Chapter Connection

1st Issue - January 2008

Chapter Connection **is a newsletter specially brought to you by the Chapter of General Surgeons under the auspice of the College of Surgeons, Singapore. The Board of the Chapter of General Surgeons is well represented with members from different institutions and this would mean that you could find the latest happenings of the general surgery community of these institutions in this newsletter. This newsletter is published quarterly and will be distributed to the Members of the Chapter of General Surgeons only.**

Chairman's Message

Dear Fellows,

Greetings and welcome to the Chapter!

This E-newsletter is one of the (hopefully) many attempts your Chapter will make to keep its members engaged and in touch.

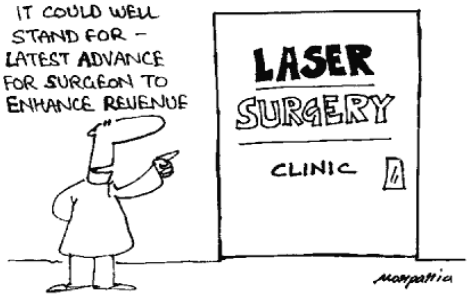
The Chapter has never been active. Your new Chapter Board, which took office in 2007, is trying to change this. We want to raise the profile of our Chapter, to reach out to all our members and to involve everyone in the decision-making and running of this body of General Surgeons.

As our first priority, we want to reach out to the younger members, who are very net- savvy, to involve them in our e-forum. If you have not heard, we have our own e-forum, which can serve as a discussion centre, education hub and much more. It is really up to us to realize its potential. You may access to our e-Forum via the College of Surgeons' website at www.css.edu.sg and click on "eForum Discussion".

Next, we would like to help our trainees both basic and advance. We realized there may be many opportunities at your local hospital level for teaching activities, but there is none that involves all trainees. We would like to organize post-graduate courses for the benefit of this lot. More details will be forthcoming soon.

Lastly, we would like to unite all general surgeons, whether they are from institutions or private practice, to work together for the advancement of our specialty. General Surgery in Singapore is not dead. Let us join hands to keep it alive and vibrant. Warm wishes to all and please do support your Chapter.

I. Swaminathan
Chairman, Chapter of General Surgeons
College of Surgeons, Singapore



Board of Chapter of General Surgeons

Chairman:	Dr Swaminathan Ikshuvanam (Gleneagles)
Vice-Chairman:	A/Prof Cheah Wei Keat (NUH)
Honorary Secretary:	A/Prof Chia Kok Hoong (TTSH)
Members:	Dr Chan Hsiang Sui (Gleneagles) Dr Anton Cheng (AH) A/Prof Pierce Chow (SGH) Dr Michael Hoe (Gleneagles) A/Prof Adrian Leong (NUH) Dr Dennis Lim (NCC) A/Prof Jimmy So (NUH)

Continuing Medical Education (CME) Calendar

The Chapter Board has compiled a CME calendar that reflects the CME activities in the Department of General Surgery / Department of Surgery of the following institutions for your easy reference and participation:

- Alexandra Hospital
- National University Hospital
- Parkway Group – Eastshore Hospital, Gleneagles Hospital and Mount Elizabeth Hospital
- Singapore General Hospital
- Tan Tock Seng Hospital

The CME calendar can be viewed at the College of Surgeons website at www.css.edu.sg under "CME Activities" – "General Surgery".

College of Surgeons Singapore Website

The College of Surgeons has revamped and launched its new website at www.css.edu.sg since April 2007 and all Chapter Members are encouraged to visit the College website to learn more about the College and its Specialty Chapters as well as obtaining event updates of local and international surgical community. Members can also access the interesting eForum, an online platform for interaction, sharing and discussion, via the College website under "eForum Discussion".

"Yes - that's my surgeon - the one who cuts himself shaving ..."

An Uncommon Cause of Obstructive Jaundice

Co-Authored by: Gary CY Kang, Pierce KH Chow

Case Report

A 35-year-old Filipino woman presents with a 3-day history of painless jaundice and tea-coloured urine. This is associated with loss of appetite and loss of weight amounting to 4 kilograms over 10 months as well as generalised pruritus for 1 month. She came to Singapore 11 years ago to be a domestic worker. There is no family history of cancer and she is not a known carrier of the hepatitis virus.

On examination, the patient was clearly jaundiced, but there are no stigmata of chronic liver disease. Palpation of the abdomen does not elicit tenderness or reveal obvious masses. Ascites is not present. Digital rectal examination only shows light-brown stools. The rest of the physical examination is unremarkable.

Investigations show the following: haemoglobin – 11.4g/dL, normal white blood cell count; normal renal panel; bilirubin 200umol/L; alkaline phosphatase 1442U/L; alanine transaminase – 67U/L; aspartate transaminase – 84U/L; albumin 22g/L; carcinoembryonic antigen, CA 125, CA 19-9 and alfafeto protein are not raised.

CT abdomen and pelvis (figure 1) reveals significant intrahepatic biliary ductal dilatation down to the level of the common hepatic duct with suspicion of an obstructive lesion at the confluence of the left and right hepatic ducts. There is also a 3 cm subcapsular lesion at segment 4A. MR cholangiography (figure 2) characterised the lesion as an irregular stricturing at the confluence of the intrahepatic ducts, proximal CBD, and distal right main intrahepatic duct. Both scans show indeterminate pulmonary nodules in the right lower lobes. CT thorax shows evidence of multiple nodules of various sizes involving all lung zones bilaterally (figure 3).

She becomes febrile after 3 days in hospital and a percutaneous transhepatic drain is inserted via the left intrahepatic duct (figure 4) to decompress the biliary system, and parenteral antibiotics are started. She subsequently undergoes video-assisted thoracoscopic surgery and wedge resections of 2 upper lobe pulmonary nodules.

What is the Patient's Diagnosis?

Diagnosis: Necrotising granulomatous inflammation suggestive of acid-fast bacilli (AFB) is found on histological examination of the lung lesions. AFB culture is positive for pan-sensitive myco tuberculosis (TB) complex despite AFB smear being contrastingly negative. A positive TB quantiferon test on her blood further confirms active tuberculosis in this patient. Anti-tuberculous medication was started immediately.

Bile from the percutaneous transhepatic drain was sent for AFB smear, AFB culture, and molecular assay for *M. Tuberculosis* complex DNA. The molecular assay comes back positive for tuberculosis DNA and confirms the diagnosis of biliary TB. She is not HIV-positive.

☺ A Note of Thanks to A/Prof Pierce Chow for contributing this case study. Full article can be found in the eForum.

Contribution of any news & articles from Chapter Members are welcome for consideration to publish in this quarterly newsletter. Please send it to the College Secretariat at css@ams.edu.sg.

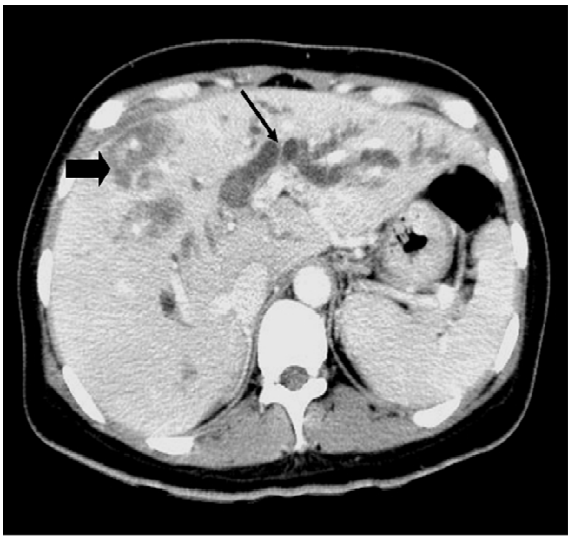


Figure 1. CT abdomen and pelvis showing stricture at the confluence of the hepatic ducts, which are dilated (small arrow); and subcapsular lesion at segment 4A (big arrow)

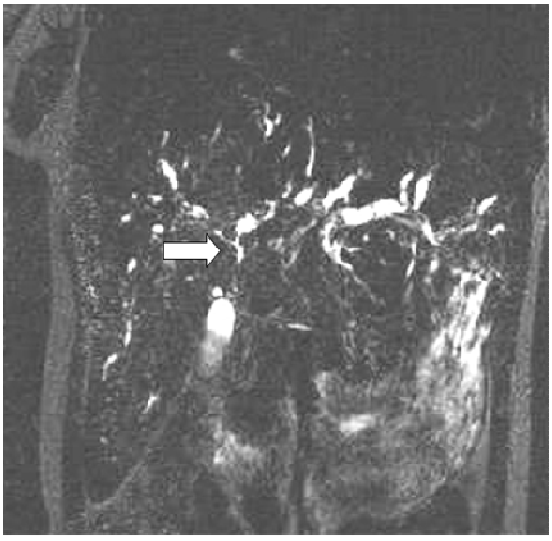


Figure 2. MR cholangiogram, coronal slice, showing the same irregular stricturing at the hepatic duct confluence

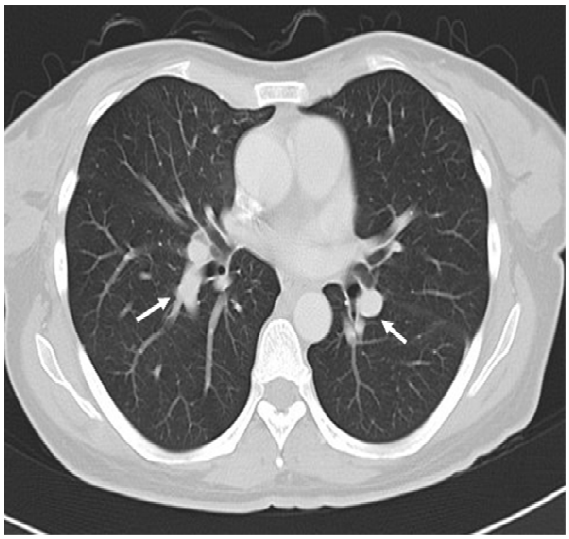


Figure 3. CT thorax showing bilateral lung nodules

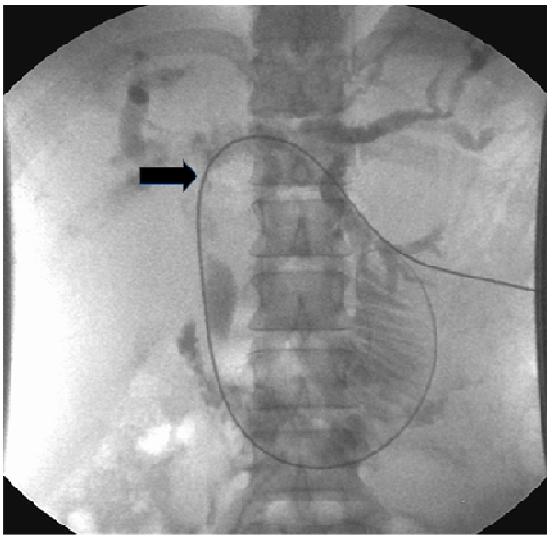


Figure 4. Percutaneous transhepatic drain entering through the left hepatic duct and bypassing the stricture (arrow)