ACADÉMIE NATIONALE de CHIRURGIE

# ទិវាសល្យសាស្ត្រកម្ពុជាលើកទី ២៥

# XXV JOURNÉES DE CHIRURGIE DE LA SOCIÉTÉ CAMBODGIENNE DE CHIRURGIE

# ANNUAL CONFERENCE OF CAMBODIAN SOCIETY OF SURGERY

## "Efficience et Formation en Chirurgie"

## "Surgical Training and Efficiency in Surgery"

**Date** : 15-16 November 2019
**Vanue** : Phnom Penh Hotel
Phnom Penh-Cambodia

**Deadline for abstract: 1st September 2019**

For registration and more information:
Prof. Bou Sopheap / Dr. Pen Monyrath
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# Cambodian Society of Surgery

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| - **Prak Senghuor, BOU Sopheap** | Cours pré-conférence en «Recommendation Guideline on the Management of urolithiasis » |
| - **CHOEU Hor, Manabu Okawada** | Cours pré-conférence en Chirurgie Pediatrique |
| - **LEM Dara, Tuan Le Quan** | Cours pré-conférence en «Laparoscopic Surgery and Advanced Suturing Course » |
| - **SIM Sokchan, Mishihiro Tanaka** | Cours pré-conférence en «Neurosurgery Anatomy » |
| - **Prak Senghuor, BOU Sopheap** | Cours pré-conférence en «Recommendation Guideline on the Management of urolithiasis » |
| - **SIN Tourphot, Sunyarn Niempoog** | Cours pré-conférence « Upper Limb Skills Fixation » |

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- **Pr. Xavier Martin** Co-Président

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- **SIN Tourphot, Sunyarn Niempoog** Cours pré-conférence « Upper Limb Skills Fixation »

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50- Dr. Cheng Ing
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55- Dr. Kong Vuthy
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57- Dr. SEN Patry
58- DES Seng Chhay
59-

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2. Ch Eak
3. N.Chh Vichaka
4. H Sovannara
5. UK Pisey
6. H Vannel
7. O. Sopagna
8. S Serey Sopagna
9. H Sovandara
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11. Dr. LAM Korvin
12. Piseth CHEAM
13. U R Kang chharith
14. L Badet
15. K. Theara
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31. Dr. Soum Ratha
32. DOS Vuthea
33. LY Hokleang
34. Dr. Koeut Kundara
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36. OENG Sanpor
37. Kim Yong June
38. SAM Rorn
39. TAING Leangchhun
40. HENG Monirath
41. LENG Sovannara
42. KY Chan Mony Raksmey
43. Kaing SENG
44. Phearum EA
45. Sang SOKHOM
46. SOENG Sophea
47. TIV Visal

**1-**

**Invitation du président de la société cambodgienne de chirurgie**
**Participer à la 25e conférence scientifique annuelle,**
**15-16 Novembre 2019**
**Hôtel Phnom Penh, Phnom Penh**

Chers Professors, Doctors, membres, stagiaires et associés,

Nous sommes ravis de vous inviter au Cambodge pour la 25e réunion scientifique annuelle de la Société cambodgienne de chirurgie qui se tiendra du 15 au 16 novembre 2019. Notre réunion cette année explorera un thème qui combine les concepts d'éducation médicale et de chirurgie. A savoir la pratique de «Efficience et Formation en chirurgie » qui reflète les défis auxquels nous sommes confrontés pour permettre une formation chirurgicale qualifiée concrète afin d'assurer une qualité de soins efficaces à nos patients.

Chaque année, cette conférence joue un rôle unique en rassemblant les collègues de tous les spécialités en chirurgie, non seulement pour partager leurs connaissances et leur expertise, mais également pour donner à chaque chirurgien, résident et stagiaire la possibilité de suivre une formation continuante portant sur divers intérêts généraux et spécifiques. Le professeur Prak Senghuor et le Professor Martin Xavier, Co-présidents de la conference, et du comité organisateur sont entrain de travailler d'arrache-pied pour développer une nouvelle version du programme scientifiques afin de vous impliquer tous. Ceux-ci comprennent des ateliers / cours de pré-congrès, des plénières communes et de nombreuses sessions scientifiques. Le programme disponible est vaste et transcende les frontières des spécialités, ce qui vous permettra à tous d'explorer les domaines d'intérêt et d'importance en dehors de votre propre spécialité.

Le programme sera enrichi par des conférenciers de renom venant d'Asie, d'Europe, d'Amérique du Nord et d'Australie. Hébergé à l'hôtel Phnom Penh près de Wat Phnom, le cœur de Phnom Penh, les délégués découvriront le plus haut niveau d'hospitalité asiatique et apprécieront l'atmosphère cosmopolite de cette ville culturelle historique. Un programme social impressionnant sera l'occasion pour nous de nous rencontrer de manière plus informelle en tant qu'amis et collègues et de célébrer ce congrès et ces lieux uniques.

Nos remerciements vont également à nos collègues de diverses entreprises du secteur pharmaceutique et de la santé pour leur soutien généreux à notre réunion. Félicitations à tous les membres et aux autres personnes qui ont consacré leur temps et leur expertise à ce qui promet d'être un congrès scientifique exceptionnel.

Nous sommes impatients de vous accueillir à Phnom Penh, capitale du Cambodge, royaume des merveilles, les 15 et 16 novembre 2019 pour cet événement unique, mémorable et axé sur la collaboration.

**Professeur CHHOEURN Vuthy, MD**

Président de la Société Cambodgienne de Chirurgie

**Invitation from the President of the Cambodian Society of surgery to attend its 25th Annual Scientific Conference,**
**15-16 November 2019**
**Phnom Penh Hotel, Phnom Penh**

**Dear Professors, doctors, Fellows, Trainees and Associates,**

We are delighted to invite you to Cambodia for the 25th Annual Scientific Meeting (ASM) of the Cambodian Society of Surgery which will be held on 15-16 November 2019. Our meeting this year will explore the theme that combined concepts of medical education and surgical practice, "**Surgical Training and Efficiency in Surgery**" which reflects the challenges facing us to enable a concrete qualified surgical training in order to achieve efficient quality of care for our patients.

Annually, this conference plays a unique role in gathering colleagues of all surgical specialists not only to share their knowledge and expertise, but also to provide opportunity for every surgeon, Fellow and Trainee to enjoy life-long learning on a variety of general and specific interest topics. Prof Prak Senghuor and Prof Martin Xavier, Co-Presidents of the conference and the organizing committee have worked hardly and intensively together to develop a new version of scientific programs to have you all involved. These include pre congress workshop/ courses, joint plenaries, and many scientific sessions. The program available is broad, crosses specialty boundaries which will allow all of you to explore areas of interest and importance outside your own specialty.

The program will be enriched by leading speakers from Asia, Europe, North America, and Australia. Hosted at the Phnom Penh Hotel closed Wat Phnom, the heart of Phnom Penh, delegates will experience the highest level of Asian hospitality and appreciate the cosmopolitan atmosphere of this historic cultural city. An impressive social program will be an opportunity for us to meet more informally as friends and colleagues and celebrate this unique congress and venue.

Our thanks are extended to our colleagues from various pharmaceutical and health industrial companies for their generous support to our meeting. Congratulations to all Fellows and others who have dedicated their time and expertise for what promises to be an outstanding scientific congress.

We look forward to welcoming you in Phnom Penh, Capital city of Cambodia, the Kingdom of Wonders in 15-16 November 2019 for this unique, memorable and collaborative event.

Professor CHHOEURN Vuthy, MD

President, Cambodian Society of Surgery

**Professors,**

**Guests**

**Dear Members of SCC or CSC**

It is a phenomenal being here, and I want thank everybody in the audience today. I want to thank the invitation from the President and all Central Committee Members of SCC or CSC that nominate me as President's honor of CSC.

As my old capacity of Creator of CSC and my old Central Committee Members of CSC I see it has a big progress in CSC. I believe that this progress continues to develop following the actual Association or Society in the world.

I will continue to work with all of you for further development of CSC along with CUA, Cambodian Urological Association with my all efforts.

Thank you all,

**Pr. Seng Huor Prak**

President of CUA, Cambodian Urological Association

**Cordialement**

*Je suis très heureux de revenir une fois de plus aux Journées de la Société Cambodgienne de Chirurgie.*

*Que de chemin parcouru depuis les premières missions Françaises dans le début des années 2000 !*

*Que de travail accompli par les différents acteurs venus de France: coopérants Chirurgiens du Service de Sante des Armées, conseillers du recteur, et enseignants en mission pour le service de la Chirurgie !*

*La coopération dans le domaine de la chirurgie a été exemplaire, centrée à la fois sur l'intensification de la formation sur place (organisation des cours théoriques, réalisation d'ateliers pratiques, création de l'Ecole de chirurgie, création d'un corps d'enseignants, évaluation des etudiants), et à distance pour renforcement et application clinique. Plusieurs villes universitaires Françaises ont été le lieu de stage privilégiées pour toutes les spécialités chirurgicales. Tous les jeunes chirurgiens sont revenus au Cambodge pour pratiquer leur Art. Le niveau chirurgical à les capacités d'être excellent. De nouveau projets chirurgicaux sont en train de se positionner, comme la transplantation rénale. Ils demandent une organisation multidisciplinaire.*

*Je souhaite que ces Journées de chirurgie et leur aspect international puisse encore apporter aux Cambodgiens une amélioration de leur pratique chirurgicale.*

**Pr Xavier Martin**

*Doyen Honoraire de la Faculté de Médecine de Lyon*

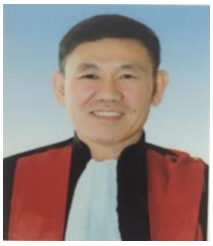
*Président de l'Académie Nationale de Chirurgie*

# Invited Lecturers

SUNYARN Niempoog Orthopedic Surgeon, Thamasat University, Thailand

## Associate Prof.

Manabu Okawada, Ped Surgeon, Sunrise Hospital, Phnom Penh



**Dear Professors, Doctors, Colleagues and Friends,**

On behalf of Cambodian Society of Pediatric Surgery (CSPS), in coordination with Cambodian Society of Surgery(CSS), we are delighted to invite you to the 13th CSPS Conference in conjunction with the 25th CSS conference in Phnom Penh, Cambodia from 14th - 15th -16th November 2019.

CSPS Conference and CSS Conference are the most important annual events in the region and the country, respectively, in the field of pediatric surgery. The13th CSPS Conference in conjunction with the 25th CSS Conference in 2019 is a great opportunity for doctors, scientists, researchers and medical staff to be updated with new evidence based knowllege on pediatric surgery and related fields, which will be presented by top scientists and experts in the region and from all over the world. This is also a wonderful forum for all participants to exchange their experience, to develop professional networking and expand regional and international cooperation.

The main theme of the Conference is "Surgical Training and Efficience in Surgery". Besides main topics such as: pediatric endoscopic surgery, gastrointestinal surgery, thoracic surgery, urology, oncology, orthopedics, traumatology, neurosurgery, plastic surgery there will be other related fields to be discussed at this Coference.

The Congress will be organized in November, the best season of the year in Cambodia. It is very favorable not only for scientific activities but also tourism ones. Cambodia as well as other places nearby such as Phnom Penh, Angkor Wat temple, Sihanouk ville, Kompot and etc, are famous destinations with many attractive tours for sight seeing and experience the special culture and cuisine of Khmer country.

The Local Organizing Committee is honored to welcome all delegates to 13th CSPS Conference in conjunction with 25th CSS Conference in Phnom Penh, Cambodia!
We hope that you will enjoy the Conference and have a great time in Phnom Penh, Cambodia!

Best regards,



**Prof. CHHOUR Serey Chetana,**
President of Cambodian Society of Peditric Surgery,

Co-President of the CSPS Conference

Pediatric Surgery Co-Chair Message,

## Welcome message

It is my great honor and pleasure to co-chair the 13th annual conference of the Cambodian Society of Pediatric Surgeons (CSPS) at Phnom Penh on November 14 ~15th, 2019. Cambodia has recovered from the tragedy of the war, and now is drastically developing. In this modern Cambodian Society, children should be protected and cared not only as a valuable social resource but also as the dream of the future of this country. They will succeed the pride and tradition of the Khmer culture, one of the most brilliant and respectable culture in the human history. Since my first attendance to this CSPS conference, I have been deeply impressed by the enthusiasm of the young pediatric surgeons in Cambodia. I am very pleased to have an opportunity to encourage the development of pediatric surgery in this country with these enthusiastic and diligent colleagues. We can share the experience in pediatric surgery and discuss together for the future. We can also share the passion to cure children in Cambodia.

I wish many people would attend the 2019 conference, and enjoy the top science and clinics in pediatric surgery. We are all looking forward to welcoming you.

Tatsuo Kuroda, M.D.

Co-president 13th conference of Cambodian Society of Pediatric Surgeons

Department of Pediatric Surgery, Keio University

Tatsuo Kuroda

# Scientific Programs

**25th Annual Scientific Meeting of the Cambodian Society of Surgery**

**In Conjunction with**

20th Annual Conference of Cambodian Society of Urology and Nephrology

16th Annual Conference of Cambodian Society of Orthopedic and Traumatology

16th Annual Conference of Cambodian Society of NeuroSurgery

13th Annual Conference of Cambodian Society of Pediatric Surgery

8th Annual Conference of Cambodian Society of Plastic Reconstructive and Esthetic Surgery

**November 15-16, 2018, PHNOM PENH HOTEL, Phnom Penh**

**Co-Presidents:**

**Prof. Prak Seng Huor, Prof. Xavier Martin**

# I- Programs – A Glance

| 14 November 2019 | Course Titles | Venue | FACULTIES |
|---|---|---|---|
| **PRECONFERENCE COURSE I** | Laparoscopic Surgery Advanced Suturing | University of Health Sciences | **Pr LEM Dara**<br>**Pr TUAN Le Quan** |
| **PRECONFERENCE COURSE I** | Management of Internal Urinary Tract Congenital Malformation | National Pediatric hospital | Pr. Manabu Okawada, Pr. CHHOUR Sery Chetana (Japan & Cambodia) |
| **PRECONFERENCE COURSE II** | Recommendation Guideline on the Management of urolithiasis | Phnom Penh Hotel | Pr Prak Senghuor<br>BOU Sophdeap |
| **PRECONFERENCE COURSE III** | Neurosurgery Updated | Sunrise Hospital | SIM Sokchan<br>MICHIHIRO Tanaka |

| 15 November 2019 | Specialties | Venue: PP Hotel | FACULTIES |
|---|---|---|---|
| **Scientific meeting** | General Surgery | **Crystal Ballroom** | **Local: PREAP Ley** (Cambodia) |
| **Scientific meeting** | Pediatric Surgery | **Jasmine Room** | **Pro. CHHOUR Serey Chetana / Pr. Tatsuo Kuroda** |
| Workshop-Course | Fixation Skills in Upper Limb | Carnation Room | Ang Eng Sopheap / Ich Khuy<br>SUNYARN Niempoog |

| 16 November 2019 | Specialties | Venue: PP Hotel | FACULTIES |
|---|---|---|---|
| **Scientific meeting** | Orthopedic Surgery | **Crystal Ballroom** | YIN Sinath – AE Sopheap |
| **Scientific meeting** | Plastic Reconstructive | **Jasmine Room** | Koet Kundara<br>Long Vanna/KCh Rasmey |
| **Scientific meeting** | Neurosurgery | **LOTUS Room** | IV Vycheth- Sim Sokchan<br>Sem Mounty |
| **Scientific meeting** | Urology | **Carnation Room** | Pr. PRAK Seng Huor/ BOU Sopheap & Martin Xavier |

# II- OVERALL PROGRAM

## 1- PRE-CONFERENCE COURSES PROGRAM

### a. Laparoscopic Surgery – Advanced Suturing

## Course Objectives

This is a one-day programme offering overview on the basic and advances surgical skills in laparoscopic surgery and give a glimpse of live surgery for Hernia Repair. Important topic like instrumentations , devices, energy utilized in MIS will be together on how to access and avoid complications in endo-laparoscopic procedures. The live surgery will show the participants tip and tricks in inguinal and ventral hernia repair.

**Aims:**

- Provide basic knowledge and learn about different instrumentation and devices
- Focus on Basic surgical skills and simple procedures in MIS.
- Learn about simple knotting and suturing.

## Who Should Attend

- Advanced surgical trainees and practicing surgeons who want to learn laparoscopic skills
- Healthcare professional who want to update their knowledge and skills in MIS

## Course Directors

**Lem Dara**
Professor of Surgery
Calmette Hospital,
Phnom Pehn, Cambodia

**Tuan le Quan**
Head of HBP
University Medical Centre
Ho-Chi-Min, Vietnam

## Invited Faculty

**Henry Chua**
Dept MIS,
Cebu Doctors Hospital
Cebu, Philippines

**Dr. Pham Minh Hai**
Consultant
Department of Surgery
University Medical Centre
Ho-Chi-Min, Vietnam

**Manabu Okawada**
Chief Pediatric Surgery
Department
Sunrise Japan Hospital
Phnom Penh, Cambodia

## Organizing Secretariat

**Emma Suleiman**
Minimally Invasive Surgical Centre, National University Hospital, Singapore 119074
Ph: +65 6772 2897 Fax: +65 6774 6077
Email: sarimah_binte_suleiman@nuhs.edu.sg

| | | |
|---|---|---|
| **08:30 – 09:00** | **Registration** | |
| **09:00 – 10:30** | **Lectures I** | |
| | ◈ Access and Complications | ***H. Chua*** |
| | ◈ Energy Source and Sealing | ***Tuan LQ*** |
| | ◈ Suturing and Stapling in MIS | ***Manabu Okawada*** |
| | ◈ Critical View of Safety in Lap Cholecystectomy | ***H Chua*** |
| **10:30 – 11:00** | ***Tea Break*** | |
| **11:00 – 12.30** | **Lectures I** | |
| | ◈ Acute Cholecystectomy | ***Pham MH*** |
| | ◈ Bile Duct Exploration | ***Tuan LQ*** |
| | ◈ Inguinal Hernia | ***Pham MH*** |
| | ◈ Appendectomy | ***H Chua*** |
| **12:30 – 13:30** | ***Lunch & Group Photo*** | |
| **13:30 – 16:30** | **Hands-on Dry Tissue: Suturing & Stapling**<br>- ***All Faculty***<br>(max 30 participants – first come first serve) | |
| **19:00** | **Dinner with the Faculty** | |

## b. Urology Pre-Conference Course

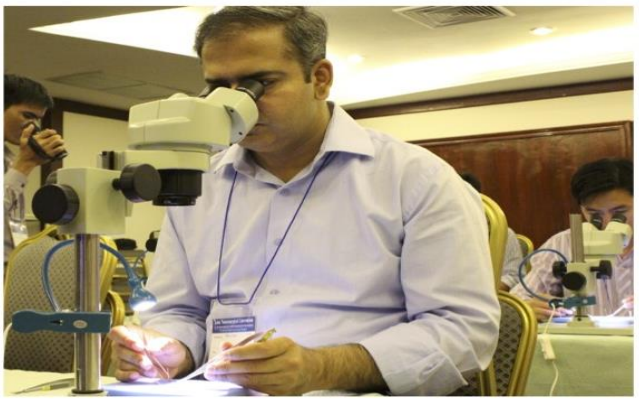
| November 14th, 2019<br>Pre-Congress, Session Urology<br>Program on 14th November 2019, Phnom Penh Hotel<br>Recommendation Guideline on the Management of urolithiasis | | |
|---|---|---|
| **Time** | **Presentations** | **Speakers** |
| 8:00-8:15 | 1- Nationale, Bienvenue | Dr. Bou Sopheap |
| 8:15-8:30 | 2- Introduction, Buts, | Pr. Prak Seng Huor |
| 8:30-8:45 | 3- Apercu general, classification | Pr. Prak Seng Huor |
| 8:45-9:00 | 4- Exploration | Pr. Prak Seng Huor |
| 9:00-9:15 | 5- Calcul de l'enfant | Dr. Pen Monyrath |
| 9:15-9:30 | 6- Calcul de l'adulte, des femmes enceintes | Pr. Bou Sopheap |
| 9:30-9:45 | 7- Colique Nephretique | Dr. Lam Korvine |
| **09:20-09:30** | **Pause café** | |
| **10:15-10:30** | 8- Calcul complique, Pyonephrose | Dr. Bou Sopheap |
| **10:30-10:45** | **9-** Nephrotomie, Ureterotomie ouverte | Pr. Mom Choth |
| **10:45-11:00** | 10- Nephrectomie ouverte | Dr. Heng Sovandara |
| **11:00-11:15** | 11- Lithotriptie Extracorporelle | Pr. Prak Seng Huor |
| **11:15-11:30** | 12- Ureteroscopie rigide, lithotripteur | Dr. Man Libertine |
| **11:30-11:45** | 13- Ureteroscopie flexible, lithotripteur | Dr. Lam Korvine |
| **11:45-12:15** | 14- Company Presentation | Mr. Jhon Rithy |
| **12:15-2:00** | **Déjeuner** | |
| 1:45-2:00 | 15- Nephro-Lithotritie Percutanee | Dr. Lam Korvine |
| 2:00-2:15 | 16- Laparoscopie, uretero, pyelo, nephrect | Dr. Keo Narith |
| 2:15-2:30 | 17- Lecture des Recommandations, Vote | Pr. Prak Seng Huor |
| 2:30-2:45 | 18- Lecture des Recommandations, Vote | Pr. Prak Seng Huor |
| 2:45-3:00 | 19- Lecture des Recommandations, Vote | Pr. Prak Seng Huor |
| 3:00-3:15 | 20- Lecture des Recommandations, Vote | Pr. Prak Seng Huor |
| **3:15-3:30** | **Pause Café** | |
| 3:30-3:45 | 21- Lecture des Recommandations, Vote | Pr. Prak Seng Huor |
| 3:45-4:00 | 22- Lecture des Recommandations, Vote | Pr. Prak Seng Huor |
| 4:00-4:15 | 23- Conclusion, Cloture | Pr. Bou Sopheap |

## c. Neurology Pre-Conference Course

Date : 14 November 2019
Venue : SUNRISE HOSPITAL
**Faculties:** *Dr. SIM SOKCHAN, Sunrise Hospital,*
*Mashihiro Tanaka, Masahiro Indo, Masataka Hayashi, Yoshifumi Hayashi*

# Neurosurgery
# Pre-congress Workshop

14th Nov, 2019. @Sunrise Japan Hospital
Phnom Penh



13:30- Registration @ GF Reception
14:00- Lecture & Explanation about workshop
@ GF meeting room
14:45- Workshop
(A) Desk-top microscopic training
@ GF meeting room
(B) IVR simulation training
@ 2F Conference room
17:00- Special Lecture
" Essential anatomy for neurosurgeon"
18:00 finish

# Course Organizers

Michihiro Tanaka, MD, Ph.D.
Kameda Medical Center, Neurosurgery department, Japan
Vice President of World Dederation of Interventional & Therapeutic Neuroradiology

Masahiro Indo, MD.
Saitama Medical Center, Neurosurgery department, Japan

Masataka Hayashi, MD.
Seirei Hamamatsu General Hospital, Neurosurgery department, Japan

Yoshifumi Hayashi, MD.
Sunrise Japan Hospital Phnom Penh

## Supported by Medtronic

## d. Pediatric Surgery Pre-Conference Course

## Management of Internal Urinary Tract Congenital Anomaly

Date : 14 November 2018

Venue : National Pediatric Hospital, Phnom Penh

CHAIRMEN: Prof. Manabu Okawada, Prof. CHHOUR Sery Chetana, Dr CHOEU Hor,

| | | |
|---|---|---|
| 10 AM: | Welcoming Speech | Prof MAM Vithyarith |
| | | CHHOUR Serey Chetana |
| 10:15-11:00 | Clinical Cases (NPH) | CHHEANG Phirun- Ly Mey Mey |
| | | CHOEU Hor, Mam Vithyarith |
| 11:00-11:45 | Clinical Case (KB/JVRM) | PEN Monyrath- CHH S Chetana |
| 11:45-1215 | Discussion | All Faculties |

LUNCH (Provided at the Meeting Venue)

**13:30- 15:00**

| | |
|---|---|
| 1- Anatomy and Physiology of Urinary Tract | CHOEU Hor/ MAM V |
| 2- Types of congenital anomaly of upper urinary tract | Manabu Okawada |
| 3- Types of congenital anomaly of lower urinary tract | Manabu Okawada |
| 4- Antenatal diagnosis, Post natal Diagnosis | |

Coffee Break

**15:30-17:00**

| | |
|---|---|
| 5- Management of congenital anomaly of upper urinary tract | Manabu Okawada |
| 6- Complications : nonsurgical and surgical treatment | Manabu Okawada |
| 7- Clinical Cases | All Faculties |

## e. Upper Limb Skill Fixation (November 15, 2019)

**25th Annual Scientific Meeting**
**Cambodian Society Surgery, 15-16 November 2019**
**"Surgical Training and Efficiency in Surgery"**

Hotel Phnom Penh: 53 Preah Monivong Boulevard, Sangkat Srah Chok,
P.O. Box 1131, ***Phnom Penh*** 12201, Royaume du ***Cambodge*** Phone: 023 991 868

**Date: November 15, 2019** **PROGRAM, UPPER LIMB FIXATION SKILLS**

**Co-Chair:** **Prof SIN Tour Phot, Prof Sunyarn NIEMPOOG**
**Supporter:** Metronic,
Skill station 4, Staff assistance 4, Participant: 24
Faculty 8 (4 Thais and 4 Cambodians)


- **Sunyarn Niempoog** Thammasat Hospital
- **Sukanis Chumcheun** Thammasat Hospital
- **Chinnakart Boonyasirikul** Thammasat Hospital
- **Woraphon Jaroenporn** Police Hospital
- **SIN Tour Phot** Sonja Kill Memorial Hospital
- **NGIN Kanora** Calmette Hospital
- **Ang Eng Sophep** Khmer Soviet Friendship Hosp
- **Ich Khuy** Kossamak Hospital

| TIMING | TOPICS / WHAT | Faculties / WHO |
|---|---|---|
| 10.30-10.45 | Opening, introduction, welcome message | Pr Vuthy CHHOEURN |
| 10.45-11.00 | Basic concepts of plate fixation DCP, LCP, VA LCP | NGIN Kanora |
| 11.00-11.15 | Clavicular fracture (basic, indication, surgical approach, fixation) | SIN Tour Phot |
| 11.15-11.30 | Proximal humerus fracture (basic, indication, surgical approach, fixation) | Sukanis |
| 11.30-12.30 | Workshop fixation Clavicle fracture, Proximal humerus (proximal humerus LCP, LCP anterolateral clavicular plate, LCP distal clavicle) | Sukanis |
| | | |
| 12.30-13.15 | **LUNCH** | |
| | | |
| 13.15-13.30 | Difficult case of proximal humerus fracture and Clavicular fracture : case discussion: Q&A | Sukanis & Sunyarn & team |
| 13.30-13.45 | Distal humerus fracture (basic, indication, surgical approach, fixation) | Sunyarn |
| 13.45-15.00 | Olecranon fracture (basic, indication, surgical approach, fixation with LCP and TBW) | Woraphon |
| 15.00-15.30 | Workshop fixation of distal humerus (LCP distal humerus plate, Reconstruction plate, Olecranon plate, TBW) | All faculties |
| 15.30-15.45 | **Coffee break** | |
| 15.45-16.00 | Complex elbow fracture | Woraphon |
| 16.00-16.15 | Difficult case of elbow fracture; Q&A of elbow fracture, | Woraphon & Chinnakart, AESopheap |
| 16.15-16.30 | Distal radius fracture | Chinnakart |
| 16.30-17.00 | Workshop of distal radius (T plate, Distal dorsal, distal lateral, VA distal radius) | All faculties |
| 17.00-17.15 | Difficult cases of fracture distal radius. Q&A | Chinakart & Sunyarn & Ng Kanora-Ich Khuy |
| 17.15-17.30 | Course evaluation | Metronic staff |
| | **Closing Remark**<br>**CERTIFICATES - GROUP PHOTOS** | SUNYARN Niempoog<br>YIN Sinath, President COA |
| 18:30 | Congress Dinner – Grand Ball Room Phnom Penh Hotel | All are invited |

## 2- CONFERENCE SCIENTIFIC PROGRAM

### a. Opening Ceremony and Plenary Session

| | November 15th, 2019 | |
|---|---|---|
| **7:00- 15:00** | **REGISTRATION** | |
| 08:00-09:30 | **Crystal Ballroom**<br>**Opening Ceremony**<br><br>Welcoming Speech: Pr CHHOEURN Vuthy<br>Speech: Pr PRAK Sénghuor<br>Speech: Pr Xavier Martin<br>Speech: Ambassade de France<br>**Opening Speech: Pr THIR Kruy, Secretary of State, MoH, and President of the Cambodia Medical Council**<br><br>**Plenary session**<br><br>**Invited Lecture:**<br>**"Surgical Training and efficiency in Surgery"**<br>Professor Xavier MARTIN<br>President<br>Académie Nationale Française de Chirurgie | |
| 9:30-10:00 | Coffee break | Coffee break |

## b. General Surgery Scientific Program

| | **November 15th, 2019** | |
|---|---|---|
| | **General Surgery Session**<br>**Crystal Ballroom** | |
| Time | **Presentations** | **Speakers** |
| 10:00-12:00 | **General Surgery I: Pancreatic Cancer Session**<br>**Presidents: Prof. Jaques Baulieux, Prof. Chhoeung Pramoth**<br>**Moderators: Prof. Preap Ley**<br>**Secretary: DES** | |
| 10:00-10:15 | 1- Imaging of Pancreatic Cancer : What the surgoen want to know ? | Dr. Chum Socheat |
| 10:15-10:30 | 2- Pancreatic Head Cancer: Role of endoscopy | Dr. Borath Chakra |
| 10:30-10:45 | 3- Resectable pancreatic head Cancer: How to standardize its surgical treatment? | Dr. Dara Vithiea |
| 10:45-11-00 | 4- Review of Reconstruction Techniques after Pancreaticoduodenectomy. | Dr. Tan Siong San |
| 11:00-11:15 | 5- Case study: Surgical management of Pancreatic Cancer in SHCH. | Dr. Uy Sereychout |
| 11:15-11:30 | 6- Incidentaloma of pancreatic head in pancreatic lipomatosis, Case report. | Dr. San Corine |
| 11:30-12:00 | **Clinical Panel DISCUSSION** | |
| 12:00-13:30 | Lunch | |
| 13:30-15:00 | **General Surgery II: Mini-Invasive Surgery**<br>**Presidents: Prof. Kheang Yana, ELLIOTT BRENDER**<br>**Moderators: Dr. Chhay Raksmey**<br>**Secretary: DES** | |

| | | |
|---|---|---|
| 13:30-13:45 | 7- Laparoscopic appendectomy at Calmette hospital | Dr.Plok Vuthy |
| 13:45-14:00 | 8- Les progress de la "Chirurgie Mini-Invasive" à Siem Reap | Dr. EM Sokhom |
| 14:-14:15 | 9- Esophageal achalasia: First experience in Lap. Heller Myotomy | Dr. Moa Satdin |
| 14:15-14:30 | 10- Colon cancer with liver metastasis surgical menagements (Cas study) | Dr. K Sakura |
| 14:30-15:00 | **Panel Discussion** | |
| 15:00-15:30 | Coffee break | Coffee break |
| 15:30-17:00 | **General Surgery III: Free communication**<br>**Presidents: Dr. Duong Chhay, Dr. Cornelia Haener,**<br>**Moderators: PLOK Vuthy**<br>**Secretary: DES** | |
| 15:30-15:40 | 11- Safe Surgery 2020 in Cambodia | Pr. LEM DARA |
| 15:40-15:50 | 12- Improving Surgical Care in Cambodia Creating an International Rotating Surgical Residency Program | ELLIOTT BRENDER |
| 15:50-16:00 | 13- Prise en charge des traumatismes thoraciques graves: Hôpital Calmette | Dr. Tuo Sothunea |
| 16:00-16:15 | 14- Plaie thoraco-abdominale | Sonyakill Hospital |
| 16:15-16:30 | 15- Lobectomie gauche hépatique : Cas clinique | Dr. Oum Sethikun |
| 16:30-16:40 | 16- Kyste du cholédoque : Cas clinique | Dr. Hay Samolyda |
| 16:40-16:50 | 17- Thoraco-abdominal trauma in Battambong | Dr. Sovannarith Oum and all |
| 16:50-17:00 | **Panel Discussion** | |
| | Closing: Dr PREAPLEY | |

## a. Pediatric Surgery Scientific Program:

| | 15th November 2019 | |
|---|---|---|
| **Time** | **Crystal Ballroom** | |
| 08:30-09:00 | **(Plenary session)**<br>Intl Keynote Lecture<br>**Opening Ceremony** | |
| **Time** | **Jasmine Room** | |
| **09:00-09:30** | **Coffee break** | **Coffee break** |
| **Time** | **Presentations** | **Speakers** |
| | **Pediatric Surgery Session** | |
| 9:30-12:00 | **SESSION 1: General Pediatric Surgery**<br><br>**Co-Presidents:**<br>Prof. CHHOUR Sereychetana, Prof. Tatsuo Kuroda, Prof. Manabu Okawada<br>**Moderator:** Dr. Pen Monyrath<br>**Secretary:** DES. Takak Pagna, Phon Visal and Seng Vuthy | |
| 9:30-9:50 (20') | 18- Progress of the Pediatric Surgery in Cambodia | Prof. Takao Okamatsu |
| 9:50-10:10 (20') | 19- Problems in surgery for high- and intermediate-type anorectal malformations | Prof. Tatsuo Kuroda |
| 10:10-10:25 (15') | 20- Multicenter retrospective study for the establishment of conservative therapy for an isolated spleen injury. | Dr Koichiro Yoshimaru[1] |
| 10:25-10:40 (10') | 21- Improving Laparoscopic surgery for Efficiency Surgical Care at Kantha Bopha Children's Hospital, PP | Dr. Sotheavy and all |
| 10:40-10:50 (10') | 22- How to Development of Pediatric Cardiac Surgery at Kantha Bopha Hospital, (activity in 10 months) | Dr. H. Soklay and All, |

| | | |
|---|---|---|
| 10:50-11:00 (10') | Discussion | |
| | **SESSION 2: General Pediatric Surgery**<br><br>**Co-Presidents:**<br>Prof. PA Ponnareth, Prof. Chhoeurn Vuthy,<br>Prof. Takao Okamatsu<br>**Moderator:** Dr. Kong Vuthy<br>**Secretary:** DES. Uy Layhour, Sereykosal and Chandok | |
| 11:00-12:00 | | |
| 11:00-11:10 (10') | 23- Etude Rétrospective de 30 Cas de Spinabifida Traités À L'hopital Jayavarman VII, Siem Reap-Angkor Durant Une Période de 4 Ans (1er Janvier 2014 au 31 Décembre 2017) | Dr. O.Monyputhik and All |
| 11:10-11:20 (10') | 24- Achalesia in children at AGC | Dr. Prak Farrilend |
| 11:20-11:30 (10') | 25- Meconium ileus syndrome due tocystic fibrosis, case report | Dr. Leng Nara |
| 11:30-11:40 (10') | 26- Kyste de L'ovaire Tordu Chez Nouveau-Né À Propos de 2 Cas Traités À L'hopital Jayavarman VII, Siem Reap-Angkor | Dr. C. Saoousaphea and All |
| 11:40-11:50 (10') | 27- Torsion Of The Spleen: Case Report At Kantha Bopha Children's Hospital | Dr. Seak Lin |
| 11:50-12:00 (10') | Discussion | |
| 12:00-13:00 | Lunch | Lunch |
| | **SESSION 3: General Pediatric Surgery**<br><br>**Co-Presidents:**<br>Prof. Keo Sokha, Dr. Hiroki Kobayashi and Prof Long Vanna<br>**Moderator:** Dr. Sar Vuthy<br>**Secretary:** DES.Reaksmey, Nhek Ratanavong and Kimheng | |
| 13:00-13:15 (15') | 28- Biliary atresia, case report at NHP | Prof. OU Chheng Ngep and all |
| 13:15-13:35 (20') | 29- Near-infrared fluorescence cholangiography with indocyanine green improved the outcome of Kasai procedure for biliary atresia. | Dr. Hiroki Kobayashi[1] |
| 13:35-13:50 (15') | 30- Traumatic Glans penile amputation and Successful Management with Primary Anastomosis: a case report at Kantha Bopha Children's Hospital, PP | Dr. Pen Monyrath and all |

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|---|---|---|
| 13:50-14:10 (20') | 31- Retrospective Study on Congenital Adrenal Hyperplasia in Children underwent the surgical Managements of One Stage feminizing genital reconstruction at Kantha Bopha Children's Hospital IV. | Dr. Pen Monyrath and all |
| 14:10-14:30 (20') | 32- Retrospective Study on Management of Pyeloureteral Junction Obstruction in Children at Kantha Bopha Children's Hopsital IV, Phnom Penh in Children | DES. Takak Pagna /Dr. Pen Monyrath and all |
| 14:30-15:00 (30') | Discussion | |
| 15:00-15:30 | Coffee break | Coffee break |
| | **SESSION 4: General Pediatric Surgery**<br><br>**Co-Presidents:**<br>Prof. MAM Vithyarith**,** Prof. Ou Cheng Ngeap, Dr. Sara Dorman<br>**Moderator:** Dr. Heng Sophea<br>**Secretary:** DES. Takak Pagna, Pheakdey and Mongkol | |
| 15:30-15:45 (15') | 33- Bladder Tumour, case report at N H P | Prof. OU Chheng Ngiep |
| 15:45-16:00 (15') | 34- Opportunistic Clinical Screening For The Detection Of DDH In Children With Clefts | Dr. Sara Dorman |
| 16:00-16:15 (15') | 35- Experience at NPH: Clinical cases | Dr. Manabu Okawada |
| 16:15-16:30 (15') | 36- 10 Years' Experience in The Treatment Of Congenital Pseudarthrosis Of The Tibia In CSC | Dr. Sara Dorman |
| 16:30-16:45 (15') | 37- Le traitement des défects de parties molles sur os infecté après traumatisme (À propos de 20 cas) | Dr. Minh Kakada |
| 16:45-16:50 (20') | Discussion | |
| 16:50-17:00 | **Closing Remarks and Picturing** | **Co-Presidents:**<br>Prof. CHHOUR Sereychetana and Prof. Tatsuo Kuroda |

## b. Orthopaedic Surgery Scientific Program

| | November 16th, 2019 | |
|---|---|---|
| | **Trauma-orthopedic Surgery Crystal Ballroom** | |
| **Time** | **Presentations** | **Speakers** |
| **7:45-8:00** | **Opening and welcome of Pr. Yin Sinath, President of Cambodian Society of Orthopaedic and Traumatology (SOCOT)** | |
| **8:00-9:50** | **SESSION 1: Shoulder**<br>**Presidents: Lim Taing, Navez Gregory, Zairin Noor**<br>**Moderator: Ich Khuy**<br>**Secretary: Lay Sovannak, Tem Ponlok** | |
| 8:00-8:15 | 38- Chirurgie réparatrice de la coiffe des rotateurs à ciel ouvert | Navez Gregory |
| 8:15-8:30 | 39- Buttée coracoïdienne vissée | Navez Gregory |
| 8:30-8:45 | 40- Fractures around Shoulder, Diagnosis and management? | Zairin Noor |
| 8:45-9:00 | 41- Proximal Humerus Fracture<br>Singapore experience | Bryan Wang Dehao |
| 9:00-9:15 | 42- Proximal humerus fracture ORIF: Trip and Tricks | Milan k. Sen |
| 9:15-9:30 | 43- Fracture de l'extrémité supérieure de l'humérus traitée à l'hôpital d'Amitié Khmer-Soviet | Yun Leang Meng, M. Sok, H. Vutha, A. E. Sopheap |
| 9:30-9:50 | **Panel Discussion** | |
| **9:50-10:15** | **Coffee break** | **Coffee break** |
| **10:15-11:40** | **Session 2: ELBOW**<br>**Presidents: Duong Bunn, Milan K. Sen, Bryan Wang Dehao**<br>**Moderators: Veng Vuthy**<br>**Secretary: Khy Minea, IM Hakseng** | |
| 10:15-10:30 | 44- Elbow instability - simple and complex dislocations | Bryan Wang Dehao |
| 10:30-10:45 | 45- Distal humerus fracture treated in FKSH | Ang Eng Sopheap |

| | | |
|---|---|---|
| 10:45-11:00 | 46- Traitement chirurgical des fractures supracondyliennes de l'humérus à l'hôpital Calmette | Khy Minea<br>N. Kanora |
| 11:00-11:15 | 47- Cubital tunnel syndrome | Jaroenporn Woraphon |
| 11:15-11:40 | **Panel Discussion** | |
| 11:40-11:50 | **48- Osteoarthritis** | **Guest speaker-Biopharma** |
| 11:50-12:00 | **49- Management of osteoarthritis** | **Guest speaker-Biopharma** |
| 12:00-12:10 | **Discussion** | |
| 12:10-13:30 | **Lunch** | **Lunch** |
| **13:30-15:00** | **Session 3: Forearm and Wrist**<br>**Presidents: SIN Tour Phot, Sunyarn Niempoog Moderators: Ngin Kanora**<br>**Secretary: Chheur Hengnaroth, Lay Sovannak** | |
| 13:30-13:45 | 50- Damage Control Poly-trauma | Nonthadej pongpunleart |
| 13:45-14:00 | 51- WALANT surgery for distal radius fracture | Jaroenporn Woraphon |
| 14:00-14:15 | 52- Fracture de l'extrémité distale du radius traité à l'hôpital d'Amitié Khmer-Soviet | S. C. Pheaktra<br>A. E. Sopheap |
| 14:15-14:30 | 52- Ligament and small joint injury of hand (Pitfall) | Sunyarn Niempoog |
| 14:30-14:45 | 53- Soft tissue tumor of hand | Sunyarn Niempoog |
| 14:45-15:00 | **Panel Discussion** | |
| **15:00-15:30** | **Coffee break** | **Coffee break** |
| **15:30-17:30** | **Session 4: Free Papers**<br>**Presidents: Yin Sinath, Paul Rivat, Ang Eng Sopheap**<br>**Moderator: Huot Vutha**<br>**Secretary: Yun Leang Meng, Mao Sengthai** | |
| 15:30-15:40 | 54- La prothèse de hanche : expérience de l'hôpital de Kampong Cham du 2012 à 2019 | Tam Ponlok<br>Y. Sinath, Paul RIVAT et l'équipe de l' A.O.C |
| 15:40-15:50 | 55- Total hip replacement in CSC | James, H. Oy |
| 15:50-16:00 | 56- Orthopedic prosthetic infection from 3 centers | Heang Oy |
| 16:00-16:10 | 57- Management of Medial Patellofemoral Ligament Rupture– Case report In Sonja Kill Memorial Hospital (SKMH), Kampot | Sem Visoth,<br>Sin Tour Phot |

| | | |
|---|---|---|
| 16:10-16:20 | 58- Percutaneous Bone Marrow Grafting for Tibial Nonunion– Case report In Sonja Kill Memorial Hospital (SKMH), Kampot | Sem Visoth, Sin Tour Phot |
| 16:20-16:35 | ~~59-~~ Percutaneous Screw Application on Pelvic: Can we treat pevic metastatic cancer using trauma principles? | Milan K. Sen |
| 16:35-16:45 | 60- Anterior pain of the knee after tibia nailing during 2018 at Preah Kossamak Hospital | Mao Senthai K. Sotheara, H. Vuthy, D. Bunn |
| **16:45-17:00** | **Panel Discussion** | |
| **17:00-17:15** | **Closing Remark Pr. Yin Sinath** | |
| | **Pictures** | |

## c. Urology Scientific Program

| **November 16th, 2019 Urology Session Carnation Room** | | |
|---|---|---|
| **Time** | **Presentations** | **Speakers** |
| 08:00-08:30 | **Welcome/ Opening Ceremony/ Prof Prak Senghuor, President of Cambodia Urological Association**<br>**Speech/ Prof Xavier Matin, Co-President of 20th Annual Conference of Cambodia Urological Association** | |
| 08:30-9:30 | **(EDUCATIONAL AND URO-ONCOLOGY SESSION)**<br>**Moderators :** Prof Xavier Matin, Prak SengHuor, Mom Choth<br>**Secretary:** Oeur sopagna, Seourn serey sopagna, Bun sela | |
| 08:30 - 08:45 | 61- Actualité et Vision de l'Association Cambodienne d' Urologie | Prof. Bou Sopheap |
| 08:45-09:00 | 62- Formation en chirurgie Urologique | Prof. Xavier Martin France |
| 09:00-09:10 | 63- Emphyematous Pyelonephritis management, 2 cases report at Calmette Hospital | Soeun serey sopagna, Uk Pisey et al Calmette |

| | | |
|---|---|---|
| | | |
| 09:10-09:20 | 64- Le rôle de l'auto-transplantation rénale dans la chirurgie de la CCR sur le rein unique et du Loin pain hematuria syndrome, expérience de l'Hôpital Edouard Herriot, Lyon, France | Reaksmey Ouk, Lionel Badet et al HEH, France |
| 09:20-09:30 | Discussion | |
| 09:30-10:00 | **Coffee Break (Poster Presentation)** | |
| | **(URO-ONCOLOGY SESSION)**<br>**Moderators:**Prof Prak Senghuor , Keo Narith, Dr Lam Korvin<br>**Secretary:** N.T vichhaka, S Bunheng, N sarindy | |
| 10:00-10:15 | 65- Advanced prostate cancer management in Kossamak Hospital | T. Soksanudam, B Sopheap et al Kossamak |
| 10:15-10:30 | **66-** Prise en charge de la Maladie de Bowen génital à l'Hôpital Preah Kossamak | B Sela , B Sopheap Kossamak |
| 10:30-10:45 | 67- Buschke-Lowenstein penile tumor management in Kossamak Hospital | Vuthy Hoeun, B Sopheap et al Kossamak |
| 10:45-11:00 | 68- Bricker fistula conservative management on radical cystectomy for bladder cancer in Kossamak Hospital | N T Vichhaka, B Sopheap Kossamak |
| | **(UROLOGY PEDIATRIC AND TRAUMA SESSION)**<br>**Moderators:** Prof. Kouch Hach, Dr Pen Monyrath, Dr Man Libertin<br>**Secretary:** T.S Udam, H vuthy | |
| 11:00-11:15 | 69- Bladder rupture management, among 35 cases ( 2016-2019) in Kossamak Hospital | Sotheara Khy, Bou Sopheap et al Kossamak |
| 11:15-11:30 | 70- Management of Posterior Urethral Valve, 21 cases ( 2016-2018) at Kuntha Bopha children's Hospital | Vong Sotheavy, Pen monyrath et Al Kuntha Bopha |
| 11:30-11:45 | 71- Penile trauma management, experience from Calmette Hospital | Rayi Em, Choth Mom et al Calmette |
| 11:45-12:00 | 72- Traumatic glans penile Amputaition and successful Management with primary anastomosis: a case report, | Pen Monyrath Kuntha Bopha |
| 12:00-12:30 | **Discussion** | |
| 12:00-13:30 | Lunch | Lunch |
| | **(URINARY STONE SESSION)** | |

| | | |
|---|---|---|
| | **Moderators:** Prof. Prak Seng Huor, Prof Tianyu Li, Keo Narith<br>**Secratory:** K sotheara, S.s. Sopagna | |
| 13:30-13:45 | 73- ESWL, for the management of urinary stone disease, experience from Cambodia-Japan Friendship Monkul Borey Provincial Hospital | Dr. Sokha<br>Munkul Borey Hospital |
| 13:45-14:00 | 74- 1 year experience on 4th generation ESWL in Cambodia, is it really effective ? | Dr. Soarawee Weerasophon<br>RPH |
| 14:00-14:15 | 75- Retrospective study on Lower Ureteral stone management in Khmer-Soviet Friendship Hospital | M Libertine et al |
| 14:15-14:30 | 76- Staghorn stone management and benefit of Vessel loops wrapped in Preah Kossamak Hospital | Soeurn serey sopagna, Ngov Sarindy, Bou sopheap et al<br>Kossamak |
| 14:30-14:45 | 77- Mini PCNL, our experience in Calmette Hospital | Sovandara Heng, Pisey Uk, et al<br>Calmette |
| 14:45-15:00 | 78- PCNL for complex renal calculi in children + additional RIRS with PUSHEN | First Affiliated Hospital of Guangxi Medial University, China<br>Tianyu Li<br>China |
| 15:00-15:30 | Coffee break | |
| | **(RECONSTRUCTIVE AND FEMALE UROLOGY SESSION)**<br>**Moderators**: Prof. Mom Choth, Prof. Bou Sopheap, Dr Lam Korvin<br>**Secratory:** O sopagna, O Samaun | |
| 15:30-15:45 | 79- Retrospective study on Adrenogenital syndrome in children underwent the surgical treatment of one stage feminizing genital reconstruction at Kuntha Bopha children's Hosptial IV | Pen Monyrath<br>Kuntha Bopha |
| 15:45-16:00 | 80- Prise en Charge de Caroncule Urethrale à l'Hopital Preah Kossamak | Oeur sopagna, Bou sopheap<br>Kossamak |
| 16:00-16:15 | 81- Prise en charge de Cystocèle à l'Hôpital Preah Kossamak | Oeur Sopagna, Bou Sopheap<br>Kossamak |

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|---|---|---|
| 16:15-16:30 | 82- Etude retrospective sur le rôle de Bulkamid et la TVT dans la prise en charge de l' Incontinence urinaire d'effort ( IUE), expérience de l'Hôpital Bicêtre, Paris | C. Sangsrun, Fernandez Paris, France |
| 16:30-16:45 | 83- Rôle de Sphincter Artificiel dans le traitement de l'Incontinence Urinaire post prostatectomie radical, expérience de l'Hôpital Edouard Herriot, Lyon, France | Ouk reaksmey, Fashi Fehri Hakim Lyon, France |
| 16:45-17:00 | 84- Role of Buccal Mucosa Graft in the treatment of long defect urethral stenosis, experience from Kossamak Hospital | Bou Sopheap Kossamak |
| 17:00-17:10 | **Conclusion / Prof. Prak SengHuor, President of Cambodia Urological Association** | |

## a. Plastic and Reconstructive Surgery Scientific Program

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|---|---|---|
| | **November 16th, 2018** | |
| | **Plastic and Reconstructive Surgery** | |
| | **Jasmine Room** | |
| 8:00-8:05 | Salute national anthem | |
| 8:05-8:10 | Mots de Bienvenus du Président SCCPRE | Dr. Koeut Kundara |
| **Time** | **Presentations** | **Speakers** |
| | **Séance:1**<br>Chirurgie reconstruction et Esthétique de la face.<br>**Co-Président:** Prof. Say Bunvath, Prof. Fédéric Lower<br>**Sécrétaire**: Dr. Ry sina | |
| 8:10-8:35 | 85- Etude retrospective des Fractures maxillofaciales traité chirurgical à l'hôpital Calmette 2013-2018 | Dr.Ky Chanmony Raksmey 20mn |
| 8:35-8:55 | 86- Traitement chirurgical du Tricho-épithéliom de la face | Dr. Koeut Kundara |
| 8:55-9:15 | 87- Rhinopoièses étendues par Lambeau frontal | DES. Kong Sovanvary |
| 9:15-9:30 | **Panel Discussion** | |
| 9:30-10:00 | Coffee break | |
| 10:00 -12:00 | **Séance:2**<br>Chirurgie reconstruction et Esthétique de la face<br>**Président:** DR. Koeut Kundara | |

| | | |
|---|---|---|
| | **Sécrétaire**: Dr. Ky Chanmony Raksmey | |
| 10:00-10:20 | 88- BCC de la face: Exérèses et Lambeau local de reconstruction. | DES. Dos Vuthea 20mn |
| 10:20-10:40 | 89- Intérêt de l'expendeur cutané pour neurofiboma du cou. | Dr. Koeut kundara |
| 10:40-11:00 | **Panel Discussion** | |
| 11:00-13:30 | Lunch | Lunch |
| | **Séance:3**<br>Communication libre<br>**Président:** Dr. Thoeung Chanseiha<br>**Sécrétaire:** Dr. Tep Borine | |
| 13:30-13:50 | 90- Escare Sacro-coccygienne et Lambeau de reconstruction. | DES Dos Vuthea |
| 13:45-14:00 | 91- Intérêt du lambeau sural distal en cas de perte de substance de la jambre: Etude de littérature et expérience à l'hôpital d'amitié Cambodge-chinoisPreah Kossamak. | Dr. Kean Lylah et Dr. Ry Sina |
| 14:10-14:30 | 92- Development of a microsurgical program at CSC. | Dr. Oy and Dr. Sopheap |
| 14:30-14:45 | 93- Brachial Plexus Injury Reconstruction at Children's Surgical Centre From 2013-2019 | POGN Sopheap |
| 14:45-15:00 | **Panel Discussion** | |
| 15:00-15:30 | Pause de café | |
| 15:30-15:40 | Mots de clôture par Président de SCCPRE | DR. Koeut Kundara |
| 15:40-16:00 | Réunion et Registration de noueaux member de SCCPRE | |
| 16:00-17:00 | Photo de souvenir | |

## a. Neurosurgery Scientific Program

| | **November 16th, 2019** | |
|---|---|---|
| | **Neurosurgery**<br>**VIP Room** | |
| 07:00-08:00 | **Registration** | |
| **Time** | **Presentations** | **Speakers** |
| 08:00-9:30 | **Session I**<br>**Moderators: Iv-Vycheth / Sim-Sokchan / Chor Tony**<br>**Secretary: DES** | |

| | | |
|---|---|---|
| 08:00-08:15 | Welcoming | **Pr Iv Vycheth** |
| 8:15-8:25 | 94- 4 cases experience of cranioplasty using custom-made artificial bone made in Japan | **Davy Ra, MD.** Sunrise Hospital |
| 8:25-8:35 | 95- Surgery of Posterior Fossa Tumors in Children | **Kong Vuthy, MD** Kantha Bopha Hospital |
| 8:35-8:45 | 96- Pathological review of brain tumor in Cambodia : 18 cases sent to Japan and analyzed- | **Yoshifumi Hayashi,MD** Sunrise Hospital |
| 8:45-8:55 | 97- CAS or CEA? Treatment strategies and outcome for symptomatic carotid artery stenosis in our institute. | **Eng Hongseng, MD** Sunrise Hospital |
| 8:55-9:05 | 98- Mechanical Thrombectomy in Acute Stroke | **Ly Pros, MD** Royal PP Hospital |
| 9:05-9:15 | 99- Cerebral hydatic cyst | **Try Thy, MD** Calmette Hospital |
| 9:15-9:30 | 100- Special Lecture: Connections of human brain | **Mike E. Sughrue, MD** Prince of Wales Hospital, Sydney |
| 9:30-9:45 | **Discusssion** | |
| 9:45-10:00 | Coffee break | Coffee break |
| 10:00-12:00 | **Session II**<br>**Moderator: Sem-Monty / V.S. Reaksmey /Cheng Ing**<br>**Secretary: DES** | |
| 10:00-10:15 | 101- Special Lecture: Precision in Neurosurgery | **Nanthasak Tisavipat,MD** Bangkok Medical Center |
| 10:15-10:25 | 102- Hemangiobalstome de la fosse posterieure 2 cas operes dans l'hopital Calmette | **Ros Prasoeu, MD** Calmette Hospital |
| 10:25-10:35 | 103- Colloid cyst of the 3rd ventricle: Case Study | **Try Thy, MD** |
| 10:35-10:45 | 104- State of the art management for disc herniation | **Tevajesda Paruang, MD** Royal Phnom Penh Hospital |
| 10:45-10:55 | 105- Surgical management of spinal tuberculosis | **Sim Sokchan, MD** Jeremiah's Hope |
| 10:55-11:05 | 106- Lumbar spine fusion | **Kanit Chamroontaneskul,** Bangkok Hospital |
| 11:05 – 11:15 | 107- Lateral mass screws on cervical spine | **Ty TimRydeth, MD** |

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|---|---|---|
| | | Kossamak Hospital |
| 11:15-11:25 | 108- Percutaneous Vertebroplasty for painful osteoporotic vertebral compression fractures at Khmer Soviet Friendship Hospital | **Long Sor, MD.** Khmer Soviet Friendship Hospital |
| 11:25-11:50 | **Panel Discussion** | |
| 12:00-12:10 | **Conclusion / Prof IV Vychet, President of Cambodian Society of Neurosurgery** | |
| 12:10-13:30 | **Lunch** | |

# ABSTRACTS

# GENERAL SURGERY

# ABSTRACTS

**1- Title: Imaging of Pancreatic Cancer: What Surgeons Want to Know**

**Authors:** Dr. Chum Socheat

**Abstract:**

Pancreatic cancer (PC) remains one of the deadliest cancers worldwide, and has a poor five-year survival rate of 5%. Although complete surgical resection is the only curative therapy for pancreatic cancer, less than 20% of the newly-diagnosed patients undergo surgery with a curative intent. Due to the lack of early symptoms and the tendency of pancreatic adenocarcinoma to invade adjacent structures or to metastasize at an early stage, many patients with pancreatic cancer already have advanced disease at the time of their diagnosis and, therefore, there is a high mortality rate. To improve the patient survival rate, early detection of PC is critical. The diagnosis of PC relies on 3 tools: computed tomography (CT) , magnetic resonance imaging (MRI) with magnetic resonance cholangiopancreatography (MRCP), or biopsy / fine-needle aspiration using endoscopic ultrasound (EUS). While the last method is not available in Cambodia, multidetector CT currently has a major role in the staging of PC. Recently, MRI with MRCP's performance has shown better detection of tumors at an early stage by allowing a comprehensive analysis of the morphological changes of the pancreatic parenchyma and duct. It is essential for clinicians especially surgeons to understand the advantages, disadvantages, critical roles of the various pancreatic imaging modalities in order to be able to make optimal treatment decision.

To achieve good clinical outcomes, close collaboration between surgeons, radiologists and endoscopists is very important. These patients with the advanced disease will undergo either interventional radiology (IR)- or endoscopic-guided interventions to deliver pre-operative or palliative care. Thus, the presentation will also highlight the indication and review of the IR procedures for PC management.

**2- Title : Pancreatic Adenocarcinoma: the endoscopist's view**

**Author: Dr.** OUNG Borathchakra, VONG Chanlina, Mak Sopheak, KY Vutha, Faculty of Medicine, Gastroenterology division, University of Health Sciences, Phnom Penh, Cambodia, Cambodian Association of Gastrointestinal Endoscopy (CAGE), Phnom Penh, Cambodia

Résumé :

Pancreatic Adenocarcinoma (PA) represents 90% of pancreatic tumors. Its incidence is rising in France with around 14,000 new cases in 2017. Pancreatic adenocarcinoma is associated with a very poor prognosis with an age-standardized net survival of around 10% in 5 years and should be the second leading cause of cancer deaths in Europe in 2030. Surgery is the only curative treatent, yet it is often impossible due to the high frequency of locoregional extension (ganglionnaires and vascular) or metastasis (especially hepatic). The time between onset of symptoms and initiation of treatment has a significant impact on patient survival. A multidisplinary therapeutic decision is essential to the best outcome. CT scan and MRI with specific protocol are referent exams for diagnosis staging. Endoscopy has its place more and more broad in terms of diagnosis and therapy. Endoscopic ultrasonography (EUS) is one of the most accurate imaging tools for diagnosing pancreatic tumors but not for the extension assessment. its sensitivity and specificity are superior to CT and MRI for tumors less than 2 cm. In addition, if necessary, endoscopic ultrasound allows histological confirmation of the tumor with FNA or FNB. In terms of therapy, endoscopy plays a major role in the treatment of jaundice. Endoscopic biliary drainage is the first-line treatment because it is effective and safe. Nevertheless, the indications must be clear

for each stage of the tumor. Several types and types of stent are currently available depending on the context. The transpapillary drainage is first recommended because it is feasible in 90% of the cases in expert hand, with a short-term efficacy of 80%. In case of failure and of palliation EUS-guided transmural drainage (choledoco-bulbar or hepatico-gastric anastomosis) is second line therapeutic option, alternatively with interventional radiologic drainage, depending of center's expertise.

### 3- Title : "Resectable Pancreatic Cancer": How to standardize its surgical treatment !

**Authors:** Vithiea DARA, Keovorchira MAM, Pramot CHHEANG, Dara LEM

Department of Surgery "A", Calmette Hospital, Phnom Penh, Cambodia

**Abstract**

Pancreatic head adenocarcinoma, is a formidable disease with five-year survival at all stages less than 5%. Even after curative resection, the prognosis remains dark with a median survival of about 27 months. More than 80% of cases could not benefit from curative surgery at the time of diagnosis. The whipple procedure (also called pancreaticoduodenectomy) is the most commonly performed pancreatic Resection. To be successful, it combines the meticulous selection of indications (in order to limit the risk of "unnecessary" or "abusive" resection), patients (because of its increasing mortality with age and with certain comorbidities), possibility of technical difficulties (because of the close relationship of the pancreas head with the important vessels), and significant morbidity requiring good collaboration between different specialists (surgeons, anesthesiologists, interventional radiologists and sometimes interventional endoscopists). Several important steps in PD have been introduced in recent years, to improve the radicality of surgery, to limit the risk of immediate complications and / or to improve the long-term functional outcome.

**Keyword:** Pancreatic head adenocarcionma, Pancreatico-duodenectomy, Pancreatic fistula.

### 4- Title : Review of Reconstruction Techniques after Pancreaticoduodenectomy

**Author: Dr. Tan Siong San**

**Abstract:**

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**5- Title : Pancreatic cancer**

**Authors: Uy Sereychout, M.D, Asst. Prof. Preap Ley, M.D.**

**Abstract:**

In UK pancreatic cancer is a 6th leading cancer death with incidence: 10/100 000/year. In USA is 4th leading cancer death but decreased slightly over the last 25 years. In Worldwide is 2–3% of all cancers. The exact cause of pancreatic cancer is unknown. Cigarette smoking is the major risk factor for pancreatic cancer. More than 85% of pancreatic cancers are ductal adenocarcinomas. Its clinical is painless jaundice with or without nausea and epigastric discomfort. Pruritus, dark urine and pale stools with steatorrhoea are common accompaniments of jaundice. Tumours of the body and tail often grow silently, and present at an advanced unresectable stage.

Usual blood tests and ultrasound scan should be performed. Ultrasound will determine whether or not the bile duct is dilated. If it is, and there is a genuine suspicion of a tumour in the head of the pancreas, the preferred test is a contrast-enhanced CT scan. The tumour marker CA19-9 is not highly specific or sensitive, but it can be useful later in identifying recurrence. MRI and MR angiography can provide information comparable to CT, If the tumour abuts or minimally invades the portal or superior mesenteric vein.

At the time of presentation, more than 85% of patients with ductal adenocarcinoma are unsuitable for resection because the disease is too advanced. If imaging shows that the tumour is potentially resectable, the patient should be considered for surgical resection, as that offers the only (albeit small) chance of a cure.

5-year survival following resection of a pancreatic adenocarcinoma ranges from 7% to 25% with the median survival is 11–20 months. The median survival of patients with unresectable, locally advanced, non-metastatic pancreatic cancer is 6–10 months and, in patients with metastatic disease, it is 2–6 months.

**6- Title : Incidentaloma of Pancreatic Head Tumor in Pancreas Lipomatosis**

**Authors**: San Corine, Dara Vithea, Prof. Lem Dara, Department of Surgery "A", Calmette Hospital, Phnom Penh, Cambodia

**Abstract**

The pancreas is an exocrine and endocrine organ approximately 15-20cm long that is related to the stomach, duodenum, colon, and spleen. Fatty degeneration of the pancreas is common with aging; the entire pancreas may be replaced by fat and the patient may have no symptoms. Fatty replacement of pancreas, the exact etiopathogenesis behind fatty replacement is not known; however, several predisposing factors have been suggested, these include obesity, diabetes mellitus, chronic pancreatitis, hereditary pancreatitis, pancreatic duct obstruction by calculus or tumor. And the pancreatic head tumor in fatty replacement of pancreas is a rare pathology.

A 51 years old man with pass medical history of diabetes, lives in Phnom Penh presented uncomforted abdominal and check-up health was found transaminase elevate and CT scan in private clinic. The patient was admitted in Calmette hospital on 28 June 2019. He had a pancreatic head tumor in fatty replacement of pancreas was operated with Total Spleno-Pancreatoduodenectomy procedure in Calmette hospital.

Result: The patient had been staying in hospital for 6days after operation. No any surgical complication. Pancreatin minimicrospheres (Creon 25000) for pancreatic insufficiency and insulin to control diabetes.

Key words: **Pancreas lipomatosis, Total Spleno-Pancreatoduodenectomy**

### 7- The first Experience with Laparoscopic surgery, Review literature of Esophageal Achalasia

**Authors**: M. Satdin, C. Vuthy, H. Kimhean, Kh. Sambo Hospital Angkor Sante, Siem Reap province, Cambodia

**Abstract**
Achalasia is a rare disorder of the esophagus that is characterized by impaired ability to push food down toward the stomach, failure releasing of the ring-shaped muscle of lower esophageal sphincter (LES). While its etiology remains unclear, the pathophysiologic mechanism involves the destruction of the myenteric plexi responsible for esophageal peristalsis. A 31 years-old man admitted by long period of dysphagia, regurgitation, and occasional chest pain with severe weight loss. Endoscopy had been done to role out the tumoral disease of esophagus and stomach, which was confirmed more through the double contrast CT. The Manometer is not available in our hospital. Laparoscopic Heller myotomy combined with anti-reflux by Dor fundoplication had been processed a few days later. 5 holes laparoscopic surgery were done of our first experience for achalasia.
Result: The patient had been staying in the hospital for 2 weeks. Gastric tube was placed for both nutrition and drainage during 10 days. No complication was found and he could eat better with liquid and semi-liquid meal without vomiting or regurgitation. Gastroscopy and Barium Rx will be held the next 4 weeks.
Keys words: **Esophageal achalasia, Heller myotomy, Dor fundoplication**

### 8- Title : Improving Surgical Care in Cambodia – What Surgeons for Cambodia, Inc. has accomplished so far & what we'd like to accomplish for the future.

**Author:** Elliott Brender, MD, FACS

**Abstract:**

I first came to Cambodia with a People to People's Group in November 2008. I was quite disturbed by what I saw. I helped start laparoscopic surgery in Orange County California in the late 80's. I brought educational disks only to find there was no laparoscopic surgery in Cambodia. There were no staplers. All surgery was hand sewn. There was no mesh for hernia repair. That I knew I could fix.

So over the past 10 years we have been buying supplies, doing missions, donating equipment, & teaching the latest techniques. We have established the Dr. Brender American Surgical Clinic at KSFH. We rotate junior & senior American Board Certified surgeons to do cases & teach techniques. We want to add Cambodian medical students as well to teach them what we do.

What we ultimately want to do is establish a training program where we can teach our skills to Cambodian surgeons. Once they have learned our skills (which in the USA takes 5 years) & they can then train other Cambodia surgeons first under supervision then eventually on their own.

We want training that will be acceptable to the level acceptable to the American College of Surgeons & the American Board of Surgery.

**9- Title: Colorectal liver metastases : A case report**

**Authors:** S. Pheang, K. Sakura*, C. Raksmey, Department of Thoraco-abodominal surgery at Khmer Soviet friendship Hospital

**Abstract:**

Colorectal cancer is a common cancer, half of the patient will develop liver metastases after a curative resection of the primary cancer, liver resection will provide a long term survival for the patient, We report one clinical case of liver metastasis that was manage in our department.

**10- Title : Tumeur du foie ( Segment II et III )**
**Authors: L. Sourkeir, CH. Reaksmey**

**ABSTRACT**
**Tumeur du foie (segment II et III)**

DES. L. Sourkeir, Dr. KS. Sakura, Dr. S. Pheng, Dr. CH. Reaksmey, Dr. O. Sethikun
Service CHA de l'Hôpital d'Amitié Khmer-Soviet, Phnom Penh, Cambodge

Les tumeurs du foie primitives et secondaires recouvrent des situations cliniques très différentes, depuis la tumeur bénigne ne nécessitant ni traitement ni surveillance, jusqu'au foie multi-métastatique chez un patient en soins palliatifs, en passant par le carcinome hépatocellulaire chez un cirrhotique.
Il faut distinguer les tumeurs hépatiques primitives bénignes et malignes :

- Les tumeurs bénignes correspondent principalement à **l'hémangiome** (tumeur bénigne la plus fréquente), **hyperplasie nodulaire focale** et **l'adénome** hépatocellulaire. Le kyste biliaire qui n'est pas une tumeur du foie à proprement parler, entre dans ce cadre.
- Parmi les tumeurs primitives malignes, la plus fréquente est de très loin le **carcinome hépatocellulaire**, qui se développe le plus souvent sur un **foie cirrhotique**.

Les tumeurs malignes secondaires correspondent aux **métastases hépatiques** d'autres cancers primitifs, parmi lesquels les métastases de cancers digestifs sont très fréquentes.

La lobectomie gauche, ou sectoriectomie latérale gauche de Couinaud ou segmentectomie latérale gauche des auteurs anglo-saxons, est la plus facile des exérèses hépatiques typiques. En effet, cette partie du foie est morphologiquement distincte du reste du parenchyme à sa face supérieure par le ligament suspenseur, à sa face inférieure par le ligament rond qui se poursuit par une fissure où se trouve le pédicule gauche et en arrière du coude de celui-ci par l'insertion de la pars condensa du petit épiploon. L'épaisseur du parenchyme au niveau de la fissure qui le sépare du reste du foie est peu importante (4 à 5 cm) et il n'y a pas de veine sus-hépatique dans cette fissure (qui est, en fait, une scissure sus-hépatique).

**11- TITLE : Thoraco-abdominal trauma in Battambang**

**Author: Sovannarith Oum Stock, Simon, World Mate Emergency Hospital Battambang**

**Abstract:**

**Introduction:** In Cambodia road traffic accidents are a leading cause of trauma with 1761 people killed and 4770 injured in 2018. World Mate emergency hospital is a small, busy trauma centre in Battambang run by the Handa Foundation that deals with the victims of these and other accidents.

**Objectives**: We wish to review our recent experience with patients suffering from thoracic and abdominal trauma to identify patterns of disease and management strategy.

**Materials and Methods:** We performed a retrospective review of the operation records and case notes for all patients admitted to our hospital with a diagnosis of abdominal or thoracic trauma during the 12 months from August 2018 to July 2019. 33 patients were admitted during this time but the case notes were unavailable for 3 patients.

**Results:** There were 5 females and 25 males mean age 36 years (range 7-78 years). The causes are listed in Table 1. 22 patients had associated injuries and 17 underwent either a laparotomy or thoracotomy. The organ injuries are as shown in Table 2.

Length of stay was a median of 10 days (range 1-50 days). 11 patients suffered complications (36%) and 4 patients died (In hospital mortality 13%)

**TABLE 1: Causes of Trauma**

| Cause of Accident | Number |
|---|---|
| Road Traffic Accident | 22 |
| Fall From Height | 4 |
| Work Accident | 3 |
| Landmine Injury | 1 |

**TABLE 2: Organ Injuries Identified in 17 Patients Undergoing Surgery (Note more than one injury in some patients)**

| ORGAN Injured | Number |
|---|---|
| LIVER | 5 |
| SPLEEN | 2 |
| PANCREAS | 2 |
| DUODENUM | 3 |
| SMALL INTESTINE | 4 |
| LARGE INTESTINE | 4 |
| MESENTERY (WITH VESSEL INJURY) | 2 |
| DIAPHRAGM | 2 |
| LUNG | 1 |

**Conclusion:** These patients represent a high-risk group with significant mortality and morbidity. Such patients should be managed in centres with the experience and expertise to look after complex injuries.

# ABSTRACTS

# PEDIATRIC SURGERY

**12- Title : Progress of the Pediatric Surgery in Cambodia**
[Collaborative endeavor to establish Pediatric Surgical care in Cambodia]

**Authors: Takao Okamatsu**, Prof.Emeritus, Showa University, Tomohiro Ishii, Asist.Prof, Kindai University Nara Hospital, Norifumi Kuratani, Anesthesiologist in Chief, Saitama Children's Medical Center, Naoyuki Koyama and Kazato Saeki, FIDR, Prof. Chhoeurn Vuthy, Prof. Mam Vithyarith and Dr. Tep Sokha, National Pediatric Hospital

**Abstract:**

Although National Pediatric Hospital (NPH) was renovated and re-opened by Ministry of Health (MoH) and World Vision after Khmer Rouge era (in 1980), improvement pediatric surgical care and anesthesia care in Cambodia had been left far behind.

To establish pediatric surgical and anesthesia care in Cambodia, Foundation for International Development/Relief (FIDR) and a few young surgeons and anesthetists have concentrated their efforts on the pediatric surgical management since 1996.

Following constructions and installations of medical equipment in NPH, the department of pediatric surgery was established and started pediatric surgical care.

Education and training for local stuff also started at NPH in collaboration with MoH and Cambodian society of surgery.

Remarkable gains have been made in pediatric surgical, anesthesia and nutritional care for children during past 20 years, but development of pediatric surgical care has still stagnated in some provincial areas.

In this context, FIDR started a new project for improvement of pediatric surgical care in Kratie provincial referral hospital since 2017.

Based on our past experiences, important factors for investment of adequate pediatric surgical and anesthesia care will be discussed.

**13- Problems in surgery for high- and intermediate-type anorectal malformations**

**Author**: **Tatsuo Kuroda**, M.D. Department of Pediatric Surgery, Keio University, School of Medicine

Surgery for anorectal malformation (ARM) contains the problems of several aspects.

***Surgical anatomy:*** Preservation and utilization of the internal anal sphincter-like smooth muscle bundles located at the rectal pouch have been emphasized in the surgical repair of ARM for acquiring better anal function. Preservation of these muscles bundles is confirmed by the positivity of ano-rectal reflex observed post-operatively. In fact, the pathological review showed the discontinuation and hypoplasty of the muscle bundles in 2 thirds of the cases. Understanding of the surgical anatomy and minimally invasive handling of the tissue are essential in the surgery for ARM.



**Accompanying complications:** Incidence of accompanying complications was 70.6% in the high-type anomaly, and 60.7% in the mediate-type anomaly according to our survey. In case of major cardiac anomaly, stabilization

of pulmonary blood flow should be preceded to the ARM repair. Urological and gynecological intervention during the infantile period is often required in the cloacal anomalies.

**Clinical assessment of the post-operative anal function:** The scoring system proposed in Japan for the assessment of post-operative anal function in ARM consisted of 4 issues to be evaluated; anal sense, the worse one of incontinence or constipation, and underwear staining. According to our survey, the total score improves by age according to the technical improvement of bowel management, however, complete continence is hardly acquired in the high-type anomalies.

**Late complications:** In our series of ARM patients aged over 20 years, urological problems such as neurogenic bladder, urethral injury, and sexual malfunction accounted for 37% of the late post-operative problems. The re-do surgery in adulthood for the functional repair was extremely difficult in some of the cases.

**Conclusion:** The life-long strategy for functional repair to minimize the late complications, sustained follow-up and management, and multidisciplinary cooperation are required in the surgery for ARM.

## 14- Title : Multicenter retrospective study for the establishment of conservative therapy for an isolated spleen injury.

**Author:** Koichiro Yoshimaru[1,2], Tomoko Izaki[1], Keiko Irie[1], Hiroki Kobayashi[1], Noriyuki Kaku[2], Tomoaki Taguchi[1,2]

1. Department of Pediatric Surgery, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

2. Pediatric Emergency & Critical Care Center, Kyushu University Hospital, Fukuoka, Japan.

**Aim of the Study:** Splenic injury is the most frequent injury in pediatric abdominal trauma, and conservative treatment is considered to be effective, but no specific method has been established in Japan yet, and is managed by the treatment policy in each center. The aim of this study is to conduct multi-institutional retrospective analysis in order to establish a treatment protocol.

**Methods:** We included 29 patients with isolated splenic injury under the age of 16 who were referred to our hospital or 5 branch hospitals from April 2003 to December 2018 (Protocol No. # 29-652). As a treatment strategy, in the case of non-responder, emergency surgery is selected. When an extravasation is observed in contrast CT at initial examination, embolism is added on angiography. If an extravasation is not found, conservative treatment is selected. The classification of severity of spleen injury was referred Organ Injury Scaling [Morre EE, et al. 1995]. We usually conduct CT scan after 7-10 days from injury in order to deny the presence of pseudo-aneurysm.

**Main Results:** The age at the time of injury was 10 years (median; range, 3-14 years), with 21 boys and 8 girls. A primary diagnosis was made by enhanced CT in all cases, and the treatment method was follows: splenectomy, 1 case; trans-arterial embolization (TAE), 4 cases; conservative treatment, 24 cases. One case of TAE failure underwent splenectomy after TAE. To assess the conservative therapy, two splenectomy cases were firstly excluded. The maximum WBC was 14,400 / μl (range, 7440-34180) on the first day after injury and the maximum CRP was 1.87 mg / dl (range, 0.06-18.7) on two days after injury. Focusing on the platelet count

because platelet count indicate the function of spleen, the maximum platelet count was significantly higher in accordance with the severity of the spleen injury increased (ANOVA, p = 0.0262), and the time for platelet count normalization tended to be longer. Retrospectively, we followed appro. 6 months in most severe group. On the other hand, even in this group, appro. one month was enough to normalize the platelet count.

**Conclusions:** We actually should take the formation of pseudo-aneurysm into consideration. However, once we denied the presence of it, we may more shorten follow-up periods using the period of platelet count normalization.

**15- Title : Improving Laparoscopic Surgery For Efficiency Surgical Care At Kantha Bopha Children's Hospital, Phnom Penh**

**Authors : V Sotheavy, P Monyrath, H Sambath, I Penkaing, M Chhorn, K Vuthy, P Ponnareth and all.**

**Abstract :**

Laparoscopic is well known for high technology in the surgical modern technique and the procedure was performed for the diagnosis and therapeutic interventions. It is a minimal invasive surgery that requires only small incisions, an alternative to the open laparotomy technique. It provides a lot of advantages to the patients such as postoperative less pain, less antibiotics, shorten recovery time, short hospital stay, less infection and early diet.

In order to develop the quality of surgical care for the children, our hospital had been installed it and we have done many cases by laparoscopic appendectomy, cholecystectomy, pyeloplasty and maldescent testis.

In conclusion, it's offered many benefits, quality of surgical managements and efficiency surgical care for the patients such as postoperative less pain, less antibiotics, short hospital stay, less infection and in order to improve the knowledge and skill, we have to keep updated and well training in laparoscopy is very important.

**16- Title : Show How to Development of Pediatric Cardiac Surgery at Kantha Bopha Hospital, (activity in 10 months)**

**Author:** Dr. H. Soklay and All,

**Objectif**

-The reason of Heart Surgery Unit

-The human resource development and the effective training program by local team

-The evolution of local team: What we can do for now and in the future?

**Conclusion**

-A program that combines clinical skill demonstration and local staff training has proven to be a successful model in enhancing the outlook for patients with heart disease in Cambodia

-The infrastructure of the KB Hospital is the key role of success in Pediatric cardiac surgery development.

**17- Title: ETUDE RÉTROSPECTIVE DE 30 CAS DE SPINABIFIDA TRAITÉS À L'HOPITAL JAYAVARMAN VII, SIEM REAP-ANGKOR DURANT UNE PÉRIODE DE 4 ANS (1er Janvier 2014 Au 31 Décembre 2017)**

**Authors: O.Monyputhik Et All**

**Introduction :** Le spina bifida est une malformation congénitale liée à un défaut de fermeture du tube neural durant la quatrième semaine de la vie embryonnaire avec absence une ou plusieurs apophyse épineuse du vertèbre. Cette malformation siège le plus souvent à la région lombo-sacrée.
**Objectif :** L'auteur veut monter l'étude rétrospective de 30 cas de spina bifida dans le service de néonatologie et de neurochirurgie pédiatrique de l'Hôpital Jayavarman VII, Siem Reap. Ce travail comprend le moyen de diagnostic, la modalité de prévention, de thérapeutique et les moyens de suivi l'évolution après l'opération.
**Méthode et matériels :** Le diagnostic anté-natal est basé sur l'échographie obstétricale à partir du 6ème mois de la grossesse. À la période post-natale, le diagnostic est basé sur les signes locaux à la région lombo-sacrée (tuméfaction, hypertrichose, appendice caudale, hémangiome, fistule à la peau) et les imageries médicales (échographie, IRM, TDM). Le traitement comprend trois étapes: cure de la malformation, correction les troubles (orthopédiques, sphinctériennes, neurologique), et physique avec réadaptation.
**Résultats :** La sex-ratio F/G est de 2, l'âge prédominant d'hospitalisation est de nouveau-né 13 cas/43%, découverte anté-natale 03 cas. Les signes locaux : masse à la région lombo-sacrée 30 cas (25 cas fermées et 05 cas ouvertes), hypertrichose 03 cas, et pigmentation 02 cas. Les formes anatomo-pathologiques : oculta 07 cas et aperta 23 cas. Les conséquences : hydrocéphalie 18 cas, orthopédique 10 cas, sphinctérienne 06 cas. Le traitement : de la première intention 28 cas, de la deuxième intention (SVP 18 cas, orthopédique 10 cas et sphinctérienne 6 cas). La durée moyenne d'hospitalisation était 25 jours. L'évolution post-opératoire : bonne évolution 18 cas, hydrocéphalie persistance avec séquelle neurologique 08 cas, occlusion intestinale 01 cas après SVP et mortalité 04 cas.
**Mots-Clés :** Spina bifida, forme oculta, forme aperta, méningocèle, myéloméningocèle, lipome du cône, SVP (Shunt ventriculo-péritonéale).

**18- Case Report: Achalasia in younger age child**

**Authors:** *Prak Farrilend[1], MD, Pediatric Surgery Resident, Sar Vuthy[2], MD, Senior Pediatric Surgeon Angkor Hospital for children, 2019*

**Abstract:**

Achalasia is a neurodegenerative disorder of the lower esophageal sphincter. The most common symptoms are vomiting, dysphagia, regurgitation, and weight loss. A definitive diagnosis is made with barium swallow study and esophageal manometry. Medical therapy including botulinum toxin injection and endoscopic dilatation have been associated with only transient relief of dysphagia symptoms as is also seen in adults. Surgical treatment Laparoscopic Heller myotomy (LHM) represents the treatment of choice in a young patient and Per-oral endoscopic myotomy (POEM) is the second choice.it is the one rare among the other surgical congenital anomaly disease we met in Angkor hospital for children. There are two cases report in children that successfully surgical management.

A 1-year old girl, present at the surgical ward with a history of nonbilious vomiting since she was 5-month-old, mostly after feeding and drinking. She passed stool and urine normally. Due to she didn't get any improvement and her weight not gain so her mother brought her to AHC. On exam she looked so skinny, Weight 5.9 kg, Height 70 cm, Z-score -4SD, Head to toe Exam didn't reveal any anomaly been found besides malnutrition. She did Barium Enema with Megaesophagus and present bird beak sign. For clinical she fails to treat malnutrition and GERD. After diagnosed she has been operative by Heller myotomy, two days later she got improved of vomiting and Hospital discharge 2 days later. We follow up her 2 weeks back with normal weight gain.

A 6-year old girl, present with nonbilious vomiting since she was 1 week old, vomiting several times per day (60 times), mostly after the meal. The symptoms not improve, hospitalized several times and not respond to the treatment. She was a normal vaginal delivery and fully vaccinated. On exam she looks alert but skinny, Weight 11 kg, Height 80 cm, Z-score -4SD, Head to toe exam were normally except malnutrition. Her Barium Enema study showed Megaesophagus and stricture esophagogastric junction. We did Heller myotomy, she got improved of vomiting from day by day till completely normal. 5 days later she was discharged from hospital and we followed up her back 2 weeks. Her weight giant to 13.5 kg and looking very well.

Achalasia is the not lifelong curable disease but surgical intervention stays the main rule and helps much to relief the complication and improve a patient's symptoms. Vomiting after feeding or meal and not respond to PPI treatment should much consider of achalasia, Heller myotomy is the best and first choice of the surgical technique we prefer to do in our hospital, successful result, no complication and didn't see the recurrent. If delayed diagnose, delayed management could be affected by child development, commonly is a failure to thrive.

**19- Title : Case Report : Meconium Ileus: Gastrointestinal Manifestation of Cystic Fibrosis, a rare cause of neonatal intestinal obstruction in Cambodia.**

**Authors:** Leng Nara, MD, Paediatric Surgery Resident, Sar Vuthy, MD, Senior Paediatric Surgeon Angkor Hospital for Children

**Abstract:**

Meconium ileus is an early clinical presentation of Cystic Fibrosis. It is the third most common cause of neonatal small bowel obstruction, in which the incidence is just behind lleal/Duodenaliejunal Atresia and Malrotation. Cystic Fibrosis (CF) is most commonly seen in Caucasian race; however, it is almost absent in Asian and African Population.

This baby of Russian parents, term-newborn baby was prenatally diagnosed with bowel obstruction. She was transferred to Angkor Hospital for Children a few hours after birth with the abdominal distention, vomiting and delayed passage meconium. Her weight was 3020g. Plain abdominal X-Ray showed dilated bowel loops with no gas in rectum.

We performed exploratory laparotomy after adequate hydration, nasogastric aspiration and antibiotics. We discovered dilatation of jejunum, and lleum. Terminal ileum was narrow and filled with thick sticky dark green meconium. Colon was small, narrow, aunused colon. Enterotomy was done, and all meconium pellets were washed out with warm normal saline. Because of the hugely dilated proximal ileum, and narrow distal ileum, Bishop Koop's anastomoses was performed to allow passing stool and irrigation. Biopsy was done with the

result of normal structure of the intestine. Her sweat and genetic test confirmed that she has CF. The anastomoses were closed after her bowel function is back to normal, and she
continues to treat the CF in Thailand.

The purpose of this study is to alert local surgeons and neonatologists to be aware of CF in their differential diagnosis especially in Caucasian patients. Due to the fact that diagnosis and treatment might be challenging while the prevalence is extremely low in our region.

**20- Title : Kyste De L'ovaire Tordu Chez Nouveau-Né À Propos De 2 Cas Traités À L'hopital Jayavarman VII, Siem Reap-Angkor**

**Authors:** C. Saoousaphea et All

**Abstract:**

**I. INTRODUCTION:**

Les kystes e l'ovaire chez le foetus ou le nouveau-né feminin doit être considérée. En fait, bien que la première publication d'un cas de kyste de l'ovaire néonatal date d'une centaine d'années, à la suite de l'autopsie d'un prématuré mort quelques heures après sa naissance. Avant l'avènement de l'échographie anténatale, seuls les kystes ayant une expression Clinique étaient diagnostiqués. Actuellement, le diagnostic du kyste de l'ovaire est de plus en plusrapporté dans la literature suite à l'usage routinier de l'échographie anténatale.

**II. OBJECTIF:**

L'auteur veut montrer 2 cas des kystes ovariens tordus chez le nouveau-né dans le service de Néonatologie de l'hôpital Jayavarman VII, Siem Reap-Angkor. Ce travail comprend le moyen de diagnostic, de thérapeutique et de suivi l'évolution après l'opération.

**III. METHODE ET MATÉRIELS:**

-Le diagnostic anténatale est basé sur l'échographie obstétricale à partir du 6ème mois de la grossesse.
-A la période post-natale, le diagnostic est basé sur l'examen Clinique, l'échographie et IRM.
-Le traitement est laparotomie exploratrice et kystectomie.
MOTS -CLÉS: Nouveau-né, ovaires

**21- Torsion Of The Spleen: Case Report At Kantha Bopha Children's Hospital**

**Authors:** S. Seaklin, K. Vuthy, P. Ponnareth

**Abstract**

Torsion of the spleen with subsequent splenic infarction is a rare condition and a rare cause of abdominal pain in children. We present a 2-years-old with a 7days history of abdominal pain, lethargy, anorexia, irritability, and vomiting. The diagnostic was performed by ultrasonography and confirmed by MRI. The treatment consisted exclusively of splenectomy.

After surgery, she's completely recovery and discharged 10days later.

**Keywords:** Torsion of the spleen, MRI, splenectomy

**22- Title : Biliary Atresia, Case report at NPH**
**Author: Prof. OU Chheng Ngiep**

**Abstract:**

**23- Title: Near-infrared fluorescence cholangiography with indocyanine green improved the outcome of Kasai procedure for biliary atresia.**

**Author (s):** Hiroki Kobayashi[1], Yusuke Yanagi[1], Koichiro Yoshimaru[1], Toshiharu Matsuura[1], Yuichi Shibui[2], Kenichi Kohashi[2], Yoshiaki Takahashi[1], Satoshi Obata[1], Ryota Souzaki[1], Tomoko Izaki[1], Yoshinao Oda[2] and Tomoaki Taguchi[1].

1.Department of Pediatric Surgery, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

2. Anatomic Pathology, Pathological Sciences, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

**Abstract :**

**Aim of the Study:** During surgical procedures especially in the hepatobiliary surgery, indocyanine green (ICG) fluorescence imaging is a promising tool for decision-making. The aim of this study is to assess value of the near-infrared fluorescence cholangiography (NIR-FCG) with ICG in Kasai portoenterostomy (KPE) for biliary atresia (BA).

**Methods:** We used NIR-FCG during KPE in 10 BA patients. Following the intravenous administration of 0.5mg of ICG the day before yesterday, we intraoperatively observed fluorescence of hilar micro-bile ducts, hilar exudate and the stamps of resected fibrous corn to help assessing the appropriate level to dissect the hilar fibrous corn and the appropriate area of portoenterostomy.

**Main Results:** The age of patients ranged from 48 days to 122 days (mean: 74.9 days).The types of the classification of BA were as follows: I-cyst, 2 cases; III- a1-v, 3 cases; III- a2-v,1 case; III-b1-v, 3 cases; III-d-v, 1 cases. NIR-FCG clearly visualized hilar micro-bile ducts, and the incidence of positive fluorescence was 80%. The causes for negative fluorescence were delayed timing of ICG injection and mechanical error. Fluorescence of the stamps of the resected fibrous corn helped to decide the level of transection. The ratio of postoperative normalization of hyperbilirubinemia using NIR-FCG was significantly higher than that among previous 32 patients not using NIR-FCG (1.0 vs 0.63, $p<0.05$).

**Conclusions**: NIR-FCR provided important information with regard to the biliary structures during KPE that can integrate surgeon's expertise. Although the number of cases was limited in present study, our results indicated that NIR-FCR potentially useful to improve the outcome of KPE for BA.

**24- Title : Traumatic glans penile Amputaition and successful Management with primary anastomosis: a case report**

**Authors: Dr. Pen Monyrath and all**

**Abstract:**

**Background:** Traumatic amputation of the glans penis is an uncommon condition, a rare surgical and a serious urological emergency that requires immediate surgical replantation. Although repair techniques have been well described in literature. Although rare whenever it happens, there is a need to refer the patient early to urologist within 24 h.

**Case Presentation:** A 12-year-old boy was referred to our Kantha Bopha Children's Hospital, Phnom Penh, Cambodia for traumatic amputation of the glans penis. Penile glans amputation is an uncommon condition that requires acute surgical exploration and debridement is necessary in all cases and immediate surgical replantation. Routine standardized procedures for dealing with this medical condition do not exist. We describe a case of complete the glans penile amputation and review the relevant literature. We performed urethral end-to-end approximation and glanular anastomosis and then management therapy postoperatively. We obtained very good cosmetic and functional results.

**Conclusion:** Traumatic glans penile amputation is a rare surgical emergency that requires immediate attention. Surgical and medical management includes hemodynamic stabilization, and post operatively management. Although replantation is the gold standard treatment, in which case closure of the remaining stump is acceptable and thus closure of the wound is acceptable. We performed urethral end-to-end approximation and glanular anastomosis and then management therapy postoperatively. We obtained very good cosmetic and functional results.

**Keywords:** Case report, Penile injury, anastomosis, replantation, Traumatic penile amputation

**25- Title : Bladder Tumour, A case report at NPH**

**Author: Prof. OU.C. Ngiep**

**Abstract:**

**26- Title : OPPORTUNISTIC CLINICAL SCREENING FOR THE DETECTION OF DDH IN CHILDREN WITH CLEFTS**

**Authors**: Sara Dorman, Yut Samnang, Pogn Sopheap, James Shelton, Heang Oy, Jim Gollogly

**ABSTRACT**

Developmental Dysplasia of the Hip (DDH) has a reported worldwide incidence of between 0.06 -76.1 per 1000 live births. The incidence of DDH in Cambodia has never been described. Late diagnosis leads to higher rates of hip pain and disability, late osteoarthritis and poor outcome in adulthood until THR is performed.

The use of clinical screening programs around the world has reduced the late diagnosis by around 70%. We describe the results of an opportunistic screening program of all children with clefts and similar abnormalities attending CSC under 18months age for clinical signs of DDH.

**27- Title : 10 YEAR EXPERIENCE IN THE MANAGEMENT OF CONGENITAL PSEUDOARTHROSIS OF THE TIBIA**

**Authors:** Sara Dorman, Ou Cheng Ngiep, Kim Yinna, Ken Long, Heang Oy, Jim Gollogly

**ABSTRACT:**

Congenital pseudarthrosis of the tibia (CPT) is a rare condition that is commonly associated with neurofibromatosis. It typically begins with anterolateral tibial bowing and the natural history of the disease is progression to fracture. Once a fracture occurs, there is a little or no tendency for the lesion to heal spontaneously and amputation is a common result.

A total of 19 children with CPT were treated. Most children required multiple surgeries at CSC. Details of procedures and results will be shown and discussed.

**28- Title : Le Traitement Des Défects De Parties Molles Sur Os Infecté Après Traumatisme (À Propos De 20 Cas)**

**Authors :** Dr Minh Kakada, Prof Chetana, Prof Nora, Prof Chhorn, Prof. Reth A Kantha Bopha

**Abstract**

**Introduction:** Le lambeau permet de couvrir les défects de parties molles sur os infecté après blessures.
La couverture de l'os impose au chirurgien la prise en compte de multiples paramètres concernant le type de perte de substance, les tissus exposés, la contrainte en charge du tissu reconstruit.

**TYPE D'ETUDE:** Il s'agit d'une étude rétrospective réalisée au service de traumato-orthopédie pédiatrique à KANTHA BOPHA sur une période de 3 ans, étalée de septembre 2017à juillet 2019.
**Materiel & Methodes :**

-Nous rapportons une série de 20 lambeaux chez 20 enfants. L'étiologie principale des pertes de substances était les blessures. La technique utilisée est identique à celle de l'adulte en utilisant le lambeau à pédicule direct ou rétrograde en fonction du siège de la région à couvrir.

**Résultats :**

-La durée moyenne de l'intervention était de 90 minutes. La vitalité des lambeaux était excellente puisque seul un lambeau a nécessité une excision partielle d'une zone de nécrose.

**Conclusion:**

-Le lambeau est donc reconnu comme une technique peu exigeante et fiable même chez les patients ayants des antécédents vasculaires ou des antécédents traumatologiques. En effet, le succès de son application dans la série étudiée et dans d'autres séries rapportées dans la littérature ne fait que confirmer son efficacité dans la couverture des pertes de substances dans le tiers inférieur de membre

Mots clés : lambeau,

# ABSTRACTS

# TRAUMA - ORTHOPAEDICS

**29- Title: Proximal Humerus Fracture Treated Surgically at Friendship Khmer-Soviet Hospital**

**Authors:** Yun Leang Meng, Ang Eng Sopheap

**Abstract:**

The proximal humerus fracture are 80% indicated by orthopedic treatment. Surgical treatment is a good indication in fractures with large displacement. We report in this retrospective study, a series of 21 cases of the proximal humerus fractures treated surgically from 8er June 2007 to 2016 at Friendship Khmer-Soviet Hospital.

Our work focused mainly on the study of the epidemiological and anatomopathological profile of this type of fracture, as well as the estimation of their evolution taking into account the age, the anaotomopathological type, the therapeutic method adopted, the occurrence of complications, and functional results of these fractures evaluated by the Constant Score.

Our view average 4.5 months, on 21 proximal humerus fracture after surgical treatment in adult, it show the average of age 34 years old with range from 17 and 67 years old, 67% men and right side 62%. The road traffic accident is a main caused that is represented 81%. By Neer classification, we found 66.67% Neer II, 9.52% Neer III and 23.81% Neer IV. 72% amount 21 cas are treated by ordinary plate fixation.

The result is showed that 67% the fractures are healed around 4-8 weeks with the average of 7.1 months with satisfactory functional recovery in 81.66%: excellence 9%, good 48%, medium 38% and only one case 5% shoulder stiffness and no others complications are noted.

In conclusion, the proximal humerus fracture is mostly seen in elderly patient by bone osteoporosis in develop countries and mostly treated by non-operative treatment, but in young peoples, the road traffic accident is still the main cause of accident. Surgical treatment is generally gave a good functional result and indicated in young people with less complications.

**30- Title : Distal humerus fracture treated in FKSH**

**Author: Ang Eng Sopheap**

**Abstract:**

**Introductions:** The fractures of the distal humeral are defined as any fracture conventionally occurring below the distal insertion of the brachial muscle. They remain infrequent fractures, representing 2% of all fractures in adults. Most of these fractures are most often articular. Their management must respond to the principle of joint fractures. We studied the surgical treatment by the different types of osteosynthesis during 8 years with the posterior approach either transtricipital or osteotomy of the olecranon.

**Objectives:** Study done at Khmer-Soviet Friendship Hospital on 18 patients who present the distal humerus fracture from January 1, 2010 to December 31, 2017.

**Materials and methods:** This is a retrospective study of surgical treatments by osteosynthesis by analyzing functional results, bone consolidation and postoperative complications.

**Results:** We find 10 women, 8 men, 55.56% left side, 61.11% at the young age of 20 to 40 years with the average age of 38.55 years and 72.22% by traffic accident. Two approaches were chosen 14 transtricipital cases and 4 cases osteotomy of the olecranon with 3 types of osteosynthesis modality according to our available equipment. The average duration of recession 10.38 months (3 to 30 months), we obtained the very satisfactory result of consolidation at 94.71% with the average duration of 6.66 months. Based on the Krisnamoorthy functional criteria, we had 72.22% good, fair 22.22% and 1 case (5.56%) of poor outcome with some complications such as 1 case of nonunion presenting with disassembly of material and joint stiffness and 1 case of transient cubital paresthesia.

**Conclusions:** Faced with the old orthopedic recommendation in the old series of literature, all new series recommended surgical treatment that showed high percentages of excellence and good in the prerogative of development of screwed plates for reconstruction or locking plates premolded orthogonally or parallel to both columns that can provide a strong osteosynthesis allowing early postoperative physiotherapy. According to our personal experience, we propose the transtricipital approach with the exception of fracture type B3 and C3 of AO as the osteotomy route of the olecranon is inevitable.

**Keywords:** Distal Humerus Fracture; Fracture Classification; Osteosynthesis

### 31- Management of Medial Patellofemoral Ligament Rupture– Case report In Sonja Kill Memorial Hospital (SKMH), Kampot, Cambodia

**Authors**: Sem Visoth, Sin Tour Phot

**ABSTRACT**

**Introduction:** Medial patellofemoral ligament (MPFL) reconstruction is recommended to surgically stabilize the patella against excessive lateral patellar translation. It is currently the cornerstone of treatment for recurrent lateral patellar instability. The MPFL is often disrupted during acute patellar dislocations but may also be attenuated in the setting of recurrent lateral instability. Numerous techniques have been developed with the primary goal of restoring the static function of the MPFL in resisting lateral translation of the patella during early flexion of the knee. There are now numerous options for the surgical technique, fixation devices, and graft choice, with equal clinical results as long as key surgical principles are maintained.

**Objective:** To review the technique and ligament harvest of medial patellofemoral ligament reconstruction with quadriceps tendon lengthening. The outcome is good after 2 weeks and 4weeks follow up, at SKMH.

**Materials and Methods:** This is a retrospectively study on case report of 21-year-old Cambodian man are underwent medial patellofemoral ligament reconstruction with semitendinosus tendon autograft with quadriceps tendon lengthening in SKMH.

**Results:** After treated as traditional healers were not functionally on affected knee, this patient had been come to surgical orthopedic at SKMH. Medial patellofemoral ligament reconstruction with quadriceps tendon

lengthening was performed with good result by able fully extension and acceptable flexion knee after one month follow up.

**Conclusions:** The early management of medial patellofemoral ligament rupture by proper conservative treatment which benefit to patient by avoiding from surgery and less effect to their socioeconomic issue. Otherwise, all patients who treated with conservative treatment of medial patellofemoral ligament rupture should follow up closely for clinical assessment. Medial patellofemoral ligament reconstruction with quadriceps tendon lengthening is the good treatment option to resolve the problem and improve quality of patient's life.

**Key words:** Medial patellofemoral ligament, tendon autograft, and tendon lengthening

### 32- Title : Percutaneous Bone Marrow Grafting for Tibioal Nonunion– Case report In Sonja Kill Memorial Hospital (SKMH), Kampot, Cambodia

**Authors: Sem Visoth, Sin Tour Phot**

**ABSTRACT**

**Introduction:** The percutaneous technique of autologous bone marrow grafting is a minimally invasive treatment. The effectiveness of this technique for the treatment of atrophic nonunion has been confirmed by several authors. However, the efficacy appears to be related to the number of progenitor cells in the graft. Here, we describe a technique for obtaining progenitor cells by marrow aspiration, a method of concentration for increasing the number of progenitors in the graft after aspiration, and a technique of intra osseous reinjection into the site of a tibial fracture nonunion.

**Objective:** To review the technique and preparation of percutaneous bone marrow grafting for nonunion of tibia. The outcome is good after 6 weeks, 14 weeks, and 30 weeks follow up, at SKMH.

**Materials and Methods:** This is a retrospectively study on one cases report of 17-year-old Cambodian girl underwent percutaneous bone marrow grafting in SKMH.

**Results:** After treated with ORIF tibial plating and developed infected wound from other facility, this patient had been referred to surgical orthopedic at SKMH. The multiple debridement wash out with wound VAC was done and infection was controlled and elective for percutaneous bone marrow grafting with good result by callus formation after 6 weeks follow up.

**Conclusions:** The early management of tibial nonunion fracture which benefit to patient by less effect to their socioeconomic issue and minimal invasive technique instead of remove hardware. Percutaneous bone marrow grafting is the good treatment option to resolve the problem and improve quality of patient's life.



**Key words:** fracture, nonunion, percutaneous, bone marrow, and grafting

### 33- Title : Anterior pain of the knee after tibia nailing during 2018 at Preah Kossamak Hospital

**Authors:** Sengthai MAO, Sotheara K, Vuthy H, Bun D

**Abstract**

**INTRODUCTION:** Intramedullary nailing has been used frequently for the treatment of tibial diaphyseal fractures. Chronic anterior knee pain has been considered the most frequent post-operative complication of this technique.

**OBJECTIFS:** This is a retrospective study of the chronic knee pain on the patients who have been treated by nailing of the tibia shaft fractures in surgical orthopedic ward at Preah Kossamak Hospital. We want to understand more about the incidence, prevalence, etiology of knee pain after nailing. Our main purpose is to minimize this complication for our next patients.

**MATERIALS AND METHODS:** 56 random selected patients with tibia shaft fracture have been treated by anterograde intramedullary locking nailing using solid nail of sign nail, during 2018. All the patient are the victims of the traffic accident. We have selected the patient that have had tibia shaft fracture, simple fracture pattern, middle third, follow up at least 3 months after surgery

**RESULTS:** The predominant age is between 15-24 years old (34%). The predominant sex is the man, the sex ratio is 13: 5. According to the geography, Phnom Penh and Kandal Province are increased with a rate equal to 22.22% of total distribution. Anterior knee pain is a common complication of intramedullary nailing for tibia fractures. Many factors: damage to articular surface and meniscus, injury to the infrapatellar branch of the saphenous nerve, infrapatellar fat pad, nail prominence, thigh muscle weakness, small plateau width contribute to the pain.

**CONCLUSION:** The choice of surgical approach, transtendinous versus paratendinous does not affect the outcome of antegrade tibia nailing with respect to anterior knee pain. Both approaches are safety to use. A greater incidence of knee pain was found when nail was prominent more than 5mm so we need to keep the soft tissue clean and no intact of the blood supply, be well selected of the side and length of the nail and to verify again and again of the tip of the nail. This study must be continuing to improve in the further future thus we will be able to minimize this complication in our next patients.

**Keywords:** anterior pain of the knee, tibia fracture, tibia nailing

**34- Title : La prothèse hanche, expérience de l'hôpital de KAMPONG CHAM de 2012 à 2019**
**Authors:** Dr Ponlok TEM, Dr Vannak YIN, Prof Sinath YIN, Dr Paul RIVAT et l'équipe de l' A.O.C

**Abstract:**

**I. Introduction:**

La prothèse de la hanche ou PTH est un moyen curatif de traitement des affections de la hanche. L'indication la plus fréquente est l'arthrose ou coxarthrose. La gêne fonctionnelle s'amplifie, douleur et enraidissement de la hanche devient handicapant dans les gestes de la vie quotidienne et à la longue un retentissement sur le rachis ou le genou peut aggraver l'impotence.

**II. Objectif:**

Le but de cette présentation est de montrer les expériences et les résultats de la PTH à l'hôpital de Kampong Cham.

**III. Matériel et méthode:**

L'étude rétrospective se fait sur 113 patients traité par prothèse totale à l'hôpital Kampong Cham durant 7 ans entre 2012 et octobre 2019 dans la service de chirurgie traumatologique et orthopédique.

**IV. Résultats:**

L'âge moyen des patients était 52 ans. La femme est plus touchée que l'homme. Le résultat fonctionnel est classé selon la cotation de Merle d'Aubigne. La coxarthrose était la cause dominante et représentait 68 sur 113 cas. Le résultat du traitement a été très bon et bon dans 85 % des cas, assez bon 10 % et mauvais cas 5%.

**V. Conclusion:**

La prothèse totale de la hanche reste l'arthroplastie la mieux adaptée au traitement des coxopathies surtout la coxarthrose primitive. Les luxations itératives constituent une des premières causes de reprise.

**Mots clés :** PTH, arthroplastie, coxarthrose

**35- Title: Proximal humerus fractures - An overview and decision making**
**Proximal humerus fractures are common.**
**Author: Dr. Bryan Bryan Wang Dehao**
**Abstract:**
This talk aims to highlight the pertinent factors which help us decide which fractures to manage conservatively and which ones require surgery. Surgical options can include plating, nailing or reverse shoulder replacements.

**36- Title: Elbow instability - Simple and Complex Dislocations**

**Author: Dr. Bryan Bryan Wang Dehao**
**Abstract:**

Understanding the anatomy and biomechanics of the elbow joint is paramount in management of elbow instability. Recognizing the common patterns of injury can help us to tailor our approach in management of these complex injuries to optimize patient outcomes.

**37- Title : TOTAL HIP REPLACEMENT IN CAMBODIA – THE CSC EXPERIENCE**

**Authors:** Heang Oy, Jame Shelton, Ken Long, Ou Cheng Ngiep, Jim Gollogly

**ABSTRACT**

Since 2007 the CSC has performed over 250 total hip arthroplasties for the population of Cambodia. We present our experiences with the results, complications and management of the complications.

### 38- Title : Soft tissue tumor in hand

**Author:** Sunyarn Niempoog MD, Department of Orthopedics, Faculty of Medicine, Thammasat University, Thailand

**Abstract:**

Most soft tissue mass lesions of the hand are benign. Ganglia are the commonest lesions, followed by giant cell tumors of the tendon sheath. Malignant tumors are rare. Magnetic resonance imaging is an excellent modality for evaluating soft tissue tumors. Most of these conditions can be treated by surgical excision. Presenting symptoms and clinical features, recommended workup, and appropriate treatment options will be presented.

### 39- Title : Ligamentous and small joint injuries in hand

**Author:** Sunyarn Niempoog MD, Department of Orthopedics, Faculty of Medicine, Thammasat University, Thailand

**Abstract:**

Hand dislocation and ligament injuries are common injuries in sports and in occupational settings, often appearing to be minor. Sometime it is usually missed and received inappropriate treatments that yield very poor results. The pitfalls of diagnosis and management of Dislocation and ligament injuries in hand will be presented.

### 40- Title: Orthopedic-Related Infections In Cambodia: Bacterial Identification And Antibiotic Susceptibility Profiles

**Authors:** Heang Oy, Suresh J. Antony, Dennis Faix, JIM Gollogly, Kim Yong-June, Supaprom Chonthida, Shannon D. Putnam.

**ABSTRACT**

Chronic infections are a significant cause of morbidity in orthopedic surgery and frequently are associated with the use of orthopaedic implants. The most common pathogen in Orthopaedic Related Infection (ORI) is Staphylococcus *spp.* but gram negative organisems can also be isolated. Between September 2015 and September 2016 we collected specimens from 3 centers (CSC, Preah Ket Mealea Military Hospital and Kampong Cham Provincial Hospital) and present the pathogens isolated and their antibiotic sensitivities.

# ABSTRACTS

## UROLOGY

**41- Title : Actualité et Vision de l'Association Cambodienne d' Urologie**
**Authors: Prof. Bou Sopheap**

**Abstract:**

**42- Title : Formation en chirurgie Urologique**
**Authors: Prof. Xavier Martin, France**

**Abstract:**

**43- Title : Emphysematous Pyelonephritis, 2 CasesReport at Calmette Hospital**
**Authors:** SOEURN Sereysopagna: Urology resident, Dr. UK Pisey: Head of Urology Department Calmette

**Introduction:**

Emphysematous pyelonephritis is a gas-producing, necrotizinginfectioninvolving the renal parenchyma and, in some cases, perirenal tissue.Diabetes mellitus is a major risk factor for these infections. The pathogenesis of emphysematous UTIs is poorly understood. Elevated tissue glucose levels in diabetic patients may provide a more favorable microenvironment for gas-forming microbes. However, bacterial gas production does not fully explain the pathologic and clinical manifestations of emphysematous UTIs. These infections are usually due to Escherichia coli or Klebsiella pneumoniae, other causative organisms include Proteus, Enterococcus, Pseudomonas, Clostridium, and, rarely, Candida spp. Imaging, particularly CT scanning, has also been used to classify emphysematous pyelonephritis, which in turn can help make estimates of prognosis and guide therapy.In the past, treatment of emphysematous pyelonephritis or pyelitis usually involved nephrectomy or open drainage along with systemic antibiotics. In more recent reports, successful management with systemic antibiotics together with percutaneous catheter drainage (PCD) of gas and purulent material, as well as relief of urinary tract obstruction (if present), has been described.

**Objective:**

- To review the important role of CT Scan on EPN
- To elucidate the management of EPN in more recent reports.

**Patient And Methods:**

It was a retrospective study that conducted at Calmette hospital in 2019.

- The first patient with diabetes and HTA was diagnosed left EPN cause by stone obstruction and manage with systemic AB with PCD. The result was good.
- The second patient with diabetes and HTA was also diagnosed right EPN by pelvic stone with angiomyolipoma in left lower pole and right kidney atrophy. The patient underwent pyelolithotomy after failure to put JJ and nephrostomy. The result was not good.

**Conclusion:**

We recommend parenteral antibiotic therapy for the treatment of all emphysematous upper urinary tract infections. In certain cases, other interventions may be warranted. For other patients with class 1 disease and all patients with class 2 disease, we suggest treatment with percutaneous catheter drainage (PCD) and, if present, relief of urinary tract obstruction in addition to antibiotics. Management of patients with class 3A or 3B diseasedepends on the presence of the following risk factors: thrombocytopenia, acute renal failure, impaired consciousness, or shock. For patients with class 4 disease, we suggest treatment with bilateral PCD and, if present, relief of urinary tract obstruction.

**44- Title : Etude rétrospective sur le rôle de l'autotransplantation rénale dans la prise en charge chirurgical de la CCRsur le rein unique et du loin pain hematuria syndrome dans 1 ans, 2018-2019, expérience de l'hôpital Edouard Herriot, Lyon, France.**

**Authors:** Reaksmey OUK, Codas Recardo, SébastienCrouzet, Lionel Badet

**Abstract:**

**Objectifs :** est de réviser l'indication de l'autotransplantation rénale dans la prise en charge des pathologies complexes (CCR sur le rein unique et LPHS).

**Matériels et méthodes :** Il s'agit de l'étude rétrospective, porté sur les 2 cas opérés à l'hôpital Edouard Herriot.

**Cas N1 :**

- Homme 57 ans - Tumeur sur rein droit unique
- ATCD :
  - Splénectomie et néphrectomie gauche suite AVP (1978)
  - Sarcoïdose
- HDM :
  - Syndrome de masse sur lèvre postérieur du rein droit ayant évolué sur 2 IRM à deux ans d'intervalle.
  - Mars 2018 : Volumineuse tumeur du rein droit mesurant 83 mm de grand axe, à la fois solide et kystique. Pas d'argument pour un envahissement veineux. Probable envahissement de la graisse périrénale avec nodule de perméation de 13 mm en regard de la partie haute de la tumeur.
- RCP : Tumorectomie rénale + extemporanée sur les nodules de perméation de la loge rénale

- 11/4/18 : Néphrectomie partielle ex situ avec autotransplantation + exérèse de 2 nodules suspects + curages latérocaves et inter aorticocave + évidemment de la loge rénale avec surrénalectomie
- Anapath :
  - Carcinome rénal à cellules claires du rein droit de 9 cm de grand axe de grade nucléaire 3 de Führman.
  - Pas de nécrose. Pas d'embole vasculaire. Pas d'engainementspérinerveux. Pas de contingent sarcomatoïde. Pas d'envahissement de la graisse péri rénale. Exérèse in sano.
  - Nodules : pas de signes de malignité (en faveur zone ischémie et abcès rénal)
  - Curage : surrénale saine, 22N -/22. TNM : pT2a N0 R0.

**Cas N2 :**

- 48 ans, consulte pour une suspection LPHS.
- ATCD :
  - Cancer de la thyroïde
  - Cholestéatome bilatérale
  - Thrombose veineuse profonde solaire droite en 2007
  - CNN 2/3 ans sans calcul
- HDM :
  - CNN gauche il y a 2/3 ans avec installation d'une fond douloureux permanent associé à des épisodes h'hématurie macroscopique de + en + fréquent
  - Scanner –
  - Cytologie –
  - Biopsie renal –
  - Etc
- Diagnostic : LPHS qui constitue le diagnostic d'élimination

**Conclusion :**

- L'autotransplantation rénale est un traitement efficace des lésions urétérales complexes et des anomalies vasculaires rénales, LPHS et CCR sur rein unique, avec de bons résultats à long terme.
- Les complications chirurgicales sont fréquentes, mais généralement mineures.
- En tant que chirurgie difficile, elle devrait être réalisée par des chirurgiens expérimentés en transplantation de rein.

- Les lésions urétérales complexes et proximales sont actuellement la principale indication de cette procédure.

**Mots clés :** CCR (Carcinome à cellule clair), CNN (Colic néphrétique), LPHS (Loin Pain Hematuria syndrome)

**45- Title: Title : Advanced prostate cancer management in Kossamak Hospital.**

**Authors: Authors: Soksanudam T, Sopheap B**

**Abstract**

**Introduction:** Prostate cancer is the most common noncutaneous cancer among males, making the diagnosis and staging of this cancer of great medical and public interest. Although prostate cancer can be slow growing, the disease nonetheless accounts for almost 10 % of cancer-related deaths in males, with thousands of men dying from prostate cancer each year.

**Objective :** Our main objective is to resume some international recommendations, guidelines for treatment, indications of locally advanced prostate cancer and review our result from the successful surgical management of patient with advanced prostate cancer at Cambodia-China Friendship Preah Kossamak Hospital

**Material and methods:** It is a retrospective study. It was done at Cambodia-China Friendship Preah Kossamak Hospital. We conduct a study dating from 1st January 2007 to 31th December 2015.

**Results:** Among the 13 patients who had come to hospital, diagnosed having prostate cancer, Mean age is 72 years old with minimum age is 58 and maximum 93 years old. In our study, the profession of patients is different: Agriculturer : 5 cases ; Retire : 3 cases ; Aging and stay home : 4 cases ; Local authority: 1 cases. Clinical signs and symptons that are frequently encoutered are acute urinary retention, dysuria and pollakiuria and all patients already have induration at digital rectal exam. According to the result, we figured out that the level of PSA is as followed: 50-100ng/dl 6 cas (46.15 %) ; >100ngml 7 cas (53.84 %). According to result, we firgured out that: T3N0M0 3 case (23.07 %) ; T3aN1M0 3 cases (23.07 %) ; T3bN2M0 5 cases (38.46 %) ; T4N2M1 2 cases (15.38 %)and All of them had digital guide biopsy. All of the patients have a very good evolution and improving symptoms (pain and infectioon) that lead to improve quality of life after palliative treatment and only one of them has been castran resistant which need anti-androgen medication.

**Conclusion:** For advanced prostate cancer, palliative treatment (by surgical castration and urinary diversion) are usually performed in our departement since prostate cancer is a slowing growing tumor, and most of the time,

patients are symptomatic and usually patients come in late stage. Even though palliative treatment is effective but we need to improve screening test to detect prostate cancer at an early stage, therefore the treatment would be effective.

**46- Title: Prise en charge de la Maladie de Bowen génital à l'Hôpital Preah Kossamak**

**Authors:** B Sela , B Sopheap, Kossamak

**Abstract:**

**47- Title: Buschke-Lowenstein penile tumor's Management at Preah Kossamak Hospital**

**Authors:** VuthyHoeurn, SopheapBou et Al

**Abstract:**

**Introduction:** Buschke-Löwenstein tumor (BLT), or giant condyloma acuminatum, is a rare sexually transmitted disease, a slow growing cauliflower-like tumor, locally aggressive and destructive, although histopathologically benign, clinically malignant rare disease caused by Human papillomavirus type 6 and 11.

**Objective:** Our main objective is to review the result of our management of patients with Buschke-Lowenstein penile tumor.

**Material and Methods:** It is a retrospective study. The study had been conducted at Preah Kossamak hospital. The patient come to consult and receive our treatment in 2019.

**Result:** This is a case report on a patient 35 years old man with a giant, verrucous, with malodor, around 1 year. On examination, the patient present a cauliflower-like with malodor, exudation, erosion, and sensation burning on the gland, no lymph node enlargement on inguinal regio. A full panel of blood tests including full blood count, liver function, renal function, C-reaction protein, coagulation, urine analysis were normal. Weperformed to do partial penectomy with histology shown condyloma acuminatum of the penis, no sign of malignancy. The evolution post-operation of 6 months is favorable without relapse.

**Conclusion:** BLT is a rarely disease, but it is fairly easily diagnosed. We have successfully treated a penile BLT with surgical excision and no relapse up to 6 months. Surgical excision could be considered an effective therapy in the treatment**.**

**Key Words**: Giant condyloma acuminatum, Buschke–Löwenstein tumor, Human papillomavirus, Urine analysis, C-reaction protein, Surgical excision.

**48- Title: A Case of Fistula Of Ileo-Ileale Anastomosisof Conduit Urinary Diversion (Bricker) Improved By Conservative Therapy**

**Authors:** Vichheka Nc[1], Vanel H[2], Sopheap B[3]

[1] University of Health Sciences, Preah Monyvong Blvd, Phnom Penh 12000, Cambodia

[2]Urology residency in the Department of Urology, Preah KossamakHospital, Phnom Penh 12000, Cambodia

[3]Head of Division in the Department of Urology, Preah Kossamak Hospital Phnom Penh, Cambodia

**Abstract:**

Objective: We describe how we manage the patient with a complication of fistula of ileo-ileale anastomosis of conduit urinary diversion of infiltrate bladder tumor (cT3NxMx). Moreover, we discussed the roles of main surgical modalities in treatment of bladder cancer at Preah Kossamak Hospital, especially with the patient who has infiltrate bladder tumor.

A 60-year-old male was admitted for bladder cancer, and we performed a radical cystectomy and urinary diversion by means of an ileal conduit. Seven days postoperatively, we identified the presence of stool in the stoma and noted the existence of a fistula of the small intestine and ileal conduit urinary diversion. Treatment with fasting, intravenous hyperalimentation and intravenous drip administration of albumin and focus on antibiotic after the result of known that this patient had ESBL positive which resistance to most of antibiotic.

Thefistulawasclosedcompletely47daysafterthesurgery.Theearly complications of urinary diversion by means of an ileal conduit were reported to be urinary tract infections, bowel obstruction, and delayed wound healing, but a fistula between the small intestine and ileal conduit is very rare. We herein report a case of a fistula ileo-ilealeconduit used for urinary diversion which thereafter healed by conservative treatment.

**Key words** : Fistula, Small intestine and ileal conduit

## 49- Title : Management of bladder rupture at PreahKossamak hospital

**Authors:** SothearaKhy, SopheapBou

**Abstract :**

**Introduction :** Bladder rupture, a relatively rare condition, is most commonly due to abdominal and or pelvic trauma but may be spontaneous or iatrogenic in association with surgical or endoscopic procedures. The majority of traumatic bladder injuries have a blunt etiology (85%). Over one-half of traumatic bladder injuries occur as a result of a motor vehicle crash. Direct trauma to a full bladder can rupture the bladder at its weakest part causing urine to leak into the abdominal cavity. Pelvic pain and gross hematuria are present in the most patients. Diagnosis is confirmed by retrograde cystography. Approximately 60% of bladder injuries are extraperitoneal which can often be managed non-operatively with a Foley catheter in case uncomplicated extraperitoneal ruptures, 30% are intraperitoneal rupture which require surgical repair, and 10% are both extraperitoneal and intraperitoneal rupture.

**Objective :** Our main objective is toreview the result of our management of patients withbladder rupture caused by traumatism.

**Material and Methods :** It is a retrospective study from 2014 to 2019.The study had been conducted at PreahKossamak hospital. All the patients come to emergency room and receive our treatment.

**Result :** Among the 35 patients who arrived at the hospital, diagnosed with bladder rupture, Average age is 32.17 years old. Men are the most affected (M: 31, F: 4). KompongSpeu represents one of the largest majorities. The common symptoms are hematuria 91.4%, suprapubic pain, no urine in the Foley Catheter.It represents 33 cases (94.28%) bladder rupture associated with pelvic fracture 10 cases ( 28.57%), bladder rupture post TURP 1 case(2.28%), bladderrupture post dilatation and curettage 1 case(2.28%).The diagnosis was confirmed by retrograde cystography in 27 patients and abdominal ultrasound in 13 patients that shown intraperitoneal fluid collection in all patients.We also perform the surgicale management for all patients, but one of the patient need to do hysterectomy caused incontrol hemorrhage.The evolution of all patients post operation were favorable.

**Conclusion:** Traumatic bladder injuries was previously fatal, but currently managed quite successfully.Adequate evaluation, application of modern imaging techniques and surgical intervention are conditions for optimal outcome.

**Key Work**: Extraperitoneal rupture, Intraperitoneal rupture, endoscopic procedure, Retrograde cystography, TURP, Hysterectomy.

**50- Title : Management Of Posterior Urethral Valve, 21 Cases At Kantha Bopha Children's Hospital (2016-2018)**

**Authors : V Sotheavy, P Monyrath, C Sereychetana, P Ponnareth and all.**

**ABSTRACT:**

**Background and Objectives:**

Posterior urethral valve (PUV) is the main cause of bladder outflow obstruction in male newborns and infants and is also the most common obstructive uropathy congenital leading to chronic renal failure and end-stage renal disease in childhood.

The aim of this study is to describe the experience of Kantha Bopha Children's Hospital in the management of PUV for 3 years (diagnostic, therapeutic and result).

**Materiels and Methods:** We retrospectively reviewed a database of 21 patients who late presented of PUV treated by endoscopic valve resection at our hospital.

**Results:** A total of 21 patients were detected postnatal and presented late with already established complications. Voiding urethrocystogram was done to all the patients where it showed dilated and elongated PUV in 18 cases (85,71%) and VUR in 19 cases (90.47%). 10 cases (47,61%) were presented a temporary renal failure and 5 cases (23,8%) were presented a chronic renal failure. The external urinary derivation was performed in 13 infants (61,9%), nephrostomy 1 case (4,76%), ureterostomy 1 case (4,76%) and vesicostomy 11 cases (52,38%).

**Conclusion :** PUV is a pediatric urologic urgency which antenatal diagnosis that need to be treated correctly in a specialize center and follow up by multidisciplinary. Trans-urethral endoscopic section was the best indication to relief the obstruction.

**Key words :** Posterior urethral valves, Postnatal late presentation, Endoscopic valve ablation

**51- Title : Penile trauma Management, Experience from Calmette Hopsital**

**Authors:** Rayi EM, Sovandara HENG, Pisey UK, Choth MOM

**Abstract:**

Penile trauma is rare surgical emergency case in traumatic department and in penile problems that is underreported and delayed treatment due to the embarrassment of patient. Traumatic rupture of the tunica albuginea with either one or both corpora cavernosa of the penis known as penile fracture. This may be associated with corpora spongiosum or urethral injury.

This is commonly occurring when the erect penis is accidentally hit on the pubis or perineum after slipping out of the vagina during sexual intercourse. The other cases are falling out of bed with an erect penis, masturbation, or handling of the erect penis, turning over erect penis during sleep, and being kicked by an animal.

We need the clear examination which fully diagnose through history and clinical examination, and some case we also need the USG or color Doppler supportive tools.

The management of penile trauma should be earlier than 48 hours after the accident. So, the injury can be handle successfully with the minimized complications. As the complications could happen to affect on erectile function, the penile corpora shape and its long.

Our reported case is one case in 3 years at Calmettre hospital. A man has come to consult about his penile deviated shape after he has a sexual intercourse trauma to the bed with his wife. We actually found a penile trauma clinically with no urethrohemorrage and has the hematoma in USG. In the surgical period, we had found the big hematoma and rupture of corpora spongiosum with freely urethral injury and can be pose the urethral foley stens easily. We removed all the hematoma and repair the corpora spongiosum by critically care about long and coropora shape. The patien has recovered and has good wound adaptation. Day 3, he had gone home and back for re-examination on day 10. He has complained of erectile function and corpora shape are quite normal.

**Keywords:** Penile fracture, Penile trauma, Penile anatomy, Tunica albuginea

**52- Title : Traumatic glans penile Amputaition and successful Management with primary anastomosis: a case report**

**Authors: Dr. Pen Monyrath and all**

**Abstract:**

**Background:** Traumatic amputation of the glans penis is an uncommon condition, a rare surgical and a serious urological emergency that requires immediate surgical replantation. Although repair techniques have been well described in literature. Although rare whenever it happens, there is a need to refer the patient early to urologist within 24 h.



**Case Presentation:** A 12-year-old boy was referred to our Kantha Bopha Children's Hospital, Phnom Penh, Cambodia for traumatic amputation of the glans penis. Penile glans amputation is an uncommon condition that requires acute surgical exploration and debridement is necessary in all cases and immediate surgical replantation. Routine standardized procedures for dealing with this medical condition do not exist. We

describe a case of complete the glans penile amputation and review the relevant literature. We performed urethral end-to-end approximation and glanular anastomosis and then management therapy postoperatively. We obtained very good cosmetic and functional results.

**Conclusion:** Traumatic glans penile amputation is a rare surgical emergency that requires immediate attention. Surgical and medical management includes hemodynamic stabilization, and post operatively management. Although replantation is the gold standard treatment, in which case closure of the remaining stump is acceptable and thus closure of the wound is acceptable. We performed urethral end-to-end approximation and glanular anastomosis and then management therapy postoperatively. We obtained very good cosmetic and functional results.

**Keywords:** Case report, Penile injury, anastomosis, replantation, Traumatic penile amputation

53- **Title : ESWL, for the management of urinary stone disease, experience from Cambodia-Japan Friendship Monkul Borey Provincial Hospital**

**Authors:** Dr. Sokha, Munkul Borey Hospital

**Abstract:**

54- **Title : 1 year experience on 4th generation ESWL in Cambodia, is it really effective ?**

**Authors:**

**Abstract:**

55- **Tittle: Retrospective study for lower ureteral stone management in Khmer-Soviet Friendship Hospital.**

**Author:** Dr.M. Libertine, Dr C. Sokha, Dr M. Lim, Dr S. Sok Aun, Dr L. Sokhun, Dr P. Borath, Dr. L. Kovin

**ABSTRACT**

**Introduction :** Ureteral stone is the frequent and recurrent pathologies. It touches frequently the upper part of urinary system, but also develops in the bladder. Its treatments are multidisciplinary: Urologist, Nephrologist, Endocrinologist, Biologist and Radiologist.

Objective of our study is to study about epidemiology, clinical manifestation and its treatments in Urology department in Khmer-Soviet Friendship Hospital, Phnom Penh Cambodia.

**Patient and Method :** It is a Retrospective study about the treatment of pelvis ureteral stone in Khmer-Soviet Friendship Hospital, Phnom Penh in 1rst January 2016 to June 2019. All medical documents were analysed to collect the data of pre, per and post operation and its long term result.

**Results:** In this period of 3 years and 6 months, we found 362 cases presenting ureteral stone. Distal ureteral stone 95 cases (26%). The sex ratio is: 29H/66F(31%/69%). Medium age is 44 ans. 39% present typic nephretic colic, 69% atypic pain, 11.11% with fever, 5,5% hematuria and pollakiuria in 27.7% cases. The diagnosis were confirm by Abdomen Plain Film, Ultrasonography and IVU. We noted that medium size of the stone is 10mm.

Their treatments are medical treatment (Flash out) (37/362cases), Pneumatic ureterolithotripsy (95/362cases) and open ureterolithotomy (230/362cases).

Immediate postoperation result after pneumatic ureterolithotripsy were simple and short hospital stay. But hospitalization post open ureterolithotomy was longer and very painful if compaired with the first group.

The results of treatment of all cases were satisfied.

**Conclusion:** Pelvis ureteral stone is frequently seen. The medical treatment is for the stone less or equal than 6mm. Surgical treatment like open ureterolithotomy or Coelioscopic and ureterolithotripsy endoscopic are the therapeutic methods that efficient for the bigger stones.

Chosen method today is the endoscopic treatment by Pneumatic or Laser ureterolithotripsy because of the good efficacy.

**Key Word:** Pelvis ureteral stone, Pneumatic Ureterolithotripsy.

**56- Titl Staghorn stone management and benefit of Vessel loops wrapped in Preah Kossamak Hospital**

**Authors:** Soeurn serey sopagna, Ngov Sarindy, Bou sopheap et al, Kossamak

**Abstract:**

**57- Title: Mini PCNL, our experience in Calmette Hospital**

**Authors:** Sovandara HENG, Pisey UK, Rothkangchhakrith UNG, Choth MOM

**Abstract:**

While the world is trying to find new and less invasive way to treat big kidney stone, open surgery is still the gold standard for Cambodian surgeons. Just recently, there has been quite impressive increasing amount of human resources in urology who have the same drive and motivation to bring all those less invasive instruments and treatment for big kidney stone to Cambodia. After the introduction of retrograde intrarenal surgery(RIRS) a decade ago, because of its limitation for renal stone just under or over 2cm, high cost, fragility and short longevity, there should be an alternative way to deal with big kidney stone.

Miniaturized percutaneous nephrolithotomy (PCNL) procedures have gained increased popularity in recent years. They aim to reduce percutaneous tract size in order to lower complication rates, while maintaining high stone-free rates. The aim of this review is to summarizes different available modalities of miniaturized PCNL, details of instruments involved, and their corresponding safety and efficacy. In particular, this presentation highlights the role of the Mini PCNL or to be exact minimally invasive (MIP) and our experience with this novel technique in management of urolithiasis.

Overall, miniaturized PCNL techniques appear to be safe and effective alternatives to open surgery and conventional PCNL. More selected future cases and studies are required to further investigate and identify specific roles of miniaturized PCNL techniques before considering them as standard rather than alternative procedures to RIRS, open surgery and conventional PCNL in our center.

**58- Title : PCNL for complex renal calculi in children + additional RIRS with PUSHEN**

**Authors:** First Affiliated Hospital of Guangxi Medial University, ChinaTianyu Li**,** China

**Abstract:**

**59- Title : Retrospective Study on congenital adrenal hyperplasia(CAH) in Children underwent the Surgical Managements of One Stage feminizing genital reconstruction at Kantha Bopha Children's Hospital IV. A Review of 10 cases (2013-2018)**

**Authors: P. Monyrath,** C. Serey Chetana, M. Chhorn, K. Vuthy, P. Ponnareth, P. K Santy

Department of Pediatric Surgery, Kantha Bopha Children's Hospitals IV, Phnom Penh, Cambodia

**Abstract:**

**Background:** ***Congenital Adrenal Hyperplasia(CAH)***, or so called ***Adrenogenital syndrome(AGS)***, is caused by a ***congenital insufficiency of the enzyme 21-hydroxylase***, which is responsible for converting cortisol from cholesterol. Because of virilizing effect of androgens overproduction girls develop clitoral hypertrophy and persistent urogenital sinus (common channel for urethra and vagina). Surgical treatment is recommended in order to repair those developmental faults. A growing interest has been noted recently in one -stage Feminizing genitoplasty for patients with congenital adrenal hyperplasia (CAH). The timing of surgery is currently controversial.

**Purpose:** This study was carried out surgical techniques, to investigate the feasibility and outcome of one – stage feminizing genitoplasty and to evaluate the postoperative results at various ages. The management should aim at creating a normal female anatomy with a minimum of complications and an improvement of life quality. To clarify the roles of various treatment strategies for reconstructive genital surgery we reviewed our experience at Kantha Bopha Hospitals, Phnom Penh, Cambodia.

**Materials & Methods:** We retrospectively reviewed the medical records of 10 female patients with CAH who underwent the treatment of One Stage feminizing genital reconstruction and were investigated at Kantha Bopha Children Hospital IV, Phnom Penh, Cambodia, during the period of 6 years between 1 January 2013 and 30 September 2018. Four patients undergone one- stage clitoroplasty, vaginoplasty, and labioplasty. Four with high or intermediate confluence of vagina and urethra underwent total urogenital mobilization (TUM). A perineal posterior flap vaginoplasty and minimal mobilization of the urogenital sinus (UGS) was adequate in 6 cases with short UGS. Each patient was evaluated as regard to age at surgery, degree of virilization, preoperative diagnostic studies, operative technique, and outcome. Follow up ranged from 2 to 72 months.

**Results:** Four patients have been operated and underwent genitoplasty. Surgical method was chosen individually depending on the height of the urogenital sinus. In a case of low sinus a simple cut-back procedure was performed. In a case of high sinus the more complex procedure such as total urogenital mobilization or vaginal pull through would be involved. Patients aged 5 weeks to 14 years. Mean operative time was 180 minutes (range: 180 to 230 minutes). The dissection was technically easier, and the mean operative time was shorter in patients younger than 6 months at time of surgery compared to older children (140 versus 200

minutes). Postoperative outcomes: Clitoral reduction: **10**, Genitoplasty: **10**, High vaginal pull-through: 04, Urogenital mobilization: **06** and postoperative complications included: atrophy of the clitoris (n= 00), absent labia minora (n=00), and vaginal stenosis (n=00). Fecal and urinary continence were documented in 9 of 10 children who are older than 3 years. The cosmetic and anatomic outcomes were considered good or satisfactory in 10 patients (88.9%). All patients underwent vaginal dilatations for 6–12 months postoperatively. Twenty-eight patients underwent clitoroplasty while the glans and the neurovascular bundle were preserved and clitoral skin used for plasty of the labia minora.

**Conclusion:** One-stage feminizing genitoplasty is both feasible and safe in patients with CAH with good cosmetic and anatomic outcomes and satisfactory in all cases. Total urogenital mobilization technique has tremendously simplified the feminizing genitoplasty even in patients with high confluence of vagina and urethra. The repair is technically much easier in young infants. Postoperatively the patients were observed for 3 years, the close results showed to be good. Early one-stage reconstruction in CAH (the plastic qualities of the tissue are better, there are fewer complications and there is a chance to avoid psychological problems and repeated surgery and postoperative vaginal dilatations for the period of 6–12 months is recommended.

**Key words:** Adrenogenital syndrome, congenital adrenal hyperplasia, clitoral recession, urogenital, genitoplasty.

**60- Title : La Prise En Charge De Caroncule Urétrale À L'hôpital Preah Kossamak**

**Auteurs :** Sopagna Oeur[1], Sopheap Bou[2]

[1] Université des Sciences de la Santé, Preah Monyvong Blvd, Phnom Penh 12000, Cambodge

[2] Chief de Service Urologie à l'hôpital Preah Kossamak, Phnom Penh, Cambodge

**Introduction** : Caroncule urétrale, c'est une tumeur de petite taille rouge framboise, le plus souvent unique, faisant saillie par l'orifice central, pouvant entraîner des douleurs, une dysurie, des hémorragies. Son origine est discutée : embryologique et vasculaire, inflammatoire ou glandulaire.

**Objective :** Le but de cette présentation est d'évaluer l'efficacité et soulager le patient avec le bien identification. En plus, cela pourrait déterminer la fréquence de la caroncule urétrale dans le service, les facteurs étiologiques, les aspects cliniques de la caroncule, décrire les techniques chirurgicales et leurs résultats post-opératoire.



**Matériel et Méthode :** Ce sont des études perspectives, 2 patients d'une moyenne d'âge de 50 ans présentant un polype urétral, associée à une fuite urinaire intermittent et rétention urinaire ont bénéficié de cette

nouvelle procédure chirurgicale.50% présentent le trouble mictionnel avec fuite urinaire et 50% présente la rétention urinaire.

**Results :** Le taux de succès de la technique est estimé à 100% sur le plan anatomique. Il n'existe pas les complications post-opératoires et le patient s'améliore après opératoire pendant 1 semaine après. Le résidu post mictionnel moyen à la sortie était de 50ml. La qualité de vie est améliorée après opératoire.

**Conclusion :** Le traitement n'est pas nécessaire à moins de la croissance est à l'origine des symptômes. L'ablation de polype urétrale est une technique simple, bien adapté, ayant une morbidité acceptable et d'excellent résultats à moyen terme si le patient présente les symptômes aggravants.

**Key word**: Caroncule urétrale, Polype urétrale, Rouge framboise

**61- Title : La Prise En Charge De Cystocèle À L'hôpital Preah Kossamak**

**AUTEURS :** SOPAGNA OEUR[1], SOPHEAP BOU[2]

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**Abstract :**

**Introduction** :La femmes porteuses d'un prolapsus génito-urinaire présentent fréquemment des troubles mictionnels associés, incontinence et/ou dysurie. La cystocèle est une affection courante dont le diagnostic est cliniquement facile, ne nécessite pas d'examens complémentaires, un bon examen clinique suffit ; mais dont le traitement chirurgical est souvent complexe.

**Objective :** Le but de cette présentation est d'évaluer l'efficacité et les éventuelles complications à court et moyen terme concernant les techniques chirurgical. En plus, cela pourrait déterminer la fréquence de la cystocèle dans le service, les facteurs étiologiques, les aspects cliniques de la cystocèle, décrire les techniques chirurgicales et leurs résultats.

**Matériel et Méthode :** Du mois de janvier 2016 à juillet 2019, 5 patients d'une moyenne d'âge de 45 ans présentant une cystocèle de stade 3 ou 4 essentiellement, associée à une incontinence urinaire d'effort ont bénéficié de cette nouvelle procédure chirurgicale. 80% présentent le trouble mictionnel avec incontinence urinaire et 20% présente la rétention urinaire sans incontinence urinaire.

**Results :**Le taux de succès de la technique est estimé à 100% sur le plan anatomique. Il n'existe pas les complications post-opératoires et le patient s'améliore après opératoire pendant 1 mois après. Le résidu post mictionnel moyen à la sortie était de 50ml.

**Conclusion :** La cure chirurgicale des cystocèles de stade 3 et 4 par voie vaginale est une technique simple, reproductible, ayant une morbidité acceptable et d'excellent résultats à moyen terme. En plus, Le traitement complet du prolapsus génital par voie vaginale est une technique sûre chez les patientes âgées, avec un résultat anatomique et fonctionnel satisfaisant à court terme.

**Key word**: Cystocèle, Prolapsus génito-urinaire, Incontinence urinaire,

## 62- Title: Etude rétrospective sur les 2 cas cliniques de la prise en charge de l'incontinence urinaire d'effort traité par l'injection Bulkamid et la TVT, d'expérience de l'hôpital Bicêtre, Paris, France.

**Authors:** C. SANGSRUN, et Prof. FERNANDEZ

**Abstract:**

**Objectifs :** est de présenter les 2 cas cliniques de l'incontinence urinaire d'effort traités de manières différents et des différents indicate ons pour la prise en charge

**Matériels et méthodes :** Il s'agit de l'étude rétrospective, porté sur les 2 cas injectés à l'hôpital Bicêtre.

**Cas N1 :**

- Femme 87 ans –Incontinence urinaire d'effort
- ATCD :
  - G8 P7 A0
  - Macrosomie fœtale 4,5kg
  - Dementia chez sujet âgée
  - Appendicetomiepar coelioscopie
- HDM :
  - Une patiente de 87 ans, ayant incontinence urinaire d'effort diagnostiqué en 2018 et a été pris en charge au centre hospitalier universitaire Bicêtre en Mars 2019. Flux urinaire à la toux etManœuvre de Bonny positive et Echo-pelvienne est normale avec bilan urodynamique d'incontinence urinaire d'effort.
- Indication : Injection Bulkamidsphinctèreurètrale.

**Cas N2 :**

- 68 ans, consulte pour incontinence urinaire d'effort.
- ATCD :
  - G6 P6
  - 2 césariennes
  - Diabetes traitée
  - Hypothyrodie traitée
  - Cardiopathie insuffisant coronaire
- HDM :
  - Une patiente de 68ans, se plainte d'avoir à se réveiller la nuit en raison d'une envie d'uriner. Elle a été diagnostique pour incontinence urinaire et a été pris en charge en 2016 en ville. Mais sa symptome ne s'ameliorer pas.
  - Echec Bulkamid dans 7 jours => TVT

    Indication : TVT

**Conclusion :**

- L'injection Bulkamid à sphinctèreurètrale est un traitement efficace d'incontinence urinaire d'origine sphinctérienne urétralechez patiente âgée avec contre-indication d'anesthésie opératoire et avec bons résultats de 3 à 6 mois.
- Les complications post-opération peuvent avoir dysurie, mais minimes.
- Bulkamid est favorable pour les sujets âgées avec trouble neurologie comme dégénérative neurologique comme dementia.
- En cas d'échec d'injection Bulkamid, on recommende le traitement par TVT.

**Mots clés : IUE** (Incontinence urinaire d'effort), Manoevre de Bonney, Dementia, TVT (Trans Vaginal Tape)

## 63- Title : Artificial urinary sphincter (a case report) in the management of urinary incontinence after robotic radical prostatectomy in patient with adenocarcinoma of the prostate pT2aN1M0, Gleason 8 in 2019, Edouart Herriot Hospital, Lyon, France

**Authors:** Reaksmey OUK, Hakim Fassi Fehri



**Abstract:**

**Introduction :** UI occurs in <1% after TURP and 0.5% after open prostatectomy (OP)performed for benign prostate disease.Following radical prostatectomy (RP) for malignant disease, UI tends to improve over 12–18 months postsurgery. The overall incidence in open RP is 10–15%, with similar risks reported for laparoscopic RP [1-2].

**Objective:** To give case-based evidence as an example of management of urinary incontinence after radical prostatectomy

**Material and methods :** It is a retrospective study which was conducted in Edouart Herriot Hospital, Lyon, French. It is a case-based study. We conducted this small study only to give an example of the management of urinary incontinence after radical prostatectomy which is very rare or even not existed in Cambodia.

**Clinical Case :** A 71 year old patient presented to us with a severe urinary incontinence that he needed to wear a Penilex in permanent. He had a history of adenocarcinoma of the prostate pT2aN1M0G3 Gleason (4+4) treated with radical prostatectomy and bilateral pelvic lymph node dissection in 2011. He then received radiotherapy, then hormonotherapy for recurrence diseases in 2014. Moreover, he had bladder neck sclerosis which neccessitated endoscopic manipulation and hematuria radiation cystitis. After that, he had developped permanent urinary incontinence which worsen years after. After a discussion about the possibilty of treatment, he decided to choose AUS. After the operation, he felt better to integrate into socail life and no complication seen in 1 and 3 months.

**Conclusion :** AUS is the treatment of choice for patient with severe urinary incontinence due to radical prostatectomy or TURP. But, it requires an experience surgeon, good indication, specialized nurse and complete sterile operation for the successful operation.

**Key words :** AUS (Artificial urinary sphincter), UI (Urinary incontinence), TURP (Transuretral resection of the prostate), radical prostatectomy and bilateral pelvic lymph node dissection

References :

[1] Agency for Health Care Policy and Research (AHCPR) (1994) Benign Prostatic Hyperplasia:diagnosis and treatment, Clinical Practice Guidelines No.8 [online]. Available from: M www.ncbi. nlm.nih.gov.

[2] Benoit RM, Naslund MJ, Cohen JK (2000) Complications after radical prostatectomy in the medicare population. *Urology* 56:116–20.

64- **Title : Role Of Buccal Mucosa In The Urethral Stricture Reconstruction, Experience from Kossamak Hospital**

**Author: Prof Bou Sopheap, Head of Urology Department**

**I.Introduction:**

Urethral stricture is the diminution of caliber parameter of urethra lumen by scar tissue formation, it results from many causes such as inflammation (direct toxicity of latex or biofilm), ischemic, STD infection, trauma, iatrogenic (catheter or endoscopic insertion), Cambodia is developing country, with the increase of traffic accident. We figured out that pelvic fracture is remarkable in the last decade, so the traumatic urethral stricture is one of the common causes seen in our facility and it is still a complicated pathology in reconstructive urology to deal with.

**II. Objectif:**

To review our management, causes and the relevant benefits of Buccal Mucosa graft on the long complicated urethral stricture reconstruction in Kossamak hospital.

III. Material and Method:

This is a retrospective study on 12 cases of long complicated urethral defect more than 2 cm among 76 cases, male with urethral stricture in Kossamak hospital, treated by Bucosal Mucosa graft during 6 years and 6 months from January 2013 to June 2019

**III. Result:**

The mean age is 30 y, the predominance is active working men from 18-49y, caused by pelvic trauma due to traffic accident, unstable pelvic bone fracture. Most of the cases come with urinary retention and emergency suprapubic catheter performed and the co-morbidity is resolved, the diagnosis is made in 3 month later with retro-anterograde urethra-cystography. The urine are analyzed with antibiotic treatment for the infection before the procedure, E. coli is the most common infection bacteria (68.25%) and 36.5% is affected on sexual function.

The investigation showed that the posterior urethral stenosis is 55%, with the predominance of membranous urethra 51% and followed by the bulbar urethra 31.57%. The urethroplasty using Bucosal mucosa graft is performed with the good out come after pelvic bone stabilization and the infection are controled, the care of bucal cavity is simple by gargle with antiseptic solution or salty water with good healing process in one

weeks. The foley catheter are removed in 3 weeks, then the suprapubic catheter is off in one month later with 8-10 days mean hospital stay.

**IV. Conclusion:** Urethral stricture is one of the most difficult pathology to challenge, Pelvic fracture is the most common causes actually in Cambodia, Bucco- mucosal graft is applicable and has better outcome for the long complicated urethral stricture, the orthopedic stabilization of pelvic bone fracture, infection controlled, the scaring tissue removed with suitable silicone Foley catheter are the key point to improve success rate of urethroplasty.

**Key words:** Urethral stricture, Urethroplasty, Buccal mucosa graft, ante-retrograde Urethrocystograpy, unstable Pelvic fracture.

**65- Title: Surgical management of urethral stricture: our experiences**
**Author:** LAM. K et al

**Resume:**

Objective: To share our experiences on the management of urethral stricture base on our own experiences.

In the presentation the author will share his experiences on how to evaluate the stricture focusing on stricture characteristics (location, length, number, degree of fibrosis and causes the stricture). Also different type of surgical techniques will be showed in detail. The author will focus on how to choose each surgical technique base on stricture characteristics.

Keywords: urethral stricture, ventral onlay buccal mucosa urethroplasty, dorsal onlay buccal mucosa urethroplasty, anastomotic urethroplasty.

# ABSTRACTS

## PLASTIC RECONSTRUCTIVE SURGERY

**66- Title: Maxillo-facial fracture treated at Calmette Hospital from January 1st 2013 to 31st October 2018**

**Auteur:** KY Chanmony Raksmey, MD, DOS Vuthea, MD, VA Ratana, MD

Maxillo-facial and Plastic surgeon, Calmette Hospital, Cambodia

**Abstract:**

Maxillofacial injuries are one of the most common injuries associated with other injuries and adult men are the most common victims. Traffic accidents (RTA) are the leading cause of maxillofacial injuries in developing countries.

Since January 1, 2013 until October 31, 2018, there are 1176 cases of maxillofacial fractures treated at Calmette Hospital, of which 729 are operated. The age group between 16 to 65 years, the most affected age is between 18-22 years, the man is more affected than the woman, ratio male / female: 5/1 (M:982 / F:194).

Cause of fracture are motor vehicles accidents, work injury, fall and aggressions. Location of fracture are mandible, maxillary, Zygomatic complex, Frontal bone. Treatment are Intermaxillary fixation, Intra-oral osteosynthesis, Combined osteosynthesis and intermaxillary fixation. The Result are Excellence=31%, Good functional result=62% , Occlusion limited 1%. The Complications are Infection=2%, mal occlusion=1%, Expose plate screw=3%.

**Conclusion:** The main cause of maxillofacial fracture was motorcycle accidents and the most affected age is between 18-22 years, the man is more affected than the woman (M / F: 5/1). Inter-maxillary fixation and osteosynthesis is adequate for most cases. Some cases, orthodontic treatment and or osteotomy Lefort I correction is inevitable for mal occlusion after pan-facial fracture that is much more common in Cambodia.

**67- Title: Traitement chirurgical du Tricho-épithéliom de la face**

**Auteur:** Dr. Koeut Kundara**,** Président Société Cambodgienne de Chirurgie Plastique Reconstrice et Esthétique**,** Directeur Kundara Esthétique Center, Chirurgien plastique et dermatoloque de l'hôpital amiétié Khmer soviet

Le Tricho-épithéliom est une pathologie bénign du dérivée follicul pileux cutané. Il touche la puls féquence de la femme que l'homme. Les variétés des formes cliniques: soie papule isolé, soie papule groupé, soie papule tubulaire et soie tumeur infecté. Il attaint de la face plus que les autres du corps et provoque de problème social et esthétique de la face.

L'Indication chirurgical différent dépend son forme Clinique: Excérèse simple avec des extractions micro-kystes pour tricho-épithéliom forme papule isolé ou groupé, Excérèse papule tubulaire en réspection de couche dermique de la peau et laisé la plaie cicatrice dirigé pour tricho-épithéliom forme papule tubulaire, et Excérèse tumeur infecté avec lambeau frontal paramédian pour tricho-épithéliome forme géant et infecté du point du nez.

Il y a 3 cas de Tricho-épithéliom de la face qu'il a traité chirurgical:

1- Une jeune fille de 9 ans présent Tricho-épithéliome de la face forme des micro-papules isolé.
2- Une dame de 50 ans présent Tricho-épithéliome de la face forme papule tubulaire.

3- Une dame de 70 ans présent Tricho-épithéliome de la face forme tumeur infecté du point du nez

**Conclusion:** Trichoépithéliom est une pathologie génétique de l'épiderme qui touche la plus féquence que la femme. L'exérès chirurgical simple et laisé la plaie cicartrice dirigé est le moyen plus favorable pour trichoépithéliom forme papule isolé et tubulaire. La chirurgie reconstruction est pratiqué qu'il évolue avec envahisement et complication locale

**Mots clés:** Tricho-épithéliome, lambeau frontal paramédian, cicartice dirigé

**68- Titre: RHINOPOIESES ETENDUES PAR LAMBEAU FRONTAL**

**Author: Dr. KONG Sovanvary**
**Abstract:**

I- **Introduction:** La reconstruction nasale est une procédure de chirurgie plastique courante après une résection du cancer cutané, brûlure ou traumatisme. Une étude de 10 cas d' amputations nasales totales, subtotales ou élargies, traitées par lambeau frontal paramédian.

II- Méthodes: La méthodologie employée pour la reconstruction nasale dans cette étude, doit s' attacher à étudier les trois plans: le plan superficiel, l' armature et le plan nasal profond. Dans la majorité des rhinopoièses, le lambeau est prélevé de façon large avec une trifoliation peu indentée pour permettre de reconstruire les ailes narinaires à deux faces avec les seuils narinaires en continuité et cela à partir des folioles latérales. La foliole centrale verticale sert à reconstruire la columelle.

III- **Résultats:** Les résultats doivent être analysés sur les plans morphologiques et sociaux d' une part et fonctionnels d' autre part.

IV- **Conclusion:** Certains problèmes restent mal résolus comme le risque de sténose profonde, l' épaisseur excessive des ailes et surtout le risque de nécrose partielle du lambeau. Des progrès restent à faire sur ces différents points.

**69- Titre: La reconstruction de la lèvre inférieur chez un sujet de carcinome spinocellulaire**

**Auteurs: Dr. DOS Vuthea, DES. SENG Kaing, Dr. KY Chanmony Raksmey**

**Résumé:**

Une femme de 67 ans venant de la province de Kandal admit pour la lésion de la lèvre inférieur il y a 4 an. Un examen anatomopathologie nous montre un carcinome spinocellulaire. Une exérèse de la tumeur avec un curage ganglionnaire des l'aires cervical bilatérales ont été pratiquées. Le lambeau avancement Karapenzic a été choisi comme un moyen de reconstruction immédiate de la lèvre inférieur. Le lambeau était vivant et les plaies ont cicatrisées sans complication. La lèvre inférieur a retrouvée son aspect esthétique très satisfaisant. 3 mois de suivi ne trouve pas de la lésion récidivant de la lèvre. La reconstruction de la plaie post-exérèse de la tumeur est de plus en plus pratiquée grâce à une haute demande de résultat esthétique immédiate ou bien de restauration fonctionnel précoce de la patient.

Mots clés: carcinome spinocellulaire, plaie perte de substance, lambeau Karapenzic

70- **Titre:** Intérêt de l'expansion cutané pour neurofibromatose du cou

**Auteur:** Dr. Koeut Kundara**,** Président Société Cambodgienne de Chirurgie Plastique Reconstrice et Esthétique**,** Directeur Kundara Esthétique Center**,** Chirurgien plastique et dermatoloque de l'hôpital amiétié Khmer soviet

**Abstract:**

L'expansion cutanée est une technique de chirurgie plastique qui a pour but d'augmenter la surface cutanée et de permettre ainsi le recouvrement et la cicatrisation d'une perte de substance des tissus cutanés. Les plusieurs types des prothèses expansions rondes, rectangulaires, ovales ou en forme de croissant et de différente taille.

Les neurofibromatoses sont une des maladies génétiques les plus fréquentes. A transmission autosomique dominante, elles prédisposent au développement de tumeurs du système nerveux.

Un garçon âgé de 20 ans présente neurofibromatose cutané généralisé mais le plus gainé au niveau du cou et de la joux. Le choice de expansion cutané rectangulaire est mise en place auprès de tissue neurofibromatose. L'expansion se déroule tous les semaine par injection de sérume salé à quantité10-15ml jus qu'à la taille suffisante pour fait le lambeaux advancement de recouverture.

Mots clés: L'expansion cutanée, les neurofibromatosis, le lambeaux advancement

71- **Titre**: L'application du lambeau Pudendal dans la reconstruction de la plaie étendue du gangrène de Fournier

**Auteurs**: Dr. Va Ratana, Dr. Dos vuthea, Dr. Ky chanmonyraksmey

**Abstract:**

Un cas de gangrène de Fournier était suivi par une équipe de chirurgiens de l'hôpital de Calmette du 05 Septembre au 15 Octobre 2019 afin de décrire l'étiologie, la clinique, la para-clinique et l'évolution thérapeutique. Mr RS, 61ans, a présenté des lésions de nécrose cutanée intéressant la région péno-scrotale et le périnée. Les germes isolés furent Pseudomonas auriginosa et Staphylococcus aureus. Le colostomie de dérivation avec nutrition parentérale totale suivie d'une diète liquide a été pratiqué. Il bénéficia d'un large débridement avec conservation de deux testicules et poly-antibiothérapie sur base d'antibiogramme. Après 20 jours des pansements humides on note un bon tissu de granulation fut obtenu. On a choisi le lambeau pudendal pour le traitement de la plaie perte de substance scrotal. Les plaies ont cicatrisé et le lambeau est vivant. La région périnéo-scrotale a retrouvé son aspect normal. La fonction uro-génitale est demeurée excellente. Le séjour hospitalier fut de 98 jours. La gangrène de Fournier est une urgence médico-chirurgicale majeure. La pride en charge doit être pluridisciplinaire car Elle associe un traitement chirurgical et une antibiothérapie adaptée. Le lambeau Pudendal peut améliorer le pronostic du gangrène de Fournier cas il donne une possibilité de couverture des plaies étendue avec l'aspect fonctionnel et esthétique acceptable.



Mots clés: Grangrène de Fournier, Lambeau pudendal, plaie perte de substance

72- **Title:** Distally-based superficial sural neurocutaneous flap for foot reconstruction

**Authors**: Dr. KEAN Lylah, Dr. Ry sina

**Abstract:**

**53- Title: Brachial Plexus Injury Reconstruction at Children's Surgical Centre from 2013-2019**

**Authors: POGN Sopheap, KIM Yong-June, OU Cheng Ngiep, JIM Gollogly**

**Abstract**

Approximately 500 brachial plexus injuries occur every year in Cambodia due to motorbike accidents. The injury results in the loss of function in one upper limb, causing a significant difficulty in performing daily tasks. We present the update of BPI repair of 151 patients since 2013. There are several varieties of procedures to reconstruct the brachial plexus nerves. The techniques and results will be discussed.

# ABSTRACTS

# NEUROSURGERY

**54- Title : 6 cases experience of cranioplasty using custom-made artificial bone made in Japan.**

**Authors: Dr. Davy Ra, Eng Honseng, Yoshifumi Okada and Yoshifumi Hayashi.**

**Abstracts**

Cranioplasty for bone deficit patients without his own bone after surgery, it is essential to prepare artificial bone to cover deficit. In our hospital we have prepared custom-made artificial bone by company in Japan and used. First we took precise CT scan in our institute and DICOM data were sent to Japan. The company made artificial bone using hydroxyapatite materials and discussed the details with us through e-mail. They sent the artificial bone by airplane and we used it. Totally 6 cases were experienced and all cases finished in success.

**55- Title : Pathological review of brain tumor in Cambodia. -27 cases sent to Japan and analyzed-**

**Authors: Dr. Yoshifumi Hayashi, Davy Ra, Yoshifumi Okada and Yoshifumi Hayashi.**

**Abstract:**

In our hospital we are sending pathological specimens of brain tumor to Japan to acquire adequate evaluation. From Oct 2017 until Sep 2019, totally 27 cases of brain tumor suspected specimens were pathologically analyzed at Akita Karyology and Histology research center in Japan. The results were as below; meningioma 12 (grade 1; 8, grade 2;4), hemangioblastoma 2, other malignancy 5 (glioblastoma, CNS lymphoma, central neurocytoma, craniopharyngioma, adenocartinoma) inflammatory change 2 (multiple sclerosis, IgG4 related syndrome), infection 2 (bacterial, neurocystiocytosis), normal tissue 2, others 2 (AVM, fibrous dysplasia). That diversity of pathological diagnosis helped for further treatment plan to the patients. I will share more detail about several cases and discussion.

**56- Title : CAS or CEA ? -treatment strategies and outcome for symptomatic carotid artery stenosis in our institute-**

**Authors: Dr. Eng Honseng, Davy Ra, Yoshifumi Okada and Yoshifumi Hayashi**

**Abstract:**

For carotid artery stenosis at proximal portion, eather carotid aretery stenting (CAS) or carotid endoarterectomy (CEA) are useful procedures to prevent from ischemic stroke. Since 2017 we had experienced 4 cases of CAS and 1 case of CEA for symptomatic carotid artery stenosis. We have set inclusion criteria for; 1) symptomatic carotid artery stenosis 2) mRS<3 (a patient can manage his life with mild assistance), 3) stenosis>50% with NASCET. 3 cases were chosen for CAS for patients' preference and CEA was selected to 1 case due to chronic kidney failure. 1 CAS case had complication with moderate kidney failure after procedure, and others were without complication. I will share more detail about cases.

**57- Title : Posterior fossa tumors in children at Kantha Bopha Children's hospital from 2013 to 2018**

**Authors: KONG Vuthy, NHOA Meng Hun, PA Ponnareth, KY Santy**

**Abstract:**

**Aims:** review the result of posterior fossa tumours issue from our management plan at Kantha Bopha Children's Hospital from January 2013 to December 2018.

**Methods:** retrospective study by review the chart of 61 patients with posterior fossa tumours treated at Kantha Bopha Children's Hospital from January 2013 to December 2018.

**Result:** amount 61 patients, there were 35 boys and 26 girls, aged from 2 months to 14 years. The clinical presentation dominated by raise ICP and gait disturbing, 85% and 54% respectively. MRI revealed hydrocephalus in 77%, which needed ETV in 38% and VP shunt in 43%. We achieved gross total resection in 72% and sub-total resection in23%. Post-operative complications marked by cerebella mutism 4 cases (6.5%), swallowing difficulty 7 cases (11%) and infection (SSI) 1 case (1.5%). Histology of the tumours revealed astrocytoma in 31%, followed by medulloblastoma in 28% and ependymoma 26%. The duration of follow up range from 3 months to 6 years with medium 21 months. Only 21 % of our patients got adjuvant therapy. Astrocytoma has better prognostic with FSR 100% at 3 years and 89.5% at 5 years, while ependymoma has FSR only 18% at 2 years, recurrent rate 75% at 2 years. Medulloblastoma got 17% FSR at 2 years, 65% recurrent rate at 6 months follow-up.

**Conclusion:** posterior fossa tumour in children are very frequent which most of the time presented by ICP and gait disturbant, histologically astrocytoma, medulloblastoma and ependymoma are the most frequent and astrocytoma has better prognostic. Medulloblastoma and medulloblastoma got poor prognostic due to lack of possibility to get adjuvant therapy. The improvement in paediatric oncology care is needed to improve the prognostic of these tumours.

## 58- Title : Surgical Treatment of Spinal Tuberculosis

**Authors: Dr. Sim Sokchan, Jeremiah's Hope Center**

**Abstract:**

Tuberculosis can be responsible for extensive spinal lesions. Despite the efficacy of medical treatment, surgery is indicated to avoid or correct significant deformity, treat spinal instability, prevent neurological compromise, and to eradicate an extensive tuberculous abscess. In this study we present our experience in the surgical management of spinal tuberculosis complicated with large abscess. Thirty patients with spinal tuberculosis complicated with extensive abscess were identified. The average age at treatment was 51 years old. 10 patients had thoracic infection, 16 patients had lumbar infection, 2 had cervical infection and 2 had lumbo-saccral infection. 21 patients had neurological deficit at presentation. All patients were surgically treated with abscess debridement, 5 without instrumentation, 25 with spinal stabilization. A single anterior surgical approach was used in four cases, a posterior approach was used other cases. Almost all of the patients had 2 to 4 weeks of anti-tuberculosis chemotherapy before the surgery, except 2 patients who had immediate surgery. We had one case of complication of pulmonary embolism, and one case had deep vein thrombosis. Wound infections needing a secondary debridement were observed in 2 cases.

Surgical management allowed for effective abscess debridement and spinal stabilization in this cohort. In combination with anti-tuberculous drugs, surgical treatment resulted in infection eradication and bone fusion

in all patients at 24 month average follow-up. Satisfactory neurological outcomes with improved American Spinal Injury Association (ASIA) scores were observed in 100% of patients.

**59- Title: Cervical lateral mass screw fixation to treating the cervical listhesis**

**Authors: Dr. Tytim Rydeth, Chea Channarith, Bao Sunly, Sam nang, Din vuthy, IV vychet, Neurosurgeon at Cambodia-China Preah Kossamak Hospital**

**Abstract**

**BACKGROUND:** Posterior lateral mass screw-rod fixation is a common procedure in patients who undergo multilevel cervical spine laminectomy. It has been widely used in the last decade due to its ease of application and better biomechanical stability when compared with other techniques. However, the main risk remains the possibility of violating the spinal nerve root, vertebral artery, and/or facet joint.

**PURPOSE:** This study reviews 3 cases that underwent posterior cervical screw-rod stabilization using the Anderson-Sekhon technique. It investigates the safety and reliability of this technique in one of the largest reported case series.

**METHODS:** Both clinical and radiological indicators were retrospectively assessed in lateral mass fixation patients who were treated with the **Anderson-Sekhon technique** for screw insertion and trajectory. The sample included 3 patients with different cervical spine disorders were treated with a total of 21 lateral mass polyaxial screws from 11-Mar-2019 until 15-July-2019. Follow-up period ranged from 3 months. No neural or vascular injury occurred. Non patients had wound infection. Non patient patients had radicular pain.

**CONCLUSION:** Lateral mass screw-rod stabilization using **the Anderson-Sekhon** technique can be applied safely and effectively for various cervical spine diseases, resulting in a low complication rate and favorable short- and long-term outcomes.

**KEYWORDS:** Anderson–Sekhon technique; arthrodesis; decompressed laminectomy; polyaxial screw; spinal instrumentation

**60- Title : Surgical Management of The Cerebral Hydatid Cysts**

**Authors: Resident. Lach Kimnang, Dr. Try Thy, Dr. Chhun VirekPagna, Dr. Cheng Ing, Prof. Vou SopheakReksmey, Prof. Franck Emmanuel Roux Neurosurgeon at Calmette Hospital**

**Abstract**

**BACKGROUND:**

Cerebral hydatid cysts are very rare case in the worldwide and Cambodia also, the most often they occur in the liver and lungs depend on two type of the cerebral hydatid cysts are Echinococcus granulosus and Echinococcus multicularis. Cerebral manifestation is very rare, and surgery is the main treatment. The goal of

surgery is to remove the cyst without rupture. The aim of this study was to investigate the surgical technique of total removal cerebral hydatid cyst.

**METHODS:**

This study has only 1 patient who underwent surgery for an intracranial hyadatid cyst. The Dowling technique and cyst dissection were used in this patient, these techniques are base on cranial opening with characteristic of the cyst, careful handling, meticulous cortical dissection, and removal of the cyst by hydrostatic assistance with dissection and histopathology.

**CONCLUSION:**

Surgical management of the cerebral hydatid cyst can be applied safely and effectively for various cysts of the brain, there are some pitfalls concerning the cyst location and surgical approaches. Successful management requires a flexible therapeutic strategy and meticulous dissection, resulting in a low complication rate and favorable short- and long-term outcomes.

**KEYWORDS:**
Hydatid cyst, Echinococcus granulosus, Echinococcus multicularis, Dowling technique, Meticulous dissection, Hydrostatic assistance.

**61- Title: Colloid Cysts of the Third Ventricle – 1 case study at Calmette hospital**

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**ABSTRACT:**

Colloid cysts are very rare in all brain tumors and almost always located in the anteriosuperior of the third ventricle, between fornix, surround of foramen Monro. The cysts may cause obstruction of the foramen Monro and as a result of impeded Cerebrospinal Fluid (CSF) flow; hydrocephalus with lateral ventricle dilatation may form. The symptoms may be non-specific or related to the rate of hydrocephalus development. The frequently symptoms were headaches and findings of intracranial hypertension. The typically diagnosed by magnetic resonance imaging (MRI) or computer tomography (CT) scans of the brain. The best treatment is surgical removal. Surgical options include endoscopic resection of the colloid cyst. Transcallosal/ transcortico-transventricular approaches have been successfully used to remove these lesions.

# SPECIAL THANKS
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