Abstracts of the joint Surgical Association of Malawi and Association Of Surgeons Of East Africa Regional Scientific Meeting held in Kambiri Lodge Salima, Malawi on Thursday 4th & Friday 5th August 2005.

Cervical Spine Tuberculosis – Case Presentation and Review Of Management Of This Rare Disease.

Mkandawire NC. College of Medicine, Department of Surgery, P/Bag 360, Blantyre

Tuberculosis of the cervical spine is rare. The literature suggests that 0.3% - 1% of tuberculous spondylitis involves the cervical spine. This paper presents four cases of Cervical Spine Tuberculosis in 1 adult 3 paediatric and patients. A review of management of the disease is outlined concentrates The Clinical presentation in children and adults, radiological investigations, management and indication and the role of surgical management are described. The outcome in these four cases is presented and a management algorithm is presented.

Below The Knee Total Contact Cast For the Treatment Of Tibial Shaft Fractures

Ngulube C, Queen Elizabeth Central Hospital, P.O. Box 95, Blantyre

An audit on the use of below the knee total contact weight bearing cast in the treatment of tibial fractures was carried out at Queen Elizabeth Central Hospital for a period of 12 months (August 2003 – August 2004), 60 tibial/fibula factures were treated by this technique. 47 factures were fresh and 13 fractures were old. Conventional treatment of fresh fractures was one week and for old fractures it was four weeks.

Objectives of the audit were to determine:

1. Fracture fragment stabilization
   Time of weight bearing without crutches
2. Rate of healing with respect to type of fracture
3. Deformities
4. Complications of this method.

Results

Table 1. Types of fracture (n = 60)

Transverse	14
Oblique	11
Spiral	9
Communicates	26

Table 2. Level of fractures (n = 60)

Priximal 1/3	9
Middle 1/3	28
Distal 1/3	23

(Based on observations made in 47 fresh fractures only)

Table 3. Fracture stabilization (n = 47)

Type of #	Angulation	Shortening	Displacement
Transverse 11	1 - < 5^0	8 - < 1 cm	1 – 25%
Oblique – 6	4 - > 15^0	2 – 1 cm	Nil
Spiral – 7	3 - > 10^0	2 – 1 cm	Nil
Communicated	5 - >10^0	10 - < 1 cm	Nil

The mean time for weight bearing without crutches was eight weeks and the mean time for clinical union was eight weeks.

Evidence of Radiological Union

- 36 fractures healed by late callus in the 9th week.
- 10 factures healed by early callus in the 9th week.
- None of the fractures failed to heal.

Immediate Complications

- Neurovascular nil
- Pressure sores nil
- Irritation of hamstring muscle nil.

Late Complications. None.

Conclusion

- Sufficient stabilization of fracture fragments
- Comfort
- User friendly
- Versatile
- Economical

Clubfoot Treatment – A Public Health Approach

Lavy C. Cure International Hospital, Blantyre, Malawi

Malawi is a very poor country with a current population of12 million people and very few orthopaedic surgeons or physiotherapists. An estimated 1125 babies are born per year with clubfoot. If these feet are not corrected early, then severe deformity can develop, requiring complex surgery. A nationwide early manipulation programme was set up using the Ponseti technique, and a clubfoot clinic was established in each of Malawi's 25 health districts. One year later the clinics were reviewed. 20 were active, and over one year had seen a total of 342 patients. Adequate records existed for 307 patients, of whom 193 were male and 114 female (ratio 1.7:1). 175 patients had bilateral clubfoot and 132 were unilateral (ratio 1.3:1) giving a total of 482 clubfeet. 327 of the 482 were corrected to plantigrade position. The strengths and weaknesses of the programme are discussed.

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Aseptic Arthritis In Association With Human Immunodeficiency Virus Infection

Hou-Chaung Chen, Orthopaedics Department, Mzuzu Central Hospital, Malawi

Background: The spectrum of articular syndromes reported in adults includes arthralgia, spondyloarthropathy, reactive arthritis, HIV- and septic arthritis. Studies have provided some clinical evidence to support a direct role for HIV infection as a cause of the articular syndrome. The aim of this study was to assess the clinical manifestation of HIV-infected patients with arthritis in the highly active antiretroviral therapy (HAART) era.
Methods: Twenty patients were collected from our orthopaedic and ARV clinic. We analysed the clinical, staging and laboratory data from HIV-infected patients with arthritis.
Result and Conclusion: Most patients (12 of 20) had spondyloarthropathy. 5 patients had HIV-associated arthritis and 2 had arthralgia. Articular manifestations may occur at any stage of HIV infection but most patients were found in the early stage (WHO stage II). An increasing number of HIV-infected patients suffered from articular disease and further evaluation of this disease is needed.

HIV Post Exposure Prophylaxis for occupational injuries in Malawi

Mulinda Nyirenda, assistant lecturer, Joep van Oosterhout, senior lecturer, Department of Medicine, College of Medicine, Blantyre

Post Exposure Prophylaxis for HIV transmission through occupational injuries in healthcare workers in Africa has received little attention. This in spite of surveys in several African countries reporting that occupational injuries occur frequently and that in combination with high HIV prevalence, risk of HIV transmission is significant.

Data from developed countries indicate that the risk of HIV transmission from a single percutaneous exposure is approximately 0.3 %. Specific risk factors include injury with a large-bore hollow needle, deep injury, and presence of visible blood on the device and prior presence in a blood vessel and terminal illness in the source person. Dual therapy (Zidovudine and Lamivudine usually) is recommended in PEP regimes; and if the risk of transmission is felt to be high, a third drug, usually a protease inhibitor, is added. Zidovudine monotherapy PEP reduces the chance of HIV transmission by 80 %, dual and triple might be more effective. HIV–PEP will become available in 59 hospitals throughout Malawi in 2005.

There is no information on the incidence of occupational injuries in hospital workers in Malawi. HIV infection in patients admitted in Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi is common, and the prevalence among adult medical in-patient is 70-76%. As most patients often present with advanced HIV disease, a high HIV viral load is likely and occupational injuries therefore carry a relevant risk of HIV transmission.

An HIV post exposure prophylaxis (PEP) programme for occupational injuries was started in 2003 at QECH. An audit was performed after one year by reviewing files of all the clients who came for advice after occupational injuries. Twenty-nine (7 nurses, 10 doctors, 2 clinical officers, 10 others) clients sought advice after occupational injuries in the first year, of whom 19 started PEP, all with Duovir®. This PEP was generally well tolerated. In interviews with nurses in QECH, 76% reported having had occupational injuries in 2004, but few sought advice, most because they were unaware about the PEP programme and some because they refused an HIV test.

Conclusion: while logistically well run, the uptake in the HIV–PEP programme of QECH was unacceptably low, in particular among nurses. Because the incidence of occupational injuries is high, occupational injury risk prevention strategies need to be reviewed and hepatitis B vaccination should be given to all health care workers.

The Sign Nail, A Prospective Series Of 16 Cases

Bates J, Lecturer, Department of Surgery, College of Medicine Queen Elizabeth Central Hospital.

The gold standard treatment for most femur and some tibia shaft fractures is locked intramedullary nailing. Locked nailing allows control of length and rotation, and early return to weight bearing and joint movement, when compared with conservative methods of treatment. For some complex comminuted fractures in particular it can be difficult to maintain length and alignment with conservative treatment. Non-union is also well treated with reamed intramedullary nailing. In our environment the majority of lower limb fractures are treated conservatively on traction or in POP casts. Lack of equipment and expertise contribute to this choice of treatment. The SIGN nail is a useful method of locked intramedullary fixation in this restricted setting and the same nail can be used for both the femur and the tibia.

I present a prospective series of 16 SIGN nails used, in the majority of cases, for malunions and non-unions. Excluding 5 fresh cases, these fractures had all been treated conservatively for an average of 20 weeks on straight leg skin or skeletal traction. The challenges of treatment include correcting significant leg length discrepancy and managing knee stiffness. After open reduction and SIGN nailing, 6 patients (55%) were left with an average of 2.6 cm shortening. All fractures are uniting. 2 patients have developed deep infection, one of whom had been treated several months with external fixator. Persistent knee stiffness is a significant problem in the non-union group with 7 out of 11 having flexion of less than 90^0 at 3 months.

Crash 2 – A Randomised Controlled Study of the Use of Tranexamic Acid in Severe Haemorrhage

Lavy C, Cure International Hospital, Blantyre, Malawi

There is some evidence that the antifibrinolytic drug tranexamic acid (TXA) significantly reduces blood loss in cases of severe haemorrhage. However there has never been a randomised controlled study of the use of TXA in severe traumatic haemorrhage. A group of clinicians at the London School of Hygiene and Tropical Medicine have set up a multi centre study to look at this question. The evidence for the beneficial role of TXA will be presented, and the multi centre study outlined. There will be an opportunity

for hospitals, who are not yet involved in the study, to join.

Would Combining Arch Index And Arch Ratio Of The Foot Be A Better Predictor Of Pes Planus? – A Hypothesis Examined In Indigenous Malawians

Msamati BC, Shariff MB, Department of Anatomy, College of Medicine, University of Malawi, Private Bag 360, Blantyre 3

The results are given of a cross sectional study in which the Arch Index (AI) and Arch Ratio (AR) were measured to determine the medial longitudinal arch height (MLAH). Pes Planus was studied. 150 subjects were evaluated and it became clear that the AR is the more sensitive test to measure the MLAH and the existence of a Pes Planus. We recommend clinicians to use AR before correcting foot abnormalities and we suggest that the shoe industry could prevent foot injuries in this population if shoe manufacturers are made aware of the significance of the AR.

The Pattern Of Intussusception At Parirenytwa And Harare Central Hospital Zimbabwe

Madinda FG., .Mungani, Muguti GI, Harare, Zimbabwe.

Objectives: To determine:

- The commonest types of intussusception encountered.
- Age, sex and symptoms at presentation.
- The causes of intussusception of the managed cases.
- Form of management applied.

Design: A Retrospective study

Methods: The surgical operations records (operation registers and case notes) of all patients who underwent an operation for intussusception at Harare and Parirenyatwa Hospital between January 1990 and December 2000 (10 years) were collected and studied. Only intussusceptions involving the large and small bowel and proved at operation were included in this study. Also excluded are those cases, which were found “reduced" during operation.

Results: This retrospective study covering a period of 10 yrs involved 91 patients aged between 4 weeks and 80 yrs. There were 54 males and 37 females, of these 76 were children aged between 4 weeks and 14 yrs. The commonest anatomical site of an intussusception encountered was the ileo-colic variety (66.7%), 19 patients had ileo-ileal (enteric) variety, 9 were colo-colic and 2 had an ileo-cecal intussusception. Most children were managed by simple open manual reduction (74.7%) while almost all adults were managed by bowel resection (20.9%). No death was reported. With the exception of one patient who had a colon mass the cause of the intussusception was largely unidentified. The age at which this condition occurs fits that reported in the Western and other African countries. Diarrhoea seems to precede intussusception in about 60.5%, no case of recurrent intussusception was found. Hydrostatic reduction is an uncommon form of management (4.4%).

Conclusion: In many regions of Africa intussusception is the most common cause of intestinal obstruction second to incarcerated inguinal herniae. This study highlights the most common anatomical types in Zimbabwe and the preferred method of management. The study also shows that in Zimbabwe the condition is more prevalent in children which differ from recent reports in some parts of Africa that seem to indicate that the condition is more common in adults.

Inguinal Hernia: A Comparison between Surgery under Local Anaesthesia and General Anaesthesia

Madinda FG, Mungani, Muguti G.I.

Objectives: To compare inguinal hernia repair under local anaesthesia (group 1) with general anaesthesia (group 2) focusing on the number of in hospital days, complications and cost in both groups at Parirenyatwa and Harare Central Hospitals.

Design: Prospective randomized controlled clinical trial.

Patients and Methods: A total of 110 patients were recruited for the study. Three patients from group 1 were excluded because the mode of anaesthesia was converted to general anaesthesia in the middle of the operation, six patients did not turn up and one patient did not have enough money to pay for the operation, these patients were omitted from the study. The minimum age was 15yrs and the maximum age 90yrs. There were 3 females and 97 males. Inguinal hernia was more prevalent among peasants compared to other occupations. There

were a total of 21 direct and 79 indirect inguinal hernias with the right side being more prevalent than the left. The mean period of duration was 3.9 yrs (SD 2.9) and the waiting period before surgery was 2.6 yrs (SD 1.6).

Results: Group 2 patients required more additional sedation than Group 1 patients ($p < 0.001$) ; pethidine and valium were the most frequently used sedatives. There were more complications in Group 2 patients compared to Group 1($p < 0.001$). Wound pain, sore throat and headache were the most frequent complications encountered. Total cost incurred in Group 1 Patients was considerably less compared to Group 2 patients .99 patients were successfully discharged from follow up but the 90 years old patient died four weeks after discharge from the hospital due to renal failure. Mean in hospital days for Group 1 patient was 0.28 days (SD 1.2) compared to 2.8 days (SD 3.4) for Group 2 patients ($p<0.001$)

Conclusion: This study has shown the effectiveness of local anaesthesia in inguinal hernia repair. These results agree with the hypothesis that repair of inguinal hernia under local anaesthesia reduces the length of hospital stay, is less expensive and has fewer complications.

Experience With on Lay and Plug Mesh Repair of Hernias at Kumuzu Central Hospital

Muyco AP, Prof Gemer, Madinda FG, Kamuzu Central Hospital, P.O. Box 149, Lilongwe.

Objective: To give an account of the experience of mesh repair at Kamuzu Central Hospital with emphasis on technical aspects and complications.

Design: Prospective study (from August 2004 – to June 2005)

Methods: From August 2004 to June 2005 a total of 38 patients have had their hernias repaired using mesh (both on lay and on lay and plug repairs). Of these 28 were inguinal and 10 were ventral hernias. Selection was based on the availability of mesh; whenever mesh was available a patient admitted with a hernia underwent a mesh repair. Both primary and recurrent herniae of any size were included. Children aged below 14 are excluded. 16 of these repairs were performed in district hospitals. Generally in ventral herniae repairs were carried out under general anaesthesia. All patients were either admitted a day before or on the day of operation. Postoperatively patients were kept in the ward or discharged depending on their condition or whether they were referred from the districts. The majority of patients were discharged on the same day. All were followed up after at two weekly intervals for a period of 3 months and after that every month.

Results: There were good results as far as tolerance and complications were concerned; the technique is very simple and easy to adopt. It is a recommendable procedure for both districts and central hospitals since patient recovery is fast and discharge is on the same day which saves money. There was no recurrence, one ventral hernia developed a minor infection that did not require the removal of the mesh.

Conclusion: Mesh repair is safe, acceptable and simple; it should be our preferred method of repair for hernias since it has fewer complications and reduces in-hospital. It can safely be performed in the district hospitals.

Retrospective Analysis of Recurrent Inguinal Hernias in Kamuzu Central Hospital

Mvalo T,.Muyco AP . Kamuzu Central Hospital, Malawi.

Objective: To present statistical data on recurrent inguinal hernias seen at Kamuzu Central Hospital (K.C.H.).

Design: A retrospective Systematic study from theatre registry including all inguinal hernia repairs from end 2000 till end 2001 and from 2003 till mid 2005

Methods: A total of 559 cases of Inguinal Hernia repairs were recorded over a period of 40 months. Included were all emergency and elective. In recurrent hernias hospitals where the previous operation was performed were identified.

Results: Of the 559 cases 341 were right inguinal hernias, 162 were left inguinal hernias, 13 were bilateral and for 43 the side was not specified. 174 were emergency with 89 incarcerated hernias and 85 strangulated hernias. 8 cases of recurrent inguinal hernias were found giving a recurrence rate of 1.43%. 3 cases were RIH, 3 were LIH and the remaining 2 were unspecified. One case presented as an incarcerated hernia after two previous repairs. Seven of the recurrent cases occurred in males and 1 in a female. Five files out of the 8 cases were found. None of these had their primary hernia repair at K.C.H. 3 cases

were positively documented to have been primarily repaired at the district hospitals. The period of recurrence ranged from 3 to 9 years. From operative records on secondary repairs, non dissection of the sac was the common finding.

The recurrence rates are lower when the operation is carried out by experienced surgeons. The most likely factor for recurrence was failure to dissect the hernia sac. Other likely contributing factors were incomplete closure of the sac, insufficient closure of hernia orifice, inappropriate operation strategy regarding the size of the sac, use of absorbable sutures and injury to blood supply in area of repair resulting in ischaemic changes of the abdominal wall. In summary prevention of recurrent hernias requires proper repair of the hernia sac and proper reconstruction of the myofascial inguinal wall. Late recurrence is usually related to other factors other than operative errors such as general health, age and chronic abdominal wall straining.

Conclusion: The recurrence rate of inguinal hernias after surgical repair at K.C.H. is low (1.43%). Although these data suggest a very low recurrence rate regardless of surgical expertise and technique, efforts should be directed to upgrade the surgical skills at District level.

Management of Sigmoid Volvulus at a Tertiary Care Hospital In Africa

Muyco AP, Kushner AL, Mvula CJ, Department of Surgery, Kamuzu Central Hospital, Lilongwe, Malawi, Africa

Introduction: Sigmoid volvulus (SV) and its variant, ileosigmoid knotting (ISK) are rare entities in the West. At Kamuzu Central Hospital (KCH), a 970 bed tertiary care referral centre located in the southern African country of Malawi, patients frequently present with these conditions.

Methods: To determine the type of operative management for these conditions and to assess any seasonal variations, a retrospective review of operative logs was conducted at KCH for a 72 month period from January 1, 1998 to December 31, 2003. Diagnosis operation and month of presentation were recorded.

Results: A total of 364 cases of large bowel volvulus were identified including 196 cases of SV and 168 of ISK. In Sigmoid Volvulus the following procedures were carried out:

- Hartmann's procedure 109
- Mesosigmoidopexies 54
- Primary Anastomosis 33

Most cases presented during the months of November to March.

Conclusion: Sigmoid volvulus and ileosigmoid knotting are common causes of intestinal obstruction in Africa. A seasonal pattern corresponding to the months before the harvesting of crops may add support to the theory that this is in part diet related. At the time of operation, if the bowel was determined to be non-viable a resection was undertaken with an end colostomy, although primary anastomosis was occasionally carried out. For ISK, an ileo-ileostomy with a Hartmann's procedure was usually performed though occasionally a primary colonic anastomosis was safely done and occasionally an end-colostomy and end-ileostomy was needed. Mesosigmoidopexy, where the peritoneum of the sigmoid mesentery is opened and sutured to the lateral peritoneal line was the procedure of choice for cases where bowl remained viable. Although long term follow up is difficult to achieve this procedure appears safe and effective in treating this condition. Surgeons working in third world countries and those caring for patients from the third world should be able to recognize these conditions and understanding their management.

Management of Urethral Strictures at Kamuzu Central Hospital – Lilongwe.

Kamara TB, Msiska N, Kamuzu Central Hospital, Lilongwe – Malawi.

Nineteen adult male patients with urethral strictures were treated in the Urology Unit from July 2004 to June 2005. Their ages ranged from 21 – 68 years. Eleven (57.8%) strictures were post-infective, 6 (31.6%) were post-traumatic,1 (5.3%) was associated with balanitis xerotica obliterans (BXO) and 1(5.3%) was malignant. Eight (42.1%) strictures were treated by dilatation with metal bougies, 10(52.6%) by urethroplasty and 1(5.3%) by suprapubic cystostomy and incisional biopsy. Of the 10 who underwent urethroplasty, excision of the stricture and end to end anastomosis was done in 6 (60%), staged urethroplasty in 3(30%) and substitutional urethroplasty using penile skin in 1(10%). Urethroplasty was performed in those patients where urethral dilatation failed. The outcome in the patients who underwent

urethroplasty was good in 9 (90%) and poor in 1(10%).

Conclusion: Most urethral strictures can be treated by excision and end-to-end anastomosis, staged and substitutional urethroplasty are reserved for complex strictures.

Safe Suprapubic Approach Prostatectomy in Africa

Fan S, Gondwe J, Matapila W, Mzuzu Central Hospital.

Benign prostate hyperplasia is one of the most common diseases of the elderly male patient. In most countries TURP is the procedure of choice, but we can't afford the video scopic system and instruments required for this procedure. We report our method of safe suprapubic prostatectomy. Hemostatis and well maintained drainage are the most important steps in this procedure.

The Epidemiology of Bladder Cancer of the Northern Region of Malawi

Wilson Matapila (Dip Clinical Medicine)

Bladder Cancer is rare and often remains undiagnosed or misdiagnosed depending on the symptoms presenting and the experience of the attending clinician. Most often the condition is misdiagnosed as benign prostate hypertrophy or schistosomiasis. Sometimes late presentation to a hospital contributes to its complications. It is becoming more common in Northern Malawi cutting across both age and geographical factors.

Tracheostomy at Queen Elizabeth Central Hospital

Kondwani Chalulu, Department of Surgery – QECH

Tracheostomy is one surgical procedure that is seemingly easy to perform, benign in nature but has dire consequences if not managed properly.

This is a description of some of the indications of tracheostomy at QECH taken from the records of ICU admissions, of methods of insertion, and of types of tubes available. Some common complications of the procedure will be highlighted.

This presentation will also describe the daily management of a tracheostomy tube and the management of a blocked tracheostomy tube. Education of ward nurses and guardians of the patient plays an important role in preventing the possible disastrous consequences of tracheostomies.

Which Major Surgical Procedures Can Be Carried Out In District Hospitals?

Sibale DW, Nkhata Bay District Hospital, P.O. Box 4, Nkhata Bay

This paper discusses the rationale for doing major surgery in some district hospitals. It gives an account of the surgical procedures carried out at Nkhata Bay district hospital over a period of five years (July 2000 – July 2005) and discusses the advantages and disadvantages of major surgery in district hospitals. Finally solutions and recommendations for improvement of surgical skills in the district hospital setting are given.

Orthopaedic Clinical Officers Performing Obstetrics & Gynaecology and General Surgery Duties In District Hospitals

Mazunda AC, Nkhata Bay District Hospital, P.O. Box 4, Nkhata Bay

This paper describes the experience and challenges of one clinical officer performing combined duties. Statistical reviews will be presented. Advantages and disadvantages will be discussed. Finally some recommendations will be given.

Mobile Surgical Clinics In The Northern Region Of Malawi

Simon Fan M.D., John Gondwe, Wilson Matapila, Ms Haissa Yen

Difficulties and delayments in referring patients are common in Northern Malawi. Taiwan Medical Mission organised a surgical team to provide medical service in some district hospitals since 18th May 2004 till 10th June 2005. 133 cases have been operated upon with a very low mortality and morbidity rate.

Nutrition in Hospitalized Patients

Lungu DK, Ekwendeni Mission Hospital

Malnutrition is a common problem in Malawi especially in children. Most if not all hospitals in Malawi have a feeding centre for

malnourished children. The many causes of malnutrition in children are well documented. Malnutrition tends to occur following an episode of serious illness especially in children who are borderline malnourished to start with. This problem in children is being addressed well and a lot of effort and resources have been directed at it.

There is another group of people in whom malnutrition is common and has devastating effects. These are the hospitalized patients. In them, poor nutrition is associated with prolonged hospital stay and increased mortality among other problems. In Malawi nutritional support as a therapy has not been well developed. Most hospitalized patients depend on the food their relatives and guardians bring with them. The government hospitals do provide food for patients but often this food is only good for well or recovered patients. There is no provision of nutritional support appropriate for the stage of the disease. Is adult nutritional support as a therapy possible in our setting. A literature review will be given.

Penetrating Heart Injury, 2 Case Reports

King MS, FRCS, Visiting Surgeon, Nkhata Bay District Hospital

Two patients had wounds of the heart sutured at Queen Elizabeth Central Hospital. A boy aged 9 years presented with cardiac tamponade following an air gun pellet injury. The pellet was eventually removed from the left artery. A man who had been stabbed in the chest was later transferred to South Africa. There he had a second operation to close the traumatic ventricular septal "defect". Both patients recovered. A short discussion on the history and treatment of cardiac injuries will follow.

Mycotic Carotid Artery Aneurysm

Banza L, Borgstein ES, van Hasselt EJ, Department of Surgery, College of Medicine

A painful, pulsatile neck mass with associated fever should suggest the presence of a mycotic carotid artery aneurysm. This lesion is rare. The diagnosis is difficult and can lead to significant medical morbidity. Broad spectrum antibiotics and expert surgical management are required. We report a patient who presented with a neck swelling which was thought to be an abscess and incised. This resulted in heavy bleeding, which was successfully managed. At further exploration a mycotic aneurysm of the common carotid artery was found a successfully treated by ligation with wide excision of the aneurysm.

Pancreatic Pseudocyst in Africa – A Case Report And Literature Review

D.K. Lungu, Ekwendeni Mission Hospital

Pancreatic pseudocyst is a rare condition in adult ethnic Africans. Although it is rare, it causes considerable morbidity. Because of its rarity the diagnosis is often delayed and the management is less satisfactory.

Pancreatic pseudocysts are formed when pancreatic juices leak from a pancreatic duct into pancreatic parenchyma or spaces adjacent to the pancreas. In high prevalence areas most pseudocysts are asymptomatic and many resolve spontaneously with time. Those that do not resolve will require some form of drainage. Drainage can be surgical, radiological or endoscopic.

A case report of a young man with a pancreatic pseudocyst is presented. The cyst was drained by open surgery after a failed percutaneous drainage. A mini review of the current knowledge of pseudocysts is presented.

A Man with a Large Abdominal Swelling

T. Ng'ambi, Queen Elizabeth Central Hospital, P.O. Box 95, Blantyre

A 45 year old man from Mozambique presented with a left sided abdominal swelling since birth. The swelling has gradually increased in size.

On examination a large pendulous mass in the left lower abdomen was found, which was easily reducible. A diagnosis of Congenital Spigelian Hernia was made. A laparotomy was carried out and the defect was closed with a mesh.

A short review of the literature will be given.

Splenic Abscess: A Case Report and Literature Review

Tilinde Chokotho, Queen Elizabeth Central Hospital

Splenic abscess is a relatively rare condition, which is difficult to diagnose, and is universally fatal if left untreated. The increasing incidence of immunologically compromised patients has been associated with an increased frequency of the condition. Treatment is by splenectomy or

percutaneous drainage. Vaccination for pneumococcus and Haemophilias influenzae is recommended and long-term prophylaxis with antibiotics and antimalarials is essential.
A case report of a 45-year-old HIV positive man with a splenic abscess is presented. An open splenectomy was carried out and the patient is currently on prophylactic antibiotics and antimalarials

Heterotopic Pancreas: Case Report
F. Madinda, University of Zimbabwe: Faculty of Medicine, General Surgery Department

A 29 years old male patient was admitted to our ward due to abdominal pains for 4 days, vomiting for 2 days and absolute constipation of one day in duration. He underwent a laparotomy a year before.

On examination he was ill looking, dehydrated, with a low-grade fever. His nutritional status was satisfactory. The abdomen was moderately distended, tender throughout and there were no bowel sounds. Rectal examination revealed a normal sphincter tone, non-tender on penetration, empty rectum and there was no palpable mass.

Plain abdominal x-rays; erect and supine showed distended small bowels with oedematous intestinal walls and there were multiple air fluid levels. There was no air in the rectum
At laparotomy the following was found:

- At about 20cm from the Ileo-cecal junction there was a strong band causing a complete obstruction of the small intestine, the intestines were not gangrenous.
- A small nodule was seen at about 60cm from the ileo-cecal junction, the nodule was confined to the bowel wall and it resembled that of pancreatic tissue.

The band causing obstruction was released. A wedge resection of the mass was done and the tissue was sent for histology.
The postoperative period was uneventful and the patient was discharged six days later. Histology confirmed the operative findings and was reported as serosal ectopic pancreatic tissue. A short literature review is given.

Penetrating Injury to Head with a Retained Knife: A Case Report and Literature Review
Linda Chokotho, Beit Trust Cure International Hospital

Penetrating trauma to the head and neck using a knife is an uncommon life-threatening injury. Having completed the primary survey of trauma management, one faces the challenging decision on the approach to withdraw the knife-blade. Appropriate clinical assessment and investigations need to be done to determine damage and anticipate possible complications. Withdrawal of the knife is undertaken in theatre in readiness of the complications. Simple withdrawal may sometimes be uneventful.
A case report of a man with a retained knife in the head after assault is presented. Withdrawal was undertaken in theatre. His recovery was uneventful.

Adenocarcinoma of the Colon with Neuroendocrine Differentiation,

F.G. Madinda, Mr. Muguti, University of Zimbabwe: Faculty of Medicine, General Surgery Department

A 45-yrs old male patient presented with abdominal pain for one week dull in nature and localized in the right iliac fossa .On examination he was ill looking, febrile with a temperature of 39^0C and moderately dehydrated.
The abdomen was moderately distended, not moving with respiration and tender throughout with rebound tenderness more marked on the right; no bowel sounds were heard.

A working diagnosis of peritonitis secondary to perforated hollow viscus was made and he was taken to theatre for an emergency laparotomy. The findings were a generalized faecal peritonitis with a perforation of the ascending colon caused by an ulcerating tumour. Liver metastases were found. A right hemicolectomy was performed. Postoperatively he deteriorated and died 4 days postoperatively. Histology showed a moderately differentiated adenocarcinoma with neuroendocrine differentiation. The same was found in the biopsied liver metastasis. A short literature review of this condition is given.