

B. Karthik Krishnan A/L  
Balakrishnan


P-UM0080/18

MMed Surgery Y4

# Content

- Dissertation
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- Logbook Summary

PPSP/PG/CP2/L8



PUSAT PENGAJIAN SAINS PERUBATAN  
UNIVERSITI SAINS MALAYSIA

BORANG PENYERAHAN DISERTASI  
SARJANA PERUBATAN/SURGERI/PATOLOGI

INTERNATE SOURCE OF  
DOMINAL SURGERY  
ESTIVE SYSTEM  
COMPARATIVE STUDY

BAHAGIAN A (Untuk diisi oleh calon)

Nama: B. KARTHIC KRISHNAN AL BALAKRISHNAN

Bidang: Sarjana Perubatan (SURGERI)

Bersama-sama dengan ini saya kemukakan dalam bentuk berjilid, tiga (3) naskah disertasi bertukar bertukar

CELULUT HONEY AS AN ALTERNATE SOURCE OF CARBOLOADING IN ABDOMINAL SURGERY INVOLVING THE DIGESTIVE SYSTEM: A RANDOMIZED BLINDED COMPARATIVE STUDY

untuk diperiksa sepertimana yang diperlukan.

2. Saya juga ingin mengesahkan bahawa disertasi tersebut telahpun disemak oleh Penyelia saya dan komen beliau adalah seperti di bawah.

Sekian, terima kasih.

Tarikh: 03/11/21

(Tandatangan calon)

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21

## KELULUT HONEY AS AN ALTERNATE SOURCE OF CARBO-LOADING IN ABDOMINAL SURGERY INVOLVING THE DIGESTIVE SYSTEM A RANDOMIZED BLINDED COMPARATIVE STUDY


BY

### KARTHIC KRISHNAN

DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
FOR DEGREE OF MASTERS OF MEDICINE (GENERAL SURGERY)

UNIVERSITI SAINS MALAYSIA  
DITERIMA  
21 FEB 2022

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Pusat Pengajian Sains Perubatan



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2021

# Dissertation


- First Submission: 25/11/21
- Correction and Resubmission : 21/02/22

6<sup>th</sup> Malaysian  
**Breast & Endocrine  
Surgery Course**  
**2018**

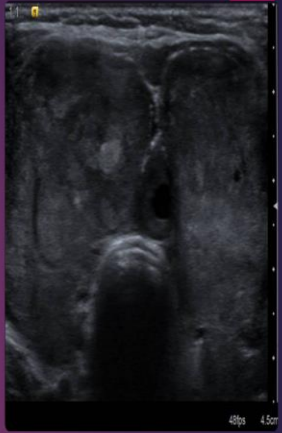

*Extending Expertise  
& Care*

2<sup>nd</sup> - 3<sup>rd</sup> November 2018

*Auditorium,  
Kompleks Pendidikan Perubatan  
Canselor Tuanku Ja'afar,  
Universiti Kebangsaan Malaysia  
Medical Centre, Kuala Lumpur, Malaysia*



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**Ectopic Thyroid**

KARTHIK KRISHNAN  
DEPARTMENT OF GENERAL SURGERY  
HOSPITAL UNIVERSITI SAINS MALAYSIA  
6<sup>TH</sup> MALAYSIAN BREAST & ENDOCRINE SURGERY COURSE 2018




# Academic Progress – Oral Presentation

# Academic Progress – Oral Presentation

**KELULUT HONEY AS AN ALTERNATE SOURCE OF CARBO-LOADING IN ABDOMINAL SURGERY INVOLVING THE DIGESTIVE SYSTEM A RANDOMIZED BLINDED COMPARATIVE STUDY**


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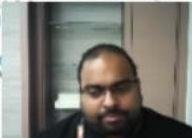
UNIVERSITI SAINS MALAYSIA **APEX™**

Karthik Krishnan<sup>1</sup>, Andee Dzulkarnaen Zakaria<sup>1</sup>, Mohd Shahrulsalam Mohd Shah<sup>1</sup>, Mohd Zulkifli Mustafa<sup>2</sup>, Najib Majdi Yaakob<sup>3</sup>, Zalina Zahari<sup>4</sup>

<sup>1</sup>Department of surgery, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia  
<sup>2</sup>Department of Neurosciences, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia  
<sup>3</sup>Department of Statistic, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia  
<sup>4</sup>Faculty of Pharmacy, Universiti Sultan Zainal Abidin (UniSZA), Besut Campus, 22200 Besut, Terengganu, Malaysia




VIRTU 2022 TEAMWORK 6<sup>th</sup> to 8<sup>th</sup> Dec




**SECOND PRIZE WINNER**

Poster No.103 Kelulut Honey as an alternate source of carbo-loading in abdominal surgery involving the digestive system; A randomized blinded comparative study  
Karthik K<sup>1</sup>, AD Zakaria<sup>1</sup>, MZ Mustafa<sup>1</sup>, MSM Shah<sup>1</sup>  
<sup>1</sup>Hospital Universiti Sains Malaysia, Kota Bharu, Malaysia



**THIRD PRIZE WINNER**

CEA density is a new tool for predictive factor for colorectal carcinoma post curative resection  
Tan Sheng Sheng<sup>1,2</sup>, Andee Dzulkarnaen Zakaria<sup>1,2</sup>, Michael, Pak-Kai Wong<sup>1,2</sup>, Zaidi Zakaria<sup>1,2</sup>, Nur Asyilla Che Jalli<sup>3,4</sup>, Huzairi Yaacob<sup>1</sup>, Ahmad Sharwani Mohamed Sidek<sup>1</sup>  
<sup>1</sup>Department of Surgery, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kelantan  
<sup>2</sup>Department of Pathology, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kelantan  
<sup>3</sup>Hospital Universiti Sains Malaysia, Kelantan  
<sup>4</sup>Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan



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Poster No. 94

# Publications

#	Title	Type	Journal	Status
1	Tailgut Cyst	Image of Interest	BIMJ	Published
2	A rare extra-gonadal Germ Cell Tumour mimicking Ischaemic Heart Pain	Case Report	BMC Surgery	Under Review FEE Waiver granted
3	Blood Donation – A peculiar cause of traumatic ulnar artery thrombosis causing ischaemia	Case Report	SAGE Vascular	Under Peer-Review
4	Carcinoma En Cuirasse; A rare breast cancer manifestation	Image of Interest	BIMJ	Under Review

# Case Reports and Pending Publications

#	Title	Type	Status
1	Atypical Presentation of Yolk Sac Tumour	Case Report	Awaiting Correction for Submission – Prof Ikhwan
2	Kelulut Honey as an alternate source for carbohydrate loading	RCT	Awaiting edits for Submission – Prof Andee
3	A rare manifestation of Breast Cancer; Carcinoma En Cuirasse	Case Report	CSAMM

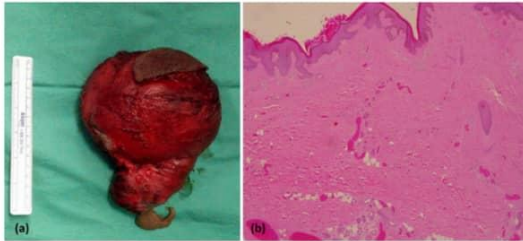


Figure 1: (a) Resected specimen of the tailgut cyst, (b) Histopathological examination showed cyst wall composed of fibro-collagenous tissue lined by keratinizing stratified epithelium (H&E stain).

(Refer to page 11)

**ANSWER: TAILGUT CYST**

Tailgut cysts or Retrorectal Cystic Hamartomas are an extremely rare congenital developmental cyst that arises from the postnatal remnants of the primitive hindgut.<sup>1</sup> Whilst they may present at any age, they are often seen at around the ages of 30-60 with a strong predilection towards the female population and are usually found in the retrorectal space.<sup>2</sup>

The cyst often is a multiloculated, cystic mass with a thin wall and glistening lining which has mucoid content. The wall can be lined by a various types of epithelia such as ciliated columnar, mucin-secreting columnar, transitional and squamous epithelium.<sup>1,3</sup> In view of its massive size, sometimes, it may involve the sacral bone causing defects

or associated calcifications. The submitted specimen showed a cyst wall composed of fibrocollagenous tissue lined by keratinizing stratified epithelium (Figure 1a&b). Mature germ cell derivatives such as ectoderm and mesoderm were present, however, in view of the nature of the cyst, there is no compelling risk of malignancy.

In view of its anatomical position, and its scarcity, it is often difficult to diagnose, and subsequently manage. In fact, many of the lesions are incidental findings, and almost 50% of patients have peri-rectal symptoms or lower back pain.<sup>3</sup> As such, complete surgical resection remains to be the mainstay of treatment, which leads to a challenging surgical endeavour which sometimes require a multi-disciplinary approach.<sup>4</sup>

**REFERENCES**

- 1: Mills SE, Walker AN, Stallings RG, Allen MS Jr. Retrorectal cystic hamartoma. Report of three cases, including one with a perineal component. *Arch Pathol Lab Med* 1984;108(9):737-740.
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- 3: Kildusis E, Samalavicius NE. Surgical management of a retro-rectal cystic hamartoma (tailgut cyst) using a trans-rectal approach: a case report and review of the literature. *J Med Case Rep* 2014;8:11.
- 4: Rosa G, Lolli P, Vergine M, El-Dalati G, Malleo G. Surgical excision of developmental retrorectal cysts: results with long-term follow-up from a single institution. *Updates Surg.* 2012;64(4):279-84.

Karthik KRISHNAN, Ikhwan Sani MOHAMAD, Faezahatul Arbaeyah HUSSAIN, Maya Mazuwin YAHYA, Wan Mokhzani WAN MOKHTER.



A 60-year-old lady was referred to surgical clinic with complaint of lower back swelling which was present since 5 years ago. It has caused her discomfort upon sitting and lying supine. She denies any lower gastrointestinal symptoms such as rectal bleeding or constipation. Examination revealed a swelling located at the level of coccyx measuring 8 x 7 cm. The lower border was 4 cm away from the anus. It was painless and firm in consistency. It was fixed to skin without punctum. Digital rectal examination was normal.

**What is the diagnosis?**

**Answer:** refer to page 12

**Correspondence author:** Ikhwan Sani Mohamad, Department of Surgery, Universiti Sains Malaysia, Kubang Kerian, 16150 Kota Bharu, Kelantan, Malaysia.  
 Email: ikhwansani@yahoo.com.my  
 Tel: +6097676774

**DISCLOSURE:** There is no conflict of interest and consent has been obtained from patient to use of these images.



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# BMC Surgery

Page: 1 of 1 (1 total revisions being processed)

Results per page 10

Action	Manuscript Number	Title	Date Submission Began	Status Date	Current Status
<a href="#">View Submission</a> <a href="#">Author Response</a> <a href="#">View Reference Checking Results</a> <a href="#">View Publication Charges</a> <a href="#">Send E-mail</a>	BSUR-D-22-00048R1	A rare extra-gonadal Germ Cell Tumour mimicking ischaemic heart pain.	28 Feb 2022	28 Feb 2022	Editorial Assessment

Page: 1 of 1 (1 total revisions being processed)

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A rare extra-gonadal Germ Cell Tumour mimicking ischaemic heart pain.

Karthik Krishnan, Ahmad Zuhdi Mamat, Khairul Mustaqim Mazlan, Firdaus Zulkifli and Ahmad Faiz Emir

BMC Surgery

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BSUR-D-22-00048

A rare extra-gonadal Germ Cell Tumour mimicking ischaemic heart pain.

Karthik Krishnan; Ahmad Zuhdi Mamat; Khairul Mustaqim Mazlan; Firdaus Zulkifli; Ahmad Faiz Emir

BMC Surgery

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# SAGE Vascular

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02-Mar-2022

Dear Dr. Krishnan:

Your manuscript entitled "Blood Donation – A peculiar cause of traumatic ulnar artery thrombosis causing ischaemia." has been successfully submitted online and is presently being given full consideration for publication in Vascular.

Your manuscript ID is VASCULAR-03-22-CR-1444.

You have listed the following individuals as authors of this manuscript:  
Krishnan, Karthik; rosnelifaizur, ramely; Safri, Lenny; Md Idris, Mohammad Azim; Katheraveloo, Krishna

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## Submitted Manuscripts

STATUS	ID	TITLE	CREATED	SUBMITTED
ADM: Gambhir, Neha	VASCULAR-03-22-CR-1444	Blood Donation – A peculiar cause of traumatic ulnar artery thrombosis causing ischaemia. <a href="#">View Submission</a> <a href="#">Cover Letter</a>	02-Mar-2022	06-Mar-2022
● Awaiting AE Assignment				

Contact Journal

# BIMJ Image of Interest

**Title: Carcinoma En Cuirasse; A Rare Breast Cancer Manifestation**

**Descriptive legend:**

**34 year-old woman initially diagnosed with Invasive Left Breast Cancer (ER / PR -VE, C-Erb 3+Ve) during her pregnancy. She was subjected to neoadjuvant chemotherapy post-partum, however refused surgical intervention and subsequently defaulted. Presented a year later with complaints of shortness of breath, lethargy as well as bleeding from tumour site. Examination revealed complete destruction of her left breast with a sloughy base, with multiple skin ulceration and nodular lesions over the entirety of her chest, extending to her neck and laterally to the back. The lesions were tender, oozed a mixture of pus and blood. Imaging later revealed disease progression with multiple metastatic sites in the bones, liver, right breast with right sided pleural effusion. A chest drain was inserted over the site which drained a milky white substance, revealing Chylothorax. This case depicts the complex nature and difficulty in managing such presentations, whereby the outcome is usually catastrophic.**



# Yolk Sac Tumour

## Atypical Presentation of Yolk Sac Tumour

Karthik K<sup>1</sup>, Noor Azam N<sup>2</sup>, Azhan Y<sup>2</sup>, Alias A. B.<sup>2</sup>

<sup>1</sup> Department of Surgery, School of Medical Science, Universiti Sains Malaysia, 16150 Kubang Kerjan, Kelantan, Malaysia

<sup>2</sup> Division of Urology, Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan

### Abstract

Testicular cancer, a rare entity that encompasses about 1% of male neoplasms and 5% of urological tumours. Its prevalence has been increasing in the last decade, particularly in industrialised nations. These tumours can be divided as either Germ Cell Tumours and Non-Germ Cell Tumours and histologically, 90-95% of the diagnosed cases involves germ cell tumours. Yolk sac tumours are a rare type of Non-Seminomatous Germ Cell Tumour that is derived of cells that resemble the yolk sac, allantois and extraembryonic mesenchyme. Typically, they can be seen in Males and Females, involving the testis, ovary and other sites such as mediastinum. Herein we report a case of a young man who presented with hematuria and clinically thought to be a case of bladder carcinoma. However, the corresponding histopathological examination revealed a yolk sac tumour.

**Key words:** Yolk Sac Tumour, Hematuria, Atypical

# Carcinoma En-Cuirasse Case Report



College of Surgeons  
Academy of Medicine of Malaysia

1

## A Rare Manifestation of Breast Cancer; Carcinoma En Cuirasse

Karthik K., AK Siti Hafzan, Maya Mazuwin Y, Siti Rahmah M

Department of General Surgery, School of Medical Science,  
Universiti Sains Malaysia, Kubang Kerian, Kelantan



USM

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# Supervisor Report

Num	Date	Posting	Supervisor Report
1	June 2018 – Aug 2018	Surgery (Team A)	Submitted
2	Sep 2018 – Nov 2018	Surgery (Team A)	Submitted
3	Dec 2018 – Feb 2019	Surgery (Team B)	Submitted
4	March 2019- May 2019	Surgery (Team B)	Submitted
5	June 2019 – Aug 2019	Surgery (HRPZ)	Submitted
6	Sep 2019 – Nov 2019	Paeds Surgery (HUSM)	Submitted
7	Dec 2019 – Feb 2020	Urology (HRPZ)	Submitted
8	March 2020 – May 2020	Vascular (HUKM)	Submitted
9	June 2020-Aug 2020	Vascular (HUKM)	Submitted
10	Sep 2020– Nov 2020	Upper GI (HSAJB)	Submitted
11	Dec 2020 – Feb 2021	Neurosurgery (HUSM)	Submitted
12	March 2021- May 2021	CTS (HUSM)	Submitted
13	June 2021-Aug 2021	Surgery (Team A)	Submitted
14	Sep 2021– Nov 2021	Surgery (Team A)	Submitted
15	Dec 2021– Feb 2022	Surgery (Team B)	Submitted

# Logbook Summary

Individual Rotation Summary is in the Student File for each rotation.

## HUSM Endoscopy

Num	Procedure	Performed
1.	OGDS	37
2.	ENET	2
3.	Dilatation	1
4.	Sigmoidoscopy	3
5.	Colonoscopy	35

# Laparoscopic Cases

Num	Case	Number
1.	Laparoscopic Appendicectomy	36 + (9 Open)
2.	Laparoscopic Cholecystectomy	26 (Assisted to varying degrees)
3.	TAPP/TEP	11
4.	Bariatric (Roux En-y, Sleeve Gastrec)	2
5.	Lap. Assisted Colostomy	2

# Thyroid Surgery

Num	Surgery Type	Numbers
1.	Total Thyroidectomy	8
2.	Hemithyroidectomy	3
3.	Parathyroidectomy	3

# Laparotomy

Num	Procedure	Numbers
1.	Hemicolectomy	5
2.	Anterior Resection	2
3.	Pelvic Exenteration	1
4.	Small Bowel Resection	8
5.	Cholecystectomy	7
6.	Pancreatectomy	3
7.	Liver Resection	2
8.	Laparostomy	4
9.	Splenectomy	3
10.	PDU/PGU	3

# Breast

Num	Procedure	Number
1.	MAC	9
2.	WLE	8
3.	HWL	4

# LA

Num	Procedure	Number
1.	AVF Creation	3
2.	AVF Ligation	2
3.	AVF Exploration	2
4.	Chemoport	11