

CONFERENCE PROCEEDINGS

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Telehealth initiative among undergraduate medical students of Ambrose Alli University, Ekpoma

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Introduction: Telehealth has emerged as a transformative force in healthcare delivery, particularly in academic settings. This study focused on the undergraduate medical student population of Ambrose Alli University, Ekpoma, to assess their knowledge, attitudes, and challenges related to Telehealth adoption. Understanding these aspects was crucial for tailoring educational interventions and addressing barriers to successful integration.

Aim: To explore Telehealth awareness, attitudes, and challenges among undergraduate medical students.

Methods: It is a descriptive cross-sectional study performed amongst the clinical students at Ambrose Alli University College of Medicine, Ekpoma. Key goals include knowledge assessment, understanding perceptions, identifying barriers to Telehealth adoption, and effective Telehealth integration.

Results: A total of 161 respondents were included. 69.6% indicating awareness of

Telehealth. Positive attitudes were prevalent, with 82.0% expressing interest in training, and 83.9% advocating for Telehealth inclusion in the curriculum. However, concerns about privacy (47.2%) and the perception of Telehealth as inferior (33.5%) are notable. Challenges include access to digital devices (13.7%), connectivity issues (16.1%), and institutional support barriers (64.6%).

Conclusion: While a positive inclination towards Telehealth is evident among Ambrose Alli University's medical students, targeted interventions were necessary. This includes curriculum enhancement, infrastructure investment, awareness campaigns, and cultural adaptation. By addressing specific concerns and enhancing education, the university can pave the way for successful Telehealth integration, ensuring that future physicians are well-equipped for evolving healthcare landscapes.

Keywords: Telehealth, Telehealth barriers, Telehealth perception.

Assessment of hearing in the acute phase of Lassa fever

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Introduction: Lassa fever is an acute febrile illness which is endemic in Nigeria. There is an associated hearing loss of varying degrees from the disease. The true burden of hearing loss following Lassa fever may not be recognised as some centres depend on self-report of hearing loss.

Aim: To assess the incidence of hearing loss in our environment.

Methods: This cross-sectional study was conducted between March, 2021 and April, 2023. Lassa fever was confirmed using reverse transcriptase-polymerase chain reaction. Sensorineural hearing loss was diagnosed based on the result of pure-tone audiometry test. Early-onset sensorineural hearing loss was defined as hearing loss occurring within 21 days of acute infection with Lassa fever. The air bone conduction threshold was determined and air bone gap of greater than 15db was taken as threshold for conductive hearing loss

The mean hearing loss was calculated using the pure tone average taken at 500Hz, 1000Hz,

2000Hz and 4000Hz. Hearing threshold >20db was taken as significant hearing loss using the World Health Organization Grades of Hearing Impairment.

Results: A total of 43 patients were involved in this study, with a mean age of 25.6years. Females were more affected, 28(65.1%) compared to males, 15(34.9%). There were 27(62.8%) adults and 16(37.2%) children. Hearing loss was seen in 31(72.1%) patients. Sensorineural hearing loss was seen in 21(48.8%), Conduction hearing loss was seen in 9(20.9%) and 1(2.3%) patient had Mixed hearing loss.

Conclusion: Lassa fever causes varying types and severities of hearing loss. It is important to follow-up Lassa fever survivors on the possibility of residual hearing loss after treatment, using objective hearing assessment methods.

Keywords: Hearing loss, Acute phase, Lassa fever

The yield of cytology in diagnosis of malignant effusion in Benin

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Introduction: Malignant pleural effusion is the effusion which results from the presence of malignant cells in the pleura. Malignant pleural effusion is confirmed by findings of malignant cells in pleural fluid or pleural tissue obtained by percutaneous biopsies or from biopsies obtained at thoracoscopy or thoracotomy. The cytopathological examination is considered the standard method for diagnosis of malignant effusion. Sensitivity is dependent on the abundance of morphologically intact cells and the experience of the Cytopathologist. There is difficulty with differentiating normal or reactive mesothelial cells from cells of malignant mesothelioma or carcinoma.

Aim: The study aimed at testing the sensitivity of cytology in confirmed malignant pleural effusion

Methods: This study was conducted at the University of Benin Teaching Hospital. The study duration was 12 months. All patients had pleural

biopsy using Abram's biopsy needle and pleural tissues were sent for histology. Diagnosis of malignant pleural effusion was made following histological analysis of pleural tissue. This qualifies the patient for the studies and cytological analysis of pleural fluid. A total of 25 patients met the inclusion criteria.

Results: The demography of the study population showed that there were more males recruited, at a percentage of 56%. Pleural fluid cytology was positive in only 32% of patients and 60% were reported as non-malignant.

Conclusion: The yield of cytology is low in making diagnosis of malignant effusion, hence the need to pleural biopsy a routine part of investigation of malignant pleural effusion to improve the yield.

Keywords: Cytology, Malignant Effusion

A 4-year prospective study of adhesive intestinal obstruction in adults at the University of Benin Teaching Hospital

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Introduction: Adhesive bowel obstruction (ABO) is a common cause of intestinal obstruction worldwide. The aetiology varies. This is a 4-year prospective study of ABO. We highlight our 4-year experience in the aetiology, management and outcome of ABO in UBTH.

METHODS: All consecutive adult patients with a clinical diagnosis of ABO seen between November 2021 and November 2024 were prospectively enrolled in the study. Diagnosis was based on clinical findings and available investigations. Patients were recruited from A/E and surgical wards in UBTH. Data collected was analysed using SPSS version 27.

RESULTS: There were 119 patients. Age range was 18-74 years. The peak age group was the 3rd-4th decade = 65 patients (54.6%). The mean age was 42.1 ± 13.6 years. Seventy-nine females; 40 males. The male-to-female ratio of 1:2. Ninety-five patients (80%) presented with abdominal pains, vomiting, abdominal distension, constipation, obstipation, and a surgical abdominal scar. Forty-three patients (37%) were managed non-operatively. Seventy-six patients

(63.9%) had operative management due to post-appendicectomy 24(31.5%), post-caesarean section 18(23.6%), post-perforated duodenal ulcer 7(9.2%), post-colectomy 6 (7.9%), post-splenectomy 5 (6.6%). Thirty patients (39.4%) had adhesiolysis. Twenty-eight patients (36.8%) had bowel resection because of multiple serosal injuries. Fourteen patients (18.4%) had resections because of gangrenous bowel. Four patients (5.2%) had ileo-tranverse bypass for malignant tumours. Fifteen patients (12%) had surgical site infection. Five patients (4.6%) had anastomotic leak. Four patients (3.4%) patients died.

CONCLUSION: The peak age group was between 3rd and 4th decades with more females. Most patients presented with abdominal pain, vomiting, abdominal distension, and constipation. Most patients were managed operatively.

KEYWORDS: Adhesive bowel obstruction, Adhesion, non-operative management.

Comparing the effectiveness of active versus closed passive drains in post-mastectomy seroma prevention in female breast cancer patients at the University of Benin Teaching Hospital

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Introduction: Seroma formation is a surgical challenge to most contemporary breast surgeons. It increases postoperative morbidity and hospital stay after modified radical mastectomy, especially in low resource countries where active drains are not easily available or affordable. The study aimed at comparing the effectiveness of active versus closed passive drains in preventing post-mastectomy seroma at the University of Benin Teaching Hospital.

Methods: 48 operable breast cancer patients who had modified radical mastectomy were randomized into two groups to have suction drains (group A) and closed passive drains (group B). The suction drain was a size 18FG Romovac closed wound suction unit which cost 10 US dollars. The passive drain was an improvised drain fashioned by fenestrating 10 outlets on a size 18FG nasogastric tube connected to a drainage bag which cost 1 US dollar.

Results: The mean ages were 47.1 +/- 10.9 and 45.9 +/- 10.1 (P>0.05) for groups A and B respectively. The duration of drainage was comparable in both groups 10.3 +/- 3.2 and 9.0 +/- 2.1 (P>0.05) for groups A and B respectively. Seroma formation occurred in 1 patient (4.2%) in either group and resolved after 2 aseptic aspirations in the patients from group A and 4 aspirations in the patients from group B. Wound infection occurred in 3 patients (12.5%) and 4 patients (16.7%) in groups A and B respectively.

Conclusion: Closed passive drains are as effective as suction drains and may be an alternative in preventing post-mastectomy seroma.

Keywords: Seroma, suction drain, passive drain, mastectomy

A prospective study of seroma and flap fixation in breast cancer

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Introduction: Post-mastectomy seroma is the accumulation of serous fluid under the flap or axilla following mastectomy. This is a surgical challenge to surgeons and a cause of morbidity post mastectomy. Flap fixation involves pexying the skin flaps at mastectomy to underlying pectoralis major muscle.

Methods: The study was a 12-month prospective comparative randomized study to investigate the effect of skin flap fixation in the prevention of seroma after mastectomy for breast cancer in UBTH.

Sixty-four (64) patients with operable breast cancer who had Auchincloss modified radical mastectomy were recruited and randomized into 2 groups, 32 each. Group A patients (control group) had simple interrupted flap closure with prolene 0 suture while group B patients (intervention group) had flap fixation to the pectoralis major muscle with vicryl 2/0 suture at 5cm apart and interrupted skin closure using prolene 0. The duration of surgery and flap fixation were noted. The passive tube drains were removed in both groups when effluent was less than 30mls on two consecutive days. Both groups were followed up post-operatively for six weeks. Wounds were inspected for seroma, number of times seroma was aspirated, volume of seroma aspirated, presence of surgical site infection and flap necrosis weekly. The data was

analyzed using IBM SPSS version 22. P values <0.05 were regarded as statistically significant.

Results: The mean age of participants was 48.3 ± 14.8 years. The incidence of seroma was lower in the intervention group (15.6%) compared to the control group (28.1%), (p = 0.365). Majority of the patients who had seroma (80%) in the intervention group had seroma aspirated once while most patients (55.6%) in the control group had multiple aspirations (p = 0.001). The mean volume of seroma aspirated was lower in the intervention group (32.33 ± 12.01mls) compared to control group (249.50 ± 207.04mls) (p=0.028). The mean duration of surgery among participants who had flap fixation was significantly prolonged (117 ± 0.26 minutes) compared to conventional closure (107 ± 0.20 minutes), (p=0.008). The rate of surgical site infection as well as wound dehiscence in the control group was 6.3% (p=0.492) each compared to none in the intervention group.

Conclusion: Flap fixation reduced the incidence of seroma formation (P=0.365). Flap fixation significantly reduced the volume of seroma formed (p=0.028) and the number of times seroma was aspirated (p = 0.001). Flap fixation significantly prolonged the duration of operation (p=0.008).

Keywords: Flap fixation, Seroma formation, Breast cancer

Outcome of laparotomy in adults with secondary peritonitis in Irrua Specialist Teaching Hospital

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Introduction: Secondary peritonitis is associated with high mortality and morbidity. Besides adequate antimicrobial therapy and resuscitation, surgical intervention is the cornerstone of the treatment of these often severely ill patients. The aim of this study was to determine the outcomes of laparotomies in adult with secondary peritonitis at Irrua Specialist Teaching Hospital (ISTH).

Methods: A prospective observational study was conducted from August 2021 to July 2022 and included 77 patients who met the inclusion criteria to be recruited for laparotomy for secondary peritonitis. The causes of peritonitis include perforation of hollow viscus, inflammation of intra-abdominal viscus, intestinal obstruction etc. Clinical features of peritonitis include; abdominal pain, abdominal distension, fever, vomiting, abdominal tenderness with rebound and rigidity. Treatment of patients with secondary peritonitis involves resuscitation with intravenous fluid, Nasogastric decompression, antibiotic therapy, correction of electrolyte abnormality and laparotomy.

Results: The highest proportion, 37 (48%) among the age group, was 35–44 years old, and the lowest proportion, 10 (13%), was 65 years old and above. The mean age was 48.2 years, with a standard deviation of 10.9 and an age range of 35 to 65.0 years and older. The male-to-female ratio was approximately 2:1.

The observed outcomes were mortality among 9 (11.7%) of participants, surgical site infection 45(58.4%) (superficial=29.8%; deep=20.8%; organ/space=7.8%), and wound dehiscence 11(14.3%). Length of hospital stay for majority of the patients was 6-10days (55.8%) and 11days and above (28.6%). There is a statistical significance between length of hospital stay and surgical site infection ($p=0.0001$).

Conclusion: The outcome of laparotomy for secondary peritonitis from this study were surgical site infection, wound dehiscence and mortality. Patients who developed surgical site infection had a prolonged hospital stay.

Keywords: Secondary Peritonitis, Emergency Laparotomy, Mortality, Outcome.

Correlation between neutrophil count and injury severity score in blunt abdominal injury

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Introduction: Neutrophil count is elevated during trauma. This rise may correlate with severity of injury and makes it a useful in evaluating severity and management of blunt abdominal injury (BAI). The aim therefore is to determine a correlation between Neutrophil Count and injury severity score (ISS) in BAI. Objectives include correlating Neutrophil count with ISS and determining its diagnostic value in BAI patients at ISTH.

Methodology: This was a one-year prospective study of Fifty-eight (58) patients with BAI who met the inclusion criteria. Diagnosis of BAI was made with clinical and radiologic evaluation. Severity of BAI was calculated using ISS, Neutrophil count was done at presentation, 24, 48, and 72 hours using Mythic 22 haematology analyser.

Analysis: Data was analyzed using IBM-SPSS-26. Association between variables was tested for significance using t-test and Chi-square where necessary. All statistical tests, with $P < 0.05$ was

considered significant. Correlation was evaluated using Pearson correlation.

Results: There is significant correlation between neutrophil count and ISS at Presentation ($\rho = 0.80$, $p = 0.03$), at 24hrs ($\rho = 0.64$, $P = 0.01$); 48hrs ($\rho = 0.46$, $P = 0.02$), and 72hrs ($\rho = 0.42$, $P = 0.01$). The area under the ROC ranged from 72.9% - 98.3 % with diagnostic value of 72.9% - 98.3 %. Neutrophil count had a sensitivity of 64.5-100%, specificity of 79%-97%, and diagnostic accuracy of between 73% and 98.0%.

Conclusion: Neutrophil count shows a positive correlation with ISS with a Sensitivity of 64.5-100%, Specificity 79%-97%, and a diagnostic accuracy of 73%.-98.0. Neutrophil count will be useful adjunct in management of BAI and be recommended as part of management BAI.

Keywords: Blunt abdominal injury, Neutrophil count, and Injury severity score.

Adult colostomies in the university of Benin Teaching Hospital (UBTH) - a three-year prospective study

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Introduction: A colostomy is a common general surgical operation effected as either an elective or an emergency procedure to divert faeces and flatus to the exterior. It is indicated in some benign and malignant conditions of the hindgut and proctodeum. The aim of the study was to analyse the demographic characteristics, indications, types of colostomies and complications in adults over a three-year period.

Methods: All consecutive patients who required colostomy were entered into a proforma and analyzed after 3 years from November 1, 2021 to October 31, 2024 in the Department of Surgery, University of Benin Teaching Hospital, Benin City. Analysis was done using SPSS Version 27.

Results: Forty-two colostomies were done. The age range was 20-72 years with mean age of 45 years \pm 14 SD. 16 (38%) of these patients were males and 26 (62%) were females. The male:female ratio was 1:1.6. 15 (36%) of these patients had benign indications for the colostomies while malignancy was indicated in 27 (64%) patients. 18 (67%) patients had primary

malignancy in the colon, rectum and anus. Secondary sites of malignancy were seen in the cervix in 9 (33%) patients. 7 (17%) patients had permanent colostomy and 35 (83%) had temporary colostomy. 16 (38%) patients had loop colostomy, 20 (48%) had divided colostomy and 6 (14%) had end colostomy. Complications resulting from the colostomies were surgical site infection (SSI)- 9 (21%), parastomal hernia - 3 (7%), colostomy prolapse - 3 (7%), others (stoma retraction, stoma stenosis, skin excoriation) - 6 (14%). Mean hospital stay was - 15 days \pm 13.

Conclusion: The study shows that the main indication for colostomies in UBTH is for malignant conditions. There is a high incidence of colostomies in females because of the involvement of carcinoma of the cervix and rectum. It is suggested that routine screening of women for carcinoma of the cervix via pap smear will reduce this incidence.

Keywords: Colostomy, Indications, Types, Complications

Epidemiology and Outcome of Perforated Peptic Ulcer Disease in a Suburban Teaching Hospital in South Nigeria

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Introduction: Perforated peptic ulcer leading to secondary peritonitis is a common surgical emergency in Nigeria, with varying causes. Late presentation and delayed surgical intervention contribute to high morbidity and mortality rates.

Aim: This study aimed to investigate the incidence, presentation, morbidity and mortality trends of secondary peritonitis from perforated peptic ulcer across different age groups and identify associated risk factors.

Methods: A prospective study was conducted on forty-four patients over a one-year period.

Results: Among the 44 participants, 26 (59.09%) were male and 18 (40.91%) were female, with a male-to-female ratio of 1.4:1. The majority of participants were in the 61-70 age group (38.64%). There was no mortality in the five patients who presented within 24 hours, while

66.67% of those who presented after 5 days died. Among the 44 participants, the mortality rate was 29.55% (13 cases) and 18.18% (8 cases) experienced complications. Factors associated with poor outcomes included age ≥ 60 , sex, weight and character of exudate (p values = 0.017, 0.026, 0.017 and <0.0001 respectively).

Conclusion: Peptic ulcer perforation was more common in males, particularly in the fifth and sixth decades of life, with a higher prevalence in rural areas and urban slums. Risk factors included alcohol, NSAIDs, and steroids. Furthermore, delayed presentation, obesity, purulent peritoneal exudate, and older age were significant predictors of mortality.

Keywords: Epidemiology, Perforated peptic ulcer disease, Peritonitis, Mortality, Nonsteroidal anti-inflammatory drugs

The pattern of upper gastrointestinal endoscopy in Ondo, Southwestern Nigeria

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Background: Upper gastrointestinal endoscopy (UGIE) is a minimal access procedure for assessing the upper gastrointestinal tract. Its indications include screening, diagnostic, tissue collection for histological diagnosis and in some instances, therapeutic intervention.

Aim: To determine the demography, indications, findings and the histological findings of specimens obtained at endoscopy.

Methodology: This is a two-year prospective observational study, January 2021 to January 2023. All consecutive patients referred for UGIE were enrolled. Consent was taken from all patients. Patients' data were analyzed using SPSS version 23.

Results: A total of 100 patients were enrolled. Twenty-one patients had incomplete endoscopy and were excluded. Among those excluded was one unstable patient while exclusion of 20 was due to infrastructural problems. The mean age of the 79 patients analyzed was 40.59±13.8 years with a M:F ratio of 2:1. The indications for upper GIE were epigastric pain 32[40.5%], haematemesis 32[40.5%], dysphagia 10[12.7%], and upper abdominal discomfort 5[6.3%].

Findings at UGIE were gastritis/duodenitis 33[41.8%], peptic ulcer disease 17[21.5%], web [Schatzki] 9[11.3%], gastroesophageal reflux disease 8[10.1%], polyp/cancer 6[7.6%], varices 4[5.1%], oesophageal candidiasis 1[1.3%], and foreign body 1[1.3%].

The histological findings of biopsy obtained were normal in 51[64.6%] patients, dysphagia/cancer 19[24.1%], 4[5.0%], and candidiasis 1[1.3%]. No histology was done in 4[5.0%] cases.

The procedure conducted included sclerotherapy in 16 [20.3%], band ligation in 4[5.1%], polypectomy in 2 [2.5%] and foreign body retrieval in 1[1.3%].

Conclusion: In our setting, majority of our patients were males. Most of the cases were in their middle age. Epigastric pain and haematemesis rank the same as predominant indications for UGIE. Gastritis/duodenitis was the most common finding. Histopathological findings were mostly normal. Sclerotherapy was the more commonly performed procedure.

Keywords: Upper gastrointestinal endoscopy, Indications, Outcome

A 36-month prospective study of operated anal pathologies in UBTH, Benin (preliminary report)

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Background: Anal disorders are commonly very painful uncomfortable conditions in both sexes. They are not uncommon to humans. The aim was to highlight the varying lesions, their clinical presentations, surgical management and outcomes in an ongoing study.

Methods: A three-year prospective study of all adult patients seen and operated for anal conditions. Patients presented either in the Surgical Outpatient Department, Emergency Rooms or as in-patients in the wards (November 1st 2021 to October 30th 2024). Data was analyzed using the Statistical Package for Social Sciences (IBM SPSS, version 30).

Results: There were 85 patients: 25(29.4%) females and 60(70.6%) males. F:M ratio was 1:2.4. Mean age was 44years±13years. The peak age group was 30-40 years with a frequency of 25. The cluster age group was 3rd – 4th decade which was 25(29.4%). The commonest clinical features were pain (40%), prolapse (35%),

discharge (31%), bleeding (22 %), hard stools (4%), fever (2.3 %) and incontinence (1.1%). Two patients (2.3%) had retroviral disease. Symptoms followed birth trauma in 1 (1.1%) patient. Most of the lesions were benign (94.1%). Almost 1 in 3 were haemorrhoids (35.3%), this was closely followed by Perianal fistulas (27%). Anal squamous cell cancer was the commonest malignant lesion in 4 (4.7) patients, 1 (1.1%) patient had anal adenocarcinoma. The most frequent complication was post-op pain in 4.7%. The average length of hospital stay was 72 hours for the benign lesions.

Conclusion: Haemorrhoids (35.3%) and low fistula-in-ano (27%) are the most common operated anal lesions in UBTH. Males are more commonly afflicted. Perianal trauma is rare including birth and burn injuries.

Keywords: Anal disorders, Haemorrhoids, Anal fissure, Anal fistulas and Abscesses, Anal cancer

Operated abdominal trauma in adults: a 2-year prospective study in UBTH

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Abstract

Introduction: Abdominal trauma accounts for major morbidity and mortality worldwide. Its aetiology is variable worldwide. This prospective study aims to highlight our experience over a two consecutive year period of operated adults with abdominal trauma at UBTH

Methodology: All patients with abdominal trauma requiring laparotomy who presented between January 1st 2022 to December 31st 2023 were recruited into the study.

Data were analysed from a data proforma using SPSS version 22. P value of <0.05 is significant

Results: There were 60 patients, 48 males and 12 females (4:1). Mean age was 29.98 ± 8.7 years and age range was 18-56 years. Trauma involving only the abdomen occurred in 45(75%) patients while 15(25%) sustained trauma to more than one region. Blunt abdominal trauma was commonest 29 (48.3%) patients. Penetrating injury 22 (36.7%), Perforating injury 4 (6.7%),

Combined injury accounted for 5 (8.3%). All the patients with abdominal trauma presented with intolerable pain, 40 (66.7%) of patients presented with shock, while 20 (33.3%) had sepsis. Majority of the patients 36 (60%) presented within 12hours of injury, 12 (20%) presented within 24 hours, 6 patients (3.33%) presented after 48 hours. 83.3% of patients that presented after 48 hours died from sepsis (P value = 0.003). There were 12 deaths accounting for 20%: 14.6% (males) versus 41.7% (females) (P value = 0.093).

Conclusion: Abdominal trauma affects more males than females. Road traffic accident and gunshot are the commonest causes of blunt and penetrating trauma respectively in our environment. Mortality increases after 48 hours presentation post-injury and higher in women than men.

Keywords: Abdominal trauma, trauma laparotomy