

morbidity was 80% and mortality 20% (2/10). Outcomes of HR with median follow up of 18 months were good with success rate of 70% (McDonald A & B).

### Conclusion

Hepatic resection gives good results in complex BBS (type IV and V) with AHC. AHC is a strong predictor for need for HR in BBS.

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### CLINICOPATHOLOGICAL PROFILE OF UROLOGICAL CANCERS TREATED IN A UROLOGY UNIT OF SRI LANKA OVER A PERIOD OF FIVE YEARS

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### Introduction

Malignancies are a major health challenge in the new millennium. Our aim of the study was to identify the clinico-pathological profile of urological malignancies treated in the urology unit of a tertiary care hospital in Sri Lanka.

### Methods

Data related to all newly diagnosed and histologically confirmed malignancies in a urology unit of a tertiary care hospital in Sri Lanka were recorded prospectively over a period of five years from 1 January 2011 to 31 December 2015.

### Results

There were 386 prostate cancers, 193 bladder tumours, 173 renal tumours, 13 upper urinary tract carcinomas, eight penile cancers, seven testicular malignancies, one urethral carcinoma and two urachal carcinomas during the study period. Gleason score of 8 or more prostate cancers were seen in 164 (42.5%) patients. Metastases were present in 59.8% of patients with prostate cancer. Muscle invasive urothelial cancers constituted 31.4% patients with bladder carcinoma. Primary carcinoma-in-situ of the bladder was seen in only one patient. Average age at diagnosis of renal cell carcinoma was 56.9 years with a male to female ratio of 3.5:1.

### Conclusion

Renal cancers in Sri Lanka occur at an earlier age than

the developed countries. They are diagnosed at an early stage similar to the developed world in contrast to the late diagnosis of prostate and bladder malignancies in Sri Lanka. Most prostate cancers are high grade with a Gleason score of 8 or more. Primary carcinoma-in-situ of bladder is extremely rare in Sri Lanka.

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### A SINGLE CENTER EXPERIENCE OF REVASCULARIZATION OF DEAD AND MARGINALLY VIABLE LIMBS.

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### Introduction

Dead or marginally viable limbs (DMVL) (more than 50% of muscles are dead) are traditionally a contraindication for revascularization. In our centre we get significant proportion of patients with DMVL following vascular injury due to delay. We present our experience with revascularization of such limbs.

### Methods

This is an ongoing prospective study. Patients presenting to Teaching Hospital Anuradhapura over 14 months were included. Limbs with severe soft tissue and skeletal injury (mangled), unfit patients and patients with limb infection were excluded. All patients underwent fasciotomy to confirm the viability. All patients were admitted to intensive care unit post operatively.

### Results

There were 5 patients with DMVL (4 males and a female). Mean age was 42.4 years. Mean ischemic time was 15.6 hours. The arteries injured were popliteal in 3 and lower femoral in 2. One limb was found to be nonviable and 4 limbs were marginally viable. One patient had significant reperfusion syndrome needing urgent amputation and other patients did not have significant effects. Limb salvage rate was 80% (n=4). All patients reported improved sensation but only one had improvement of motor function.

### Conclusion

In our series limb salvage rate is 80% and all patients preferred to have a limb even though it was functionless.