Recurrence rate of ocular surface squamous neoplasia post wide excision, cryotherapy and post operative Mitomycin C

Rebecca Jennifer Mary Louis[1], Fazliana Binti Ismail[1], Chandramalar Santhirathelagan[2]

[1]Pusat Perubatan Universiti Malaya, [2]Hospital Sungai Buloh

ABSTRACT

Introduction: Ocular surface squamous neoplasia (OSSN) is a spectrum of malignancy that includes intraepithelial dysplasia, carcinoma in-situ (CIS) of conjunctiva and cornea, and squamous carcinoma (SCC). This study was aimed to investigate the predictors related to increased risk of recurrence. **Materials and Methods:** This is a retrospective review of patients from corneal centre Hospital Sungai Buloh taken from 2011-2020. **Results:** There was a total of 78 patients who presented with clinically suspicious OSSN between 2011 and early 2020. Average age of OSSN occurrence was 61.47 and 55.1% were patients aged above 60. 74.4% patients were male and 87.5% of patients who had recurrence were male. Demographically, 55.1% patients were Malay, 32.1% were Chinese, 9.0% were Indian and 3.8% were others. The risk of recurrence were higher in the Chinese race (*p*=0.018). 30.8% presented with both conjunctival and corneal involvement. 59% of patients presented with tumour larger than 5mm (T2) and of those, 75% patients had recurrence. 35.9% patients were of squamous cell carcinoma (SCC) and 34.6% were of carcinoma in-situ (CIS). Higher grades of OSSN has higher risk of recurrence. Risk of recurrence in patients with positive margin is 22.7% compared to 5.9% in negative margin. The main predictors for recurrence is race, grade, dimension and positive margin. **Conclusion:** OSSN requires adequate excision and cryotherapy followed by thorough follow up to monitor any recurrence.

Keywords: OSSN, recurrence

Frailty assessment in the emergency department to predict mortality and morbidity in older adult patients pdmitted with sepsis

Nur Adileen Mohd Adam Vailaidam

Emergency Department, Hospital Sungai Buloh

ABSTRACT

Introduction: Older adults are at an increased risk of contracting infectious pathogens due to their declining immune system, in addition to other age-related changes throughout all body systems. Elderly patients represent the largest demographic group at risk of sepsis and sepsis-related adverse outcomes. Systemic inflammatory response syndrome (SIRS), Sequential Organ Failure Assessment (SOFA) and Quick sequential organ failure assessment (qSOFA) may identify patients with suspected infection who are at greater risk for a poor outcome. But neither qSOFA or SIRS at admission were strong predictors of mortality in a geriatric acute care setting. This study was regarding the use of frailty assessment in the Emergency Department of University Malaya Medical Centre to predict mortality and morbidity in older adult patients admitting with sepsis. The aim of this study is to determine the value of frailty as defined by Rockwood Clinical Frailty Scale (RCFS) as a predictor of mortality and morbidity in older adult patients admitted with sepsis in the emergency department. **Materials and Methods:** A prospective cohort study using older adult patients that present to the Emergency Department of University of Malaya Medical Centre who were treated as sepsis and admitted to the ward were carried out. Continuous data was reported as mean ± standard deviation. Meanwhile the categorical data was analyzed using odds ratio test. **Results:** Based on the sample of 204 patients that were recruited, RCFS was not significant in predicting mortality and morbidity for older adult patients presenting to the emergency department with sepsis. The prevalence of frailty in patients presenting to the emergency department was 193 patients out of 216 (89.4%). Only 23 were found to be well (10.6%). When comparing the RCFS with SIRS and qSOFA, for in-hospital mortality it was found that RCFS was not significant with an OR value of 0.282 (0.063 – 1.259), and *p* value of 0.097. SIRS was also not significant with an OR value of 1.105 (0.590 – 2.068), and *p* value of 0.756. However, qSOFA proved to be significant in predicting in-hospital mortality with an OR value of 0.290 (0.149 – 0.566), and *p* value of 0.000. However, all three scales were found to be insignificant when it came to predicting mortality within 30 days and readmission to the hospital within 30 days for older adult patients with sepsis. **Conclusion:** In conclusion, we found that RCFS was not significant in predicting mortality and morbidity for older adult patients presenting to the emergency department with sepsis.

Keywords: SIRS, SOFA, qSOFA, emergency department, elderly patients