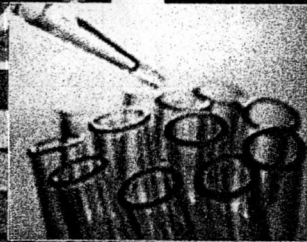


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Faculty of Medical Sciences, University of Sri Jayewardenepura

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## PP 5

**Laparoscopic Ureterolithotomy for large ureteric stone: Single center experience**Hingalagoda C<sup>1</sup>, Nandamuni Y<sup>1</sup>, Pathirana H<sup>1</sup>, Manikkage Y<sup>1</sup>, Seneviratne LN<sup>1</sup><sup>1</sup>Sri 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 kgm<sup>2</sup> 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.

## PP 6

**Comparison of lipid profiles in a population of Type 2 Diabetes Mellitus patients and normal females in a rural area: A preliminary study**Rathnayake RGL<sup>1</sup>, Perera PPR<sup>1</sup>, Hettiaratchi UPK<sup>1</sup><sup>1</sup>Department of Biochemistry, Faculty of Medical Sciences, University of Sri Jayewardenepura

**Objectives:** The aim of this study was to compare the lipid profiles of a population of type 2 Diabetes Mellitus (T2DM) patients and non-diabetic females in a rural area.

**Methods:** Diabetic and non-diabetic (each n=24) females living in Elehera regional secretary area were selected using convenient sampling method. Ten and twelve hour fasting blood samples were collected for determination of fasting blood sugar (FBS) and lipid profile assays [total cholesterol (TC) serum triglyceride (TG), high density lipoprotein (HDL), low density lipoprotein (LDL)].

**Results:** The mean age of the T2DM group was 43 years and the controls were 40 years. FBS level of T2DM group and control group were 129.0±49.1 mg/dl and 83.5±9.3 mg/dl respectively and were significantly different (p<0.05). TG levels of diabetic and non-diabetic groups were 150.8±84.1 mg/dl and 103.5±71.8 mg/dl respectively and significantly higher in T2DM cases (p<0.05). However, other lipid parameters were not significantly different among the two groups. Hypertriglyceridemia were seen in 33.3% tests and 8.3% controls, while lower HDL levels were observed in 50% tests and 29.2% controls. Interestingly, 50% of the controls were having hypercholesterolemia (test-37.5%), and elevated LDL levels (test-33.3%).

**Conclusions:** Hypertriglyceridemia is associated with the T2DM population in this study and interventions need to be carried out as one third of the test population is having elevated levels of other lipid profile parameters although the values were not significantly higher compared to the controls. As considerable percentage of controls also had elevated lipid profile parameters, regular screenings should be advised.