**PP 7: A descriptive study of deep vein thrombosis (DVT) in a tertiary care hospital**

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**Objective:** The incidence and risk factors for DVT are not well established for the Sri Lankan population. Though believed to be an effective screening tool for DVT, the Well's Clinical score is not widely used in Sri Lankan hospitals.

**Design, setting and methods:** Over a period of 8 months, a total of 23274 patients who presented to four units (including one general medical, one general surgical, one Gynaecology & Obstetrics, and the Orthopedic ward) of the North Colombo (Teaching) Hospital were screened for asymmetrical limb swelling more than 2 cm. The latter group were subjected to risk assessment for DVT, Well's scoring and CDU (Colour Duplex Ultrasound).

**Results:** Of the 23274 patients, 93 (0.4%) had unilateral limb swelling of which 12 (12.9%) were CDU confirmed to have DVT (0.5 per 1000). Limb swelling for more man two weeks was significantly commoner among DVT patients when compared to those without DVT (75% Vs 25.9%: p=0.001). None of the patients had been evaluated with the Well's score as a guide to refer for CDU by the relevant clinical teams. In 55 (59.1%) subjects, Well's score was 0 or less (minimum probability of DVT) and there were no subjects with DVT in this group. All 12 patients with DVT had a moderate or high probability Wells score. **Conclusions:** Overall incidence of DVT in the study population was lower than in other comparable published studies from Asia. Well's score which was underused by the clinicians is a highly sensitive screening tool for DVT.

**PP 8: Variations in the topographical anatomy of the recurrent laryngeal nerve and the inferior thyroid artery**

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**Objective:** Thyroidectomy is a commonly performed surgery. Comprehensive knowledge in anatomical variation of the inferior thyroid artery (ITA) in relation to the recurrent laryngeal nerve (RLN) is mandatory for safe thyroid surgery. Data on variations in Sri Lankans is incomplete.

**Design, setting and methods:** Thirty cadavers (20 male:IO female; range 56-87 years) were dissected to study the anatomical variations of the ITA in relation to the RLN.

**Results:** In 22 cadavers the right ITA originated from thyrocervical trunk, and in 8 it was a branch of the transverse cervical artery. On left, ITA originated from the thyrocervical trunk in 26 and from the transverse cervical artery in 4 cadavers. Branching of the artery was extra-capsular in 22(72%) on the right and 23(75%) on the left. On the right, the RLN was seen posterior to all the extra-capsular divisions of the ITA in 18(60%) cadavers, while in 7(22%) it was anterior. In 5(18%) cadavers it was between the divisions of ITA. On the left, it was 28(95%) and 2(5%) respectively (Z=2.74, P=0.006). The right RLN was seen in the tracheo-oesophageal groove in 26 cadavers (85%), while in 4(15%) it was on the antero-lateral side of die trachea. On the left, all the recurrent laryngeal nerves was seen in the tracheo-oesophageal groove. **Conclusion:** The anatomical variation is common in relation to the right RLN. These have implications in thyroid surgery and follow up.