grade II(6-10mm) and 18% had grade III (>10mm) tubercles. In left side 60% had grade I and II and 40% had grade III tubercles. The RLN lies always within 3mm from the tubercle and lies either posteriorly or posteromedially. Pressure symptoms were present in 26% patients and it was not related with grade III tubercle.

Conclusions: Identification of ZT is a helpful landmark in thyroid surgery as it is present in 92.2% and closely related to the RLN. It's more common in right lobe but larger (grade III – 40%) in left lobe. There is no significant association between pressure symptoms and grade III tubercle.

PP 3

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Upper and lower limb fracture patterns in motor vehicle accidents - A single unit experience

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Objectives: To evaluate the limb fracture patterns in different mechanisms of motor vehicle accidents in Sri Lankan context.

Methods: All the motor vehicle accident (MVA) victims with limb fractures admitted to Colombo North Teaching Hospital from 2014/11/01 to 2015/03/31were included. Patients who have been transferred for specialized care to National Hospital Sri Lanka before completion of the orthopedic management were excluded.

Results: During 5 months period, 214 patients admitted after MVA and 81.3% (174) were males while 18.7% (40) females. Most were motorcycle (MC) accidents (63.5%) followed by Three Wheelers (TW) - 14.5%, push cycles (PC) - 9.8%, Light vehicles(LV) - 6.5% and Heavy vehicles(HV) - 5.6%. Fractures of the forearm bones were the commonest limb fracture seen in MC (26.6%), TW (32.4%), PC (60%) and LV (33.3%) groups. In contrast ankle and foot fractures were the commonest in HV (36.3%) group.

Conclusions: MC leads MVAs and sustains mainly forearm, hand, leg and foot fractures. TW accidents are the 2nd cause and mainly caused forearm, shoulder, leg and ankle fractures. Preventive measures should be implemented at national level to reduce morbidity of MVA.

PP 4

Crash characteristics and patterns of injury among victims of road traffic crashes admitted to General Hospital, Moneragala, Sri Lanka

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Objectives: To identify crash characteristics and patterns of injury among victims of road traffic crashes (RTC) admitted to General Hospital, Moneragala.

Methods: A descriptive study was conducted among hospitalized victims of RTC to identify crash details, injury patterns and contributory factors for crash over a period of four months.

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A pre-tested questionnaire was filled interviewing the victim or bystander. Needed injury descriptions were adopted from the bed-head-tickets.

Results: Out of 274 victims, 203(74%) were males and 71(26%) were females. Victims' age ranged from one year to 78 years. The youth; 20-39 years comprised 54% of the sample. Motorcyclists and pillion riders were involved in majority (50%) of RTC. Skidding (34%) and head-on collision (30%) were the most common types of RTC. The commonest cause for RTC was high speed (36%). Nearly 2/3rd of the crashes occurred during the day (6am-6pm). Majority of the victims (51%) were brought to hospital by three-wheeler. Only 7% had received first-aid on site. The limbs (68%) and head, face and neck (48%) were the commonest body regions injured. Apart from the superficial injuries (76%), crush and fractures accounted for 30% and 26% of the injuries respectively. Minimal to maximal days of stay at hospital varied from one to 36 with a mean of 3. Restricted activities were experienced by many. 16% of victims were recommended physiotherapy for more than three months.

Conclusions: Male youth riding on motorcycles were highly susceptible for RTC. Extremities were injured in majority of the victims causing long/short term limitations in domestic and social activities.

PP 5

Laparoscopic Ureterolithotomy for large ureteric stone: Single center experience Hingalagoda C¹, Nandamuni Y¹, Pathirana H¹, Manikkage Y¹, Seneviratne LN¹ ¹Sri Jayewardenepura General Hospital

Objectives: Laparoscopic ureterolithotomy (LU) is a minimally invasive treatment option for large impacted ureteric calculi not amenable to pneumatic ureteroscopic treatment or shock wave lithotripsy. The objective of the study was to evaluate the efficacy and safety of LU for management of ureteric stones.

Methods: Prospective study was carried out from September 2013 to August 2014. All patients with large ureteric stones >1.5 cm in size with density >1000 HU with upper tract dilatation were included. Stone extraction was done using a lap-bag using 3 or 4 port technique. Double-J stent was inserted with intracorporeal suture repair of the ureterotomy. Patients' characteristics, stone characteristics, peri and post-operative complications (minimum follow-up of one year) were analyzed.

Results: Fifteen (15) patients with mean age of 43 ± 12 years, with median BMI of 27.7 kgm² were included. 60% were males. Mean stone diameter was 19mm (1.5-2.9mm) and density was 1215HU. Two (02) stones were at pelvi-ureteric junction, nine (09) at upper and four (04) at mid ureter. Thirteen patients had single stone disease, and rest had two each. Mean operative time was 107±50 minutes. There were two conversions to open ureterolithotomy. All patients had complete stone clearance (100%). Mean hospital stay was 4days and duration of double-J stenting was 8 weeks. None of the patients developed long-term post-operative complications during the mean follow up of 18 months.

Conclusions: LU is a safe and effective approach for selected patients with large and dense ureteric stones where there is no LASER facility. This should replace open surgery as reduced postoperative complications and short hospital stay, and should be considered as a treatment option for such stones.