

47th ANNUAL ACADEMIC SESSIONS

CEYLON COLLEGE OF PHYSICIANS

UNITY IN DIVERSITY

16.4% were confirmed by flaB PCR and 8.5% were confirmed by rrs PCR. According to the modified Faine's criteria, 82 were identified as having leptospirosis, which was 50% out of the clinically suspected leptospira cases.

CONCLUSIONS

Clinical symptoms have a greater value in resource poor setting for the management of leptospirosis. However applying Faine's criteria will help to avoid misdiagnosis, over treatment and specially for epidemiological purposes. Evaluated two PCR assays were specific although it is less sensitive than IgM immunochromatography.

PP 3: Lipoprotein (a) and its association with severity of Coronary Artery Disease (CAD) of patients awaiting Coronary Artery Bypass Graft (CABG): a preliminary study

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OBJECTIVES

To determine the correlation between Lp(a) concentration and severity of Coronary Artery Disease (CAD) of patients awaiting CABG.

METHODS

Descriptive study. The patients (n = 46) warded at Cardio-Thoracic unit of Sri Jayewardenepura General Hospital. Lp(a) was determined using immuno-turbidometry assay in 12-14hr fasted serum and CAD severity was evaluated by Gensini score using the coronary angiogram. Results were analyzed using SPSS 16 version.

RESULTS

Among the patients 62% were identified as hyperlipidemic prior to admission and they were under treatment of lipid lowering drugs depending on the lipid profile. Lp(a) concentrations of total group, hyperlipidemic and non-hyperlipidemics were 56.8±49.2mg/dl, 56.7±50.2mg/dl and 58.4±48.0mg/dl respectively and were not significantly different. The correlation between Lp(a) and Gensini score of the total group (46.1±26.5) was significant (r = 0.33, p < 0.05). However, non significant correlations between Lp(a) and Gensini score were observed for hyperlipidemic (48.8±26.4; r = 0.28, p>0.05) and non hyperlipidemic (49.7±27.4; r=0.43, p>0.05) groups. The correlation between Gensini score and Lp(a) of non-hyperlipidemics was higher than hyperlipidemics under treatment.

CONCLUSIONS

Early measurement of Lp(a) may be considered as a potential marker for assessing the susceptibility for CAD especially in those with risk factors but considered non- hyperlipidemic by conventional methods.

PP 4: Statins and liver toxicity among patients awaiting Coronary Artery Bypass Graft (CABG) surgery: A preliminary observation

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OBJECTIVES

To describe the distribution of serum alanine (ALT) and aspartate (AST) transaminase of patients (n = 55) who are being treated with atorvastatin (40 mg and 20 mg daily) and are awaiting CABG at Cardiothoracic

unit of Sri Jayewardenepura General Hospital.

METHODS

History of hyperlipidemia and usage of statins were gathered from an interviewer administered questionnaire and the statin dose was recorded from bed head ticket. Blood samples were collected prior to the surgery and AST and ALT were measured using a kinetic method.

RESULTS

The level of AST (32.3 U/L, IQR -12.4) and ALT (24.7 U/L, IQR 20.4) were within the normal range. 45 % of the study population was unaware that they are on treatment with statins. There were no significant differences observed in the liver enzymes between those on 20mg and 40mg of atorvastatin or with duration of treatment ($p > 0.05$).

CONCLUSIONS

According to previous studies elevation of transaminases due to statins is recorded within the first six month of treatment. This increase is asymptomatic and reverses with termination of treatment or reduction of the dosage. Most of the patients in this study group were on statins for > 6 months and thus the levels may have normalized by the time of our assessment. However, the patients' awareness of drugs they were using was less. Making patients more aware regarding usage of drugs may reduce the adverse effects if any occur.

PP 5: High Rate of Antibiotic Prescriptions for Outpatients with Influenza-Like Illness in Southern Sri Lanka

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OBJECTIVES

Acute respiratory illnesses, including influenza, account for significant proportion of ambulatory care visits worldwide. Even in developed world, these encounters commonly result in unwarranted antibiotic prescriptions; data from more resource-limited settings as Sri Lanka are lacking

METHODS

Consecutive patients presenting to the Outpatient Department at teaching Hospital Karapitiya were surveyed for influenza-like illness (ILI). Patients meeting World Health Organization criteria for ILI-- acute fever 38.0°C and cough in prior 7 days were enrolled and We collected Clinical data and nasal/nasopharyngeal sample for rapid influenza A/B testing (Veritor, Becton Dickinson).

RESULTS

We enrolled 311 patients with ILI from March- November 2013, with 54.7% children ≤ 18 years, 55% males. Approximately half (47.2%) were positive for influenza; 30.2% influenza A, 17.0% influenza B. On bivariable analysis, features associated with influenza included pleuritic pain (26.5% vs 8.8%, $p < 0.001$), anorexia (83.0% vs 72.3%, $p = 0.026$), fatigue (87.8% vs 76.7%, $p = 0.012$), headache (85.0% vs 73.6%, $p = 0.014$), arthralgias (81.6% vs 62.9%, $p < 0.001$), and myalgias (81.6% vs 66.0%, $p = 0.002$). Most patients (81.4%) received antibiotics, with no difference regarding influenza status ($p = 0.320$). Commonly prescribed antibiotics included penicillins (52.7%), first generation cephalosporins (20.6%), and erythromycin (3.9%). Patients prescribed antibiotics were more likely to be clinically diagnosed with a respiratory tract infection versus unspecified viral fever ($p < 0.001$), and to receive additional diagnostic tests (22.9% vs 10.3%, $p = 0.033$).