Chapter Connection

6th Issue - April 2009

Chapter Connection **is a newsletter specially brought to you by the Chapter of General Surgeons under the purview 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. On the goodwill of the Chapter Board, this quarterly newsletter will also be distributed at no cost to the Trainees and Fellows of General Surgery in various public hospitals.**

Message from Chapter Chairman

Dear surgical colleagues,

The recession is upon us and everyone is being urged to retrain and re-equip to face the uncertain future. We are fortunate in that we are skilled personnel and relatively immune to the effects of downturns.

Nevertheless, it does not mean we should rest on our laurels. Re-certification and Maintenance of Competency (MOC) are becoming increasingly important. We all know how difficult it is to assess "competency" when it comes to surgeons.

Re-certification is easy enough, as it mainly refers to one's licence to carry on practicing Medicine, but MOC refers to re-credentialing of surgeons. It can only be done by the College of Surgeons and we have little past knowledge to work on. Much work needs to be done and your Chapter would like to be involved in the process as it develops.

Meanwhile, retrain, refocus and review.

Your Chapter Newsletter needs your support, in the form of articles and also financially. Please let us know if anyone is interested in contributing to the contents or to the regular publishing cost, and if you know of any sponsors. Please feel free to email me at iswami@singnet.com.sg or to our College Secretariat at css@ams.edu.sg.

Warm regards,
Dr Swaminathan I.
Chairman, Chapter of General Surgeons
College of Surgeons, Singapore

Wishing everyone Happy Holidays on:

10 Apr 2009 – Good Friday
1 May 2009 – Labour Day
9 May 2009 – Vesak Day

News/Articles Contribution & Enquiries:

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Contribution of any interesting news & articles from Chapter Members are welcome for consideration to publish in *Chapter Connection.*

Other Medical Events

Date	Event *[Details can be found at respective event link]*
26-27 October 2009	Definitive Surgical Trauma Care Course *[Event link: www.ttsh.com.sg/new/specialtiescentres/ttsh-nni-dstc.php]*

Events & Activities of Chapter of General Surgeons for 2009

The Chapter of General Surgeons will be holding its 3rd Annual General Meeting (AGM) on 21 April 2009 (Tue) at 6.00pm at the Boardroom of Gleneagles Hospital. The Notice of AGM will be disseminated to all Chapter Members soon.

Some highlights:
1. To introduce and welcome the new Chapter Board 2009-2011
2. The appointment of Office Bearers in the Chapter Board
3. To adopt the Chapter's Annual Report 2008
4. To seek suggestions of Chapter events / activities from Members

The Chapter of General Surgeons will be organising the 2nd Exit Examination Preparatory Course for all Advanced Surgical Trainees in General Surgery to aid in their exit exam preparation. The preparatory course 2009 will be conducted from 30 June to 4 July 2009 at Alexandra Hospital, National University Hospital, Singapore General Hospital and Tan Tock Seng Hospital. Course registration will be opened to all Advanced Surgical Trainees in General Surgery between end April to early June 2009 and a copy of the course brochure is obtainable at the College of Surgeons' website at www.css.edu.sg under "CME Activities - General Surgery" from end April 2009 onwards.

Registration is also open to all Chapter Members as follows:
1. Members may register for any of the morning lectures in the preparatory course 2009. Due to limited seating capacity, registration will be on a first-come-first-serve basis and priority will be given to all Advanced Surgical Trainees. Course registration fee at a discounted rate apply.
2. Members are invited to the informal networking dinner - "Surgeons cum Trainees Night" - which will be organised in conjunction with the preparatory course 2009. The dinner serves as a platform for all general surgeons and surgical trainees to network with each other and tokens of appreciation for all appointed lecturers, clinical tutors and mock VIVA examiners will also be given out at the dinner. Dinner registration fee apply. Details will be announced in May 2009.

A Newsletter brought to you by the Chapter of General Surgeons, College of Surgeons, Singapore.

Severe Intra-Abdominal Sepsis with Transaminitis

Co-Authored by: [1] *Eugene S. A. YEO,* [1] *Brian K. P. GOH,* [1] *Ern-Yu TAN,* [1, 2] *Pierce K. H. CHOW*
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CLINICAL PRESENTATION

A 52 year old lady presented to a hospital in Indonesia with lower abdominal pain and fever for 2 weeks duration associated with menorrhagia for 3 months. There were no other abnormal abdominal symptoms. She was monogamous and her last sexual contact was with her husband 3 months ago and she uses an intra-uterine device (IUCD) for contraception. She was attended to in her home country but her clinical condition did not improve. She thus presented to our institution after 2 weeks with fever and lower abdominal as well as right upper quadrant was tenderness.

Laboratory investigations demonstrated abnormally elevated inflammatory markers such as an increased white cell count of 14.79 x 10^9/L, C-reactive protein of 127 mg/L and Procalcitonin of 6.7 µg/L). Her liver function test was abnormal and demonstrated a hepatitic picture. The serum bilirubin was 24mmol/L, serum alkaline hosphatase was 113U/L, alanine transaminase was 980 U/L and aspartate transaminase was 5627U/L. All investigations for acute viral hepatitis including were normal. She underwent a computed tomography (CT) (Figure 1a, b). The patient was treated with empirical antibiotics but subsequently deteriorated, going into septic shock with severe metabolic acidosis. She was intubated and transferred to the intensive care unit (ICU) for ventilation and monitoring.

QUESTION

What is the diagnosis?

ANSWER

The computed tomography scan over the liver shows capsular and subcapsular enhancement in keeping with a perihepatitis (any other features) In the light of her diagnosis of pelvic inflammatory disease (PID) the diagnosis is that of perihepatitis secondary to PID or Fitz-Hugh-Curtis syndrome.

Fitz-Hugh-Curtis syndrome occurs in 15-30% of patients with PID. It consists of infection of the liver capsule and the liver peritoneal surface with minimal hepatic parenchymal involvement. Classically, patients present with right upper quadrant pain which occasionally radiates to the right shoulder. This may mask the primary problem and lead to a misdiagnosis of acute cholecystitis[1]. It is most commonly caused by infection with Chlamydia Trachomatis or Neisseria Gonorrhoea[2,3]. In one half of patients, the aminotransferases are abnormal[4,5]. The diagnosis of Fitz-Hugh-Curtis is usually made clinically and radiologically. This syndrome may also be diagnosed on laparoscopy which classically shows “violin-string” adhesions of the liver capsule to the anterior abdominal wall

As in PID, antibiotics are the mainstay of treatment for Fitz-Hugh-Curtis syndrome. Patients may be treated in an outpatient setting unless severely symptomatic. The patient was treated in the ICU with intravenous antibiotics and subsequently improved. She was sent out to the high dependency unit after 2 days in ICU, and to the general ward 2 days later. Her blood and endometrial cultures were all negative, and she was discharged well.

REFERENCES

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5. *Litt, IF, Cohen, MI. Perihepatitis associated with salpingitis in adolescents. JAMA 1978; 240:1253.*

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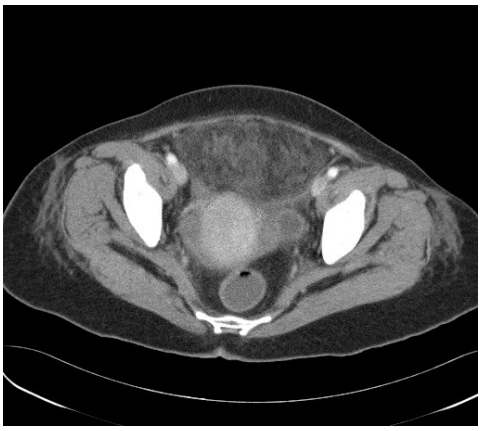

Figure 1a
Computed tomography scan of the pelvis showing inflammatory stranding and small amount of fluid in the pelvis

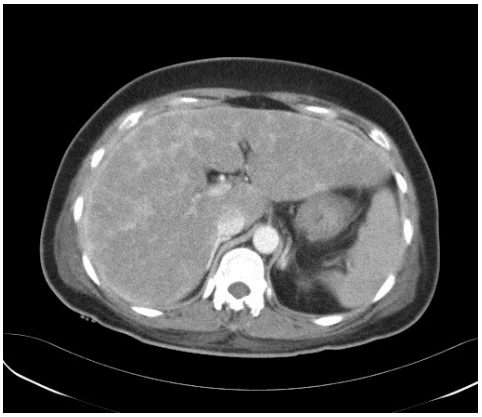

Figure 1b
Computed tomography scan of the liver

☺ ***A Note of Thanks to A/Prof Pierce Chow for contributing this article.***

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