

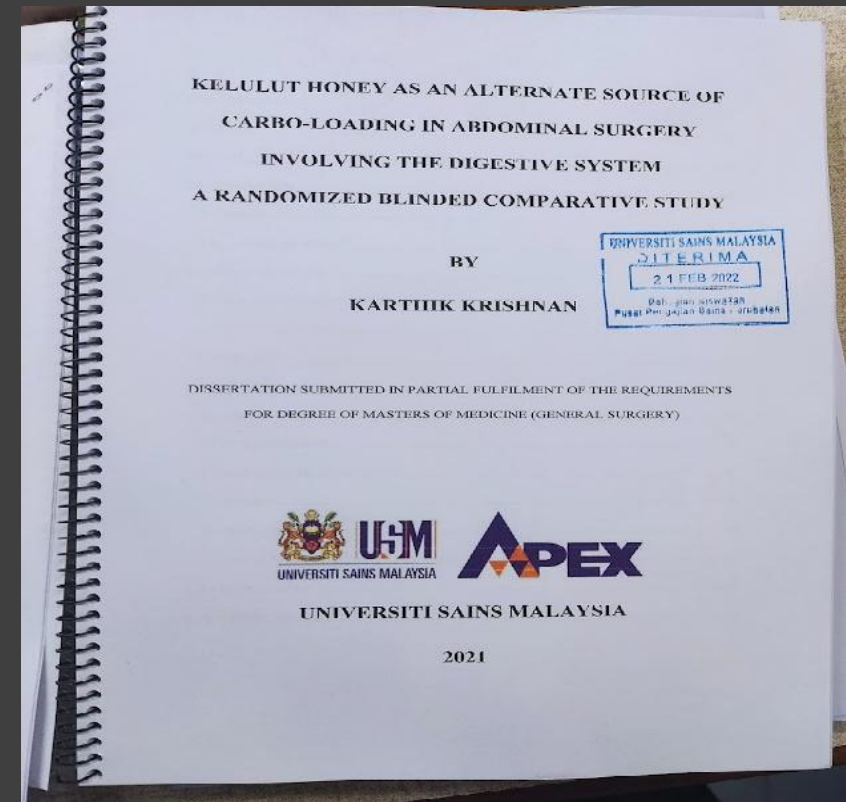
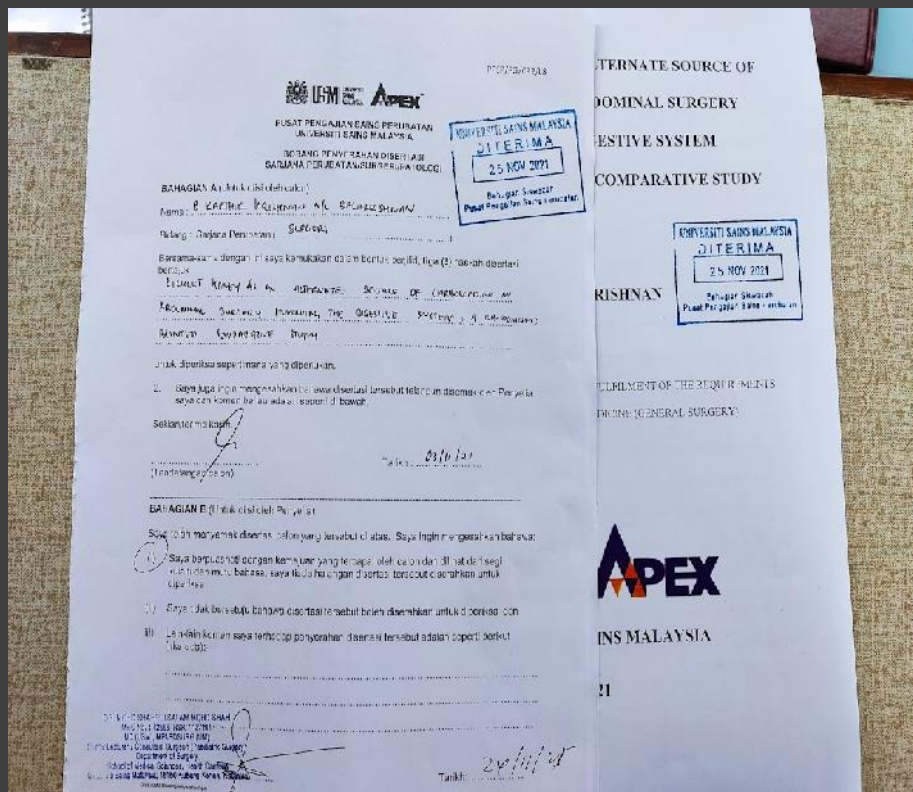
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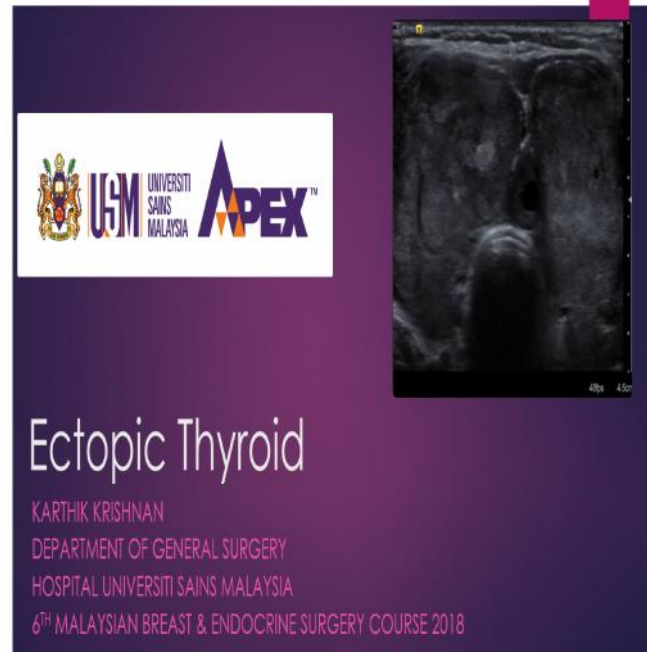
Content

- Dissertation
- Academic Progress
- Supervisor Report
- Logbook Summary



Dissertation

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



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

CI:IRICACTRIALS.GOV - NCT04438590



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SECOND PRIZE WINNER

Poster No. 703
Kelulut Honey as an alternate source of carbo-loading in abdominal surgery involving the digestive system; A randomized blinded comparative study
Karthik K¹, AD Zakaria¹, MZ Mustafa², MSM Shah¹
¹Hospital 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 Sheng¹, Andee Dzulkarnaen Zakaria¹, Mohd, Pak-Ka Heng¹, Zaid Zakaria², Nur Azyza Che Jell³, Huzefa Yaqoob⁴, Ahmad Bharuza Muhammad Zaid⁵
¹Department of Surgery, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan
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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

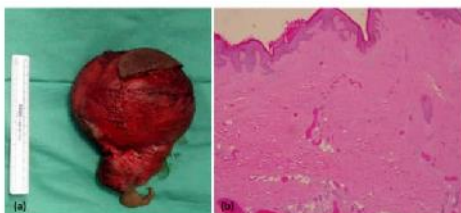


Figure 1: (a) Resected specimen of the tailgut cyst, (b) Histopathological examination showed cyst wall composed of fibro-collagenous tissue lined by keratinizing stratified epithelium (H&E stain).

(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.¹ 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.²

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.^{1,3} 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 90% of patients have peri-rectal symptoms or lower back pain.³ 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.⁴

REFERENCES

- 1: Mills SC, Walker AN, Stallings BG, Allen HS Jr. Retrorectal cystic hamartoma. Report of three cases, including one with a perineal component. *Arch Pathol Lab Med* 1984;108(9):227-240.
- 2: Hjermstad BM, Healey RB. Tailgut cysts. Report of 93 cases. *Am J Clin Pathol*1988;89(2):139-147.
- 3: Kikouza C, Samalavicius NC. 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, Loh P, Vergara M, El-Djalat G, Nalleo G. Surgical excision of developmental retrorectal cysts: results with long-term follow-up from a single institution. *Urology Surg*. 2012;84(4):279-84.

Karthik KRISHNAN, Ikhwan Sani MOHAMAD, Faezahtul Arbaayah HUSSAIN, Maya Mazuwin YAHYA, Wan Makhzani 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 Keratan, 16150 Kota Bharu, Kelantan, Malaysia.
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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient to use of their 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
View Submission Author Response View Reference Checking Results View Publication Charges Send E-mail	BSUR-D-22-00048R1	A rare extra-gonadal Germ Cell Tumour mimicking ischaemic heart pain.	28 Feb 2022	28 Feb 2022	Editorial Assessment

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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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ADM: Gambhir, Neha Awaiting AE Assignment	VASCULAR-03-22- CR-1444	Blood Donation – A peculiar cause of traumatic ulnar artery thrombosis causing ischaemia. View Submission Cover Letter	02-Mar-2022	06-Mar-2022

[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

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² 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

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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