**OP 50: Microscopic colitis not otherwise specified (NOS) in patients with diarrhoea predominant IBS in a tropical setting**

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**Background:** Coionoscopy is not recommended in IBS unless there are alarm symptoms. However, studies

have shown that microscopic colitis and low grade inflammatory bowel disease (IBD) can mimic IBS.

Microscopic colitis not otherwise specified (MNOS) is a distinct but poorly studied entity, especially in the

tropics.

**Objectives:** To investigate the presence of colonic and ileal inflammation in patients with diarrhoea

predominant IBS (IBS-D) in a tropicai setting.

**Design, setting and methods:** In a prospective study over one year, we recruited 42 consecutive patients

with IBS (diagnosed using Rome II criteria) and no alarm symptoms (mean age 36.1 yrs, M:F=29:13) and

13 controls {mean age 42.3 yrs, M:F=5:8). Serial colonic and ileal biopsies were obtained.

**Results:** Coionoscopy was macroscopically normal in all cases and controls. 23 (54.8%) cases had MNOS,

2(4.76%) ileal inflammation only, and 17(40.48%) had normal histology. Histology was normal in

11(84.62%) controls, and 2(15.38%) had MNOS. MNOS was significantly commoner in cases than

controls (P=0.02, chi-square test). MNOS was commonest in the right side of the colon (n=20, 80%).

14(60.8%) patients with MNOS had a history suggestive of post infective IBS, compared to 7(36.8%)

patients without MNOS (P>0.05).

**Conclusion:** MNOS is common in patients with IBS-D in a tropical setting. Post infectious IBS seems

commoner in patients with MNOS than those without MNOS, although this did not reach statistical

significance. Coionoscopy with ileoscopy and serial biopsies are useful to detect mucosal inflammation in

IBS-D.

**OP 51: FNAC in the 'field'- a new experience**

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**Background:** Fine needle aspiration cytology (FNAC) is an important diagnostic test in thyroid diseases. It

usually is undertaken at a hospital or laboratory setup. As part of an islandwide field based study, FNAC

was undertaken in the field. Literature review revealed that FNAC accuracy rate was around 65-70% in

most Centres with full-fledged facilities.

**Objectives:** To determine the effectiveness of FNAC done in the field

**Design, setting and methods:** Informed written consent was obtained and the goitre was delineated with a

marker pen. FNAC was carried out by a trained team member in the standard manner. Four slides were

prepared from each patient. All slides were processed and examined by a cytologist

**Results:** 308 FNAC were done. 226 FNAC were diagnostic (73.36%) and 82(26.64%) were non

diagnostic. 62(23.8%) showed benign cells only. The pathological entities detected were: 112 (49.5%) auto

immune thyroiditis, 32 (14.1%) colloid storing nodules, 14(6.1%) colloid storing nodules with autoimmune

thyroiditis, 5 (2.2%) follicular lesions and one toxic lesion. There were no significant complications noted

in any of the patients.

**Conclusions:** Field FNAC has a high diagnostic accuracy if done by a trained person. It is a safe procedure

in the field.