

Session 3

Anatomic variants of the arterial supply to the liver in Jamaican patients

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Introduction: Variations in the anatomy of hepatic vasculature are common. To the best of our knowledge, there have been no previous reports on variations in hepatic arterial anatomy in a Caribbean population. This information is important to optimize interventional radiology and hepatobiliary surgical services in the region.

Methods: Two radiologists independently reviewed 309 computed tomography (CT) angiographic studies performed over four years, between January 1, 2008 and June 30, 2012, at a regional hepatobiliary referral centre for the northern Caribbean. The anatomic variations were described according to a conventional classification proposed by Michels *et al.*

Results: In this Caribbean population, the majority of patients had conventional Michels' Type 1 vascular anatomy (63.4%). However, we found a statistically significantly greater incidence of Michels' Type 2 variations (20.4%) than that reported in international literature and a lower incidence of Type 3 (5.2%), Type 6 (0.6%) and Type 9 (0) patterns than previously reported. We also encountered one case with variations not previously described in this classification.

Conclusion: Although 63.4% of persons in a Caribbean population have conventional vascular anatomy, the distribution of anatomic variants is quite different to that seen in North American and European centres. Interventional radiologists and hepatobiliary surgeons practising in the Caribbean must be cognizant of these differences in order to minimize morbidity and mortality during invasive procedures.

Use of interrupted sub-cuticular sutures for circumcisions in boys – a preliminary report

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Objective: To describe and report on the safety and cosmetic outcome of using interrupted subcuticular suturing for circumcision in boys.

Design and Methods: Over a three year-period from January 2010–December 2012, boys presenting to two paediatric surgical centres in Jamaica who required circumcisions were offered use of interrupted subcuticular suturing and prospectively followed. Circumcision was performed under general anaesthesia using the sleeve technique with use of interrupted, subcuticular vicryl rapide sutures to approximate the wound edge. All boys were offered day case surgery and were prospectively followed-up for two specific factors – postoperative haemorrhage and cosmesis.

Results: There were 19 boys in the study ranging in age from 12 months to 13 years. The indication for circumcision included: persistent phimosis (14), pathological phimosis (2), balanitis xerotica obliterans (1), religious request (1) and recurrent urinary tract infections (1). None of the boys experienced postoperative bleeding. All were successfully managed as day cases. There were no cases of wound dehiscence. At clinic review, all boys and/or their guardians expressed satisfaction with cosmesis. There were no stitch marks or sinuses after follow-up for a mean of 16.6 months (range 1–29).

Conclusion: Interrupted subcuticular suturing for circumcision of boys offers good cosmesis and is not associated with an increased risk of postoperative bleeding.

Should delayed cholecystectomy following acute cholecystitis be discouraged in a resource-constrained environment?

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Objective: Early cholecystectomy for acute cholecystitis reduces hospital stay and the risk of complications during the waiting period for surgery. The purpose of this study is to establish the practice patterns in the management of acute cholecystitis at the University Hospital of the West Indies (UHWI) and to evaluate the advantages of early over delayed cholecystectomy in our population.

Methods: Patients admitted to the surgical service at UHWI between January 2008 and December 2010 with a diagnosis of acute calculous cholecystitis were retrospectively evaluated. Data included demographics, management strategy, timing to cholecystectomy, significant events while awaiting cholecystectomy and total duration of hospital stay. Mann-Whitney U and Chi-square tests were used for non-parametric scale and categorical variables, respectively. *P*-value of < 0.05 was considered significant.

Results: A total of 116 patient charts were extracted, 59 of which were managed conservatively and 43 managed with cholecystectomy during the same admission. Fourteen patients were excluded from analysis due to conditions requiring delay in surgery. The mean time to surgery after conservative management was 173 days; 30.5% of persons managed conservatively had significant attacks that in-

cluded need for re-admission and biliary pancreatitis while awaiting surgery. There was no significant difference in the mean total hospital stay between groups ($\mu_{sx} = 3.8$, $\mu_{Cons} = 3.3$; $p = 0.061$).

Conclusion: Conservative management of acute cholecystitis results in significant delays in definitive management, risks of complications during the waiting period and patients defaulting from management. Early cholecystectomy should be encouraged even in resource-constrained setting.

Venous thromboembolism: toward the endovascular solution

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Deep venous thrombosis (DVT) and venous thromboembolism have traditionally been managed with anticoagulation, limb elevation and compression therapy. There are immediate and long-term clinical sequelae of DVT including pulmonary embolism and post-thrombotic syndrome. We examined the contemporary management of DVT, including catheter directed thrombolysis in the management of proximal DVTs. The literature documenting the benefits of thrombolysis will be examined including the prevention of post-thrombotic syndrome, chronic venous insufficiency and ulcerations. We will also discuss the potential complications of thrombolysis as we move toward the endovascular management of DVT.

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