Males : Females (n)	6:7				
Age (median) (years)	73				
Primary/Initial treatment (n)	Appendecectomy	Antibiotics	Radiological drainage		
9	3	1			
Appendecectomy (n)	Laparoscopic	Converted to open			
6	3				
LOS post appendecectomy (days) (mean +_SD)	8.5 +_ 8.6				
Histology (n)	Colonic adenocarcinoma	mucinous adenocarcinoma	adeno-carcinoid		
6	5	2			
Time between primary treatment and completion surgery (months) (mean+_SD)	3.5 +_ 4.2				
Completion right hemicolecotmy (n)	Laparoscopic	Converted to open	Open		
3	1	6			
LOS post colectomy (days) (mean +_SD)	7.6 +_ 2.5				
Post right Colectomy course					
R0 colectomy (%)	50				
TNM stage (n)	0	I	II	III	IV
2	0	2	4	1	
Follow-up (months) (mean)	37.5				
Survival rate (%)	1 year	2 year	3 year	5 year	
77	69	46	38		

13.

ESTABLISHING ABSOLUTE IRON DEFICIENCY ANAEMIA BEFORE REFERRING PATIENTS TO COLORECTAL FAST TRACK CLINICS CAN HELP TO INCREASE THE DIAGNOSTIC YIELD OF THE BOWEL CANCER SCREENING PROGRAMME

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Background and Aims: Although there are strict and specific guidelines for referring patients with iron deficiency anaemia (IDA) to fast track colorectal cancer (FT CRC) clinics for further assessment and investigation, patients with other types of anaemia are still referred by primary care physicians in the UK resulting in low diagnostic yield.
Our hypothesis was that patients with IDA are more likely to have CRC compared to patients with no anaemia or non-IDA anaemia. By confirming this hypothesis, we can identify high-risk patients from the population who can then be preferentially subjected to investigations mandated by guidelines. This strategy can help to increase the diagnostic yield of FT CRC clinics.
Materials and Methods: A retrospective cohort study was conducted from 2016-18 in a single busy district general hospital providing services to a population of 700,000 people.
Results: In our study, patients with true IDA (low MCV and ferritin) were found to be more likely to have CRC compared to any other type of anaemia which confirmed the latest guidelines for management of IDA. Compared to symptoms, only the presence of a mass on abdominal examination and rectal examination was found to be more likely associated with cancer.
Conclusions: Physicians should be able to stratify patients based on blood indices when referring them to FT CRC clinics. Diagnostic yield of these clinics can be increased if clinicians strictly adhere to fast track guidelines and confirm true IDA before referring patients to clinic.

15.

EARLY EXPERIENCE OF TRANSANAL MINIMALLY INVASIVE SURGERY IN A DISTRICT GENERAL HOSPITAL

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Background: TAMIS is a technique for excision of rectal polyps and early cancers, avoiding major pelvic surgery. The aim was to review TAMIS performed in a DGH over a 5-year period.
Method: TAMIS is performed using GelPOINT Path Transanal Access Platform under GA, in day surgery by a single surgeon. Data was collected prospectively between January 2014 and December 2018. The demographics, operative data and pathologic data were analysed.
Results: Thirty-two patients (eighteen males) were identified. The median age was 69 (46-81 years). The median distance from the anal verge was 5cm (2-8cm). The median operation time was 60mins (30-175mins). Two patients were found to have rectal cancer (pT1). Histology confirmed complete excision of all thirty-two lesions. There was no surgical mortality. One patient required an EUA for post-operative anal pain. A suture close to the dentate line was removed, resulting in resolution of symptoms. One patient had an emergency TAMIS following bleeding post endoscopic polypectomy. Twenty-five patients (78%) were discharged on the same day. At follow-up sigmoidoscopy, two patients had recurrent polyps at the site of TAMIS, which were successfully excised endoscopically.
Conclusions: Our data suggests TAMIS for rectal lesions can be performed safely in a DGH as a day case.

19.

THE INITIAL ENCOUNTERS OF CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR PERITONEAL CANCER AT A NEWLY ESTABLISHED CENTER

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Background: Cytoreductive surgery and Hyperthermic intraperitoneal chemotherapy (CRS/HIPEC) has been described as the standard therapy that improves the outcome of a patient with peritoneal metastasis.
Multiple trail has been performed and standards have been published to aid in patient selection in order to improve outcomes. We describe our initial experience in sitting up and maintaining a new centre for the treatment of peritoneal cancers at KKUH in Riyadh.
Method: An IRB approval was taken for retrospective study which was done on 32 patients who underwent CRS/HIPEC. Data was obtained from the prospectively collected information and analysed by using descriptive statistics (median, range and proportions) and Pearson's Chi-square test.
Results: The median age was 53.5 years, colon cancer was the most common primary pathology (34.4%). The median peritoneal cancer index (PCI) score was 11 (range 11-39) and 84.4% underwent complete cytoreduction (CCR 0) which was not significantly different than 92%(p=0.113) as reported, the rest were (CCR 1). The median operative time was 445 minutes. most of the patients spent 2 days in the ICU with a median total hospital length stay of 13.5 days. The morbidity grade in Clavien-Dindo (grade III and grade IV) was 9.4%.

Conclusion: The surgical outcomes of our initial cohort of patients came comparable to those previously published by international reference centres in the treatment of CRS and HIPEC. The result of this dataset indicates that newly initiated centres can achieve successful outcome through coordinated multidisciplinary management and advanced training of involved team members.

22.
OUTCOMES OF SURGICAL RESECTION OF ISOLATED PANCREATIC METASTASES FROM RENAL CELL CARCINOMA

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Background: Isolated pancreatic metastases from renal cell cancer (isPM) is a rare entity with this comprising only 1.5 – 3% of all metastatic RCC cases. Synchronous disease is exceptionally rare with only four case reports in the literature. Our case series examined the outcomes of patients who underwent resection of the pancreas due to renal cell carcinoma with isolated metastasis.
Methods: This is a retrospective analysis of data on patients with known RCC undergoing pancreatic resection at RSUH over a 25-year period. Kaplan-Meier survival plots were used to assess survival rate and disease-free time. Cox-proportional regression analysis was performed to determine factors associated with survival.
Results: Twelve patients were histologically identified as having isPM-RCC. Median age was 68 (49–80) with a 2:1 female to male ratio. The median age of primary clear cell RCC diagnosis was 53. The majority were metachronous (n=11) with one incidence of synchronous disease. The median time to first metastasis was 88 months (4–382). Nine cases underwent distal pancreatomy, three were performed laparoscopically; two underwent a pancreaticoduodenectomy and one had a total pancreatectomy. Thirty-six months disease free probability post isPM-RCC resection was 66.7%. Survival rate and disease-free time were not associate with being symptomatic, smoking history, hypertension, site of pancreatic disease or type of resection performed (Wald test= 0.55, 5 df, p=1).
Conclusion: Isolated pancreatic metastasis of clear cell renal carcinoma is a rare phenomenon with protracted latency and sign of good prognosis. The three-year post resection survival rate was 100%.

23.
AN INSIGHT INTO THE VARIATION OF MARKER SUTURE PLACEMENT AND LABELLING FOR EXCISIONAL BIOPSIES AND DIFFERENT INTERPRETATIONS OF HISTOLOGICAL REPORTS BY PLASTIC SURGEONS AND PATHOLOGISTS IN THE UK

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Background: Marking sutures are often used to orientate pathological specimens. The primary aim of this paper was to investigate the variation of marker suture placement and labelling of excisional biopsies by plastic surgeons. Alongside, labelling preferences by pathologists were also gathered. Our secondary aim was to investigate the interpretation of the pathology report interpretation plastic surgeons.
Method: To investigate our aims, two different questionnaires demonstrating various clinical scenarios were designed and distributed to plastic surgeons and pathologists in the UK, respectively. The responses were analysed and compared.
Results: Fifty-eight plastic surgeons and 14 pathologists completed the questionnaires. There was a wide variation in the placement and description of the suture. 69.7% of plastic surgeons chose to place the marker suture at the 12 o'clock position, compared with 27.0% choosing to place the suture at the apex. In contrast, 85.7% of pathologists favoured the apical position of the suture. Additionally, the results highlighted a disparity in interpretation of the pathology report between pathologists and plastic surgeons.
Conclusion: This study highlights an important discrepancy in communication between pathologists and plastic surgeons regarding excisional biopsies, which may lead to potential harm. Clear guidelines between both professions will allow for greater efficiency in excisional biopsy analysis, coherent multi-disciplinary communication and improved patient care.

24.
A STUDY TO REVEAL VARIATION OF THE COMMON FACIAL VEIN, INCLUDING ITS RELATION TO IMPORTANT LOCAL STRUCTURES, WITH REGARD TO FACIAL RECONSTRUCTION

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Background: Recipient vessel selection for free flap reconstruction following malignancy depends on numerous factors and may be limited due to previous treatment. Currently, little evidence is available regarding the anatomy and reconstructive potential of the common facial vein (CFV), a tributary of the internal jugular vein (IJV). The aim of this project was to investigate the CFV and its tributaries in cadaveric specimens, to consider the CFV as a potential recipient vein in free flap reconstruction.
Methods: The study was conducted by dissecting 17 embalmed neck hemi-sections. Our primary endpoint was to describe the gross anatomy of the CFV in terms of diameter and relation to local structures. Measurements were collected relating to the CFV and its surrounding structures.
Results: Most notably, we found the mean diameter of the CFV to be 5.9 (± 1.8) mm and the mean distance of the CFV insertion point into the IJV from the level of the hyoid bone was 8.0 (± 4.0) mm.
Conclusion: The diameter of the CFV could accommodate for end-to-end anastomoses to be formed with the IJV system, as well as end-to-side anastomoses. The diameter also suggests the vein to be appropriate for microvascular anastomosis with commonly used free flaps. Furthermore, the results propose that the CFV can be found within 1.2 cm of the level of the hyoid bone, knowledge of which could reduce operative time and site morbidity. These findings support the CFV as a potential recipient vein in free flap reconstruction of the head and neck following malignancy.

29.
GASTRIC SCWANNOMA: IMPORTANT DIFFERENTIAL DIAGNOSIS OF GASTROINTESTINAL MESENCHYMAL TUMORS

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Background: Schwannomas are neoplasms originated from Schwann cells. They frequently appear in head and neck. Gastric schwannomas represent 2% of gastric tumours. The differential diagnosis is made with other mesenchymal tumours like GIST. Histologic features and immunohistochemical markers are the factors that distinguish them. This distinction is important because GISTs have the potential for malignant conversion while Schwannomas are generally benign and associated with good prognosis.
Methods: Three cases with histopathological diagnosis of gastric schwannomas treated last year in a third level hospital are reported.
Results: The first patient is a 66 year old female with an asymptomatic submucosal lesion of 3cm in the gastric antrum. The second one is a 64 year old male studied for abdominal pain with a 2cm lesion in gastric body. The last patient is a woman aged 61 with two gastric lesions diagnosed in a control CT.
The three patients were diagnosed with a CT evidencing submucosal lesions. In the case of first and last patients, the diagnosis was completed with an upper eco-endoscopy.
All patients were treated with surgical resection, and the inmunohistochemical study showed that the tumours were positive for S-100 and negative for CD117, CD 34, SMA and desmin in the immunohistochemical staining.
Conclusions: Although gastric schwannomas are rare, it is important to consider them in the diagnosis of submucosal gastric lesions. Preoperative diagnosis is difficult because the endoscopic and radiological findings are nonspecific. Histological and inmunohistochemical studies provide the diagnosis. The treatment is a complete surgical resection.