POSTER ABSTRACTS

P-01

Anticonvulsant activity of ethanol stem bark extract of *Blighia sapida* in mice.

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Background: *Blighia sapida* (Jamaican ackee) is traditionally used to treat epilepsy, but scientific evidence of its therapeutic effects remains limited. This study evaluated the anticonvulsant activity, gamma-aminobutyric acid type A (GABAA) receptor involvement, acute toxicity, and phytochemical composition of the ethanol stem bark extract (BSSE).

Methods: Swiss albino mice (18–25 g; n = 6) received BSSE (250, 500 and 1000 mg/kg, i.p.), diazepam (3 mg/kg, i.p.) or 10% Tween 80 (10 ml/kg, i.p.). Pentylenetetrazole (PTZ) (90 mg/kg, i.p.) was administered thirty minutes after test agents to induce seizures. Flumazenil (2 mg/kg, i.p.), the benzodiazepine receptor antagonist, was administered 5 minutes before the extract or diazepam to investigate GABAA receptor involvement. Acute toxicity was evaluated using the Miller-Tainter method. Major phytochemicals were identified by GC-MS analysis. Data were analysed using SPSS software version 25 followed by one-way ANOVA with Tukey's post hoc test. Significance was accepted as $p < 0.05$.

Results: Diazepam, the positive control, and BSSE (500 mg/kg) significantly reduced seizure duration and increased seizure latency ($p < 0.05$) when compared with the PTZ control. Flumazenil inhibited the extract's ability to reduce seizure duration but did not affect seizure latency, suggesting partial involvement of GABAergic mechanisms. No mortality occurred at doses up to 3200 mg/kg ($LD_{50} > 3200$ mg/kg) in the acute toxicity assessment. GC-MS analysis identified glycerol, palmitic acid, oleic acid and linoleic acid as major constituents.

Conclusion: The *Blighia sapida* ethanol stem bark extract (500 mg/kg) exhibited significant anticonvulsant activity in the PTZ-induced seizure model, mediated partially via the GABAergic system. The pharmacological effects and favourable safety profile of the extract support further analysis to identify the bioactive component.

P-02

Caregiver beliefs and pharmacotherapy in children with autism spectrum disorder in a resource limited setting.

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Background: Autism spectrum disorder (ASD) is a neurodevelopmental disorder associated with behavioural comorbidities that may require pharmacological intervention. There is limited data on prescribing patterns, medication beliefs, and adherence in the Caribbean. This study described the co-morbidities and medication use among children with ASD at Jamaica's sole developmental clinic. Caregiver's medication beliefs and adherence were determined.

Methods: De-identified retrospective data were extracted from the medical records of children with ASD. Standardized questionnaires were administered {Beliefs about Medications Questionnaire- Specific (BMQ-specific), Medication Adherence Report Scale (MARS), Autism Spectrum Knowledge Scale General (ASKSG)} to participating parents. Descriptive statistics, multivariable linear and logistic regression analyses were performed using Stata 19 (statistical significance accepted at $p < 0.05$)

Results: There were 433 medical files reviewed (76.9% males, 23.1% females), mean age was 6.5 (SD ± 3.1) years. Male and female parental ages differed significantly ($p < 0.001$). Eighty-seven percent of children had at least 1 comorbidity; most common were global developmental delay (44.1%); intellectual disability (31.0%) and attention deficit hyperactivity disorder (22.4%). Prescribing rates ranged from 4.4% (2022) to 19.8% (2024); 15.7% represented scripts for psychotropics. Psychotropic scripts increased from 7.4% (2022) to 23.0% (2024) ($p = 0.002$). Adverse effects, (sedation), occurred in 15.0%. Sixty-eight parents were interviewed. Educational levels differed significantly between mothers and fathers ($p = 0.034$). Concerns (86.8%) outweighed perceived necessity of medication. Indifference (32.4%) and scepticism (25%) were common attitudinal profiles. Fifty percent of parents were adherent in administering medication. Adherence was higher in parents with greater knowledge of ASD but the difference did not achieve statistical significance ($p = .054$). There was no significant association between parental beliefs about medication and child and caregiver demographics.

Conclusion: Prescribing rates of psychotropics are increasing in use. There are greater parental concerns about medication use than belief in their necessity and only half of parents were adherent. Education regarding use and adherence of medication must be increased. Reasons for non-compliance must be explored.

P-03

Investigating the need for pharmacist-led therapeutic drug monitoring of nephrotoxic antibiotics at The University Hospital of the West Indies

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Background: Gentamicin, vancomycin, and amikacin are effective but potentially nephrotoxic antibiotics requiring careful monitoring to minimize toxicity while maintaining therapeutic efficacy. Therapeutic drug monitoring (TDM) for these antibiotics is not routinely available at the University Hospital of the West Indies (UHWI), and their utilization, associated clinical outcomes, and prevalence of nephrotoxicity have not been comprehensively evaluated. This study evaluated antibiotic use, clinical outcomes, and nephrotoxicity among adult inpatients receiving these antibiotics.

Methods: A retrospective observational study was conducted using inpatient medical records for admissions between December/1/2025-May/31/2026. Adult patients receiving intravenous gentamicin, vancomycin, or amikacin for ≥48 hours were included. Nephrotoxicity was defined according to the Risk, Injury, Failure, Loss of Kidney Function, and End-stage Kidney Disease (RIFLE) criteria as a peak serum creatinine concentration ≥1.5 times baseline. Data were analyzed using descriptive statistics, the Mann–Whitney U test, Pearson's chi-square test, and Fisher's exact test, with $p < 0.05$ considered statistically significant. One hundred and thirteen patients met the inclusion criteria. However, twenty-four patients (21.2%) could not be classified because of insufficient serum creatinine data.

Results: Gentamicin was the most frequently prescribed antibiotic (53/113; 46.9%), followed by vancomycin (47/113; 41.6%) and amikacin (13/113; 11.5%). Treatment success (defined as resolution of documented infection without evidence of persistent clinical or microbiological failure) occurred in 70/103(68.0%) patients, while 17/113 (15.0%) died during hospitalization. Nephrotoxicity was assessable in 89 patients and occurred in 22 (24.7%), with no significant difference between antibiotic groups ($p = 0.573$). Patients with nephrotoxicity had significantly longer hospital stays (median 55 vs 26 days; $p = 0.014$) and higher in-hospital mortality (31.8% vs 11.9%; $p = 0.047$).

Conclusions: Approximately one quarter of evaluable patients developed nephrotoxicity, which was associated with prolonged hospitalization and higher in-hospital mortality. These findings, together with incomplete renal-function monitoring and the absence of routine TDM at UHWI, support prospective evaluation of a standardized pharmacist-led TDM service.

P-04

Knowledge, attitudes, and behaviour of paediatricians in Jamaica regarding paediatric oral health

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Background: Paediatricians are often in a more distinctive position than dentists to aid in the prevention and treatment of oral health issues in children. This study aims to evaluate the knowledge, attitudes, and behaviours of paediatricians in Jamaica concerning paediatric oral health and will report on preliminary findings of the ongoing study. It also focuses on identifying any significant associations between their level of knowledge and attitudes and their behaviours towards paediatric oral health.

Methods: A knowledge, attitude, and behaviour model was used to perform a quantitative, cross-sectional study using a 40-item, self-administered online questionnaire. Data were collected and stored using Google forms and Microsoft excel software. Statistical analysis was done using SPSS Version 30. Descriptive statistics were performed and Fisher's exact test was employed to determine the relationship between categorical variables. The level of statistical significance was set at $p \leq 0.05$.

Results: The preliminary response rate is 15% (12/80). The majority (91.7%) of respondents were females; most (67%) were in age groups 50 years and over. The mean scores were knowledge 7.3 ± 2.094 (range 0-10), attitude 4.2 ± 0.3 (range 1–5) and behaviour 3.3 ± 0.5 (range 1–5). Statistical analysis found no significant associations between the knowledge and attitudes of participants and their behaviour, $p > 0.05$.

Conclusion: Initial results suggest adequate knowledge, positive attitudes and neutral behaviours. Final results may provide a deeper insight into the relationship between the knowledge, attitudes and behaviours of paediatricians regarding paediatric oral health. While response rates for online surveys are typically lower than 50%, enhancing recruitment efforts, or extending the study period may increase engagement by paediatricians.

P-05

Semicarbazone ligand and its complex's impact on the hematology and biochemistry of type II diabetic rats

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Background: Diabetes mellitus (DM) is a metabolic disorder responsible for a large percentage of global deaths. The primary method of managing DM is through medications. Recently, semicarbazones (SC) and their complexes have gained attention due to their ability to regulate blood glucose by targeting specific enzymes linked to diabetes. This study aims to investigate some of the hematological and biochemical effects of the SC ligand and chromium SC complexes on fructose induced type (II) DM rats.

Methods: To induce type (II) DM, Sprague-Dawley rats were given a single intraperitoneal injection of 40mg/kg streptozotocin two weeks after being supplemented with 10% fructose water. The rats used were 180g to 250g, ages 8 weeks, they were then divided into seven groups according to their metabolic state, (NR, DR, DRG, DRL, DRC, NRL and NRC) diabetic (D) and normal (N), and treatment conditions. Over the course of ten weeks, treatments were given based on assignment. The rats were then sacrificed, collecting blood and other essential organs. Hematological and biochemical analyses were performed on the collected blood serum to evaluate the impact of the compounds on the rats.

Results: Significant increases in the White Blood Count (WBC) could be seen between the ligand treated normal rats (NRL 5.02 ± 2.24 x10e9 cells/L), chromium treated diabetic groups (DRC 1.65 ± 0.83 x10e9 cells/L; $p = 0.0234$) and ligand treated diabetic rats (DRL 2.09 ± 1.73 x10e9 cells/L; $p = 0.0028$). No significant changes were seen in the red blood cell count (RBC) and hematocrit levels across all groups. Significant decreases were seen in the mean platelet volume (MPV) among the DR (8.60 ± 0.63 fL), DRL (8.38 ± 0. 62 fL), DRC (8.300 ± 0.76 fL) groups vs NRL (7.25 ± 0.16 fL; $p= 0.0006$, $p = 0.0029$, $p = 0.0043$, respectively), and DR, DRL, DRC vs NRC (7.30 ± 0.12 fL) groups ($p = 0.0014$, $p = 0.0067$, $p = 0.0102$, respectively). There was no significant difference observed in the serum albumin with the exception of the DRL (12.57 ± 1.90 g/L) group which was statistically lower than NR (15.75 ± 1.75 g/L; $p = 0.0400$). For the average serum Aspartate transferase there was a significant difference observed between DRL (548.8 ± 43.1 U/L) and NRL (171 ± 6.52 U/L; $p = 0.0391$). The average serum creatinine there were not significant difference among all groups.

Conclusion: Both diabetic and non-diabetic rats can have their biochemical and hematological parameters altered by treatment with semi-carbazone complexes. To completely understand how semi-carbazone and its chromium complexes can affect biochemical and hematological processes in a diabetic state, histopathological analysis and other analyses are required

P-06

Health seeking behaviour patterns in adolescent males ages 16 to 19 years in Kingston, Jamaica: a qualitative approach

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Background: Males exhibit less health seeking behaviours than females. Adolescent males are more likely to engage in risky behaviours but are less likely to seek health care resulting in poorer health outcomes. Adolescents in rural and urban areas exhibit similar concerns when seeking healthcare.

Methods: This qualitative study utilized focus group discussions (FGD) and in-depth interviews to gather adolescent males' perspectives and lived experiences regarding health-seeking behaviours. After receiving ethical approval and approval from the Ministry of Education, participants were recruited from grades 11–13 at 4 conveniently selected high schools in Kingston, Jamaica. Participants completed a 5-question anonymous screening questionnaire to determine demographics and exposure to the health system and used aliases to ensure confidentiality. Interviews and FGDs were audio-recorded and transcribed verbatim. All data were securely stored. Data were analysed using thematic analysis to identify recurring themes.

Results: Seven (7) focus groups of 8–12 adolescents and 8 individual in-depth interviews were conducted using a question guide. Health seeking behavior was influenced by the perceived severity of illness and physical symptoms. Fear of judgement and stigma discouraged health seeking while their desire for health information and persistence of symptoms or perceived serious illness drives it. Participants identified barriers such as lack of parental support, lack of patient confidentiality, fear of anticipated outcomes, lack of time and overcrowding. Conversely, parental and family support facilitates health seeking. Participants suggested that health seeking behaviour could be improved through increasing health awareness and information and improving the health facilities and health staff.

Conclusion: Factors influencing health seeking behavior in adolescent males are complex, including intrinsic and external environmental factors. Aspects of health care services were identified that are amenable to improvement to enhance male adolescent health seeking behaviours, and to provide effective and appropriate gender specific health education and services.

P-07

Invisible casualties: an overlooked crisis of psychological morbidity amongst caregivers of children with autism spectrum disorder in Jamaica.

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Background: Caregivers of children with autism spectrum disorder (CASD) face unique and sustained stressors that increase their vulnerability to mental health difficulties. There are currently no studies highlighting the experiences or challenges of caregivers of children with ASD in the Caribbean. This study compared the prevalence and factors associated with depression, anxiety, and parental burnout among C-ASD versus caregivers of children with no developmental concerns (C-NDC) at a single center in Jamaica
Methods: Using a cross-sectional design, interested caregivers were enrolled from two Paediatric outpatient clinics at the University Hospital of the West Indies. Standardized screening tools were administered {Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7(GAD-7), Parental Burnout Assessment (PBA)} and sociodemographic data were collected via an electronic questionnaire.
Results: Eighty-eight (88) C-ASD and forty-eight (48) C-NDC participated. C-ASD were less likely to be married ($p = 0.001$), living in nuclear homes ($p = .0032$), or have tertiary education ($p = <0.0001$) They were more likely to have lower household income ($p = <0.0001$). C-ASD reported that 36. 3% of the children had co-morbid neuro-developmental conditions and 20.4% had a sibling with a neuro-developmental condition. C-ASD displayed significantly higher rates of depression ($p = 0.0005$), anxiety ($p = 0.0005$) and parental burnout ($p = 0.02$) compared to controls. Univariate analyses identified anxiety and the parental exhaustion domain of the PBA as the strongest factor associated with depressive symptoms, while higher income and maternal employment were protective. In the multivariate analyses, anxiety remained the only independent factor associated with depression ($p = <0.001$) whilst parental burnout ($p = <0.001$) and depression ($p = 0.012$) were independently associated with anxiety.
Conclusion: Jamaican parents of C-ASD children experience higher levels of depression, anxiety and parental burnout compared to parents of C-NDC. Routine mental health screening and targeted support within ASD services, in addition to traditional interventional services, is required. This may prevent chronic psychological morbidity and improve overall family coping mechanisms and wellbeing.

P-08

Short-term outcome of very low birth weight infants at the University Hospital of the West Indies: 2018–2021

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Background: Very low birth weight infants are a subset of low birthweight infants who weigh less than 1500 grams. They represent about 1.4–4.1% of live births globally and contribute to 28% of neonatal mortality. The study aimed to assess the short-term outcome of Very Low Birth Weight infants at the University Hospital of the West Indies for the years 2018 to 2021.
Methods: A retrospective docket review of 200 VLBW neonates born at the UHWI for the period January 1, 2018 to December 21, 2021 was conducted. Descriptive analyses were performed and differences between survivors and non-survivors were determined. Chi square tests were conducted for categorical variables and Student's t-test to analyse continuous variables. Statistical significance was assigned at the level $p < 0.05$.
Results: For the years 2018–2021 there were 200 live born VLBW that were included in the study, representing 3.0% of all live born at the University Hospital of the West Indies with a range of 2.6–3.5% (from 2018–2021). There were 104 (52%) females and 91 (46%) males, mean birthweight (SD) weight of 1083 (252) grams with a range of 510 g to 1490 grams. Fifty-one (25.5%) neonates died prior to 28 days of life representing 53% of all neonatal deaths. Factors associated with mortality included birth weight, gestational age, 1- and 5-minute Apgar score <7, RDS, pneumonia, pulmonary haemorrhage, pneumothorax, intraventricular haemorrhage, hyperglycaemia, culture positive sepsis, maternal hypertension and the need for surfactant therapy, $p < 0.05$. Independent factors associated with mortality included birth weight, gestational age and maternal hypertension, $p < 0.05$. The study had low rates of retinopathy of prematurity, chronic lung disease and intraventricular haemorrhage.
Conclusion: The high mortality of VLBW infants at the UHWI shows that further research is needed to address areas for improvement and implementation of evidence based strategies to improve survival.

P-09

A comparison of the rate of central line associated bloodstream infections pre- and post-implementation of a line care bundle at the intensive care unit, University Hospital of the West Indies (UHWI).

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Background: Central venous catheters are commonly placed in patients admitted to the intensive care unit (ICU) and are associated with significant infection risk. Central line associated blood stream infections (CLABSI) negatively impact patient morbidity and mortality and can be reduced by using care bundles. Local data regarding CLABSI rates is limited and prior to this study, no formal bundle existed at the University Hospital of the West Indies (UHWI). This study aimed to evaluate CLABSI rates before and after implementing a new central line insertion bundle in the ICU, as well as identify specific pathogens and resistance patterns.
Methods: This study was a three-phase project targeting patients who were admitted to the ICU at the UHWI who had central lines inserted. The pre-bundle CLABSI rate was determined via a single centre cross sectional survey conducted retrospectively over eight months. Staff training was done over three weeks, followed by the implementation of the new catheter insertion bundle and subsequently, an eight-month prospective survey was conducted to determine post bundle CLABSI rates.
Results: There was an increase in the CLABSI rate from 11.5 pre- bundle implementation to 15.9 per 1000 catheter days post-bundle. The main organisms responsible were Gram-negative bacteria, namely *Acinetobacter*, *Klebsiella* and *Pseudomonas* species. Multi-drug resistant organisms were found in 64% of the isolates pre-intervention and 41% post-intervention. ICU mortality rates were not significantly different between those with and without CLABSI, but development of a CLABSI was associated with a longer ICU admission both pre and post intervention ($p = 0.001$).
Conclusions: Implementation of an insertion bundle did not reduce the CLABSI rate in the ICU at the UHWI. The increased incidence may be related to gaps in compliance and the absence of a maintenance bundle. Gram-negative pathogens predominated, and the prevalence of multidrug resistance was high, underscoring the need for improvement in infection-control measures and antimicrobial stewardship.

P-10

Attitudes of physicians and nurses towards suicide prevention at the University Hospital of the West Indies Emergency Department and Psychiatric Service.

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Background: Suicide is a preventable cause of death worldwide. Healthcare workers' attitudes impact the efficacy of interventions in this patient group. This study aims to investigate the attitudes towards suicide prevention (ATSP) of physicians and nurses working at the UHWI Emergency department (ED) and Psychiatric Department (PD) using the 'ATSP Scale'.
Methods: A census of nurses and physicians working in the ED and PD at the UHWI during the period May 2025 to August 2025 was conducted. A validated 14-item Attitudes to Suicide Prevention (ATSP) Scale was administered to study participants. Higher scores reflect more negative ATSP. The Statistical Package for the Social Sciences (SPSS) was used for frequency analysis to describe the sample; independent samples t-test, ANOVA and Pearson's chi-square to determine associations between attitude scores and demographic characteristics; and linear regression models to determine directional associations between demographic characteristics and attitude scores. P-value for significance was $p < 0.05$
Results: There were 209 study participants consisting of 162 (77.5%) ED staff, 163 (78.7%) females and 137 (65.9%) nurses. The overwhelming majority of doctors in the ED (89%) and all of the ED nurses, PD nurses, and PD doctors reported perceived benefit of further training geared towards managing suicidal patients. PD staff had significantly lower (more positive) ATSP (mean 29.9 vs 33.5, $p = 0.003$).
Conclusion: Most participants reported a desire for additional suicide prevention training, indicating a strong perceived clinical value of training in this domain. Difference in clinical specialties was the strongest factor associated with attitude, highlighting the need for targeted training in emergency medicine.

P-11

Atypical presentation of acute coronary syndrome in geriatric patients in an Emergency Department in Jamaica

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Background: Persons aged 60 years and older account for a significant percentage of patients presenting to the emergency department and they have a higher probability of presenting with an atypical manifestation of illness. The burden of cardiovascular disease among Jamaicans is high and as the population continues to age, emergency physicians will increasingly encounter elderly patients presenting with acute coronary syndrome. This project sought to determine the prevalence and clinical outcomes of elderly patients aged 60 years and older presenting to a Jamaican emergency department with an atypical presentation of acute coronary syndrome.
Methods: A cross-sectional study was conducted using data obtained from the Hospital Information Management Systems of the University Hospital of the West Indies over the period January 1 to June 30, 2025. Atypical symptoms included syncope, shortness of breath, vomiting and dizziness without typical chest pain. Data extracted include age, gender, type of presentation, co-morbidities, diagnosis, intervention and clinical outcome. Statistical analyses were performed using SPSS version 29.
Results: A total of 17659 persons presented to the emergency department during the study period and a study sample of 107 was pre-determined. Patients 60 years and older accounted for 25.53% (4509) of registrants, with a female predominance of 60 (56.07%) and mean age of 70.75 ± 8.37 years. A quarter (24.30%) of participants had an atypical presentation and all were admitted with one case dying while in the emergency department. No statistically significant association was observed between age and presentation type ($p = 0.803$).
Conclusion: Atypical presentation of acute coronary syndrome is high among elderly patients presenting to the emergency department of the University Hospital of the West Indies. These findings underscore the need for geriatric specific interventions and modifications to be made to alleviate the burden on the emergency department and improve patient outcome. The results are of epidemiological significance to Jamaica and the wider Caribbean and provide a framework for future research in this area. As all these patients tend to be admitted and are frequently housed within the emergency department, the data obtained may be useful in implementing geriatric specific interventions to improve patient outcome.

P-12
Role of point-of-care ultrasound in penetrating cardiac injury.

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Background: Penetrating cardiac injuries represent rare yet highly lethal forms of thoracic trauma that necessitates rapid recognition and intervention to improve survival outcomes. Clinical diagnosis is often challenging, as patients may initially present haemodynamically stable and classical signs of cardiac tamponade are frequently absent. Point-of-care ultrasound (POCUS) serves as a critical adjunct in the early detection of occult cardiac injury and may enable timely intervention.
Methods/Case Report: A 49-year-old male presented to the Spanish Town Hospital approximately 45 minutes after sustaining a single stab wound to the cardiac box. Extended Focused Assessment with Sonography in Trauma (E-FAST) was performed during the initial evaluation and identified a hemopericardium. Serial echocardiographic monitoring revealed progression to cardiac tamponade despite the absence of classical clinical signs. Ultrasound-guided pericardiocentesis was promptly undertaken as a temporising measure while the patient was prepared for operative management. However, only 2 cc of blood was aspirated. Emergency thoracotomy revealed 200 cc of clotted blood within the pericardium and a right ventricular incision, which was successfully repaired. The patient experienced an uneventful recovery and was discharged home six days later.
Conclusion: This case highlights the essential role of POCUS in early recognition and monitoring of penetrating cardiac injuries, particularly in resource-limited settings. It further demonstrates that reliance on clinical examination findings for cardiac tamponade is limited and unreliable. Additionally, this case illustrates the limitations of pericardiocentesis in trauma when clotted hemopericardium is present.

P-13
The clinical significance of frailty in patients admitted to the Intensive Care Unit (ICU) at a tertiary centre in Jamaica

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Background: Frailty is a state of increased physiological vulnerability characterized by diminished reserve across multiple organ systems. In critically ill populations, frailty is widely recognised as predicting adverse outcomes, yet limited data exist from low- and middle-income countries. We determined the prevalence and clinical significance of frailty in patients admitted to a Caribbean ICU.
Methods: Retrospective cross-sectional study of patients ≥50 years admitted to the Intensive Care Unit at University Hospital of the West Indies (January 2024–April 2025). Frailty was assessed using the modified Frailty Index-11 (mFI-11) at admission and discharge. Primary outcome: frailty prevalence. Secondary outcomes: associations

between frailty and 30-day mortality, length of hospital and ICU stay, and incidence/occurrence of acute kidney injury (AKI).

Results: Of 246 eligible patients, 200 were included (mean age 65 ± 14 years; 53% male). Frailty prevalence was 70% at admission (140/200) and 73% at discharge (111/152 survivors). In contrast to published literature, frailty showed no significant association with mortality (frail 22% vs. fit 28%; $p = 0.4$), length of ICU stay (5 days in both groups; $p = 0.4$), length of hospital stay (frail 16 vs. fit 20 days; $p = 0.5$), or AKI incidence (frail 51% vs. fit 41%; $p = 0.2$). Notably, in-hospital mortality was higher in fit patients (28%) compared to frail patients (22%), though not statistically significant.

Conclusions: Frailty prevalence in this ICU cohort was notably high at 70%, consistent with findings that ICU admission accelerates frailty. However, unlike international literature, frailty was not independently associated with mortality or increased resource utilization, suggesting that acute illness severity may be a more dominant risk factor for outcomes, than baseline frailty burden in this Caribbean population.

P-14

Morel-Lavallée lesion of the proximal leg following low-energy blunt trauma: A Case Report

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Background: Morel-Lavallée lesions are uncommon closed degloving injuries caused by shearing forces that separate subcutaneous tissues from the underlying fascia, disrupting vascular and lymphatic channels and producing a hemolymphatic collection. They are typically associated with high-energy trauma and may be missed initially. We report a delayed Morel-Lavallée lesion following low-energy blunt trauma, highlighting its clinical recognition and management analogues to a previous case 17 years ago.

Methods/Case Report: A 59-year-old Jamaican woman presented after her right leg was compressed between the bumper of a slowly moving vehicle and a concrete wall. She reported stinging pain but remained ambulatory. Examination revealed only mild swelling and tenderness over the superomedial proximal leg, with intact neurovascular function and normal knee movement. Radiographs demonstrated no fracture, and she was discharged with analgesia and advice. Three weeks later, she returned for care with a 14 × 7 cm boggy, fluctuant swelling over the medial proximal leg, associated with warmth, erythema, tenderness and pitting edema. Gentle percussion produced a striking ripple-like fluid wave. The clinical phenomenon was documented on video .Ultrasonography demonstrated an avascular subcutaneous collection extending from the medial knee into the anteromedial leg, measuring 21 × 14 × 2.8 cm, with an estimated volume of 428 mL and lace-like reticular internal echoes. A Morel-Lavallée lesion was diagnosed. Ultrasound-guided aspiration yielded 120 mL of serosanguineous fluid. There was no recurrence during one year of follow-up.

Conclusion: Morel-Lavallée lesions may follow apparently minor trauma and present weeks after an initially reassuring assessment. Progressive fluctuant swelling following a shearing mechanism should raise clinical suspicion despite normal radiographs. Recognition of characteristic examination findings, supported by ultrasonography, can facilitate timely diagnosis and management.

P-15

A systematic review of case reports involving SSRI and SNRI associated extrapyramidal symptoms (2015–2025).

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Background: Extrapyramidal symptoms (EPS) are a category of medication-induced movement disorders, primarily caused by antipsychotics. The main objective was to explore case reports involving Selective Serotonin Reuptake Inhibitor (SSRI) and Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) associated EPS published from January 1, 2015, to December 31, 2025.

Methods: Literature search was conducted using PubMed (MEDLINE) and Web of Science, utilizing key terms related to antidepressants and EPS to identify case reports available for free in English. The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Case Reports and Case Series was used to assess each study.

Results: Nineteen studies comprising 18 case reports and 1 case series with a total of 23 patient cases met inclusion criteria. Among the reported cases, there were 6 cases of bruxism, 5 cases of mixed EPS, 4 cases of akathisia, 3 cases of dyskinesia, 3 cases of dystonia, and 2 cases of parkinsonism. Females accounted for 14 (60.9%) cases while males accounted for 9 (39.1%) cases. Ages ranged from 9 months to 83 years with adults aged 18-64 years old representing the most affected age group. SSRIs predominated, particularly sertraline which was implicated in 10 (43.5%) cases, while SNRIs accounted for 6 (26.1%) cases. EPS onset mostly occurred within 8–30 days of drug initiation or dose escala-

tion. Additionally, 2 cases involved high dose exposure, and 9 cases involved dose escalation. The Naranjo score was reported for only 6 (26%) case reports. All patients showed improvement or symptom resolution following drug discontinuation, dose reduction, or symptomatic treatment.
Conclusions: The most commonly reported EPS subtype and implicated antidepressant were bruxism and sertraline, respectively. Sertraline, despite its safety profile and widespread clinical use should be monitored since it possesses the potential to induce EPS. Lastly, rigorous research efforts are needed to understand the association between certain antidepressants and particular EPS subtypes.

P-16
GLP-1 receptor agonist association with acute pancreatitis: A systematic review

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Background: Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are widely used in the management of type 2 diabetes mellitus and obesity because of their ability to improve glycemic control, promote weight loss, and reduce cardiovascular risk. Concerns have, however, been raised regarding their potential association with acute pancreatitis. This study aimed to investigate the relationship between GLP-1 receptor agonists and acute pancreatitis through a systematic review of published case reports.
Methods: A systematic search was conducted using PubMed, Web of Science, and Google Scholar databases. A total of 100 records were identified, comprising 30 articles from PubMed, 65 from Web of Science, and 5 from Google Scholar. Following screening and eligibility assessment, 18 studies were included in the qualitative synthesis.
Results: Of the studies included, 10 were case reports of GLP-1 receptor agonist-associated acute pancreatitis. Eight reports utilized adverse drug reaction causality assessment scales, while two did not. Analysis demonstrated that acute pancreatitis associated with GLP-1 receptor agonists is an uncommon adverse drug reaction. Most patients presented with abdominal pain, elevated serum lipase levels, and radiological evidence of pancreatitis. Symptoms generally improved following discontinuation of the suspected medication and supportive management. Potential contributing factors included obesity, type 2 diabetes mellitus, gallstone disease, and concomitant medication use.
Conclusions: Available evidence suggests a possible association between GLP-1 receptor agonists and acute pancreatitis; however, the event appears to be uncommon. Further large-scale studies are required to clarify the nature and strength of this relationship.

P-17
Local anaesthetic-induced methaemoglobinaemia: A systematic review

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Background: Local anaesthetic-induced methemoglobinemia is an uncommon, but serious adverse drug reaction leading to tissue hypoxia. The objectives of this systematic review were to summarize published case reports of local anaesthetic-induced methemoglobinemia, identify patient demographics, implicated anaesthetic agents, risk factors, concomitant drugs, and commonly used treatments.
Methods: A systematic search was conducted in accordance with Cochrane guidelines, using databases PubMed/MEDLINE and Web of Science on May 7, 2026. Terms included "methemoglobinemia" AND "cyanosis" AND "lignocaine OR lidocaine OR benzocaine OR prilocaine OR mepivacaine OR bupivacaine OR ropivacaine" AND "case report" NOT "review."; filtered for English-language only. Extracted data included patient age, sex, local anaesthetic used, onset, duration, concomitant drugs, risk factors, methaemoglobin levels, and treatment.
Results: Forty-eight case reports were included; 52% were females and 21% (10/48) were severe cases. Benzocaine accounted for 52% (25/48) of cases. Risk factors of methemoglobinemia reported were co-administered oxidative agents, such as dapsone, Infancy, glucose-6 phosphate dehydrogenase deficiency and cytochrome-b5 reductase deficiency. Intravenous Methylene blue was the primary treatment, 71% (34/48) with intravenous ascorbic acid as the alternative treatment.
Conclusion: Published case reports suggest that local anaesthetic-induced methemoglobinemia is rare but clinically important, particularly among infants, elderly patients, those with comorbidities, and patients exposed to high doses or multiple oxidative agents. Benzocaine and prilocaine remain the agents most strongly associated with this adverse reaction. Prevention through appropriate dosing, risk assessment, and early recognition of oxygen-resistant cyanosis is essential. Methylene blue remains the main treatment, with ascorbic acid serving as an alternative in selected patients.

P-18
Metoclopramide-induced extrapyramidal symptoms: A rapid review of case reports

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Background: Metoclopramide acts as a dopamine D2 receptor antagonist, and is used in the treatment of disor-

ders such as nausea/vomiting and gastroparesis. This rapid review aimed to describe the published case reports of metoclopramide-induced extrapyramidal symptoms (EPS).
Methods: A systematic literature search was done using PubMed and Web of Science databases on July 27, 2026. The search was conducted with the terms, Metoclopramide AND (akathisia OR dystonia OR parkinsonism OR "tardive dyskinesia" OR "extrapyramidal symptoms" OR EPS) AND "Case Report"; filtered for "English," and "NOT Review." The quality scale used was the Joanna Briggs Institute Critical Appraisal Checklist and data extracted included patient demographics, EPS, EPS scale used and its rating, indication, dosage, EPS time of onset, risk factors, concomitant drugs, treatment and outcome. Data was reported as narrative summaries.
Results: Twenty-two case reports met inclusion criteria; quality assessment rated studies from high (18, 82%) to moderate (4, 18%). Most reports were from the United States of America (7, 32%). Male/Female distribution was 10/12; ages ranged from 6-83 years. Most reported EPS was dystonia, 11 (50%). The most reported indication for metoclopramide was nausea/vomiting (10, 45%). All patients received therapeutic doses of metoclopramide. The time of onset of EPS ranged from 30minutes-8months. Risk factors reported included renal insufficiency and hepatitis A. Most reported concomitant drug used was pantoprazole (3, 14%). For treatment, most reports involved discontinuation of metoclopramide and antihistamine administration (6, 27%). There were no EPS-associated deaths. The frequency of metoclopramide-induced EPS was reported on www.drugs.com as 1-10% (common). The suggested EPS-associated mechanism is Dopamine-2 receptor antagonism at the basal ganglia and nigrostriatal pathway.
Conclusion: The case reports of metoclopramide-induced EPS may provide insights into possible risk factors to facilitate early detection, appropriate treatment, and informed risk-benefit assessment.

P-19
A 10-year retrospective review of adult sudden cardiac death cases at the University Hospital of the West Indies

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Background: Sudden cardiac death (SCD) remains a major cause of cardiovascular mortality worldwide, with limited data describing its population impact in the Caribbean. This study aims to describe the frequency, distribution, and pathological causes of SCD at the University Hospital of the West Indies (UHWI) in Kingston, Jamaica.
Methods: This retrospective study reviewed 180 adult SCD cases identified from 1,206 autopsies performed at UHWI between January 1, 2013, and December 31, 2023. Data collected included demographic variables, provisional and final anatomical diagnoses, coroner's status, pathological cause of death, and cardiovascular risk factors (hypertension, diabetes mellitus, obesity, and smoking). Descriptive statistics were used, and associations were assessed using Pearson's Chi-square, Fisher's exact tests, and one-way ANOVA with post hoc Tukey HSD analysis. Statistical significance was set at $p < 0.05$.
Results: SCD accounted for 7–24% of annual autopsies during the study period, with the highest frequency observed in individuals aged 55–64 years and no overall sex predilection. The most common pathological causes of SCD were coronary artery disease (CAD) (35%), hypertensive heart disease (23%), pulmonary thromboembolism (PTE) (22%), and aortic dissection (11%). Hypertension was significantly associated with hypertensive heart disease ($\chi^2 = 10.464$, $p \leq 0.001$) and cardiomyopathies ($\chi^2 = 8.363$, $p = 0.004$; Fisher's $p = 0.047$). Diabetes mellitus was significantly associated with aortic dissections ($\chi^2 = 4.413$, $p = 0.036$; Fisher's $p = 0.047$) and CAD, after exclusion of PTE cases ($\chi^2 = 8.550$, $p = 0.003$). Obesity showed a significant association with PTE ($\chi^2 = 7.218$, $p = 0.017$; Fisher's $p = 0.017$).
Conclusion: The most common cause of SCD was CAD, predominantly affecting older individuals, similar to that noted internationally. Hypertension, diabetes mellitus, and obesity were significant risk factors, highlighting the importance of targeted screening, enhanced autopsy reporting and a national sudden cardiac death registry.