

SURGICAL SOCIETY OF ETHIOPIA

30th Anniversary AGM & Scientific Conference

"Thirty years
of service
Linking our
past,
present and
future"



2025

May 15-16



Haile Grand Hotel
Addis Ababa
Ethiopia

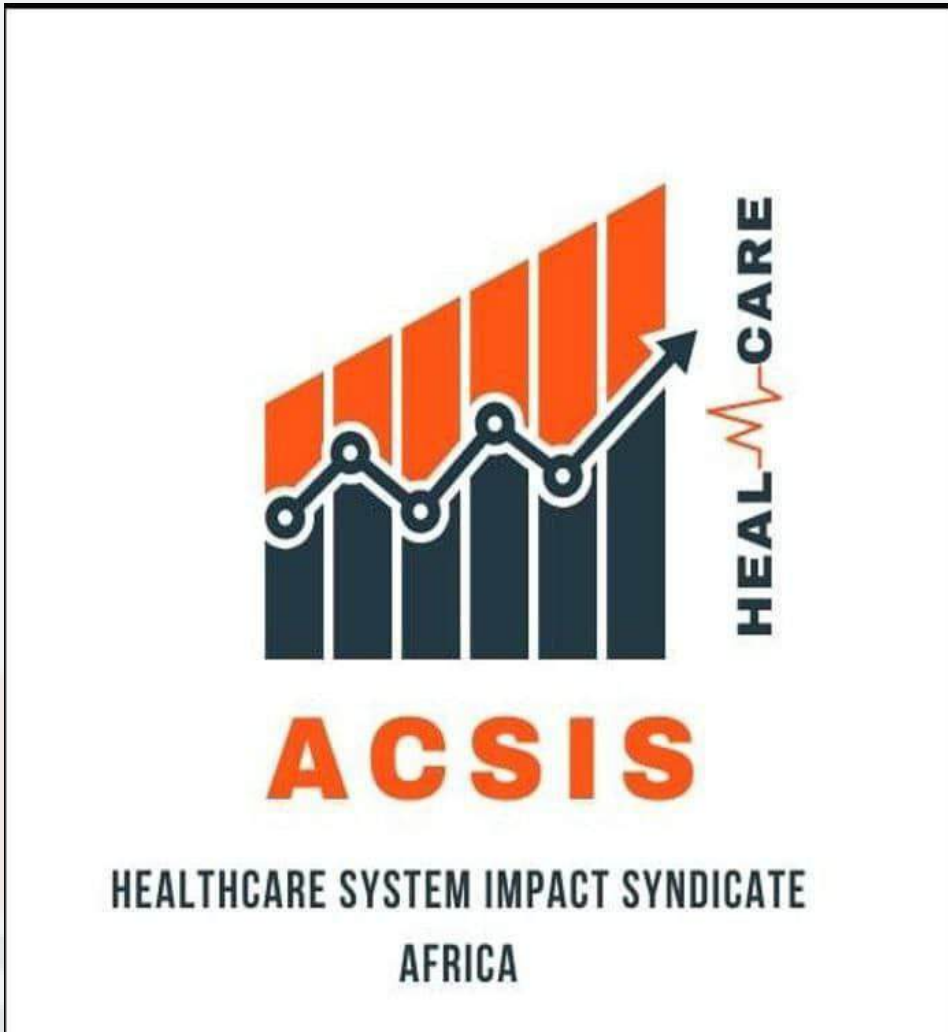


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President



Dr. Woubedel Kiflu
Secretary General



Prof. Mahteme Bekele
Scientific Program Director



Dr. Henok T/Silassie
Finance Director



Dr. Henok Teshome
Communication and CPID
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Dr. Rahel Ababayehu
EC Member



Dr. Bezawit Demoz
EC Member



Azeb Kebede
Secretariat Office



Dr. Jalene Gedefa
COSECSA Ethiopia Coordinator



COSECSA Country representative

Dr. Ataklitie Baraki

Dr. Woubedel Kiflu

30th Anniversary Committee

Dr. Dereje Gulilat

Dr. Ataklitie Baraki

Dr. Metasebia Worku

Dr. Getachew Desta

Dr. Abraham Ariaya



*Nuhamin Alemayehu
event organizer*



Presidential Message



Prof Engida Abebe Gelan
Jan 2023–May 2025

30th Anniversary of the Surgical Society of Ethiopia

እንኩዋን ለ30ኛ ዓመት የምስረታ በዓላችን አደረሳችሁ!

Dear Colleagues and members of the Surgical Society of Ethiopia,

This year, we celebrate a historic milestone—**Three Decades** of dedication, hard work and transformative impact in Ethiopian surgery. What began in 1994 with just **few visionary founders** has flourished into a thriving Society of **over 1,000 members** and **six chapter offices** across the nation. Their foresight laid the foundation for what SSE is today: a driving force in surgical excellence, education, and equitable care.

SSE has played a pivotal role in shaping surgery regionally and nationally. We were instrumental in establishing the **College of Surgeons of East, Central, and Southern Africa (COSECSA)**, and our members have risen to its highest leadership, including the presidency—a testament to Ethiopia’s influence in advancing surgical standards and education .

At home, SSE has been at the forefront of:

- **Expanding access to surgical care** through nationwide campaigns and targeted surgeon deployments.
- **Strengthening surgical training** via surgical training curriculum development, program evaluations, and partnerships with FMOH and regional Health Offices
- **SSE worked very closely with the Ethiopian Medical Association (EMA)** and other sister societies.
- **Fostering collaboration** among surgeons, educators, and policymakers to elevate patient outcomes and healthcare systems.

A New Chapter: The SSE Office

This anniversary year marks another milestone: **the opening of SSE’s first dedicated office**. This space symbolizes our growth and commitment to enhancing services for members, streamlining initiatives, and amplifying our impact. We envision it as a hub for research, collaboration , mentorship, and advocacy—empowering the next generation of surgical leaders.

Gratitude and the Path Forward

To our founders, past leaders, members, and partners—**thank you**. Your tireless work built this legacy. As we celebrate 30 years, let us also look ahead with resolve: to bridge gaps in surgical access, embrace technological advancements, and continue our mission of serving Ethiopia’s communities.

Together, we will ensure the next 30 years are even brighter.

ከሰላምታ ጋር,

Prof Engida Abebe Gelan (MD) FACS, FCS (ECSA)
President, Surgical Society of Ethiopia



Previous presidents Pictures



Dr Solomon Hregewoin Beyene
Nov 1995-July 1997



Dr Girma Melaku Maru
Dec 1998-Nov 2000



Dr Asrat Mengiste Mergia
Dec 2000-Dec 2002



Prof Tessema Ersumo Degalo
Dec 2003-Nov 2007



Dr Mulat Taye Gebremedhin
Aug 1997-Nov 1998, Dec 2007-Nov 2011



Prof Miliand Derbew Beyene
Jan 2003-Nov 2003,
Dec 2011- Nov 2015



Dr Dereje Gulilat Yilema
Dec 2015-Oct 2019



Dr Atakiltie Baraki Berhe
Nov 2019- Dec 2023



scientific program director Message



Dear Colleagues, Esteemed Surgeons, surgical residents and Partners

As we convene for this milestone 30th Anniversary Surgical Conference alongside our Annual General Meeting, I am honored to reflect on three decades of transformative contributions to surgical science. This event is not only a celebration of our past but a clarion call to shape the future of evidence-based surgery.

For 30 years, surgeons in our community have been at the forefront of producing life-saving evidence, from pioneering observational studies to clinical trials. Your work has redefined standards of care and improved outcomes in Ethiopia and beyond. Yet, as healthcare challenges grow more complex, our mandate to generate timely, robust scientific work has never been more urgent. The society urges all surgeons to prioritize methodologically rigorous studies that address gaps in practice. We highly recommend young surgeons to engage themselves in different evidence production as your fresh perspectives are vital.

Dear Colleagues Once you produce your evidences, sharing to the wider community is very crucial; as science only transforms care when shared boldly. Therefore, seek mentorship, submit abstracts to local and global conference, collaborate with different institute and publish your work in high impact peer reviewed journals.

Finally,

We are excited to host you in this annual general meeting and scientific conference that will have panel discussion, memorial lectures and scientific paper presentation. This anniversary is a springboard for action, so join us share your view as your voice matters. our conference is CPID registered and you will earn CEU for your attendance. Attend preconference workshops on Continuous professional development, participate in debates on ethical innovation and network with peers who share your passion.

Looking forward to the productivity of the 30th anniversary of Surgical society of Ethiopia
Wishing you a pleasant and fruitful stay.

Mahteme Bekele (MD, FCS-ECSA)

Professor of Surgery

Consultant General ,colorectal and Transplant Surgeon
Scientific Program Director of Surgical Society of Ethiopia



Cv of awardees



Summary of Personal Achievements

Name: Professor Gashaw Messele Getahun

Personal Information

- DOB: September 08 1968
- Place of Birth: Gondar, Ethiopia
- Marital Status: Married

Educational Background

- Doctor of Medicine in 1993 from Gondar College of Medical Science
- General surgery speciality from Addis Ababa University in 2001
- Urology subspeciality in England and India in 2007

Work Experience

From 1994 -1997 - Lecturer in University of Gondar
From 2001-2008 - Assistant Professor in University of Gondar
From 2008- 2023 - Associate Professor in University of Gondar
From 2002- current- Professor in General Surgery and Urology

Teaching Experience

Over the past 31 years, I have taught about 5,000 undergraduate students across various programs, including Medicine, public health and other fields.

Over the past 20 years, I have been directly and extensively involved in the postgraduate general surgery speciality program from curriculum development to program launch, instruction, and successful graduation of trainees. Together, we have trained and graduated over 100 General surgery specialists.

I have undertaken various academic and administrative roles including Head of Department, Hospital directorate director, Hospital CEO and others. In these positions I have fulfilled my responsibilities with the highest level of commitment and professionalism.

Social Services

Significant contribution to the community by performing over 10,000 minor and major surgical procedures

Published over 30 research papers in reputable journals local and international

Published 4 Students text books extensively used by students for decades

Acknowledgements and Certifications

Internationally recognised certifications, including fellowship of the Royal College of Surgeons of England.

Various certifications for Services from local universities and Non governmental organizations



Cv of awardees



summary of professional achievements

Name Dawit zerihun desta

Personal information

Age 64

Title MD, consultant general surgeon, assistant professor of surgery jijiga university

E-mail - dzgdawit2@gmail.com tel number [0911 727928](tel:0911727928)

Somali regional state jijiga

Educational Background

Undergraduate from 1981- 1987 tikur anbessa teaching hospital

Post graduate 1990- 1994 Tikur anbessa teaching hospital Addis Ababa

Laparoscopic surgery course at bethele teaching hospital September [20-25 2004](#)

Mass causality workshop in zewditu memorial hospital addis Ababa June [21-22 2005](#)

Work experience

1987-1990 Arba minch hospital 400 km away from capital Addis

1994-2004 As a General surgeon and department head in jijiga karamara hospital Somali regional state

2005-2008 as an expert general surgeon in zewditu memorial hospital

Field work in gimbi west wellaga Ethiopia Adventist hospital from Jan 2 till feb 13 2007

2009-2014 consultant general surgeon in karamara& from 2015 till now in jijiga university hospital as assistant surgeon of surgery department head for two year

In my stay as a general practioner in arbaminch missionary hospital I acquire quite a lot of experience in most of tropical diseases like malaria schistosoma.leisemaniasis, endemic hydatid disease & others

Was also practsing in ophthalmologic department, surgery,&gyn obstetric departments with Norwegians before I joined the post graduate study I used to work in police force & armed force hospital when the nation was in civil war

Skills I acquire as a general practioner were evisceration enunclation, cataract surgeries, inophthalmologic department, hemoreidectomy hernia repair, minor surgeries and assisted both cold

& emergency surgeries used to do cystoscopy urethretomy with the Norwegian general surgeons in obstetric department I used to do curettages,caesarean section forceps vacuum deliveries & some gyn procedures oophorectomy salphengectomies, myomectomy I participated in research activities on shistosomiasis leishmaniasis & hydatid disease with alert hospital in Addis

After I was graduated as a general surgeon since I was alone for quite many years I have been operating all systems except brain tumors surgeries

To mention few ophthalmic surgeries except cataract surgeries burr holes using ordinary drills elevation of depressed skull fractures , excision of scalp, jawtumours,adenoidecymies,tonsillectomy dental extraction fixation of jaw fracture resection of toungue&lip tumours,sialolithotomy,parotid adenoma excision, thyroidectomy tracheostomy Fb removal from ear nose esophagus & trachea, larynx

Chest tube insertion thoracotomy hydatid cyst resection decortication

Abdomen all surgeries except abdomino perennialresection

Biliary systems cholecystectomy Cbd exploration

Gus nephrectomy nephrolithotomy.ureterolithotomy, urethreoplasty prostatectomy orthopedic

Fracture internal & external fixation sequestrectomies,pin insertion, excision of exocytosis amputation of different kinds excision of sarcomas Varicose vein stripping & multiple ligation

Breast fiberoadenoma excision, lumpectomy, quadrantectomy, mastectomy for breast Ca

Plastic surgery contracture release, breast reduction surgeries, skin grafts cleft lip repair

Pediatric surgery congenital problems like hernias,IHPS imperforate anus colostomy followed by relocating the Anus, repair of congenital mega colon hirschsprung disease excision of hypoglossalfistula brachial fistulas, cystic hygeroma excision hemangioma excision bladder stone removal are the procedures I have done

Since there was no gynecologist I used to cover the department as well caesarean section, repair of ruptured uterus, hysterectomy oophorectomy salpingectomy for ectopic, myomectomy,

Laparoscopic surgery training in betel hosptual by professor belachew

Paper presentation at EMA khat&smoking as cause of pud TV&GJ without N/G tube on 200 patients1997 feb 4 EMJ

RTA in karamara hospital

Correlation of khat &H.pylor positivity

cO publisher when I was a general practitioner for a paper published on lancet journal on ruptured hydatisosi

Currently association of khat with H .pylorypositivity in process of publication

Prevalence of goiter in hospital attending patients in jijga university hospital on going

Currently I am working in jju hospital as a lecturer ,researcher with assitance professor title



Thursday May 15, 2025

SURGICAL SOCIETY OF ETHIOPIA
30TH ANNIVERSARY AND AGM
Haile Grand Hotel, Addis Ababa-Main Hall

| Time | Topic | Presenter | |
|--------------|---|--|---|
| 7:00-8:00 | Registration | Registration Desk | Azeb/ Dr. Jalene/Nuhamin |
| 8.00/8.10 | Welcoming and National anthem | Prof. Mahteme Bekele Master of Ceremony | |
| 8:10-8:20 | Presidential Speech | Prof. Engida Abebe President of SSE | |
| | Moment of silence for all Surgeons and Surgical Residents who has passed away in the last one year | | |
| 8:20-9:00 | AGM business meeting | EC committee | Facilitator/Moderator |
| 9:00-9:00 | Opening Remark and Key Note Address | HE Dr Mekdes Daba, M | Prof. Engida Abebe |
| 9:00-9:15 | Long Years' service Award | Prof. Engida Abebe | Dr. Girmaye Tamerat |
| 9:15-9:30 | Honoring Past presidents and their EC Team + Video presentation | Prof. Engida Abebe | Dr. Metasebia Worku and Dr. Abrham Araya |
| 9:30-9:45 | Orientation | | |
| 9:45-10:40 | Panel Discussion "30th Anniversary of SSE; Linking the Past, Present And Future" | | |
| 9:45-9:55 | Surgical Society of Ethiopia in the past | Dr Dereje Gulilat | Prof. Birhanu Kotiso Dr. Gersam Dr. Rahel A |
| 9:55-10:05 | Surgical Society of Ethiopia in the Present | Dr Thitina Nigussie | |
| 10:05-10:15 | Surgical Society of Ethiopia in the Future | Dr. Abrham Araya | |
| 10:15- 10:40 | Discussion | | |
| 10:40-11:00 | Tea break and Exhibition | Organizer | Nuhamin |
| 11:00-11:10 | Surgical society Campaign Photo and video | 30th year anniversary | |
| 11:00-11:15 | How to Adress History of Surgery in Ethiopia | Dr. Atakility B | Dr. Getachew Desta |
| 11:11:30 | Platinum Sponsors | | |
| 11:30-12:30 | <p align="center">Professor Asrat Woldeyes Memorial Lecture Surgical Education in Africa Prof. Abebe Bekele Charis - Dr. Girmaye Tamrat and Dr. Ayalew Tizazu</p> | | |
| 12:30-13:30 | Lunch | | |
| 13:30-14:10 | <p>Prof. Taye Mekuria Memorial Lecture Leveraging NaPQIN to Strengthen Surgical Quality in Ethiopia: A Strategic Opportunity For the Surgical Society of Ethiopia Presenter Dr. Migbar Desalegn Mekonnen Chairs – Dr. Mulat Taye , Dr, Samason Essaye , Dr. Birhanetsehay T/wolde</p> | | |
| 14:10-14:30 | <p>Surgical Radiology Session A collaborative Model for education and Patient care Presenter Dr. Tesfaye Kebede Chair Person :Prof. Berhanu Nega, Dr. Melka Kenea</p> | | |



Afternoon 14:30-17:00

Venue: Room 1

| General Surgery Scientific Sessions I | | | |
|---------------------------------------|--|------------------------|--|
| Time | Topic | Presenter | Moderator |
| 14:30-14:40 | Machine Learning Algorithms for predicting surgical site infections: Insight from prospectively collected Data Among General Surgery Patients in the Amhara Region | Meron Amamaw Alemayehu | Prof Milliard Derebew Dr. Terefe Meshesha Dr. Meseret Shibeshi |
| 14:40-14:50 | The Ethiopian Surgical Outcome Study(Ethio-SOS): A 7 day Multicentric National Prospective Observational Cohort Study | Atalel Fentahun Awedew | |
| 14:50-15:00 | The profile and outcomes of patients in a newly established Acute surgical care unit in a teaching Tertiary Hospital in Botswana | Alemayehu Ginbo Bedada | |
| 15:00-15:10 | Effect of OR Lighting on Surgical Performance in LMIC: Ethiopia and Ivory Coast Experience | Natnael G. Admassu | |
| 15:10-15:30 | Discussion | | |
| 15:30-16:00 | Tea break | | |
| Time | Topics | Presenters | Moderator |
| 16:00-16:10 | Pattern and predictors of outcome in patients with secondary Generalized Peritonitis in Two Government Hospitals in Addis Ababa | Eskindir Molla Nuru | Dr. Ayalew Tegegn Dr. Essay G/yes Dr. Bethelihim Abera |
| 16:10-16:20 | Unusual Presentations of Gastrointestinal Stromal Tumors(GISTs): A Case Series | Alazar Berhe Aregawi | |
| 16:20-16:30 | Fine-Needle Aspiration Cytology In Thyroid Lesion: How Well Does It Predict Final Histopathology | Zekarias Leta Dendushe | |
| 16:30-17:00 | Discussion | | |



Venue: Room 2

| Breast and Endocrine Surgery Scientific Sessions | | | |
|--|---|------------------------|---|
| Time | Topic | Presenter | Moderator |
| 14:30-14:40 | A Non-recurrent Laryngeal Nerve: A Rare Anatomic Variant in A Patient Undergoing Total Thyroidectomy For Advanced Follicular Carcinoma With Pre-Existing Contralateral Vocal Cord Palsy | Dr Tesefaye Ag Dinagde | Dr. Endale Anberber Dr. Melese Gebeyhu Dr. Martha Seid |
| 14:40-14:50 | Assessing Toxic Goiter Management and Associated Factors in Sidama Regional State, Ethiopia | Alazar Berhe Aregawi | |
| 14:50-15:00 | Time to Adjuvant Chemotherapy And It Predictors Among Postoperative Breast Cancer Patients At Hawassa University Cancer Treatment Center, Retrospective Cohort Study | Amanuel Hibistu Gashu | |
| 15:00-15:30 | Discussion | | |
| 15:30-16:00 | Tea Break | Presentor | Moderator |
| 16:00-16:10 | Magnitude And Factors Associated With Delayed Diagnosis of Breast Cancer in Hawassa University Comprehensive Specialized Hospital Oncology Center,2024 | Dr Bereket Akako Alano | Prof. Tessema Ersumo Dr. Yishak Suga Dr. Veronica Afework |
| 16:10-16:20 | Patterns, Outcomes and Associated Factors of Neck Dissection For Thyroid Malignancy Patients At Two Selected Tertiary Hospitals in Ethiopia, A 5 year Study | Helina Amare Abebe | |
| 16:20-16:30 | Comparative analysis on Diagnostic Accuracy of Core Needle Biopsy Over Fine Needle Aspiration Cytology a Primary Diagnostic Method on Breast Lesion | Yared Wasihun Tigabu | |
| 16:30-17:00 | Discussion | | |



Venue: Room 3

| Neurosurgery and Pediatric Surgery Scientific Sessions | | | |
|--|---|----------------------------|---|
| Time | Topic | Presenter | Moderator |
| 14:30-14:40 | Multiple Giant Cerebral Hydatid Cyst in Pediatrics | Murtii Teresa Obolu | Dr. Girma Melaku Dr. Maru Gamma Dr. Seifu Alemu |
| 14:40-14:50 | A Rare Case Report of Congenital Lumbar Hernia From Ethiopia, A Literature Review | Jochebed Kinfemichael Suga | |
| 14:50-15:00 | Adult Hirschsprung Disease in 27 years old female | Murtii Teresa Obolu | |
| 15:00-15:30 | Discussion | | |
| 15:30-16:00 | Tea Break | | |
| Time | Topic | Presenter | Moderator |
| 16:00-16:10 | A 9-year-old Man with Bilateral Polyorchidism and Testicular Tuberculosis Managed at a Tertiary Hospital in Addis Ababa, Ethiopia | Nathan Kinfemichael Suga | Dr. Gashaw Messele Dr. Messay Mekonnen Dr. T/birhan Berhe Dr. Masresha Solomon |
| 16:10-16:20 | Case Report: An incidental Finding of Left-Sided Supernumerary Kidney | Nathan Kinfemichael Suga | |
| 16:20-16:30 | Utility and Effectiveness of Ultrasound Guided Supraclavicular Limb Block in Adults at Soddo Christian General Hospital, Wolayita, Ethiopia: Analysis of 616 Consecutive Blocks | Edomiyas Zenebe Haile | |
| 16:30-16:40 | The need for Preoperative Laboratory Tests for Elective Surgery: A Systematic Review | Bewket Mesganaw Shite | |
| 16:40-17:00 | Discussion | | |



General Surgery Scientific Session II

| General Surgery Scientific Session II | | | |
|---------------------------------------|---|--------------------------|---|
| Time | Topic | Presenter | |
| 7:00-8:30 | Registration | Registration Desk | |
| 8:30-9:30 | Professor O. Jhonson Memorial Lecture Digital Technology in Surgery (Digital Surgery) Presenter Dr Ataklitie Baraki Berhea Chairs – Dr. Asrat Mengistie Dr. Kibrom Gebresilasse | | Moderator |
| Time | Topic | Presenter | |
| 9:30-9:40 | Outcome and Associated Factors Of Major Abdominal Surgeries: A Two-Year Retrospective Study in MCM | Nathan Kinfemichael Suga | Dr. Zelalem Molla Dr. Surafel Mulatu Dr. Reiye - Essayas Dr. Gossa – Adama |
| 9:40-9:50 | Advanced Laparoscopic Surgery outcomes in A Developing Setting: A Single Institute | Ebenezer Gezahegn Fanta | |
| 9:50-10:00 | Echinococcal Disease: Pattern of presentation And Management In A Single Institution In Southern Ethiopia | Natnael Temesgen Sumoro | |
| 10:00-10:10 | Appendico-Ileal Knotting | Murtii Teresa Obolu | |
| 10:10-10:40 | Discussion | | |
| 10:40-11:10 | Tea Break and Exhibition | | |
| Time | Topic | Presenter | Moderator |
| 11:10-11:20 | Traumatic Patients Outcome managed in HUCSH | Abinet Hailu Mengesha | Dr. Chuchu Girma Dr. Endeshaw Member Dr Tigist Fisseha |
| 11:20-11:30 | Role of Routine Histopathology Examination of Appendectomy Specimen | Nigusse Ahmed Mohammed | |
| 11:30-11:40 | Consistency of WHO surgical Saftey Checklist Utilization | Hailu Mulatu Daba(MD) | |
| 11:40-11:50 | The magnitude of Postoperative Pulmonary Complications and Associated Factors After Abdominal Surgery | Ermias Tadesse | |
| 11:50-12:00 | Perception of competence and Relevance of General surgery training among graduates of St. Paul's hospital millennium medical college | Dr Tsion | |
| 12:00-12:30 | Discussion | | |
| 12:30-13:00 | Lunch | | |



Venue 2

| Colorectal Surgery Scientific Session | | | |
|---------------------------------------|---|------------------------------------|---|
| Time | Topic | Presenter | Moderator |
| 9:30-9:40 | Prevalence and determinants of treatment choices for hemorrhoids among the Residents of Addis Ababa, Ethiopia, A Community –Based Study 2024 | Tadesse Habte Yohannes | Dr. Mensur Osman Dr. Tilahun- Habte Dr. Desta – Dr. Mulugeta Kassahun |
| 9:40-9:50 | Gangrenous Sigmoid Obstruction Due to An Anomalous Congenital Band | Adem Ibrahim Aliyi | |
| 9:50-10:00 | Patterns and short-Term Management Outcomes Of Anal Stenosis At A Tertiary Teaching Hospital In Addis Ababa, Ethiopia, A Five Year Review | Biniyam Yohannes Woldehawariyat | |
| 10:00-10:10 | Young onset Colorectal Cancer Complicated By Acute Ischemic Stroke: A Comprehensive Case Report And Literature Review | Telila Kumneger Belisa | |
| 10:10-10:40 | Discussion | | |
| 10:40-11:10 | Tea Break and Exhibition | | |
| Time | Topic | Presenter | Moderator |
| 11:10-11:20 | Appendco-Ileal Knotting Causing Strangulated Small Bowel Obstruction: Case Report | Bitsue Girma Tilahun | Dr. Befekadu Lemmu Dr. Kebebe Bekele Dr. Anteneh – |
| 11:20-11:30 | Clinical Feature, Diagnostic Findings, And Treatment Outcome Of Patients With Granulomatous Intestinal Disease And A Preliminary Predictive Scoring System For Differentiating Crohn's Disease from Other Granulomatous Intestinal Diseases | Natnael Gebeyehu Admasu | |
| 11:30-11:40 | Intestinal Obstruction Due to Massive Submucosal Recto sigmoid Bleeding Secondary to Warfarin Over anticoagulation | Dr Tibebu Tesfaye Tadesse | |
| 11:40-12:30 | Discussion | | |
| 12:30-13:00 | Lunch | | |



Afternoon 13:30-17:00

Venue 1

Hepatopancreatic Biliary Surgery Scientific Session

| | | | |
|---|--|--------------------------|---|
| Hepatopancreatic Biliary Surgery Scientific Session | | | |
| 13:30-13:40 | Giant Second Part Of Duodenal Perforation: Case Report On Management Challenge And Literature Review | Atalel Fentahun Awedew | Prof Tessema Ersumo Dr. Zeki Abdurhaman Dr. Zemenay – Bitew |
| 13:40-13:50 | Post-Operative Complications And Associated Factor Of Patients With Pancreatic Cancer; A our Year Review in St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia | Alexander Tewodros Kassa | |
| 13:50-14:00 | Gastro-Duodenal Intussusception Complicated With Severe Anemia Due to GIST, A Rare Case Report | Dr Mezgebu Misikir | |
| 14:00-14:10 | Primary Splenic Angiosarcoma With an Indolent Course : A Rare Case Report | Dr Mezgebu Misikir | |
| 14:10-14:20 | Outcome and Patient Perception of Laparoscopic Cholecystectomy Performed in Wolayita Soddo, Ethiopia | Edomiyas Zenebe Haile | |
| 14:20-15:00 | Discussion | | |
| | | | |



| Cardiovascular Surgery Scientific Session | | | |
|---|--|-------------------------|--|
| Time | Topic | Presenter | Moderator |
| 13:30-13:40 | Prevalence And Risk Factors of Post Thoracotomy Pain Syndrome In TAH, Addis Ababa Ethiopia | Abel Getachew Teshome | Prof. Birhanu Nega Dr. Birhanu H/Mariam Dr. Abebe Addise - |
| 13:40-13:50 | Simultaneous Bilateral Femoral Artery Aneurysms: Case Report of Rare Peripheral Arterial Aneurysm | Rahel Ababayehu Assefa | |
| 13:50-14:00 | Acute Limb Ischemia Presentation And Outcome Among Cardiac Patients In Resource-Limited Setup, Single Institution Experience, Tikur Anbessa, Specialized hospital, Addis Ababa, Ethiopia, 2024 | Weini Tekle Gebremedhin | |
| 14:00-14:10 | Severity Of Varicose Veins And Associated Risk Factors Among Patients Who Had Follow up Visit At St.Paul's Hospital, Vascular Referral Clinic, 2years | Yitayih Getachew Kassa | |
| 14:10-14:20 | Short-Term Outcomes Of Esophagectomy And Its Associated Factors Among Esophageal Cancer Patients At St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia | Biniyam Addis Anelay | |
| 14:20-14:30 | Health Related Quality of Life and Associated Factors Among Patients with Peripheral Artery Disease at Tikur Anbessa, Specialized hospital, Addis Ababa, Ethiopia. A Cross Sectional Study | Yadani Michael Deressa | |
| 14:30-14:40 | Initial experience of Carotid body tumor excision in KING FAISAL Hospital, RWANDA | KARENZI IRENEE DAVID | |
| 14:40-15:00 | Discussion | | |
| 15:00-15:30 | Tea Break And Exhibition | | |
| 15:30-16:00 | Best Paper Award | | |
| Recognition Of Sponsors | | | |
| Closing Remark | | | |
| End Of Day 2 | | | |



Machine Learning Algorithms for predicting surgical site infections: Insight from prospectively collected Data Among General Surgery Patients in the Amhara Region

Background: Machine learning is increasingly applied in healthcare for its ability to predict outcomes with high accuracy. While many studies have used machine learning to classify surgical site infections (SSIs), none have focused on Ethiopia, where the burden is significant. This study applied seven machine learning algorithms to predict surgical site infections using prospectively collected data, aiming to improve early detection and reduce their impact on patient outcomes.

Methods: Institution-based, prospectively collected data were used in this study.

A total of 447 surgical patients from Felege Hiwot Comprehensive Specialized Hospital (FHCSH), University of Gondar Comprehensive Specialized Hospital (UoGCSH), and Tibebe Ghion Specialized Teaching Hospital (TGSTH) were included. Only preoperative features were considered, including the length of preoperative hospital stay, the American Society of Anesthesiologists score, and socio-demographic factors. The seven supervised machine learning algorithms implemented were: Support Vector Machine, eXtreme Gradient Boosting, Decision Tree, Random Forest, Naïve Bayes, K-Nearest Neighbor, and Logistic Regression. The performance of the models was evaluated using accuracy, precision, recall, F1-score, and AUC. The SHAP plot of the final best model was used to interpret the association between the target variable and the features.

Results: About 230 (51.5%) of the surgical patients were male, and the mean age was 43 ± 13.7 years. The incidence of surgical site infection was 39.1%. After data preprocessing, model building, and comparison, the eXtreme Gradient Boosting algorithm outperformed all included classifiers in predicting surgical site infection, maintaining high performance on the test set (accuracy 91.7% [88.4%, 94.4%] and an AUC value of 0.975). SHAP BeeSwarm and bar plots were used to identify how each feature contributed to the model's predictions. The model indicated that the American Society of Anesthesiologists score, longer preoperative hospital stay, increased age, male sex, and urban residence were significant predictors.

Conclusion: The most appropriate machine learning algorithm for predicting surgical site infection among general surgery patients is eXtreme Gradient Boosting. This algorithm identified the most influential features that drive the development of surgical site infection. These findings could be used by clinicians to design patient-specific interventions and minimize the burden of SSI in Ethiopia.



The Ethiopian Surgical Outcome Study (Ethio-SOS): A 7 day Multicentric National Prospective Observational Cohort Study

Background: Safe surgical care is a cost-effective intervention for addressing a wide range of conditions, yet postoperative complications remain a leading global cause of disability, mortality, and economic loss, disproportionately affecting low- and middle-income countries (LMICs). This study aims to generate robust epidemiological data on postoperative outcomes for surgical patients in Ethiopia

Method: This study conducted a 7-day national observational cohort involving patients aged 18 and older undergoing elective and non-elective surgeries in hospitals across Ethiopia, using a convenience sampling method to recruit as many sites as possible from the twelve regions of Ethiopia. The primary outcomes measured were 7-day in-hospital mortality and postoperative complications. Statistical analysis included descriptive statistics and logistic regression models to identify risk factors for mortality and complications.

Findings: A total of 4412 surgical patients across 46 Ethiopian hospitals were included in this study. The median patient age was 30 years (IQR: 25-42), with a predominance of female participants 2772/4412(62.8%) and American Society of Anesthesiologists classification class I-II classifications. The overall complication rate was 19.8% (873/4412), with 4.2% (184/4412) experiencing severe complications (Clavien-Dindo grades III-IV) necessitating reoperation. The overall mortality rate was 0.4% (17/4412), with a median age at death of 40 years (IQR=29-49). Our findings suggest that the key drivers of perioperative mortality and postoperative complications were higher ASA class, comorbidities, cancer surgery, infections, and emergency surgical procedures.

Interpretation: One in five surgical patients in Ethiopia experiences postoperative complications and a high rate of reoperation, despite exhibiting a low-risk profile, young age, and a low rate of high-risk surgical procedures. This suggests a need for more evidence-based interventions to strengthen the foundations, care processes, and quality impact of the surgical system in order to achieve safe and effective care and improve overall surgical outcomes in the country.

Keyword: Surgery, Mortality, Complication, Ethiopia



The Profile and Outcomes of Patients in a Newly Established Acute Surgical Care Unit in a Teaching Tertiary Hospital in Botswana

Background: The scope of emergency general surgical care services varies among health institutions and countries. The burden, profile, and outcomes of patients with unscheduled and off-hours nature of presentations and limited pre-operative plan with potentially quick deterioration in many low- and middle-income countries is not adequately investigated.

Methods: Medical records of patients admitted to acute surgical care (ASC) team were reviewed for a year. Demographics, diagnosis, dates of admission and discharges, comorbidities, operative procedures and operative care providers, outcomes, and factors associated with outcomes were analysed.

Result: During the study period, 278 ASC admissions were made. The median age was 32 years. Males constituted 52.5%. The common admissions were acute appendicitis (57.2%), Intestinal obstructions (15.5%), and soft-tissue infections (6.1%). 21.2% of the admissions had comorbidities and HIV infection was the commonest and found in 11.2%. 71.9% of the patients underwent operations, males more than females, $p=0.033$.

Appendectomies (72.0%) and laparotomies (25.0%) for other intraabdominal pathologies were the commonest operations. Most of the operations (60.5%) were performed by residents. Most of the complex appendicitis were operated in the presence of both surgeons and residents than residents alone, though not statistically different, $p=0.134$. Complications occur in 9.7% cases with 6.5% SSI and 2.2% mortality. Patients with complications had a significantly higher rate of mortality, $p<0.001$. The median hospital stay was 5 days. For all admissions longer onset of illness was associated with longer hospital stays ($p=0.002$) and mortality ($p=0.014$). The same is true for operated patients, $p=0.031$ and 0.019 , respectively. Patients operated by surgeon and resident together had a longer hospital stay than residents, $p<0.001$. Similarly, when surgeons operated alone the hospital stay was longer than residents, $p=0.002$.

Conclusion: The commonest ASC pathologies were acute appendicitis, intestinal obstructions, and soft tissue infections. The commonest comorbidity was HIV-infection. Longer onset of symptoms was associated with longer hospital stay and mortality in all admissions and in operated patients. Developing ASC registry and practice standards to monitor and improve acute surgical patient outcome is critical.

Keywords: Acute surgical care, Burden, Outcomes, Profile, Teaching hospital



Title: Effect of OR Lighting on Surgical Performance in LMIC: Ethiopia and Ivory Coast Experience

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Background: Lighting during surgery is a safety problem in many LMICs due to its unreliability and inadequacy to illuminate the surgical field. Power outages, substandard or broken surgical lighting, and complete lack of surgical-quality lighting all present a threat to surgical patients.

This study investigates the impact of operating theater lighting on surgical performance and patient safety in Ethiopia and Ivory Coast. The research addresses a critical gap in understanding how inadequate lighting affects surgical outcomes and operational efficiency.

Methods: An observational study was conducted over 15 consecutive days in 12 facilities (6 from each country). A total of 143 surgeons participated, including 117 Ethiopian surgeons and 26 from Ivory Coast, along with 69 surgical residents. The study observed 291 surgical procedures, comprising 127 emergency and 164 elective cases. Focus group discussions were also held to gather qualitative insights on lighting conditions.

Results: The study found that 2.5% of surgeries were canceled due to non-functioning surgical lighting systems. Additional headlights were required for 18.9% of procedures.

Light adjustments were necessary in 280 procedures, primarily performed by circulator nurses (66.7%), residents (15.1%), and external personnel (10.3%). Difficulties in light adjustment were reported in 34.4% of cases, with issues in focusing (58.4%), rotation (32.6%), and intensity (8.9%). Mechanical problems were noted in 15.5% of adjustments, 5.2% of procedures experienced intraoperative incidents due to lighting adjustments and there were 9 (3.1%) surgical procedures reported to have an incident where a sterile field was compromised during surgical lighting system adjustment.

Major light outages occurred in 10.3% of procedures.

Focus group discussions revealed significant dissatisfaction with current lighting conditions. Participants highlighted issues such as inadequate and inconsistent lighting, frequent malfunctions, and the need for temporary solutions due to renovations. Surgeons often had to bring personal equipment to ensure adequate lighting, and operational delays were common due to the time spent adjusting lights. The lack of reliable lighting systems was seen as a major inconvenience and potential safety hazard during surgeries.

Conclusion: The study concludes that inadequate and inconsistent lighting in operating theaters significantly impacts surgical performance and patient safety. Frequent light adjustments, mechanical issues, and outages disrupt surgical procedures, leading to delays and potential safety hazards. These findings highlight the need for improved lighting systems and maintenance protocols in operating theaters to enhance surgical outcomes and efficiency.



Pattern and predictors of outcome in patients with secondary Generalized Peritonitis in Two Government Hospitals in Addis Ababa

Objectives The main objective of this study is to determine the pattern and predictors of outcome in patients with secondary Generalized peritonitis in two referral hospitals in AddisAbaba, Ethiopia.

Design The study design is cross sectional retrospective study over the period of four and half years. It involved patients with secondary generalized peritonitis on the two hospitals to determine the pattern and etiologies of secondary peritonitis. Various clinical, epidemiological, laboratory and intraoperative variables are analyzed to detect the ones that have significant relation with patients' outcome. P value of <0.05 with confidence interval of $>95\%$ is used to determine significance.

Setting Two governmental referral hospitals in the capital of Ethiopia.

Results A total of 235 patients from which 78.3% are males and 21.7% are females were enrolled to the study. Perforated peptic ulcer disease and perforated appendicitis are commonest etiologies accounting for about 79.1 of total cases and tumor perforation accounted for 5.1%. Mortality was determined to be 6.8 % the commonest cause being multi-organ failure secondary to septic shock of gastrointestinal focus. 21.7% of the total patients have a complicated post-operative course. Post-operative abdominal collection occurred in 5.6 % of the total patients followed by pneumonia which occurred around 5.2 % of post op patients. Superficial and deep surgical site infections were detected in 4.2% and 2.5% of total patients respectively. 6.8 % of patients had reoperation with the commonest indication of post-operative abdominal collection and complete wound dehiscence. prolonged hospital stay was recorded in 25.1 % of cases. Through multivariate logistic regression age of patients greater than 60 years and duration of surgery greater than 2 hours has strong correlation with mortality of the patients. Both systolic and diastolic hypotension are associated with increased mortality predicting worsened outcome for the patients. From the laboratory variables White blood cell count less than 4000 per microliter predicted the demise of a patient. Anemic patients also have quite increased mortality necessitating its correction prior to surgical intervention. Intraoperative vasopressor requirement is greatly associated with early mortality. 5.5 % of patients had comorbidities which were linked to increased mortality.

Conclusion Secondary generalized peritonitis is still the commonest reason for emergency surgical visit and is associated with high morbidity and mortality. Perforated peptic ulcer disease and perforated appendicitis accounted for most cases of secondary generalized peritonitis. The occurrence of complications and mortalities is associated with various epidemiological, clinical, laboratory and intraoperative factors and their interactions. Surgical therapy with Intensive care which is tailor made for each patient should be delivered to for the best outcome.



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Unusual Presentations of Gastrointestinal Stromal Tumors (GISTs): A Case Series

Introduction

Surgery is typically used to treat localised GISTs, but metastases do not preclude primary tumour surgery; instead, neoadjuvant imatinib should be considered. The advent of adjuvant therapy (imatinib) has transformed the management of primary GISTs and ought to be a standard treatment for all patients who have a high risk of recurrence after primary GISTs have been removed.

Here we present the atypical presentations (clinical and histomorphological) and management of four cases of GISTs. We want to make physicians have a high index of suspicion of this unusual GI tumour.

Results

All the cases had a good postoperative outcome and discharged improved. Histomorphologic examinations with immunohistochemistry were done for all that showed different atypical features.

Conclusion

Even though the typical location and presenting symptoms of GIST are well known, physicians need to have high index of suspicion of this pathology for any mass presenting in gastrointestinal tract. Surgery is the standard treatment. A thorough histologic examination is crucial for adjuvant treatment and prognostication.

Keywords: Gastric tumor, intussusceptions, Mesenteric, Jejunal, Acute abdomen, Intrabdominal mass, small bowel tumor, case series





Fine-Needle Aspiration Cytology In Thyroid Lesion: How Well Does It Predict Final Histopathology

Background

Thyroid swellings are common, clinically affecting up to 4–7% of adults, and even many more presenting sub-clinically. Thyroid lesions are assessed through a range of diagnostic methods, with fine-needle aspiration cytology (FNAC) being one of the most commonly used techniques. Fine-needle aspiration cytology (FNAC) is a simple, cost-effective tool that reduces unnecessary thyroidectomies by approximately 50%. While FNAC reliably differentiates benign from malignant lesions, indeterminate categories (Bethesda III & IV) remain challenging, often leading to unnecessary or delayed surgeries. Comparing FNAC results with final histopathology can help refine its predictive accuracy, potentially reducing unnecessary interventions and improving surgical decision-making. This study seeks to determine the accuracy, sensitivity, and specificity of FNAC in the diagnosis of thyroid lesion.

Material and Method

The study included 73 patients with thyroid lesions who underwent pre-operative evaluation with FNAC, followed by histopathologic examination after thyroid surgery, between January 1st 2023, and February 28th 2025. The FNAC results were compared with the final histopathology findings to determine diagnostic accuracy.

Results

Among 73 patients, 15 were males and 58 were females (M: F = 1:3.8), with a mean age of 45 years and an average symptom duration of 60 months.

Diagnostic categorization of FNACs based on Bethesda system showed that 61.6% (45) were benign, 13.7% (10) were follicular neoplasms or suspicious for follicular neoplasm, 9.8% (7) were non-diagnostic, 6.8% (5) were atypia of undetermined significance (AUS) or suspicious for malignancy, and 1.4% (1) was malignant.

Final histopathology revealed that 79.5% (58) of cases were benign (e.g., Nodular Colloid Goiter, Follicular adenoma, Thyroiditis), while 20.5% had malignancy. Papillary thyroid carcinoma was the most common (15.1%), followed by follicular thyroid carcinoma (4.1%) and medullary thyroid carcinoma (1.4%).

Comparison of FNAC with histopathology showed an overall sensitivity of FNAC was 66.7%, specificity was 89.7% and accuracy 84.9%. The positive predictive value (PPV) was 62.5%, and the negative predictive value (NPV) was 91.2%.

Conclusion

Our study findings indicate that FNAC was able to correctly identify malignant lesions in two-thirds of the cases and was able to correctly label about 90% of benign thyroid cases. Therefore, FNAC is a simple, safe, and cost effective diagnostic investigation method for thyroid lesions with good sensitivity and specificity and overall diagnostic accuracy.

Keywords: FNAC, Histopathology, Thyroid swellings, Bethesda Classification.



A Non-Recurrent Laryngeal Nerve: A Rare Anatomic Variant in a Patient Undergoing Total Thyroidectomy for Advanced Follicular Carcinoma With Pre-Existing Contralateral Vocal Cord Palsy

Introduction: A non-recurrent laryngeal nerve is a rare embryonically-derived variant of recurrent laryngeal nerve, in which the nerve enters the larynx directly off the cervical vagus nerve.

Case presentation: A 62-year-old male presented with anterior neck swelling of 20 years duration, with recent rapid growth and change of voice. A huge left thyroid lobe relatively fixed mass was diagnosed as a follicular neoplasm with possible metastasis to the cervical vertebral bones. Preoperative laryngoscopy showed a left vocal cord palsy. Patient was prepared and total thyroidectomy was done. Right non-recurrent laryngeal nerve was discovered during surgery. The operation and recovery went smoothly, and there was no change in his voice in subsequent follow-ups.

Discussion and Conclusion: This case presents a unique challenge: Identification of a right non-recurrent laryngeal nerve (NRLN) during total thyroidectomy for advanced follicular thyroid carcinoma in a patient with pre-existing left vocal cord paralysis. The potential for bilateral vocal cord paralysis and subsequent airway compromise necessitated meticulous surgical technique and highlights the critical importance of NRLN awareness in this complex scenario.

Keywords: Case report, Thyroid cancer, Vocal cord palsy, Total thyroidectomy, Non-recurrent laryngeal nerve



Assessing Management and Outcomes in Toxic Goiter: A Multicentre Retrospective Cohort Study from Southern Ethiopia.

By: Alazar Berhe Aregawi

Introduction

Hyperthyroidism is the most common cause of thyrotoxicosis. Grave's disease (GD) account for 70–80% of toxic goiter cases in iodine-rich areas, while toxic multinodular goiter (TMNG) and toxic adenoma (TA) predominate in iodine-deficient areas. Three modalities can treat hyperthyroidism alone or together, Anti-thyroid drugs (ATDs), I-131, or surgery. The main objectives of this study were to assess the thyroid function tests (TFTs) and ATD ordering practices, and determine the variability of surgery done at three centers in Ethiopia's Sidama region.

Methods

We conducted a multicenter, retrospective cohort study at three public hospitals in Ethiopia's Sidama region. The study included assessment of the clinical records of toxic goiter patients (October 1, 2020 – September 30, 2024 G.C) who were treated and operated at the three centers. A brief phone interview was added to add to the data validity.

Results

We identified 287 patients. TMNG was most common 268 (93.4%). The most commonly ordered TFT for hyperthyroidism diagnosis was 'TSH+ Total T3 (TT3)+Total T4(TT4)' 152/287 (53.0%). All patients received PTU as their only ATD. PTU was started at 100mg PO TID in 271 (94.4%) patients. About 35% of the patients (99/287) had PTU dose adjustments during follow-up, mostly dose increment, before euthyroidism. Adverse reactions to the ATDs were reported in only two patients; agranulocytosis and hepatitis and skin rash. Regarding surgery 152 patients (53%) had near-total/total thyroidectomy (NTT/TT). The rest had subtotal thyroidectomies. Fifty patients (17.4%) developed one or more surgical complications. Hypocalcemia, hoarseness, and hematoma occurred in (3.8%, 11/287), (3.8%,11/287) and (0.7%,2/287) patients, respectively.

Conclusion

In our setting, there is a major knowledge or practise gap in TFT ordering, ATD prescribing, and thyroxine prescriptions in the management of toxic goiter. There is also a wide variation in the type of surgeries done.

Keywords: Thyrotoxicosis, Hyperthyroidism, Toxic nodular goiter, Thyroidectomy



Time to Adjuvant Chemotherapy And It Predictors Among Postoperative Breast Cancer Patients At Hawassa University Cancer Treatment Center, Retrospective Cohort Study

Background

The incidence of breast cancer is rising and becoming a major public health problem in Ethiopia, posing a substantial threat to countries with limited oncology centers. Adjuvant chemotherapy is the most important treatment option for breast cancer and is initiated after definitive surgical management. Adjuvant chemotherapy decreases the risk of breast cancer mortality, reduces the recurrence rate, and improves the long-term overall survival. The time between surgery and the first adjuvant chemotherapy appears to have an impact on the overall survival (OS) and disease-free survival (DFS) in patients with breast cancer.

Method

This institution-based retrospective follow-up study was conducted at the Hawassa University Comprehensive Hospital Cancer Treatment Center between September 2020 and March 2022, among all women with breast cancer. All eligible patients whose medical records were available and accessed at the hospital during the study period were enrolled. The checklists were prepared using Google Forms. The data were then exported to Excel and sent to SPSS software version 26 for data analysis. A stratified Cox regression model was used to identify the potential predictors. The adjusted hazard ratio (AHR) with 95% confidence interval (CI) was reported to indicate the strength of the association. This study was conducted between February 22 and April 8, 2022.

Result

In this study, the median time to adjuvant chemotherapy was 69 days (interquartile range (IQR)=26 days), with a range of 28–157 days. Twenty (12.9%) patients started chemotherapy within less than 30 days, 36 (23.2%) patients waited for 31-60 days, 68 (43.9%) patients initiated chemotherapy within 61-90 days while 31 (20%) patients took more than 90 days to start their adjuvant chemotherapy. Patients who experienced surgical complications were 1.5 times more likely to initiate adjuvant chemotherapy earlier than those without such complications, with an adjusted hazard ratio (AHR) of 1.512 (95% CI: 1.287-3.140). Patients with a BMI classified as underweight were 1.5 times high likely to receive adjuvant chemotherapy earlier (AHR 1.569, 95% CI: (1.336-3.887)). Post-operative breast cancer patients with co-morbidity had a 25% lower likelihood of receiving adjuvant chemotherapy earlier than those without comorbidity (AHR=0.751, 95% CI: 0.474-0.817), and illiteracy (AHR=0.829, 95% CI: (0.458-0.950)) was also a significant predictor of time to adjuvant chemotherapy.

Conclusion

The duration of adjuvant chemotherapy initiation was longer than the recommended time. Body Mass Index, presence of surgical complications, presence of comorbidity, and educational status were predictors of delayed time to adjuvant chemotherapy.

Keywords: Breast cancer, Adjuvant chemotherapy, Oncology center, Hawassa



Magnitude And Factors Associated With Delayed Diagnosis of Breast Cancer in Hawassa University Comprehensive Specialized Hospital Oncology Center,2024

Background: Breast cancer is a complex and heterogeneous disease characterized by the uncontrolled growth of abnormal cells in the breast tissue. Advancements in diagnostic technologies have improved the accuracy and efficiency of breast cancer diagnosis. Despite the availability of screening programs and diagnostic technologies, delays in diagnosing breast cancer persist, posing significant challenges to healthcare systems and patient outcomes in developing countries.

Objective: This study intends to determine magnitude and factors associated with delayed diagnosis of breast cancer in Hawassa university comprehensive specialized hospital, Oncology center, Hawassa, Ethiopia, 2024.

Methods and Materials: An institutional-based cross sectional study was conducted on breast cancer patients in Hawassa University Comprehensive specialized hospital oncology center and data was collected from January 01/01/2025 to 15/01/2025. Simple random sampling technique was used to select breast cancer patients. Sampling with probability proportional to size method was used and sample size was 358. Pretested, structured, checklist was used to extract data. Data was entered by EpiData version 4.6.2 and was exported to SPSS version 25. Multivariable logistic regression was performed to identify factors associated with delayed diagnosis of breast cancer.

Adjusted odds ratios (AOR) with 95% confidence intervals were used. $P < 0.05$ was considered statistically significant.

Results: In this study the prevalence of delayed diagnosis of breast cancer was 44.4% 95% CI (39.2-49.5). Primary education (AOR=8.4, 2.9-24.4), unemployed patients (AOR=8.3, 3.3-20.8), breast self-examination (AOR=7.1, 1.6-31.7) and uninsured patients (AOR=4.1, 1.7-10.5) were significantly associated with delayed diagnosis of breast cancer.

Conclusion: In this study the prevalence of delayed diagnosis of breast cancer was high 44.4%. Education, employment, breast self-examination and health insurance were predictors of delayed diagnosis among breast cancer patients.

Keywords: Breast cancer, delayed presentation, Hawassa, Ethiopia



Patterns, outcomes and associated factors of neck dissection for thyroid malignancy patients at two selected tertiary hospitals in Ethiopia, a 5 years

Introduction: Neck dissection plays a crucial role in treating differentiated thyroid carcinoma, enhancing disease-free survival when nodal metastasis is present. This study aims to evaluate neck dissection practices in low socioeconomic country, potentially improving patient management for thyroid malignancy.

Objective: To assess patterns, outcomes, and associated factors of neck dissection for thyroid malignancy patients at two selected tertiary hospitals from May 2019- June 2024.

Methods: A 5-year analytical cross-sectional study was carried out through a review of documented records of patients undergoing neck dissection for thyroid malignancy, through a structured checklist at Saint Paul Hospital Millennium Medical College and Tibebe Ghion Specialized Hospital. The data was cleaned and analyzed using SPSS version 27 for Windows. Binary logistic regression was used to check the association between the dependent and independent variables with P- Value < 0.05.

Result: Lateral neck dissection was the predominant surgical approach in 51 (57.3%), with therapeutic indications in 79 (88.8%) cases. Common complications included hypocalcemia 10 (11.2%), unilateral recurrent laryngeal nerve injury 5 (5.6%) and seroma 9 (10.1%). Patients who have undergone combined lateral and central neck dissection have increased odds of developing hypocalcemia (AOR = 6.111, P = 0.010). Additionally, papillary thyroid carcinoma has reduced odds of developing recurrent laryngeal nerve injury with an odds ratio of 0.062 (AOR = 0.062, 95% CI = 0.007–0.560, P = 0.013) compared to other histologic types. Previous thyroidectomy history also increased the odds of developing seroma by 4.913 times (AOR = 4.913, 95% CI = 1.105–21.831, P = 0.036. The mean Lymph node yield after surgery was 11.48.

Conclusion: Neck dissection for thyroid malignancy, as practiced in the study, partially aligns with existing recommendations such as the American Thyroid Association Guidelines. The most common complications include hypocalcemia, recurrent laryngeal nerve injury, and seroma, which remain significant concerns. Careful surgical planning and meticulous management are important to minimize these risks effectively.

Keywords: Neck Dissection, Thyroid malignancy, Lymph node yield.



Comparative Analysis on Diagnostic Accuracy of Core Needle Biopsy over Fine needle Aspiration Cytology as a Primary Diagnostic Method on Breast Cancer

BACKGROUND: Breast cancer is one of the most common malignancies affecting women worldwide. The high incidence of breast malignancy, its relatively easy detection at an early stage, and accurate diagnosis plays a crucial role in the effective management and prognosis of the disease. Fine Needle Aspiration Cytology (FNAC) has been widely used as an initial diagnostic tool for breast lesions, but Core Needle Biopsy (CNB) has gained favor as an alternative, offering better tissue sampling and diagnostic accuracy. This study aims to assess the diagnostic accuracy of core needle biopsy (CNB) compared to fine needle aspiration cytology (FNAC) as the primary diagnostic method for breast cancer by analyzing its sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV).

METHODS: A two-year cross-sectional study was conducted, utilizing consecutive sampling for both FNAC and CNB within the same timeframe between January 2023 and January 2025. Data analysis included descriptive statistics and logistic regression using SPSS version 29.0.2.0. The accuracy and inadequacy rates were determined for both CNB and FNAC when used as the initial diagnostic test and the study reported indirect comparisons of these tests. Accuracy measures considered equivocal, borderline, and atypical lesions as positive results. Inadequacy measure a situation where the tissue sample obtained is insufficient for accurate diagnosis.

RESULTS. The mean age of patients \pm SD (range) in years were aged 40.50 ± 10.64 (31-50). FNAC was performed on 265 patients, while CNB was conducted on 170 patients. Of the total of 435 samples taken, 183 (42%) were malignant lesions. Inadequacy rate in malignant lesion was lower for CNB (1%) than for FNAC (4.5%), $p < 0.001$. CNB performed significantly better than FNAC for absolute sensitivity (90.4% vs. 11%; $p < 0.001$) and complete sensitivity (96.8% vs. 92.1%; $p < 0.001$), however specificity was lower for CNB than FNAC (89.5% vs. 92.6%; $p < 0.001$). Absolute diagnostic accuracy was higher for CNB than FNAC (84.7% vs. 48.7%; $p < 0.001$) and FNAC performed higher than CNB for complete diagnostic accuracy (92.5% vs. 93.5%; $p < 0.006$).

CONCLUSION. Core needle biopsy had significantly better performance based on measures of sensitivity, and however specificity was lower for CNB relative to FNAC.

Overall, CNB has high diagnostic accuracy whereas FNAC has inadequacy and diagnostic inconclusiveness. We recommend that core needle biopsy should be preferred over fine needle aspiration cytology for the diagnosis of breast cancer.

Key words: FNAC, CNB, Breast cancer, breast



MULTIPLE GIANT CEREBRAL HYDATID CYSTS IN PEDIATRICS

Key clinical message

In Ethiopia, although multiple giant cerebral hydatid cysts are rare, rural children in close contact with dogs, remain at risk.

Diagnosis requires clinical suspicion and advanced imaging. Dowling hydrodissection allows intact cyst removal. Preoperative anthelmintics minimize allergic risks. Early Surgical intervention better neurologic recovery, and follow-up is essential for potential recurrence.

Key words:

Cerebral hydatid cyst, Cystic Echinococcosis, Dowling technique, Neurologic recovery, Hydatid cyst rupture





A Rare Case Report of Congenital Lumbar Hernia from Ethiopia and a Literature Review

Lumbar hernia is a rare condition characterized by the protrusion of intraperitoneal or extraperitoneal organs through a defect in the posterolateral abdominal wall. While inguinal and umbilical hernias are common in children, lumbar hernias are rare. Only 20% of lumbar hernia cases are congenital, while the remaining 80% are acquired. We report a case of a 5-year-old male who presented with right lumbar swelling, present since birth and progressively enlarging. Examination revealed a large, soft, reducible and painless right flank mass sized 35 × 26 cm. Imaging confirmed an extra-abdominal right kidney and herniation of most of the midgut. After two months of serial reduction, elective surgical repair was performed using a 15 × 15 cm mesh. The child recovered uneventfully and remained asymptomatic at a six-month follow-up.

Lumbar hernias can be congenital or acquired and are more common in males. Although clinical examination aids in diagnosis, imaging, particularly CT, is crucial for defining the hernia's content, location, and defect size. Surgical repair remains the mainstay of treatment, with a low recurrence rate.

Keywords: lumbar hernia, congenital lumbar hernia,



ADULT HIRSCHSPRUNG'S DISEASE; A CASE REPORT OF 27-YEAR-OLD FEMALE PATIENT

Background

Adult Hirschsprung's disease is a functional intestinal obstruction whenever it's diagnosed in adolescent older than ten years and adult age. The primary pathology of Hirschsprung's disease is a congenital gut motor neuron development disorder. The disease usually diagnosed in over 94% of cases before the age of five years. However, beyond children age the disease is often overlooked and misdiagnosed as refractory functional constipation, which delay in diagnosis and management.

Case presentation

In this study, we report the case of a 27-year-old female patient presented with prolonged difficulty of defecation, progressive abdominal distension, intermittent vomiting and appetite loss. She had received frequent laxatives and rectal enema for temporary relief of her symptoms. Subsequently, from clinical and imaging evidence, with an impression Adult Hirschsprung's disease, Rectal biopsy was taken and the biopsy result confirmed Hirschsprung's disease.

Result

Initially, diversion of the sigmoid loop colostomy was done. Which resulted in a significant reduction in colonic calibre and patient was improved from secondary malnutrition morbidity. Despite, some difficulties from anatomic change and deep female pelvis, Swenson pull through technique was successful applied for definitive management. Subsequently, post operative outcome was satisfactory.

Conclusion

Thus, adults with a refractory functional constipation, Adult Hirschsprung's disease should be considered as a differential diagnosis. Those patients need a gold standard diagnostic histopathologic study. Even though, the management sequence and choice of surgical techniques depends on different factors, Swenson's pull-through technique is the most convenient to apply with or without modification.

Keywords;

Adult Hirschsprung's disease, Refractory constipation, Swenson's pull through technique



A 29-year-old man with bilateral polyorchidism and testicular tuberculosis managed at a tertiary hospital in Addis Ababa, Ethiopia

Polyorchidism (also known as polyorchism) is a rare anomaly characterized by the presence of at least 1 supernumerary testis and is typically an incidental finding. Bilateral polyorchidism is particularly rare, with only 10 reported cases in the literature. Polyorchidism may be associated with a variety of complications, including malignancy.

A 29-year-old man with a history of bone tuberculosis presented to our centre with a painless scrotal mass. The diagnosis of bilateral polyorchidism with concurrent testicular tuberculosis was reached after comprehensive physical examination, imaging, biopsy, and exploratory surgery. The patient's testes were discovered to be in pairs, fused within both the right and left hemiscrotums. The management strategy consisted of tuberculosis medication and regular follow-up.

Supernumerary testes may be found within or outside the scrotum.

Ultrasonography is the preferred diagnostic modality. In the absence of complications or associated conditions, no further intervention is typically required. This case report expands our understanding of polyorchidism and outlines a comprehensive approach to patient management. Moreover, given the rarity of reported bilateral polyorchidism, this case provides further insights into this unusual medical condition.



Case report: An incidental finding of a left-sided supernumerary kidney

A supernumerary kidney is an extremely rare congenital renal anomaly that is characterized by the presence of one or more extra kidneys. Unilateral cases occur more commonly on the left side. Reporting such uncommon anomalies is important for several reasons, such as improving diagnosis and treatment, educating clinicians and radiologists about the identification and treatment of supernumerary kidneys, and comparing the case to existing literature to highlight similarities and differences in presentation, management, or outcomes. A 35-year-old male patient presented to our hospital in Addis Ababa, Ethiopia, with left lower flank pain. His blood pressure was elevated during the initial visit; however, the results of the physical examination and laboratory investigations were unremarkable. Abdominopelvic ultrasound and computed tomographic (CT) urography confirmed the diagnosis of a left-sided supernumerary kidney, with no associated abnormalities. In such cases, the diagnosis of a supernumerary kidney is made using an abdominal ultrasound scan, intravenous urography (IVU), CT urography, and magnetic resonance imaging (MRI).

Treatment depends on the patient's symptoms. Asymptomatic cases must be followed up regularly. If a supernumerary kidney is nonfunctional or associated with other abnormalities, a nephrectomy is indicated. We treated our patient with adequate analgesia and scheduled a follow-up.



Utility and Effectiveness of Ultrasound Guided Supraclavicular Limb Block in Adults at Soddo Christian General Hospital, Wolayita, Ethiopia: Analysis of 616 Consecutive Blocks

Introduction: Regional anesthesia is a relatively low-cost and widely used technique in perioperative analgesia and anesthesia. Brachial plexus blockade is one form of regional anesthesia. Regional anesthesia has been associated with reduced postoperative pain, reduced opioid requirements, as well as increased patient satisfaction, and avoidance of general anesthesia. Due to significant limitations in access to regional anesthesia modalities, coupled with a disproportionately high burden of surgical diseases including trauma, the benefits of regional anesthesia may be amplified in low- and middle-income countries (LMICs). The aim of this study is to evaluate the utility and effectiveness of Ultrasound guided Supraclavicular limb block at Soddo Christian Hospital, Ethiopia.

Methods: This is a single institution retrospective observational study done from July 2017 to May 2021. Data was collected from a purpose designed documentation sheet for peripheral nerve block. Adult patient who underwent supraclavicular block during the study period were included in the study. Patients with a preoperative neurologic deficit and pediatric patients were excluded from the study. Patient's self-reported pain score using the visual analog system (VAS), qualification of anesthetist and the surgeon's evaluation of the block were studied. SPSS version 25 was used for data analysis.

Results: From July 2017 to May 2021, 616 consecutive blocks were performed and included in the study. From the 616 patients, 466 are male (75.5%) and 151 are females (24.5%). Average age is 35.5 years. Various levels of anesthesia qualification performed the blocks - 363(58.9%) were performed by BSC anesthetist, 186(30.2%) by MSC anesthetist, 35(5.7%) by anesthesia assistant and 32 (5.2%) by anesthesia students under supervision. 88.8% of the patients experienced a pain free procedure recording a "0" VAS score and only 1 patient had a VAS score of "10". Blood was aspirated in 31 patients (5%) and needle was withdrawn immediately and redirected. One patient had a small pneumothorax which did not require intervention. Surgeon's evaluation was excellent for 83.4% of the blocks. 66 (10.7%) patients had inadequate block: 37 of these were sedated and 28 required local anesthesia supplementation and 1 patient require general anesthesia. 90 patients had the block more than once and from these none required GA.

Conclusion: In this study, ultrasound guided (USG) supraclavicular limb block was found to be safe, highly effective, and widely accepted by both the patient and the operating surgeon with lower rate of complication. USG guided supraclavicular blocks can be performed by competent anesthesia providers of varying qualifications and is being successfully taught to anesthesia students.



The Need for Preoperative Laboratory Tests for Elective Surgery: A Systematic Review

Background:

Preoperative laboratory testing is commonly conducted before elective surgery to assess a patient's overall health and to identify potential risks. However, there is significant variability in the practice, with some tests providing limited clinical value while others are crucial for successful outcomes. The need for routine laboratory tests before elective surgery remains a subject of debate within the medical community, with conflicting guidelines and a lack of consensus on which tests are necessary.

Objective:

This systematic review aims to evaluate the necessity and effectiveness of preoperative laboratory tests for elective surgery, and identify which tests offer the most value in patient management.

Method:

A comprehensive literature search was conducted in multiple databases (PubMed, Cochrane Library, and Google Scholar) for studies published between 2015 and 2023. The search focused on articles that investigated the role of preoperative laboratory tests in elective surgery, assessing both the types of tests commonly performed and their association with surgical complications and patient outcomes. Data extraction was performed independently by two reviewers, and the results were analyzed using a qualitative synthesis approach.

Results:

The review included 32 studies. Key findings revealed that routine tests such as complete blood count (CBC), blood glucose, and renal function tests were frequently ordered. Some tests, such as coagulation profiles and blood type crossmatch, showed clear benefits in reducing the risk of bleeding and transfusion-related complication.

Conclusion:

Preoperative laboratory tests play a valuable role in managing high-risk patients and preventing surgical complications. The findings emphasize the need for more standardized guidelines on preoperative testing to optimize patient care, reduce unnecessary testing, and improve healthcare resource utilization.



Outcomes and Associated Factors of Major Abdominal Surgeries: A Two-Year Retrospective Study in MCM Comprehensive Specialized Hospital, Addis Ababa, Ethiopia

Background

Major abdominal surgeries are critical, life-saving procedures performed to address various conditions, including gastrointestinal malignancies, organ perforations, inflammatory disorders, and traumatic injuries.

Despite advancements in surgical techniques, anesthesia, and postoperative care, these surgeries are often associated with significant morbidity and mortality. This study aims to evaluate the outcomes of major abdominal surgeries and identify factors contributing to these outcomes.

Methods

This retrospective cross-sectional study was conducted at Myungsung Comprehensive Specialized Hospital, analyzing patients who underwent major abdominal surgeries between January 2023 and December 2024. Key outcomes assessed included in-hospital major complications, and mortality rates. Univariate analysis followed by multivariate logistic regression was performed to identify factors associated with these outcomes.

Results

A total of 95 patients, 61 men and 34 women, mean age 48.94 (SD \pm 17.5 years) were included. Of these, 44 patients (46.3%) underwent emergency surgery, while 51 patients (53.7%) had elective procedures. The study found a complication rate of 29.5% among those who underwent major abdominal surgeries. Significant associations with complications included re-operation/re-laparotomy (AOR = 6.24, 95% CI: 1.04 to 37.2; p = 0.044) and estimated blood loss (AOR = 0.071, 95% CI: 0.006 to 0.825; p = 0.035).

Additionally, the overall mortality rate was 2.1%.

Conclusion

Postoperative complications following major abdominal surgeries remain a significant concern, with a notable complication rate observed in this study. The identified factors, including re-operation and blood loss, highlight the need for targeted interventions to improve patient outcomes.



Advanced Laparoscopic Surgery Outcomes In A Developing Setting: A Single Institute Experience

Background

Laparoscopic surgery has become the preferred method of surgical intervention for many surgical conditions. Its minimal invasiveness, smaller incisions, and reduced postoperative discomfort has made to be favored over traditional open techniques. Although laparoscopic surgery is not yet widely developed in Africa, it has been implemented in certain regions with reported good surgical outcomes.

This study aims to present the outcomes of advanced laparoscopic surgeries performed at a single institution in Ethiopia.

Methods:

This cohort study analyzed data from all patients who underwent advanced laparoscopic procedures between April 1, 2023, and February 1, 2025. Commonly performed laparoscopic procedures: laparoscopic cholecystectomy, appendectomy, varicocelelectomy, orchidectomy, diagnostic laparoscopy and staging procedures were excluded. Only patients who underwent advanced laparoscopic surgeries were included. Descriptive analysis was conducted using SPSS version 27. A 95% confidence interval was applied to the analysis. All primary surgeons involved in the procedures had received laparoscopic training.

Results:

A total of 601 laparoscopic procedures were performed. Forty-six advanced laparoscopic procedures were selected for the study, with urology cases accounting for 52% (24) and general surgery cases comprising 48% (22). Among the general surgery cases, the most common procedures were laparoscopic hemicolectomy at about 20% (9) and laparoscopic transabdominal pre-peritoneal (TAPP) hernia repair, also at 20% (9). In the urology cases, laparoscopic nephrectomy (including hand-assisted) was performed in 16% (8) of the cases, followed by laparoscopic pyelolithotomy at 15% (7), and laparoscopic prostatectomy at 9% (4). There was a single intra-operative complication that required conversion to open surgery; otherwise, no other intra-operative complications were reported. The overall conversion rate to open surgery was 7% (CI 2.2-17.5%), primarily due to surgical difficulty.

Notably, no injuries were observed related to the Trocar or Veress needle insertion.

Within 30 days post-surgery, the incidence of surgical site infection was approximately 4% (CI 1.2-14%), with a readmission rate of 4% (1.2-14%). There was one reported mortality, attributed to postoperative pulmonary embolism and pneumonia.

The average hospital stay was 5.3 (CI 1.2-14.5) days, with a standard deviation of 2.4, ranging from 3 to 14 days. Postoperative complications, using the Clavien-Dindo classification system, 91% of cases had Grade 1, while 7% experienced Grade 3 complications, and 2% had Grade 5 complications.

All primary surgeons performing the procedures had undergone laparoscopic training, and the institution was equipped with standard laparoscopic instruments for routine surgeries. Additionally, harmonic scalpel were made available to enhance surgical precision.

Conclusion:

The study demonstrated that advanced laparoscopic surgeries can be performed in developing settings with acceptable surgical outcomes offering significant advantages over traditional surgery.

Hospitals should ensure the availability of basic and essential equipment required for basic laparoscopic procedures and promote training opportunities for surgeons interested in adopting this technique.



Echinococcal Disease: Pattern of presentation and management in a single institution in Southern Ethiopia

Background: Cystic Echinococcus (CE) is among several diseases labelled as Neglected Tropical Diseases (NTDs) by the World Health Organization. These NTDs are prevalent among impoverished communities in Ethiopia and are associated with devastating health, social, and economic consequences. The objective of this study is to better define the patient population affected by CE, the complication profile following surgical management, and to inform future public health interventions to address this neglected disease.

Methods: This is a retrospective cohort of 120 patients with CE disease managed at Soddo Christian Hospital between January 2021 and June 2024. Data regarding demographics, presentation, and treatment were collected for all patients who underwent surgical management.

Results: Patients had a mean age of 24.8 years (median 26 years, range 3-74 years) with a female predominance (67%). The majority of patients (93%) came from the Nyangatom area of southern Ethiopia. The liver was the most commonly affected organ (77%), but cystic disease was managed in numerous locations including the lungs, kidneys, breast, neck, ovary, and disseminated peritoneal hydatidosis. According to the WHO classification, most cysts were class CE1 (52%) or CE IIIA (18%) and patients presented late with large cysts of 12.4 cm mean diameter (range 3.8 - 22.7 cm). Surgical intervention consisted of laparotomy with marsupialization or unroofing in most cases. Median length of hospital stay was 5 days with an overall postoperative complication rate of 19%. Fistulisation through the cyst cavity were among the most common and concerning complications, including biliary fistula (5%), urinary fistula (2.5%), and bronchopleural fistula (1.7%).

Conclusion: Our study demonstrates a significant public health burden of echinococcal disease among this impoverished refugee population in Southern Ethiopia. Surgical management of large cysts and advanced disease is plagued by significant complication rates. Long-term follow-up and public health prevention efforts are lacking for these patients and ought to be improved.



APPENDICO-ILEAL KNOTTING; A CASE REPORT OF 17-YEARS-OLD FEMALE PATIENT

Key clinical message

Appendico-Ileal Knotting, a rare complication of acute appendicitis, causes closed-loop obstruction when an inflamed appendix entangles the Ileal mesentery. Diagnosis requires high clinical suspicion and surgical exploration. Based on the extent of appendiceal base gangrene, en-bloc Ileal resection with appendectomy or right hemicolectomy is vital to prevent systemic bacterial spread.

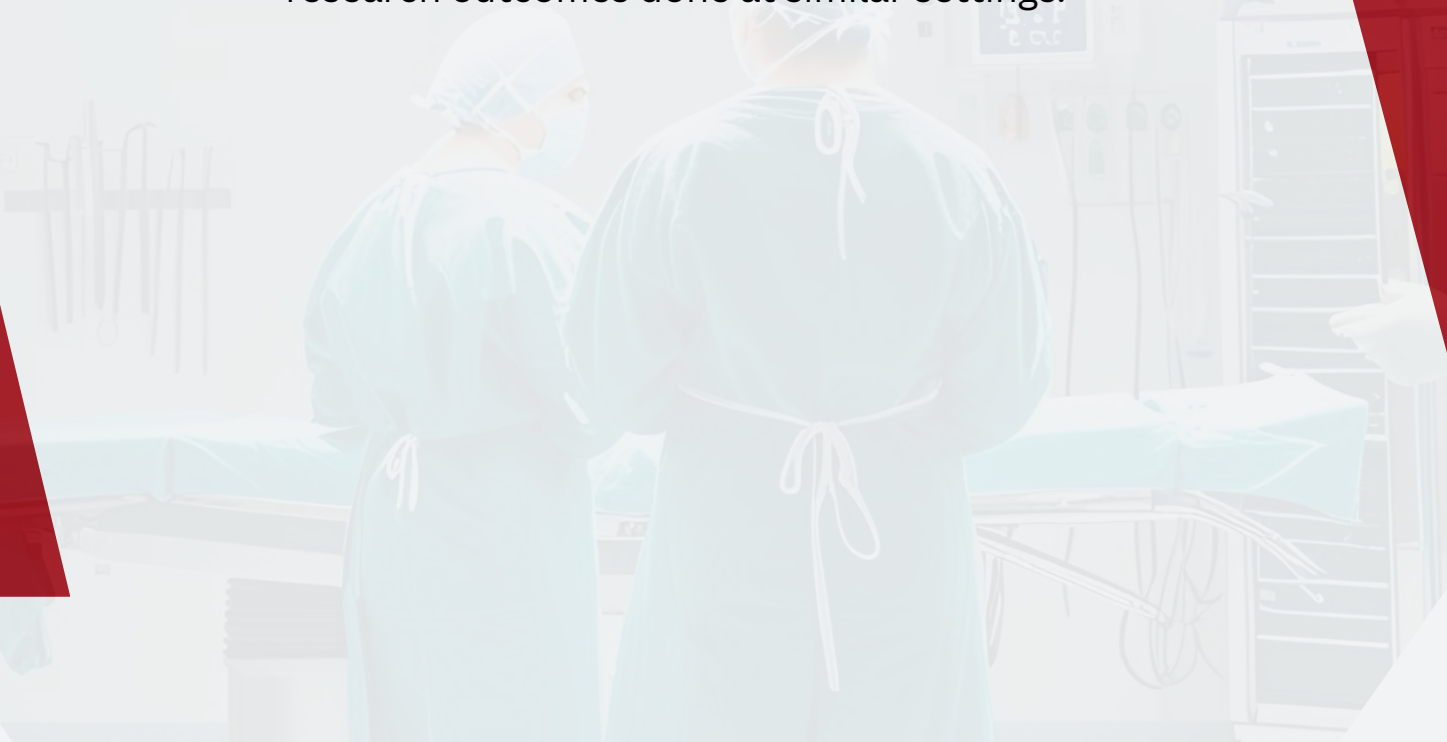
Key words; Appendico-Ileal knotting, Closed loop obstruction, Gangrenous bowel





Traumatic Patients Outcome managed in HUCSH

Injuries are major public health problem globally. Each year over 5 million people around the world die as result of injury. Injuries are ranked among the leading cause of death and disability particularly in the low income and middle income countries where they are growing in significance. The general objective of this research was to assess pattern of injury among patients visiting the emergency department of Hawassa University Comprehensive Specialized Hospital, Hawassa, Ethiopia. Prospective cohort study will be conducted among injured patients, who visited the adult Emergency Department of Hawassa University Comprehensive Specialized Hospital from April 2025 January 2026. Data will be collected with questionnaire prepared from google forms electronically from health care providers who will treat and follow the patients. Treatment outcome will be compared with other hospital based research outcomes done at similar settings.





Role of Routine Histological Examination During Appendectomy: A Facility-Based Retrospective Cohort Study

Background: Acute Appendicitis is the most common abdominal emergency and a clinical entity with an ongoing diagnostic challenge. Histopathological examinations are the gold standard for the final diagnosis, which has revealed much unusual, unexpected serious underlying pathology. This study aims to analyze the Histopathological patterns in Appendectomy specimens and establish the role and importance of Histopathological exam in diagnosing various serious incidental pathologies.

Objectives: To Assess the role of routine Histopathological examinations during appendectomy in diagnosing rare Pathologies sent at Myungung medical College from February 1, 2025 to March 31, 2025.

Methods:

Facility based retrospective cohort study was conducted among a total of 192 patients who underwent appendectomy and whose pathologies sent for histopathologic examination at Myungung Medical College from June 1, 2022 to March 31, 2025. Appendectomies were done both Open and Laparoscopically. Specimens were sent routinely except in pediatric patients. A convenience sampling method was used and data were collected from the hospital l's OCS system and patient chart using a structured questionnaire. Descriptive statistics was used to summarize categorical variables and Data were analyzed using STATA version 17.

Results: A total of 192 participants were analyzed, patients age ranged from 16 to 80 years. the majority were in the age groups 26- 40 (48%) and 59.38% of them were Male and 40.63% female. The predominant appendectomy finding was acute appendicitis 186(96.87%). 6(3.13%) had unusual Histopathologic findings of these, 4(2.08%) were diagnosed with appendiceal neoplasms. Specifically, two cases were identified as early stage Grade 1 neuroendocrine tumors, while two other cases were diagnosed as benign appendiceal mucocele. The other two cases include gangrenous appendicitis and eosinophilic appendicitis.

Conclusion: Although majority of the cases were diagnosed as acute appendicitis, these serious incidental diagnoses show that it is difficult to discern from gross evaluation of specimens. Hence these study supports the fact that all appendectomy specimens should be sent routinely for histopathological examination which is not done by most health facilities in Ethiopia.



Consistency of WHO surgical Safety Checklist Utilization

Background: Surgical complications are a significant concern in healthcare, often leading to increased morbidity and mortality. The World Health Organization (WHO) Surgical Safety Checklist (SSC) is a crucial tool designed to enhance patient safety by ensuring adherence to key perioperative protocols. However, the consistency of its utilization in various healthcare settings remains uncertain. This study assesses how a private comprehensive hospital is utilizing WHO SSC.

Methods: A one-year retrospective cross-sectional study was conducted including 205 surgical cases, analyzing compliance with WHO SSC components. Data were collected on patient demographics, surgical departments, and adherence to checklist components, including patient identification, procedural confirmation, site marking, medication checks, pulse oximetry use, allergy history documentation, risk assessment, team introductions, antibiotic administration, and post-operative verification. Descriptive statistics were used to assess compliance rates, and chi-square tests were employed to evaluate differences in adherence rates between surgical departments.

Results: The study included 205 surgical cases, with 123 (60%) male and 82 (40%) female patients. The highest proportion of cases (43.9%) was from the general surgery department. The use of a surgical safety checklist is 89.54%. Completeness analysis of the 27 checklist items revealed that 17.6% of cases met full compliance. Checklist adherence was high for critical safety steps, with 100% compliance in patient identification, site marking, procedural confirmation, pulse-oximetry use, antibiotic administration, and sterility confirmation. However, documentation of imaging display (81.5%), nurse-confirmed verbal checks for equipment problems (76.6%), and specimen labeling (82.4%) showed slight inconsistencies. Additionally, critical areas such as key concerns for recovery management (59.0%) and assigned personnel signatures (44.9%) had notably lower compliance rates.

Conclusion: The study found that while the surgical safety checklist was widely utilized, its full completion was inconsistent, particularly in post-operative verification steps and assigned personnel documentation. Despite the use of checklist is good practice has poor completeness. Time-out was the least completed section of the checklist. Enhancing adherence through targeted training, workflow improvements, and accountability measures is crucial for optimizing surgical safety and reducing preventable risks.



The magnitude of postoperative pulmonary complications and associated factors after abdominal surgery.

Background: Postoperative pulmonary complications (PPCs) are a significant concern following abdominal surgery contributing to increased morbidity, mortality and healthcare costs. These complications comprise a range of respiratory issues that can arise after surgery. Some of the lists of the known complications are pneumonia, atelectasis, pleural effusion, ARDS and pulmonary thromboembolism. Understanding the prevalence and associated risk factors of PPC is crucial for implementing effective preventive strategies and improving the patient's surgical outcomes. The extent to which the problem occurs is not yet much studied in our settings. Therefore, this study presents the prevalence and associated risk factors of postoperative pulmonary complications in adult patients who underwent abdominal surgery under general anesthesia.

Method: Single-centered cross-sectional study conducted at MCM Comprehensive Specialized Hospital using medical records and chart reviews of patients who underwent abdominal surgery through January 2022-December 2024. The study selected a total of 192 participants using simple random sampling methods. The data collection tool included sociodemographic, preoperative and postoperative clinical factors. The collected data were entered and analyzed using SPSS version 26. Both bivariate and multivariate logistic regression were used to assess the association of the dependent variable. Factors with p-values less than 0.2 were included in multivariate logistic regression. A p value <0.05 was considered statistically significant.

Result: The overall mean age of study participants was 48.9 ± 17.5 . About 61.3% (117) of participants were males and 38.7% (74) females. Among patients who underwent abdominal surgery, 28.1% (54) of patients developed postoperative pulmonary complications. The most commonly identified postoperative pulmonary complications in this study were pleural effusion (34%), atelectasis (31%) and Pneumonia (30%) while the list common ones are PTE (3%) and ARDS (2%). Age ≥ 65 years (AOR = 7, 95% CI = 1.631–30.116), Preoperative anemia (AOR = 6.899, 95% CI = 1.692–28.127), Postoperative chest physiotherapy (AOR = 0.084, 95% CI = 0.023–0.301), and duration of procedure ≥ 3 hrs (AOR=9.1, 95%CI=8.793-37.79), (p value <0.001) were significantly associated with postoperative pulmonary complications.

Conclusion and Recommendations: The prevalence of postoperative pulmonary complications after abdominal surgery were high. Age ≥ 65 years, preoperative anemia, postoperative chest physiotherapy, and duration of procedure ≥ 3 hours were factors strongly associated with postoperative pulmonary complications. We strongly recommend special care for elderly patients. The correction of preoperative anemia before surgery, limiting the duration of surgery less than 3 hours and early chest physiotherapy should be encouraged to prevent the occurrence of postoperative pulmonary complications.

Keywords: Postoperative pulmonary complications, abdominal surgeries, associated factors.



Prevalence and determinants of treatment choices for hemorrhoids among the Residents of Addis Ababa, Ethiopia, A Community –Based Study 2024

Background: Hemorrhoids are a common anorectal condition influenced by sociodemographic, lifestyle, and healthcare factors. This study explores the prevalence, risk factors, and determinants of treatment preferences among residents of Addis Ababa, Ethiopia, offering insights into modern and traditional healthcare utilization. **Methods:** A cross-sectional study was conducted with 630 participants, achieving a 99.5% response rate. Data were collected using structured interviews and analyzed using descriptive statistics and logistic regression to identify determinants of hemorrhoid prevalence and treatment choices.

Results: The prevalence of hemorrhoids was 6.8%. Significant determinants included smoking (AOR = 4.5, 95% CI = 1.24–16.57), constipation in the past year (AOR = 4.7, 95% CI = 2.35–9.23), and awareness of treatment options (AOR = 3.7, 95% CI = 1.74–7.87). Conservative treatment preferences were strongly linked to older age (≥ 60 years, AOR = 10.7, 95% CI = 2.89–39.32), higher education levels (AOR = 3.9 for primary education, 95% CI = 1.44–10.85), and rectal symptoms (AOR = 5.2, 95% CI = 2.06–13.13). Modern medicine was preferred by 80.3% of participants, while 12.2% opted for traditional remedies. Despite high geographic access to healthcare facilities (99.5% within 5 km), financial constraints (41.7%) and lack of awareness (52.4%) were key barriers to treatment.

Conclusion: The study highlights a moderate prevalence of hemorrhoids, with strong associations to lifestyle and medical history factors. Treatment preferences reflect increasing trust in modern medicine, yet barriers such as affordability and awareness hinder optimal healthcare utilization. Integration of traditional practices with modern medicine and targeted education campaigns are recommended to improve prevention and management strategies.

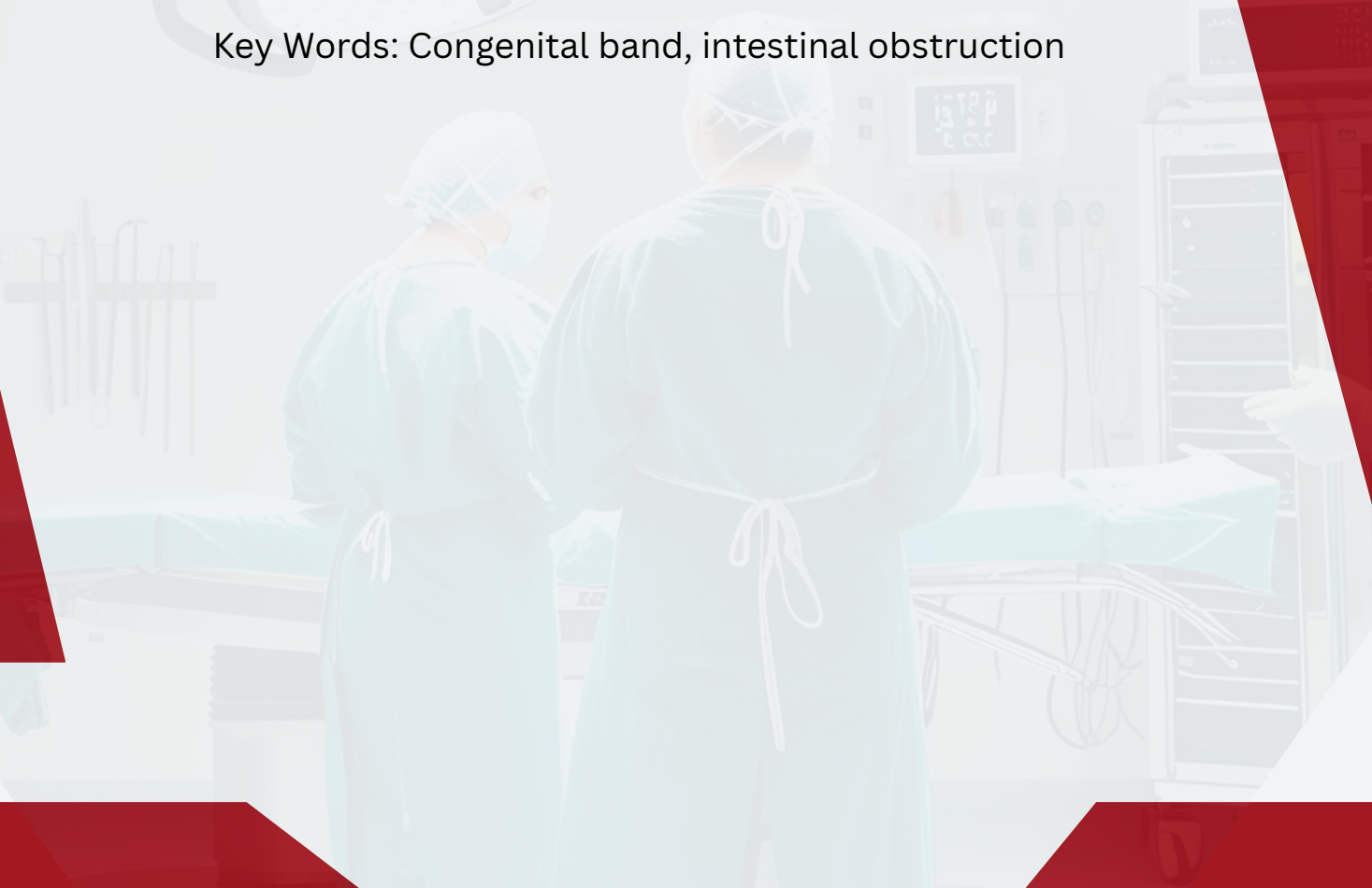
Keywords: Hemorrhoids, prevalence, treatment preferences, traditional medicine, modern medicine, Addis Ababa, Ethiopia.



Gangrenous Sigmoid Obstruction Due to an Anomalous Congenital Band

This is a case report of 48 year old male who presented with cardinal symptoms and signs of large intestinal obstruction. The duration of presentation was 6 hours only. The patient had no previous abdominal surgery, or abdominal trauma. The patient was worked up with CBC, and plain abdominal X-ray. X-ray shows large bowel obstruction. With the initial impression of large bowel obstruction secondary to ?simple sigmoid volvulus, rectal tube deflation tried but failed. With the same impression (LBO 2nd Sigmoid volvulus + failed deflation), the patient was taken to Operation theatre for exploration. But the intra operative finding turned out to one of the very rare cause of large large bowel obstruction, Anomalous congenital band.

Key Words: Congenital band, intestinal obstruction





Patterns and short-Term Management Outcomes Of Anal Stenosis At A Tertiary Teaching Hospital In Addis Ababa, Ethiopia, A Five Year Review

Background: Anal stenosis is a rare condition characterized by the narrowing of the anal canal, often resulting from hemorrhoidectomy, leading to pain, discomfort, and difficulty with defecation. Treatment varies from medical management to surgical procedures, with severe cases requiring surgery. However, the lack of consistent prospective studies and varied outcomes complicate treatment decisions. In Ethiopia, there is a paucity of data on the causes, clinical presentation, and treatment outcomes of anal stenosis. This study aims to review the patterns and short-term management outcomes of anal stenosis at SPHMMC over a Five years period, from Apr 2019 to Mar 2024 GC.

Methods: A facility-based cross-sectional study was conducted over five years (April 2019 to March 2024) and included all patients who underwent surgical intervention for anal stenosis at SPHMMC. Data were collected through chart reviews and telephone interviews. Socio demographic and clinical variables were extracted using a structured data extraction format. The data were cleaned and analyzed using SPSS version 27, with descriptive statistics (means, standard deviations, and percentages) calculated. Associations between variables were assessed using the chi-square test, with a p-value <0.05 considered statistically significant.

Result: A total of 31 patients were included in the study, with a mean age of 39.55 ± 15.34 years. Most of the study participants were male (67.7%) and nearly half of them (48.4%) were from Addis Ababa. The most common symptoms were anal pain (77.4%) and difficulty with evacuation (74.2%). The primary causes of anal stenosis were traditional medicine use (58.1%), Hemorrhoidectomy (22.6%), and trauma (22.6%). Most patients presented with moderate (48.4%) or severe stenosis (45.2%). Surgical management included House Flap (29%), V-Y Flap (25.8%), Diamond Flap (16.1%) and other flap procedures. Postoperative complications occurred in 51.6% of patients, with restenosis (35.5%) and suture line dehiscence (16.1%) being the most common. Patients treated with the House Flap had the highest success rate (66.7%) and lowest recurrence rate (11.1%).

Nearly half of the participants (48.4%) reported complete satisfaction with their treatment outcomes. Statistical analysis revealed that patient satisfaction was significantly associated with gender ($p=0.002$) and trauma history ($p=0.007$).

Conclusion: Our study identified younger age and male predominance, primarily due to trauma, as key characteristics of the patient population. Traditional medicine use for hemorrhoids was the leading cause of anal stenosis, underscoring the need for improved health education and preventive measures. Although infection rates were low, recurrence rates and clinical success were suboptimal compared to other countries. Patient satisfaction was modest, highlighting the necessity for enhanced surgical techniques, patient management, and targeted health awareness initiatives, particularly in resource-limited settings.

Key Words: Anal dilation, Anal stenosis, Anoplasty, Hemorrhoidectomy



Young-onset Colorectal Cancer complicated by Acute Ischemic Stroke: A Comprehensive Case Report and Literature Review

Introduction

Colorectal cancer is one of the most prevalent malignancies worldwide, being among the leading cancers in terms of prevalence and mortality. Young-onset colorectal cancer, defined as colorectal cancer occurring before the age of fifty, is a unique condition that is interestingly increasing in incidence.

Presentation of case

A 28-year-old Ethiopian patient presented with recurrent loose stools and crampy abdominal pain of one year duration associated with nausea, vomiting, and significant weight loss. On presentation, the patient appeared chronically ill with signs of malnutrition (BMI of 13.9) and had tenderness around the periumbilical area.

Abdominopelvic CT revealed an irregular thickening of the bowel at the cecum, which extended to the ileocecal valve and terminal ileum. A tissue biopsy led to a diagnosis of Stage III adenocarcinoma of the cecum (T3N1M0) after the patient underwent a right hemicolectomy with ileo-transverse colon anastomosis.

While the patient was on the second cycle of an adjuvant chemotherapy regimen, the patient suddenly presented with facial drooping, left-sided body weakness, and hypertonia of the left limbs.

A diagnosis of acute ischemic stroke in the right middle cerebral artery territory was confirmed on brain MRI and subsequent stroke management was initiated.

Discussion and Conclusion

Young-onset colorectal cancer often presents with typical symptoms of colorectal cancer, such as rectal bleeding, changes in bowel movements, abdominal pain, reduced appetite, and weight loss. However, it can also lead to a multitude of systemic complications, one of which is the rare occurrence of a stroke.



Appendico-Ileal Knotting Causing Strangulated Small Bowel Obstruction: Case Report

Background: Strangulated small bowel obstruction is a surgical emergency that occurs when the blood supply to an obstructed bowel segment is compromised, leading to ischemia, necrosis, and potential perforation. It accounts for approximately 10–30% of all cases of small bowel obstruction and has a significantly higher morbidity and mortality rate compared to simple mechanical obstruction. The most common etiologies include adhesions, hernias, and volvulus. Appendico-ileal knotting is an extremely rare cause of strangulated small bowel obstruction, in which the appendix wraps around a segment of the ileum, leading to strangulation. Due to its rarity and non-specific presentation, preoperative diagnosis is challenging, and early surgical intervention is crucial to prevent complications.

Clinical Case: A 54-year-old female patient presented with crampy abdominal pain for three days, associated with vomiting of ingested matter, which later became bilious. She had a history of inability to pass feces and flatus for one day, along with abdominal distention. On physical examination, she appeared acutely ill, was tachycardic, and had a borderline blood pressure of 90/60 mmHg. Abdominal ultrasound and X-ray revealed features suggestive of small bowel obstruction, including dilated bowel loops and air-fluid levels. After resuscitation, an emergency laparotomy was performed. Intraoperatively, appendico-ileal knotting with gangrenous terminal ileum was identified. Resection of the gangrenous segment with ileocolic anastomosis was performed. The patient was managed postoperatively and discharged in improved condition.

Conclusion: Appendico-ileal knotting is a rare but life-threatening condition that requires a high index of suspicion in patients presenting with acute intestinal obstruction. Early diagnosis and prompt surgical management are essential to prevent bowel ischemia and improve outcomes. Clinicians should consider this rare etiology when evaluating cases of strangulated small bowel obstruction, and imaging modalities can aid in the early recognition of this condition.

Keywords: Strangulated small bowel obstruction, appendico-ileal knotting, emergency laparotomy, case report.



Clinical Features, Diagnostic Findings, and Treatment Outcome of Patients with Granulomatous Intestinal Disease and a Preliminary Predictive Scoring System for Differentiating Crohn's Disease from Other Granulomatous Intestinal Diseases

Background: Granulomas, focal aggregates of immune cells associated with chronic inflammation, play a critical role in diagnosing gastrointestinal diseases. They arise from various causes, including infections (e.g., tuberculosis), non-infectious conditions (e.g., Crohn's disease), drug reactions, malignancies, and idiopathic conditions. Accurate classification of granulomas is essential for effective management, ranging from antimicrobial therapy to immunosuppressive treatment. Despite challenges in granuloma distribution and morphology, histopathology remains the gold standard for diagnosing intestinal granulomatous diseases and differentiating between inflammatory bowel disease (IBD) subtypes and other conditions.

Methods: A cross-sectional descriptive study was conducted at the gastroenterology referral clinic of Tikur Anbessa Specialized Hospital from July 2024 to December 2024. The study included 89 patients with clinical features requiring colonoscopy and biopsy results showing granulomatous lesions. Data on socio-demographics, clinical features, colonoscopic findings, histologic descriptions, and treatment outcomes were collected and analyzed. A scoring system was proposed based on clinical, endoscopic, histologic, and imaging features significantly associated with CD.

Results: The study population was predominantly female (64%), with a mean age of 33.5 years and an average symptom onset at 30.8 years. A significant proportion of patients had a history of prior surgery (33.7%) and tuberculosis (15.7%). The majority of patients were diagnosed with Crohn's disease (CD) (76.4%), while 16.9% were diagnosed with tuberculosis (TB). Abdominal pain (68.8%) was the most common presenting symptom, followed by chronic diarrhea without blood (12.9%) and anorectal pain (10.8%). Diagnostic methods included colonoscopy (37%), histopathology (34.5%), and CT/MRI imaging (12.7%). Key histologic findings included increased inflammatory cells in the lamina propria (26.7%) and granulomas (2.8%), which were significantly associated with CD (OR = 93.118, $p = 0.009$). Imaging findings, such as segmental bowel wall thickening (18.2%) and mesenteric fat stranding (5.8%), were also significant in differentiating CD from non-CD conditions. During follow-up, 21% of cases experienced a change in diagnosis, with 18% reclassified as CD and 2% as TB. Treatment patterns revealed that 47% of patients were started on steroids, 32% on immunomodulators, and 15% on anti-TB therapy. A significant proportion (41.6%) underwent surgery during follow-up, primarily due to complications or resistance to medical



management. Patients with CD were more likely to show improvement with symptoms (93.1% for complete remission and 89.2% for partial improvement), while TB patients were more likely to experience no change or worsening of symptoms.

A scoring system was developed to differentiate Crohn's Disease (CD) from other granulomatous intestinal diseases, incorporating clinical, endoscopic, histologic, and imaging features. Key predictors included abdominal pain (2 points), aphthous ulcers (3 points), granulomas (3 points), and segmental bowel wall thickening (2 points). Negative predictors, such as unremarkable ultrasound findings (-1 point), were also included. The total score ranges from 0 to 20, with a cut-off of ≥ 12 points indicating a high likelihood of CD.

Conclusion: This study underscores the complexity of diagnosing and managing granulomatous intestinal diseases, particularly in differentiating CD from TB. Key diagnostic tools such as colonoscopy, histopathology, and imaging are essential for accurate diagnosis. The presence of granulomas, aphthous ulcers, and segmental bowel wall thickening are highly indicative of CD. The proposed scoring system provides a practical tool for clinicians to differentiate CD from other granulomatous diseases, particularly in regions where tuberculosis is endemic. Effective treatment can stabilize the disease and reduce the need for diagnostic revisions, while delayed or inadequate management often leads to complications requiring surgical intervention. These findings highlight the importance of a comprehensive diagnostic approach and timely, targeted treatment to improve patient outcomes.



Intestinal Obstruction Due to Massive Submucosal Recto sigmoid Bleeding Secondary to Warfarin Over anticoagulation

Patients on anticoagulation therapy, particularly those on warfarin, are at risk of gastrointestinal bleeding, gum bleeding, hematuria, and ecchymosis. However, it is rare for such patients to present with intramural or submucosal bleeding leading to intestinal obstructive symptoms. Sub-mucosal intestinal bleeding due to prolonged anticoagulant use is uncommon. Literature suggests that the duodenum and small intestine are common locations for anticoagulant-induced hematomas, occurring in approximately 1 case per 2,500 anticoagulated patients per year. However, intramural colonic hematomas are rarely reported. Spontaneous anticoagulant induced hematomas may develop as early as 10 days after starting therapy. We report the case of a 63-year-old female who presented with recto-sigmoid sub-mucosal bleeding causing obstructive symptoms. The patient was managed surgically with laparotomy, resulting in significant improvement, and was scheduled for follow-up to evaluate the feasibility of reintroducing anticoagulation therapy.



Giant Second part of Duodenal Perforation: Case report on Management challenge and Literature review

Introduction and importance: Duodenal perforation poses a significant global health challenge, contributing substantially to morbidity, mortality, and hospitalizations. While most perforations occur in the first part of the duodenum, are typically small, and affect older individuals, giant perforations in the second part of the duodenum are exceedingly rare.

Case presentation: A 20-year-old male patient presented with a three-day history of diffuse abdominal pain, accompanied by nausea, vomiting, and anorexia of similar duration. The physical examination revealed PR=104, BP=110/70 mmHg and diffuse abdominal tenderness. A significant intraoperative finding was a 5 x 6 cm perforation in the second portion of the duodenum, with leakage of gastrointestinal and biliary contents consistent with biliary peritonitis. A pyloric exclusion, retrocolic gastrojejunostomy, and duodenal repair were performed.

Clinical Discussion: Perforations in the second part of the duodenum are considerably rarer. However, when perforation does occur, particularly in the second part of the duodenum, management presents significant challenges, often associated with high rates of morbidity and mortality. Our patient presented with one the high-risk factors—delayed presentation—and, based on established risk stratification models, would therefore carry an estimated mortality risk of approximately 10%. There is currently a paucity of definitive guidelines or strong expert consensus regarding the optimal surgical approach for giant duodenal perforations located in the second part. In our patient's case, we performed a repair of the perforation, pyloric exclusion, and retrocolic gastrojejunostomy

Conclusion: Perforation of the second part of the duodenum is a rare occurrence and presents significant management challenges in emergency situations.

Keywords: Duodenal perforation, PUD, Ethiopia



Post-operative Complications and associated factors of patients with pancreatic cancer; A Four years review in St. Paul's hospital millennium medical college, Addis Ababa Ethiopia

Background - Pancreatic cancer is the fourth-highest cancer mortality rate worldwide.

In Ethiopia, estimated to be at around 1.5 cases per 100,000 according to the GLOBOCAN 2018 report. Only around 20 % of the patients with pancreatic cancers have resectable disease at the time of diagnosis. In Africa, the prevalence rate of Post-operative complications ranges from 60-80%. Perioperative mortality after Complex pancreatic resection is currently less than 5% but Perioperative morbidity and complications is still remain as high as 50% .

Objectives- To assess In-Hospital Post-operative complications and identify associated Factors of patients with pancreatic cancer.

Method – A Cross-sectional study over a 4-year period conducted between January 2019-December 2023 by reviewing complete and documented records of patients with pancreatic cancer who underwent surgery in the operation theater register and medical records. data was collected using a structured questionnaire which included the socio-demographics, risk factors, clinical profiles, laboratory parameters, diagnostic and treatment modalities, as well as in hospital treatment outcomes The data was coded, cleaned, and analyzed using the Statistical Package for the Social Sciences version 26 Windows .The data was summarized with descriptive statistics and A binary logistic regression analysis with a cut point of $P < 0.25$ in bivariable logistic regression then multivariable analysis is used to identify factors associated with postoperative complications and P -values < 0.05 used to declare statistically significant. Model fitness checked by Hosmer-Lemshew goodness of fit test.

Results- Males constitute about 55(64%) the patients. The mean age was 55.09 ± 12.87 years. 21(24.4%) of the patients have potential risk factors. The range of Duration of symptoms at diagnosis was 4-144 weeks. With Abdominal pain 84(97.7%) and jaundice 70(81.4%) being the most common complaints and on clinical evaluation 70(81.4%) were jaundiced, 26(30.2%) had a palpable gallbladder. Around 49(57%) patients presented with advanced disease. With 63(73.3 % of the tumors are located in the head of pancreas. 47(54.7%) of the surgeries performed were palliative. Postoperative morbidity and mortality were 40(46.6%) and 8(9.8%) respectively. Age of patient with greater than 50 years (AOR=5.698, 95%CI, (1.005,32.300), $p=0.049$) , Low Serum Albumin level (AOR=3.501, 95%CI, (1.038,11.808), $P=0.043$) and Length of hospital stay (AOR=1.508, 95%CI, (1.217,1.868), $p<0.001$) were variables statistically significant for the complicated outcome for patients who undergone Surgery for Pancreatic cancer among patients treated at Saint Paul's hospital.

Conclusion and recommendation- The overall Rate of in hospital Post-operative complications was 40(46.6%). Age above 50 years, low Serum albumin, and prolonged hospital stay were factor affecting the post-operative outcome who undergone surgery for pancreatic cancer. There is still a need to intervene the predictor for this outcome as Nation and individual clinicians.

Keywords – Pancreas, Cancer, Epidemiology, Surgery, complications, Addis Ababa, Ethiopia.



Gastro-Duodenal Intussusception Complicated with Severe Anemia due to Gastrointestinal Stromal Tumor. A Rare Case Report

Background: Gastro-duodenal intussusception is a rare cause of gastric outlet obstruction in adults. Here in, we report a case of gastric antrum GIST causing gastroduodenal intussusception with associate severe anemia which was managed with distal gastrectomy.

Case Presentation: A 30-year-old male patient presented with post prandial vomiting with associated significant weight loss, easy fatigability and tarry stool of 03 months duration. The complete blood count showed haemoglobin of 4.9 g/dl and upper GI endoscopy showed a duodenal polypoid mass. CT scan demonstrated a well-defined 4.8*6.3 cm heterogeneous polypoid mass arising from the first part of the duodenum with associated duodeno-duodenal intussusception. The patient was transfused with 3 units of blood and explored with an intraoperative finding of 10*5 cm intraluminal mass at the gastric antrum with a gastroduodenal intussusception with peripyloric multiple small lymph nodes. Distal gastrectomy with Billroth-I reconstruction done and the patient discharged improved after 6 days of stay. Biopsy revealed low risk gastrointestinal stromal tumor with negative margin and no lymph node metastasis.

Discussion: Due to the rare occurrence of GIST altogether with the rare incidence of gastro-duodenal intussusception, a high index of suspicion is needed to diagnose it. The management of GIST causing intussusception involves resection of the mass with a free margin along with non-viable components of the bowel with subsequent reconstruction.

Conclusion: Despite the extra-luminal manner of growth of gastrointestinal stromal tumors, rarely they might present with intussusception due to an intraluminal mass as a leading point with gastric outlet obstruction.



Primary Splenic Angiosarcoma. A Rare Case Report with an Indolent Course

Background: Primary angiosarcoma of the spleen is a rare condition with a nonspecific clinical presentation and is associated with a poor prognosis. We describe a patient with primary splenic angiosarcoma who was successfully treated with splenectomy.

Case Presentation: A 68-year-old male presented with left upper quadrant abdominal pain with associated weight loss, easy fatigability and early satiety of 10 years duration. A tri-phasic CT scan demonstrated a large lobulated well defined mass measuring 12.1cm* 11.6cm* 9.9cm enhancing splenic mass suggestive of Sclerosing Angiomatoid Nodular Transformation of the Spleen (SANT) and biopsy was diagnostic of angiosarcoma. An open en bloc resection of a 10 by 8 cm firm mass along with the spleen was performed, and pathologic examination confirmed high-grade angiosarcoma; the surgical margins were negative. The patient discharged improved and linked to oncology for possible adjuvant chemotherapy.

Discussion: Angiosarcoma of the spleen is a rare clinical entity with poor prognosis. However, at times patients might have an indolent course and benign imaging features which shouldn't preclude a splenectomy with free margin.

Conclusion: Due to the rare nature of this tumor, optimal treatment is not known. Here, we show excellent early response to splenectomy.



Outcome and Patient Perception of Laparoscopic Cholecystectomy Performed in Wolayita Soddo, Ethiopia

INTRODUCTION: A laparoscopic approach has become the standard for many abdominal operations. While laparoscopic programs have been shown to be feasible and safe in numerous settings across sub-Saharan Africa, low- and middle-income countries (LMICs) face many constraints in establishing these programs, including patients' perception of new technology. This study seeks to report outcomes following laparoscopic cholecystectomy (LC) as well as patients' self-reported experience of undergoing the operation at a hospital in rural Ethiopia.

METHODS: This is a retrospective cohort study of patients who underwent laparoscopic cholecystectomy at Soddo Christian Hospital between January 2019 and December 2024. Patient outcomes were analyzed to include complications, mortality, bile duct injury, and length of stay. A randomized subset of patients was selected to undergo a further cross-sectional analysis to ascertain patient perceptions of the laparoscopic operation, their outcomes, and their satisfaction.

RESULTS: A total of 236 patients were included in the retrospective cohort. The mean age of patients was 38.7 (range: 18 – 75 years) and 76% of patients were female. The most common indication for the surgery was symptomatic cholelithiasis (86%) followed by acute cholecystitis (9.7%). The overall complication rate was 4.7% (11 patients), including one common bile duct injury and one postoperative bile leak. The median length of hospital stay was 2 days and there were no deaths. A random sample of 60 patients was selected to complete the patient perception survey. Nearly half of patients (47%) had never heard of laparoscopic surgery prior to their procedure. Many thought the procedure would be the same as an open procedure or possibly include the use of radiation. Overall satisfaction with the procedure was 97% and nearly all patients considered laparoscopic surgery as the ideal surgical approach and recommended it for others. Preoperative counseling of patients was deemed adequate by 80% of patients.

CONCLUSION: While there are many challenges to performing laparoscopic surgery in resource-limited settings, this study suggests LC can be performed safely with outcomes similar to those in high resource settings. Surgeons performing LC should make a special effort to understand perceptions and misleading beliefs held by many patients prior to operation. Recognition of this type of misinformation can be helpful to achieve a well-constructed informed consent and improved patient satisfaction.



Prevalence and Risk Factors of Post Thoracotomy Pain Syndrome In TAH, Addis Ababa Ethiopia

Background: Thoracotomy is one of the most painful operative procedures. Ineffective postoperative pain management practice in this procedure will result in physiological and psychosocial deterioration which increases the risk of morbidity and mortality. This can be reduced by ensuring adequate analgesia using multimodal technique with regional blocks. So far epidural block is the gold standard, intercostal, and paravertebral blocks are the alternatives which results in somatic and sympathetic blockade of multiple dermatomes and reduce pain.

Objective: The Prevalence and Risk factors of post thoracotomy pain syndrome in TAH, Addis Ababa, Ethiopia, was assessed during the study period from July to November 2024 GC.

Method: A prospective Crosssectional study was done

Results: Overall Prevalence of Acute Post thoracotomy Pain Syndrome was 100%. Of this 29.3% of patients had a pain intensity Numeric Rating Scale >7(severe), 56.1% of patients had a pain intensity Numeric Rating Scale is between 4 and 6(moderate) and 14.6% had mild pain (=3). The Prevalence of Chronic Post Thoracotomy pain syndrome was 87.8% with 51.2% having moderate pain, 36.6% mild pain and 12.2% of patients did not have any pain.

Ordinal regression analysis showed the association of Preoperative pain with Acute PTPS is strong with crude odds ratio of 18.7 with P value of 0.001 and CI of 95% and Adjusted Odds ratio of 21.7. The association of Preoperative pain with Chronic PTPS is also strong with crude odds ratio of 6.8. The association of APTPS with CPTPS was also computed in this study using both the Crude odds Ratio and Adjusted Odds Ratio. Patients who had APTPS had COR of 17.7 with P value of 0.001 and CI of 95%. The AOR is 9.6 with P of 0.012 and CI of 95%.

Conclusions: The prevalence of both APTPS and CPTPS is high in our setup. In both types of PTPS most of the patients report a moderate intensity of pain on the NRS scale. The Use of epidural anesthesia has statistically insignificant but weak association with APTPS but interestingly its effect though still statistically insignificant it is stronger with CPTPS. The association of Preoperative pain with CPTPS is strong with patients who had pre-operative pain are 21.7 times more likely to have APTPS. The association of APTPS with CPTPS is also strong with patients having APTPS are 9.6 times more likely to have CPTPS. Pre-operative pain status and presence of APTPS are both strong predictors of CPTPS hence close follow up adequate analgesic management and use of epidural anesthesia in this type of patients would reduce the prevalence as well as intensity of pain.

Keywords: post-thoracotomy pain and analgesia,



Simultaneous bilateral deep femoral artery aneurysms: case report of a rare peripheral arterial aneurysm

Deep femoral artery aneurysms are very rare; particularly when isolated and occur simultaneously in both limbs. We report such a case of a misdiagnosed 16-year-old male presenting after hematoma evacuation was attempted for painful swelling in the left groin. Once the diagnosis was confirmed by computed tomography angiography (CTA), an emergency aneurysmectomy with deep femoral artery (DFA) ligation was performed on the left limb. Subsequently, an elective aneurysmectomy with DFA ligation was done for the contralateral limb during the same admission, with no postoperative complications.

Echocardiography, performed with suspicion for infective endocarditis as the cause for possible mycotic aneurysm, revealed Chronic Rheumatic Valvular Heart Disease, without evidence of vegetations, abscesses, or intracardiac thrombi.

This case report seeks to discuss the patient's clinical presentation, CTA findings, and surgical management in a low-resource setting, underscoring the risks of this rare condition if misdiagnosed.

Keywords: deep femoral artery, bilateral, simultaneous, case report, rare, peripheral aneurysm



Acute Limb Ischemia Presentation And Outcome Among Cardiac Patients In Resource-Limited Setup, Single Institution Experience, Tikur Anbessa, Specialized hospital, Addis Ababa, Ethiopia, 2024

Background: Acute Limb Ischemia (ALI) is a sudden drop in limb perfusion, posing a threat to viability. Cardiac conditions such as atrial fibrillation, valvular disease, and ischemic heart disease

are major risk factors. In resource-limited settings like Tikur Anbessa Specialized Hospital, understanding ALI presentation and outcomes in cardiac patients is crucial for improving management and reducing morbidity and mortality.

Objectives: This study assesses ALI presentation, interventions, and outcomes in cardiac patients,

identifying factors linked to poor prognosis, including amputation and mortality rates.

Methods: A three-year retrospective cross-sectional study was conducted at Tikur Anbessa Specialized Hospital. Data were extracted from medical records, and statistical analysis, including

logistic regression, was performed using SPSS.

Results: The study included 82 cardiac patients with ALI. The 30-day mortality rate was 17.1%, and in-hospital mortality was 12.2%. The total amputation rate was 37.8%, predominantly above-

knee (77.4%). Limb viability at 30 days was 47.1%. Severe mitral stenosis increased embolic ALI risk sixfold ($p = 0.003$) but was associated with successful revascularization and lower amputation

risk. Cardiac thrombi were strongly linked to embolic ALI ($p < 0.001$). Early intervention (<24

hours) significantly improved limb viability ($p = 0.011$) and reduced amputation risk ($p = 0.022$).

Delayed presentation (>72 hours) increased the odds of limb loss 12.6-fold ($p = 0.002$).

Pulmonary

complications significantly increased in-hospital mortality ($p < 0.001$).

Conclusion and Recommendations: ALI in cardiac patients carries high amputation and mortality

risks, particularly in resource-limited settings. Early intervention and anticoagulation improve outcomes. Severe mitral stenosis and cardiac thrombi are key predictors of embolic ALI, emphasizing the need for early cardiac screening. Timely referrals, vascular services, and public

awareness on early symptoms can enhance patient outcomes.

Keywords: Acute Limb Ischemia, Cardiac Disease, Amputation, Thromboembolism, Atrial Fibrillation, Resource-Limited Setting, Vascular Surgery, Revascularization, Embolism, Ischemic Heart Disease, Mitral Stenosis, Peripheral Arterial Disease, Pulmonary Complications, Anticoagulation, Limb viability.



Severity of varicose veins and associated risk factors among patients who had follow-up visits at St. Paul's Hospital Millennium Medical College, vascular Referral clinic, 2 years cross-sectional study

Background: varicose veins are a common vascular disorder characterized by dilated, tortuous veins most frequently occurring in the lower extremities. They are often associated with chronic venous insufficiency and can lead to significant discomfort, pain, and complications such as venous ulcers, bleeding, and thrombophlebitis. The prevalence of varicose veins varies widely, with studies indicating that they affect up to 10-30% of the adult population worldwide. Numerous risk factors have been identified for varicose veins including age, gender, genetic predisposition, pregnancy, prolonged standing or sitting, and lifestyle factors such as lack of physical activity. The interplay of these factors and their impact on the severity of varicose veins and how they are common in the population has not been extensively studied.

Result: A total of 324 (12.9%) patients visited St. Paul's hospital, vascular referral clinic complaining of signs and symptoms of varicose veins and diagnosed to have varicose veins. The majority of patients with varicose veins are female and above the age of 40 and are urban residents. Job requiring prolonged standing, standing for more than 4 hours, history of taking Contraceptives, history of lower extremity trauma, family history, history of DVT, and comorbid illness are the commonly known risk factors identified in patients who had to follow at our referral clinic. The association between severity of varicose veins and demographic variables and the aforementioned lifestyle and clinical factors was done using the Chi-square test, likelihood ratio test, and bivariate analysis and showed no statistically significant association between them. Association between history of DVT and severity of varicose veins was done using a chi-square test, likelihood ratio test, and bivariate analysis and showed a statistically significant association (p -value=0.001-0.028). The isolated impact of the history of DVT on the severity of VV was assessed using ordinal logistic regression and showed patients who had a history of DVT were 2.75 times (p -value =0.011, OR=2.75, CI=95%) more affected with higher CEAP grade varicose veins than those who didn't have a history of DVT.

Conclusion and recommendation: Most of the common risk factors incriminated to cause varicose veins are common in patients who had follow-up for varicose vein diagnosis. History of DVT is the only risk factor confirmed to have a statistically significant association (p -value=0.011, AOR=2.75, CI=95%) with the severity of varicose veins in this study. So it is recommended to detect varicose veins before clinically progressing in those patients who have a history of DVT and more extensive studies on the community level need to be conducted to identify the common risk factors associated with the occurrence and severity of varicose veins. Awareness of the common risk factors of varicose veins should also be given.

Keywords: Varicose veins, severity, risk factor, proportion



Short-Term Outcomes Of Esophagectomy And Its Associated Factors Among Esophageal Cancer Patients At St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

Background: Esophageal cancer is the sixth largest cause of cancer-related death globally and the seventh most common cancer case. Esophageal cancer in Ethiopia is twelfth and fifteenth leading cause of cancer-related death and morbidity, respectively.

Esophagectomy is one form of treatment along with chemoradiotherapy which is associated with considerable morbidity and mortality. Therefore, understanding the magnitude of the problem is crucial, yet there is a scarcity of evidence, especially in resource limited countries. Hence, the study aimed to assess short term outcomes of esophagectomy and its associated factors among patients with esophageal cancer at SPHMMC, Addis Ababa, Ethiopia.

Methods: An institutional based cross-sectional study was conducted over three months.

Eighty-five patients who had esophagectomy during a study period were included. Descriptive statistics was done and chi-square test was checked for associations. P-value less than 0.05 was considered statistically significant and logistic regression was used to describe the degree of association. Data displayed by using frequency tables, charts and graphs and it will be disseminated to all concerned bodies.

Results: The study included 85 patients who underwent esophagectomy for esophageal cancer from January 2021 to October 2024. The mean age of patient was 58 years (± 10.7), and there was a predominance of female participants. Most patients (58.6%) presented with an ECOG performance status of II, and TNM stage III (37.6%). Tumors were predominantly located in the lower esophagus, with squamous cell carcinoma (SCC) being the most common histological type. The Ivor Lewis esophagectomy (ILE) was the most frequently performed surgical approach ($n = 68$), followed by the McKeown operation ($n = 7$). The 30-day postoperative mortality rate was 15.3%, while the morbidity rate was 48.2%. Significant predictors of 30-day mortality included smoking habits (AOR = 21.87, 95% CI = 1.69–282.4, P-value=0.018) and intraoperative blood transfusion (AOR = 49.13, 95% CI = 2.77- 870.3, p-value=0.008). Factors associated with 30-day morbidity were participants with ECOG III Status (AOR = 18.14, 95% CI = 1.338–246.08, p-value = 0.029) and Intraoperative blood transfusion (AOR = 4.07, 95% CI = 1.116–14.872, p-value = 0.034).

Conclusion: The study highlights the substantial burden of postoperative morbidity and mortality following esophagectomy for esophageal cancer at SPHMMC. Factors such as smoking habits, comorbid conditions, poor performance status of patients according to Eastern Cooperative Oncology Group, and the need for intraoperative blood transfusions were significant predictors of adverse outcomes. Advanced disease stages, limited roles of adjuvant chemoradiotherapy, delayed diagnoses, and resource limitations in surgical and perioperative care are critical barriers to improved outcomes.

Keywords: Esophagous, Cancer ,cardiothoracic Surgery, outcomes, Addis Ababa ,Ethiopia.



HEALTH RELATED QUALITY OF LIFE AND ASSOCIATED FACTORS AMONG PATIENTS WITH PERIPHERAL ARTERY DISEASE AT TIKUR AMBESSA SPECIALIZED HOSPITAL, ADDIS ABABA, ETHIOPIA: A CROSS SECTIONAL STUDY

Background: It is well known that peripheral artery disease reduces health related quality of life and functional status. Although clinical outcome measures in PAD including walking capacity, the ankle-brachial index (ABI), patency test, or amputation-free survival provide an adequate and clear picture of the patients' objective clinical status, health related quality of life (HRQoL) measures, patient reported outcomes tools have been proven to add valuable information about the actual daily functioning of PAD patients

Objective – To determine HRQoL and associated factors in patients with peripheral artery disease

Method: - A cross-sectional study was conducted at TASH, on patients with PAD who were on follow-up at vascular referral clinic. SF- 36 questionnaire was used to assess HRQoL. SPSS version 27 was used for all statistical analysis.

Descriptive statistics and exploratory descriptive analysis for the eight separate domain of SF-36, quantitative and qualitative variables were calculated. Multivariate linear regression was used to calculate the association between sociodemographic factors, clinical factors and health-related quality of life. A significance level of $p \leq 0.05$ was used.

Results – From a total of 114 participants, 78(68.4%) were men. The participants' ages were between 40 and 81 years and a mean age was 63.9 ± 8.5 years. The overall means of HRQoL revealed the lowest score in the Role Physical (RP), 38.3 ± 44.6 and highest score in the Social Functioning (SF), 61.5 ± 26.8 . Factors that affected HRQoL were age, marital status, education level, income, diabetes mellitus, cardiac illness, smoking, rest pain and tissue loss. Mean scores for Physical Functioning (PF), Vitality (V) and General Health (GH) decreased significantly with increasing patient age ($p < 0.001$, 0.048 and 0.012). Vitality scores were also significantly affected by education level ($p = 0.004$). Patients with cardiac illness have significantly lower scores in PF, RP, V, P, and GH ($p=0.046$, $p= 0.037$, $p=0.03$, $p=0.05$ $p=0.032$). Diabetes mellitus (DM) significantly impacted PF and GH ($p = 0.003$ and 0.020). Previous smokers also have significantly lower scores of PF ($p = 0.037$). Additionally, Rest pain and tissue loss significantly affected all domains of HRQoL ($p < 0.001$).

Conclusions- In conclusion, this study found that mean scores for physical domain were low and mean scores for mental health and social functioning were high. Pain and tissue loss were the most important determinant factors that affected every domain of HRQoL SF 36. Pain management and early intervention of advanced stages of PAD are important components of patient treatment to improve HRQoL.



INITIAL EXPERIENCE OF CAROTID BODY TUMOR EXCISION IN KINGA FAISAL HOSPITAL RWANDA.

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Back ground

Carotid body tumors (CBTs) are rare neoplasms that arise from the carotid body, typically presenting as painless neck masses. While their incidence is low, early diagnosis and timely excision are critical to prevent complications such as carotid artery injury, cranial nerve injury, and metastasis.

This study aims to assess the short-term outcomes of carotid body tumor excision in Rwanda, a

country where resources for advanced diagnostic and surgical management are limited.

A prospective cohort analysis was conducted on patients who underwent surgical resection of CBTs at King Faisal hospital in Rwanda during a vascular surgery camp held from 15 th Dec2024 to 30 th Dec2024. Data collected included patient demographics, clinical presentation, duration of

symptoms, imaging modalities, Shamblin staging, surgical approach, postoperative complications and biopsy results.

Results a total of 10 patients (2 males and 8 females), underwent Carotid body tumor excision: the age range was 35 to 58 years. 7 out 10 (70%) of the tumors were classified as Shamblin III while 3 of them (30%) were Shamblin II and the sizes range was 1.3cm x2cm to 6cm x7cm. The most common clinical presentation was painless lateral neck mass in 100% with associated ear pain in 40% and headache in 20% of cases and the left side was the most affected (70% of cases). The duration of symptoms was ranging from 1 to 7 years. All tumors were diagnosed by physical examination and confirmed on CT scan of the neck. Intraoperative blood loss during excision ranged from 150 ml to 1000 ml and post-operative complications were: traction cranial nerve injury (hypoglossal 30%, facial 50%) and carotid artery injury (10%).

40% of the patient developed hoarseness on post-operative day one. At 30 day follow up no mortality or stroke reported for all the patients and patients with hoarseness reported to gain their voice progressively with normal vocal cords on post-operative laryngoscopy.

All biopsy reports were in favor of benign paraganglioma no ganglion cells were found in submitted lymph nodes.

All excisions were done through transverse cervical incision, invasive monitoring was used in 90% of cases and surgical team comprised Vascular surgeon and ENT surgeon.

Conclusion: The findings highlighted that CBT excision Rwanda is safe and effective with acceptable morbidities. Multidiscipline approach is a key to successful management of this condition. Transverse cervical approach is as effective as longitudinal one for all kinds of CBTs.

This study also highlighted that noninvasive operative and postoperative monitoring may be safe for well selected patients. A long term follow-up is planned to this cohort to identify any long term morbidities.



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