists on GT's long-term safety and efficacy.

Aim: To evaluate the long-term safety and efficacy of GT as a treatment for PAH.

Methods: We systematically searched PubMed, Scopus, and ClinicalTrials.gov. Study selection, quality assessment, and data extraction followed the eligibility criteria. The primary endpoints were changes in the Dermatology Life Quality Index (DLQI), Hyperhidrosis Disease Severity Scale (HDSS), and Axillary Sweating Daily Diary (ASDD) or Axillary Sweating Daily Diary – Change (ASDD-C). Safety endpoints included mydriasis, dry mouth, urinary hesitation, and treatment-emergent adverse events (TEAEs). Statistical analysis was conducted using RevMan 5.1.

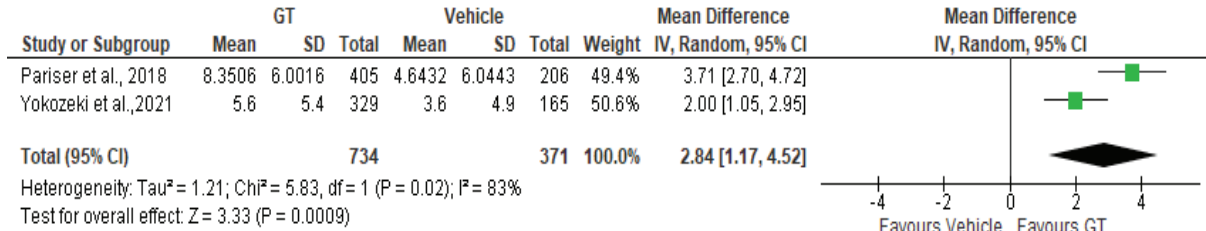
Results: Our meta-analysis demonstrated that topical GT is clinically effective in treating PAH. GT significantly improves the quality of

life of patients, as measured by the DLQI (MD = -2.81, 95% CI = [-4.04, -1.59], $P = 0.001$), HDSS (OR = 3.72, 95% CI = [2.92, 4.74], $P = 0.001$), and ASDD/ASDD-C (OR = 4.91, 95%CI = [3.75, 6.44], $P = 0.001$). Adverse effects such as mydriasis, dry mouth, and urinary hesitation were observed; however, no difference was found between GT and control groups in serious TEAEs, deaths, and severe TEAEs.

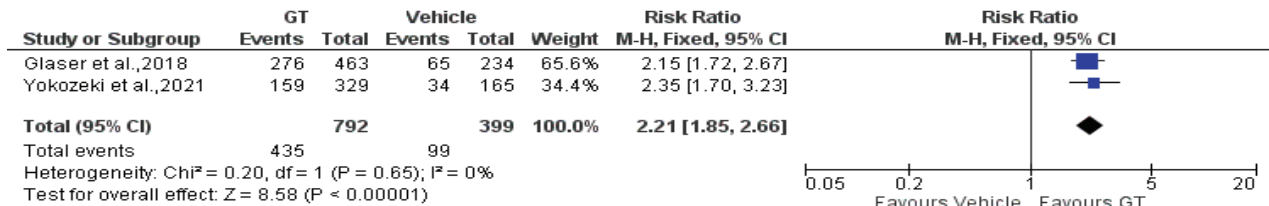
Conclusion: Topical GT is effective with minimal side effects, providing a valuable option for patients unresponsive to or experiencing significant side effects from other treatments.

Efficacy outcomes:

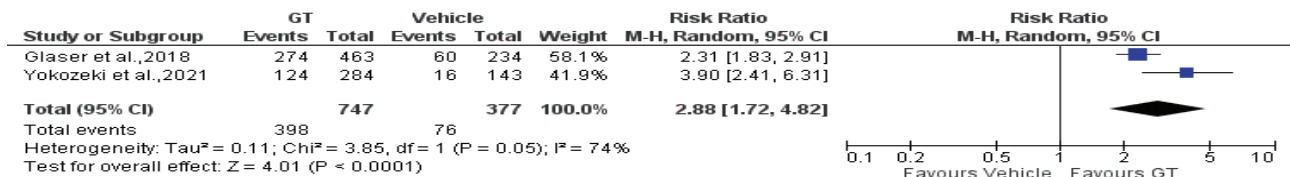
DLQI, change from BL to week 4.



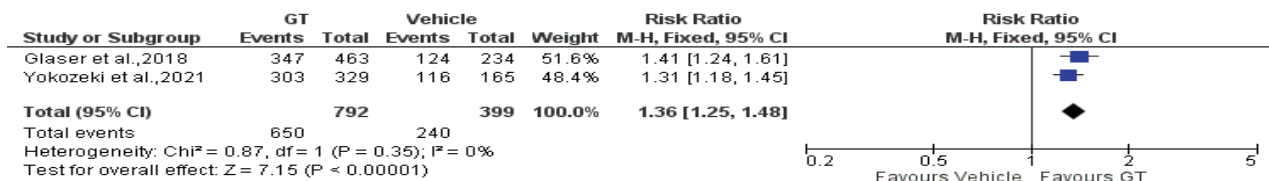
HDSS.



ASDD/ASDD-C.

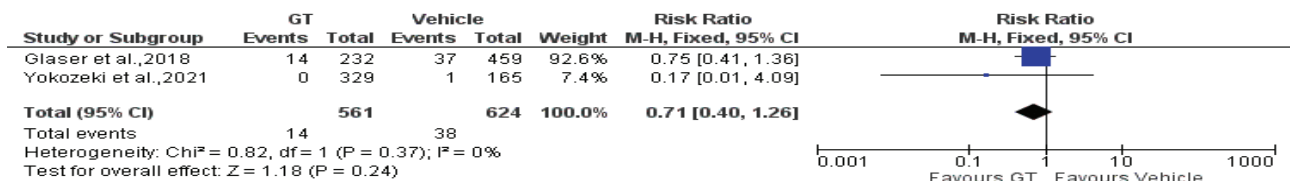


Sweat production response at week 4.

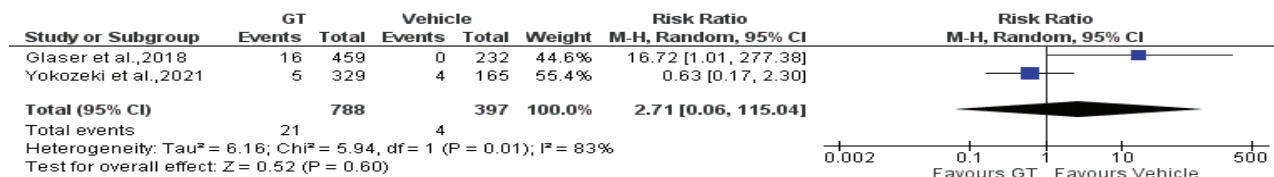


Safety outcomes:

Pruritus.



Blurring of vision.



Keywords: hyperhidrosis; axillary; efficacy; Glycopyrronium tosylate

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PP03

Myxoedema coma secondary to severe hypothyroidism

Funmilayo Okutubo

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Cite: *Journal of Global Medicine* 2024, 4:51 - <http://dx.doi.org/10.51496/jogm.v4.S1.161>

Presenter: Funmilayo Okutubo (olurer@yahoo.com)

Abstract

Introduction: Myxoedema is a medical emergency associated with a high mortality rate. It is a rare presentation of severe hypothyroidism and salient features usually seen include Decreased Mental Status, Hypothermia. Other features like Bradycardia, hypotension, hypoglycaemia, hypoventilation, signs of cognitive impairment like confusion, agitation, disorientation, and even psychotic features could be seen. Precipitants like alcohol, sedative drugs, MI, sepsis, exposure to cold may also result in severe hypothyroidism; hence effort should be made to reverse precipitating factors rapidly.

The incidence of Myxoedema Coma is very low in developed countries as there is improved diagnosis and treatment; early, aggressive treatment is necessary due to the high mortality rate (30–60%). Groups of patients at risk include elderly patients, those with a compromise cardiovascular system, reduced consciousness, sepsis etc. usually have a poorer outcome. Mainstay of treatment is thyroid hormone therapy, supportive-reversal of precipitating factors. Adrenal insufficiency should be excluded; glucocorticoids are given to the patient.

Case report-discussion & results: I present an 89-year-old woman who presented with Back Pain, Confusion following opioid medications prescribed by the GP. However on admission, there was hypothermia, hypotension with cold peripheries, pedal discolouration and ulceration, pitting oedema. The patient was initially managed for pneumonia, acute kidney injury secondary to poor intake. Patient was rehydrated and placed on antibiotics. ECG, Transthoracic Echocardiography, Chest X-Ray, Blood tests, Brain CT showed nil tumour or acute changes. CT TAP showed nil malignancy or bony changes.

Few days following admission to the ward, patient tested positive for COVID and was isolated. Following COVID Stepdown, the patient developed altered sensorium, hypotension, and seizures. Lactate was high, EEG showed nil evidence of encephalitis. A confusion screen which

included Thyroid Function Test (TFT) was requested. The lab called in a few hours later due to a very high level of TSH (63) and low T4 (5.1) and Levothyroxine was commenced. Referral was made to the endocrinologist. Gentle rewarming using blankets with the room heater at room temperature was done and the patient was also placed on antibiotics. Relatives were updated as events evolved, and diagnosis changed with time. Repeat TFT showed that the TSH level increased and there was clinical worsening of the patient's mental state. A diagnosis of Myxoedema coma was made.

Conclusion: A low threshold for requesting investigations like TFT, especially in at-risk patients and a high index of suspicion is required clinically. Could Covid have contributed to the precipitating factors? A referral was made to the Palliative Care Team. There was good multidisciplinary team input with relatives updated from time to time with mention of limited prognosis.

Keywords: myxoedema; hypothyroidism; Covid; clinical features

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PP04

Reverse mentoring – a useful tool for integrating into the system and making a change

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Cite: *Journal of Global Medicine* 2024, 4:51 - <http://dx.doi.org/10.51496/jogm.v4.S1.175>

Presenter: Dr Dyanne Imo-Ivoke (dyanneimoivoke@yahoo.com)

Abstract

Introduction: Reverse mentoring is useful for closing the generational gap, improving inclusion, and developing skills. Here, a junior team member mentors a senior team member. The scheme run by the Future Leaders Program is open to International Medical Graduates (IMGs) in Yorkshire and Humber. The aim is to close the differential attainment gap by encouraging Equality, Diversity, and Inclusion (EDI) conversations.

Method: Matching is done by MentorNet®. Mentor training consists of handbook, induction, and supervision meetings. We planned for three virtual meetings within 6 months.

- Session 1 – Aims and lived experience.
- Session 2 – What does it take to feel safe, valued, and accepted?
- Session 3: Setting up IMGs to succeed and the impact of the first placement on their careers.

Discussion: Reverse mentoring is beyond sharing bad experiences as it creates avenues for reflection and insights on how to better integrate into the system.

We do not need to have a bad experience before we advocate for EDI in our workplace. Sharing positive experiences is a powerful tool.

Pairing Nigerian Junior doctors in the UK with senior doctors in Nigeria would reduce the impact of 'brain drain' and be a positive tool for exchanging knowledge and skills with the Nigerian workforce.

Keywords: *reverse mentoring; equality; diversity; inclusion; IMGs*

PP05

Mhealth interventions to improve public knowledge of HPV-associated oral cancer in the UK

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Abstract

In the UK, the age-standardised incidence rates of cancers of the 'oropharynx' and 'lip and oral cavity' are '2.6%' and '4.9%' respectively. These indicate a significant oral cancer burden. These are attributable to numerous risk factors; the major risk factors include tobacco use, alcohol consumption, and exposure to oral HPV infection. Though, significant success in reducing the prevalence of most of the major risk factors has been recorded, exposure to HPV infection still remains a major driver of oral cancer prevalence in the UK. HPV-associated oropharyngeal cancer prevalence in men and women is 6.29 and 2.04%, respectively, while prevalence for HPV-associated oral cavity cancer in men and women is 11.7 and 6.95%, respectively; and it is projected to overtake cervical cancer by the year 2025. This is mainly due to exposure to oral HPV infection through oral sex practice as over 63% of UK young adults are found to have a history of oral sex practice. Only a minority of the UK population is aware of HPV-associated oral cancer which calls for more public health efforts to increase knowledge on the role of HPV in oral cancer. While the use of technology-based, clinic-based, and community-based interventions has been employed to improve public knowledge on the role of HPV in oral cancer development, technology-based interventions have not been adequately explored. Mhealth application-based interventions have been previously employed to improve knowledge and behavioural change in diverse chronic diseases. Hence, our recommendation on the adoption of Mhealth application-based intervention strategy in the education of the UK's population on HPV-associated oral cancer is highly desirable as it closely aligns with the country's National Health Service (NHS) commitment towards the digital transformation of the healthcare system.

Keywords: *human papillomavirus; HPV; oral cancer; Mhealth; education; UK*

PP06

An audit of ECG and blood test monitoring on new admissions to female adult psychiatry ward in a psychiatry hospital, North Yorkshire

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Abstract

Background: Numerous health reports have highlighted the poor physical health of individuals with mental health problems. To improve this situation, it is paramount that mental inpatients have their baseline ECG and blood tests done immediately, following admission to the psychiatric hospital, to inform their ongoing management.

Aims: This audit aimed to identify the percentage of newly admitted patients to Esk Ward (Adult psychiatry female ward) at Cross Lane Hospital, Scarborough with ECG and routine blood tests completed and the time frame within which the interventions were undertaken. It also sought to establish if the results of the interventions were documented in the patients' electronic care records and that any reasons for refusal were elicited.

Method: The clinical records of 20 consecutive patients admitted to the Unit between 08/07/2023 and 09/10/2023 were reviewed. An audit tool was designed and the patients' clinical records were scrutinised concurrently during the admission to the Ward, to determine whether the interventions were completed and the timescales within which they were undertaken. It was also monitored if the ECG and blood results were interpreted appropriately and if any necessary follow-up actions were taken.

Results: The audit showed that 90% of patients admitted to Esk Ward within the period under review underwent routine blood tests within 24 h of hospital admission. However, only 60% of patients underwent ECG within similar timescales although all patients subsequently underwent this intervention during the period of hospital admission. Reasons for initial refusal of the interventions were documented in the patients' records and the results of the investigations were reviewed in a clinically appropriate fashion.

Conclusion: Results of these investigations should be regularly reviewed and appropriate follow-up care relating to these findings falls predominantly on Consultant Psychiatrists and Junior Doctors on the inpatient team.

Keywords: *ECG; blood tests; psychiatry; audit*

PP07

Review of patients with diagnosis of abdominal aortic aneurysm (AAA) currently on statin prophylaxis in Scartho Lynton Chantry (SLC) Medical Group, Grimsby

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Abstract

Background: An abdominal aortic aneurysm occurs when a lower part of the body's main artery, called the aorta, becomes weakened and bulges. Most aneurysms do not cause any problems, but can pose serious risk if they rupture. Hence, one of the prominent ways to reduce the risk of rupture is by managing cardiovascular risks using statins as per National Institute for Health and Care Excellence (NICE) guidelines.

Aims: This review audit was carried out to:

To identify the total number of patients with confirmed diagnosis of Abdominal Aortic Aneurysm (AAA) within the GP Practice who were currently taking statins.

To confirm how many of these patients have had a previous encounter with a physician in the practice regarding Statin prophylaxis.

To confirm the number of patients who are not currently taking statins, have no contraindication, and have not had discussion with a clinician regarding statin prophylaxis.

To create awareness for clinicians and patients regarding NICE guidance on statin prophylaxis.

Method: A retrospective review of clinical records was conducted via Systemone for all the patients with AAA in the SLC practice. Then, inclusion and exclusion criteria were applied to identify those on prophylactic statins.

Results: Of the 36 patients with AAA records retrieved, fewer than 2% of patients who satisfied the inclusion criteria were not prescribed statins.

Conclusion: Lack of awareness of the NICE guideline regarding statin prophylaxis in patients with AAA may contribute significantly to this outcome. Therefore, practice clinicians are to be educated on NICE guidelines regarding statin prophylaxis in patients with AAA. Also, an automated message can be created for patients with AAA, to book an appointment with the clinician and discuss the use of statin.

Keywords: *abdominal aortic aneurysm; NICE; audit; statin prophylaxis*

PP08

Juvenile rheumatoid arthritis in mono-zygotic twins

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Abstract

Aim: To describe the rate of juvenile idiopathic arthritis progression and to determine the degree of responsiveness to methotrexate and adalimumab management in mono-zygotic twins with a methylene tetrahydrofolate reductase gene mutation.

Methods: The study was a 5-month, twin concordance study. This includes a retrospective study of medical records, activity and severity of the disease, complications, which included an objective clinical examination of the patient, based on an assessment of the severity of the disease using the disease activity score calculator for rheumatoid arthritis (DAS: 28), liver function test, and folate cycle enzyme.

Results: Based on the study conducted, mono-zygotic twins with the same form of arthritis, which began at the same age with the same manifestation syndrome and joint disease, combined with the same folate cycle mutation, with similar treatment regimen had different degrees of disease progression and severity. The first twin had a complication of toxic hepatitis and a concomitant autoimmune thyroiditis. The second twin had a more serious progression with small joints ankylosis.

Conclusion: The study shows that monozygotic twins with juvenile idiopathic arthritis with a similar defect in the folate cycle enzyme had different rates of disease progression of varying severity and joint damage. Consequently, this requires further study in monozygotic twins with juvenile rheumatoid arthritis.

Keywords: *juvenile rheumatoid arthritis; monozygotic; twinning; folate cycle*

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PP09

Determinants of the time of ring fall-off in plastibell circumcision: a systematic review

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Abstract

Background: Circumcision, a common surgical operation involving the removal of the foreskin for religious, cultural, and medical reasons, is one of the oldest surgical procedures. Delay in plastibell ring fall-off causes unacceptable sequelae such as penile necrosis, amputation, anxiety to the carers. Several studies have documented the time of fall of plastibell ring; however, there is a dearth of systematic review on the factors that influence the time of ring fall-off.

Aim: In addition to determining the complication of plastibell circumcision, this review aimed to analyse the factors determining the time of ring fall off and how they correlate to the timing of fall off.

Methodology: Data was collected from PubMed, EMBASE, and Scopus databases using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.

Results: The younger infants have an earlier average fall time with 7 days and 9 days for 3 months and 8 months old infants respectively. Use of a sitz bath ensures an average fall-off time of 7 days compared to 9 days if the sitz bath was not used. Polypropylene has a shorter fall-off time than cotton and a smaller plastibell thread size causes earlier fall-off. Ring retention and bleeding were the commonest complications with 25.8 and 17.1% occurrence respectively.

Recommendations: There is need to design algorithms consisting of a combination of these factors affecting the time of plastibell ring fall-off in order ensure the earliest possible time of fall-off.

Conclusion: Conclusively, the study showed that the plastibell ring falls off earlier for younger infants, with the use of sitz bath, and in case of a smaller plastibell thread.

Keywords: *circumcision; urology; plastibell; ring fall-off*

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PP10

Comparison of digital nerve repair techniques: a systematic review

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Abstract

Introduction: Digital nerves are the most injured upper limb peripheral nerves [1]. There are numerous different methods of repair, with no standardised treatment options or guidelines.

This systematic review aims to evaluate literature that investigated the biomechanical strength of digital nerve repairs through varying methods in cadaveric models.

Aims/Hypothesis: The aim of the study is to evaluate the literature available for digital nerve repairs and directly compare which surgical method yields the best results. The primary outcome is maximum load to failure of the repaired digital nerve following biomechanical (tensile) strength testing. We postulate that out of all the repair methods, augmentation of repair with fibrin glue or additional conduit will increase the load to failure compared to suture only repair.

Methodology: We utilised the PRISMA methodology to conduct the systematic review. The following databases were searched: Embase, Medline, Cochrane, and Web of Science. Studies were reviewed and screened by two researchers following an inclusion and exclusion strategy to retrieve relevant papers.

Results: A total of seven papers were included in the final review; these papers reported biomechanical data on cadaveric digital nerve repairs. Due to heterogeneity of methods between papers, a combination of quantitative and qualitative analysis of the results was made.

Conclusion: The use of minimal suturing with conduit or glue or both has the ability to increase the maximum load to failure of digital nerve repairs compared to suture only methods. This has additional benefits to decrease the number of sutures required for repair. This thereby reduces potential scarring and inflammation.

Keywords: *digital nerve; repair techniques; peripheral nerves; review*

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PP11

Case report on confusion: an unusual presentation of lung cancer

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Abstract

Introduction: Cancer of the lung can be insidious and manifest clinically in relatively unexpected forms. The incidence of hyponatremia in lung cancer is 18.9% [1].

Case: An 87-year-old woman presented with confusion. She smoked 10–15 cigarettes a day for 70 years. Blood tests done; Na: 118. I made an impression of severe symptomatic hyponatremia secondary to suspected SiADH from possible small cell lung cancer.

I requested CXR, urine Na, paired osmolality, fluid restricted and discussed with the medical registrar who suggested a transfer to General hospital. CXR showed a round mass in the right upper lobe.

At the GH, Na was replaced slowly and the patient was planned for CT scans. After 2 days, she developed gradual SOB (? PE). CT scans were delayed because she could not lie flat and got SOB. ENT and anaesthesia reviewed her and suggested supported airway CT under GA

Day 5 – Distended neck veins? SVCO. Anaesthetists were no longer comfortable with GA. Unfortunately, steroids did not make her more

comfortable. DNAR in place, family informed of poor prognosis and requested fast track discharge with palliative support. Died at home after 18 days.

Conclusion: While it is quite unusual for a respiratory condition to present with confusion, quick recognition, open mindedness, and inter disciplinary cooperation are essential in day-to-day practice.

Keywords: *lung cancer; confusion; hyponatremia; SiADH*

Reference

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PP12

Introducing the principles of tendon transfer for surgical trainees to improve anatomical knowledge

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Abstract

Introduction: Surgeons require procedural experience and a clear understanding of the anatomy and biomechanics of the muscles to successfully examine patients and accurately execute tendon transfer operations.

Aims: The purpose of the study was to identify the principles of tendon transfer surgeries, develop a training package that focused on anatomical knowledge gaps, and evaluate its effectiveness.

Methods: A systematic literature review was conducted to identify the principles of tendon transfers and areas of insufficient knowledge in these surgeries. One hundred and twenty eight eligible studies were extracted through an online database search. Clinical case examples from these papers were used to develop a training package to educate trainees. The effectiveness of the training package was evaluated by a questionnaire that captured the familiarity of the trainees with the material taught.

Results: The systematic review highlighted eight main principles of successful tendon transfer procedures. The questionnaire outcome revealed 66% of attendees at the annual surgeons in training workshop recognised the need to have a firm understanding of an anatomy.

Seventy per cent of attendees reported a significant enhancement in their basic scientific understanding and an overwhelming 90% observed an improvement in their anatomical knowledge.

Ninety per cent expressed confidence in the training provided and its prospects of improving their chances of success in their surgical examination and would therefore recommend the training to others.

Conclusion: Case discussions are pivotal in improving trainee anatomical knowledge and surgical understanding. This results in directly refining patient assessment and achieving precise diagnosis. This coupled with applying the eight principles will ultimately achieve better successful surgical outcomes in tendon transfer surgeries.

Keywords: *tendon transfer; surgical training; anatomy; questionnaire*

PP13

Giant fibroepithelial breast polyp

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Abstract

Introduction: Fibroepithelial polyps are common benign skin lesions rarely noted in the female nipple. In this location, they have the potential to ulcerate and cause bloody discharge.

Case history: A 55-year-old female patient presented to a breast clinic with a left nipple lesion present since childhood. The patient self-reported that the lesion had increased in size. Clinical examination revealed a 9 × 7 cm lesion with a soft and pliable stem extending from the left nipple. Mammography from 2017 revealed this previously measured 6 × 6 cm.

An excision biopsy under general anaesthetic preserving the nipple anatomy was undertaken on 18/8/23. There were no immediate or subsequent complications. The final histology demonstrated the excised specimen weighed 131 g and measured 90 × 70 × 60 mm with an 8 mm base.

The specimen was processed and microscopically found to be a giant fibroepithelial polyp (FEP). The central core of the lesion was formed by excessive collagen deposition. Normal dermal structures including blood vessels were still present with no glandular component and there was no evidence of atypia or malignancy.

Discussion: FEPs are benign dermal mesenchymal tumours also known as acrochordons. They are noted most commonly on the neck, axilla, perineum, and thighs but have also been found in the vagina, vulva, or cervix and present in <2% of cases in the nipple area.

FEPs rarely grow larger than 5 cm, with larger lesions rarely reported in medical literature worldwide. It is possible to excise these lesions and preserve the nipple anatomy with careful surgical planning.

Keywords: *fibroepithelial polyps; large; surgery; acrochordons*

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PP14

Is breast conservation surgery feasible in ipsilateral cancer recurrence with previous radiotherapy?

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Abstract

Introduction: Breast-conserving surgery (BCS) is the preferred modality for early breast cancer, yet there is a significant research gap in understanding the feasibility of BCS in ipsilateral recurrent breast cancer (IRBC) post-radiotherapy. This systematic review aims to investigate the outcomes of repeat BCS (rBCS) in managing IRBC, providing crucial insights for clinicians and patients in evaluating treatment options.

Methods: The PRISMA framework guided data collection from PubMed and Embase. A qualitative systematic approach involved descriptive and thematic analysis, examining patterns and consistencies in outcome findings across identified studies. Due to the nature of the research, no statistical analysis was conducted.

Results: Four papers, employing a 95% confidence level, were included. Studies revealed a 2.103 risk ratio for second local recurrence (SLR) after rBCS compared to mastectomy. Pooled data indicated SLR rates of 15.7% for BCS and 10.3% for mastectomy, with a 5-year overall survival (OS) rate of 86.8 and 79.8%, respectively. Repeat radiotherapy showed a protective effect for SLR and a small OS benefit favoured rBCS. However, this came with overall evidence certainty. Other studies found a 5-year OS of 77 and 87% after rBCS, with oncological advantages for adjunctive

radiotherapy. Post-IBTR, 84% had a 5-year survival rate, while multivariate analysis highlighted factors influencing SLR.

Conclusion: This systematic review suggests that rBCS may be considered in a subset of patients with IBCR after BCS and RT. Individual assessment encompassing tumour-size and duration prior to relapse shows importance approach feasibility. However, further research would improve subject knowledge and aid in optimal patient selection.

Keywords: *conserving surgery; breast cancer; radiotherapy; patient selection*

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PP15

Compliance with BSG/BASL decompensated cirrhosis care bundle

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Abstract

Background: This audit focuses on Compliance with the British Society of Gastroenterology (BSG) and British Association for the Study of the Liver (BASL) Decompensated Cirrhosis Care Bundle as decompensated liver cirrhosis is becoming a burden on the current NHS.

Objectives: The study aims to ensure that future admissions with decompensated cirrhosis adhere to the care bundle, identify areas of poor compliance, and pinpoint areas for improvement.

Methodology: Over the course of 6 months, a sample of 29 patients, ranging in age from 29 to 77, were evaluated at Hinchingbrooke Hospital. Presentations and compliance were examined using manual medical take clerking searches.

Findings: Common presentations included jaundice, ascites, and variceal bleeding. In-hospital mortality stood at 31%. While basic investigations were generally compliant, there were significant non-compliance rates for septic screen (38%), ascitic tap (37%), and USS abdomen (24%). Partial compliance was noted in recording alcohol intake (87%) and prescribing IV Pabrinex (89%), with non-compliance for CIWA (74%). Variceal bleeding management showed non-compliance in prophylactic antibiotics (60%), terlipressin (70%), and vitamin K (43%), while adequate lactulose dosing in encephalopathy was non-compliant in 71% of cases. VTE prophylaxis prescribing showed high compliance at 92% in appropriate cases.

Conclusion: The audit highlights the need to adhere to the use of decompensated cirrhosis care bundle. It shows gaps in compliance which can be areas for improvement and education.

Keywords: *liver cirrhosis; audit; education; compliance*