Abstracts from the 7th Bangladeshi Doctors' UK National Conference

Saturday 24 October 2026 · Watford

Oral Presentations

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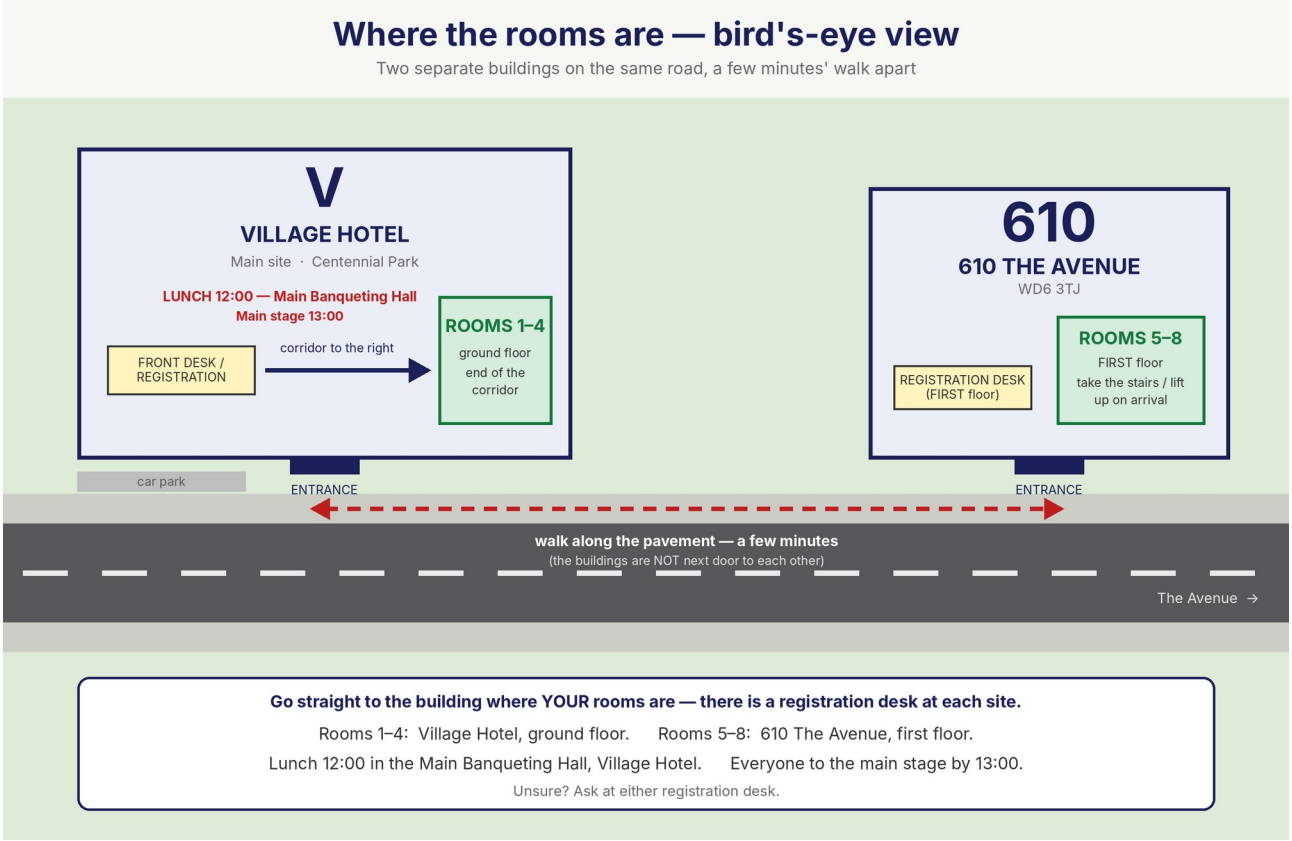
Finding the Rooms

The conference uses two separate buildings on the same road, a few minutes' walk apart. There is a registration desk at each site — please go straight to the building where your rooms are.

Rooms 1 to 4 — Village Hotel, ground floor. From the front desk, take the corridor to the right; Rooms 1 to 4 are at the very end of the corridor.

Rooms 5 to 8 — 610 The Avenue, first floor (WD6 3TJ). Walk along the road to 610 The Avenue and go up to the first floor, where you will find the registration desk and Rooms 5 to 8.

Lunch is served at 12:00 in the Main Banqueting Hall at the Village Hotel. All delegates should be seated on the main stage at the Village Hotel by 13:00. If you are unsure of anything, ask at either registration desk.



Programme at a Glance

Oral presentations run in eight parallel rooms across the two sites. Each presentation is allocated five minutes, followed by one minute for questions. The early session begins at 08:15 in every room; there is a break for coffee from 10:00 until 10:15, after which the late session begins. Lunch is served at 12:00 in the Main Banqueting Hall at the Village Hotel, and all delegates should be on the main stage by 13:00.

Room	Specialty	Early session	Late session
Room 1	Surgery: Urology and Cardiothoracic	08:15 – 09:39	10:15 – 10:45
Room 2	Surgery: Neurosurgery, ENT, Ophthalmology, Vascular and Plastics	08:15 – 09:51	—
Room 3	Surgery: General, Colorectal, Upper GI, Breast and Bariatric	08:15 – 09:33	10:15 – 10:33
Room 4	Surgery: Orthopaedics and Trauma	08:15 – 09:27	10:15 – 10:33
Room 5	General Practice, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Public Health, Medical Education and Anaesthetics	08:15 – 10:03	10:15 – 11:45
Room 6	Medicine: Rheumatology, Acute and Geriatric Medicine, Neurology	08:15 – 10:03	10:15 – 11:27
Room 7	Medicine: Respiratory, Infectious Disease, Gastroenterology and Hepatology, Cardiology and Renal	08:15 – 10:03	10:15 – 11:33
Room 8	Medicine: Haematology, Oncology, Endocrinology and General Medicine, Cardiology and Renal	08:15 – 10:03	10:15 – 12:06

Session Chairs

Room	Early session	Late session
Room 1 **Surgery: Urology and Cardiothoracic**	Mr Shafi Chowdhury Mr Niloy Rahman	Mr Shafi Chowdhury Mr Niloy Rahman
Room 2 **Surgery: Neurosurgery, ENT, Ophthalmology, Vascular and Plastics**	Ms Fatema Emrose Nisha Dr Anika Taahsin	—
Room 3 **Surgery: General, Colorectal, Upper GI, Breast and Bariatric**	Mr Atiqur Rahman Ms Mehnaj Noor	Mr Atiqur Rahman Ms Afroza Sharmin
Room 4 **Surgery: Orthopaedics and Trauma**	Mr Noor Mohammed	Mr Khandakar Rezwanur Rahman Mr Saeef Ali Haque
Room 5 **General Practice, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Public Health, Medical Education and Anaesthetics**	Dr Fatma Ferdous Srabony Mr Saeef Ali Haque	Dr Faijul Islam Dr Asef Mahdi Rakin
Room 6 **Medicine: Rheumatology, Acute and Geriatric Medicine, Neurology**	Dr Sabrin Chowdhury Dr Monimul Ahnaf	Dr Thafkul Mazid Dr Shaker Choudhury
Room 7 **Medicine: Respiratory, Infectious Disease, Gastroenterology and Hepatology, Cardiology and Renal**	Ms Sobhana Iftekahr Tani Mr A B Azharul Islam	Mr Emon Hasan Mr Naveed Hossain
Room 8 **Medicine: Haematology, Oncology, Endocrinology and General Medicine, Cardiology and Renal**	Dr Kazi Jannatul Islam	Dr Kazi Jannatul Islam Dr Sreekanta Barman Ms Fahmida Hoque

Contents — Presentations by Room

The tables on the following pages list every presentation by room, session and time. Full abstracts follow, in the same order.

Room 1 — Surgery: Urology and Cardiothoracic

Chairs, early session: Mr Shafi Chowdhury, Mr Niloy Rahman

Chairs, late session: Mr Shafi Chowdhury, Mr Niloy Rahman

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	5	Audit on Transurethral Laser Ablation (TULA) for Bladder Tumours	Audit / QI
08:21	08:27	Early	65	Evaluating the Sustainability of Percutaneous Nephrostomy Exchanges as a Minimally invasive Ambulatory Procedure: A Closed-Loop Audit	Audit / QI
08:27	08:33	Early	69	Cutting the wait; a quality improvement project streamlining local anaesthetic circumcision pre-operative assessment	Audit / QI
08:33	08:39	Early	102	From MRI to Biopsy: Refining the Prostate Cancer Diagnostic Pathway in Low-Risk Patients to Reduce Unnecessary Biopsies	Audit / QI
08:39	08:45	Early	108	Re-intervention Following HoLEP and BNI in 30–50 mL Prostates	Audit / QI
08:45	08:51	Early	141	Optimising the Mini-PCNL Pathway: A Two-Cycle Quality Improvement Project	Audit / QI
08:51	08:57	Early	169	A comparative study on operative outcomes following open , laparoscopic and robot assisted nephrectomy	Audit / QI
08:57	09:03	Early	182	Time to theatre and organ preservation in suspected ovarian versus testicular torsion: a multicentre retrospective observational study	Audit / QI
09:03	09:09	Early	221	Outcomes of Aquablation for Benign Prostatic Hyperplasia: A Single-Centre Retrospective Audit	Audit / QI
09:09	09:15	Early	6	Frontalis Flap Rescue: Modified Frontalis Flap for Mechanical Ptosis in Orbitopalpebral Neurofibromatosis- a case report	Case Report
09:15	09:21	Early	101	A Rare Case of Ureteroinguinal Hernia with Hydroureteronephrosis: A Diagnostic and Surgical Challenge	Case Report
09:21	09:27	Early	103	Female Urethral Diverticular Tumour	Case Report
09:27	09:33	Early	230	The significance of prostatitis in the MRI-led diagnostic evaluation of men in the Prostate Cancer Pathway whose biopsies show the presence of inflammation	Original Research
09:33	09:39	Early	76	A Case of true left ventricular aneurysm with impending rupture requiring surgical intervention	Case Report
10:15	10:21	Late	83	Prediction models for clinical outcomes after endoscopic enucleation of the prostate for benign prostatic obstruction: an EAU Endourology systematic review of predictive performance and risk of bias	Original Research
10:21	10:27	Late	220	Artificial Intelligence (AI)-Enhanced Prediction ofProlonged Ventilation and Mortality After PediatricCardiac Surgery	Original Research
10:27	10:33	Late	228	Robotic Intrathoracic Surgical Training: A Scoping Review and Bibliometric Analysis	Original Research
10:33	10:39	Late	122	Advanced Metastatic Prostate Malignancy With a Normal PSA: A Diagnostic Pitfall	Case Report
10:39	10:45	Late	227	Fascinated but Not Committed: Interest, Intent and the Training Bottleneck in Neurosurgery - A Systematic Review and Meta-Analysis	Original Research

Room 2 — Surgery: Neurosurgery, ENT, Ophthalmology, Vascular and Plastics

Chairs, early session: Ms Fatema Emrose Nisha, Dr Anika Taahsin

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	151	Feeling the stretch – Evaluating Optilume™ at Whipps Cross Hospital	Audit / QI
08:21	08:27	Early	82	A Curious Case of Bilateral Parotid Swelling: When PET/CT and Histopathology Tell Different Stories	Case Report
08:27	08:33	Early	114	A case of right-sided primary tonsillar mucosal melanoma presenting to Head and Neck clinic	Case Report
08:33	08:39	Early	138	From Incidental Discovery to Radiation Induced Disease : A Case Series of Meningioma	Case Report
08:39	08:45	Early	206	The Eight-Year Silence: A Rare Late Relapse of Orbital Rhabdomyosarcoma	Case Report
08:45	08:51	Early	224	Spontaneous Intradural Extramedullary Haematoma After Mild Exercise in Von Willebrand Disease: A Rare Clinical Presentation and Literature Review	Case Report
08:51	08:57	Early	25	The Final Step in Breast Reconstruction: Evaluating a Nipple–Areolar Micropigmentation Service	Original Research
08:57	09:03	Early	30	Endoscopic spinal cord detethering for tethered cord syndrome in the paediatric population: a systematic review	Original Research
09:03	09:09	Early	63	Beyond conjunctivitis: recognising sight-threatening causes of red eye — a patient-safety framework for acute care clinicians	Original Research
09:09	09:15	Early	64	Investigation of Antibacterial, Antioxidant, and Burn Wound Healing Effects of Green-Synthesized Silver Nanoparticles Using Alcoholic Extract of Peucedanum officinale	Original Research
09:15	09:21	Early	111	Travel Advice Is Not Just for Flying: Rate of Ascent, Descent and Intraocular Pressure in the Gas-Filled Eye	Original Research
09:21	09:27	Early	116	Confidence rises faster than discrimination: a pre–post evaluation of a structured teaching session on ophthalmic presentation	Original Research
09:27	09:33	Early	117	Automated and Artificial Intelligence (AI)-Derived Performance Assessment in Surgical Simulation: A Systematic Review	Original Research
09:33	09:39	Early	175	Is the 90-minute operative threshold still relevant? Infective outcomes of FANS-assisted flexible ureteroscopy in a large multicentre cohort	Original Research
09:39	09:45	Early	20	YouTube as a Reliable Source of Patient Education for Peyronie's Disease: A Quality Assessment Study	Original Research
09:45	09:51	Early	223	Single centre experience of Hemi-HOLEP compared to standard HoLEP as a non-inferior technique for the surgical management of Benign Prostatic Hyperplasia	Original Research

Room 3 — Surgery: General, Colorectal, Upper GI, Breast and Bariatric

Chairs, early session: Mr Atiqur Rahman, Ms Mehnaj Noor

Chairs, late session: Mr Atiqur Rahman, Ms Afroza Sharmin

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	24	Pre-operative, intra-operative and post-operative risk factors associated with longer post-operative length of stay in colorectal surgery patients: a prospective study	Audit / QI
08:21	08:27	Early	70	Embedding choledocholithiasis risk stratification into the cholecystectomy pathway	Audit / QI
08:27	08:33	Early	74	Incidence of hernia post laparoscopic bowel cancer resection–Single Centre Study	Audit / QI
08:33	08:39	Early	159	Preoperative obstructive sleep apnoea in patients undergoing bariatric surgery: a retrospective cohort study	Audit / QI
08:39	08:45	Early	200	Surgical Complications Following Laparoscopic and Robotic Right Hemicolectomy with Intra-Corporeal Anastomosis	Audit / QI
08:45	08:51	Early	205	IV Fluid Monitoring in Colorectal Surgical Patients: A Closed-Loop Audit of NICECG174 Compliance	Audit / QI
08:51	08:57	Early	215	Improving Compliance With ERAS Urinary Catheter Drainage Practices: A Closed-Loop Audit in Elective Colorectal Surgery	Audit / QI
08:57	09:03	Early	1	Tirzepatide-Associated Closed-Loop Small Bowel Obstruction in a Patient with Recurrent Paraumbilical Hernia: A Case Report	Case Report
09:03	09:09	Early	81	A rare case of Laparoscopic Completion Cholecystectomy in a patient who underwent Laparoscopic Cholecystectomy in Higher Center abroad before.	Case Report
09:09	09:15	Early	123	Strangulated Congenital Diaphragmatic Hernia Presenting as Left-Sided Haemothorax with Acute Abdomen in a 20-Year-Old Male: A Case Report	Case Report
09:15	09:21	Early	162	When the Gallbladder Hurts the Thigh: Silent Gallbladder Empyema With Perforation Presenting as Severe Rhabdomyolysis	Case Report
09:21	09:27	Early	209	When Urosepsis Is Not Just a UTI: A Case of Recurrent Urosepsis Secondary to Diverticular Colovesical Fistula	Case Report
09:27	09:33	Early	16	Optimising Post-operative Blood Testing Following Elective Colorectal Surgery: A Quality Improvement Audit	Audit / QI
10:15	10:21	Late	105	Colorectal cancer detection in faecal immunochemical testing (FIT) negative patients referred through the suspected colorectal cancer pathway	Audit / QI
10:21	10:27	Late	211	The Clinical Frailty Scale in older adults underwent emergency laparotomy: Real-World Clinical Utility and Relationship with NELA predicted mortality Risk	Original Research
10:27	10:33	Late	187	Clinical Characteristics and Injury Patterns of Traumatic Diaphragmatic Injury: A Single-Center Retrospective Study	Original Research

Room 4 — Surgery: Orthopaedics and Trauma

Chairs, early session: Mr Noor Mohammed

Chairs, late session: Mr Khandakar Rezwanur Rahman, Mr Saeef Ali Haque

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	73	Improving neurovascular documentation in paediatric supracondylar humeral fractures: a closed-loop clinical audit.	Audit / QI
08:21	08:27	Early	85	Evaluating the Early Impact of a Trauma Ambulatory Care Unit on Orthopaedic Patient Flow and Pathway Efficiency	Audit / QI
08:27	08:33	Early	87	Evaluating Compliance to Intra-operative Syndesmosis Stress Testing During Ankle Fracture Fixation: Are We Stressing It?	Audit / QI
08:33	08:39	Early	157	Improving BOAST Compliance in Paediatric Forearm Fracture Management: A Two-Cycle Audit	Audit / QI
08:39	08:45	Early	192	Improving Virtual Fracture Clinic Delivery in a Rural District General Hospital	Audit / QI
08:45	08:51	Early	203	Fracture Neck of Femur and Fascia Iliaca Block Audit	Audit / QI
08:51	08:57	Early	14	MRI-Based Radiomics of Paraspinal Muscles Combined with Machine Learning for Predicting Surgical Outcomes in Lumbar Degenerative Disease: A Narrative Review	Original Research
08:57	09:03	Early	60	Traumatic L5–S1 dislocation: a systematic review and pooled patient-level analysis of treatment strategies and outcomes	Original Research
09:03	09:09	Early	91	Impact of Smoking as a Risk Factor for Surgical Site Infections After Open Reduction and Internal Fixation (ORIF) of Distal Radius Fractures	Original Research
09:09	09:15	Early	92	Functional Outcome of Radius and Ulnar Shaft Fractures Treated With Intramedullary Kirschner's Wire Fixation in Children	Original Research
09:15	09:21	Early	121	Prevalence and distribution of Modic Changes and association with low back pain : a descriptive analysis	Original Research
09:21	09:27	Early	137	Efficacy and Safety of Factor XI Inhibitors for the Prevention of Venous Thromboembolism in Patients undergoing Major Orthopaedic Procedures: A Meta-Analysis of Randomized Controlled Trials	Original Research
10:15	10:21	Late	93	Rethinking Thoracolumbar Spinal Referrals: A Prospective Audit Identifying Urgency Mismatch to update the Derriford Hospital Thoracolumbar Spinal Referral Pathway	Audit / QI
10:21	10:27	Late	110	Analgesia and Fascia Iliaca Compartment Block Utilisation for Neck-of-Femur Fracture Patients: A Closed-Loop Audit	Audit / QI
10:27	10:33	Late	112	Suspected Achilles Tendon Ruptures and the Course of Action: Assessing Compliance With Local Protocols	Audit / QI

Room 5 — General Practice, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Public Health, Medical Education and Anaesthetics

Chairs, early session: Dr Fatma Ferdous Srabony, Mr Saeef Ali Haque

Chairs, late session: Dr Faijul Islam, Dr Asef Mahdi Rakin

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	34	Starting in Psychiatry, Starting Behind? Bridging a Hidden Gap in Foundation Training	Audit / QI
08:21	08:27	Early	39	Hypertension in Primary Care: An Audit of Diagnosis, Management and Monitoring Against the National Institute for Health and Care Excellence(NICE) Guidelines	Audit / QI
08:27	08:33	Early	196	To what extent can non-governmental organisations contribute to the institutionalisation of community-focussed maternal, neonatal and child health strategies in order to strengthen health systems at the local and national level in Bangladesh	Original Research
08:33	08:39	Early	179	HbA1c Test Uptake in Patients with a Diagnosis of PolycysticOvary Syndrome in a Primary Care Setting: A RetrospectiveCohort Study	Audit / QI
08:39	08:45	Early	181	A Re-audit to review the management and care of diabetic patients in a Southwest London practice	Audit / QI
08:45	08:51	Early	184	Seizures, Hypocalcaemia and Persistent Hypomagnesaemia in a 4-Week-Old Infant: Looking Beyond Replacement	Case Report
08:51	08:57	Early	210	A Rare Cause of Pneumoperitoneum: Spontaneous Uterine Rupture Secondary to Pyometra.	Case Report
08:57	09:03	Early	40	Unmasking the relationship between neurological soft signs and schizophrenia: a scoping review	Original Research
09:03	09:09	Early	78	EXPLORING HOW TO BETTER TREAT BRAIN TUMOURS: TARGETING ANTI-APOPTOTIC PROTEINS IN PAEDIATRIC MEDULLOBLASTOMA	Original Research
09:09	09:15	Early	88	Primary care vs specialist-supported care in childhood atopic dermatitis: a systematic review	Original Research
09:15	09:21	Early	185	The Impact of Generative AI and Digital Media on Adolescent Cognitive Function and Neurobiology: A Systematic Review	Original Research
09:21	09:27	Early	195	An Investigation into the Clinical Characteristics and Management Strategies of Endometriosis-related Hydronephrosis: A Retrospective Case Series	Original Research
09:27	09:33	Early	38	Bridging Professional Boundaries: A Foundation Doctor-Led Teaching Programme for Undergraduate Midwifery Students	Audit / QI
09:33	09:39	Early	80	Equitable patient access to perioperative regional anaesthesia at Nottingham University Hospitals NHS Trust: A 2025 evaluation of service provision.	Audit / QI
09:39	09:45	Early	130	NIV Bridging Between Wards and ITU. An Audit of Pre-ICU NIV Management against BTS/ICS Standards in patients with T2RF.	Audit / QI
09:45	09:51	Early	152	Starting a Clinical Audit/Quality Improvement Project in a Private Hospital Setting: A Practical Approval Pathway for Safe, Portfolio-Ready Work.	Audit / QI
09:51	09:57	Early	2	Measles Outbreak in Bangladesh: Is a Model Immunisation System Faltering?	Original Research
09:57	10:03	Early	79	Non-Invasive Ventilation for Community-Acquired Pneumonia: Outcomes and Predictors of Failure from an ICU Cohort	Original Research
10:15	10:21	Late	142	High-Flow Nasal Cannula (HFNC) vs CPAP / Standard Oxygen in Pediatric Bronchiolitis: A Meta analysis	Original Research
10:21	10:27	Late	155	Interpreting Cochrane Reviews for Journal Clubs presentations: Reflections and Practical Suggestions from a Presentation Experience for the beginners	Original Research
10:27	10:33	Late	99	Alcohol Consumption and its Impact on the Developing Adolescent Brain: A Quantitative Narrative Review.	Original Research
10:33	10:39	Late	176	Age-specific trends in wholly alcohol-attributable hospital admissions in England, 2015/16-24/25	Original Research

Start	End	Session	Abstract	Title	Category
10:39	10:45	Late	193	What are the barriers and facilitators to resolving damp and mould in English housing? A systematic review	Original Research
10:45	10:51	Late	160	Are We Meeting Standards for Paediatric High DependencyCare? A Clinical Audit	Audit / QI
10:57	11:03	Late	66	Enhancing compliance with postpartum venous thromboembolism risk assessment and prophylaxis following caesarean delivery: A quality improvement initiative	Audit / QI
11:03	11:09	Late	124	Gastric Linitis Plastica Misleading as Simple Gastric Ulceration: Discordance of Clinicopathological Findings with Omental Metastatic Adenocarcinoma	Case Report
11:09	11:15	Late	125	How should a new diagnosis of type 2 diabetes be communicated? A rapid scoping review of patient experiences, emotional reactions and communication needs	Audit / QI
11:15	11:21	Late	174	Breast Cancer in Younger Women: A Retrospective Cohort and Review of the Literature	Original Research
11:21	11:27	Late	189	Evaluation of Surgical Outcomes in Patients Undergoing Post-ERCP Laparoscopic Cholecystectomy and Elective Laparoscopic Cholecystectomy	Original Research
11:27	11:33	Late	201	Hemodynamic Severity and Late Presentation Patterns in Acute Myocardial Infarction: A Multicenter Registry from Bangladesh with Regional South Asian Comparison	Original Research
11:33	11:39	Late	226	Antibiotic Resistance Profiles, Phenotypic Analysis and Molecular Genotyping of ESBL-Producing Enterobacteriaceae Isolated from Red Meat Collected from Dhaka City, Bangladesh	Original Research
11:39	11:45	Late	47	Improving Patient Understanding and Engagement During Acute Ward Rounds: A Quality Improvement Project	Audit / QI

Room 6 — Medicine: Rheumatology, Acute and Geriatric Medicine, Neurology

Chairs, early session: Dr Sabrin Chowdhury, Dr Monimul Ahnaf

Chairs, late session: Dr Thafkul Mazid, Dr Shaker Choudhury

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	11	Timing for Antibiotic in Sepsis and Septic Shock - A Quality Improvement Project at Care National Hospital, Riyadh, Saudi Arabia.	Audit / QI
08:21	08:27	Early	41	A Joint Geriatric Oncology Clinic for the Management of Older People with Breast Cancer: A Service Evaluation	Audit / QI
08:27	08:33	Early	44	Assessment of Biologic and Targeted Synthetic DMARD Selection in patients with Axial Spondyloarthritis at Stoke Mandeville Hospital: Concordance with the 2025 BSR Guideline	Audit / QI
08:33	08:39	Early	57	Audit for RePECT form	Audit / QI
08:39	08:45	Early	68	Evaluating Advance Care Planning and Universal Care Plan Documentation in Older Medical Inpatients	Audit / QI
08:45	08:51	Early	72	Distribution and Length of Stay of Patients with Dementia in Hospital	Audit / QI
08:51	08:57	Early	129	Little and Often: Short Ward-Based Teaching Sessions to Improve Staff Confidence in Falls Prevention Policy	Audit / QI
08:57	09:03	Early	180	Mind the Medication Gap: Improving Documentation of Suspended Medicines in Frailty Care	Audit / QI
09:03	09:09	Early	186	Quality Improvement Project on Treatment Escalation Plan on Admission in Pilgrim Hospital	Audit / QI
09:09	09:15	Early	31	Statin-Associated Immune-Mediated Necrotizing Myopathy With Dual Anti-3-Hydroxy-3-Methylglutaryl-Coenzyme A Reductase (Anti-HMGCR) and Anti-OJ Positivity: A Case Report of Fulminant Weakness and Respiratory Failure	Case Report
09:15	09:21	Early	104	Digital Gangrene as the Presenting Manifestation of Polyarteritis Nodosa in a Young Adult: A Case Report	Case Report
09:21	09:27	Early	115	Giant cell arteritis following established essential thrombocythaemia: a possible association	Case Report
09:27	09:33	Early	172	The Critical Role of Rehabilitation in Healthy Ageing: Preserving Function, Independence and Participation	Original Research
09:33	09:39	Early	216	Articular remission in Psoriatic Arthritis: What does it mean in the real world?	Original Research
09:39	09:45	Early	3	Are We Managing Suspected and Confirmed Encephalitis According to National Guidelines?	Audit / QI
09:45	09:51	Early	229	Oral Hygiene in Stroke Patients	Audit / QI
09:51	09:57	Early	7	Nitrous Oxide–Induced Subacute Combined Degeneration of the Spinal Cord: A Case Report	Case Report
09:57	10:03	Early	135	Identifying patients with ocular toxicity risk amongst hydroxychloroquine users in the Rheumatology department	Audit / QI
10:15	10:21	Late	53	Painful Horner's Syndrome as the Presenting Feature of Spontaneous Internal Carotid Artery Dissection	Case Report
10:21	10:27	Late	61	Dengue Virus Infection Presenting as Acute Transverse Myelitis: A Case Report	Case Report
10:27	10:33	Late	67	Longitudinally extensive transverse myelitis prompting investigation for occult malignancy: a diagnostic challenge	Case Report
10:33	10:39	Late	154	Normocellular CSF study in Encephalitis - Importance of collateral history in reaching diagnosis	Case Report
10:39	10:45	Late	199	Creutzfeldt-Jakob Disease Presenting as a Stroke Mimic: The Diagnostic Value of Serial Neuroimaging and Collateral History	Case Report
10:45	10:51	Late	13	Progressive Bilateral Sensorineural Hearing Loss and Ataxia Caused by Superficial Siderosis Secondary to Chronic Spontaneous Intracranial Hypotension	Case Report
10:51	10:57	Late	197	Extensive Cerebral Venous Sinus Thrombosis Associated with Pseudomonas Otogenic Infection Presenting with Haemorrhagic Venous Infarction: A Case Report	Case Report

Start	End	Session	Abstract	Title	Category
10:57	11:03	Late	27	Trigeminal trophic syndrome; A rarecause of facial ulcer	Case Report
11:03	11:09	Late	28	Blue, Breathless and Brain at Risk: An Unusual Case of Moyamoya	Case Report
11:09	11:15	Late	52	PROGRESSIVE DYSPHAGIA AND BULBAR WEAKNESS IN AN OLDER ADULT: A CASE OF MYASTHENIA GRAVIS HIGHLIGHTING THE IMPACT OF BETA-BLOCKER THERAPY	Case Report
11:15	11:21	Late	145	Non-epileptiform Myoclonus - An Atypical Presentation of Suspected Progressive Supranuclear Palsy	Case Report
11:21	11:27	Late	161	Acute Binocular Diplopia mimicking Bilateral Internuclear Ophthalmoplegia: Suspected Seronegative Ocular Myasthenia Gravis—A Diagnostic Dilemma	Case Report

Room 7 — Medicine: Respiratory, Infectious Disease, Gastroenterology and Hepatology, Cardiology and Renal

Chairs, early session: Ms Sobhana Iftekahr Tani, Mr A B Azharul Islam

Chairs, late session: Mr Emon Hasan, Mr Naveed Hossain

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	49	Adult Community-Acquired Pneumonia Care: A Baseline Audit Against NICE NG250	Audit / QI
08:21	08:27	Early	55	APPROPRIATENESS OF CT PULMONARY ANGIOGRAPHY FOR SUSPECTED PULMONARY EMBOLISM: A COMPARISON OF A&E AND INPATIENT REFERRALS	Audit / QI
08:27	08:33	Early	89	Improving Confidence in Management of Acute Non-Invasive Ventilation in a District General Hospital.	Audit / QI
08:33	08:39	Early	144	Improving Documentation of Point-of-Care Lung Ultrasound in a Respiratory Service	Audit / QI
08:39	08:45	Early	170	No FiO2, No Context: Improving ABG Documentation	Audit / QI
08:45	08:51	Early	188	Optimising CTPA Requests for Suspected Pulmonary Embolism: A Three-Cycle Quality Improvement Project at William Harvey Hospital	Audit / QI
08:51	08:57	Early	22	Conservative Management of Fungal-Associated Lung Disease in an Immunocompetent Patient	Case Report
08:57	09:03	Early	51	Case Report: Weil's Disease: An Acutely Unwell Patient with Multi-Organ Dysfunction	Case Report
09:03	09:09	Early	118	Probable levofloxacin-induced eosinophilic pneumonitis mimicking immune-related lung toxicity in metastatic melanoma: a case report	Case Report
09:09	09:15	Early	119	Miliary tuberculosis in a patient with complex perianal Crohn's disease receiving infliximab.	Case Report
09:15	09:21	Early	148	Suspected Invasive Pulmonary Aspergillosis with Aspergilloma in Advanced Fibrotic Lung Disease: A Diagnostic Challenge	Case Report
09:21	09:27	Early	217	Diagnostic Dilemma During Treatment of MRSA Bacteraemia: Probable Vancomycin-Induced Linear IgA Bullous Dermatosis Mimicking Bullous Pemphigoid	Case Report
09:27	09:33	Early	219	Progressive bullous lung disease in Proteus syndrome: from cardiac arrest at school to lung transplant assessment	Case Report
09:33	09:39	Early	149	Cardiopulmonary Exercise Testing (CPET) parameters indicative of Dysfunctional Breathing.	Original Research
09:39	09:45	Early	23	Pancreatitis in Patients Receiving Tirzepatide (Mounjaro): A One-Year Audit in a UK District General Hospital	Audit / QI
09:45	09:51	Early	37	Acute Pancreatitis Management in the Era of the 2025 IAP Guidelines: A Two-Cycle Multispecialty Audit and Trust-Wide Service Improvement	Audit / QI
09:51	09:57	Early	94	Utilisation and appropriateness of initial investigations for acute pancreatitis	Audit / QI
09:57	10:03	Early	139	Eosinophilic colitis presenting with marked eosinophilic ascites mimicking gynaecological pathology in an adult	Case Report
10:15	10:21	Late	46	Veillonella parvula bacteraemia secondary to pressure ulcer associated ischial osteomyelitis in a wheelchair dependent patient.	Case Report
10:21	10:27	Late	207	Beyond the Bladder: Ketamine Cholangiopathy with Renal and Electrolyte Complications.	Case Report
10:27	10:33	Late	33	The Forgotten Discharge Prescription: Improving DVLA Driving Advice After PCI for NSTEMI	Audit / QI
10:33	10:39	Late	58	A Clinical Audit: Improving Timely Lipid Assessment and Initiating Lipid-Lowering Therapy in Patients Presenting with ACS	Audit / QI
10:39	10:45	Late	75	Delayed anterior mitral leaflet perforation following an anterolateral STEMI, mimicking papillary muscle rupture on echocardiography.	Case Report
10:45	10:51	Late	43	Methodological quality of heart failure systematic reviews and meta-analyses in the AMSTAR-2 era: a repeat cross-sectional survey	Original Research

Start	End	Session	Abstract	Title	Category
10:51	10:57	Late	59	A SYSTEMATIC REVIEW OF CARDIAC DISEASE FOLLOWING COVID-19 VACCINATION: INCIDENCE, CLINICAL FEATURES ANDMANAGEMENT	Original Research
10:57	11:03	Late	50	Flecainide Toxicity Presenting as Broad-Complex Tachycardia: A Diagnostic Challenge and the Importance of Appropriate Patient Selection and Safe Prescribing	Case Report
11:03	11:09	Late	71	Treat the Test or Treat the Patient? C. difficile PCR-Positive/Toxin-Negative Results in Inflammatory Bowel Disease: A Rapid Review of Clinical Outcomes and Antibiotic Treatment	Original Research
11:09	11:15	Late	194	Cirrhosis and Hepatocellular Carcinoma at Presentation in Anti-HCV Seropositive Patients: A Cross-sectional Study from Northern Bangladesh	Original Research
11:15	11:21	Late	12	Myocarditis Presenting with Transient Loss of Consciousness and Marked Troponin Elevation: An Acute Coronary Syndrome Mimic	Case Report
11:21	11:27	Late	32	A case of severe ventricular thickening in a young adult diagnosed with marginal zone lymphoma and suspected cardiac involvement.	Case Report
11:27	11:33	Late	26	Incidence and risk factors of delirium after percutaneous coronary intervention in individuals hospitalised for acute myocardial infarction: A Systematic Review	Original Research

Room 8 — Medicine: Haematology, Oncology, Endocrinology and General Medicine, Cardiology and Renal

Chairs, early session: Dr Kazi Jannatul Islam

Chairs, late session: Dr Kazi Jannatul Islam, Dr Sreekanta Barman, Ms Fahmida Hoque

Start	End	Session	Abstract	Title	Category
08:15	08:21	Early	42	Infection Prevention and Follow-Up After CAR-T Therapy: A Clinical Audit of Shared Care at a Secondary Care NHS Trust	Audit / QI
08:21	08:27	Early	54	QIP- Developing an Oncology Senior House Officer (SHO) Handbook	Audit / QI
08:27	08:33	Early	86	Irradiated Blood Transfusion QIP	Audit / QI
08:33	08:39	Early	100	Reducing Unnecessary Coagulation Testing in Hospitalised Patients: A Quality Improvement Project	Audit / QI
08:39	08:45	Early	178	Lymphoma Pathway Audit Royal Surrey County Hospital	Audit / QI
08:45	08:51	Early	4	The Metabolic Bottleneck: Type B Hyperlactataemia and Cholestatic Liver Dysfunction as Initial Manifestations of Occult Lymphoma-Associated HLH	Case Report
08:51	08:57	Early	18	Trousseau Syndrome Presenting as Multi-Territory Border Zone Infarction and Subarachnoid Haemorrhage in Advanced Hepatocellular Carcinoma Compounded by Sepsis	Case Report
08:57	09:03	Early	21	A Forgotten Diagnosis Behind Recurrent Diarrhea in a Patient with Thymoma	Case Report
09:03	09:09	Early	56	The clinical significance of histopathological diagnosis of Tumour to tumour metastasis. A literature review and a case report of an occult well differentiated neuroendocrine tumour of gastrointestinal origin metastasis to Chromophobe renal cell carcinoma.	Case Report
09:09	09:15	Early	140	Diffuse Large B-Cell Lymphoma Presenting as Ileocaecal Intussusception: A Diagnostic Challenge Mimicking Crohn's Disease	Case Report
09:15	09:21	Early	177	Ibrutinib-Induced Hepatotoxicity in Chronic Lymphocytic Leukemia: A Rare Adverse Event	Case Report
09:21	09:27	Early	62	Perioperative use of thrombopoietin receptor agonists for platelet optimization in chronic immune thrombocytopenia (ITP): A single-centre retrospective study	Original Research
09:27	09:33	Early	202	Early Liquid Biopsy in Advanced Non-Small Cell Lung Cancer: Effects on the Diagnostic Pathway, Time to Treatment and Actionable Biomarker Detection. A Rapid Systematic Review and Exploratory Meta-Analysis	Original Research
09:33	09:39	Early	95	Lights, Camera, Insulin: A Doctor-Made Film to Prepare Foundation Doctors for Inpatient Diabetes Management	Audit / QI
09:39	09:45	Early	48	A Classic Presentation of Autoimmune Adrenalitis and Positive Auto Antibodies.	Case Report
09:45	09:51	Early	77	Battling Recurrent Rhabdomyolysis in Carnitine Palmitoyltransferase II Deficiency	Case Report
09:51	09:57	Early	98	Pembrolizumab-Induced Checkpoint Inhibitor-Associated Diabetes Mellitus in Triple-Negative Breast Cancer: A Case Report	Case Report
09:57	10:03	Early	126	From Gastroenteritis to Adrenal Insufficiency: Recognising an Immune Related Adverse Event	Case Report
10:15	10:21	Late	19	Thick Blood, Thin Clues — A Diagnostic Odyssey: Unmasking Waldenström's Macroglobulinemia Behind a 'Routine' Anaemia Referral.	Case Report
10:21	10:27	Late	153	Hypercalcaemia in Pregnancy Due to Parathyroid Adenoma Presenting as Persistent Nausea and Vomiting: A Case Report	Case Report
10:27	10:33	Late	191	Peri-operative management of Pheochromocytoma.	Case Report
10:33	10:39	Late	218	Dual paraneoplastic syndrome of SIADH and hypercalcaemia in metastatic renal pelvic urothelial carcinoma with squamous features.	Case Report
10:39	10:45	Late	29	High-Sensitivity C-Reactive Protein and Metabolic Syndrome in Adults Aged 50 Years and Older: A	Original Research

Start	End	Session	Abstract	Title	Category
				Hospital-Based Cross-Sectional Study	
10:45	10:51	Late	190	Examining the predictive capacity of physical activity on conditioned pain modulation in healthy adults.	Original Research
10:51	10:57	Late	136	Title: Optimising Serial High-Sensitivity Troponin Testing in Chest Pain: QIP	Audit / QI
10:57	11:03	Late	146	From Suspected Malignancy to Infective Endocarditis: An Atypical Case of Streptococcus gordonii	Case Report
11:03	11:09	Late	147	Acute Flaccid Paralysis Due to Profound Hypokalaemia in Suspected Distal Renal Tubular Acidosis: A Reversible Metabolic Mimic of Guillain–Barré Syndrome	Case Report
11:09	11:15	Late	168	Right Atrial Thrombus In Active Inflammatory Bowel Disease: A Case Highlighting Role Of Multimodality Imaging And Multidisciplinary Management	Case Report
11:15	11:21	Late	213	A clear cut acute coronary syndrome?	Case Report
11:21	11:27	Late	128	Shared Decision-Making and Decision Support in Advanced Chronic Kidney Disease: A Systematic Review of Models, Treatment Pathways, and Patient-Centered Outcomes	Original Research
11:27	11:33	Late	231	Nuclear Phenotypes of Cardiomyocyte Ageing: A Multimarker Framework for Understanding Early Heart Failure Mechanisms	Original Research
11:33	11:39	Late	150	Anticoagulation Dose Adjustment After Major Amputation	Audit / QI
12:00	12:06	Late	45	Improving Clinical Criteria for Discharge and Estimated Date of Discharge Documentation During Post-Take Ward Rounds: A Two-Cycle Quality Improvement Project	Audit / QI

Abstracts

Abstracts are printed in the order in which they are presented, by room and session, and are identified by submission number only — the same number that appears in the contents tables and in the programme. The room and session are shown at the top of every page and on each abstract.

Room 1 — Surgery: Urology and Cardiothoracic

Early session • 08:15 – 09:39

Abstract 5 • Room 1, Early session • 08:15–08:21

Audit on Transurethral Laser Ablation (TULA) for Bladder Tumours

Audit / QI

Background

Transurethral Laser Ablation (TULA) is a minimally invasive option for selected bladder tumours. GIRFT guidance covers patient selection, peri-procedural management and follow-up, but real-world outcome data are limited.

Aim

To assess safety, appropriateness, technical effectiveness and short-term oncological outcomes of TULA at a regional urology centre.

Methods

Retrospective audit of all patients scheduled for TULA, covering service activity, patient selection, procedural completion, peri-procedural factors and short-term outcomes, with compliance against GIRFT recommendations.

Results

38 TULA slots were used for 32 patients, and 23 had successful TULA. Commonest reasons for non-completion were UTI (n=8), conversion to TURBT (n=3), absence of tumour (n=2) and best supportive care (n=1). Some patients remained on antithrombotics, including anticoagulation (n=8), aspirin (n=4) and clopidogrel (n=2). Short-term outcomes were encouraging, but incomplete follow-up limited assessment of recurrence.

Conclusion

TULA appears safe and feasible for carefully selected patients, with potential to reduce conventional TURBT. Improvements in pre-procedural pathways, GIRFT adherence, consideration of single-instillation mitomycin and more robust follow-up are required.

Abstract 65 • Room 1, Early session • 08:21–08:27

Evaluating the Sustainability of Percutaneous Nephrostomy Exchanges as a Minimally invasive Ambulatory Procedure: A Closed-Loop Audit

Audit / QI

Aims

Percutaneous nephrostomy is an important long-term management strategy for patients with upper urinary tract obstruction secondary to urological disease. In patients who may have a low physiological reserve, the benefit of such minimally invasive procedures over major surgical intervention, is the possibility for the use of ambulatory pathways, ensuring patient safety while reducing unnecessary admissions. This double-loop audit evaluated the safety and sustainability of routine day-case nephrostomy exchange to assess the efficiency of these procedures.

Methods

A long-term retrospective double-loop audit was performed at a UK District General Hospital, evaluating outpatient nephrostomy exchanges following implementation of an ambulatory management pathway. Electronic patient records were reviewed to identify same-day discharges, reattendance rates, unplanned hospital admission and procedure-related complications.

Results/Discussion

The audit demonstrated successful ambulatory management in 97% of elective nephrostomy exchanges across both loops, supporting continuation of the pathway. 106 events were included across both audit loops, and found all patients were discharged on the day of treatment, with no immediate post-procedure admissions. One reattendance was recorded initially, and three during the second loop. Of those, one patient was admitted due to infection, and two due to nephrostomy-related complications. Overall unplanned admission rate was 1.63% and 4.3% respectively.

Conclusion

Routine elective nephrostomy exchange can be safely delivered within an ambulatory service, with excellent same-day discharge rates and a low incidence of clinically significant complications. This double-loop audit demonstrates sustained safety following implementation of a structured day-case pathway while minimising unnecessary admissions and offering a sustainable alternative to invasive procedures.

Abstract 69 · Room 1, Early session · 08:27–08:33

Cutting the wait; a quality improvement project streamlining local anaesthetic circumcision pre-operative assessment

Audit / QI

For local anaesthetic (LA) circumcisions, patients are assessed and undergo pre-operative assessment within one appointment. While this eliminates the need for a separate anaesthetic assessment, no standardised pre-operative protocol exists. Subsequently, patients may arrive to theatre unoptimised, affecting patient safety and reducing service efficiency. To increase pre-operative assessment parameter documentation by 10% across 2 months. Patients across 2 West Midlands hospital sites (August 2025 to February 2026) were identified. 2 intervention cycles occurred between May and August 2026. Pre-operative parameters evaluated included: diabetic and hypertensive status, clinic blood pressure, HbA1c, anticoagulation status, methicillin resistance staphylococcus (MRSA) swabs, and consent completion. Cycle 1 introduced a pre-operative checklist and staff training. Cycle 2 distributed patient leaflets covering anticoagulation and co-morbidity counselling within clinic letters. Patient cohorts comprised: 49 at baseline, 9 in cycle 1 and 12 in cycle 2. 5% of baseline patients had avoidable surgical delays. Diabetic and hypertensive status were both undocumented in 32.7% of baseline patients. Hypertensive documentation improved by 9% post-intervention. No clinic blood pressure readings were documented in baseline patients. This later improved to 8.3% and 11.1% in subsequent cycles. Adequate anticoagulation cessation advice was given to 71.4% of baseline patients with recorded anticoagulation status, rising to 100% in cycle 2 following leaflet introduction. MRSA swab completion rose from 40% at baseline to 55.6% and 75.0% across the cycles. Improved documentation occurred across half the pre-operative parameters. This highlights a low-cost opportunity for improved patient care and service delivery which could extend to other LA surgeries.

Abstract 102 · Room 1, Early session · 08:33–08:39

From MRI to Biopsy: Refining the Prostate Cancer Diagnostic Pathway in Low-Risk Patients to Reduce Unnecessary Biopsies

Audit / QI

Introduction/Background

PI-RADS 2–3 lesions have a relatively low prevalence of clinically significant prostate cancer (csPCa), although clinically important cancers may still occur. EAU guidance supports PSA surveillance rather than routine biopsy in selected men with low clinical suspicion.

Objectives/Aims

To assess adherence to EAU biopsy recommendations in biopsy-naïve men undergoing transperineal biopsy for PI-RADS 2–3 lesions following biparametric MRI (bpMRI) and to evaluate cancer detection and subsequent management.

Methods

A retrospective service evaluation included biopsy-naïve patients undergoing transperineal biopsy for PI-RADS 2–3 lesions between June 2025 and February 2026. Patients with previous biopsy, metastatic disease, PI-RADS 1, 4 or 5 lesions, or active surveillance were excluded. PSA, prostate volume, PSA density, DRE, radiological stage, histology and subsequent treatment were reviewed. Biopsy indications were compared with EAU criteria.

Results

Of 362 records screened, 100 met inclusion criteria: 35 PI-RADS 2 and 65 PI-RADS 3. Mean age was 66.5 years, median PSA was 5.6 ng/mL and median PSA density was 0.13 ng/mL/cc. EAU biopsy criteria were fulfilled in 14/35 (40%) PI-RADS 2 and 49/65 (75%) PI-RADS 3 patients. Among those not meeting criteria, Gleason ≥3+4 cancer was detected in 4/21 (19.0%) PI-RADS 2 and 2/16 (12.5%) PI-RADS 3 patients. All Gleason 3+3 cancers underwent active surveillance.

Conclusion/Discussion

EAU-guided surveillance could reduce biopsies by 60% in PI-RADS 2 and 25% in PI-RADS 3 patients. However, csPCa occurred outside guideline criteria, highlighting the importance of individualized risk assessment, shared decision-making, and structured PSA surveillance.

Abstract 108 · Room 1, Early session · 08:39–08:45

Re-intervention Following HoLEP and BNI in 30–50 mL Prostates

Audit / QI

Background

Contemporary guidance supports surgical treatment for bladder outlet obstruction in men with prostates ≥30 mL. However, evidence informing procedure selection in smaller glands remains limited. We evaluated re-intervention following holmium laser enucleation of the prostate (HoLEP) and bladder neck incision (BNI) in men with 30–50 mL prostates.

Methods

We conducted a retrospective, single-centre service evaluation of men undergoing HoLEP or BNI between January 2022 and January 2024. Patients were selected for surgery on clinical grounds. The primary outcome was subsequent operative re-intervention for bladder outlet obstruction. Re-intervention proportions were compared using Fisher's exact test.

Results

Thirty patients were included: 24 underwent HoLEP and six underwent BNI. Re-intervention occurred in one HoLEP patient (4.2%) and one BNI patient (16.7%); the difference was not statistically significant (p=0.358). Among men with 30–40 mL prostates, none of 21 HoLEP patients required re-intervention, compared with one of six BNI patients (16.7%). Only HoLEP was performed in the 40–50 mL subgroup.

Conclusion

In this small, selected cohort, HoLEP was associated with a low observed re-intervention rate in 30–50 mL prostates. The study was underpowered to demonstrate superiority over BNI, and treatment-selection bias limits direct comparison. Larger prospective studies using standardised functional and patient-reported outcomes are required.

Abstract 141 · Room 1, Early session · 08:45–08:51

Optimising the Mini-PCNL Pathway: A Two-Cycle Quality Improvement Project

Audit / QI

Introduction/Background

Mini-PCNL is traditionally performed as an inpatient procedure. Day-case surgery may reduce hospital resource utilisation and improve patient convenience.

Objectives/Aims

To identify factors that could improve same-day discharge following mini-PCNL and assess the impact of a quality improvement intervention.

Methods

A retrospective baseline audit included 31 patients undergoing mini-PCNL between January 2023 and August 2024, with procedures performed in morning and afternoon sessions. Mean stone size was 1.86 cm, mean operative time 151.6 minutes and mean ASA grade 2.64. Following the first cycle, morning scheduling was introduced alongside defined selection criteria of stone size <2.5 cm and ASA grade ≤3. A second cycle included 20 consecutive patients, all undergoing morning procedures.

Results

In Cycle 1, 15/31 patients (48.4%) were discharged on the day of surgery. Overnight admission was required in 9.7% due to postoperative complications and 12.9% due to anaesthetic concerns. Several afternoon cases remained overnight for social or logistical reasons despite being clinically suitable for discharge. In Cycle 2, same-day discharge increased to 17/20 patients (85%). Three patients (15%) stayed overnight for postoperative pain management and observation and were discharged the following day. No postoperative complications were recorded. Satisfactory stone clearance was achieved in 92%.

Conclusion/Discussion

Morning scheduling and defined patient-selection criteria increased same-day discharge from 48.4% to 85%. Mini-PCNL appears as suitable as a day-case procedure in appropriately selected patients, with satisfactory stone clearance and low recorded morbidity.

Abstract 169 • Room 1, Early session • 08:51–08:57

A comparative study on operative outcomes following open , laparoscopic and robot assisted nephrectomy

Audit / QI

Introduction

In recent years there have been advances in the surgery of renal tumors directed towards minimally invasive techniques. Thus, nephron-sparing surgery has become the gold standard for the treatment of T1 renal masses. The aim of this study is to investigate the benefits of robotic partial nephrectomy in comparison with laparoscopic nephrectomy and open nephrectomy Objectives: To compare surgical outcomes among open , laparoscopic and robot assisted nephrectomy in patients with renal cell carcinoma .

Methods

This was a retrospective analysis of 60 patients who underwent nephrectomy from December 2025 to September 2026 . This study compared tumour size , operating time , blood loss, length of hospital stay and whether there was any peri or post operative complications.

Results

The operative time , blood loss , PCA use , hospital stay were significantly lower in robot assisted radical nephrectomy than open and laparoscopic approach .

Conclusion

Although robot assisted nephrectomy is more expensive than other 2 approaches, it is comparatively safer , faster and more convenient for patients as less hospital stay and better pain control.

Abstract 182 • Room 1, Early session • 08:57–09:03

Time to theatre and organ preservation in suspected ovarian versus testicular torsion: a multicentre retrospective observational study

Audit / QI

Objectives

To compare time to theatre (TtT; decision to operate to anaesthesia) between suspected ovarian torsion (OT) and testicular torsion (TT), and evaluate intraoperative confirmation and organ removal rates. Design Retrospective multicentre observational study. Settings and Participants Two English NHS trusts (August 2023–August 2025). Diagnostic coding and clinical review identified 384 surgical cases meeting inclusion criteria: 57 with suspected OT (Trust A: 18; Trust B: 39) and 327 with suspected TT (Trust A: 127; Trust B: 200).

Results

Median TtT was significantly longer for suspected OT than TT (223 min [IQR 140–382] vs 89 min [IQR 60.5–126]; $p < 0.001$, $r = 0.41$), with an estimated Hodges–Lehmann location shift of 123 minutes (95% CI 91–170). Torsion was confirmed intraoperatively in 67% (38/57) of suspected OT cases compared with 29% (95/327) of TT cases (RR 2.29, 95% CI 1.78–2.95; $p < 0.001$). Among confirmed torsion cases, organ removal was markedly higher in the OT cohort (14/38 [37%] vs 10/95 [11%]; RR 3.50, 95% CI 1.71–7.18).

Conclusion

Patients undergoing surgery for suspected OT experienced significantly longer TtT than those with suspected TT, alongside higher rates of organ removal in confirmed cases. These unadjusted observational findings reflect clinically distinct populations and do not establish causality between TtT

and organ loss. Confounders such as symptom duration and diagnostic pathways were not consistently documented. Standardised multicentre studies are required to determine whether modifiable procedural delays impact ovarian preservation and to establish evidence-based surgical timeframes.

Abstract 221 • Room 1, Early session • 09:03–09:09

Outcomes of Aquablation for Benign Prostatic Hyperplasia: A Single-Centre Retrospective Audit

Audit / QI

Purpose

To evaluate safety, efficacy and early outcomes of Aquablation, a robotic-assisted waterjet therapy, for moderate-to-severe LUTS from BPH.

Methods

Single-centre retrospective audit of consecutive Aquablation procedures, December 2024 to April 2026. Outcomes included IPSS, Qmax, TWOC success, PVR, length of stay and sexual function.

Results

111 men. Median age 66, median prostate volume 68.5 cc. Median operative time 75 minutes. TWOC success 97%; median PVR 50 mL. Of 22 with pre-operative long-term catheters, 21 (95.5%) became catheter free. Median IPSS improved to 9; median Qmax rose to 17.8 mL/s. De novo erectile dysfunction 1.8%, worsened erectile dysfunction 2.7%, retrograde ejaculation 7.2%. Bladder neck stenosis 3.6%; 0.9% needed further TURP. 91.8% achieved satisfactory resolution and were discharged from follow-up.

Conclusion

Aquablation is safe and effective across a broad range of prostate volumes, with excellent functional outcomes, high catheter-free rates and low sexual dysfunction. Long-term durability will be assessed after expansion of a one-stop LUTS service.

Abstract 6 • Room 1, Early session • 09:09–09:15

Frontalis Flap Rescue: Modified Frontalis Flap for Mechanical Ptosis in Orbitopalpebral Neurofibromatosis- a case report

Case Report

Background

Neurofibromatosis-associated ptosis is challenging due to poor levator function and distortion of periocular anatomy. Frontalis flap surgery offers an alternative for functional eyelid elevation.

Aim

To describe surgical management of severe neurofibromatosis-associated ptosis using a frontalis flap.

Methods

Comprehensive ophthalmic assessment including levator function, margin-reflex distance, ocular motility, visual fields and imaging. Given poor levator function and mechanical contribution from neurofibromatous tissue, an autogenous frontalis flap was fashioned and secured under appropriate anaesthesia, protecting the cornea. Postoperative care included lubrication and monitoring.

Results

Satisfactory eyelid elevation, improved margin-reflex distance and restoration of the visual axis. Recovery was uncomplicated with no exposure keratopathy. The patient reported improved visual function and cosmetic satisfaction, and ptosis remained stable at follow-up.

Conclusion

Frontalis flap surgery gave effective and stable correction of neurofibromatosis-associated ptosis, highlighting the value of frontalis techniques and personalised planning in complex ptosis.

Abstract 101 · Room 1, Early session · 09:15–09:21

A Rare Case of Ureteroinguinal Hernia with Hydroureteronephrosis: A Diagnostic and Surgical Challenge

Case Report

Introduction/Background

Ureteroinguinal hernia is an exceptionally rare condition, predominantly affecting men and commonly occurring on the right side. Ureteric herniation can cause ureteric kinking or compression, resulting in hydroureteronephrosis, obstructive uropathy and renal impairment. Preoperative imaging and multidisciplinary planning are important for diagnosis and safe operative management.

Objectives/Aims

To present the diagnostic and operative challenges of ureteroinguinal hernia causing hydroureteronephrosis and highlight strategies for preoperative identification and prevention of ureteric injury during hernia repair.

Methods

We present a 57-year-old man with a longstanding large right inguinoscrotal hernia and flank pain. Clinical assessment, laboratory investigations and contrast-enhanced CT findings were reviewed. A focused literature review was undertaken to contextualize the rarity, diagnostic challenges and management of ureteric involvement in inguinal hernias.

Results

CT demonstrated a large right inguinal hernia containing fat and the distal right ureter, with proximal hydroureteronephrosis and inflammatory changes along the right renal tract, consistent with acute obstruction. Acute kidney injury was likely secondary to obstructive uropathy. Due to marked ureteric tortuosity, a conventional JJ or multilength stent could not reach the renal pelvis. A 7–75 Ch Mono-J stent was therefore placed during open hernia repair to facilitate ureteric identification, safe dissection and postoperative drainage. Recovery was uncomplicated, with resolution of obstruction, improvement in renal function and normalization of inflammatory markers.

Conclusion/Discussion

Ureteroinguinal hernia should be considered in patients with large inguinoscrotal hernias and unexplained hydronephrosis. Preoperative imaging and coordinated urological and surgical management are essential to prevent ureteric injury and preserve renal function.

Abstract 103 • Room 1, Early session • 09:21–09:27

Female Urethral Diverticular Tumour

Case Report

Introduction/Background

Urethral diverticulum (UD) is a rare condition that may occasionally undergo malignant transformation. Urethral diverticular carcinoma (UDC) is exceptionally uncommon in women and often presents at an advanced stage because of its nonspecific clinical features. Early recognition is therefore challenging, and there are no established treatment protocols.

Objectives/Aims

To describe the clinical presentation, diagnostic evaluation, histopathological findings, and surgical management of a rare female urethral diverticular tumour and to highlight the importance of considering malignancy in patients presenting with urinary obstruction or haematuria.

Methods

We report the case of a 74-year-old woman presenting with haematuria, bilateral severe hydronephrosis, and acute kidney injury. Clinical examination, computed tomography (CT), magnetic resonance imaging (MRI), and FDG-PET were performed. The patient underwent radical surgical excision of the urethral diverticular tumour with bilateral pelvic lymphadenectomy and ileal conduit urinary diversion. Histopathological examination was performed on the surgical specimens.

Results

Clinical examination revealed a palpable anterior vaginal wall mass originating from the urethra. CT and MRI demonstrated a peri-urethral mass encasing the urethra and suspected to arise from a posterior urethral diverticulum, without significant pelvic or groin lymphadenopathy. Histopathology revealed clear cell adenocarcinoma, likely originating from the urethral diverticulum.

Conclusion/Discussion

Female urethral diverticular carcinoma is rare and can present with haematuria and urinary tract obstruction. Thorough pelvic examination and appropriate cross-sectional imaging are important for diagnosis. In this case, radical surgical management provided definitive treatment, although the optimal management of this uncommon malignancy remains uncertain due to its rarity

Abstract 230 • Room 1, Early session • 09:27–09:33

The significance of prostatitis in the MRI-led diagnostic evaluation of men in the Prostate Cancer Pathway whose biopsies show the presence of inflammation

Original Research

Objectives

This study aims to investigate the extent that prostatitis and inflammation-related changes (IRC) mask or mimic neoplastic changes on multi-parametric MRIs, and to ascertain the association between PC, past urinary tract infections (UTIs), acute infection at the time of presentation (assessed by a midstream specimen of urine [MSU] culture) and prostatitis identified at biopsy.

Methods

This study was a retrospective analysis of collected data from men referred to a one stop clinic for investigation of PC suspicion between 07/2021 and 05/2022. The criteria for referral include an age defined elevated Prostate Specific Antigen (PSA) measurement or abnormal digital rectal examination. We added to this database used to provide a continuous audit of the pathway and updated it to include

UTI or prostatitis from the patients past medical history (PMH) and MSU culture findings on 380 subjects.

Results

Biopsies from 177 men revealed a negative association between inflammation and PC, with concomitant PC and prostatitis reported in only 2 individuals (1.1%), decreasing IRC prevalence with Likert (Lt) score (52.8%, 29.8%, 18.2%, 0% in Lt 2, 3, 4, 5 respectively), and increasing PC incidence with Lt score (13.9%, 38.6%, 70.5%, 97.5% in Lt 2, 3, 4, 5 respectively). We found negligible differences in diffuseness of Lt 3 lesions between those with PC (including various grades), IRC, and neither. Additionally, subjects with positive PMH of UTI or prostatitis were significantly more likely to have a positive MSU result (23.5% vs 7.4%) and exhibit IRC on biopsy (37.5% vs 25.6%).

Abstract 76 · Room 1, Early session · 09:33–09:39

A Case of true left ventricular aneurysm with impending rupture requiring surgical intervention

Case Report

Introduction/Background

This case details a 74-year-old male presenting with chest pain and elevated troponin levels, ultimately diagnosed with a true left ventricular (LV) aneurysm following a series of clinical events. The patient initially presented with chest pain, elevated troponin I (303 ng/L), and dynamic ECG changes, and was later diagnosed with non-ST elevation myocardial infarction (NSTEMI). After intervention, he experienced complications, including a significant rise in troponin to 7439 ng/L. Echocardiography initially showed mildly impaired LV function (ejection fraction 45-50%) without evidence of an aneurysm. However, following a brief discharge, the patient returned with severe symptoms, including chest pain and light-headedness. CT imaging revealed a small pericardial effusion but no LV aneurysm. After further admissions, progressive symptoms led to findings of new-onset atrial fibrillation and a repeat echocardiogram, which indicated an aneurysmal region in the apical lateral wall, raising concerns of rupture. Urgent CT confirmed a contrast-filled bulging abnormality consistent with a true LV aneurysm. Differential Diagnosis: The primary diagnostic challenge was differentiating it from pseudoaneurysm Intervention : Urgent Surgical patch repair Discussion: This case underscores the potential for rapid progression of LV aneurysm post-myocardial infarction, highlighting the importance of serial imaging in symptomatic patients. Despite advancements in reperfusion strategies, LV aneurysm remains a serious complication, necessitating timely surgical intervention Learning points : - Left ventricular aneurysm remains an important complication of myocardial infarction despite modern reperfusion therapy. - Serial imaging is essential when clinical status changes. - Surgical intervention may be life-saving in selected high-risk cases of true ventricular aneurysm

Room 1 — Surgery: Urology and Cardiothoracic

Late session • 10:15 – 10:45

Abstract 83 • Room 1, Late session • 10:15–10:21

Prediction models for clinical outcomes after endoscopic enucleation of the prostate for benign prostatic obstruction: an EAU Endourology systematic review of predictive performance and risk of bias

Original Research

Introduction

Multivariable prediction models are increasingly used to predict clinical outcomes after endoscopic enucleation of the prostate (EEP) for benign prostatic obstruction, but their methodological quality remains uncertain.

Objectives

We evaluated their performance, validation, risk of bias and applicability.

Methods

MEDLINE, Embase and Scopus were searched from inception to 17 July 2026 (PROSPERO: CRD420261442347), with forward and backward citation searching. Eligible studies developed or validated multivariable prediction models using at least two predictors and reported at least one performance measure. Screening and CHARMS data extraction were performed independently in duplicate; risk of bias and applicability were assessed using PROBAST+AI. Reporting followed PRISMA 2020 and TRIPOD-SRMA. Findings were synthesised narratively, with meta-analysis planned where the same model had at least three comparable external validations with consistent outcome definitions and prediction horizons.

Results

Of 3,414 records screened, 10 studies evaluating 11 models were included. None met meta-analysis criteria. Logistic regression predominated, alongside machine-learning methods; all studies used complete-case analysis. Discrimination ranged from 0.470 to 0.884; calibration was reported for 5 of 11 models. One model was externally validated; none were externally validated by an independent group. All models had high risk of bias, and none predicted urinary incontinence at or beyond 12 months.

Conclusion

Inadequate validation and inconsistent performance reporting limit comparison and clinical application. No published model can currently be considered sufficiently reliable for individualised clinical prediction following EEP. Future research should prioritise independent external validation of existing models in sufficiently large cohorts with consistent outcome definitions and prediction horizons.

Abstract 220 • Room 1, Late session • 10:21–10:27

Artificial Intelligence (AI)-Enhanced Prediction ofProlonged Ventilation and Mortality After PediatricCardiac Surgery

Original Research

Introduction

Prolonged postoperative ventilation is a major driver of morbidity and resource use after paediatric cardiac surgery, and is hard to predict.

Objectives

To develop and validate an AI model predicting prolonged ventilation (>=48 hours) from routine postoperative variables.

Methods

Four-year retrospective cohort. 32 postoperative complications used to build an explainable XGBoost model predicting prolonged ventilation and in-hospital mortality. Performance assessed by ROC AUC, precision-recall, calibration and decision-curve analysis.

Results

Excellent discrimination for prolonged ventilation (AUC 0.975; AUC-PR 0.951) and good for mortality (AUC 0.870). Calibration showed close alignment. Decision-curve analysis showed net benefit over treat-all and treat-none. SHAP identified acute kidney injury, sepsis, weight and height as key drivers.

Conclusion

The AI model predicts prolonged ventilation after paediatric cardiac surgery with high accuracy, supporting early risk identification and ICU planning.

Abstract 228 • Room 1, Late session • 10:27–10:33

Robotic Intrathoracic Surgical Training: A Scoping Review and Bibliometric Analysis

Original Research

Background

Robotic surgery is expanding in cardiac, pulmonary and mediastinal, and oesophageal operations; its training literature is dispersed, with no review covering all three identified.

Objectives

To map robotic intrathoracic training literature: proficiency definitions, training delivery and publication patterns.

Methods

Scoping review (JBI, PRISMA-ScR); Web of Science, MEDLINE and Embase searched 3 October 2026. Two reviewers independently screened records and full texts. Charted: design, focus, learners, methods, proficiency, platform, manufacturer involvement, outcomes. Output growth: quasi-Poisson regression.

Results

Deduplication left 6,743 of 12,991 records; 108 papers (2001-2026) were included (62 pulmonary and mediastinal, 36 cardiac, 6 oesophageal, 4 mixed), with 93 independent studies (eight same-cohort groups). Annual output rose from 0.8 (2001-2010) to 10.0 papers (2021-2025; rate ratio 1.15/year, 95% CI 1.09-1.22). 58 papers (53.7%) had a US corresponding author; 438/562 authors (77.9%) published one paper. Commonest focus: curriculum (43, 39.8%). A comparison group or phase: 47 (43.5%); validated

assessment tool: 8 (7.4%). Proficiency undefined: 42 (38.9%); 24/33 learning-curve papers lacked a prespecified threshold. The da Vinci was named in 73 (67.6%); 28 (25.9%) described manufacturer-delivered or certified training; 50 (46.3%) declared Intuitive links. No paper assessed skill retention; eight proposed a minimum case volume or recurring practice.

Conclusions

The literature is small but expanding, led by pulmonary and mediastinal surgery, US authors and one manufacturer. Original studies were mostly single-centre; proficiency definitions, comparison groups and validated assessment were scarce, retention untested and oesophageal surgery sparse. Consensus proficiency definitions and multicentre comparative studies are needed.

Abstract 122 · Room 1, Late session · 10:33–10:39

Advanced Metastatic Prostate Malignancy With a Normal PSA: A Diagnostic Pitfall

Case Report

Introduction/Background

Prostate-specific antigen (PSA) is central to the investigation of suspected prostate malignancy; however, PSA levels may not always correlate with disease burden. We report advanced presumed prostate malignancy with extensive metastatic disease despite persistently normal PSA.

Objectives/Aims

To highlight the limitations of PSA as an isolated diagnostic marker and emphasise the importance of clinical examination when suspicion of prostate malignancy persists.

Methods

A retrospective review of the presentation, investigations, multidisciplinary management and clinical outcome of a 75-year-old man presenting with recurrent visible haematuria, lower urinary tract symptoms and urinary retention was undertaken.

Results

PSA remained normal (3.00–4.00 ng/mL), despite digital rectal examination demonstrating a hard, irregular prostate with a palpable nodule. Imaging revealed presumed T4N1 prostate malignancy, pelvic nodal disease, extensive lytic osseous metastases and a pathological T10 fracture with grade 2 epidural spinal cord compression. Management included degarelix, high-dose dexamethasone and five fractions of palliative spinal radiotherapy. Surgery was precluded by significant comorbidity and limited physiological reserve. The prolonged admission was complicated by bacteraemia, hospital-acquired pneumonia, hypercalcaemia, hypercapnic respiratory failure and progressive deconditioning, ultimately necessitating transition to comfort-focused care.

Conclusion/Discussion

Advanced prostate malignancy may occur despite normal PSA. PSA should therefore not be interpreted in isolation. Persistent urological symptoms and abnormal digital rectal examination warrant further investigation irrespective of PSA level. This case also highlights the importance of early multidisciplinary management in advanced disease complicated by metastatic spinal cord compression.

Abstract 227 • Room 1, Late session • 10:39–10:45

Fascinated but Not Committed: Interest, Intent and the Training Bottleneck in Neurosurgery - A Systematic Review and Meta-Analysis

Original Research

Introduction

Medical students admire neurosurgery, but the world lacks about 23,300 neurosurgeons while some countries turn away most training applicants.

Aim

To measure student interest and intent to apply, explain the gap and test whether a training bottleneck exists everywhere.

Methods

MEDLINE (PubMed) and Cochrane searched June-August 2026, plus citation and web searches, for surveys of students and junior doctors. DerSimonian-Laird random-effects pooling; JBI risk of bias; national workforce data mapped.

Results

35 primary studies and three reviews included; 14 surveys meta-analysed. 48.0% (95% CI 39.3-56.8%) would consider neurosurgery, but only 12.1% (95% CI 7.0-20.2%) intended to apply. Barriers: work-life/family (71.6%) and long training (65.2%). Prestige (85.4%) the commonest attraction. 94.0% agreed training is long, but only 51.6% felt deterred ($p<0.001$). UK applications per training post rose from 4.5 (2018) to 26.7 (2025) as posts fell from 34 to 21. USA: 373 applicants for 243 positions (2023); about 11% of residents leave training.

Conclusion

Every country loses future neurosurgeons, at different stages: high-income systems at entry to training, low- and middle-income systems through limited capacity and retention. Responses should target where losses occur.

Room 2 — Surgery: Neurosurgery, ENT, Ophthalmology, Vascular and Plastics

Early session · 08:15 – 09:51

Abstract 151 · Room 2, Early session · 08:15–08:21

Feeling the stretch – Evaluating Optilume™ at Whipps Cross Hospital

Audit / QI

Introduction/Background

Urethral strictures affect 229-627 per 100,000 with bulbar disease being most common (1, 2). Management comprises conservative vs. endourological vs. open reconstructive (urethroplasty) approaches (2). Optical urethrotomy/sequential dilatation are established procedures but recurrence is common (2). Paclitaxel-coated ballon dilatation [Optilume™] represents a minimally-invasive approach associated with higher urethral patency rates and lower retreatment risk. (2)

Objectives/Aims

We aimed to evaluate our service as an early adopter of Optilume™ to assess operative utilisation and patient outcomes.

Methods

Adults specifically listed for urethral dilatation/optical urethrotomy between (01/01/25-01/06/26) were identified retrospectively. Female patients and those with no stricture disease intra-operatively were excluded. Patient demographics, endoluminal approach and stricture recurrence (if followed up in clinic) were recorded.

Results

24 patients (median age 67) received endoscopic management. The median stricture length was 2cm and most (18) were bulbourethral. 14 received Optilume™, 9 received S-shaped dilatation only and 1 underwent optical urethrotomy. 3 cases of recurrence were identified during follow-up so far: 2 subsequent to urethral dilatation only, 1 following Optilume™.

Conclusion/Discussion

Optilume™ comprises a promising treatment for patients with urethral stricture disease. Over half of all cases managed at our trust received Optilume™. Longer follow-up is required to capture more patient data. The introduction of a specific proforma may be beneficial to capture outcomes, recurrence rates and potential impacts. Bibliography 1. Mundy AR, Andrich DE. Urethral trauma. Part I. BJU International. 2011;108(3):310-27. 2. Lumen N, et al. EAU Guidelines on Urethral Strictures. European Association of Urology; 2026

Abstract 82 · Room 2, Early session · 08:21–08:27

A Curious Case of Bilateral Parotid Swelling: When PET/CT and Histopathology Tell Different Stories

Case Report

Background

Parotid swelling in a cancer patient causes diagnostic dilemma, as metastasis must be ruled out. We report bilateral FDG-avid parotid lesions in a patient with metastatic melanoma where imaging and histopathology jointly confirmed the diagnosis.

Objective

To explore the challenges of identifying benign parotid lesions from metastatic disease and highlight the role of multimodal imaging and histopathology.

Methods

Retrospective review of the clinical events, serial CT, FDG PET/CT, ultrasound, MRI, fine-needle aspiration (FNA), surgery, histopathology and multidisciplinary team (MDT) decision-making.

Results

An elderly gentleman with metastatic melanoma was incidentally found to have bilateral FDG-avid parotid foci on surveillance PET/CT in March 2024.Ultrasound captured hypoechoic left parotid lesion with internal vascularity;FNA did not establish a subtype.MRI in June 2024 demonstrated bilateral lesions with T1 hypointensity,cystic T2 components and subtle enhancement,interpreted as consistent with Warthin tumours.Left partial parotidectomy in July 2024 showed nodular oncocytic hyperplasia.Again in September 2025,CT demonstrated an 8-mm left parotid lesion.Repeat ultrasound failed to get FNA.PET/CT showed FDG-avid bilateral nodules but could not distinguish benign from malignant disease.Following MDT discussion,left partial parotidectomy in January 2026 confirmed benign nodular oncocytic hyperplasia without atypia,mitoses or necrosis.

Conclusion

Bilateral FDG-avid parotid lesions in cancer patients can result in diagnostic challenges, though not imply malignancy always.Structured, MDT-led approach combining serial imaging and surgical tissue diagnosis is helpful to avoid both under- and over-treatment. In this scenario, MRI out of other imaging modalities, came closest to accurately characterising the nature of the lesion.

Abstract 114 · Room 2, Early session · 08:27–08:33

A case of right-sided primary tonsillar mucosal melanoma presenting to Head and Neck clinic

Case Report

Introduction

Mucosal melanoma is a rare but important diagnosis, representing less than 2% of diagnosed melanomas in the UK. Unlike cutaneous melanoma, there are no known risk factors such as UV exposure or fairer skin. Presentation is often delayed as the primary lesion may not be visible or heavily pigmented. Primary tonsillar mucosal melanoma is rare, with only twenty-seven cases previously reported. This case report concerns a case of primary mucosal melanoma of the right palatine tonsil. Clinical Case A 31-year-old man was referred to the Head and Neck clinic with a three-month history of enlarging neck lumps. On examination, he had non-tender cervical lymphadenopathy and an enlarged and vascular right tonsil. He was otherwise well, with no significant past medical or family history.

Bloods showed anaemia and thrombocytosis. CT imaging showed a large mass in the right oropharynx, with enlarged cervical, mediastinal, hilar, and abdominal lymph nodes. There were also abnormalities in the lungs and intra-abdominal organs. Lymph node biopsy confirmed a diagnosis of BRAF-mutated metastatic melanoma originating from the right palatine tonsil. MRI head showed multiple intracranial metastases. He was started on palliative immunotherapy with ipilimumab and nivolumab. This was changed to encorafenib and binimetinib with dexamethasone to better target the intracranial metastases.

Conclusions

Mucosal melanomas are rare, but often present late and are more aggressive than most cutaneous melanomas. As such, prognosis is poor. It is important to have a high index of suspicion, especially with persistent lymphadenopathy in the head and neck region.

Abstract 138 • Room 2, Early session • 08:33–08:39

From Incidental Discovery to Radiation Induced Disease : A Case Series of Meningioma

Case Report

Introduction

Meningiomas are typically benign, slow-growing tumours arising from arachnoid cap cells and are the most common primary intracranial tumour in adults. Clinical presentation varies with tumour location and mass effect, ranging from incidental findings to headache, seizures, visual disturbance and focal neurological deficit. We present three cases illustrating this diversity.

Aim

To highlight the heterogeneous clinical presentations of meningioma, including incidental discovery, radiation-associated disease and symptomatic lesions with significant radiological mass effect.

Method

Retrospective review of three patients with intracranial meningioma at our hospital, covering clinical presentation, radiological findings, relevant medical history and management pathways. Case Series: Case 1: An elderly woman presented after a mechanical fall, also reporting right upper limb neuropathic pain. CT then MRI brain suggested a left frontal meningioma involving the superior sagittal sinus. She remained neurologically intact and is followed up by neuro-oncology. Case 2: A 61-year-old man, previously treated with craniospinal irradiation for childhood medulloblastoma, developed radiation-associated meningiomas. A lesion identified in 2006 was resected in 2017. Surveillance imaging more than 35 years after radiotherapy showed progression of a left cavernous sinus/parasellar meningioma and a second right tentorial lesion. He also had ACTH deficiency secondary to previous irradiation. Case 3: A 47-year-old woman with progressive headaches had a 3 cm left frontal cystic meningioma with significant pressure effects. Despite marked radiological abnormalities, neurological examination was normal.

Conclusion

These cases show the broad clinical spectrum of meningioma, emphasising appropriate neuroimaging, long-term surveillance after cranial irradiation and multidisciplinary management.

Abstract 206 • Room 2, Early session • 08:39–08:45

The Eight-Year Silence: A Rare Late Relapse of Orbital Rhabdomyosarcoma

Case Report

Background

Orbital rhabdomyosarcoma (RMS) is a rare malignant tumour in children and adolescents, generally associated with favorable outcomes. Late recurrences, particularly after prolonged remission, are uncommon and present significant clinical challenges, especially in patients with comorbidities requiring immunosuppression.

Case Presentation

We report the case of a young female diagnosed with right orbital RMS in December 2017. Initial treatment included biopsy, chemotherapy following the RMS 2005 protocol, and proton beam therapy, resulting in an eight-year remission. In September 2022, she developed Crohn's disease requiring ongoing biological therapy. In early 2025, she presented with subtle right upper eyelid swelling, superior orbital fullness, mild proptosis, and rapidly deteriorating visual acuity. Orbital imaging revealed a new extraconal lesion. Urgent debulking biopsy confirmed recurrent orbital RMS with spindle cell morphology and a PIK3CA mutation. Staging investigations excluded distant metastases. Management required a multidisciplinary approach, including systemic chemotherapy with the IVA protocol. Local control strategies are being tailored based on response, with options including orbital exenteration and AMORE (Ablative Surgery MOld with After loading brachytherapy and surgical REconstruction). Balancing immunosuppression for Crohn's disease with cytotoxic chemotherapy posed an additional challenge. The patient showed an initial positive response, with reduced proptosis and improved lagophthalmos, and chemotherapy continues with ongoing monitoring.

Conclusion

This case illustrates the potential for late recurrence of orbital RMS even after prolonged remission [1–3]. It highlights the importance of long-term vigilance, individualized multidisciplinary management [4], and careful consideration of comorbidities, such as immunosuppressive therapy, which may impact treatment planning and outcomes.

Abstract 224 • Room 2, Early session • 08:45–08:51

Spontaneous Intradural Extramedullary Haematoma After Mild Exercise in Von Willebrand Disease: A Rare Clinical Presentation and Literature Review

Case Report

Aim/Background

Spinal intradural extramedullary haematoma (SIEH) is a rare cause of acute cord compression, particularly in von Willebrand disease (VWD).

Method

Case report with literature review. A 28-year-old woman with VWD developed acute back pain after stretching and push-ups. Within 24 hours she developed progressive bilateral leg weakness and urinary and faecal incontinence. Urgent MRI and emergency decompression followed.

Results

MRI showed T3/4 SIEH with significant cord compression. Deficit progressed to complete paraplegia before surgery. Right-sided T3/4 fenestration and haematoma evacuation were performed, with intra-operative ultrasound confirming location. Post-operatively, recombinant von Willebrand factor

(vonicog alfa) was given. Neurological improvement began within 24 hours, with complete recovery by three months and no recurrence at 14-month follow-up.

Conclusion

SIEH should be considered in VWD patients with acute spinal symptoms, even without trauma. Early MRI, urgent decompression and targeted factor replacement, with neurosurgical-haematological collaboration, can achieve favourable outcomes.

Abstract 25 • Room 2, Early session • 08:51–08:57

The Final Step in Breast Reconstruction: Evaluating a Nipple–Areolar Micropigmentation Service

Original Research

Introduction/Background

Nipple-areola complex (NAC) micropigmentation is a component of the final stages of breast reconstruction journey following a mastectomy. There is no national standard for delivery of micropigmentation services within the NHS and no published assessment of provision of this service in the UK.

Objectives/Aims

This service evaluation aims to assess current micropigmentation provision in a tertiary hospital, examining service provision, cost and utilisation efficiency.

Methods

A retrospective cohort study was conducted at a UK plastic surgery outpatient department, reviewing 78 patients who underwent NAC micropigmentation between January 2021 and December 2025. The mean age was 56.5 years (range:45.8–67.2). Of these, 22(28.2%) had a bilateral micropigmentation and 56(71.8%) unilateral. The average number of appointments attended were 1.87 (range:1-4); the average wait from referral to first appointment was 23.4 weeks (range:3.86-85); the average wait from first appointment to top-up appointment was 10.2 weeks (range:4-30). Semi-permanent micropigmentation ink was used for all patients. 73.2% were correctly coded, while 26.3% were incorrectly coded as having undergone a unilateral rather than bilateral procedure. Consequently, the trust was under-reimbursed by £4044. A total of 212 session blocks were scheduled for NAC micropigmentation, with a booking rate of 66.0% and non-attendance rate of 6.43%. Overall clinic utilisation, defined as the proportion of available appointment slots booked and attended, was 61.8%.

Conclusion/Discussion

NAC micropigmentation delivers reconstruction benefits yet remains underused, with capacity gaps and £4,044 losses; smarter scheduling, permanent pigments, coding, and standards could boost efficiency and access.

Abstract 30 · Room 2, Early session · 08:57–09:03

Endoscopic spinal cord detethering for tethered cord syndrome in the paediatric population: a systematic review

Original Research

Background

Endoscopic spinal surgery is a rapidly developing field, and is gaining momentum globally as it is thought to shorten hospital stays, reduce post-operative complications and improve surgical efficiency. One purported use-case for endoscopic spinal surgery is in the management of tethered cord syndrome. While traditionally this has been achieved through open surgery, there are an increasing number of reports in the literature describing endoscopic methods for carrying out the procedure in both children and adults Aims To summarise the current literature pertaining to endoscopic spinal cord detethering in the paediatric population, and identify research areas which may need to be explored further.

Methods

A literature search of case reports and case series describing endoscopic spinal cord detethering published on PubMed before April 2026 was carried out following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Results

4 studies were found to meet the inclusion criteria, with a total patient number of 9, and were subsequently analysed and discussed. The ages of the patients ranged from 8 months to 14 years. Only one of the included patients had an adverse outcome, and this was thought to be unrelated to the procedure.

Discussion

The findings of the review suggest that endoscopic spinal cord detethering is safe and effective, but higher levels of evidence, such as retrospective or prospective cohort studies, are currently lacking and would be the natural next step in establishing a sound, evidence-based foundation for the wider adoption of this procedure.

Abstract 63 · Room 2, Early session · 09:03–09:09

Beyond conjunctivitis: recognising sight-threatening causes of red eye — a patient-safety framework for acute care clinicians

Original Research

Introduction/Background

Red eye is common in emergency departments, acute medical units, and primary care, with conjunctivitis accounting for 30–70% depending on setting. However, a significant minority represent sight-threatening emergencies including acute angle-closure glaucoma, microbial keratitis, orbital cellulitis, scleritis, and endophthalmitis. Non-specialists frequently lack slit-lamp biomicroscopy, tonometry, or ophthalmology support, creating diagnostic vulnerability and risk of preventable visual loss.

Objectives/Aims

To review sight-threatening causes of red eye commonly misdiagnosed as conjunctivitis and provide a pragmatic assessment framework for non-specialist acute care clinicians.

Methods

Narrative literature review of PubMed/MEDLINE (1990–2025), emphasizing systematic reviews and meta-analyses from 2015 onwards. Search strategy: red eye, conjunctivitis, keratitis, diagnostic error, cognitive bias. Focus on clinical features, diagnostic errors, and assessment approaches for non-specialists without specialist equipment.

Results

Eight sight-threatening conditions overlap with conjunctivitis: angle-closure glaucoma, microbial keratitis, anterior uveitis, scleritis, orbital cellulitis, chemical injury, and endophthalmitis. Diagnostic error arises from cognitive biases (anchoring, premature closure), limited tools, and service pressures. Red-flag discriminators: pain severity (≥8/10), visual acuity reduction, photophobia, abnormal pupils, corneal opacity, proptosis. The VISION framework provides systematic bedside assessment: Visual acuity, Inspect cornea/pupil, Severity of pain, Intraocular pressure indicators, Ocular movements, Need for referral. Framework uses findings available to any clinician without specialist equipment.

Conclusion/Discussion

Painful red eye should be treated as ocular emergency until proven otherwise. Structured assessment using VISION framework reduces cognitive error and supports timely specialist referral. Implementation may prevent irreversible visual loss and improve patient safety outcomes.

Abstract 64 · Room 2, Early session · 09:09–09:15

Investigation of Antibacterial, Antioxidant, and Burn Wound Healing Effects of Green-Synthesized Silver Nanoparticles Using Alcoholic Extract of Peucedanum officinale

Original Research

Burn wounds remain a significant clinical challenge due to delayed tissue regeneration and the high risk of microbial infections. Green-synthesized silver nanoparticles using medicinal plant extracts have emerged as promising candidates for wound management; however, the potential of Peucedanum officinale-mediated silver nanoparticles for burn wound healing has not been extensively investigated. In this study, silver nanoparticles were synthesized using an alcoholic extract of P. officinale seeds (Ag@POS NPs), and their physicochemical characteristics, antimicrobial, antioxidant, and wound healing properties were evaluated. The synthesis process was optimized based on silver nitrate concentration, reaction time, and temperature. The synthesized nanoparticles were characterized using XRD, FTIR, FESEM, TEM, and EDS analyses. The XRD results confirmed the crystalline structure of Ag nanoparticles, while FTIR analysis indicated the involvement of plant-derived functional groups in nanoparticle formation and stabilization. Morphological analysis revealed the formation of spherical nanoparticles with an average size of approximately 20–30 nm. The antimicrobial activity of Ag@POS NPs demonstrated effective inhibition and elimination of Gram-positive and Gram-negative bacterial strains as well as Candida albicans. Moreover, Ag@POS NPs exhibited significant antioxidant activity, achieving 91% DPPH radical inhibition at 800 μg/mL. In a rat burn wound model, topical application of Ag@POS NPs significantly enhanced wound closure compared with control groups, which was further supported by histopathological findings indicating improved tissue regeneration. Overall, the findings demonstrate that green-synthesized Ag@POS NPs possess multifunctional antibacterial, antioxidant, and wound-healing properties, highlighting their potential as a promising therapeutic nanomaterial for burn wound management.

Abstract 111 • Room 2, Early session • 09:15–09:21

Travel Advice Is Not Just for Flying: Rate of Ascent, Descent and Intraocular Pressure in the Gas-Filled Eye

Original Research

Introduction/Background

Intraocular gas tamponades the retina after vitrectomy. Such patients are advised not to fly or travel to high altitude. That advice concerns the destination, not rate of ascent, descent, or small gains such as lifts and railways.

Objectives/Aims

To identify which variables govern pressure rise in the gas-filled eye, and trace model parameters to source.

Methods

Ovid MEDLINE was searched using four strings across three concepts — intraocular gas and vitreoretinal surgery; intraocular pressure; and altitude, atmospheric pressure and travel — with backward citation searching. Screening followed PRISMA-ScR: 453 records identified, 413 screened, 39 included. EMBASE and Web of Science were unavailable. Parameters were traced to primary sources.

Results

The rise on ascent cannot exceed the fall in atmospheric pressure; gas volume governs how quickly that ceiling is reached, not its height. Compensation is small and weakens as pressure rises: the wall absorbs only tens of microlitres, and outflow facility falls exponentially, so trabecular drainage peaks near 25 mmHg. Descent and return to the starting altitude raises pressure despite no net gain. Four model parameters were unmeasured in living eyes or attributed to sources that do not report them; one published pressure–volume relation is reproduced inverted.

Conclusion/Discussion

Rate of ascent and direction of prior altitude change, not maximum altitude, determine risk. A gain under 100 m cannot raise pressure by more than 9 mmHg, whatever the speed. Advice should rest on absolute gas volume, rate of ascent, and any descent below the surgical altitude.

Abstract 116 • Room 2, Early session • 09:21–09:27

Confidence rises faster than discrimination: a pre–post evaluation of a structured teaching session on ophthalmic presentation

Original Research

Introduction

Ophthalmic presentations are common in primary and emergency care, yet structured teaching is limited. Evaluations typically report accuracy alone. We assessed whether accuracy gains were matched by improved calibration, and which errors persisted.

Materials and methods

Single-arm pre-post evaluation of a didactic session for third year medical students. Participants completed an anonymous 10-item quiz before and after, paired by self-generated code. Vignettes carried matched diagnoses but differed in wording and option order. Each had four options and a 1-5 confidence rating. McNemar's test compared accuracy and paired t-test confidence; calibration was mean confidence on correct minus incorrect answers.

Results

Eleven participants completed both quizzes. Mean accuracy rose from 51.8% to 80.9%, with 40 incorrect-to-correct versus 8 correct-to-incorrect transitions (McNemar $\chi^2 = 20.02$, $p<0.001$) (Figure 1). Confidence rose from 2.10 to 3.27 ($p<0.001$), but calibration was unchanged (-0.01 to +0.09), indicating confidence grew broadly rather than tracking competence. Residual errors concentrated in near-neighbour pairs (Figure 2): hypertensive retinopathy answered as diabetic retinopathy, and a cluster of anterior uveitis, keratitis and endophthalmitis. Anterior uveitis alone did not improve (64% to 55%), matching participants' self-reported weakest area. Two format-switching items were not interpreted.

Conclusion

A single session improved accuracy and confidence, but calibration did not, and persisting errors clustered in a few confusable diagnoses. Brief teaching may support pattern acquisition more than discrimination; contrasting confusable pairs may add more value than broad coverage. Limitations: small single-cohort sample, no control arm or follow-up.

Abstract 117 • Room 2, Early session • 09:27–09:33

Automated and Artificial Intelligence (AI)-Derived Performance Assessment in Surgical Simulation: A Systematic Review

Original Research

Introduction

Artificial intelligence (AI)-assisted and automated performance assessment is increasingly being integrated into surgical education. However, the extent, effectiveness, validity, and reliability of these approaches remain unclear.

Aim

To systematically evaluate the use of AI and automated methods for assessing technical surgical skills in simulation-based training and real clinical practice, with particular emphasis on algorithms, performance measures, validity, reliability, and adaptive feedback.

Methods

A systematic review of literature published between 2010 and 2025 was conducted across PubMed, Scopus, Embase, and IEEE Xplore, including conference proceedings and grey literature. Experimental and observational studies using algorithmic or automated methods to assess technical surgical performance were included. Data were extracted on study characteristics, algorithm type, task complexity, performance measures, validity, reliability, and methodological quality. Findings were synthesised descriptively and trends examined by study type, year, country, and task domain.

Results

Twenty-nine studies met the inclusion criteria. Most used supervised learning algorithms to assess technical skills, with considerable variation in task complexity and performance measures. Reporting of validity and reliability was inconsistent, limiting comparison and generalisability across tasks and settings. Few studies incorporated real-time adaptive assessment or feedback. The literature demonstrated a shift towards simulation-based assessment and increasing use of multimodal data sources.

Conclusion

AI-based assessment shows promise for objective and potentially real-time evaluation of surgical technical skills. However, methodological heterogeneity, limited transparency, and insufficient evidence of validity and reliability currently restrict generalisability. Standardised and rigorously

validated assessment methods are required to support reproducible, trustworthy, and ethical implementation of AI in surgical education.

Abstract 175 • Room 2, Early session • 09:33–09:39

Is the 90-minute operative threshold still relevant? Infective outcomes of FANS-assisted flexible ureteroscopy in a large multicentre cohort

Original Research

Background

Flexible ureteroscopy (FURS), a keyhole procedure for removing kidney stones, has conventionally been limited to 60–90 minutes of operative time due to concerns that prolonged intrarenal pressure elevation increases infective risk. Flexible and navigable suction ureteral access sheaths (FANS) may lower intrarenal pressure and mitigate this risk, but evidence supporting procedures beyond 90 minutes remains limited.

Methods

We conducted a multicentre cohort study across three high-volume tertiary centres, including all patients undergoing FANS-assisted FURS for renal and upper ureteric stones between May 2023 and September 2025 (n=647). Patients were stratified by operative time: Group 1, ≤90 minutes (n=489); Group 2, >90 minutes (n=158). The primary outcome was postoperative infective morbidity (fever, urosepsis, septic shock, or 30-day UTI readmission). Multivariable logistic regression identified independent predictors.

Results

Group 2 had significantly greater stone burden (median volume 2,516.5 vs 795.2 mm^3, $p<0.001$) and diameter (20.5 vs 13.6 mm, $p<0.001$). Infective complications did not differ significantly between groups (1.9% vs 1.2%, $p=0.5$), with no urosepsis or septic shock in either group. Operative time was not independently associated with infective complications (adjusted OR 1.01, 95% CI 0.99–1.03; $p=0.2$); positive preoperative urine culture was (adjusted OR 8.15, 95% CI 1.65–23.3; $p=0.008$).

Conclusion

In experienced high-volume practice, FANS-assisted FURS beyond 90 minutes was not associated with increased infective morbidity, despite significantly greater stone burden. Preoperative urine culture status, not operative time, was the key predictor of infective risk, suggesting the conventional 90-minute threshold may not apply to FANS-assisted procedures.

Abstract 20 • Room 2, Early session • 09:39–09:45

YouTube as a Reliable Source of Patient Education for Peyronie's Disease: A Quality Assessment Study

Original Research

Introduction

Peyronie disease causes fibrous plaques, curvature, pain and sexual dysfunction. Patients increasingly seek information on YouTube. This study evaluated the quality, reliability and educational value of Peyronie videos.

Methods

YouTube searched on 20 May 2026 using five terms; first 20 videos per term screened. English, patient-oriented videos of 1-20 minutes were included. Quality assessed with DISCERN, Global Quality Scale (GQS) and JAMA benchmark criteria.

Results

Of 100 screened, 12 met criteria. Mean duration 4:03, mean views 212,275. Mean DISCERN 51.42 (SD 9.59), not significantly different from the good-quality threshold of 51 (p=0.883). Mean GQS 2.92 (moderate). Mean JAMA 1.50 (low reliability).

Conclusion

YouTube gives generally acceptable but inconsistent Peyronie information, with gaps in treatment content, transparency and evidence. Clinicians should guide patients to reliable resources.

Abstract 223 · Room 2, Early session · 09:45–09:51

Single centre experience of Hemi-HOLEP compared to standard HoLEP as a non-inferior technique for the surgical management of Benign Prostatic Hyperplasia

Original Research

Objectives

HoLEP is emerging as a gold-standard surgical treatment for BPH, especially for large adenomas. Hemi-HoLEP has been proposed to achieve similar results with reduced operative time, but outcomes are minimally reported.

Methods

Six years (2020-2026) of patients treated with HoLEP or Hemi-HoLEP, identified from a surgical database. Outcomes: operation type, success at relieving catheter dependence, post-operative flow rates, complications and readmissions.

Results

104 patients: 88 HoLEP, 16 Hemi-HoLEP. TWOC success 11/11 (100%) for catheter-dependent Hemi-HoLEP patients versus 46/49 (93.9%) for HoLEP. Average Qmax improvement 11.7 mL/s versus 7.91 mL/s. Readmission 4 HoLEP (4.54%) versus 6 Hemi-HoLEP (37.5%). No infections in the Hemi-HoLEP group versus 4 (4.54%) in HoLEP.

Conclusions

Hemi-HoLEP gives comparable outcomes to HoLEP. Haematuria after surgery was more common with Hemi-HoLEP, but other complications were lower. In selected cases with large adenoma and short anaesthetic time, it is an option. Small-scale study.

Room 3 — Surgery: General, Colorectal, Upper GI, Breast and Bariatric

Early session • 08:15 – 09:33

Abstract 24 • Room 3, Early session • 08:15–08:21

Pre-operative, intra-operative and post-operative risk factors associated with longer post-operative length of stay in colorectal surgery patients: a prospective study

Audit / QI

Background

Length of stay is a well-known indicator of surgical care quality and hospital performance. However, many studies are retrospective and do not monitor patients for post-operative measures like incentive spirometry and bed position to establish their significance in shortening post-operative stay.

Objectives

Identify risk factors which correlate with longer length of stay as potential modifiable targets to reduce post-operative surgical complications. Patients and Methods: Participants included 24 elective colorectal surgery patients at Solihull Hospital, Birmingham. Data regarding pre-operative variables such as BMI, respiratory co-morbidities, and smoking status was collected using hospital database records. Data for post-operative variables was collected across 3 consecutive days over a 3-month period. This included patient position, incentive spirometry technique, day 3 analgesia, day 3 indwelling catheter use, provision of chest physiotherapy, and length of stay. Pearson correlation coefficients, t-tests, and regression analyses were calculated from the data by a statistician.

Results

Despite the presence of many associations, the only statistically significant correlation was with analgesia use by day 3 which showed a dose-response type relationship. The highest level of analgesia corresponded to the longest length of stay.

Conclusion

Certain risk factors could present an opportunity for patients to be optimised prior to surgery for reduced length of stay. However, most correlations were statistically insignificant. This may be due to the sample size or other factors affecting length of stay in this particular sample. Day 3 analgesia usage showing a dose-response type relationship suggests that it can act as a reliable marker of complex recovery.

Abstract 70 • Room 3, Early session • 08:21–08:27

Embedding choledocholithiasis risk stratification into the cholecystectomy pathway

Audit / QI

Background/Introduction

Baseline audit identified poor understanding and documentation of the rationale for performing or omitting intraoperative cholangiography (IOC), limiting communication of common bile duct (CBD) stone risk and perioperative planning.

Aims/Objectives

To improve CBD stone risk assessment and IOC decision documentation during laparoscopic cholecystectomy through a closed-loop audit. Patients & Methods A single-centre audit compared 185 baseline laparoscopic cholecystectomies with 56 post-intervention cases. Interventions included a

locally adapted CBD stone risk-stratification tool, operative-note documentation prompts, personalised registrar teaching, and redesign of the Sunrise same-day emergency care referral form to prompt preoperative risk stratification. Documentation, IOC utilisation and management changes were reassessed using two-sided Fisher's exact tests.

Results

Documented IOC rationale increased from 12/185 (6.5%) to 11/56 (19.6%), a threefold improvement (+13.2 percentage points; p=0.007). Among IOC cases, rationale documentation increased from 8/90 (8.9%) to 9/29 (31.0%; p=0.006). Documentation of IOC findings and subsequent management reached 100% (29/29 each), compared with 97.8% and 94.4% at baseline. IOC utilisation remained similar (48.6% vs 51.8%). Management changes occurred in 11.1% versus 20.7% of IOC cases (p=0.215).

Discussion/Conclusion

Embedding risk stratification earlier in the cholecystectomy pathway improved documentation of IOC rationale threefold and provided a framework for matching investigation and intervention to CBD stone probability. With further validation, this pathway could support coordinated surgical and gastroenterology decisions regarding confirmatory imaging, ERCP, IOC and surgical duct clearance, while potentially reducing unnecessary invasive procedures.

Abstract 74 • Room 3, Early session • 08:27–08:33

Incidence of hernia post laparoscopic bowel cancer resection–Single Centre Study

Audit / QI

Introduction & Aim

Incisional hernias remain a recognized complication following colorectal surgery, including laparoscopic resections where hernias may occur at extraction, port or stoma sites. Reported incidence varies depending on follow-up duration and diagnostic modality. This study aimed to evaluate incidence of hernias following laparoscopic colorectal cancer resection at our centre.

Methodology

A retrospective single-centre review of consecutive patients undergoing elective laparoscopic colorectal cancer resection between January 2021 and February 2023. Patients converted to open surgery were excluded. Included patients had a minimum follow-up of two years. Patients were identified from institutional databases. Operative records, clinic letters, and radiological imaging were reviewed.

Results

61 patients were included, of whom 56% were females. Mean age was 67 years and mean BMI 26kg/m^2. Overall, 20% of patients developed postoperative hernia. Extraction-site hernia occurred in 5%, port/drain-site hernia in 11.5%, and parastomal hernia in 3.3%. All extraction-site hernias occurred through extended midline incisions. Most hernias (75%) were identified radiologically on surveillance CT imaging. Higher BMI was the only factor significantly associated with hernia formation (p-value =0.02).

Conclusion

Postoperative abdominal wall hernias remain relatively common following laparoscopic colorectal cancer resection. Extended midline incisions may predispose to extraction-site hernia. The relatively high incidence of port-site hernias observed in this study highlights importance of careful attention to fascial closure of port sites. Smoking, co-morbidities, and immunosuppressants were not significantly associated with hernia development in this review. Larger prospective studies are required to further

evaluate both technical and patient-related risk factors associated with postoperative hernia development.

Abstract 159 · Room 3, Early session · 08:33–08:39

Preoperative obstructive sleep apnoea in patients undergoing bariatric surgery: a retrospective cohort study

Audit / QI

Background

Obstructive sleep apnoea (OSA) is common in severe obesity, yet its relationship with postoperative weight loss after bariatric surgery remains uncertain. .

Aim

To evaluate prevalence of documented preoperative OSA, the rate of documented postoperative OSA resolution after bariatric surgery, and whether percentage weight loss or procedure type was associated with OSA resolution.

Methods

Retrospective cohort study of 250 patients undergoing bariatric surgery. Preoperative OSA was defined from documented records. OSA predictors assessed using logistic regression, and %weight loss at one and two years using linear regression adjusted for age, sex, BMI, operation type.

Results

OSA found in 78/250 patients (31.2%). The apnoea–hypopnoea index, available for 142 patients (median service 5.15 events/hour), indicated moderate-to-severe OSA in 14.1%. Patients with OSA were older (50 vs 41 years, $p<0.001$), often male (19% vs 7.6%, $p=0.009$), higher BMI (48.7 vs 47.0 kg/m², $p=0.028$), hypertension (37% vs 23%, $p=0.032$) diabetes (36% vs 22%, $p=0.020$). On multivariable analysis, age (OR 1.04/year, $p=0.003$), male (OR 3.08, $p=0.010$) and BMI (OR 1.06/kg/m², $p=0.011$) were independent predictors; hypertension , diabetes were not ($p=0.6$, $p=0.071$). Weight loss was similar by OSA status (one year 31% vs 33%; two years 33% vs 33%), with no independent association after adjustment (−0.40 and +0.69 points; $p=0.789$, $p=0.705$). Sleeve showed lower weight loss than RYGB (−7.18 and −8.20 points, both $p<0.001$). Median los was 1 day, unrelated to OSA.

Conclusion

Preoperative OSA was common and independently associated with age, male sex and higher BMI, but not with poorer postoperative weight loss.

Abstract 200 · Room 3, Early session · 08:39–08:45

Surgical Complications Following Laparoscopic and Robotic Right Hemicolectomy with Intra-Corporeal Anastomosis

Audit / QI

Introduction

Intracorporeal anastomosis (ICA) is increasingly used in minimally invasive colorectal surgery and may reduce bowel manipulation and extraction incision size while facilitating recovery. We evaluated postoperative outcomes following ICA for elective right hemicolectomy at Royal Surrey County Hospital (RSCH).

Methods

A retrospective review identified patients undergoing elective laparoscopic or robotic right hemicolectomy with ICA between 1 July 2023 and 30 June 2025. Data were obtained from the Surrey and Sussex Cancer Alliance Somerset Cancer Registry and Millennium electronic patient record. Outcomes included postoperative complications, return to theatre, length of stay and 90-day mortality.

Results

Seventy-five patients underwent right hemicolectomy with ICA; 64% were laparoscopic and 36% robotic. Mean age was 72.3 years, 58.6% were female and 68% were ASA II. The most frequent complications were self-limiting per-rectal bleeding (8%) and postoperative ileus (5.3%). Urinary retention and haematuria each occurred in 2.7%, while subhepatic collection and atelectasis each occurred in 1.3%. No surgical site infections occurred. Two patients (2.7%) returned to theatre: one for staple-line bleeding requiring laparoscopic re-intervention and one for a contained anastomotic leak (1.3%), requiring conversion to laparotomy, resection and re-anastomosis. Median length of stay was three nights and there was no 90-day mortality.

Discussion

ICA for elective minimally invasive right hemicolectomy at RSCH demonstrated low rates of major complications, with a 1.3% anastomotic leak rate, 2.7% return-to-theatre rate and no 90-day mortality. These findings support ICA as a safe and effective approach to minimally invasive right hemicolectomy.

Abstract 205 · Room 3, Early session · 08:45–08:51

IV Fluid Monitoring in Colorectal Surgical Patients: A Closed-Loop Audit of NICECG174 Compliance

Audit / QI

Background

Inappropriate IV fluid prescribing causes preventable morbidity, and colorectal surgical patients are vulnerable to both fluid excess and insufficiency. NICE CG174 recommends daily reassessment, daily U&Es and a documented indication for every patient on IV fluids.

Aim

To assess compliance with CG174 monitoring standards in post-operative colorectal patients on IV maintenance fluids, and to evaluate a targeted intervention.

Methods

Two-cycle closed-loop audit on the colorectal wards (E floor). Standards: daily U&Es, daily documentation of fluid status, fluid balance chart started with the first bag, and twice-weekly weights. Cycle 1: 16 patients (14 on IV fluids; 49 patient-days). Intervention: a ward poster ("Three things, every day") and direct briefing of current clinicians, incoming rotation doctors and advanced clinical practitioners. Cycle 2 (3rd-4th August 2026): 15 patients (12 on IV fluids; 31 patient-days). Compliance was compared using Fisher's exact test.

Results

Daily fluid status documentation rose from 8% to 26% (p=0.051); daily U&Es from 71% to 87% (p=0.168).

Conclusion

A low-cost intervention improved both standards, though not significantly given the small sample; durability is untested.

Abstract 215 • Room 3, Early session • 08:51–08:57

Improving Compliance With ERAS Urinary Catheter Drainage Practices: A Closed-Loop Audit in Elective Colorectal Surgery

Audit / QI

Aim

ERAS (Enhanced Recovery After Surgery) is an important multidisciplinary, evidence-based approach that significantly reduces surgical stress, complications, and hospital stays. To assess adherence to ERAS guidelines for early urinary catheter removal in elective colorectal surgery, to promote mobilisation and reduce infection risk.

Method

A closed-loop audit was conducted at a district general hospital involving adult patients undergoing elective colorectal surgery with transurethral catheterisation. Standards were based on ERAS recommendations. Data collected included duration of catheterisation, incidence of UTIs and urinary retention, patient demographics, and mobilisation. Cycle 1 data were collected retrospectively over three months. Following presentation of findings, several interventions were implemented: an educational poster, consultant feedback, reinforcement of early TWOC and mobilisation protocols, and targeted education for surgeons and nursing staff. Cycle 2 data were collected three and a half months later over another three months.

Results

Significant improvement was seen following the intervention. Adherence to early catheter removal increased from 68% (23 out of 34 patients) in the first cycle to 84% (26 out of 31 patients) in the second cycle. Overall, the intervention resulted in a measurable enhancement in compliance with ERAS urinary catheter guidelines.

Conclusions

A low-cost, multidisciplinary educational strategy significantly improved adherence to ERAS catheter management protocols. Improved compliance has the potential to reduce catheter-associated UTIs, enhance early mobilisation, and decrease DVT risk. Continued staff education and periodic re-audit are recommended to ensure sustained long-term improvement.

Abstract 1 • Room 3, Early session • 08:57–09:03

Tirzepatide-Associated Closed-Loop Small Bowel Obstruction in a Patient with Recurrent Paraumbilical Hernia: A Case Report

Case Report

Background

Tirzepatide, a dual GIP and GLP-1 receptor agonist, is highly effective in managing obesity and type 2 diabetes. GI adverse effects are common, and emerging evidence suggests an association between GLP-1 receptor agonists and bowel dysmotility, including small bowel obstruction (SBO).

Case Presentation

A 70-year-old woman with morbid obesity (BMI 46), recurrent paraumbilical hernia with multiple previous repairs, hypertension, Graves disease, hiatus hernia, benign adrenal adenoma and depression presented with two days of cramping abdominal pain, nausea, coffee-ground vomiting and constipation. She had started privately sourced Tirzepatide three weeks earlier. CT showed a large paraumbilical hernia containing a dilated, fluid-filled mid-small-bowel loop, consistent with closed-

loop SBO. Emergency exploratory laparotomy and open suture repair were performed. The bowel remained viable and resection was unnecessary. She recovered well and was discharged home.

Conclusion

Potential association between Tirzepatide and SBO in a patient with significant structural risk. Caution may be warranted when prescribing Tirzepatide to patients with structural abnormalities predisposing to bowel obstruction.

Abstract 81 · Room 3, Early session · 09:03–09:09

A rare case of Laparoscopic Completion Cholecystectomy in a patient who underwent Laparoscopic Cholecystectomy in Higher Center abroad before.

Case Report

of Lap completion cholecystectomy Background: A 49 year old female with a known history of dyslipidemia and BMI - 36,presented to the surgery OPD with persistent right upper abdominalsevere pain despite undergoing a prior laparoscopic cholecystectomy in Bangkok, Thailand on 2023.

Summary

After thorough clinical evaluation and relevant investigations, we diagnosed this as a case of post cholecystectomy syndrome due to retained stone in the cystic duct. So she was admitted on 10-10-25 and under went laparoscopic completion cholecystectomy under GA on 11-10-25. During the surgery after creating pneumo-peritoneum calots triangle was found frozen. Then after adhesiolysis via sharp, blunt and hydrodissection finally calots triangle was identified. Cystic artery identified by identifying lymhnode of Lund. Cystic duct stump was also found engorged , oedematous, distended due to retained stone. Cystic duct and artery were clipped separately at the level of rouviere's sulcus. The surgery was completed within 2 hours without any per operative complications.

Outcome

The post operative period of the patient was uneventful. She tolerated oral diet from 1st POD and was discharged on the 3rd POD.

Conclusion

The case highlights the - 1.Failure of surgery in 1st setting, going to higher centre in abroad doesn't always yield good result, its essential to find some one with expert hand. 2.Importance of a skilled surgical team in managing such difficult cases.

Abstract 123 · Room 3, Early session · 09:09–09:15

Strangulated Congenital Diaphragmatic Hernia Presenting as Left-Sided Haemothorax with Acute Abdomen in a 20-Year-Old Male: A Case Report

Case Report

Background

Congenital diaphragmatic hernia (CDH) typically presents in the neonatal period, with Bochdalek hernias accounting for over 95% of cases. Delayed presentation in adulthood is rare and may pose significant diagnostic challenges.

Objectives

To highlight the unusual presentation of strangulated Bochdalek-type CDH manifesting as left-sided haemothorax and acute abdomen, and to emphasize the importance of early diagnosis and timely surgical intervention.

Methods

A 20-year-old male presented with an 8-day history of abdominal pain, distension, and absolute constipation, with a previously inserted intercostal chest tube for left-sided haemothorax. Emergency exploratory laparotomy revealed a strangulated, gangrenous, and perforated left colic flexure herniating through a 3 × 2 cm congenital defect in the left hemidiaphragm, resulting in faecal peritonitis. Left hemicolectomy with end colostomy formation and primary diaphragmatic repair using Prolene 2-0 sutures were performed. Perioperative resuscitation, correction of hyperkalaemia, blood transfusion, and broad-spectrum antimicrobial therapy were provided.

Results

Surgical intervention successfully relieved the intestinal strangulation and repaired the diaphragmatic defect. Resection of the gangrenous bowel and end colostomy effectively controlled contamination in the setting of perforation and faecal peritonitis. The patient recovered without major postoperative complications, with resolution of both thoracic and abdominal pathology.

Discussion

Unexplained haemothorax in a young adult, particularly when accompanied by gastrointestinal symptoms, should prompt active evaluation for an underlying diaphragmatic defect. Early contrast-enhanced CT imaging and prompt surgical exploration are essential for diagnosis and definitive management. In a contaminated operative field with gangrenous perforated bowel, resection with a defunctioning stoma is safer than primary anastomosis.

Abstract 162 · Room 3, Early session · 09:15–09:21

When the Gallbladder Hurts the Thigh: Silent Gallbladder Empyema With Perforation Presenting as Severe Rhabdomyolysis

Case Report

Introduction

Gallbladder empyema and perforation are severe complications of acute cholecystitis and usually present with abdominal pain and fever. In older patients with diabetes and multiple comorbidities, presentations may be silent or atypical, delaying diagnosis.

Case Presentation

A 71-year-old man with type 2 diabetes, peripheral vascular disease, chronic kidney disease, ischaemic heart disease and heart failure presented with fever, weakness and severe right thigh pain. He consistently denied abdominal pain, and his abdomen was soft and non-tender. Investigations: White cell count was 28-32 $\times 10^9$/L, CRP up to 616 mg/L, peak creatinine 406 µmol/L and creatine kinase (CK) 16,697 U/L, consistent with rhabdomyolysis (McMahon score 10) and acute kidney injury. MRI showed right-predominant muscle oedema without collection; myositis antibodies and blood cultures were negative. CT of the abdomen showed a distended, inflamed gallbladder with a perihepatic collection suggesting perforation; ultrasound-guided drainage yielded bilious fluid. Management and Outcome: Endoscopic ultrasound (EUS)-guided cholecystogastrostomy with a lumen-apposing metal stent drained purulent bile (Escherichia coli and Enterococcus faecium on culture), followed by endoscopic washout and placement of two pigtail stents. With antibiotics and source control, CK, renal function, inflammatory markers and thigh pain improved, and he was discharged home.

Conclusion

Perforated gallbladder empyema can occur without abdominal pain and present with extra-abdominal features such as rhabdomyolysis. In older, multimorbid patients with unexplained sepsis, consider an occult intra-abdominal source and pursue cross-sectional imaging. EUS-guided gallbladder drainage is an effective, minimally invasive alternative to surgery for source control.

Abstract 209 • Room 3, Early session • 09:21–09:27

When Urosepsis Is Not Just a UTI: A Case of Recurrent Urosepsis Secondary to Diverticular Colovesical Fistula

Case Report

Introduction

Diverticulitis is a common gastrointestinal condition in older adults; however, colovesical fistula is an uncommon complication, occurring in approximately 2–4% of patients with diverticular disease. Colovesical fistulation is a clinically significant complication that can cause pneumaturia or fecaluria but, in this case we see diverticulitis becoming more emergent due to an emergency room presentation of urosepsis.

Case Report

A 69-year-old male presented to the emergency department with confusion. The patient had been recently treated for a UTI and had a seven-day course of antibiotics. However, the patient's symptoms were now worsening, and he presented with urosepsis. During the admission, serial CT abdomen and pelvis imaging and virtual colonoscopy were conducted, which demonstrated sigmoid diverticular disease, with loss of the intervening fat plane and gas within the bladder, consistent with a colovesical fistula. The patient was initially managed with antibiotics and sepsis management before undergoing a laparoscopic anterior resection and defunctioning loop ileostomy and bladder repair with bilateral stent insertion. Intraoperatively, dense adhesion between the sigmoid colon and bladder was identified and surgery was successfully performed. The patient subsequently had no signs of UTIs postoperatively.

Discussion

This case highlights an uncommon complication of diverticular disease presenting through urosepsis. The presence of recurrent or unexplained urinary sepsis should prompt consideration of a colovesical fistula, particularly when imaging demonstrates adjacent sigmoid and bladder inflammation or intravesical gas. Early recognition may allow definitive surgical management and prevent further septic episodes.

Abstract 16 • Room 3, Early session • 09:27–09:33

Optimising Post-operative Blood Testing Following Elective Colorectal Surgery: A Quality Improvement Audit

Audit / QI

Background

Routine postoperative blood testing after elective colorectal surgery is often performed without clear indication, adding cost, discomfort and environmental impact.

Aim

To evaluate practice and estimate cost and carbon savings from a standardised protocol.

Methods

Retrospective audit of elective colorectal patients over three months. Recommended Day-1 tests: FBC, U&E, CRP, LFTs. Day-3: FBC, U&E, CRP. Other tests without indication were classed as unnecessary. Costs from local lab pricing; emissions from Greener NHS factors.

Results

58 patients. 93.1% had the Day-1 panel and 77.6% the Day-3 panel. Additional tests without indication occurred in all patients. Current laboratory cost was 156.06 pounds versus 142.40 under the proposed protocol, projected annual saving 48.87 pounds. Emissions could fall from 39.55 to 28.00 kg CO2e.

Conclusion

Postoperative blood testing often exceeds clinical need. A simplified protocol could reduce cost and emissions without compromising care.

Room 3 — Surgery: General, Colorectal, Upper GI, Breast and Bariatric

Late session • 10:15 – 10:33

Abstract 105 • Room 3, Late session • 10:15–10:21

Colorectal cancer detection in faecal immunochemical testing (FIT) negative patients referred through the suspected colorectal cancer pathway

Audit / QI

Background

Recent NICE, ACPGBI and BSG guidelines recommend that FIT-negative patients without clinical concern should be safety-netted, reassessed and managed in primary care, or referred through non-cancer or routine pathways. However, many FIT-negative patients continue to be referred through the suspected bowel cancer pathway (SBCP) and undergo lower gastrointestinal investigations.

Objective

This study evaluated the diagnostic yield of lower GI investigations in FIT-negative patients referred through the SBCP.

Methods

This retrospective study included all patients undergoing FIT who were referred through the SBCP over seven months. Patient demographics and FIT results were obtained from the Somerset database. The presenting symptoms and investigation outcomes were obtained from prospectively collected electronic hospital records.

Results

Of 1810 patients referred through the SBCP, 1770 underwent FIT: 1159 (65%) were FIT-positive and 611 (35%) FIT-negative. Overall, 57 patients (3%) were diagnosed with colorectal cancer. The diagnostic yield was 55/1159 (5%) among FIT-positive patients compared with 2/611 (0.32%) among FIT-negative patients. Among FIT-negative patients, presenting symptoms included change in bowel habit (CIBH) (53%), rectal bleeding (25%), iron-deficiency anaemia (12%), abdominal pain (11%) and weight loss (10%). Among patients with isolated CIBH and no other concerning features, only one (0.16%) was diagnosed with colorectal cancer.

Conclusion

FIT-negative patients are generally at low risk of colorectal cancer, particularly when clinical assessment and other investigations are reassuring. Many may be appropriately managed in primary care with safety-netting and do not need referral through SBCP. However, persistent concerning symptoms, particularly rectal bleeding, warrant timely assessment despite a negative FIT.

Abstract 211 • Room 3, Late session • 10:21–10:27

The Clinical Frailty Scale in older adults underwent emergency laparotomy: Real-World Clinical Utility and Relationship with NELA predicted mortality Risk

Original Research

Background

Emergency laparotomy is associated with postoperative morbidity and mortality among older patients. Frailty assessment is recommended in perioperative care, but documentation and its relationship with established emergency surgical risk prediction remain unclear.

Aim

To evaluate real-world Clinical Frailty Scale (CFS) use in older patients undergoing emergency abdominal surgery.

Methods

This retrospective observational study included patients aged >65 undergoing emergency laparoscopy and/or laparotomy requiring adhesiolysis, Hartmann's procedure or bowel resection at Colchester General Hospital, ESNEFT (April 2023–March 2025). Data were obtained from a clinical database covering the two-year study period. Outcomes included CFS completeness and distribution, association with NELA-predicted mortality, 30-day mortality, hospital stay, ITU admission, postoperative complications, return to theatre, readmission and discharge. Patients with missing CFS remained in the cohort but excluded from numerical CFS analyses.

Results

Among 161 patients (mean age 76.3±6.9 years; 60.0% female), CFS was documented in 102 (63.4%) and missing in 59 (36.6%). Among assessed patients, 65 (63.7%) had CFS 1–3, 25 (24.5%) CFS 4–5 and 12 (11.8%) CFS >5. Overall 30-day mortality was 5.5%, increasing from 1.5% in CFS 1–3 to 33.3% in CFS >5. Increasing CFS was associated with longer hospital stay (median 8, 15 and 19 days, respectively; $p=0.0019$) and moderately correlated with NELA-predicted mortality risk ($\rho=0.419$; $p<0.001$).

Conclusion

Frailty assessment was incomplete in over one-third of patients. Higher CFS was associated with longer hospitalisation and greater predicted mortality risk, supporting systematic frailty assessment for perioperative risk stratification and planning in emergency surgical pathways.

Abstract 187 · Room 3, Late session · 10:27–10:33

Clinical Characteristics and Injury Patterns of Traumatic Diaphragmatic Injury: A Single-Center Retrospective Study

Original Research

Introduction

Traumatic diaphragmatic injury (TDI) is an uncommon but potentially life-threatening consequence of severe thoracoabdominal trauma. Diagnosis is frequently delayed because clinical and radiological signs are subtle or overshadowed by associated injuries and data on the presentation and predictors of TDI severity from South Asian centers remain limited.

Aim

To describe the clinical characteristics, injury patterns and predictors of severe injury among patients with Traumatic Diaphragmatic Injury at a tertiary-care trauma center in Dhaka, Bangladesh.

Methods

This retrospective study was conducted in the Department of Casualty ,Dhaka Medical College Hospital, over two years. Thirty-two patients with surgically confirmed Traumatic Diaphragmatic Injury were identified from 4,000 torso trauma presentations. Data on demographics, mechanism of injury, clinical findings, associated injuries and Injury Severity Score were extracted and analyzed using SPSS version 25.0.

Results

The mean age was 50.3 ± 14.2 years, with male predominance overall (78.1%) and road traffic accidents as the leading mechanism (65.6%). Left-sided injury occurred in 71.9% of patients and 78.1% had severe injury (Injury Severity Score ≥16). Lower rib fractures, solid organ injury and positive FAST were

significantly associated with severe injury ($p<0.05$), while preoperative identification was achieved in only 50.0% of patients, significantly lower among severely injured patients (40.0% vs 85.7%, $p=0.041$).

Conclusion

Traumatic Diaphragmatic Injury predominantly affects middle-aged men after road traffic accidents, with frequent diagnostic delay. Lower rib fractures, solid organ injury and FAST positivity are useful predictors of severe injury and should heighten suspicion during trauma evaluation.

Room 4 — Surgery: Orthopaedics and Trauma

Early session • 08:15 – 09:27

Abstract 73 • Room 4, Early session • 08:15–08:21

Improving neurovascular documentation in paediatric supracondylar humeral fractures: a closed-loop clinical audit.

Audit / QI

Introduction

Supracondylar humeral fractures are common paediatric injuries and may be complicated by neurovascular injury. BOASt Standard 1 requires documentation of radial pulse, capillary refill and individual radial, median including anterior interosseous (AIN), and ulnar nerve function on presentation and immediately before surgery. An initial audit identified poor compliance, with complete neurovascular examination documented in 33% of cases.

Objectives

To improve neurovascular documentation through targeted educational and documentation interventions and evaluate change through a second audit cycle.

Methods

A two-cycle closed-loop audit was undertaken in children under 16 years with supracondylar humeral fractures. Following the initial cycle, an educational reminder was circulated, quick-reference guides displayed, and structured neurovascular fields incorporated into the ORMIS operative template. A retrospective second cycle was undertaken between October 2025 and May 2026. Documentation was compared using Fisher's exact test.

Results

Twenty-three patients were included in the second cycle, compared with 24 initially. Complete neurovascular documentation increased from 33% (8/24) to 65% (15/23; p=0.042), while AIN documentation increased from 42% to 74% (p=0.039). Radial pulse documentation increased from 75% to 96% and capillary refill from 58% to 83%. Complete documentation occurred in 6/6 operative cases using the ORMIS template versus 3/10 without. Gartland II fractures had the poorest documentation (3/7; 43%).

Conclusion

Targeted interventions were associated with significant improvements in complete neurovascular and AIN documentation. However, compliance remains below the BOASt standard, particularly in displaced Gartland II fractures. Sustained structured prompts, education and further re-audit are recommended to improve compliance and patient safety.

Abstract 85 • Room 4, Early session • 08:21–08:27

Evaluating the Early Impact of a Trauma Ambulatory Care Unit on Orthopaedic Patient Flow and Pathway Efficiency

Audit / QI

Background

Ambulatory trauma pathways may reduce Emergency Department (ED) pressures by enabling clinically stable patients to undergo assessment and management without inpatient admission. At Medway

Maritime Hospital, a Trauma Ambulatory Care Unit (TACU) was introduced as a dedicated "one-stop shop" providing trauma assessment, investigation, treatment and follow-up. Prior to implementation, suitable patients were managed through conventional ED pathways, often involving multiple clinical reviews and prolonged waits for Trauma and Orthopaedic (T&O) assessment.

Methods

A retrospective audit of 498 patients presenting to ED between 1–29 September 2025 was conducted using Electronic Patient Record and eTrauma data. Patients were assessed against TACU eligibility criteria, including ambulatory status and clinical stability. Time to T&O review, number of healthcare professionals (HCPs) involved and patient satisfaction were recorded. Early post-implementation TACU data were collected prospectively between 10 November 2025 and 27 February 2026.

Results

Of 498 patients, 131 (26%) met TACU eligibility criteria. Prior to TACU implementation, mean time to orthopaedic review was 385 minutes, with a mean of 5.49 HCP contacts. Mean patient satisfaction was 3.25/5. Following implementation, mean waiting time reduced to 216 minutes (44% reduction). TACU patients had a mean of 1.65 HCP contacts and spent an average of 103 minutes within the unit. Mean satisfaction improved to 4.8/5.

Conclusion

TACU implementation was associated with reduced waiting times, fewer clinician contacts and improved patient satisfaction. Ambulatory trauma pathways may improve patient flow and reduce ED burden.

Abstract 87 • Room 4, Early session • 08:27–08:33

Evaluating Compliance to Intra-operative Syndesmosis Stress Testing During Ankle Fracture Fixation: Are We Stressing It?

Audit / QI

Introduction/Background

Syndesmotic instability is an important complication of ankle fractures and may result in chronic pain, instability and post-traumatic degeneration if unrecognised. Intra-operative stress testing following fracture fixation is recommended to assess syndesmotic stability, with radiographic evidence and operative documentation supporting safe and transparent practice.

Objectives/Aims

To assess compliance with intra-operative syndesmosis stress testing during ankle fracture fixation and determine whether targeted educational interventions improved compliance with radiographic archiving and operative documentation.

Methods

A retrospective closed-loop audit was conducted at a UK district general hospital. Patients undergoing fixation of Weber B/C or Maisonneuve ankle fractures were included. Compliance with two standards was assessed: saving radiographic evidence of syndesmotic stress testing and documenting the assessment in the operative notes. An 80% compliance target was established. Following the initial audit (November 2023–April 2024), targeted teaching and visual prompts were implemented. A second cycle was conducted between April and July 2025. Chi-squared testing was used for comparison.

Results

Eighty-nine cases were included in cycle 1 and 50 in cycle 2. Radiographic evidence increased from 55% (49/89) to 82% (41/50; p=0.001), while operative documentation increased from 71% (63/89) to 82%

(41/50; p=0.14). Cases with neither radiographic nor documented evidence decreased from 25% (22/89) to 6% (3/50).

Conclusion/Discussion

Targeted, low-cost educational interventions improved compliance with intra-operative syndesmosis stress testing documentation and achieved the predefined 80% target. Sustained improvement may require ongoing education and repeat audit cycles.

Abstract 157 · Room 4, Early session · 08:33–08:39

Improving BOAST Compliance in Paediatric Forearm Fracture Management: A Two-Cycle Audit

Audit / QI

Introduction/Background

Paediatric forearm fractures require timely assessment, treatment and follow-up. British Orthopaedic Association Standards for Trauma (BOAST) provide a framework for standardising care.

Objectives/Aims

To assess BOAST compliance at Queen Elizabeth Hospital London and evaluate changes following targeted interventions.

Methods

Cycle 1 retrospectively reviewed 39 paediatric patients between August and November 2025. We identified gaps and worked with the clinical team to develop and introduce a standardised manipulation protocol and patient information leaflet. Cycle 2 prospectively assessed 23 patients between January and April 2026.

Results

Analgesia documentation increased from 67% (26/39) to 91% (21/23), discharge analgesia from 15% (6/39) to 35% (8/23), consultant review from 92% (36/39) to 100% (23/23), and fracture-clinic review within seven days from 36% (14/39) to 57% (13/23). The practitioner performing manipulation was documented in all Cycle 2 cases. Post-manipulation imaging was recorded in 87% of Cycle 2 cases, with improved documentation when imaging was absent. Pre-manipulation pain-score documentation decreased from 5% to 0%. Neurovascular assessment documentation decreased from approximately 64% to 59% before manipulation and from 38% to 26% afterwards.

Conclusion/Discussion

Several measures, such as analgesia documentation, consultant review, and fracture-clinic follow-up, improved after intervention. However, pain scores and neurovascular documentation still require further improvement. Future efforts should prioritise structured assessment, documentation prompts, staff education, and conducting repeat audits to ensure sustained progress.

Abstract 192 · Room 4, Early session · 08:39–08:45

Improving Virtual Fracture Clinic Delivery in a Rural District General Hospital

Audit / QI

Background

Virtual fracture clinics (VFCs) allow selected musculoskeletal injuries to undergo specialist orthopaedic review without routine initial face-to-face fracture-clinic attendance. This may be particularly valuable in rural areas where patients face substantial travel distances.

Objectives/Aims

To evaluate VFC activity, referral appropriateness, timeliness of review and subsequent face-to-face requirements at a rural district general hospital.

Methods

A retrospective two-cycle clinical audit and service evaluation was undertaken. Historical data included a three-month launch-period audit in 2025 and a January-March 2026 re-audit. A separate April-June 2026 dataset assessed referral volume, paediatric activity, time from Emergency Department attendance to VFC review and subsequent face-to-face requirements.

Results

Between April and June 2026, 333 patients entered the VFC pathway, including 287 adults and 46 paediatric patients. Overall, 91/333 (27.3%) required subsequent face-to-face review, while 242/333 (72.7%) did not. In April, all 106 referrals were reviewed within 72 hours, most within 24 hours. Recorded inappropriate referrals decreased from 25 to 20 in adults and from 12 to 6 in paediatric patients between audit cycles.

Conclusion

The VFC pathway enabled almost three-quarters of patients to avoid conventional face-to-face fracture-clinic attendance. In a rural service covering Herefordshire and neighbouring Welsh communities, VFCs may reduce unnecessary travel and clinic utilisation while maintaining specialist orthopaedic oversight. Future cycles should prospectively measure 72-hour compliance, clinical outcomes, reattendance and patient-reported travel burden.

Abstract 203 · Room 4, Early session · 08:45–08:51

Fracture Neck of Femur and Fascia Iliaca Block Audit

Audit / QI

Introduction/Background

Neck of femur (NOF) fractures are associated with significant morbidity and mortality. Early pain assessment, timely analgesia and imaging, and fascia iliaca block (FIB) can improve pain management while reducing reliance on opioids. This was the third cycle of an Emergency Department audit against Royal College of Emergency Medicine (RCEM) standards.

Objectives/Aims

To assess compliance with standards for pain assessment within 15 minutes, analgesia within 30 minutes, X-ray within 90 minutes, and provision of FIB in patients presenting with NOF fracture.

Methods

A retrospective review of 177 attendances involving 175 patients with confirmed NOF fracture presenting to Peterborough City Hospital Emergency Department was undertaken. Data were collected from the Symphony electronic patient record system and analysed between February and August 2026.

Additional measures included FIB technique, time to block, post-block observations, outcome and proceduralist grade.

Results

Pain was assessed within 15 minutes in 54% (95/177). Analgesia was administered within 30 minutes in 22% (29/133), and 34% (54/160) underwent X-ray within 90 minutes. FIB was performed in 73% (108/148) of eligible patients. Ultrasound guidance was used in 56% of FIBs. Median documented time to FIB was 4 hours. Post-FIB observations were documented in 56%, and all 50 FIBs with documented outcomes were recorded as successful.

Conclusion/Discussion

Compliance remained below the 100% standards. Analgesia timing improved compared with the previous cycle, while timely pain assessment, X-ray and FIB delivery declined. Priorities include earlier imaging and analgesia, timely FIB delivery, improved post-block monitoring and more complete FIB documentation.

Abstract 14 • Room 4, Early session • 08:51–08:57

MRI-Based Radiomics of Paraspinal Muscles Combined with Machine Learning for Predicting Surgical Outcomes in Lumbar Degenerative Disease: A Narrative Review

Original Research

Purpose

Paraspinal muscle degeneration predicts outcomes after lumbar spine surgery. This narrative review evaluated MRI-based paraspinal muscle radiomics with machine learning for predicting surgical outcomes.

Methods

PubMed, Embase, Scopus and Web of Science searched for original studies with predictive modelling.

Results

Six studies met inclusion, covering functional recovery, recurrent disc herniation, adjacent segment degeneration and prolonged stay. AUCs ranged from about 0.82 to 0.99. Multicentre studies showed useful external discrimination.

Conclusion

Paraspinal radiomics shows promise for preoperative prediction. Heterogeneity in imaging, segmentation and outcome definitions, and mostly retrospective designs, limit generalisability. Prospective multicentre validation is required before routine use.

Abstract 60 • Room 4, Early session • 08:57–09:03

Traumatic L5–S1 dislocation: a systematic review and pooled patient-level analysis of treatment strategies and outcomes

Original Research

Introduction

Traumatic lumbosacral dislocation, including high-grade L5–S1 spondyloptosis, is a rare, mechanically unstable injury that follows high-energy trauma; the published evidence is confined to isolated case reports and small series, and no consensus exists on optimal surgical management.

Purpose

To pool patient-level data from the published literature to describe how traumatic L5–S1 dislocation is managed and to quantify neurological, radiographic and functional outcomes.

Methods

A systematic review followed PRISMA 2020. PubMed, Embase, Cochrane CENTRAL, Web of Science and Scopus were searched to 18 June 2025, with reference-list screening. Studies reporting extractable patient-level data on traumatic L5–S1 dislocation were eligible. Two reviewers screened, extracted data and appraised quality with the Joanna Briggs Institute tools. Outcomes were summarised as aggregate descriptive proportions with Wilson 95% confidence intervals; a comparative meta-analysis was not appropriate.

Results

Forty-five studies contributing 50 patients were included (mean age 30.7 years; 78% male). All injuries followed high-energy mechanisms and anterior displacement predominated (80%). A neurological deficit was present in 70% and cauda equina syndrome in 32%. Almost all patients were treated operatively, most by a posterior-only approach (72%) with instrumented fusion (94%). Among those with a deficit, 88.6% improved and 42.9% recovered fully. Radiographic fusion reached 89.6%, return to activity 84.6%, complications 20.8% and reoperation 12%.

Conclusion

Traumatic L5–S1 dislocation is managed predominantly by posterior reduction and instrumented fusion, with frequently favourable recovery. The evidence is highly uncertain, resting on small selectively reported cases, so prospective registries and agreed outcome definitions are needed.

Abstract 91 · Room 4, Early session · 09:03–09:09

Impact of Smoking as a Risk Factor for Surgical Site Infections After Open Reduction and Internal Fixation (ORIF) of Distal Radius Fractures

Original Research

Introduction/Background

Surgical-site infection remains an important complication following open reduction and internal fixation (ORIF) of distal radius fractures. Smoking may impair tissue perfusion, oxygenation and immune function, but its contribution to infection following distal radius fixation is less clearly defined.

Objectives/Aims

To evaluate the association between smoking and postoperative infection following ORIF of distal radius fractures and identify other factors independently associated with infection.

Methods

A retrospective cohort study was conducted at Mardan Medical Complex, Pakistan, including adults undergoing ORIF of distal radius fractures between August 2020 and July 2023. Patients with documented smoking status and one-year postoperative follow-up were included. Demographic, comorbidity and operative data were analysed. Microbiologically confirmed infections were recorded and compared between smokers and non-smokers. Multivariable logistic regression was used to identify independent predictors of infection.

Results

Of 640 patients, 310 were smokers and 330 were non-smokers. Postoperative infection occurred in 39 smokers (12.58%) compared with 10 non-smokers (3.03%; $p<0.001$). Both early (<30 days) and late (≥30 days) infections were more frequent among smokers. After adjustment for potential confounders,

smoking remained independently associated with infection (adjusted OR 3.52, 95% CI 1.68–7.37; p<0.001). Poor glycaemic control (HbA1c ≥7) and operative duration >90 minutes were also independently associated with infection.

Conclusion/Discussion

Smoking was associated with a substantial increase in postoperative infection following distal radius ORIF and remained an independent predictor after adjustment. These findings support incorporating smoking cessation and optimisation of modifiable risk factors into perioperative management.

Abstract 92 · Room 4, Early session · 09:09–09:15

Functional Outcome of Radius and Ulnar Shaft Fractures Treated With Intramedullary Kirschner's Wire Fixation in Children

Original Research

Background

Unstable diaphyseal fractures of the radius and ulna are common paediatric injuries and may cause functional impairment if satisfactory alignment is not maintained. Intramedullary Kirschner-wire fixation offers a minimally invasive method of stabilisation.

Objective

To assess functional outcomes and postoperative complications following intramedullary Kirschner-wire fixation of unstable radius and ulna shaft fractures in children.

Methods

This descriptive study included 139 children aged 4–14 years with unstable diaphyseal fractures of the radius and ulna treated with intramedullary Kirschner-wire fixation at a tertiary orthopaedic centre between March and October 2024. Functional outcomes were assessed at eight weeks using elbow and forearm range of motion, pain, residual deformity and return to age-appropriate activities. Outcomes were classified as excellent, good, fair or poor.

Results

The mean age was 8.75 ± 2.97 years. At eight weeks, 99 patients (71.2%) achieved an excellent functional outcome, 20 (14.4%) had a good outcome, 13 (9.4%) had a fair outcome and seven (5.0%) had a poor outcome. Younger children and males demonstrated slightly better outcomes, although these differences were not statistically significant. No major postoperative complications requiring reoperation or causing permanent functional impairment were reported. Minor complications, including transient pin-site infection and wire migration resolved without further surgery.

Conclusion

Intramedullary Kirschner-wire fixation produced predominantly favourable short-term functional outcomes in children with unstable radius and ulna shaft fractures, with few clinically significant complications. Longer-term multicentre studies are warranted.

Abstract 121 • Room 4, Early session • 09:15–09:21

Prevalence and distribution of Modic Changes and association with low back pain : a descriptive analysis

Original Research

Aims

This study examines the prevalence and distribution of Modic changes (MCs) in the lumbar spine and the association with low back pain (LBP) across different age and sex categories.

Methods

A retrospective cross-sectional analysis was conducted based on MRI data from a UK orthopaedic centre of lumbar spine MRIs from January to December 2023. Demographics and clinical presentation, namely LBP, was analyzed for correlation with the presence of MC, which was categorized as Modic type I (M1) and II (M2), according to MRI signal intensity. Prior spinal surgery or spinal deformity were exclusion criteria.

Results

The results showed a high frequency of M1 and M2 changes at lower lumbar levels, particularly at L4/L5 and L5/S1, known to be subject to greater mechanical stresses ($p < 0.001$). MCs were highly correlated with LBP, as 66% of the patients had both conditions. Females were more affected with 72% of females with MC having LBP compared to 58% of males, ($p < 0.001$). M1 changes were also more frequently associated with LBP in young and old age groups.

Conclusion

These results show that not only are MC a common phenomenon, but that they are correlated with the presenting complaint of LBP in confirmation of previous studies. The work presented here adds to this by documenting the anatomical location, female predominance and age distribution where the presence of MC is more highly correlated with the presenting complaint of LBP.

Abstract 137 • Room 4, Early session • 09:21–09:27

Efficacy and Safety of Factor XI Inhibitors for the Prevention of Venous Thromboembolism in Patients undergoing Major Orthopaedic Procedures: A Meta-Analysis of Randomized Controlled Trials

Original Research

Background

Patients undergoing major orthopaedic surgery are at high risk of venous thromboembolism (VTE). Although current anticoagulants reduce VTE, they carry high bleeding risk. Factor XI (FXI) inhibition may provide effective thromboprophylaxis with less bleeding.

Methods

We searched PubMed, Embase, ClinicalTrials.gov, and the Cochrane Library from inception to July 2026 for randomized controlled trials (RCTs) comparing FXI inhibitors with standard pharmacological thromboprophylaxis for major orthopaedic surgical patients. Risk ratios (RRs) with 95% confidence intervals (CIs) were pooled using a random-effects model.

Results

6 RCTs comprising 3,319 patients were included.FXI inhibitors significantly reduced total VTE (RR: 0.65, 95% CI: 0.47–0.90;I^2 = 66%).They also reduced asymptomatic VTE (RR: 0.60, 95% CI: 0.42–0.85;I2=60%) and asymptomatic deep vein thrombosis (DVT) (RR: 0.62, 95% CI: 0.44–0.86;I2=53%). There were no

significant differences in symptomatic VTE (RR: 0.68, 95% CI: 0.16–2.84; I2=0%), symptomatic DVT (RR: 0.94, 95% CI: 0.61–1.47;I2=1%), or pulmonary embolism (RR: 0.66, 95% CI: 0.10–4.50; I2=0%). No statistically significant difference was observed between both groups for major bleeding (RR: 0.59, 95% CI: 0.12–2.90;I2=0%), clinically relevant nonmajor bleeding (RR: 0.66, 95% CI: 0.27–1.64;I2=47%), minor bleeding (RR: 1.36, 95% CI:0.62–2.98;I2=0%), and serious adverse events (RR: 0.97, 95% CI:0.59–1.59;I2=0%).

Conclusions

In patients undergoing major orthopaedic surgery, FXI inhibitors showed promising reduction in total VTE without increasing bleeding risk. This reduction was driven mainly by fewer asymptomatic events, with no significant effect on symptomatic VTE. Larger phase 3 trials with longer follow-up are needed to confirm these findings.

Room 4 — Surgery: Orthopaedics and Trauma

Late session • 10:15 – 10:33

Abstract 93 • Room 4, Late session • 10:15–10:21

Rethinking Thoracolumbar Spinal Referrals: A Prospective Audit Identifying Urgency Mismatch to update the Derriford Hospital Thoracolumbar Spinal Referral Pathway

Audit / QI

Background

Neurosurgical spinal referrals are a growing workload for Derriford Hospital. The South-West region's thoracolumbar trauma pathway, based on outdated 2014 Major Trauma Network guidance, is now out of step with current NICE recommendations and many UK Major Trauma Network (MTN) spinal pathways. Many referrals may be manageable without specialist input, risking unnecessary burden on neurosurgical services and delayed care for patients who genuinely need it.

Aims

To quantify the volume, source, and urgency classification of spinal referrals to Derriford's neurosurgical team and benchmark against national frameworks to update Derriford's existing pathway.

Methods

A prospective audit of all spinal referrals received between 8th to 20th July 2026 recorded referral source, referrer-assigned urgency, neurosurgical re-classification on review, diagnosis, and management outcome.

Results

100 referrals were received from nine sources. Derriford Emergency Department (46%) and Royal Cornwall Hospital (38%) accounted for 84% of referrals. Applying NICE guidelines and national MTN triage criteria, 81% were reclassified as non-urgent on specialist review, versus 12% classified as non-urgent by referrers. Only 8% were true emergencies and 3% genuinely urgent. 39% required advice only, and 36% can be managed conservatively. Only 8% needed admission, and one referral was inappropriate.

Conclusions

This audit demonstrates a significant, modifiable mismatch between referrer- and specialist-assessed urgency, with 75% of referrals manageable without neurosurgical intervention. We recommend adopting the Updated Thoracolumbar trauma spinal referral pathway at Derriford, aligned with NICE and MTN principles on referral appropriateness, alongside targeted referrer education and a one-month re-audit to assess impact on appropriateness and workload.

Abstract 110 • Room 4, Late session • 10:21–10:27

Analgesia and Fascia Iliaca Compartment Block Utilisation for Neck-of-Femur Fracture Patients: A Closed-Loop Audit

Audit / QI

Introduction

Neck-of-femur (NOF) fractures cause significant morbidity and mortality in older adults. Timely pain management, including fascia iliaca compartment block (FICB), is recommended to optimise outcomes

and reduce opioid complications. This study compares two audit cycles assessing improvements in analgesic practice, FICB utilisation, and national guideline adherence following targeted interventions.

Methods

Two retrospective audit cycles were conducted in a district general hospital emergency department. Cycle 1 (September–October 2023, n = 40) and Cycle 2 (November–December 2024, n = 40). Standards were derived from NICE CG124 and RCEM guidance. After Cycle 1, a mandatory checklist was introduced and disseminated among relevant team members. Outcomes included time to first analgesia, time to FICB, proportion receiving FICB, pain re-evaluation documentation, and complications. Continuous data were compared using independent samples t-tests; categorical data using chi-square tests ($p < 0.05$).

Results

FICB provision remained similar (Cycle 1: 65.0%, n=26 vs Cycle 2: 65%, n=26, $p = 0.74$). Time to first analgesia improved from 130 to 38.8 minutes ($p < 0.001$), and time to FICB improved from 228 to 63.4 minutes ($p = 0.002$). Documentation of pain re-evaluation showed no significant change (52.5%, n=21 vs 50.0%, n=20, $p = 0.99$). No FICB-related complications were reported.

Conclusion

A mandatory checklist significantly improved timing of first analgesia and FICB administration, but did not increase block utilisation or pain reassessment documentation. Further quality improvement projects should focus on system-level strategies to embed pain management protocols for NOF fracture patients in the emergency department.

Abstract 112 · Room 4, Late session · 10:27–10:33

Suspected Achilles Tendon Ruptures and the Course of Action: Assessing Compliance With Local Protocols

Audit / QI

Introduction

Achilles tendon rupture causes prolonged disability and impacts quality of life, typically occurring during sports or sudden tendon loading in active adults. Early recognition and appropriate management reduce complications and optimise healing. Clinical pathways provide structured guidance, including immobilisation, prophylaxis, imaging, and specialist follow-up. Variation in adherence may compromise outcomes. Closed-loop audits allow assessment of targeted interventions to improve compliance.

Methods

A closed-loop audit was performed at a large district general hospital assessing compliance with a locally developed Achilles tendon rupture pathway. Cycle 1 reviewed 138 patients (October 2022–September 2023). Following dissemination of results, posters, and a dedicated "Ultrasound Achilles" request form, Cycle 2 reviewed 44 patients (March–June 2024). Standards included VTE prophylaxis, weight-bearing advice, immobilisation, ultrasound within 14 days, and VFC referral. Chi-squared tests were used.

Results

Cycle 1 (n=138): VTE prophylaxis 110/138 (80%); immobilisation 110/138 (80%); ultrasound within 14 days 59/138 (43%); non-weight-bearing advice 91/138 (66%); VFC referral 132/138 (96%). Cycle 2 (n=44): VTE prophylaxis 35/44 (80.5%, p=0.91); immobilisation 38/44 (86%, p=0.04); ultrasound within 14 days 26/44 (59%, p=0.03); non-weight-bearing advice 29/44 (66%, p=0.99); VFC referral 44/44 (100%, p=0.01). No re-ruptures or VTE events recorded.

Conclusion

Targeted interventions improved compliance in several domains, though VTE prophylaxis showed little progress. Ongoing education, structured pathways, and regular re-audits are essential to sustain improvement and ensure optimal outcomes.

Room 5 — General Practice, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Public Health, Medical Education and Anaesthetics

Early session · 08:15 – 10:03

Abstract 34 · Room 5, Early session · 08:15–08:21

Starting in Psychiatry, Starting Behind? Bridging a Hidden Gap in Foundation Training

Audit / QI

Introduction

Foundation doctors are expected to develop common clinical competencies, yet their first rotation determines their earliest clinical exposure. FY1s starting in psychiatry may therefore enter subsequent medical rotations without practical experience acquired by peers on medical wards. This potential gap in Foundation training remains poorly addressed.

Objectives

To identify differences in confidence in core medical competencies between FY1s starting in psychiatry and medicine, and use these findings to implement a targeted educational intervention.

Methods

A mixed-methods needs assessment evaluated self-reported confidence across 18 core FY1 competencies in doctors starting psychiatry (n=4) and medicine (n=7). Free-text responses explored preparedness and educational needs. Identified gaps informed a structured teaching programme for psychiatry FY1s covering acute care, prescribing, escalation, handover, referrals, discharge processes and practical hospital systems.

Results

Mean confidence was 2.15/5 in psychiatry FY1s versus 3.78/5 in medical FY1s, a 1.63-point difference. Three-quarters of psychiatry FY1s reported feeling underprepared. These findings prompted implementation of a targeted teaching programme addressing clinical competencies and the practical “hidden curriculum” of working as a medical FY1. Teaching is underway, with repeat measurement planned before participants transition to medical rotations.

Conclusion

This project identified a previously under-recognised preparedness gap associated with starting FY1 in psychiatry and prompted immediate educational intervention. Rather than accepting unequal exposure as an inevitable consequence of rotational training, this programme provides a practical bridge between specialties. This low-cost, reproducible model could be adopted across Foundation programmes to help ensure rotation order does not determine readiness for medical practice.

Abstract 39 • Room 5, Early session • 08:21–08:27

Hypertension in Primary Care: An Audit of Diagnosis, Management and Monitoring Against the National Institute for Health and Care Excellence(NICE) Guidelines

Audit / QI

Background

Hypertension is a major risk factor for cardiovascular disease and requires accurate diagnosis and appropriate management. NICE guidelines provide recommendations for the diagnosis and treatment of hypertension in primary care.

Objectives/Aims

To assess whether the diagnosis and management of hypertension was in line with the NICE guidelines. A further aim was to assess whether patients received appropriate cardiovascular and renal monitoring.

Methods

A retrospective audit was carried out using EMIS health records from 55 randomly selected patients diagnosed with hypertension at a general practice in London. Data collected included diagnostic blood pressure, antihypertensive medication, diabetes, smoking status, family history of cardiovascular disease, ECG and urine ACR.

Results

All 55 patients had a clinic blood pressure of ≥140/90 mmHg at diagnosis, in line with the NICE diagnostic threshold. 53 of 55 patients were taking a NICE-recommended first-line antihypertensive medication. Of the 13 patients with diabetes, 10(77%) were prescribed an ACE inhibitor and 3(23%) were prescribed a calcium channel blocker. However, only 34 of the 55(62%) patients had both an ECG and urine ACR recorded since their hypertension diagnosis.

Conclusion/Discussion

The practice showed good adherence to NICE guidelines when diagnosing and treating hypertension. However, the audit identified that cardiovascular and renal monitoring was less consistent, with 21 patients not having both an ECG and urine ACR recorded. Ensuring that ECG and urine ACR are routinely considered during hypertension reviews could improve the overall prognosis of patients and reduce the risk of end organ damage.

Abstract 196 • Room 5, Early session • 08:27–08:33

To what extent can non-governmental organisations contribute to the institutionalisation of community-focussed maternal, neonatal and child health strategies in order to strengthen health systems at the local and national level in Bangladesh

Original Research

Introduction/Background

Bangladesh cut maternal mortality from 574 to 173 per 100,000 live births (1990–2017) and under-five mortality from 52 to 20 per 1,000 (1990–2019) despite public health spending of only US$37 per capita. Over 26,000 NGOs, including BRAC, have helped fill service gaps, yet few evaluations examine how NGOs influence the health system.

Objectives/Aims

To evaluate the extent to which NGOs can contribute to the institutionalisation of community-focused maternal, neonatal and child health (MNCH) strategies to strengthen health systems in Bangladesh.

Methods

A literature review (February 2024) searched Scopus, Web of Science, ProQuest Central and Medline for peer-reviewed studies from 1970 onwards. Thirty-two studies were synthesised using Story et al.'s (2017) institutionalisation framework: learning for leverage, thought leadership and joint venturing.

Results

Learning for leverage: NGOs scaled social, technological and financial innovations, including female community health workers (CHWs), birth huts for urban slums, home-made oral rehydration solution, mobile health messaging and health vouchers. Thought leadership: community trust, CHW home visits and culturally tailored communication increased antenatal attendance and reduced care-seeking delays. Joint venturing: partnerships worked best under shared frameworks, as in the national immunisation and tuberculosis programmes.

Conclusion/Discussion

Decades of community embeddedness and government openness enabled NGOs to institutionalise MNCH strategies at scale. Challenges include poor CHW retention, donor dependence and limited spread of pilots. Evidence is dominated by Manoshi programme, with few post-2020 studies. Other low and middle-income countries should embed culturally sensitive community workers and support shared quality frameworks between NGOs and government.

Abstract 179 · Room 5, Early session · 08:33–08:39

HbA1c Test Uptake in Patients with a Diagnosis of PolycysticOvary Syndrome in a Primary Care Setting: A RetrospectiveCohort Study

Audit / QI

Background

Polycystic ovary syndrome (PCOS) is associated with an increased risk of type 2 diabetes mellitus (T2DM) and therefore warrants regular glycaemic monitoring. Despite this, adherence to recommended monitoring in primary care is unclear.

Objectives/Aims

To assess HbA1c testing uptake among women with PCOS in primary care and determine whether monitoring occurred within timeframes recommended by NICE guidelines.

Methods

A retrospective review of electronic health records was conducted across two UK primary care settings. Women with PCOS were identified using diagnostic codes. HbA1c testing was assessed within 12 and 36 months (October 2020–October 2023), with subgroup analysis according to NICE-defined T2DM risk factors, including elevated BMI, hypertension, age >40 years, previous gestational diabetes, family history of T2DM and non-Caucasian ethnicity.

Results

Of 242 women with PCOS, 200 (82.6%) had at least one additional diabetes risk factor. Only 74/242 (30.6%) had a documented HbA1c within 12 months, while 116/242 (47.9%) had one within 36 months. Thus, more than half of women with PCOS had no documented HbA1c within the preceding three years. Uptake remained incomplete across all assessed risk-factor subgroups, including women with elevated BMI, hypertension and previous gestational diabetes.

Conclusion

This study identified substantial gaps in glycaemic monitoring among women with PCOS in primary care, despite the high prevalence of additional T2DM risk factors. Improving systematic identification

and recall of patients due for monitoring may help address this gap. Electronic health-record prompts, accurate PCOS coding and targeted patient education represent potential strategies to support more consistent glycaemic surveillance.

Abstract 181 · Room 5, Early session · 08:39–08:45

A Re-audit to review the management and care of diabetic patients in a Southwest London practice

Audit / QI

Introduction

Type 2 diabetes mellitus (T2DM) requires systematic management to prevent long-term complications, in line with the national NICE guidelines essential surveillance tests such as, HbA1c every six months, annual medication review and an annual foot check. After a preliminary audit carried out in 2024–25 had found gaps in the delivery of care, it was necessary to carry out a clinical re-audit in order to evaluate if interventions introduced improved the quality of care provided to patients.

Objectives/Aims

The purpose of this re-audit was to assess compliance with both the NICE guidelines and the local Southwest London T2DM management guidelines, to measure if improvements had been made and to examine the existing barriers to care among different patient groups.

Methods

A cross-sectional re-audit analyzed 102 randomly selected diabetic patients in 2026 using EMIS data, comparing performance metrics against 2025 baseline data. Evaluated 6 parameters; demographics, BMI, smoking status, HbA1c checks, foot examinations, and medication reviews.

Results

After automated reminders, clinical room posters and combined appointments were introduced, the proportion of patients who received all three of the essential NICE checks increased from 8.0% to 66.7%. The rate of six-monthly HbA1c testing went up from 44.0% to 72.5%, the percentage of patients who had an annual medication review rose from 34.0% to 72.5%, and the number undergoing annual foot checks increased from 58.0% to 88.2%.

Conclusion

Although the guidlines set have not yet been reached the quality improvement interventions have shown an outstanding improvement to optomising patient care.

Abstract 184 · Room 5, Early session · 08:45–08:51

Seizures, Hypocalcaemia and Persistent Hypomagnesaemia in a 4-Week-Old Infant: Looking Beyond Replacement

Case Report

Introduction/Background

Severe hypomagnesaemia can cause seizures and secondary hypocalcaemia. Persistent hypomagnesaemia despite replacement should prompt investigation for an underlying cause. One such inherited disorder is TRPM6-related hypomagnesaemia with secondary hypocalcaemia (HSH), a rare autosomal recessive disorder typically presenting in infancy.

Objectives/Aims

To describe a case of TRPM6-related HSH presenting with seizures in early infancy.

Methods

A retrospective review of clinical records, biochemical results, investigations, and follow-up documentation was undertaken.

Results

A previously well 4-week-old boy, born to consanguineous parents, presented with recurrent seizures, one requiring intravenous lorazepam. No infective or intracranial cause was identified. Admission bloods confirmed hypomagnesaemia (0.21 mmol/L) and hypocalcaemia (adjusted calcium 1.51 mmol/L), with raised phosphate, alkaline phosphatase, parathyroid hormone, and low vitamin D. Intravenous magnesium and calcium replacement were commenced, followed by oral supplementation, with no further seizures. During follow-up, calcium normalised while hypomagnesaemia persisted despite increasing supplementation. Repeatedly low urinary magnesium made renal wasting less likely. Tertiary nephrology input and genetic testing identified a homozygous pathogenic TRPM6 c.2317C>T, p.(Gln773Ter) variant, confirming TRPM6-related HSH. Parental and other relatives were also offered testing. Calcium supplementation was later discontinued; he remains clinically well and growing appropriately on oral magnesium and vitamin D.

Conclusion/Discussion

Persistent, unexplained hypomagnesaemia may indicate a rare underlying disorder. This case highlights the value of looking beyond replacement when hypomagnesaemia persists. In this infant, further investigation confirmed TRPM6-related HSH, explaining the ongoing magnesium requirement and allowing targeted follow-up, genetic counselling and family testing.

Abstract 210 · Room 5, Early session · 08:51–08:57

A Rare Cause of Pneumoperitoneum: Spontaneous Uterine Rupture Secondary to Pyometra.

Case Report

Background

Pyometra is an uncommon condition involving accumulation of purulent material within the uterine cavity. Spontaneous uterine rupture secondary to pyometra is exceptionally rare and may present with pneumoperitoneum. We report a case following uterine artery embolisation (UAE) for a markedly enlarged multifibroid uterus.

Case Presentation

A 46-year-old premenopausal woman with a multifibroid uterus, including a dominant fibroid measuring 179 × 209 × 211 mm, underwent UAE in late June. She subsequently presented with abdominal pain. CT demonstrated the known fibroid uterus without pneumoperitoneum or other acute pathology, and she was discharged with antibiotics. In early September, she re-presented with acute abdominal pain. Repeat CT demonstrated pneumoperitoneum concerning for perforation. Emergency laparotomy revealed spontaneous uterine rupture with extensive purulent contamination, consistent with ruptured pyometra. Following evacuation and peritoneal lavage, a total abdominal hysterectomy was performed. Microbiological culture confirmed an infective organism. She completed two weeks of postoperative antibiotics and recovered well.

Conclusion

Spontaneous uterine rupture secondary to pyometra is a rare cause of pneumoperitoneum. This case highlights an unusual uterine complication following UAE in a premenopausal woman, with initially reassuring imaging followed by pyometra-associated rupture approximately two months later. The

temporal relationship raises the possibility that post-embolisation changes contributed to pyometra and rupture, although causation cannot be established. Persistent or recurrent abdominal pain following UAE warrants careful clinical reassessment and close clinical follow-up and prompt repeat imaging when symptoms persist, supporting timely management.

Abstract 40 • Room 5, Early session • 08:57–09:03

Unmasking the relationship between neurological soft signs and schizophrenia: a scoping review

Original Research

Background

Neurological soft signs (NSS) are subtle neurological deficits that are not localised to specific structural brain regions. High prevalence of NSS is consistently found in individuals with schizophrenia and unaffected first-degree relatives. The aim of this scoping review is to explore existing literature on the relationship between NSS and schizophrenia and identify gaps in literature. Objectives: - Which NSS are prevalent in the context of schizophrenia - To assess the potential of NSS as endophenotypes of schizophrenia - Identify gaps in relevant literature Methods: This review was conducted following the 'Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping reviews' guidelines. The 'Person, Concept, Context' framework was utilised to formulate the keywords included in the search. Keywords were combined with Boolean operators and subject headings. Four databases were searched. The screening process yielded seventeen final studies. Evidence within the literature was mapped out using the Braun and Clarke's 'Six Steps Data-Analysis Process' method for thematic analysis (TA).

Results

Final studies consisted of fifteen cross-sectional and two longitudinal studies. Following TA, four themes were identified: prevalence of NSS and their subdomains; cognitive and clinical associations; endophenotypic nature, neurodevelopmental aspect and heritability; limitations in NSS literature. Several critical gaps were identified across the themes.

Conclusion

Consistent evidence across studies showed high prevalence of NSS, highlighting the motor coordination subdomain, with mixed consensus on its endophenotypic nature. Several limitations were identified, such as small sample sizes and little control of antipsychotic medication use, calling for more robust and large-scale studies for future research.

Abstract 78 • Room 5, Early session • 09:03–09:09

EXPLORING HOW TO BETTER TREAT BRAIN TUMOURS: TARGETING ANTI-APOPTOTIC PROTEINS IN PAEDIATRIC MEDULLOBLASTOMA

Original Research

Introduction

Medulloblastoma (MB) is the most common malignant brain tumour in children, accounting for approximately 20% of paediatric brain cancers. Maximal safe surgical resection remains central to management, followed by chemotherapy and radiotherapy. Despite improvements in survival, morbidity associated with long term therapy remains a key concern. Therefore, there is an unmet need for targeted therapies complementing current treatments.

Aim

This study investigated the therapeutic potential of THZ1, a cyclin-dependent kinase 7 (CDK7) inhibitor, in paediatric MB by assessing its effects on tumour cell viability and expression of key anti-apoptotic proteins, MCL-1 and BCL-XL.

Methods

Human MB cells were cultured and treated with THZ1 at concentrations of 100 nM and 200 nM. Cell viability was assessed using WST-1 assays at 24, 48 and 72 hours post-treatment. Changes in protein expression were analysed by Western blotting using whole-cell lysates, assessing MCL-1 and BCL-XL expression with actin as a loading control. Experiments were performed across three independent repeats.

Results

THZ1 treatment resulted in a statistically significant reduction in MB cell viability compared with untreated controls ($p<0.05$). Both concentrations demonstrated reduced viability, with lower overall viability observed at 200 nM compared with 100 nM. Western blot analysis demonstrated reduced expression of the anti-apoptotic proteins MCL-1 and BCL-XL following THZ1 treatment.

Conclusion

THZ1-mediated CDK7 inhibition demonstrates potential as a targeted therapeutic approach in paediatric MB through modulation of anti-apoptotic signalling pathways. These findings provide preliminary evidence for a strategy that may complement surgical management and reduce reliance on toxic treatment regimens.

Abstract 88 · Room 5, Early session · 09:09–09:15

Primary care vs specialist-supported care in childhood atopic dermatitis: a systematic review

Original Research

Background

Atopic dermatitis (AD) affects up to 20% of children in the United Kingdom, with most cases managed in primary care. Despite its high prevalence, management practices vary considerably, prompting interest in specialist-supported models and clearer referral pathways.

Objective

To evaluate the effectiveness of primary care management compared with specialist-supported care for children with AD.

Methods

A systematic review of studies published in the past 10 years was undertaken using major biomedical databases. Eligible studies included observational cohorts, randomised controlled trials, and service-evaluation data examining primary care management, referral patterns, or specialist-supported interventions in paediatric AD. UK-based studies were prioritised. Extracted outcomes included disease severity indices, quality-of-life measures, prescribing patterns, and referral rates.

Results

Significant variability persists in treatment practices, including inconsistent topical corticosteroid use and delayed escalation. For example, one study reported that general practitioners prescribed moderate- to high-potency corticosteroids in only 7% of children with extensive AD, compared with 57% among dermatologists. Specialist-supported models—particularly teledermatology—demonstrate clinical outcomes comparable to in-person specialist care while improving access and reducing

unnecessary referrals. Integrated care pathways enable a substantial proportion of children to be effectively managed within primary care with remote specialist input.

Conclusion

Primary care remains central to paediatric AD management, but inconsistencies highlight the need for enhanced support. Specialist-supported models, especially teledermatology, offer a promising approach to standardise care and reduce secondary-care demand. Further UK-specific comparative studies are required to optimise integrated paediatric dermatology pathways.

Abstract 185 · Room 5, Early session · 09:15–09:21

The Impact of Generative AI and Digital Media on Adolescent Cognitive Function and Neurobiology: A Systematic Review

Original Research

Introduction/Background

Generative AI and prolonged digital media use are rapidly increasing among adolescent students, raising critical concerns regarding "cognitive offloading" and structural neurodevelopment.

Objectives/Aims

To collaboratively synthesize current evidence regarding the impact of generative AI and heavy digital media reliance on adolescent working memory, cognitive reflection, and neurobiological integrity.

Methods

Our research team is conducting a PRISMA-compliant systematic literature review. We are extracting and analyzing data from peer-reviewed primary studies published between 2021–2026, sourced via PubMed and Medline. Search parameters target adolescent demographics, digital/AI exposure, and cognitive outcomes. Studies focusing solely on adults or non-cognitive metrics are strictly excluded to maintain a highly focused, actionable dataset.

Results

Preliminary screening of the literature indicates that heavy reliance on digital problem-solving tools negatively correlates with working memory capacity and analytical thinking. The data suggests that outsourcing academic tasks to AI promotes cognitive impulsivity and bypasses critical reasoning pathways. Furthermore, neuroimaging subsets within the reviewed data link extreme, prolonged digital media exposure to premature cortical thinning in developing brains.

Conclusion/Discussion

Current evidence suggests that unmitigated use of AI and digital media may impair adolescent memory retention and cognitive reflection. Our team's finalized review aims to consolidate these findings to assist healthcare professionals in establishing evidence-based guidelines for pediatric digital use.

Abstract 195 · Room 5, Early session · 09:21–09:27

An Investigation into the Clinical Characteristics and Management Strategies of Endometriosis-related Hydronephrosis: A Retrospective Case Series

Original Research

Introduction

Hydronephrosis describes swelling of kidneys due to obstructed urinary outflow and is an uncommon, severe complication of ureteral endometriosis. Although symptoms may be non-specific, prompt

diagnosis is vital as delays may lead to loss of renal function. This study aimed to summarise findings from a case series of patients with endometriosis-related hydronephrosis.

Methods

This retrospective case series comprised patients diagnosed with endometriosis-related hydronephrosis at University College Hospital between 2009-2024. Data was gathered from EPIC and the BSGE database and the laterality of hydronephrosis, locations of deep-infiltrating endometriosis, and treatment modalities and outcomes were analysed.

Results

Among 43 patients, unilateral hydronephrosis was more common than bilateral (62.8% vs 37.2%), and left-sided hydronephrosis was more common. Deep-infiltrating endometriotic involvement was observed in 95.3% of patients. Among those with pre-operative symptom records (n=26), 34.6% reported no urinary symptoms. Surgical intervention was undertaken in 38 patients (88.4%), with JJ stent insertion the most common procedure (81.4%). Two patients experienced unilateral loss of renal function requiring nephrectomy. Median creatinine levels decreased following stenting (71.5µmol/L vs 70µmol/L, p=0.009), however there was no significant change in the median renal function of the affected kidney(s) (47% vs 45.5%, p=0.731). There was also no significant mean difference (MD) in quality-of-life scores post-operatively (MD=-6.85, p=0.169).

Conclusion

Endometriosis-related hydronephrosis may occur with few urinary symptoms, highlighting the importance of considering nephrological involvement in patients with deep-infiltrating endometriosis. The efficacy of JJ stenting in treating hydronephrosis must be further investigated. Essentially, diagnosing and treating endometriosis-related hydronephrosis necessitates a multidisciplinary approach.

Abstract 38 · Room 5, Early session · 09:27–09:33

Bridging Professional Boundaries: A Foundation Doctor-Led Teaching Programme for Undergraduate Midwifery Students

Audit / QI

*all authors contributed equally to this work as joint first authors Introduction: Effective maternity care relies on close collaboration between doctors and midwives. However, opportunities for structured interprofessional education during undergraduate training may be limited. Three Foundation Year 1 (FY1) doctors developed a longitudinal teaching programme for undergraduate midwifery students to provide clinically focused, multidisciplinary learning.

Objectives/Aims

To evaluate whether an FY1-led teaching programme could improve midwifery students' confidence in clinically relevant topics while providing an engaging, sustainable model for interprofessional education.

Methods

Three FY1 doctors designed, organised and delivered a 12-week programme for Year 1–3 midwifery students in collaboration with the midwifery education team. Sessions covered obstetrics, gynaecology and neonatology using presentations, clinical cases, interactive questions and practical simulation. Anonymous post-session questionnaires assessed pre- and post-teaching confidence, participation, communication and curriculum relevance using 5-point Likert scales. Paired confidence scores were analysed using the Wilcoxon signed-rank test.

Results

Sixty responses were collected. Mean confidence increased from 3.48/5 pre-teaching to 4.55/5 post-teaching, with 58/60 (96.7%) responses reporting post-session confidence ≥4/5. Improvement was statistically significant ($p<0.001$). Mean ratings were 4.83/5 for participation, 4.93/5 for communication and 4.88/5 for curriculum relevance. Learner feedback informed subsequent session topics. Following completion, the programme and resources were handed over to three incoming FY1 doctors for continued delivery.

Conclusion

FY1 doctors can successfully deliver effective interprofessional education, significantly improving midwifery students' self-reported confidence. Formal succession planning provides a sustainable, low-cost model potentially reproducible across healthcare professions

Abstract 80 · Room 5, Early session · 09:33–09:39

Equitable patient access to perioperative regional anaesthesia at Nottingham University Hospitals NHS Trust: A 2025 evaluation of service provision.

Audit / QI

Background

Regional anaesthesia (RA) can improve postoperative analgesia and reduce opioid consumption, yet access may vary between patient groups and clinical settings. This service evaluation examined RA provision at Nottingham University Hospitals NHS Trust (NUH).

Objectives

To evaluate RA utilisation within a retrospective surgical cohort; describe demographic and surgical characteristics by age, specialty, and procedure timing; assess anaesthetic techniques used; and identify potential underutilisation or overutilisation of RA across relevant patient groups.

Methods

A retrospective observational service evaluation was conducted using routinely collected electronic healthcare data. Elective and emergency surgical procedures undertaken between 19 May and 1 June 2025 were included following predefined specialty exclusions. Data on demographics, specialty, procedure timing, and anaesthetic technique were extracted. Cases were categorised according to RA use and clinical indication, with subgroup analysis of patients receiving general anaesthesia (GA) alone.

Results

Among 1,813 eligible surgical cases, substantial variation in anaesthetic practice was observed by age, specialty, and procedure timing. Overnight surgery had a lower proportion of GA-only cases than daytime surgery, while paediatric procedures predominantly received GA alone. Of 1,090 patients receiving GA alone, 509 (46.7%) were retrospectively considered potentially suitable for RA, suggesting considerable underutilisation.

Conclusion

Improving equitable RA access may require coordinated workforce training, perioperative planning, and service organisation. The proportion of GA-only patients potentially suitable for RA highlights an opportunity to optimise perioperative care. Identifying modifiable barriers within current practice may support more consistent, needs-based delivery of RA across surgical services and strengthen patient-centred perioperative analgesic decision-making pathways overall.

Abstract 130 • Room 5, Early session • 09:39–09:45

NIV Bridging Between Wards and ITU. An Audit of Pre-ICU NIV Management against BTS/ICS Standards in patients with T2RF.

Audit / QI

This audit evaluated compliance with BTS/ICS NIV Guidelines for pre-ICU NIV management across three East Kent Hospitals University NHS Foundation Trust sites: WHH, KCH and QEQM.

Methods

A retrospective audit of 50 patients receiving NIV between May and August 2025 was conducted. Data collected included timing of arterial blood gases (ABGs), NIV initiation, escalation planning, specialist review, monitoring compliance, morbidity, mortality, and length of stay. Audit standards were based on BTS/ICS guidance for T2RF - Results: Pre-NIV ABGs documented in 89.6% of cases. Only 51% of patients received an ABG within one hour of symptom onset. - NIV initiation within 60 minutes of diagnostic ABG occurred in 48.9% of cases. Referral to ITU or outreach services within 30 minutes of confirmed T2RF achieved in only 18.7% of patients. - Escalation plans prior to NIV commencement were documented in 8.3% of cases, while 29.2% had no documented escalation at initiation. Initial NIV settings were recorded in 68.8% of patients, but adjustments following repeat ABGs were undocumented in 63% of cases. - 73.3% lacked a documented NIV weaning plan. - 27.1% of patients required ITU admission, while 8.5% progressed to invasive ventilation. - Patients treated for pulmonary oedema/fluid overload demonstrated poorer survival compared to COPD patients (56.5% vs 72.2%). - Survival rates varied between sites, with WHH demonstrating highest survival rate (73.7%) compared to QEQM (58.3%).

Conclusion

This multi-site, trust wide audit identified significant variation and deficiencies in NIV practice, in escalation planning, timely specialist involvement, and post-NIV documentation.

Abstract 152 • Room 5, Early session • 09:45–09:51

Starting a Clinical Audit/Quality Improvement Project in a Private Hospital Setting: A Practical Approval Pathway for Safe, Portfolio-Ready Work.

Audit / QI

Introduction

Junior doctors working in non-NHS settings may encounter difficulties initiating audit and quality improvement (QI) projects because of unclear governance pathways, limited data access and uncertainty regarding approval processes. These barriers can delay patient-safety improvement and restrict opportunities to generate transferable evidence for NHS clinical portfolios.

Aim

To develop and apply a pragmatic, replicable pathway for initiating audit/QI projects within a Uk private hospital, focusing on governance clarification, stakeholder engagement and safe data handling.

Methods

A stepwise framework was developed and applied during initiation of a patient-safety audit/QI project. Key stages included distinguishing audit/QI from research, defining standards and aims, identifying an appropriate clinical supervisor, engaging governance and management teams, establishing information-governance requirements, and developing a documentation package incorporating a

protocol, data-collection tool, risk assessment and feedback documentation. The pathway incorporated PDSA methodology and prospective evidence capture.

Results

Application of the framework clarified governance requirements and stakeholder responsibilities, enabled project approval and initiation, and generated a standardised QI started pack applicable to rotating doctors. Challenges included limited access to historical records and variable signposts to governance leads, addressed through prospective case identification and alternative clinical-date sources.

Conclusion

A structured approval pathway can support safe and feasible audit/QI activity in private hospital settings. Clear governance signposting and standardised project documentation may facilitate resident-doctor participation in patient-safety improvement.

Abstract 2 • Room 5, Early session • 09:51–09:57

Measles Outbreak in Bangladesh: Is a Model Immunisation System Faltering?

Original Research

Introduction/Background

Bangladesh has long been recognised for the success of its Expanded Programme on Immunisation. The 2026 measles outbreak challenges this progress and highlights gaps in the immunisation system.

Objectives/Aims

To examine the scale and drivers of the recent measles resurgence, identify vulnerabilities contributing to ongoing transmission, and consider lessons for measles control.

Methods

Published epidemiological, immunisation coverage and health-system evidence was reviewed.

Results

Measles requires at least 95% two-dose coverage; recent Coverage Evaluation Survey data reported first- and second-dose coverage of 86.1% and 80.7%. By 12 April 2026, about 2,639 confirmed and 10,225 suspected cases had been reported across at least 57 districts. Vulnerabilities included zero-dose and under-immunised children, disrupted routine vaccination, delayed supplementary immunisation, inequitable access and workforce shortages. About 70,000 children were zero-dose and over 400,000 under-immunised, and around 45% of health-assistant posts were vacant across 37 districts.

Conclusion/Discussion

National vaccination success can mask local immunity gaps. Sustained two-dose coverage, strengthened surveillance, reliable vaccine delivery and targeted identification of missed children are essential. For UK paediatricians, promptly recognising, isolating and notifying suspected cases is important.

Abstract 79 • Room 5, Early session • 09:57–10:03

Non-Invasive Ventilation for Community-Acquired Pneumonia: Outcomes and Predictors of Failure from an ICU Cohort

Original Research

Background and Objectives

The use of non-invasive ventilation (NIV) for community-acquired pneumonia (CAP) remains controversial. NIV failure in the setting of acute hypoxemic respiratory failure is associated with increased mortality, highlighting the need for careful patient selection.

Methods

This is a retrospective observational cohort study. We included 140 patients with severe CAP, treated with either NIV or invasive mechanical ventilation (IMV) as their primary oxygenation strategy.

Results

The median PaO2/FiO2 ratio and SOFA score upon ICU admission were 151 mmHg and 6, respectively. We managed 76% of patients with NIV initially and report an NIV success rate of 59%. Overall, the 28-day mortality was 25%, whilst for patients with NIV success, the mortality was significantly lower at 13%. In the univariate analysis, NIV failure was associated with the SOFA score (OR 1.33), the HACOR score (OR 1.14) and the presence of septic shock (OR 3.99). The SOFA score has an AUC of 0.75 for NIV failure upon ICU admission, whilst HACOR has an AUC of 0.76 after 2 h of NIV.

Conclusions

Our results suggest that a SOFA ≤ 4 and an HACOR ≤ 5 are reasonable thresholds to identify patients with severe CAP likely to benefit from NIV. This research has previously been published. PubMed PMID: 38256342.

Room 5 — General Practice, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Public Health, Medical Education and Anaesthetics

Late session • 10:15 – 11:45

Abstract 142 • Room 5, Late session • 10:15–10:21

High-Flow Nasal Cannula (HFNC) vs CPAP / Standard Oxygen in Pediatric Bronchiolitis: A Meta analysis

Original Research

Background

High-flow nasal cannula (HFNC) is increasingly used in infants with acute viral bronchiolitis, but its efficacy versus standard oxygen in moderate disease, and versus continuous positive airway pressure (CPAP) in severe disease, is inconsistent across trials. We meta-analyzed its efficacy and safety against these comparators.

Methods

We systematically reviewed randomized controlled trials in infants (<24 months) with acute viral bronchiolitis, stratified into HFNC versus standard low-flow oxygen (ward settings) and HFNC versus CPAP (ICU). The primary outcome was treatment failure requiring care escalation. Secondary outcomes were intubation, length of stay, and adverse events.

Results

Six trials (2,208 infants) were included. HFNC significantly reduced treatment failure versus standard oxygen. In the largest ward-based trial, failure occurred in 12% (87/739) with HFNC versus 23% (167/733) with standard therapy (risk difference −11 percentage points; 95% CI −15 to −7; P<0.001). In severe bronchiolitis, CPAP outperformed HFNC. In one multicenter ICU trial, failure was 50.7% (36/71) with HFNC versus 31.0% (22/71) with CPAP (risk difference −19 points; 95% CI −35 to −3; P=0.001). Another reported treatment success of 70.4% with CPAP versus 50.7% with HFNC (P=0.001). Neither comparison differed significantly in length of stay or intubation. HFNC caused significantly less nasal injury and discomfort than CPAP.

Conclusions

HFNC is superior to standard oxygen in moderate bronchiolitis, reducing escalation of care. In severe bronchiolitis, CPAP prevents treatment failure more effectively than HFNC. HFNC is an effective rescue therapy when standard oxygen fails but should not replace CPAP as initial management of severe respiratory distress.

Abstract 155 • Room 5, Late session • 10:21–10:27

Interpreting Cochrane Reviews for Journal Clubs presentations: Reflections and Practical Suggestions from a Presentation Experience for the beginners

Original Research

Background

Cochrane reviews are widely regarded as the highest level of evidence in clinical practice. However, interpreting and presenting their methodological features and statistical outputs remains challenging in journal club settings, particularly for beginners with limited research experience.

Objective

To share the authors' experience of presenting a Cochrane review in a journal club and to offer practical suggestions for beginners.

Methods

A Cochrane review was selected for presentation. The process involved identifying the PICO (Population, Intervention, Comparison, Outcome) framework, summarizing review methods, interpreting forest plots and GRADE (Grading of Recommendations, Assessment, Development and Evaluation) evidence profiles, and discussing clinical applicability. Observations were recorded during preparation and from feedback provided by participants, including medical students, surgical doctors across all grades, and nurse practitioners. Suggestions: Key challenges included understanding and explaining heterogeneity and subgroup analyses, translating GRADE certainty ratings into clinical meaning, and maintaining audience engagement with forest plots. Strategies that improved understanding included beginning with a clear PICO framework, simplifying statistical concepts using clinical analogies, emphasizing absolute effects alongside relative risks, and linking certainty of evidence to patient care implications. Notably, this review included only five trials meeting the selection criteria, which allowed each trial to be summarized individually—an approach that was well received by the audience. Discussion with a senior colleague about different aspects of the review, what questions might be received from audience and prepare them can be very helpful.

Conclusion

Interpreting Cochrane reviews benefits from a structured approach highlighting PICO, certainty of evidence, and clinical relevance.

Abstract 99 · Room 5, Late session · 10:27–10:33

Alcohol Consumption and its Impact on the Developing Adolescent Brain: A Quantitative Narrative Review.

Original Research

Background

The prevalence of alcohol consumption among adolescents is high and rising throughout the world. Therefore, it is necessary to know how alcohol affects the body, particularly the brain and behaviour of humans. To explore this, it is important to know the impact of alcohol on adolescent brains.

Aim

This research will explore the available longitudinal case studies to date and make a comparison of the brain development patterns of those who consume alcohol and those who do not.

Methods

Search engines such as PUBMED, CINAHL, Science Direct, and EBSCO were searched for peer-reviewed quantitative longitudinal studies. Searches identified by "alcohol consumption," "adolescent," "adolescent drinking," "brain development," "cognitive function," and 17 full texts were reviewed. Result: Study result showed a significant impact on brain function and early adolescent alcohol consumption. There is several evidence of brain developmental changes, cognitive changes, and overall performance changes in adolescent drinking in high income countries.

Conclusion

This systematic review has reinforced the previous findings that alcohol intake has a deleterious effect on the adolescent brain development, which poses a risk for alcohol dependence and behavioural changes in later life. Teenagers and young adults should be advised to abstain from alcohol

consumption for a better future. Relevant stakeholders and legislators must strengthen the implementation of counselling and brief interventions at the primary health-care level.

Abstract 176 · Room 5, Late session · 10:33–10:39

Age-specific trends in wholly alcohol-attributable hospital admissions in England, 2015/16-24/25

Original Research

Introduction

Alcohol-related harm is a major public health issue in England. Public Health England data show a modest decrease in hospital admission episodes for alcohol-related conditions in people under 40 over the past decade. However, national survey data show increasing alcohol abstention concentrated amongst younger adults aged 18-24.

Aims

This observational study investigates whether trends in rates of hospitalisation due to wholly alcohol-attributable conditions differ in younger adults compared with older age groups.

Methods

Hospital Episode Statistics were analysed over a 10-year period . Annual Finished Consultant Episodes for wholly alcohol-attributable conditions, as defined by Public Health England, were summed by age. Rates per year per 100,000 population were calculated using data from the Office for National Statistics (ONS). Negative binomial regression was used to analyse temporal trends in FCE rates by age-group. Age-specific average annual percentage changes in FCE rates with 95% confidence intervals were then derived.

Results

18-24-year-olds showed a decrease in rates of FCEs with a primary diagnosis wholly attributable to alcohol (overall change -41.8%, modelled annual change -6.19%). Rates remained broadly stable for 25-39-year-olds (overall -7.4%, annual +0.10%). There was an increase in rates for 40-64-year-olds (overall +11.7%, annual +2.07%) and ≥65-year-olds (overall +23.5%, annual +2.66%).

Conclusion

FCE rates for wholly alcohol-attributable conditions have decreased markedly in young adults aged 18-24 over the past decade, whilst remaining stable or increasing in other age groups. Further research should aim to identify factors underlying decreasing hospitalisation rates in this age group, and their potential implications for public health policy.

Abstract 193 · Room 5, Late session · 10:39–10:45

What are the barriers and facilitators to resolving damp and mould in English housing? A systematic review

Original Research

Introduction/Background

Damp and mould in English housing poses a challenge to public health, impacting respiratory health, quality of life and mental health. The death of two-year-old Awaab Ishak due to continuous mould exposure uncovered systemic failures and highlighted the urgent need to rectify these systemic causes. The evidence for barriers and facilitators to address these problems is fragmented.

Objectives/Aims

To identify and synthesise the barriers and facilitators to resolving damp and mould in English housing, focusing on socioeconomic influences, structural housing factors, landlord and tenant practices, and policy and organisational responses Methods: This systematic review was carried out in alignment with PRISMA guidelines. The inclusion criteria includes studies that were published between 2011 and 2026, written in English and within the UK. Grey literature such as reports from the UK government were included. Quality assessment tools such as AACODS, MMAT and CASP were used. The Framework methods aided in the thematic analysis of the results.

Results

Data was interpreted through themes. Firstly, systemic components that contribute in damp formation. Secondly, fuel poverty as a significant factor in mould risk. Additionally, a blaming culture that exists among landlords. Finally, there are also organisational failures which include delays in complaint handling, poor communication and poor record keeping.

Conclusion/Discussion

Damp and mould in English houses are a consequence of systemic and structural shortcomings rather than the lifestyle choices of the tenants. The main challenge that remains is the translation of existing evidence into effective interventions.

Abstract 160 · Room 5, Late session · 10:45–10:51

Are We Meeting Standards for Paediatric High DependencyCare? A Clinical Audit

Audit / QI

Introduction/Background

Children requiring high dependency care (HDC) need close observation, monitoring and frequent senior medical review. SaTH provides paediatric HDC for Level 1 and selected Level 2 patients. This audit evaluated adherence to local standards for the medical review and management of children admitted for HDC.

Objectives/Aims

To assess whether children admitted for paediatric HDC at SaTH received care and medical reviews in accordance with local HDU standards.

Methods

A retrospective audit of paediatric HDU admissions between 1 February and 30 April 2025 was undertaken using a standardised data collection form. Of 38 admissions, 25 case records were available and analysed against predefined HDU standards.

Results

All analysed children received senior medical review within one hour of admission. Consultant review occurred on admission in 11/25 and within four hours in a further 5/25. Only 2/25 children received appropriately spaced six-hourly reviews during the first 24 hours, despite 16 receiving four reviews. Thirteen children had only one consultant review during the first 24 hours. Eight children met criteria for KIDS involvement; all were discussed appropriately and managed with KIDS advice. Documentation gaps included observations, timing of the decision to admit and consultant-to-consultant handover.

Conclusion/Discussion

Timely initial senior review and appropriate KIDS escalation were demonstrated; however, compliance with six-hourly senior review, twice-daily consultant review and documentation standards requires improvement. Education, improved documentation and reinforcement of review standards are recommended, followed by re-audit to assess sustained improvement.

Abstract 66 · Room 5, Late session · 10:57–11:03

Enhancing compliance with postpartum venous thromboembolism risk assessment and prophylaxis following caesarean delivery: A quality improvement initiative

Audit / QI

Introduction/Background

Venous thromboembolism (VTE) significantly contributes to maternal morbidity, especially following caesarean delivery. Despite guidelines mandating post-partum risk assessments, compliance remains poor due to workflow barriers. This project aimed to standardize post-operative care and ensure consistent guideline compliance to safeguard maternal health.

Objectives/Aims

To evaluate the impact of a standardized post-operative proforma on compliance rates of VTE risk assessments, mechanical prophylaxis, and weight-adjusted pharmacological thromboprophylaxis following caesarean delivery.

Methods

A pre- and post-intervention study at Dr. Sulaiman Al Habib Hospital, Riyadh, reviewed 150 post-caesarean patient records (75 pre-intervention, 75 post-intervention). A retrospective audit compared six-month baseline practices against a subsequent six-month period where a standardized checklist was mandated. Outcomes included the completion of a post-operative care plan with a specific risk score, compliance with low molecular weight heparin (LMWH) guidelines, weight-adjusted dosing, and mechanical prophylaxis instructions.

Results

The standardized proforma led to significant clinical documentation improvements. Compliance with the specific post-operative care plan increased from 64.3% (pre-intervention) to 91.5% (post-intervention). VTE risk score documentation rose from 59.8% to 90.8%. Appropriate LMWH orders increased from 66.7% to 94.8%, and weight-adjusted dosing improved from 59.1% to 92.2%. Mechanical prophylaxis orders saw enhancements from 63.8% to 93.0%, while post-discharge pharmacological follow-up instructions elevated from 60.7% to 94.1%.

Conclusion/Discussion

Integrating a mandatory post-operative proforma significantly enhanced compliance with VTE risk assessments and evidence-based thromboprophylaxis. These interventions reduce dependence on individual memory, minimize weight-based dosing errors, and foster a safer prescribing culture, ultimately improving maternal clinical outcomes.

Abstract 124 · Room 5, Late session · 11:03–11:09

Gastric Linitis Plastica Misleading as Simple Gastric Ulceration: Discordance of Clinicopathological Findings with Omental Metastatic Adenocarcinoma

Case Report

Introduction

Gastric cancer remains a major global cause of cancer related mortality, with approximately 75% of cases and deaths occurring in Asia. Gastric linitis plastica (GLP) is an aggressive form of gastric adenocarcinoma characterized by diffuse gastric wall thickening and rigidity due to submucosal infiltration & fibrosis.

Case Presentation

A 44 year old man presented with a 5 month history of dyspepsia, recurrent upper abdominal pain, weight loss & progressive vomiting of partially digested food. He was initially diagnosed with gastric ulceration through upper GI endoscopy and biopsy showed no malignancy. However, persistent symptoms and progressive weight loss indicated repeat endoscopy demonstrating extensive infiltrative growth involving the pyloric region. CT abdomen revealed “Linitis Plastica” morphology, moderate ascites, suspected peritoneal carcinomatosis, and mild right hydronephrosis. Omental biopsy through IHCP confirmed metastatic adenocarcinoma, whereas pleural fluid cytology was negative for malignant cells.

Discussion

The initial gastric biopsy being negative is clinically significant. Since GLP predominantly involves deeper gastric layers, superficial biopsies may be nondiagnostic. A retrospective study of 54 patients reported inconclusive conventional biopsies in 25.9% of GLP cases, often requiring deeper tissue sampling. Negative superficial biopsy should not exclude GLP when clinical and radiological suspicion remains high.

Conclusion

This case highlights the diagnostic challenge of GLP presenting as benign appearing gastric ulceration with a negative superficial biopsy. Persistent symptoms and clinical/radiological suspicion should prompt repeat endoscopy and deeper tissue sampling when appropriate. Omental biopsy confirmed metastatic disease, while negative pleural cytology demonstrated that radiologically detected effusions should not automatically be considered malignant.

Abstract 125 · Room 5, Late session · 11:09–11:15

How should a new diagnosis of type 2 diabetes be communicated? A rapid scoping review of patient experiences, emotional reactions and communication needs

Audit / QI

Background

Receiving a Type 2 diabetes diagnosis is psychologically challenging and often comes as a shock, regardless of prior health habits. Patients' psychological needs are frequently overlooked by providers, potentially hindering their future management of the disease. This study reviews literature to identify communication strategies that optimize diagnostic consultations Methods: A literature search across PubMed and American Diabetes Association journals identified 19 records, with 10 meeting inclusion criteria. Included papers comprised international cross-sectional surveys, qualitative research, comparative studies, and health services evaluations. Thematic analysis was conducted to identify recurring themes.

Results

An analysis of 10 papers across 26 countries identified 5 recurring themes. Four studies noted an acute emotional surge at diagnosis, with one global study citing a clinically elevated mean Diabetes Distress Scale score of 2.5/6. Five papers identified time constraints as a communication barrier. Conversely, three papers demonstrated that an empathetic provider tone significantly reduced conversational challenges for the provider and improved treatment adherence. Five papers underscored the importance of Individualizing information provided. Overall, 9 of 10 studies highlighted a provider-patient disconnect due to the overemphasis of biomedical facts.

Conclusion

Adopting a patient-centered approach optimizes the diagnostic experience for the patient. Providers should maintain a supportive and empathetic tone, balancing biomedical information with psychological needs. Rather than demanding immediate lifestyle changes, providers should offer staged, ongoing support. Finally, assessing baseline understanding prior to education allows clinicians to correct misconceptions, deliver key new information, save time, and acknowledge pre-existing knowledge.

Abstract 174 · Room 5, Late session · 11:15–11:21

Breast Cancer in Younger Women: A Retrospective Cohort and Review of the Literature

Original Research

Introduction

Breast cancer before 40 raises distinct questions about tumour biology, prognosis, fertility and survivorship. Historical cohorts benefit from interpretation alongside larger studies.

Objectives

To contextualise a regional cohort within published evidence on outcomes and age-specific care.

Methods

An earlier retrospective cohort identified women diagnosed before 40 with primary breast cancer in NHS Grampian during 1991–2006. We considered its available findings alongside a focused narrative review of UK cohort evidence and international consensus guidance.

Results

The audit identified 377 women; mortality information had been collated for 280. The UK POSH study followed 2,956 women aged 40 or younger and found five-year overall survival differed by oestrogen-receptor status, although this difference largely narrowed by eight years (1). Consensus guidance explore genetic counselling, fertility and survivorship (2). Together, these sources highlight the importance of tumour biology and follow-up duration when interpreting outcomes in younger women.

Conclusion

This work provides a historical regional cohort; published evidence places it within a broader understanding of prognosis and care. Clinical interpretation must consider biological variation and needs extending beyond treatment. 1. Copson E, et al. Prospective observational study of breast cancer treatment outcomes for UK women aged 18–40 years at diagnosis: the POSH study. J Natl Cancer Inst. 2013;105:978–988. doi:10.1093/jnci/djt134. 2. Paluch-Shimon S, et al. ESO–ESMO fifth international consensus guidelines for breast cancer in young women (BCY5). Ann Oncol. 2022;33:1097–1118. doi:10.1016/j.annonc.2022.07.007.

Abstract 189 · Room 5, Late session · 11:21–11:27

Evaluation of Surgical Outcomes in Patients Undergoing Post-ERCP Laparoscopic Cholecystectomy and Elective Laparoscopic Cholecystectomy

Original Research

Introduction

Laparoscopic cholecystectomy (LC) is the standard treatment for symptomatic gallstone disease. Prior endoscopic retrograde cholangiopancreatography (ERCP) in patients with concurrent

choledocholithiasis may alter the perioperative environment through inflammation, adhesion and anatomical distortion; potentially complicating subsequent cholecystectomy.

Aim

To evaluate and compare surgical outcomes in patients undergoing post-ERCP laparoscopic cholecystectomy versus elective laparoscopic cholecystectomy.

Methods

A comparative observational study was conducted at the department of General Surgery of Enam Medical College & Hospital, Dhaka from September 2023 to March 2025. Total 100 patients were included: 50 in post-ERCP LC group and 50 in elective LC group. Demographics, preoperative imaging findings, intraoperative parameters and postoperative outcomes were compared between two groups.

Results

Both groups were comparable in age, sex, BMI and comorbidities. Gallbladder wall thickening (42% vs 24%; p = 0.03), pericholecystic fluid (28% vs 12%; p = 0.04) and dilated CBD (48% vs 14%; p < 0.001) were significantly more prevalent in post-ERCP LC group. Operative time was significantly prolonged in post-ERCP LC group (66.8 ± 18.2 vs 54.6 ± 14.7 minutes; p = 0.002) and dense adhesions at Calot's triangle were encountered more often (38% vs 16%; p = 0.002). Length of hospital stay was longer in post-ERCP LC group (3.8 ± 1.2 vs 2.6 ± 0.9 days; p < 0.001).

Conclusion

Post-ERCP laparoscopic cholecystectomy is technically more challenging than elective laparoscopic cholecystectomy, associated with longer operative time, greater adhesive disease and extended hospitalization. These findings have important implications for surgical planning and patient counselling.

Abstract 201 · Room 5, Late session · 11:27–11:33

Hemodynamic Severity and Late Presentation Patterns in Acute Myocardial Infarction: A Multicenter Registry from Bangladesh with Regional South Asian Comparison

Original Research

Background

Acute myocardial infarction (AMI) affects South Asians, yet Bangladesh lacks a coordinated ST-elevation myocardial infarction (STEMI) network. Whether delayed presentation contributes to hemodynamic severity remains uncertain.

Aims

To characterize delayed presentation and hemodynamic severity among AMI patients across 11 tertiary cardiac centers in Bangladesh, identify factors associated with severe presentation, and compare findings with South Asian AMI registries.

Methods

This multicentre retrospective registry included 1,176 consecutive AMI patients across 11 Bangladeshi cardiac centers from January to June 2026. High-risk presentation, defined as Killip class III–IV or cardiogenic shock, was assessed by symptom-to-center arrival time (<6, 6–12, >12 hours) using multivariable logistic regression adjusted for comorbidities and center, with multiple imputation by chained equations.

Results

Median age was 60 years, and 75.2% were male; STEMI comprised 54.6% of infarctions. Thrombolysis and primary percutaneous coronary intervention were 38.7% and 6.1%, respectively. Arrival delay

exceeded 12 hours in 18.0%, while high-risk presentation occurred in 14.6%. Arrival >12 hours was not independently associated with hemodynamic severity (adjusted OR 0.70, 95% CI 0.42–1.17). Greater severity was independently associated with prior heart failure (aOR 3.23, 95% CI 1.80–5.79), prior myocardial infarction (aOR 1.72, 95% CI 1.15–2.59), and older age (aOR 1.21 per 10 years, 95% CI 1.05–1.39), whereas male sex was inversely associated (aOR 0.64, 95% CI 0.41–0.98).

Conclusion

Delayed presentation and hemodynamic compromise are common but were not independently associated in this cohort. Hemodynamic severity was more strongly associated with cardiac disease and age.

Abstract 226 · Room 5, Late session · 11:33–11:39

Antibiotic Resistance Profiles, Phenotypic Analysis and Molecular Genotyping of ESBL-Producing Enterobacteriaceae Isolated from Red Meat Collected from Dhaka City, Bangladesh

Original Research

Background

Antimicrobial resistance, particularly ESBL-mediated, is a public health concern. Raw meat may act as a reservoir and vehicle for resistant Enterobacteriaceae.

Methods

Comparative cross-sectional study in Bashundhara, Azimpur and Dhanmondi markets, Dhaka, November 2022 to August 2023. 40 raw red-meat samples (20 beef, 20 mutton). Organisms identified on MacConkey and EMB agar; susceptibility and phenotypic ESBL by double-disk diffusion; PCR for blaVIM and blaDHA.

Results

Growth in 38/40 (95%); Enterobacteriaceae predominant. All 20 beef samples grew Klebsiella species; mutton grew E. coli (n=8) and Klebsiella (n=10). Seven isolates (17.5%) were phenotypic ESBL producers. Beef: 5/20 (25%) resistant to ceftazidime plus amoxicillin-clavulanate; mutton: 20/20 (100%). 12 mutton isolates (60%) resistant to cefotaxime plus amoxicillin-clavulanate. blaDHA in one isolate and blaVIM in one isolate (2.5% of 40 each).

Conclusion

Food hygiene, antimicrobial stewardship, surveillance and laboratory monitoring are important to limit spread of resistant organisms through the food chain.

Abstract 47 · Room 5, Late session · 11:39–11:45

Improving Patient Understanding and Engagement During Acute Ward Rounds: A Quality Improvement Project

Audit / QI

Introduction

Effective communication is fundamental to patient-centred care, yet inpatients frequently have limited understanding of their management. An initial audit on the Acute Medical Unit (AMU) identified poor awareness of Treatment Escalation Plan (TEP) status, investigation results and responsible clinicians.

Objectives/Aims

To assess whether a pre-ward-round patient prompt sheet improved understanding of care, and whether adding a TEP prompt to the resident doctor triage sheet improved TEP documentation.

Methods

A prospective re-audit of 106 AMU patients was conducted between November 2025 and January 2026. Patients received an information and prompt sheet before the consultant ward round, encouraging questions about their diagnosis, management, investigations, medications, responsible clinician, discharge and TEP status. Patients were interviewed following the ward round using the same measures as the initial audit.

Results

Understanding improved across all measured domains. Awareness of diagnosis increased from 70% to 86%, daily management plan 63% to 75%, investigation results 41% to 62%, and TEP status 63% to 80%. Awareness of the responsible clinician more than doubled from 18% to 41%. Improvements in investigation-result awareness ($p=0.016$) and responsible-clinician awareness ($p=0.008$) were statistically significant. TEP documentation increased from 33% to 48%.

Conclusion/Discussion

A simple, low-cost patient prompt sheet was associated with improved patient understanding during acute medical admissions, while a clinician prompt increased TEP documentation. Although the uncontrolled single-centre design limits causal inference, the intervention was well received and easily scalable. Future work will focus on embedding the checklist into existing admission information to support sustainable patient participation and shared decision-making.

Room 6 — Medicine: Rheumatology, Acute and Geriatric Medicine, Neurology

Early session • 08:15 – 10:03

Abstract 11 • Room 6, Early session • 08:15–08:21

Timing for Antibiotic in Sepsis and Septic Shock - A Quality Improvement Project at Care National Hospital, Riyadh, Saudi Arabia.

Audit / QI

Introduction/Background
Sepsis and septic shock are time-critical, and early antibiotic administration improves outcomes.

Objectives/Aims
To improve timely antibiotic administration, targeting over 90% compliance within one hour.

Methods
Project run May 2023 to February 2024 over two improvement cycles. qSOFA supported early recognition. Interventions: staff education, qSOFA-based triage, workflow optimisation and improved antibiotic readiness.

Results
Compliance within one hour improved from 77% in Cycle 1 to 92% in Cycle 2. Monthly compliance ranged from 70% to 100%.

Conclusion/Discussion
A structured, multifaceted approach improved timely antibiotic administration. Regular audit, refresher education and maintaining antibiotic availability are recommended.

Abstract 41 • Room 6, Early session • 08:21–08:27

A Joint Geriatric Oncology Clinic for the Management of Older People with Breast Cancer: A Service Evaluation

Audit / QI

Introduction
Breast cancer is the most commonly diagnosed cancer in women worldwide, with around one-third of UK diagnoses in women aged 70 years or older. Increasing age, multimorbidity and frailty can impact treatment decisions. NICE recommends surgery for early invasive breast cancer regardless of age unless significant comorbidity precludes it. At University Hospitals Sussex NHS Foundation Trust, Brighton, a Joint Geriatric Oncology Clinic was established to optimise management of older patients with breast cancer and support equitable access to treatment.

Objective
To evaluate the characteristics, management and attendance of patients in the Joint Geriatric Oncology Clinic and identify opportunities for service improvement.

Method

A retrospective service evaluation reviewed 100 Geriatric Oncology Clinic appointments over a 12-month period in 2023. Data collected included demographics, comorbidities, medication burden, tumour characteristics, frailty assessment, treatment modality and attendance.

Results

The dataset comprised 68 patients across 100 appointments. Mean age was 87 years, averaging five comorbidities and seven regular medications per patient. Ductal carcinoma was the most common histological subtype. Frailty scoring was documented in 54% of appointments. Primary endocrine therapy (PET) was used in 91% of patients. Of those referred for anaesthetic assessment, 88.9% subsequently underwent surgery. Non-attendance occurred in 32% of appointments.

Conclusion

The Joint Geriatric Oncology Clinic manages a highly comorbid older population with primary endocrine therapy as the predominant treatment modality. Despite advanced age and multimorbidity, most patients referred for anaesthetic assessment proceeded to surgery, highlighting the value of individualised assessment. Opportunities remain to standardise geriatric assessment and reduce non-attendance.

Abstract 44 · Room 6, Early session · 08:27–08:33

Assessment of Biologic and Targeted Synthetic DMARD Selection in patients with Axial Spondyloarthritis at Stoke Mandeville Hospital: Concordance with the 2025 BSR Guideline

Audit / QI

Background

Axial spondyloarthritis (axSpA) associates with extra-musculoskeletal manifestations (EMMs) and cardiovascular comorbidity. Previous BSR guidance covered TNF inhibitors alone; the 2025 guideline[1] is the first to include IL-17 and JAK inhibitors, adding comorbidity-specific recommendations. We compared current prescribing against this guideline.

Methods

Retrospective review of axSpA patients from clinic and prescribing records, June 2024–June 2025. Demographics, comorbidities, current and prior therapy and BASDAI were extracted and compared against the guideline.

Results

Thirty-two patients (19M/13F; mean age 45.8 years, range 24–76). Comorbidity burden was high: IBD 8 (25%), psoriasis 6 (19%), uveitis 5 (16%), cardiovascular/thromboembolic disease 5 (16%), HIV 1. Twenty-seven were on active therapy, five awaiting initiation. Twenty-four (89% of those treated) received anti-TNF (adalimumab/Yuflyma 19, golimumab 2, infliximab 2, certolizumab 1). All three non-TNF choices were comorbidity-driven: upadacitinib (JAK inhibitor) in Crohn's disease, secukinumab in the HIV-positive patient for immunosuppression safety, and bimekizumab for skin efficacy in psoriasis. Standards were fully met: uveitis 5/5 monoclonal TNFi; cardiovascular/thromboembolic 5/5 no JAK inhibitor; active IBD 8/8 no IL-17 inhibitor. The remaining five psoriasis patients received anti-TNF. Paired BASDAI (12/32) improved from 6.3 to 2.9 (−3.4), 10/12 (83%) achieving a ≥2-point response.

Conclusion

Selection was comorbidity-driven and guideline-concordant despite predating publication. ASDAS-CRP at every visit, patient-agreed targets at initiation, and EMM-specific MDT review were advised. Reference 1. Zhao SS, et al. *Rheumatology (Oxford)* 2025;64(9):3242–54.

Abstract 57 · Room 6, Early session · 08:33–08:39

Audit for RePECT form

Audit / QI

Introduction

ReSPECT is the personalized emergency care document used in UK to record clinical preferences and CPR wishes during emergencies. Such emergencies may include death or cardiac arrest, but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. Aims and objectives of this audit: Comparing our ResPect process with the ResusUK standard Find out if we are filling the form appropriately Knowing about the patient's/NOK's knowledge of the ReSpect process To know if health care professionals need more training on the ResPect process.

Methodology

We studied 16 Respect forms retrospectively when patients were admitted to the hospital from January to March 2025 in the first cycle In the second cycle, we studied 32 ReSpect forms from January to May 2026 Data analysis was done using the descriptive statistical methods in excel. Result Among all 32 patients in second cycle 28 of them in hospital and the rest of them from community Resident doctors completed the ReSpect forms appropriately Section 4a was completed 100 per cent in the second cycle, where it was only 68 % in the first cycle ReSpect form was discussed with the patient or NOK; it was improved from 50 % to 82 percent. Aim for next cycle All the sections of the ReSPECT form to be completed properly. Uploaded in the shared GP and hospital records. Patient and the caregiver or NOK are aware of the plan in the form and provided with their own copy.

Abstract 68 · Room 6, Early session · 08:39–08:45

Evaluating Advance Care Planning and Universal Care Plan Documentation in Older Medical Inpatients

Audit / QI

Background

Advance care planning (ACP) and Universal Care Plans (UCPs) support documentation and communication of patients' preferences across healthcare settings. This is particularly important for patients with cancer, who may have unpredictable illness trajectories and frequent healthcare contact.

Aim

To assess ACP and UCP documentation among patients admitted to three geriatric wards, including documentation of ACP discussions and updating of existing UCPs.

Methods

A retrospective review of 90 patients assessed documentation of DNACPR decisions, ceiling of care, existing UCPs, ACP discussions with patients and families, and UCP review or updating during admission. A subgroup analysis was conducted for patients with cancer.

Results

Of 90 patients, 72 (80%) had a documented DNACPR decision and 76 (84%) had a documented ceiling of care. Only 25 (28%) had an existing UCP. ACP review was documented for 16 patients (18%), while discussions with patients and families were documented in 23 (26%) and 20 (22%), respectively. Only 3 patients (3%) had their UCP updated during admission. Of 20 patients with cancer, 8 had an existing

UCP, of which only 1 was updated during admission. This highlights a significant opportunity to improve proactive care planning for patients with cancer.

Conclusion

Although DNACPR and ceiling-of-care documentation was relatively high, ACP and UCP documentation and updating were limited. Embedding ACP and UCP review into admission and ward processes may improve continuity of care and ensure treatment decisions remain aligned with patients' preferences, particularly for those with cancer.

Abstract 72 · Room 6, Early session · 08:45–08:51

Distribution and Length of Stay of Patients with Dementia in Hospital

Audit / QI

Background

Dementia is common among inpatients and is associated with care needs, prolonged hospitalisation and discharge delays. The UK National Audit of Dementia (2022) highlighted gaps in specialist review and discharge planning. This audit assessed the distribution and length of stay (LOS) of patients with dementia and factors contributing to prolonged stays.

Aims

To assess the distribution of dementia inpatients across wards, examine LOS, identify factors associated with prolonged hospitalisation, and improve discharge planning.

Methods

A retrospective audit of 94 inpatients with dementia during 2025 was undertaken at Darent Valley Hospital. Patients were aged ≥65 years, had documented dementia and an inpatient stay of at least 24 hours. Data included admission diagnosis, LOS, ward movements and reasons for prolonged stay. Patients with delirium as their sole diagnosis and no history of dementia were excluded.

Results

Of 94 patients, 27 (29%) had a short stay of 0–5 days, 43 (45%) had a medium stay of 6–20 days and 24 (26%) had a prolonged stay of >20 days. Common admission reasons included falls, infections, frailty and chronic disease. Approximately 50% experienced one or more inter-ward transfers. Prolonged admissions were associated with infection, delirium, acute kidney injury, waiting for placement, multidisciplinary assessment delays and social care issues.

Conclusion

Dementia was associated with prolonged and complex hospitalisation. Early recognition, baseline cognitive and functional documentation, prompt delirium management, reduced ward transfers and early discharge planning may improve patient flow and quality of care. Re-audit following implementation of these interventions is recommended.

Abstract 129 · Room 6, Early session · 08:51–08:57

Little and Often: Short Ward-Based Teaching Sessions to Improve Staff Confidence in Falls Prevention Policy

Audit / QI

Introduction

Falls are among the commonest patient-safety incidents in NHS hospitals, causing injury, longer stays and loss of independence. Prevention depends on staff applying local policy. A baseline audit on a medical ward at Leicester Royal Infirmary found gaps in staff knowledge of the University Hospitals of Leicester (UHL) falls policy against a 100% standard.

Aim

To improve staff understanding of, and self-reported adherence to, the UHL falls policy through ward-based teaching.

Methods

We ran a two-cycle audit from January 2023 to January 2024. Nurses and healthcare support workers completed a Likert-scale questionnaire covering risk assessment, falls reduction, documentation, communication and post-fall care. After Cycle 1 (n=32), we delivered twelve short sessions to groups of 3–4 staff during ward work, across days and shifts. Cycle 2 (n=22) followed; Fisher's exact test compared cycles.

Results

Staff trained in the past year rose from 21.9% (7/32) to 90.9% (20/22; $p<0.001$). Full confidence in understanding the policy increased from 40.6% (13/32) to 100% (22/22; $p<0.001$), meeting the standard. Routine falls-risk assessment improved from 71.9% (23/32) to 95.5% (21/22; $p=0.04$). Reporting (87.5% to 95.5%) and documentation (93.8% to 95.5%), already high, changed little.

Conclusion

Brief, repeated small-group ward teaching was linked to clear gains in training, confidence and risk assessment. It is cheap, needs no protected time and could work elsewhere. As a small, single-ward project using self-reported data, this is best seen as a pilot. We hope to extend it across wards, measuring falls rates and whether gains last.

Abstract 180 · Room 6, Early session · 08:57–09:03

Mind the Medication Gap: Improving Documentation of Suspended Medicines in Frailty Care

Audit / QI

Background

In frailty care, where polypharmacy is common, medication suspension is frequent but not without risk. Without clear documentation of why a medicine was withheld, for how long, and when it should be reviewed, a temporary decision may inadvertently become permanent. This audit evaluated the quality and completeness of medication-suspension documentation on the Electronic Prescribing Record (EPR) within a frailty department.

Methods

A prospective first-cycle audit evaluated 129 medication-suspension events across five frailty wards. The primary outcome was the proportion of suspended medications with a clearly documented clinical reason, against an expected standard of 100%. Secondary measures included appropriateness of

rationale, documentation of duration, communication within ward notes, and presence of a review/start.

Results

Only 67.44% of suspensions had a documented reason, with just 54.26% appropriately documented. Duration was recorded in only 5.43%, while 50.39% were reflected in ward documentation. Most notably, only 14.73% included a review/restart plan. Critical medicines accounted for 17.1% of suspension events. Identified safety concerns included failure to restart atorvastatin following clarithromycin completion and failure to review metformin and dapagliflozin after infection resolved.

Conclusion

Medication suspension is not complete until there is a clear plan for what happens next. This audit identified substantial documentation gaps, particularly around duration and review planning. Structured EPR documentation, targeted education and pharmacist-led review are proposed, followed by re-audit to evaluate improvement and complete the audit cycle.

Abstract 186 · Room 6, Early session · 09:03–09:09

Quality Improvement Project on Treatment Escalation Plan on Admission in Pilgrim Hospital

Audit / QI

Background

A clearly documented Treatment Escalation Plan (TEP) is an important component of safe and patient-centred care, ensuring that appropriate treatment ceilings and escalation decisions are recognised early during hospital admission. Delays in documenting an escalation plan may lead to uncertainty regarding appropriate management during clinical deterioration.

Aim

To improve the proportion of patients with a documented Treatment Escalation Plan within 24 hours of admission.

Methods

A quality improvement project was undertaken to assess compliance with documentation of TEPs within 24 hours of admission. Baseline data were collected during the first audit cycle, followed by interventions aimed at improving awareness and timely documentation. A subsequent cycle was undertaken to assess the impact of these interventions.

Results

During recent audit cycle, 97 of 145 patients had documented Treatment Escalation Plan within 24 hours of admission, representing 66.9% compliance. This demonstrated a substantial improvement compared with 16% compliance recorded during first cycle, representing approximately 51 percentage improvement in documented TEPs.

Conclusion

The quality improvement interventions were associated with a substantial improvement in the timely documentation of Treatment Escalation Plans within 24 hours of admission. Despite this improvement, approximately one-third of patients remained without a documented TEP within the target timeframe, highlighting an ongoing opportunity for improvement. Further PDSA cycles, continued staff education and incorporation of TEP documentation into admission processes may help achieve sustained improvement. Key learning point: Early documentation of Treatment Escalation Plans can improve

clarity around appropriate escalation of care and support timely, patient centred decision making during acute deterioration.

Abstract 31 • Room 6, Early session • 09:09–09:15

Statin-Associated Immune-Mediated Necrotizing Myopathy With Dual Anti-3-Hydroxy-3-Methylglutaryl-Coenzyme A Reductase (Anti-HMGCR) and Anti-OJ Positivity: A Case Report of Fulminant Weakness and Respiratory Failure

Case Report

Introduction/Background

Immune-mediated necrotizing myopathy (IMNM) is a rare and aggressive form of idiopathic inflammatory myopathy, which is often associated with statin exposure and myositis-specific antibodies such as anti-HMGCR or anti-synthetase antibodies. It is characterized by rapidly progressive muscle weakness, markedly elevated creatine kinase , and often significant morbidity due to respiratory or bulbar involvement.

Objectives/Aims

To highlight the diagnostic challenges, clinical complications, and importance of early, aggressive, multidisciplinary management of statin-associated IMNM.

Methods

We report the case of a 71-year-old man with T2DM, asthma, CKD, and hypercholesterolaemia who developed progressive weight loss and difficulty walking while taking atorvastatin. Clinical, electrophysiological, radiological, histopathological, and serological findings were reviewed.

Results

He developed rapidly progressive lower limb weakness, dysphagia, and recurrent type 2 respiratory failure requiring prolonged non-invasive-ventilation Electromyography, lower limb MRI, showed features of polymyositis, and biopsy confirmed IMNM. Serology was positive for anti-HMG-CoA reductase and anti-OJ antibodies. He was treated with high-dose corticosteroids, mycophenolate, and intravenous immunoglobulin. His hospital course was complicated by aspiration pneumonia, paroxysmal atrial fibrillation, and severe dysphagia requiring gastrostomy feeding. With intensive multidisciplinary care, including respiratory, rheumatology, physiotherapy, and speech therapy, he gradually improved in respiratory function and mobility, regaining upper limb strength and partial independence at discharge.

Conclusion/Discussion

This case demonstrates the diagnostic complexity of IMNM, the need for early recognition in patients with statin exposure and rapidly progressive weakness, and the importance of aggressive immunosuppression alongside comprehensive multidisciplinary care. Despite multiple complications, meaningful functional recovery is possible with timely and coordinated management.

Abstract 104 · Room 6, Early session · 09:15–09:21

Digital Gangrene as the Presenting Manifestation of Polyarteritis Nodosa in a Young Adult: A Case Report

Case Report

Background

Polyarteritis nodosa (PAN) is a necrotising vasculitis predominantly affecting medium-sized arteries. Digital gangrene is an uncommon presentation and may pose a diagnostic challenge, particularly in the absence of typical systemic manifestations.

Case Presentation

A 30-year-old man with a 10-pack-year smoking history presented with progressive painful blackening of the right index finger for one month. Examination revealed digital gangrene, absent right radial pulse and feeble left radial pulse, without other clinical features of systemic vasculitis. Thromboangiitis obliterans was initially considered. CT angiography demonstrated narrowing with significantly reduced flow in the right radial and ulnar arteries and reduced flow in the left interosseous artery. ANCA was negative. Hepatitis B serology showed negative HBsAg, positive total anti-HBc and anti-HBs (103.82 mIU/mL), with undetectable HBV DNA, consistent with resolved previous HBV infection rather than active infection. Deep punch biopsy demonstrated acute and chronic inflammatory infiltration around and within vessel walls with fibrin exudation, compatible with vasculitis. Based on the clinical, vascular and histopathological findings and exclusion of relevant mimics, PAN was diagnosed. Treatment with corticosteroids and oral methotrexate resulted in clinical improvement.

Conclusion

PAN should be considered in patients presenting with otherwise unexplained digital ischaemia or gangrene, even without typical multisystem manifestations. Clinicopathological correlation is crucial for diagnosis.

Abstract 115 · Room 6, Early session · 09:21–09:27

Giant cell arteritis following established essential thrombocythaemia: a possible association

Case Report

Background

Essential thrombocythaemia (ET) is a chronic myeloproliferative neoplasm associated with thrombotic, haemorrhagic and microvascular complications. Myeloproliferative neoplasms may also have a pro-inflammatory state, providing a potential overlap with giant cell arteritis (GCA). An association between ET and GCA has been reported [1]. GCA typically presents with headache, temporal artery tenderness, scalp tenderness and jaw claudication. However, diplopia is an uncommon manifestation, reported in 7.15% of patients in a recent systematic review and meta-analysis [2].

Case presentation

We present a patient with established ET who developed GCA following a six-month history of diplopia secondary to sixth nerve palsy of uncertain aetiology. Her diplopia subsequently worsened and was accompanied by retro-orbital pain and unilateral weakness, initially raising suspicion of stroke. Neurological assessment and brain imaging excluded acute cerebrovascular pathology. ESR was 40 mm/hr, CRP 40 mg/L, with thrombocytosis. She lacked significant scalp tenderness or jaw claudication. Colour Doppler ultrasound demonstrated a halo sign, supporting the diagnosis of GCA. Treatment presented a management challenge given the potential for corticosteroids to exacerbate

thrombocytosis and thrombotic risk in established ET. She responded well to prednisolone, with improved diplopia and resolution of temporal artery tenderness after one month. Tocilizumab was subsequently commenced to facilitate steroid tapering.

Conclusion

This case highlights the reported association between ET and GCA, alongside an atypical presentation of GCA with sixth nerve palsy and diplopia. It emphasises the importance of considering GCA in patients with new-onset or worsening diplopia and the potential management complexities of coexisting ET.

Abstract 172 · Room 6, Early session · 09:27–09:33

The Critical Role of Rehabilitation in Healthy Ageing: Preserving Function, Independence and Participation

Original Research

Background

As populations age, increasing numbers of older adults live with multimorbidity and chronic conditions that may affect mobility, independence and quality of life. Healthy ageing therefore requires attention not only to disease treatment and longevity, but also to maintaining functional ability and participation in later life.

Aim

To highlight the role of rehabilitation in promoting healthy ageing, with particular emphasis on functional independence, prevention of disability, clinical and societal benefits, and barriers to rehabilitation access.

Discussion

Rehabilitation shifts the focus from treating disease alone towards optimising function, preventing avoidable disability and enabling meaningful participation in everyday life. Multidisciplinary rehabilitation following stroke can address motor, cognitive and communication impairments, while exercise, weight management and assistive approaches can support function in musculoskeletal conditions. Balance and strength training are also important components of falls prevention in older adults. Beyond individual clinical benefits, rehabilitation may reduce long-term dependence, avoidable healthcare utilisation and wider societal costs. However, access remains uneven, particularly in rural and low-income settings, and rehabilitation remains under-prioritised within many healthcare systems.

Conclusion

Healthy ageing should focus on preserving function, independence, dignity and participation rather than longevity alone. Integrating rehabilitation as a core component of health systems can support recovery from illness and injury, management of chronic conditions and prevention of avoidable disability in ageing populations.

Abstract 216 · Room 6, Early session · 09:33–09:39

Articular remission in Psoriatic Arthritis: What does it mean in the real world?

Original Research

Background

Articular remission is a key treatment goal in psoriatic arthritis (PsA), but residual disease may persist despite inflammation control. We characterised treatment exposure, residual manifestations and comorbidities among patients achieving articular remission.

Methods

We conducted a retrospective observational analysis of electronic health records at a UK university teaching hospital. Articular remission was defined as zero inflamed joints. Data included demographics, treatment exposure, disease manifestations, comorbidities, clinical assessments and patient-reported outcome measures.

Results

Among 553 patients, 243 (43.9%) achieved articular remission during follow-up. Of these, 119 (49.0%) were female, and mean age at diagnosis was 44.8 years. Conventional disease-modifying antirheumatic drug (DMARD) therapy alone accounted for 106 patients in remission (43.6%), including 97 receiving monotherapy and nine receiving combination therapy. Biologic therapy accounted for 121 patients in remission (49.8%), comprising 66 receiving biologic monotherapy and 55 receiving biologic–DMARD combinations. Treatment categories were unspecified for 16 patients. Some patients achieved remission following multiple treatment lines. Residual manifestations included psoriasis in 56 patients (23.0%), axial symptoms in 34, enthesitis in 27 (11.1%) and dactylitis in 17 (7.0%). Comorbidities included diabetes mellitus (10.7%), cardiovascular disease (10.3%) and depression (9.5%). Current or previous smoking occurred in 10.7%.

Conclusion

Fewer than half of patients achieved articular remission, and almost half of patients in remission received biologic therapy. Residual manifestations and comorbidities remained evident despite zero inflamed joints. These findings support assessment across PsA domains, alongside patient-reported impact and comorbidity review. Prospective studies should evaluate sustained remission and its relationship with broader disease control.

Abstract 3 · Room 6, Early session · 09:39–09:45

Are We Managing Suspected and Confirmed Encephalitis According to National Guidelines?

Audit / QI

Introduction

Encephalitis requires prompt diagnosis and treatment, including early lumbar puncture (LP), neuroimaging and empirical aciclovir.

Objectives

To evaluate compliance with national guidelines for investigation and management of encephalitis.

Methods

Retrospective clinical audit. Patients were identified through Business Intelligence searches of discharge diagnoses between July 2023 and June 2024, supplemented by neurology referrals. After

excluding paediatric and meningitis cases, 34 patients with suspected or confirmed encephalitis were reviewed.

Results

Twelve had infective and seven immune-mediated encephalitis. A pathogen was identified in about one-third of suspected infective cases. Only 14.7% had LP within 24 hours and 29.4% had no LP. MRI was performed within 48 hours in 79.4%. Aciclovir was given within six hours in 61.8%. Neuronal antibody testing was inconsistent.

Conclusion

Diagnostic accuracy and treatment duration were generally satisfactory, but there were significant delays in LP and empirical treatment. Recommendations include LP training and equipment, a standardised encephalitis pathway, and re-audit.

Abstract 229 · Room 6, Early session · 09:45–09:51

Oral Hygiene in Stroke Patients

Audit / QI

Oral Hygiene in Post-Stroke Patients: Re-audit and Quality Improvement.

Introduction/Background

Oral hygiene is essential in stroke patients, particularly those with dysphagia or tube feeding. An initial audit identified gaps in mouth-care frequency, documentation, equipment provision and patient/carer education.

Objectives/Aims

To compare re-audit findings with the initial audit, assess remaining gaps in oral care and identify priorities for further quality improvement.

Methods

A one-week re-audit was conducted on an acute stroke ward at Nottingham University Hospitals NHS Trust, involving 25 patients. Data were collected through record review, observation and standardised mouth-care assessment. Findings were compared descriptively with the initial audit of 25 patients.

Results

The proportion of patients with healthy oral-hygiene scores increased from 80% (20/25) to 84% (21/25), while severe oral-hygiene scores decreased from 4% (1/25) to 0%. Toothbrush provision increased from 92% to 100%, and toothpaste provision from 92% to 96%. However, mouth-care frequency was not consistently documented, routine patient/carer education remained limited, and oral-care documentation across written and electronic records was inconsistent.

Conclusion/Discussion

Although oral-hygiene scores improved, differences in patient risk profiles and the introduction of recommendations during data collection mean that improvement cannot be attributed to the action plan. Priorities include reinforcing three-times-daily mouth care, standardising documentation, improving patient/carer education and repeating the audit to evaluate implementation.

Abstract 7 • Room 6, Early session • 09:51–09:57

Nitrous Oxide–Induced Subacute Combined Degeneration of the Spinal Cord: A Case Report

Case Report

Nitrous oxide (N2O) misuse is an increasingly recognised cause of functional vitamin B12 deficiency and subacute combined degeneration (SCD) of the spinal cord. A 39-year-old man presented with progressive distal paraesthesia and gait instability after recreational nitrous oxide inhalation. Neuroimaging showed dorsal column signal change consistent with SCD. Total homocysteine was elevated at 20.4 umol/L with normal vitamin B12 and folate. He was treated with intramuscular hydroxocobalamin and folate, with early clinical improvement. Early recognition of nitrous oxide neurotoxicity and prompt treatment are important to prevent irreversible damage.

Abstract 135 • Room 6, Early session • 09:57–10:03

Identifying patients with ocular toxicity risk amongst hydroxychloroquine users in the Rheumatology department

Audit / QI

Introduction

Hydroxychloroquine (HCQ) can cause retinal toxicity. Royal College of Ophthalmologists guidance recommends screening from 1 year of therapy, rather than 5, in patients with additional risk factors (dose >5 mg/kg/day, eGFR <60 mL/min/1.73m², tamoxifen), so classification determines when screening starts. Our departmental database does not record risk status after remote consultations.

Objectives

To assess the accuracy of recorded HCQ risk status and identify unrecognised high-risk patients (standard: all high-risk patients identified).

Methods

Retrospective audit using consultation forms, remote-consultation records and electronic patient records (EPR). All uncertain-risk patients underwent individual EPR review. Random 10% samples of recorded high-risk and low-risk patients were verified. Re-audit (November 2024–April 2025) repeated sample verification.

Results

All 151 uncertain-status patients were reclassified. Of 21 sampled high-risk patients, 4 had stopped HCQ; all others were correctly classified. Of 72 sampled low-risk patients, 32 (44%) met high-risk criteria and 10 had stopped HCQ (2 deceased). Re-audit (198 patients: 100 high-risk, 98 low-risk) reproduced this pattern: all 10 sampled high-risk patients were confirmed, whereas 6 of 10 sampled low-risk patients were high-risk. Misclassified patients were reclassified. Recommendation: consistently document HCQ start date, weight and eGFR.

Conclusion

A high-risk label was reliable; a low-risk label was not. In both cycles, many sampled "low-risk" patients were high-risk and could have had screening deferred by up to four years. Despite small samples, the error recurred. Risk status should be derived from systematically recorded treatment duration, weight and renal function, with continued re-audit.

Room 6 — Medicine: Rheumatology, Acute and Geriatric Medicine, Neurology

Late session • 10:15 – 11:27

Abstract 53 • Room 6, Late session • 10:15–10:21

Painful Horner's Syndrome as the Presenting Feature of Spontaneous Internal Carotid Artery Dissection

Case Report

Background

Cervical artery dissection causes roughly a quarter of ischaemic strokes in adults under 50. Spontaneous internal carotid artery (ICA) dissection classically produces ipsilateral pain, a partial Horner's syndrome and delayed cerebral ischaemia, but is often mistaken for primary headache or dental disease. Fewer than a third of patients show the complete triad.

Methods

A 58-year-old man with treated hypertension developed progressive left jaw and frontal pain, followed by a left partial Horner's syndrome (ptosis and miosis) identified by his GP. Inflammatory markers were normal, arguing against giant cell arteritis. CT and MRI of the head excluded haemorrhage and infarction. CT angiography of the aortic arch and carotids was initially reported as a 4.4 mm saccular 'berry' aneurysm of the distal ICA with adjacent luminal narrowing.

Results/Discussion

At the regional neurovascular multidisciplinary team (MDT) the imaging was reclassified as a focal dissection with pseudoaneurysm of the left cervical ICA at the skull base, with no intracranial aneurysm. Neurosurgery advised no intervention. This distinction was management-critical: a saccular aneurysm would raise concern over antithrombotic therapy, whereas dissection mandates antiplatelet treatment to prevent thromboembolic stroke. Consistent with the CADISS and TREAT-CAD trials and ESO guidance, the stroke team started aspirin 75 mg daily with blood-pressure optimisation and conservative follow-up. The Horner's syndrome resolved within a week and the patient remained stroke-free.

Conclusion

Painful Horner's syndrome should prompt urgent evaluation for carotid dissection. Expert MDT re-review corrected a potentially hazardous misdiagnosis and directed evidence-based therapy, illustrating the value of structured neurovascular pathways.

Abstract 61 • Room 6, Late session • 10:21–10:27

Dengue Virus Infection Presenting as Acute Transverse Myelitis: A Case Report

Case Report

Introduction/Background

Dengue fever is a common arboviral infection with a broad spectrum of clinical presentations. Neurological complications are uncommon, and acute transverse myelitis represents a rare but important manifestation. Published studies report 1-2.3% cases of Transverse myelitis within selected dengue cohorts.

Objectives/Aims

To highlight dengue-associated transverse myelitis as an uncommon neurological presentation and emphasise the importance of early recognition and treatment.

Methods

We report an 18-year-old previously healthy male who presented with fever, chills, headache, vomiting and diarrhoea. Initial investigations demonstrated leukopenia and thrombocytopenia (platelets 84,000 cells/mm^3), with positive dengue IgM serology. On the fourth day of illness, he developed acute bilateral lower-limb weakness and sensory loss.

Results

Neurological examination revealed bilateral lower-limb power of 3/5, brisk knee reflexes, upgoing plantar responses and a T6 sensory deficit, with preserved proprioception and anal sphincter tone. MRI demonstrated T2 hyperintense signals within the dorsal thoracic spinal cord at T6–T8, supporting a diagnosis of dengue-associated acute transverse myelitis. Cerebrospinal fluid testing for dengue was unavailable. He received intravenous methylprednisolone 1 g daily for five days followed by intensive physiotherapy. After two weeks, lower-limb power improved to 4/5, with continued recovery during rehabilitation.

Conclusion/Discussion

Acute transverse myelitis is an uncommon neurological complication associated with dengue infection. This case highlights the importance of recognising new motor or sensory symptoms during dengue illness. Prompt recognition, neurological assessment, spinal imaging and appropriate treatment may facilitate neurological recovery and functional outcomes and reduce long-term disability.

Abstract 67 · Room 6, Late session · 10:27–10:33

Longitudinally extensive transverse myelitis prompting investigation for occult malignancy: a diagnostic challenge

Case Report

SUMMARY Longitudinally extensive transverse myelitis (LETM) is an inflammatory spinal cord disorder spanning three or more vertebral segments and represents a neurological emergency. In older adults, autoimmune, infectious, and paraneoplastic causes must be urgently considered. A man in his early sixties with chronic lower back pain presented with sudden deterioration, developing rapidly progressive bilateral lower limb weakness and numbness. He was treated with high-dose intravenous methylprednisolone, intravenous immunoglobulin (IVIG), and plasmapheresis, followed by inpatient neuro-rehabilitation. A comprehensive diagnostic evaluation including serial MRI, cerebrospinal fluid (CSF) analysis, autoimmune and paraneoplastic panels, FDG PET-CT, and upper gastrointestinal endoscopy was undertaken. PET-CT revealed focal hypermetabolic activity at the gastro-oesophageal junction, but repeat targeted biopsies demonstrated Barrett's oesophagus with intestinal metaplasia. Second biopsy showed half forming cells with moderately differentiated into the lamina propria inflammation, without dysplasia or malignancy. The patient stabilised with corticosteroids and neuro-rehabilitation. This case highlights the diagnostic and therapeutic challenges in LETM when malignancy is suspected and underscores the importance of repeat investigations to exclude a paraneoplastic aetiology. Keywords: Longitudinally extensive transverse myelitis; Paraneoplastic neurological syndrome; Barrett's oesophagus; FDG PET-CT; Spinal cord inflammation; Neurorehabilitation

Abstract 154 • Room 6, Late session • 10:33–10:39

Normocellular CSF study in Encephalitis - Importance of collateral history in reaching diagnosis

Case Report

Background

Although encephalitis has a recognisable constellation of features, early recognition can be challenging because symptoms are subtle and non-specific. Collateral history is essential when patients present with symptoms such as behavioural change, particularly when CSF studies and CT brain imaging are normal. Case A 54-year-old woman presented with fever, headache and lethargy. Collateral history revealed behavioural change, characterised by slowed mentation, for several weeks before admission. CT brain and CSF analysis were performed to investigate encephalitis which showed 2 cells/mm^3, protein 0.20 g/L, glucose 4.5 mmol/L and lactate 2.3 mmol/L. CT brain was unremarkable, the CSF viral PCR panel was negative. Subsequently, she became afebrile. As she had been receiving antibiotics, extracranial infection was suspected. CT chest, abdomen and pelvis demonstrated bibasal consolidation, supporting this hypothesis. Initially, her behavioural change was attributed to infection. However, her partner insisted that this was not her normal baseline, despite defervescence. She subsequently became febrile again, prompting urgent MRI brain. MRI demonstrated abnormalities involving the left medial temporal lobe, hippocampus, inferior frontal lobe and insula, consistent with HSE. Repeat CSF analysis five days later showed lymphocytic pleocytosis and positive HSV-1 PCR. She completed 21 days of intravenous aciclovir, with clinical and radiological improvement.

Conclusion

This case highlights the diagnostic value of collateral history in detecting subtle encephalopathy. A normal initial CSF, negative CT and apparent stability should not override a reliable report of change from baseline. Collateral information may prompt timely MRI, repeat CSF analysis and life-saving antiviral treatment.

Abstract 199 • Room 6, Late session • 10:39–10:45

Creutzfeldt-Jakob Disease Presenting as a Stroke Mimic: The Diagnostic Value of Serial Neuroimaging and Collateral History

Case Report

Introduction/Background

Creutzfeldt-Jakob disease (CJD) is a rare, fatal prion disease characterised by rapidly progressive cognitive and neurological decline. Sporadic CJD may occasionally mimic acute stroke, creating diagnostic uncertainty.

Objectives/Aims

To highlight an atypical stroke-like presentation of sporadic CJD and the value of serial neuroimaging and evolving clinical assessment.

Methods

We describe a 65-year-old woman who presented with two weeks of expressive dysphasia and imbalance. Initial brain MRI demonstrated restricted diffusion in the left caudate and basal ganglia with corresponding low ADC signal, interpreted in the clinical context as a left lacunar infarct. She was managed as a stroke and discharged after symptomatic improvement.

Results

Two weeks later, she re-presented with progressive cerebellar dysfunction and cognitive impairment. Collateral history revealed behavioural change predating the initial admission. Examination demonstrated new cerebellar signs and frontal cognitive impairment. Routine blood investigations were unremarkable. Repeat MRI showed persistent high signal on FLAIR and diffusion-weighted imaging within the left caudate and putamen, with cortical ribboning in the left frontal and parietal lobes, raising suspicion for CJD. Subsequent CJD biomarker testing was positive, supporting the diagnosis.

Conclusion/Discussion

This case demonstrates how sporadic CJD can initially resemble stroke. Persistent basal ganglia diffusion abnormalities, cortical ribboning, progressive neurological decline and evolving collateral history should prompt reconsideration of the diagnosis. Serial imaging and multidisciplinary review may facilitate earlier recognition, appropriate counselling and timely palliative care planning.

Abstract 13 • Room 6, Late session • 10:45–10:51

Progressive Bilateral Sensorineural Hearing Loss and Ataxia Caused by Superficial Siderosis Secondary to Chronic Spontaneous Intracranial Hypotension

Case Report

Introduction/Background

Superficial siderosis (SS) is a neurodegenerative disorder from recurrent subarachnoid bleeding, with hemosiderin deposition on subpial surfaces. Chronic spontaneous intracranial hypotension (SIH) from a dural tear is uncommon but treatable.

Objectives/Aims

To highlight SS as a delayed complication of untreated SIH.

Methods

A 51-year-old man with seven years of progressive bilateral sensorineural hearing loss, gait ataxia, vertigo, tinnitus and facial numbness. Ten years earlier he had a prolonged orthostatic headache.

Results

Brain MRI showed SS of the posterior fossa. Whole-spine SPACE MRI showed a cervicodorsal extradural CSF collection. Reduced pontomesencephalic angle indicated intracranial hypotension. He had two autologous epidural blood patches, with symptomatic stabilisation, plus iron chelation and corticosteroids.

Conclusion/Discussion

Recognise SS as a delayed complication of untreated SIH. Timely identification and repair of dural defects can halt progression and potentially reverse deficits.

Abstract 197 · Room 6, Late session · 10:51–10:57

Extensive Cerebral Venous Sinus Thrombosis Associated with Pseudomonas Otogenic Infection Presenting with Haemorrhagic Venous Infarction: A Case Report

Case Report

Introduction/Background

Cerebral venous sinus thrombosis (CVST) is an uncommon cause of stroke. Otogenic infection is a rare but potentially reversible precipitant and may present with extensive thrombosis and haemorrhagic complications.

Objectives/Aims

To highlight the diagnostic and therapeutic challenges of extensive CVST associated with probable Pseudomonas otogenic infection, particularly anticoagulation in the presence of intracranial haemorrhage.

Methods

An 81-year-old man presented with acute dysphasia, left facial weakness and hemiparesis, followed by recurrent seizures. CT and venous imaging demonstrated extensive thrombosis involving the superior sagittal, straight, bilateral transverse and right sigmoid sinuses and a right parietal cortical vein, associated with right frontoparietal haemorrhagic venous infarction and subarachnoid haemorrhage. Blood cultures grew Pseudomonas, with a previous Pseudomonas-positive ear swab and persistent bilateral ear discharge supporting a probable otogenic source.

Results

Therapeutic enoxaparin was commenced despite intracranial haemorrhage and subsequently transitioned to apixaban after speaking with Haematology. Targeted intravenous piperacillin–tazobactam for infection and antiseizure treatment were administered for post stroke seizure. Inflammatory markers normalised, and the patient achieved excellent neurological recovery with normal motor function and no residual speech deficit at discharge.

Conclusion/Discussion

CVST should be considered in patients presenting with focal neurological deficits, seizures and atypical haemorrhagic infarction. This case highlights a probable otogenic Pseudomonas trigger and demonstrates that CVST-associated intracranial haemorrhage does not necessarily preclude therapeutic anticoagulation.

Abstract 27 · Room 6, Late session · 10:57–11:03

Trigeminal trophic syndrome; A rarecause of facial ulcer

Case Report

Background

Trigeminal trophic syndrome (TTS) is a rare neurocutaneous disorder causing persistent facial ulceration following trigeminal nerve injury. Diagnosis is challenging and requires exclusion of infectious, inflammatory, granulomatous, and malignant causes.

Case Presentation

A man in his late 40s with HIV, severe obstructive sleep apnoea/obesity hypoventilation syndrome, pulmonary hypertension, previous CNS infections, cerebrovascular disease, and type 2 diabetes developed progressive right nasal ala necrosis following nasogastric tube insertion. This progressed to extensive facial ulceration with communication into the nasal cavity and marked facial distortion.

Multiple biopsies and investigations excluded malignancy, infection, vasculitis, and granulomatous disease. Multidisciplinary assessment established a diagnosis of TTS. Management and Outcome: Conservative wound care and multidisciplinary management were undertaken. Reconstruction was repeatedly deferred because of medical instability, ventilator dependence, extensive tissue loss, and high surgical risk. Progressive facial tissue loss resulted in persistent non-invasive ventilation mask leakage, recurrent type 2 respiratory failure, and ultimately permanent tracheostomy with long-term invasive ventilation.

Conclusion

This case highlights TTS as an important differential diagnosis in chronic facial ulceration and demonstrates a potentially serious, previously unreported complication: extensive facial tissue loss compromising non-invasive ventilation and contributing to ventilatory failure. Early recognition and multidisciplinary management are essential, although treatment options remain limited.

Abstract 28 · Room 6, Late session · 11:03–11:09

Blue, Breathless and Brain at Risk: An Unusual Case of Moyamoya

Case Report

Introduction

Stroke in cyanotic congenital heart disease (CCHD) can have multiple explanations, including hypoxaemia, secondary polycythaemia and embolism. Recognising an additional cerebrovascular pathology is crucial when neurological deficits are recurrent or disproportionate to the presumed cause.

Aims

To highlight the diagnostic challenge of recurrent stroke-like episodes in CCHD and the importance of considering Moyamoya disease as an underlying cause.

Case Presentation

A patient with previously deemed inoperable CCHD presented with haematemesis. Examination revealed marked clubbing, central cyanosis and signs of severe pulmonary hypertension. Previous cardiac imaging demonstrated a large VSD, overriding aorta, pulmonary atresia and multiple MAPCAs. Haemoglobin was 17.5 g/dL. On day four, sudden complete left-sided hemiparesis developed. CT brain showed cerebral air embolism, while CT angiography unexpectedly suggested Moyamoya disease. Thrombolysis was contraindicated by the recent gastrointestinal bleed. Despite partial recovery, the patient developed a second episode of complete left-sided weakness on day 12, resolving spontaneously within 24 hours. MRI/MRA confirmed Moyamoya disease with chronic bilateral fronto-parieto-temporal infarcts.

Conclusion/Discussion

This case illustrates how recurrent neurological events in CCHD may reflect more than hypoxia or embolism. The coexistence of Moyamoya adds a further mechanism of cerebral ischaemia and significantly alters management. A low threshold for neurovascular imaging and early multidisciplinary assessment is essential when neurological deficits recur.

Abstract 52 · Room 6, Late session · 11:09–11:15

PROGRESSIVE DYSPHAGIA AND BULBAR WEAKNESS IN AN OLDER ADULT: A CASE OF MYASTHENIA GRAVIS HIGHLIGHTING THE IMPACT OF BETA-BLOCKER THERAPY

Case Report

Background

Myasthenia gravis (MG) is an autoimmune disorder of the neuromuscular junction characterized by muscle weakness resulting from fatigue-ability.

Case Presentation

82/M presented with a six-week history of progressive painless dysphagia, regurgitation, anorexia, significant weight loss, voice change, and intermittent bilateral ptosis. Initial examination demonstrated preserved limb power and no obvious fatigability. Initial Extensive investigation failed to identify the cause for his symptoms. During admission, the patient developed SVT while awaiting neurology and was treated with intravenous metoprolol followed by bisoprolol. Next day, his neurological symptoms worsened, with marked bilateral ptosis, demonstrable fatigability, proximal muscle weakness, and persistent severe dysphagia. Neurology advised that presentation is suggestive of myasthenia gravis likely exacerbated by beta-blockers. As per neurology advise, Bisoprolol was discontinued, along with pyridostigmine and corticosteroids commenced. Rapid clinical improvement followed, with resolution of dysphagia, recovery of oral intake, removal of the nasogastric tube, and marked improvement in ptosis. Acetylcholine receptor antibodies later returned positive, confirming the diagnosis of myasthenia gravis.

Discussion

This case highlights the diagnostic challenge of myasthenia gravis presenting predominantly with bulbar symptoms and minimal limb involvement. It illustrates the potential for beta-blockers to exacerbate neuromuscular junction dysfunction, potentially unmasking or worsening previously unrecognized disease. Recognition of this association is important, particularly in acute settings where beta-blockers are frequently prescribed.

Conclusion

Myasthenia gravis should be considered in patients presenting with unexplained progressive dysphagia and fluctuating cranial nerve symptoms along with other common differentials. Clinicians should remain vigilant to medications, including beta-blockers, that may exacerbate symptoms with clinical deterioration.

Abstract 145 · Room 6, Late session · 11:15–11:21

Non-epileptiform Myoclonus - An Atypical Presentation of Suspected Progressive Supranuclear Palsy

Case Report

Introduction/Background

Progressive supranuclear palsy (PSP) is a neurodegenerative tauopathy with diverse presentations beyond classical Richardson syndrome. Myoclonus is uncommon but has been described in neuropathologically confirmed PSP and corticobasal-overlap phenotypes.

Objectives/Aims

To highlight diagnostic evolution showcased in the approach of a presentation of prominent non-epileptiform myoclonus potentially reflecting atypical Parkinsonian pathophysiology.

Methods

An 88-year-old man with no neurological history presented to the Emergency Department with acutely progressive multifocal myoclonic jerks involving the head, neck and upper limbs, without loss of consciousness or post-ictal features. Collateral history revealed declining balance, three unexplained falls and recent dysphagia in the month prior. Subsequent examination elicited slurred speech, axial and appendicular myoclonus, increased upper-limb tone and right-sided dysdiadochokinesia.

Results

CT head demonstrated small-vessel disease and frontotemporal atrophy without acute pathology. Symptoms however resolved after three doses of levetiracetam, on which the patient was discharged alongside neurology follow-up. Outpatient EEG exhibited no epileptiform activity, while an MRI identified midbrain, frontal and cerebellar atrophy. PSP was suspected given the accompanying dysarthria, dysphagia and ataxia, although repeat neurological examination remained inconclusive. Further follow-up was arranged to assess if symptom progression mirrored established disease patterns.

Conclusion/Discussion

Predominant midbrain atrophy is recognised within Movement Disorder Society PSP diagnostic criteria, although imaging remains supportive rather than definitive. Furthermore, early symptoms may not reflect recognised Richardson syndrome. Hence, in older adults with unexplained myoclonus and non-epileptiform EEG findings, assessment for accompanying gait, postural, bulbar and extrapyramidal abnormalities may uncover an underlying neurodegenerative Parkinsonian process overshadowed by acute hyperkinesis.

Abstract 161 · Room 6, Late session · 11:21–11:27

Acute Binocular Diplopia mimicking Bilateral Internuclear Ophthalmoplegia: Suspected Seronegative Ocular Myasthenia Gravis—A Diagnostic Dilemma

Case Report

Introduction

Myasthenia gravis commonly causes fluctuating ocular symptoms. Extraocular muscle atrophy with fatty replacement is unusual and can complicate the distinction between neuromuscular and central causes of ophthalmoplegia.

Objectives

To describe a case of suspected seronegative ocular myasthenia gravis mimicking a central cause of ophthalmoplegia.

Methods

The clinical course, neurological and ophthalmological findings, neuroimaging, antibody testing and specialist assessments were retrospectively reviewed.

Results

A 50-year-old man presented with acute diplopia and periorbital discomfort. Examination showed left exotropia with bilateral restriction of adduction and abducting nystagmus, mimicking bilateral internuclear ophthalmoplegia. CT and initial MRI showed no acute intracranial abnormality. Contrast-enhanced MRI subsequently demonstrated bilateral extraocular muscle atrophy with fatty replacement, a finding reported in myasthenia gravis and arguing against a central cause for the ophthalmoplegia. AChR antibodies were negative. MuSK antibodies were also negative. Pyridostigmine was started and increased to 60 mg three times daily, with marked improvement in ocular deviation and diplopia.

Conclusion

This case describes suspected seronegative ocular myasthenia gravis presenting with features that mimicked bilateral internuclear ophthalmoplegia. Despite negative antibody testing, the contrast-enhanced MRI findings and marked clinical response to pyridostigmine supported the working diagnosis. This presentation may create diagnostic uncertainty when structural brain imaging is otherwise normal.

Room 7 — Medicine: Respiratory, Infectious Disease, Gastroenterology and Hepatology, Cardiology and Renal

Early session • 08:15 – 10:03

Abstract 49 • Room 7, Early session • 08:15–08:21

Adult Community-Acquired Pneumonia Care: A Baseline Audit Against NICE NG250

Audit / QI

Introduction/Background

NICE NG250 updated pneumonia guidance in September 2025. Evaluating local practice identifies gaps in documented community-acquired pneumonia (CAP) care and priorities for improvement.

Objectives/Aims

To assess documented compliance with five selected NG250 recommendations at Stepping Hill Hospital.

Methods

A retrospective, single-centre audit reviewed adult inpatient records from 1–31 March 2026. Electronic clinical, radiology, prescribing and discharge records were assessed for CURB65 documentation, chest radiography and antibiotic initiation within four hours of emergency department arrival, recovery information and follow-up imaging decisions. The local compliance target was ≥80%.

Results

Of 185 records screened, 138 confirmed CAP cases were included; 28 hospital-acquired pneumonia cases and 19 cases not meeting the CAP definition were excluded. CURB65 was documented in 49/138 (35.5%), chest radiography occurred within four hours in 104/138 (75.4%), antibiotic initiation was recorded within four hours in 111/138 (80.4%), and recovery information was documented in 43/138 (31.2%). Among 122 patients discharged alive, 55 (45.1%) had a follow-up chest radiograph or CT pathway recorded. Incomplete eligibility data prevented formal assessment of follow-up compliance.

Conclusion/Discussion

Only antibiotic timing met the local target. Major gaps concerned documentation of severity assessment and recovery advice. Findings were presented departmentally. Planned actions include targeted education, standardised documentation, patient information leaflets and recording follow-up eligibility and shared decisions before re-audit. Missing documentation does not establish that care was omitted.

Abstract 55 • Room 7, Early session • 08:21–08:27

APPROPRIATENESS OF CT PULMONARY ANGIOGRAPHY FOR SUSPECTED PULMONARY EMBOLISM: A COMPARISON OF A&E AND INPATIENT REFERRALS

Audit / QI

Introduction

CT pulmonary angiography (CTPA) is the standard imaging investigation for suspected pulmonary embolism (PE), but inappropriate use exposes patients to unnecessary radiation, contrast and increased workload. This audit assessed CTPA appropriateness and diagnostic yield across A&E and Wakeley, a gastroenterology ward, using RCR standards and the NICE two-level PE Wells pathway.

Methods

A retrospective review of 42 consecutive CTPAs was undertaken, comprising 21 patients from A&E and 21 from Wakely. Data collected included clinical indication, Wells score, D-dimer, chest radiograph, CTPA outcome and alternative radiological findings. Appropriateness was assessed using the NICE diagnostic pathway. Alternative findings on PE-negative CTPAs were assessed for clinical relevance.

Results

PE was demonstrated in 3/21 (14.3%) A&E patients and 2/21 (9.5%) Wakely patients, giving an overall PE positivity rate of 11.9%, below the RCR target of ≥15%. Based on documented Wells and D-dimer results, 16/21 (76.2%) A&E and 20/21 (95.2%) Wakely CTPAs were clearly supported by an appropriate pre-test probability. Alternative findings on PE-negative CTPAs were identified in 10/18 (55.6%) A&E patients and 19/19 (100%) Wakely patients.

Conclusion

Both departments had PE detection rates below the RCR target. A&E demonstrated a higher PE detection rate but greater evidence of potential over-investigation, while Wakely showed greater adherence to the diagnostic pathway and a higher frequency of alternative pathology. Reinforcement of the Wells-based pathway, including appropriate use of age-adjusted D-dimer thresholds, may improve CTPA utilisation while maintaining diagnostic safety. Recognition of alternative diagnoses remains important when investigating suspected PE.

Abstract 89 · Room 7, Early session · 08:27–08:33

Improving Confidence in Management of Acute Non- Invasive Ventilation in a District General Hospital.

Audit / QI

Improving Confidence in Management of Acute Non- Invasive Ventilation in a District General Hospital. Shahbaz Chaoddhary Background: Delivery of Acute Non-Invasive Ventilation (NIV) is often delivered by staff with varied training and confidence in the recognition and treatment of acute type 2 respiratory failure (T2RF).

Aim

To use simulation-based training to improve recognition and management of T2RF at Stepping Hill Hospital.

Methods

A baseline survey of medical staff was conducted. This assessed self-rated confidence (likertscale) in acute NIV delivery. Survey results were used to develop a Simulation Teaching Package. This was imbedded into mandatory teaching sessions. Training reflected common scenarios encountered in the management of patients requiring acute NIV. Staff were resurveyed after training to reassess confidence in managing acute NIV patients out of 10 (0=no confidence, 10= very confident).

Results

Twenty-nine staff across all groups including ACPs (n=2), Foundation Doctors (n=8), JCFs (n=6), Registrars (n=8) and Consultants (n=5) completed the survey with 75% reporting that they were regularly involved in Acute NIV care. Overall confidence in starting and managing patients on acute NIV was low. Self-rated confidence significantly increased following simulation training (median 3.5 vs 9.0, p=0.011). Participants felt strongly confident that they were better prepared to manage patients.

Conclusion

Confidence in managing ventilatory failure and acute NIV within the general medical and emergency department needs improvement. Development of a multidisciplinary high fidelity simulation program improved staff's knowledge and confidence. Future work could involve expanding this to nursing staff and allied health care professional working in relevant clinical areas.

Abstract 144 · Room 7, Early session · 08:33–08:39

Improving Documentation of Point-of-Care Lung Ultrasound in a Respiratory Service

Audit / QI

Background

The British Medical Ultrasound Society and Royal College of Radiologists recommend that point-of-care ultrasound reporting include the time, location, clinician performing the exam, outcome, and if appropriate – adverse reactions or follow-up action. In addition, permanent storage of all images are recommended as "best practices." Therefore, we determined to evaluate how consistent were the components of reporting in our Respiratory Services.

Aim

To assess the quality of lung ultrasound documentation and examine whether a standardised proforma was associated with more complete records.

Methods

We evaluated retrospectively, between October 2024 and April 2025, 57 point-of-care lung ultrasounds entered into the pleural database at Stepping Hill Hospital.Records were assessed for patient details, date and location, indication, findings, practitioner identity, conclusion, and image storage. We compared scans documented with and without the proforma.

Results

14 of 57 examinations utilized the standardized template. All 14 proforma records contained each of the six assessed written documentation fields. Without the proforma, practitioner identity was documented in 35/43 records (81%) and a conclusion in 36/43 (84%). None of the studies (n=0) had their images stored on PACS.

Conclusion

This sample indicated that Proforma usage is associated with greater documented completion rates. A second area of governance for radiology has been shown by the non-existence of an image archival system (PACS). To close these gaps we have proposed a standardized Proforma and to implement a PACS-based image archive; we plan on conducting the same audit post-implementation.

Abstract 170 · Room 7, Early session · 08:39–08:45

No FiO2, No Context: Improving ABG Documentation

Audit / QI

Background

Accurate FiO2 documentation is essential for meaningful interpretation of arterial blood gases (ABGs). In our Acute Medical Unit, FiO2 was frequently recorded incorrectly, particularly in patients receiving low-flow oxygen, reducing the reliability of subsequent ABG interpretation.

Aim

To improve the accuracy of FiO2 documentation on ABGs through a simple, low-cost point-of-care intervention.

Methods

A baseline review of 25 ABGs assessed oxygen use, oxygen device and flow rate, FiO2 entered on the analyser, and whether the recorded value was appropriate. Following baseline analysis, laminated oxygen-to-FiO2 reference charts were placed beside ABG machines and "No FiO2, No Context" awareness posters were displayed in clinical work areas. Two subsequent cycles of 25 ABGs each were assessed using the same criteria.

Results

At baseline, FiO2 was documented correctly in 17/25 ABGs (68%). Among patients receiving supplemental oxygen, accuracy was 52.9%, with the most common error being documentation of room-air FiO2 (21%) despite ongoing oxygen therapy. Following intervention, overall accuracy increased to 24/25 (96%), with 90.9% accuracy among oxygen-treated patients. A second post-intervention cycle demonstrated correct FiO2 documentation in 25/25 ABGs (100%).

Conclusion

A simple, visible point-of-care intervention produced rapid and sustained improvement in FiO2 documentation. Easily accessible reference guidance can address a common documentation gap and improve the clinical context and reliability of ABG interpretation.

Abstract 188 · Room 7, Early session · 08:45–08:51

Optimising CTPA Requests for Suspected Pulmonary Embolism: A Three-Cycle Quality Improvement Project at William Harvey Hospital

Audit / QI

Background

Computed tomography pulmonary angiography (CTPA) is the gold-standard imaging test for suspected pulmonary embolism (PE), but inappropriate requesting exposes patients to avoidable ionising radiation and iodinated contrast while increasing pressure on acute imaging resources. This quality improvement project (QIP) assessed and improved adherence to NICE and East Kent Hospitals University NHS Foundation Trust (EKHUFT) PE diagnostic pathways.

Methods

A retrospective multi-cycle audit was undertaken at William Harvey Hospital across the Acute Medical Unit and other medical wards. Sixty adults with suspected PE who remained in hospital for more than 48 hours before imaging were included; patients from the Emergency Department, SDEC and Acute Assessment Unit were excluded. CTPA requests were assessed for appropriate use of structured clinical risk assessment (Wells/Geneva scores) and D-dimer testing. Following early audit cycles, educational posters were placed in clinical areas and findings were presented at a Trust-wide conference.

Results

Guideline adherence was 48% in Cycle 1 and 44% in Cycle 2, rising to 77% in Cycle 3 following intervention. Among guideline-compliant CTPA requests, 13/47 (28%) demonstrated PE, compared with 1/13 (7.7%) non-compliant requests, representing an approximately 3.6-fold higher diagnostic yield with guideline adherence.

Conclusion

Simple, low-cost educational interventions substantially improved adherence to PE diagnostic pathways. Structured risk assessment can reduce unnecessary CTPA exposure while improving diagnostic yield and resource utilisation. Further improvement should focus on sustained education and electronic decision-support, including mandatory Wells/Geneva documentation within CTPA request systems.

Abstract 22 · Room 7, Early session · 08:51–08:57

Conservative Management of Fungal-Associated Lung Disease in an Immunocompetent Patient

Case Report

Introduction/Background

Fungal pulmonary disease can mimic tuberculosis and other chronic infections, and is hard to diagnose in immunocompetent people without predisposing factors.

Objectives/Aims

To describe an unusual presentation of fungal-associated lung disease in an immunocompetent patient.

Methods

Clinical, laboratory, microbiological and radiological review of a patient with chronic respiratory symptoms and abnormal chest imaging, reviewed by the respiratory MDT.

Results

A never-smoking farmer presented with 5-6 months of productive cough, night sweats and weight loss. CT showed bilateral upper-lobe consolidation, focal nodularity and pericardial lymphadenopathy. Eosinophilia, raised total IgE and positive Aspergillus-specific IgE. Sputum and BAL negative for TB. After initial antibiotics with some improvement, the MDT chose conservative management without antifungals given no immunosuppression. Serial CT showed resolution with residual traction bronchiectasis, then complete radiological resolution.

Conclusion/Discussion

Careful integration of clinical, serological, microbiological and radiological findings with MDT assessment may support conservative management and avoid unnecessary antifungal therapy in selected immunocompetent patients.

Abstract 51 · Room 7, Early session · 08:57–09:03

Case Report: Weil's Disease: An Acutely Unwell Patient with Multi-Organ Dysfunction

Case Report

Introduction

Leptospirosis is a zoonotic infection caused by *Leptospira* species, associated with exposure to water or soil contaminated by infected animal urine. Severe disease (Weil's disease) can cause hepatic and renal dysfunction, thrombocytopenia and haemodynamic instability. Early recognition can be challenging as its presentation may mimic sepsis.

Case Presentation

A 63-year-old previously fit professional fisherman presented with a one-day history of fever, rigors, lethargy, myalgia and arthralgia. He had been working around rivers and freshwater environments during the preceding week following heavy rainfall. On admission, he was febrile at 39°C, tachycardic at 108 beats/min and hypotensive at 88/56 mmHg. Examination revealed scleral icterus and mild right upper-quadrant tenderness. Investigations showed thrombocytopenia (45 $\times 10^9$/L), acute kidney injury (creatinine 249 µmol/L), hyperbilirubinaemia (218 µmol/L), raised inflammatory markers and hyponatraemia. He was treated for sepsis with intravenous fluids and broad-spectrum antibiotics and transferred to intensive care because of hypotension. Further occupational history identified significant freshwater exposure, raising suspicion of leptospirosis. *Leptospira* PCR and serology were positive, confirming the diagnosis. Alternative causes of hepatic dysfunction and sepsis, including viral hepatitis and autoimmune liver disease, were excluded. He responded to antimicrobial and supportive treatment, with recovery of renal and hepatic function, and was discharged clinically well.

Conclusion

Leptospirosis should be considered in patients with fever, jaundice, acute kidney injury and thrombocytopenia, particularly following freshwater exposure. A detailed occupational history is essential, and early antimicrobial treatment may prevent life-threatening complications.

Abstract 118 · Room 7, Early session · 09:03–09:09

Probable levofloxacin-induced eosinophilic pneumonitis mimicking immune-related lung toxicity in metastatic melanoma: a case report

Case Report

Introduction

Drug-induced pneumonitis can mimic infection, tumour progression, or immune-checkpoint inhibitor (ICI) toxicity in patients with cancer. Levofloxacin-induced eosinophilic pneumonitis is rare but should be considered when pulmonary infiltrates are accompanied by eosinophilia.

Objectives/Aims

To describe a probable case of levofloxacin-induced eosinophilic pneumonitis with an organising pneumonia pattern in a patient with metastatic melanoma, and to highlight the diagnostic challenges in distinguishing this from infection and ICI-related pneumonitis.

Methods

A 65-year-old man with metastatic melanoma and previous immunotherapy-related toxicity was assessed following admission with a pneumonia-like illness. He received co-amoxiclav followed by levofloxacin. Clinical, laboratory, microbiological, radiological, and specialist assessments were reviewed. The differential diagnoses included bacterial infection, allergic bronchopulmonary aspergillosis (ABPA), ICI pneumonitis, drug-induced pneumonitis, hypereosinophilic syndrome, and eosinophilic vasculitis.

Results

Following initial improvement, the patient developed recurrent fever, persistent pulmonary consolidation, marked peripheral eosinophilia, and mild liver function test derangement. Repeated cultures and microbiological investigations were negative, and procalcitonin was low. Aspergillus-specific IgE, beta-D-glucan, and galactomannan were also negative, making ABPA and invasive fungal disease unlikely. Levofloxacin was discontinued and corticosteroids commenced. Fever resolved and respiratory symptoms improved. Follow-up CT demonstrated near-complete resolution of the previous

extensive left-sided pulmonary changes, with minor residual ground-glass change and nodularity consistent with resolving organising pneumonia.

Conclusion

The temporal association with levofloxacin, marked eosinophilia, exclusion of infection, and clinical and radiological improvement supported probable levofloxacin-induced eosinophilic pneumonitis. In oncology patients, drug-induced lung injury should remain an important differential alongside infection and ICI pneumonitis. Multidisciplinary assessment is valuable when diagnoses overlap.

Abstract 119 · Room 7, Early session · 09:09–09:15

Miliary tuberculosis in a patient with complex perianal Crohn's disease receiving infliximab.

Case Report

Background

Miliary tuberculosis (TB) in patients with Crohn’s disease receiving biological therapy is uncommon but can present diagnostic challenges. There is clinical and histological overlap between Crohn’s disease and TB, while anti-TNF therapy increases the risk of TB reactivation and dissemination.

Aims

To highlight the diagnostic challenges of distinguishing Crohn’s disease from TB and emphasise the importance of maintaining a high index of suspicion for disseminated TB in patients receiving anti-TNF therapy, particularly those from TB-endemic regions.

Methods

We present a man from Eritrea with complex perianal fistulising Crohn’s disease, recurrent perianal abscesses and seton insertions. Perianal biopsy demonstrated chronic inflammation with a poorly formed granuloma and multinucleated giant cells. TB screening was negative, and multidisciplinary assessment favoured cutaneous and perianal Crohn’s disease. Infliximab was commenced.

Results

His perianal disease improved following infliximab. He developed pancytopenia, weight loss, night sweats, a non-healing facial lesion and cough. Chest radiography showed features of miliary TB and TB PCR was positive. CT abdomen and pelvis demonstrated hepatic and renal lesions, ascites and TB peritonitis, consistent with disseminated disease. MRI brain showed no CNS TB. Anti-tuberculous therapy was commenced, with corticosteroids given for concern regarding a paradoxical inflammatory response.

Discussion

This case highlights the diagnostic overlap between Crohn’s disease and TB and the limitations of TB screening. Clinicians should maintain a high index of suspicion for disseminated TB in patients receiving anti-TNF therapy, particularly those from endemic regions, and investigate systemic symptoms promptly.

Abstract 148 • Room 7, Early session • 09:15–09:21

Suspected Invasive Pulmonary Aspergillosis with Aspergilloma in Advanced Fibrotic Lung Disease: A Diagnostic Challenge

Case Report

Introduction

Pulmonary aspergillosis can occur in patients with structural lung disease, with overlapping features between chronic and invasive disease. Diagnosis can be challenging when new infection develops on a background of advanced pulmonary fibrosis.

Objectives

To describe suspected invasive pulmonary aspergillosis with an associated aspergilloma in a patient with advanced fibrotic lung disease and examine the diagnostic challenges in distinguishing invasive from chronic pulmonary Aspergillus disease.

Methods

A retrospective review of the clinical records of a 66-year-old woman admitted with confusion and falls following a lower respiratory tract infection was undertaken. Clinical findings, laboratory investigations, chest imaging, Aspergillus serology and specialist respiratory and infectious disease assessments were reviewed.

Results

The patient had combined pulmonary fibrosis and emphysema (CPFE), desquamative interstitial pneumonia (DIP), Crohn's disease and long-term oxygen dependence. She remained symptomatic despite initial antibiotics, with CRP 228 mg/L and WCC 14.16 $\times 10^9$/L. HRCT demonstrated extensive UIP-pattern fibrosis with mild progression and new right upper lobe consolidation. Within the consolidation was a 29-mm peripheral cavity containing a lesion reported as an aspergilloma. Aspergillus-specific IgG was >200 mg/L and IgE 0.67 kUA/L. Given the clinical deterioration, structural lung disease and radiological findings, invasive aspergillosis with an associated aspergilloma was suspected. Piperacillin-tazobactam and intravenous voriconazole were commenced.

Conclusion

This case illustrates the diagnostic difficulty of pulmonary Aspergillus infection in advanced structural lung disease. Integrating clinical, radiological and mycological findings was essential in establishing the working diagnosis and guiding treatment.

Abstract 217 • Room 7, Early session • 09:21–09:27

Diagnostic Dilemma During Treatment of MRSA Bacteraemia: Probable Vancomycin-Induced Linear IgA Bullous Dermatosis Mimicking Bullous Pemphigoid

Case Report

Introduction

Linear IgA bullous dermatosis (LABD) is rare and commonly linked to vancomycin. Differentiating it from bullous pemphigoid (BP) is hard because both present with tense bullae. Biopsy and direct immunofluorescence (DIF) are needed for diagnosis.

Objectives

To highlight the diagnostic challenge and the value of biopsy and DIF.

Methods

A 64-year-old man with AF, previous PE, T2DM and hypertension developed widespread blistering while on IV vancomycin for MRSA bacteraemia, also taking linagliptin, a BP trigger.

Results

About seven days after vancomycin, widespread tense bullae developed with negative Nikolsky sign and minimal mucosal involvement. Clinically, LABD and linagliptin-associated BP could not be separated. Vancomycin and linagliptin were stopped and alternative antibiotics started. Biopsy showed subepidermal blister with eosinophilic inflammation; DIF showed linear IgA along the basement membrane, confirming LABD.

Conclusion

Clinical assessment alone cannot separate LABD from BP. Biopsy and DIF remain the gold standard in patients exposed to multiple blistering-associated drugs. Prompt withdrawal of the offending agent led to a good outcome.

Abstract 219 · Room 7, Early session · 09:27–09:33

Progressive bullous lung disease in Proteus syndrome: from cardiac arrest at school to lung transplant assessment

Case Report

Introduction

Proteus syndrome is an ultra-rare mosaic overgrowth disorder. Bullous lung disease is described, but its course into adulthood is poorly documented.

Objectives

To describe six years of progressive bullous lung disease and decisions made at respiratory failure.

Methods

Case report using serial imaging, physiology and MDT records, 2020 to 2026.

Results

A 21-year-old never-smoker had a VT arrest at 15, with septal overgrowth on cardiac MRI and a subcutaneous ICD. Extensive basal bullae from 2020. Over 3-6 months in 2026 he developed breathlessness, orthopnoea and ankle swelling, with oxygen rising to 6 L/min continuous. On admission he needed 15 L/min. ABG showed compensated hypercapnia. CTPA excluded embolism. CT showed enlarging and new bullae with compressive atelectasis. Echo showed dilated RV and RA, LVEF 58%. Critical care judged invasive ventilation would not alter outcome and could preclude transplant listing. Managed with oxygen, nocturnal low-pressure NIV and urgent transplant assessment.

Conclusion/Discussion

Bullous disease in Proteus syndrome can progress to respiratory failure in early adulthood. Respiratory surveillance, oxygen titration, early escalation planning and joint cardiac and respiratory transplant assessment are important.

Abstract 149 • Room 7, Early session • 09:33–09:39

Cardiopulmonary Exercise Testing (CPET) parameters indicative of Dysfunctional Breathing.

Original Research

Introduction

Dysfunctional Breathing (DB) is an abnormal breathing pattern causing disproportionate breathlessness at rest or exertion. There is no universally recognised definition or diagnostic criterion.

Aim

To identify CPET parameters indicative of DB.

Method

This retrospective study included 106 patients with unexplained breathlessness and CPET diagnosis of DB. Standard cycle ergometer CPET was performed and reported by a senior clinician. VE/VCO2, PETCO2, tidal volume (Vt) and respiratory exchange ratio (RER) were analysed at rest, unloaded cycling, anaerobic threshold (AT) and peak exercise. Descriptive results are presented as mean (SD). Subgroup analysis compared patients with and without respiratory co-morbidity.

Results

VO2/work-rate slope was 9.60 (1.41) $mL{\cdot}min^{-1}{\cdot}W^{-1}$. At rest, unloaded cycling, AT and peak exercise, VE/VCO2 was 36.31 (5.76), 33.71 (5.17), 32.03 (5.22) and 36.98 (6.90); PETCO2 was 4.24 (0.49), 4.57 (0.55), 4.91 (0.63) and 4.34 (0.66) kPa; V2 was 0.77 (0.27), 0.98 (0.26), 1.35 (0.43) and 1.97 (0.57) L; and RER was 0.84 (0.10), 0.85 (0.09), 0.88 (0.11) and 1.21 (0.17). VE/VCO2 and PETCO2 change in amplitude were flatter than expected. Vt followed the expected trend despite marked inter-patient variability. RER progressed as expected, supporting adequate exercise effort. Statistical testing found no significant difference between patients with and without respiratory comorbidity.

Conclusion

We demonstrate a low resting PETCO2 and elevated VE/VCO2 suggestive of resting hyperventilation with restricted amplitude of change for the VE/VCO2 and PETCO2 suggestive of ventilatory inefficiency. These changes occurred irrespective of respiratory co-morbidity. This data may contribute to the construction of diagnostic CPET criteria for DB.

Abstract 23 • Room 7, Early session • 09:39–09:45

Pancreatitis in Patients Receiving Tirzepatide (Mounjaro): A One-Year Audit in a UK District General Hospital

Audit / QI

Introduction

Tirzepatide is a dual GIP/GLP-1 receptor agonist used for type 2 diabetes and obesity. Acute pancreatitis is a recognised but uncommon adverse effect.

Methods

Retrospective review of 222 admissions coded as pancreatitis between February 2024 and February 2025, with attention to tirzepatide exposure.

Results

Mean age 57, mean BMI 30.9, mean stay 5.7 days. Gallstones (28.8%) and alcohol (26.6%) were commonest aetiologies. Four patients (1.8%) were on tirzepatide: all female, overweight or obese, first-

episode, with mild disease, short stays and no ICU admission or necrosis. Two had gallstone pancreatitis, one alcohol exposure, and one no alternative cause.

Conclusion

Pancreatitis in tirzepatide-exposed patients was uncommon and mild in this cohort. Most had other risk factors, particularly gallstones, so causality is hard to establish. Clinicians should remain aware, especially during rapid weight loss. Larger prospective studies are needed.

Abstract 37 · Room 7, Early session · 09:45–09:51

Acute Pancreatitis Management in the Era of the 2025 IAP Guidelines: A Two-Cycle Multispecialty Audit and Trust-Wide Service Improvement

Audit / QI

Introduction

Acute pancreatitis is a common acute presentation requiring coordinated multidisciplinary care. The revised 2025 International Association of Pancreatology (IAP) guidelines provide contemporary recommendations for severity assessment, aetiological investigation, imaging, antimicrobial therapy and definitive management.

Aims

To evaluate acute pancreatitis management and outcomes across medical and surgical specialties against 2025 IAP recommendations, identify clinically important variation, and translate findings into standardised local practice.

Methods

A prospective, clinical audit included all patients admitted for >24 hours with acute pancreatitis during October–November 2025. Thirty-two patients were included (17 surgical; 15 medical). Data included aetiology, severity assessment, imaging, fluid resuscitation, antimicrobial therapy, interventions, complications and 90-day outcomes.

Results

Nineteen of 32 patients (59%) received antibiotics despite recommendations against prophylactic use, although extrapancreatic indications were not consistently captured. CT was performed during index admission in 25/32 (78%), with six undergoing repeat CT. Aetiological investigation varied: calcium was measured in 32/32 patients, while triglycerides were measured in only 14/32 (44%), identifying three elevated results. Two deaths occurred within 90 days. Findings directly informed a new trust-wide acute pancreatitis guideline. Following governance approval, a weekly joint Gastroenterology–Surgery pancreatitis ward round and multidisciplinary working involving Gastroenterology, Surgery and Radiology were implemented.

Conclusion

Significant variation existed across acute pancreatitis care. Translating audit findings into a governance-approved guideline, dedicated ward round and multidisciplinary model provides a sustainable approach to standardising evidence-based care and strengthening cross-specialty decision-making.

Abstract 94 · Room 7, Early session · 09:51–09:57

Utilisation and appropriateness of initial investigations for acute pancreatitis

Audit / QI

Background

Initial investigations for acute pancreatitis include amylase levels, CT and ultrasound scans. Appropriate timing of scans is needed to avoid early imaging and accurate assessment of disease severity and complications. This audit assessed adherence to recommended CT timing and detail of reporting.

Methods

Fifty-six patients undergoing CT for acute pancreatitis were retrospectively reviewed. CT timing was determined using documented symptom onset or duration, with admission date used when symptom timing was unavailable. CT indications and reporting of prognostic factors were assessed against Royal College of Radiologists (RCR) guidance.

Results

CT was performed within 3 days of symptom onset or admission in 41/56 patients (73.2%), despite RCR guidance recommending initial CT at ≥72–96 hours unless there is diagnostic uncertainty, clinical evidence of severe disease, or failure to respond to conservative treatment. Of these early CT examinations, 27/41 (65.8%) had a documented RCR-supported indication. CT demonstrated pancreatitis in 29/56 patients (51.8%), while 24/56 (42.9%) were negative and 3/56 (5.4%) indeterminate. Only 12/56 (21.4%) reports documented all three assessed RCR prognostic factors: pancreatic necrosis, free intraperitoneal fluid, and extensive peripancreatic fat stranding. Gallbladder ultrasound was documented in 13/56 patients, with 4/13 (30.8%) performed within 24 hours of admission.

Conclusion

The audit demonstrated substantial early CT utilisation, although approximately two-thirds had a documented RCR-supported indication. Reporting of recommended prognostic factors was poor, and timely gallbladder ultrasound was inconsistently achieved. Targeted education, structured CT reporting, and improved ultrasound pathways are recommended alongside implementation of the local Trust pancreatitis policy, followed by re-audit.

Abstract 139 · Room 7, Early session · 09:57–10:03

Eosinophilic colitis presenting with marked eosinophilic ascites mimicking gynaecological pathology in an adult

Case Report

Introduction

Eosinophilic colitis (EC) is the rarest primary eosinophilic gastrointestinal disorder, with no agreed diagnostic criteria. Ascites is an unusual presentation, easily attributed to hepatic, malignant or gynaecological disease.

Aim

To describe how we diagnosed and managed an adult whose EC first presented as eosinophilic ascites.

Case presentation

A woman in her late 30s presented with 10 days of abdominal pain and distension, later developing nausea and vomiting. She was hemodynamically stable with gross ascites. White cell count was 13.7

×10⁹/L (eosinophils 0.98 ×10⁹/L). CT showed large-volume ascites and circumferential, layered bowel wall thickening. A known left ovarian cyst appeared simple on MRI, and CA-125 was normal. Paracentesis drained about 4 L; 82% of ascitic leukocytes were eosinophils. Bone marrow showed increased eosinophil precursors with normal maturation and architecture; PDGFRA, PDGFRB, FGFR1, JAK2 and BCR–ABL were negative. Upper endoscopy was normal, but colonic and rectal biopsies showed over 500 eosinophils per high-power field with eosinophilic cryptitis, and no infective cause. We diagnosed EC with eosinophilic ascites. Symptoms improved markedly; she was discharged on prednisolone 25 mg (weaned by 5 mg weekly), omeprazole, cholecalciferol and dietary restriction. She remained stable at one-year review, adhering to safety-netting advice.

Conclusion

EC should be considered when ascites occurs with eosinophilia and bowel wall thickening, once common causes are excluded. An ascitic fluid differential cell count is simple and often overlooked, yet here it redirected the diagnosis. Colonic biopsy and exclusion of secondary causes remain essential.

Room 7 — Medicine: Respiratory, Infectious Disease, Gastroenterology and Hepatology, Cardiology and Renal

Late session • 10:15 – 11:33

Abstract 46 • Room 7, Late session • 10:15–10:21

Veillonella parvula bacteraemia secondary to pressure ulcer associated ischial osteomyelitis in a wheelchair dependent patient.

Case Report

Introduction

Pressure ulcer associated pelvic osteomyelitis is a serious complication in patients with impaired mobility. Veillonella parvula is an anaerobic Gram-negative coccus that forms part of the normal human microbiota but is an uncommon cause of invasive infection.

Objectives

To highlight the clinical significance of V. parvula bacteraemia in a patient with a chronic pressure ulcer and the importance of multidisciplinary management and antimicrobial monitoring.

Methods

We describe a woman in her 30s with type 2 diabetes, chronic sciatic nerve injury, previous left above-knee amputation and wheelchair dependence who presented with sepsis and worsening purulent discharge from a chronic right gluteal pressure ulcer. Clinical, microbiological, radiological and treatment data were reviewed.

Results

Blood cultures grew V. parvula in two of four bottles, while a superficial wound swab showed no growth. MRI pelvis demonstrated a deep sinus tract extending to the right ischial tuberosity with changes consistent with osteomyelitis and no drainable abscess. Management included intravenous antimicrobial therapy, bedside debridement, specialist wound care, pressure redistribution, nutritional optimisation and OPAT follow-up. During meropenem therapy, routine monitoring identified profound agranulocytosis (neutrophils 0.03 × 10^9/L), prompting treatment modification. The patient subsequently improved clinically with progressive wound healing.

Discussion

This case highlights V. parvula as a clinically significant invasive pathogen and emphasises the need to investigate deteriorating pressure ulcers for underlying osteomyelitis. Multidisciplinary care and structured OPAT monitoring are essential for effective treatment and early recognition of antimicrobial toxicity.

Abstract 207 • Room 7, Late session • 10:21–10:27

Beyond the Bladder: Ketamine Cholangiopathy with Renal and Electrolyte Complications.

Case Report

Introduction/Background

Ketamine-induced uropathy is well recognised. Ketamine can also injure the bile ducts; this cholangiopathy is less familiar and may mimic primary sclerosing cholangitis (PSC), stones or malignancy.

Objectives/Aims

To describe ketamine cholangiopathy with coexisting renal and electrolyte complications.

Methods

Review of case notes, blood results and imaging, with written patient consent.

Results

An underweight 26-year-old man using about 4 g of ketamine daily collapsed and needed three days of intensive care. Alkaline phosphatase, raised since 2024, reached 1014 U/L (previous GGT 3873 U/L) with normal bilirubin. MRCP showed a 25 mm narrowed intrapancreatic bile duct segment with upstream dilatation to 12 mm, unchanged from a previous MRCP, with no stones, a normal pancreas and no convincing features of PSC. Repeat MRCP is planned. He also had bilateral hydroureteronephrosis with a contracted bladder, and creatinine rose from 85 to 350 µmol/L. Recurrent hyperkalaemia (6.0–6.5 mmol/L) needed repeated treatment, including intravenous calcium, after which adjusted calcium briefly reached 3.30 mmol/L with normal ionised calcium next day. Chronic dilutional hyponatraemia (120–125 mmol/L) required fluid restriction. He remains an inpatient with improving kidney function.

Conclusion/Discussion

Ketamine should be considered in young patients with unexplained cholestasis and bile duct dilatation or narrowing. Recognising this pattern may avoid unnecessary invasive investigation, and cholangiopathy has been reported to improve with abstinence. Coexisting uropathy and electrolyte disturbances need multidisciplinary care, including support to stop ketamine.

Abstract 33 · Room 7, Late session · 10:27–10:33

The Forgotten Discharge Prescription: Improving DVLA Driving Advice After PCI for NSTEMI

Audit / QI

Introduction

Driving restrictions following acute coronary syndrome are an important but overlooked component of safe discharge. DVLA guidance permits Group 1 driving one week after successful PCI for NSTEMI when specified criteria are met. Failure to communicate this guidance may affect patient and public safety, employment and independence.

Objectives

To improve documentation of appropriate DVLA driving advice following PCI for NSTEMI towards a 100% standard, while identifying barriers to missed advice.

Methods

A two-cycle quality improvement project was conducted across a cardiology ward and coronary care unit. Baseline documentation was assessed in NSTEMI patients undergoing PCI, alongside a survey of seven resident doctors exploring knowledge. Findings informed targeted teaching and workstation reminders. Documentation was re-audited using identical criteria.

Results

Of 365 baseline admissions screened, 15 were eligible. Almost nine in ten (13/15) left hospital without documented driving advice, with compliance only 13.3%. No surveyed doctor (0/7) routinely provided driving advice during post-PCI discharge counselling; only 2/7 (28.6%) knew the correct guidance when prompted. Following intervention, documentation increased to 41.7%, a 28.4 percentage-point absolute improvement and 3.1-fold relative increase. All teaching attendees documented advice in

every eligible discharge they completed; none of the seven patients without documented advice were discharged by teaching attendees.

Conclusion

A simple, low-resource intervention more than tripled documentation of an overlooked component of post-NSTEMI care. Clinician-level analysis suggested intervention reach was a key barrier to further improvement. The next PDSA cycle will expand teaching to doctors regularly discharging NSTEMI patients, aiming to improve reach and sustain change.

Abstract 58 · Room 7, Late session · 10:33–10:39

A Clinical Audit: Improving Timely Lipid Assessment and Initiating Lipid-Lowering Therapy in Patients Presenting with ACS

Audit / QI

Introduction

Acute coronary syndrome (ACS) is associated with a high risk of recurrent ischaemic cardiovascular events, with dyslipidaemia a key modifiable risk factor (2). Early lipid assessment and initiation of lipid-lowering therapy are crucial for secondary prevention (1). Local guidelines recommend lipid assessment on admission, as levels become unreliable 24 hours post-ACS, and immediate initiation of high-intensity statin therapy.

Purpose

To assess the timing of lipid assessment and initiation of lipid-lowering therapy in patients presenting with ACS and evaluate compliance with local guidelines.

Methodology

A retrospective clinical audit of 50 patients presenting with ACS who underwent invasive investigation in the Catheter Lab. Data were collected from electronic patient records and compared with local guidelines for secondary prevention.

Results

Of 50 patients, 90% had lipid assessment, but only 31% had testing within 24 hours. Overall, 92% were started on or were taking statin therapy at discharge; the remainder received another lipid-lowering therapy or no treatment. Analysis of percentage change in LDL-C and triglycerides was not possible due to insufficient paired results and the small study population.

Discussion and Conclusion

Clinical practice was partially compliant with guidelines. Lipid assessment was frequently performed after patients had left the emergency department, potentially reflecting limited guideline awareness and workload pressures. Recommended interventions include education of emergency department staff, adding lipid measurements to initial bloods for patients presenting with ACS, standardising lipid documentation, and optimising the lipid nurse specialist role. A re-audit will assess the impact of these interventions on timely lipid assessment.

Abstract 75 • Room 7, Late session • 10:39–10:45

Delayed anterior mitral leaflet perforation following an anterolateral STEMI, mimicking papillary muscle rupture on echocardiography.

Case Report

Introduction

Acute severe mitral regurgitation (MR) is an uncommon but potentially fatal mechanical complication of myocardial infarction (MI), associated with rapid haemodynamic deterioration, pulmonary oedema and cardiogenic shock. Papillary muscle rupture is the classical mechanism and is more commonly associated with inferior or posterior MI. In contrast, direct ischaemic injury resulting in mitral leaflet perforation is rare, particularly following anterolateral MI, and may be challenging to distinguish from papillary muscle rupture on echocardiography. We report a rare case of delayed anterior mitral leaflet (AML) perforation causing torrential acute MR following an anterolateral STEMI.

Case Presentation

A man in his early 60s developed acute severe MR and cardiogenic shock one month after an anterolateral STEMI treated with primary PCI. Initial post-infarction echocardiography showed mild LV systolic dysfunction (EF 40–45%) and mild MR. He subsequently developed progressive dyspnoea, orthopnoea and peripheral oedema without recurrent chest pain or significant troponin elevation. Echocardiography demonstrated severe acute MR with AML prolapse, initially suggesting papillary muscle rupture. Coronary angiography confirmed a patent LAD stent and moderate RCA disease. Emergency MVR revealed perforation of the A2–A3 region of the AML , with an intact but discoloured adjacent papillary muscle, confirming leaflet perforation rather than papillary muscle rupture.

Discussion and Conclusion

AML perforation following MI is rare, its echocardiographic appearance can mimic papillary muscle rupture, making definitive diagnosis challenging. Absence of recurrent ischaemia does not exclude a delayed mechanical complication. Consider leaflet perforation in patients developing acute severe MR after MI, even weeks following successful revascularisation.

Abstract 43 • Room 7, Late session • 10:45–10:51

Methodological quality of heart failure systematic reviews and meta-analyses in the AMSTAR-2 era: a repeat cross-sectional survey

Original Research

Background

Systematic reviews and meta-analyses guide heart failure (HF) practice, yet their methodological quality has been questioned. An AMSTAR-2 appraisal of HF reviews in 11 high-impact journals during 2009-2019 rated 79 of 81 as critically low confidence. Whether quality has changed in the era of routine protocol registration and PRISMA 2020 is unknown.

Aims

To compare AMSTAR-2 item-level compliance and overall confidence of HF systematic reviews with meta-analysis published in 2021-2025 against the 2009-2019 benchmark.

Methods

In a pre-registered repeat cross-sectional survey (OSF: 10.17605/OSF.IO/KNGQ5), we replicated the earlier sampling frame for 2021-2025: HF reviews with meta-analysis of an intervention, in the same 11

journals. Two reviewers independently applied all 16 AMSTAR-2 items; disagreements were resolved by consensus.

Results

Of 751 records screened, 26 reviews were included (median 8 primary studies). Overall confidence was critically low in 16, low in 7, and moderate in 3; none was high. Ten of 26 (38%) reached low confidence or better, versus 2 of 81 (2%) in 2009-2019. Compliance was higher for a-priori protocol (5% to 88%), excluded-studies list (5% to 46%), and PICO (65% to 100%). Conversely, accounting for risk of bias when interpreting results was lower (88% to 35%). Inter-rater agreement was moderate (kappa=0.47).

Discussion

AMSTAR-2 compliance of high-impact HF reviews was higher in 2021-2025 than in 2009-2019, most markedly for protocol reporting, though most remained critically low. Reviews were less likely to carry risk-of-bias findings into interpretation; one interpretation is that registration has become routine while substantive appraisal has not.

Abstract 59 · Room 7, Late session · 10:51–10:57

A SYSTEMATIC REVIEW OF CARDIAC DISEASE FOLLOWING COVID-19 VACCINATION: INCIDENCE, CLINICAL FEATURES ANDMANAGEMENT

Original Research

Introduction

Cardiac disease, particularly myocarditis, has been increasingly reported following COVID-19 mRNA vaccination, especially among young adult males. This systematic review investigated the pathophysiology, incidence, clinical manifestations and management of cardiac disease following vaccination.

Methods

PubMed and MEDLINE were searched up to January 2022 for peer-reviewed literature reporting cardiac disease following COVID-19 vaccination, following PRISMA 2020 guidance. Google Scholar and reference lists were also searched. Eligible studies included case reports, case series, cohort, cross-sectional and systematic reviews published in English from 2020 onwards. Studies involving pre-existing cardiac disease or diagnoses >6 weeks post-vaccination were excluded. Of 136 records identified, 61 studies were included. Studies were critically appraised using Joanna Briggs Institute and Critical Appraisal Skills Programme checklists.

Results/Discussion

Myocarditis accounted for 60% of reported cardiac diagnoses, with >80% occurring in young adult males, predominantly following a second BNT162b2 dose. Over 90% presented with chest pain, and nearly all had elevated cardiac biomarkers. Most recovered rapidly and were managed with non-steroidal anti-inflammatory drugs and colchicine. Acute myocardial infarction, arrhythmia and stress cardiomyopathy were less frequently reported. Inflammatory heart disease incidence was 8.25 per 100,000 vaccinated individuals, while arrhythmia incidence was 2.25 per 1,000. Proposed mechanisms include gender differences in neutrophil-derived tumour necrosis factor-α production.

Conclusion

Myocarditis was the most frequently reported cardiac complication, predominantly affecting young adult males after a second mRNA vaccine dose, with favourable short-term outcomes. Causality remains unconfirmed, and evidence regarding rarer complications is limited. Findings should be interpreted alongside subsequent evidence.

Abstract 50 · Room 7, Late session · 10:57–11:03

Flecainide Toxicity Presenting as Broad-Complex Tachycardia: A Diagnostic Challenge and the Importance of Appropriate Patient Selection and Safe Prescribing

Case Report

Introduction

Flecainide is a Class Ic antiarrhythmic effective for rhythm control in appropriately selected patients with paroxysmal atrial fibrillation (PAF). Its narrow therapeutic index and pro-arrhythmic potential necessitate careful patient selection, particularly avoidance in significant structural/ischaemic heart disease or impaired ventricular function, alongside appropriate ECG and renal monitoring.

Objectives/Aims

To highlight flecainide toxicity presenting as broad-complex tachycardia and reinforce appropriate patient selection, monitoring and management.

Methods

A 78-year-old woman with PAF, chronic kidney disease, diabetes and hypertension presented following recurrent collapse. She was receiving flecainide 150 mg twice daily. ECG demonstrated broad-complex tachycardia. Investigations revealed marked renal deterioration (creatinine ~600 µmol/L), hyperkalaemia (6.4 mmol/L) and metabolic acidosis following diarrhoea and dehydration.

Results

Flecainide accumulation and toxicity were suspected. Flecainide was discontinued and hypertonic intravenous sodium bicarbonate administered with correction of electrolyte and metabolic abnormalities, resulting in resolution of the arrhythmia. Sodium bicarbonate counteracts flecainide-induced sodium-channel blockade through sodium loading and alkalinisation. Conventional antiarrhythmics may be ineffective or potentially exacerbate drug-induced dysrhythmia. Haemodialysis is ineffective for flecainide clearance because of its large volume of distribution. Her admission was complicated by pulmonary oedema requiring CPAP and intravenous diuresis. Renal function subsequently recovered and she remained in sinus rhythm.

Conclusion

Flecainide is effective in carefully selected PAF patients but requires assessment of structural heart disease, ventricular function, conduction abnormalities and renal function. This case highlights the importance of recognising toxicity, particularly during intercurrent illness or renal deterioration, promptly withdrawing flecainide and prioritising hypertonic sodium bicarbonate and supportive management.

Abstract 71 · Room 7, Late session · 11:03–11:09

Treat the Test or Treat the Patient? C. difficile PCR-Positive/Toxin-Negative Results in Inflammatory Bowel Disease: A Rapid Review of Clinical Outcomes and Antibiotic Treatment

Original Research

Background

PCR-positive/toxin-negative Clostridioides difficile results create diagnostic uncertainty in inflammatory bowel disease (IBD), where symptoms may reflect infection, colonisation, or active IBD. This review assessed clinical outcomes and the potential impact of antibiotic treatment.

Methods

A focused PubMed search, supplemented by publisher searches and reference checking, was conducted through 12 September 2026. Clinical studies reporting outcomes in IBD patients with PCR/NAAT-positive, toxin immunoassay-negative results were included. Findings were synthesised narratively, distinguishing diagnostic-group comparisons from treated-versus-untreated comparisons.

Results

Four retrospective cohorts included 692 patients. In a 92-patient cohort, discordant patients had lower 30-day antibiotic response than toxin-positive patients (25% vs 82%) and more frequent IBD treatment escalation within 90 days (63% vs 21%; both p<0.001). A 117-patient cohort similarly found greater escalation in discordant patients (54% vs 25%; adjusted OR 3.2, p=0.045). In another cohort, subsequent toxin-positive infection within three months occurred in 1/51 treated and 0/9 untreated discordant patients. Among 412 patients, including 71 discordant cases, discordant status was not associated with significantly different hospitalisation or surgery risks. Antibiotic-treated discordant patients had greater IBD treatment escalation than PCR-negative/toxin-negative patients (adjusted HR 1.74; 95% CI 1.02–2.95), although this was not a direct treated-versus-untreated comparison.

Conclusions

PCR-positive/toxin-negative results may identify patients with greater underlying IBD activity, while evidence for antibiotic benefit remains uncertain. Prospective studies are needed to clarify which patients benefit from C. difficile-directed treatment.

Abstract 194 · Room 7, Late session · 11:09–11:15

Cirrhosis and Hepatocellular Carcinoma at Presentation in Anti-HCV Seropositive Patients: A Cross-sectional Study from Northern Bangladesh

Original Research

Background

Hepatitis C virus (HCV) infection is clinically silent for years, so where organised testing is limited, patients may present only after liver disease is established. This has not been described for northern Bangladesh.

Objectives

To determine liver disease severity at presentation among anti-HCV seropositive patients, and to analyse recorded exposures and whether severity differed by circumstance of testing.

Methods

Retrospective cross-sectional study of 65 consecutive anti-HCV seropositive patients (antibody ELISA) at a tertiary hepatology department, January to December 2025. The outcome was cirrhosis or hepatocellular carcinoma (HCC) at presentation. Testing indication was classified as screening, raised liver enzymes, or overt clinical presentation. Exploratory adjustment used Firth penalised regression.

Results

Mean age was 45.6 years (SD 12.6); 35/64 were female. Cirrhosis or HCC was present in 28/65 (43.1%, 95% CI 30.8 to 56.0), and 19/25 staged cirrhotic patients (76.0%) were Child-Pugh C. Transfusion was the commonest exposure (47/65); 12/65 had none of four prespecified exposures, though five had a documented surgical procedure. The proportion with cirrhosis or HCC rose across pathways: 2/28 screening, 13/24 raised liver enzymes, 13/13 overt clinical presentation. Screening versus raised liver enzymes alone (n=52): prevalence ratio 7.58 (95% CI 1.90 to 30.30); age-adjusted Firth odds ratio 12.26 (2.74 to 81.88).

Conclusion

Over two in five patients had cirrhosis or HCC at presentation. The gradient across testing pathways is partly intrinsic to what triggers testing and is not causal, but suggests a gap in earlier identification or referral. Wider risk-based testing with confirmatory RNA warrants evaluation.

Abstract 12 • Room 7, Late session • 11:15–11:21

Myocarditis Presenting with Transient Loss of Consciousness and Marked Troponin Elevation: An Acute Coronary Syndrome Mimic

Case Report

Introduction/Background

Myocarditis can mimic ACS, particularly with marked troponin elevation and ischaemic-appearing ECG changes.

Objectives/Aims

To highlight myocarditis as an ACS mimic, the value of CMR after unobstructed angiography, and myocarditis as a cause of transient loss of consciousness (TLOC).

Methods

A 65-year-old woman presented with TLOC, a similar episode having occurred in October 2025, and intermittent non-cardiac-sounding chest pain. She was haemodynamically stable with NEWS2 of 0. Clinical assessment, serial troponin, ECG, coronary angiography and CMR were undertaken.

Results

ECG showed ST depression in II and aVF. Troponin was markedly elevated (598, 604, 457). Coronary angiography showed unobstructed arteries. CMR showed myocardial oedema consistent with myocarditis. Treated with colchicine; repeat CMR planned at six months.

Conclusion/Discussion

Troponin elevation is not always due to obstructive coronary disease. Consider myocarditis when troponin is elevated despite normal angiography. CMR is central to diagnosis and to distinguishing myocarditis from ischaemic injury.

Abstract 32 • Room 7, Late session • 11:21–11:27

A case of severe ventricular thickening in a young adult diagnosed with marginal zone lymphoma and suspected cardiac involvement.

Case Report

Background

Severe thickening of the ventricular wall, along with significant systolic impairment, should raise suspicion for hypertrophic cardiomyopathy.Diagnostic interpretation becomes particularly challenging when paraproteinaemia and systemic lymphoproliferative diseases coexist.

Case Summary

A 34-year-old man with connective tissue disease, treated with methotrexate and hydroxychloroquine, presented with progressive dyspnea, paroxysmal nocturnal dyspnea, reduced exercise tolerance, peripheral oedema, and abdominal distension. He had a paternal history of sudden death at age 50. Echocardiography revealed asymmetric septal thickening (36 mm), left ventricular dilation, severe systolic dysfunction (ejection fraction of 23%), and moderate regurgitation in the mitral, tricuspid, and

pulmonary valves. There was also elevated pulmonary artery systolic pressure (52 mmHg). Electrocardiography indicated ventricular pre-excitation and recurrent non-sustained ventricular tachycardia. A cardiac resynchronisation therapy defibrillator was implanted, and the patient received therapy for ventricular tachycardia. Cardiac MRI showed a hypertrophic cardiomyopathy (HCM) phenotype. Further tests revealed an IgG lambda paraprotein, raising concerns for AL amyloidosis, but a repeat bone marrow exam indicated monoclonal gammopathy of undetermined significance (MGUS) without myeloma or amyloid. Imaging identified lymphadenopathy in several regions, and a biopsy confirmed stage IV marginal zone lymphoma. Methotrexate was discontinued, and treatment with rituximab-bendamustine was started.

Discussion

The central diagnostic question was whether this represented primary HCM coexisting with lymphoma or lymphoma-associated myocardial infiltration producing an HCM-like phenotype. The case demonstrates that imaging does not establish aetiology and that integrating cardiac imaging, electrophysiology, genetics, haematology, histopathology, and treatment response is necessary when extreme ventricular thickening, severe systolic dysfunction, ventricular arrhythmia, paraproteinaemia, and systemic lymphoma coexist.

Abstract 26 · Room 7, Late session · 11:27–11:33

Incidence and risk factors of delirium after percutaneous coronary intervention in individuals hospitalised for acute myocardial infarction: A Systematic Review

Original Research

Introduction

Percutaneous coronary intervention (PCI) is the standard of care for acute myocardial infarction (MI). Post-PCI delirium is associated with prolonged hospitalisation, readmission, cognitive decline and poorer functional outcomes; delirium costs NHS England an estimated £10.8 billion annually. Its incidence and risk factors after PCI remain incompletely characterised, with no systematic review to date.

Objectives/Aims

To determine the incidence and risk factors of delirium following PCI in acute MI Methods: A PRISMA-compliant systematic review of Medline, Embase and PubMed was undertaken in February 2026 using bespoke search strategies.Two reviewers extracted data independently.

Results

Five observational studies (n=597,343) met inclusion criteria: one prospective and four retrospective cohorts across Asia, Europe and USA. Delirium was ascertained by validated bedside tools (CAM-ICU or NuDesc) in three studies and administrative coding (ICD-9/ICD-10) in two.Mean age ranged from 68.5(±13.2) to 76.0(±7.6) years.15,138 patients developed post-PCI delirium (crude incidence 2.53%). Incidence varied by ascertainment (1.8%–28.8%), being higher with prospective screening (10.9%–28.8%) than coding (1.8%–2.6%). Risk factors most consistently identified were advanced age, alcohol misuse, dementia, frailty, greater illness severity (cardiac arrest, hypotension, cardiogenic shock, mechanical ventilation), longer PCI duration and procedural complexity.Potentially modifiable factors included post-procedural pain, urinary or central venous catheterisation, benzodiazepine exposure, and delayed mobilisation or rehabilitation.

Conclusions

Delirium remains an under-recognised complication of PCI in older adults. Routine use of validated delirium assessment tools and early identification of high-risk patients should be considered within

contemporary PCI care pathways.Characterising modifiable risk factors would enable pre-procedural identification and mitigation.

Room 8 — Medicine: Haematology, Oncology, Endocrinology and General Medicine, Cardiology and Renal

Early session · 08:15 – 10:03

Abstract 42 · Room 8, Early session · 08:15–08:21

Infection Prevention and Follow-Up After CAR-T Therapy: A Clinical Audit of Shared Care at a Secondary Care NHS Trust

Audit / QI

Background

A meta-analysis found that infections account for approximately 50% of non-relapse deaths following CAR-T therapy, highlighting the importance of coordinated infection prevention. Shared care between specialist and referring centres requires clear accountability for prophylaxis, monitoring and vaccination.

Objective

To assess adherence to infection-prevention standards following CAR-T therapy at Maidstone and Tunbridge Wells (MTW) NHS Trust and identify shared-care improvements.

Methods

A retrospective audit included 24 adults treated with CAR-T at a tertiary centre and subsequently monitored at MTW. Standards were derived from American Society for Transplantation and Cellular Therapy recommendations and two UK tertiary-centre protocols. Antimicrobial prophylaxis, immunoglobulin monitoring, vaccination recommendations and mortality were assessed using descriptive statistics.

Results

Median age was 62 years; 95.8% had relapsed/refractory diffuse large B-cell lymphoma. No patient had documented structured follow-up at the referring centre. Prophylaxis initiation compliance was 87.5% for Pneumocystis pneumonia, 75% for antifungals and 83.3% for antivirals. Antiviral prophylaxis to 12 months was documented in 35%; Pneumocystis prophylaxis duration was undocumented. Pre-infusion IgG monitoring occurred in 8.3%, with no monthly post-infusion monitoring. Vaccination recommendations were documented for COVID-19 in 37.5%, routine six-month vaccines in 0% and zoster in 25%. Infection accounted for 46.2% of deaths.

Conclusions

Prophylaxis initiation was more consistent than ongoing surveillance and vaccination planning. A service-level agreement and structured clinic template were developed to clarify responsibilities and address these gaps, offering a potentially transferable framework for standardising care across NHS shared-care models. Implementation awaits stakeholder review; re-audit is planned to assess compliance and patient safety.

Abstract 54 • Room 8, Early session • 08:21–08:27

QIP- Developing an Oncology Senior House Officer (SHO) Handbook

Audit / QI

Background

Cancer Care at University Hospital Southampton is a large Oncology department with resident doctors playing a vital role in patient care and management. Out of hours Senior House Officers (SHOs) are responsible for current inpatients and act up as the most senior clinicians on site, with specialty registrars on-call for guidance. They manage inpatients, handle overnight responsibilities, take ED referrals, and independently clerk admissions in a specialty with complex emergencies.

Aim

To produce a concise and informative Oncology handbook for resident doctors working in UHS Cancer Care to improve their confidence managing Oncological emergencies, receiving referrals, clerking admissions and managing common out of hours scenarios.

Methods

Baseline data was collected from the target audience (Cancer Care SHOs) through a structured google form questionnaire distributed via email assessing SHO confidence, support, access to guidance, and decision-making barriers. Quantitative data was collected using Likert scales (1–5) to assess confidence and support, and multiple-choice questions identified common challenges and barriers. The results were analyzed to identify key areas and guided development of handbook content.

Results

The Oncology SHO Handbook led to improvement in confidence managing common oncological scenarios, a marked reduction in frequent uncertainty (35% to 6.7%), and increased resource access (5%→100%). It enhanced on-call preparedness, promoted more independent decision-making, and was consistently well received by resident doctors.

Conclusion

The Oncology SHO Handbook is an effective and practical intervention, supporting resident doctors in safer and more independent clinical decision-making. Its simplicity and strong acceptance support long-term sustainability and wider implementation.

Abstract 86 • Room 8, Early session • 08:27–08:33

Irradiated Blood Transfusion QIP

Audit / QI

Introduction/Background

Irradiated blood components prevent transfusion-associated graft-versus-host disease (TA-GVHD), a rare but potentially fatal complication. Accurate identification of patients requiring irradiated blood is essential for patient safety and to avoid inappropriate use.

Objectives/Aims

Assess compliance with irradiated blood transfusion guidelines to ensure patient safety, review indications for irradiation; quantify units transfused, identify opportunities to improve patient safety and staff awareness.

Methods

Retrospective audit conducted using hospital blood bank data from January 2025 to January 2026. Standardised proforma was used for data collection, with analysis performed on Microsoft Excel.

Results

25 patients were included, with an age range of 31–86 years (median 64). Compliance with provision of irradiated blood components where an appropriate indication was recorded, was 100%. However, 14 patients (56%) received irradiated components without a formal indication. The number of irradiated units transfused per patient ranged from 2–21, with 3 patients receiving >10 units. Irradiated red cells cost £199.44 per unit compared with £186.51 for standard red cells, due to the additional processing required and also has a shorter life-span.

Conclusion/Discussion

The audit demonstrated 100% compliance for patients receiving irradiated blood with a documented/valid indication, demonstrating safe practice. However, substantial inappropriate use was also identified which may be avoidable to prevent unnecessary wastage and costs. Proposed interventions include: electronic alerts, patient alert cards/bracelets, posters on wards or intranet (where local guidelines can be accessed) to improve staff awareness regarding indications for irradiated blood products as well as mandatory e-learning for education.

Abstract 100 • Room 8, Early session • 08:33–08:39

Reducing Unnecessary Coagulation Testing in Hospitalised Patients: A Quality Improvement Project

Audit / QI

Background

Coagulation screens are frequently requested in hospitalised patients, sometimes routinely or repeatedly without a clear clinical indication. Unnecessary testing increases phlebotomy, laboratory workload and healthcare costs. This quality improvement project assessed coagulation screen and international normalised ratio (INR) requesting practices and explored opportunities for more cost-effective testing.

Methods

Coagulation testing across medical wards was reviewed before, during and after a two-week intervention ("Perfect Week") in February 2025. Patient records were reviewed for indications, repeat testing and documentation. Clinicians were encouraged to avoid routine repeat coagulation screens, request INR alone for patients receiving warfarin where appropriate, and document the indication for testing.

Results

Baseline review demonstrated frequent coagulation screen requests, particularly on admission, with several repeat tests lacking a clearly documented indication. Only two patients in the detailed review had a documented clinical indication for repeat coagulation screens. Requests decreased across the reviewed wards during the intervention. INR monitoring in patients receiving warfarin was generally appropriate, although concurrent INR and full coagulation screen requests identified avoidable duplication. At approximately £11.64 per full coagulation screen, reducing unnecessary testing offers potential direct cost savings alongside reduced laboratory workload and avoidable phlebotomy.

Conclusion

Promoting indication-based coagulation testing reduced unnecessary requests and demonstrated an opportunity for more cost-effective use of laboratory resources. Continued education, improved documentation and further audit cycles may help sustain improvement while maintaining safe patient care.

Abstract 178 • Room 8, Early session • 08:39–08:45

Lymphoma Pathway Audit Royal Surrey County Hospital

Audit / QI

Introduction

The Faster Diagnosis Standard (FDS) is an NHS England standard that requires patients referred for a suspected cancer to be diagnosed or have cancer ruled out within 28 days. The 62-day referral-to-treatment standard requires treatment to begin within 62 days of urgent referral, with a national target of 85%. The UK National Non-Hodgkin Lymphoma Audit data report published in 2026 shows that only 55% of high-grade lymphoma patients receive treatment within 62 days (below target)

Objectives

To determine whether patients referred with suspected lymphoma to RSCH, the 4th largest cancer center in the UK, met the 62-day standard, and identify causes for delays.

Methods

Retrospective review of patients diagnosed with lymphoma at RSCH between November 2023 and October 2024.

Results

63 patients were included. 39 had high-grade lymphoma and 24 had low-grade lymphoma. Overall, 44 patients (70%) commenced treatment within 62 days, while 19 (30%) exceeded the target. Among high-grade lymphomas, 29/39 (74.4%) met the target and 10 (25.6%) were delayed. Among low-grade lymphomas, 16/25 (64%) met the target and 9 (36%) were delayed. The main causes for delays included delays in getting initial imaging, organizing and obtaining biopsies, and referring to the hematology team.

Conclusion

RSCH achieved 70% referral-to-treatment target, exceeding the 55% reported in the national lymphoma audit but remained below the national target of 85%. Key areas for improvement were discussed including increasing CT capacity, streamlining biopsy pathways for suspected cancers, implementing effective live patient tracking, and ensuring teams aware of how to refer to haematology.

Abstract 4 • Room 8, Early session • 08:45–08:51

The Metabolic Bottleneck: Type B Hyperlactataemia and Cholestatic Liver Dysfunction as Initial Manifestations of Occult Lymphoma-Associated HLH

Case Report

Background

Haemophagocytic lymphohistiocytosis (HLH) is a rare, life-threatening hyperinflammatory disorder. Secondary HLH is associated with severe infections, autoimmune conditions and haematological malignancies.

Case Presentation

A man in his 70s presented with two weeks of exertional dyspnoea, fatigue and anorexia. Investigations showed marked hyperferritinaemia, thrombocytopenia, mild anaemia, cholestatic liver dysfunction and disproportionately elevated lactate without acidosis, which persisted despite fluid resuscitation. CT suggested hepatitis without organomegaly or significant lymphadenopathy. He developed progressive pancytopenia, worsening liver dysfunction and rising lactate. Secondary HLH was supported by an HScore of 186. Initial corticosteroids and anakinra gave limited response. An autoimmune trigger was

considered given Raynaud phenomenon, but bone marrow biopsy confirmed diffuse large B-cell lymphoma. R-mini-CHOP led to resolution of hyperlactataemia, normalisation of counts and liver function, and a complete metabolic response on PET-CT after two cycles.

Conclusion

Consider secondary HLH in unexplained cytopenias, hyperferritinaemia, liver dysfunction and persistent hyperlactataemia. Bone marrow biopsy may identify occult malignancy despite unrevealing imaging.

Abstract 18 · Room 8, Early session · 08:51–08:57

Trousseau Syndrome Presenting as Multi-Territory Border Zone Infarction and Subarachnoid Haemorrhage in Advanced Hepatocellular Carcinoma Compounded by Sepsis

Case Report

Introduction

Trousseau syndrome drives paraneoplastic thromboembolism, and acute ischaemic events are hard to diagnose when masked by post-transfusion reactions, sepsis and multi-organ dysfunction. Case: A 74-year-old man with microcytic anaemia from MASH received an outpatient iron infusion, then presented with acute confusion, hypotension, pyrexia and pancytopenia, needing ITU. New right-sided weakness led to CT head showing chronic changes only. Respiratory failure required intubation. An incidental liver mass led to MRI confirming advanced hepatocellular carcinoma. Brain MRI showed acute left borderzone, frontal and insular infarcts, microhaemorrhages and right frontal subarachnoid haemorrhage. After extubation, management focused on neuro-rehabilitation and palliative care, with nasogastric feeding and systemic cancer therapy avoided due to bleeding risk.

Discussion

Aggressive Trousseau syndrome can present as concurrent cerebral infarction and SAH, masquerading as sepsis and post-transfusion reaction. Multidisciplinary management is needed when hypercoagulability conflicts with intracranial haemorrhage.

Conclusion

Malignancy-induced hypercoagulability can mimic post-transfusion sepsis or hypoperfusion. Management requires a holistic, patient-centred approach balancing rehabilitation, fluid optimisation and palliative care.

Abstract 21 · Room 8, Early session · 08:57–09:03

A Forgotten Diagnosis Behind Recurrent Diarrhea in a Patient with Thymoma

Case Report

Background

Good syndrome is a rare adult-onset combined immunodeficiency associated with thymoma, with panhypogammaglobulinaemia, absent peripheral B cells and impaired cellular immunity. Presentations are often non-specific, causing delayed diagnosis. Case: An 82-year-old woman with newly diagnosed type AB thymoma presented with recurrent lower respiratory tract infections, lethargy, chronic watery diarrhoea, refractory oral candidiasis and weight loss. Diarrhoea followed doxycycline and was initially attributed to antibiotics, but infection was excluded. Candidiasis failed to respond to nystatin or fluconazole. Investigations showed severe panhypogammaglobulinaemia, absent CD19+ B cells and

reduced NK cells, confirming Good syndrome. Treated with immunoglobulin replacement and caspofungin, with significant improvement. Awaiting thymoma surgery.

Discussion

Acute physicians are often first contact for recurrent infections, so early recognition of Good syndrome is essential. The department now includes early immunological assessment for thymoma patients presenting with recurrent infection.

Abstract 56 · Room 8, Early session · 09:03–09:09

The clinical significance of histopathological diagnosis of Tumour to tumour metastasis. A literature review and a case report of an occult well differentiated neuroendocrine tumour of gastrointestinal origin metastasis to Chromophobe renal cell carcinoma.

Case Report

Tumour-to-tumour metastasis (TTM) is a rare pathological phenomenon in which one histologically distinct neoplasm metastasises to a different tumour. The kidney is one of the most common recipient organs, with clear-cell renal cell carcinoma representing a typical recipient-tumour. Metastasis to chromophobe renal cell carcinoma is expectantly uncommon. We are reporting a 76-year-old man who underwent investigations for weight loss and was found to have a radiological diagnosis of a 5.3 cm left renal tumour. Staging CT scan demonstrated no evidence of metastatic disease. Robot-assisted laparoscopic radical nephrectomy revealed a histopathological diagnosis of a chromophobe renal cell carcinoma with an incidental papillary adenoma. Unexpectedly, Multiple intratumoural deposits of a well-differentiated neuroendocrine tumour (WHO Grade 1; Ki-67 1.2%) were found within the chromophobe RCC. Immunohistochemistry demonstrated positivity for synaptophysin, chromogranin, CD56 and CDX2, with negative TTF-1, suggesting gastrointestinal origin. A revision of the original CT scan in a multidisciplinary meeting retrospectively identified a subtle abnormal mesenteric soft tissue mass. Subsequent small bowel resection and mesenteric lymphadenectomy confirmed a primary NET of the small bowel. An exceptionally rare example of tumour-to-tumour metastasis involving chromophobe renal cell carcinoma emphasises the importance of detailed histopathological and immunohistochemistry assessment and multidisciplinary review when an unexpected tumour type is identified within another primary specimen.

Abstract 140 · Room 8, Early session · 09:09–09:15

Diffuse Large B-Cell Lymphoma Presenting as Ileocaecal Intussusception: A Diagnostic Challenge Mimicking Crohn's Disease

Case Report

Background

Gastrointestinal lymphoma is an uncommon cause of abdominal pain and intestinal obstruction, while intussusception is rare in adults and frequently warrants investigation for an underlying structural lesion. We report an unusual case of diffuse large B-cell lymphoma (DLBCL) presenting initially with features suggestive of ileitis and inflammatory bowel disease.

Case Presentation

A woman in her early 30s presented with recurrent severe abdominal pain over several months. Initial CT demonstrated a linear hyperdense focus within the ileum, raising suspicion of an ingested foreign body. Despite conservative management, she developed recurrent abdominal pain, vomiting and

diarrhoea. Subsequent imaging demonstrated terminal ileitis, and faecal calprotectin was markedly elevated at 642 µg/g, leading to a working diagnosis of inflammatory bowel disease and treatment with corticosteroids. MRI demonstrated persistent focal distal ileal thickening and luminal narrowing. Colonoscopy subsequently revealed an unusual ileocaecal appearance with small-bowel mucosa protruding into the caecum and ulceration. Further deterioration with vomiting and obstructive symptoms prompted repeat CT, demonstrating ileocaecal intussusception with mechanical small-bowel obstruction. Limited right hemicolectomy identified a polypoid lesion at the head of the intussusception. Histopathology demonstrated high-grade B-cell lymphoma, consistent with DLBCL, NOS, activated B-cell type.

Conclusion

This case highlights the diagnostic complexity of gastrointestinal lymphoma, which may mimic inflammatory bowel disease and subsequently present with adult intussusception. Persistent or evolving gastrointestinal symptoms despite initial treatment should prompt reconsideration of the underlying diagnosis.

Abstract 177 · Room 8, Early session · 09:15–09:21

Ibrutinib-Induced Hepatotoxicity in Chronic Lymphocytic Leukemia: A Rare Adverse Event

Case Report

Introduction

Ibrutinib, an irreversible Bruton tyrosine kinase (BTK) inhibitor, is a standard first-line therapy for chronic lymphocytic leukemia (CLL). Common side effects include diarrhea, fatigue, bleeding, atrial fibrillation, hypertension, infections and cytopenias. Hepatotoxicity is rare, with only a few reported cases. We describe ibrutinib-induced liver injury complicated by urosepsis. Case: A 65-year-old woman with Rai stage 0/Binet stage A CLL and hypertension was started with ibrutinib 140 mg in September 2025. Eight weeks later she developed jaundice and anorexia with a mixed cholestatic-hepatocellular pattern (total bilirubin 21.1 mg/dL, ALT 203 U/L, AST 221 U/L, ALP 195 U/L). Ibrutinib was stopped immediately. Three weeks later she was admitted with persistent jaundice and new fever for urosepsis due to E. coli. Viral, autoimmune, hemolytic and biliary obstructive causes were excluded by serology, Coombs testing, ultrasonography and CT. She received cefepime and amikacin, ursodeoxycholic acid and supportive care. Jaundice resolved within four weeks, and all liver tests became normal by May 2026.

Discussion

Hepatotoxicity with ibrutinib was not a major Adverse effect in registration trials and has been described mainly in isolated case reports. It is idiosyncratic, usually appears within weeks to months of starting treatment, and typically resolves after withdrawal. Concurrent sepsis likely aggravated the cholestasis, but recovery that continued after the infection cleared supports ibrutinib as the principal cause. Clinicians should consider ibrutinib in unexplained jaundice or transaminitis, exclude other causes systematically, withdraw the drug promptly, and monitor liver function regularly during BTK-inhibitor therapy.

Abstract 62 · Room 8, Early session · 09:21–09:27

Perioperative use of thrombopoietin receptor agonists for platelet optimization in chronic immune thrombocytopenia (ITP): A single-centre retrospective study

Original Research

Background

Patients with chronic immune thrombocytopenia (ITP) undergoing elective procedures are at increased risk of perioperative bleeding. Conventional platelet-raising therapies may have variable efficacy, adverse effects, and logistical limitations. Thrombopoietin receptor agonists (TPO-RAs) may provide an alternative strategy, although real-world perioperative data remain limited.

Aims

To evaluate the efficacy and safety of perioperative TPO-RA therapy for platelet optimisation in adults with chronic ITP.

Methods

We conducted a single-centre retrospective study of 11 adults with chronic ITP receiving romiplostim (n=10) or avatrombopag (n=1) for perioperative platelet optimisation. Electronic records were reviewed for baseline platelet count, TPO-RA dose and timing, perioperative platelet response, rescue therapy, procedural outcomes, bleeding, thrombosis and postoperative treatment course.

Results

Eleven patients underwent planned procedures with a mean baseline platelet count of 35.5×10^9/L. Romiplostim doses ranged from 125–500 μg weekly and were titrated according to platelet response. All patients achieved platelet counts considered adequate for their planned procedure without requiring IVIg, corticosteroids or platelet transfusion. No intraoperative or postoperative bleeding was observed. One patient developed transient thrombocytosis (716×10^9/L) without thrombosis. Post-procedure, nine patients discontinued or had TPO-RA withheld, including one with sustained remission while two continued treatments. No treatment-related thrombosis or mortality occurred.

Discussion

Perioperative TPO-RA therapy was associated with effective platelet optimisation and avoidance of conventional rescue therapy in this small cohort, without observed bleeding or thrombotic complications. Prospective multicentre studies are needed to define optimal dosing, timing, and duration.

Abstract 202 · Room 8, Early session · 09:27–09:33

Early Liquid Biopsy in Advanced Non-Small Cell Lung Cancer: Effects on the Diagnostic Pathway, Time to Treatment and Actionable Biomarker Detection. A Rapid Systematic Review and Exploratory Meta-Analysis

Original Research

Background

Early plasma liquid biopsy may accelerate molecular profiling during the diagnostic assessment of advanced non-small cell lung cancer. However, whether earlier genomic information consistently shortens the pathway to treatment remains uncertain.

Methods

A rapid systematic review used PubMed, Embase and Ovid MEDLINE to evaluate early multigene plasma sequencing in suspected or newly diagnosed advanced lung cancer. Treatment initiation,

treatment decisions and molecular reporting times were synthesised narratively. An exploratory random-effects meta-analysis compared paired actionable-biomarker detection using combined plasma and tissue testing versus tissue testing alone.

Results

Eighteen core reports and two supplementary implementation reports informed the synthesis. Observational studies frequently associated early plasma testing with faster molecular reporting or treatment, although historical comparisons, patient selection and differing time origins limited interpretation. LIBELULE, the largest randomised trial, found no significant overall reduction in treatment initiation. Three cohorts comprising 647 patients contributed to the principal meta-analysis. Combined testing increased actionable-biomarker detection compared with tissue alone (detection ratio 1.37; 95% confidence interval 1.13-1.66; I^2=20.9%). The pooled additional detection yield was 10.1% (95% confidence interval 6.0%-16.5%). Laboratory batching sometimes offset anticipated benefits.

Conclusions

Early liquid biopsy improves access to molecular information and complements tissue testing. Evidence for consistently faster treatment remains uncertain and depends on laboratory processes and diagnostic coordination. Prospective studies should evaluate complete pathways to appropriate treatment rather than laboratory turnaround alone.

Abstract 95 · Room 8, Early session · 09:33–09:39

Lights, Camera, Insulin: A Doctor-Made Film to Prepare Foundation Doctors for Inpatient Diabetes Management

Audit / QI

Background

1 in 6 (18%) inpatients have diabetes. New foundation doctors often feel overwhelmed managing hyperglycaemia and hypoglycaemia on the ward. Induction usually relies on lectures, which can be passive and hard to standardise across sites; a film offers a reusable, engaging alternative.

Aim

To evaluate foundation doctors' perceptions of, and self-reported confidence after, a doctor-made diabetes education film at University Hospitals Southampton(UHS).

Methods

A 26-minute film covering diabetes types and core inpatient management, with clinical input from the diabetes team was made. Dr Morgan Sands (UHS) conceptualized, filmed and edited it. It was screened at the August 2026 foundation induction at UHS. An anonymous questionnaire was completed once, after the film, covering views on educational films and confidence managing diabetes, including retrospective recall of confidence beforehand.

Results

99 doctors answered the questionnaire. All (100%) agreed films are a great way to deliver education, but 57% had poor previous experiences (outdated content, insufficient information, poor production). 94% rated this film better, citing production quality, engaging plot, humour and concise delivery. 75% recalled feeling underconfident managing diabetes on the ward before the film; 84% reported feeling confident afterwards. 96% wanted a sequel.

Conclusion

A foundation doctor-made film combining education and humour was well received, and most attendees reported feeling confident managing diabetes afterwards. Findings are limited by post-only,

self-reported data from a single site. Ward-level impact and knowledge retention will be followed up. Films may be an excellent tool, complement to induction teaching, and merit evaluation with pre- and post-testing.

Abstract 48 · Room 8, Early session · 09:39–09:45

A Classic Presentation of Autoimmune Adrenalitis and Positive Auto Antibodies.

Case Report

Introduction

Primary adrenal insufficiency (Addison's disease) is a serious endocrine disorder caused by inadequate glucocorticoid and mineralocorticoid production. Autoimmune adrenalitis is a major cause of primary adrenal insufficiency in developed countries and may occur as part of Autoimmune Polyglandular Syndrome Type 2 (APS-2). Early recognition is essential to prevent life-threatening adrenal crisis.

Objectives

To describe a classical presentation of autoimmune primary adrenal insufficiency and highlight the importance of clinical suspicion, biochemical confirmation, and screening for associated autoimmune disorders.

Methods

A 35-year-old woman with a three-month history of nausea, vomiting, dizziness, malaise, and profound fatigue was assessed for adrenal insufficiency. Biochemical, hormonal, autoimmune, and radiological investigations were performed to establish the diagnosis and underlying etiology.

Results

The patient was hypotensive (60/40 mmHg) with greyish-slate skin hyperpigmentation. Investigations revealed severe hyponatremia (119 mmol/L), low serum cortisol (98 nmol/L), markedly elevated ACTH (1041 ng/L), and a blunted short Synacthen test response (107 nmol/L). Elevated renin and low aldosterone confirmed mineralocorticoid deficiency. Adrenal and thyroid peroxidase antibodies were positive. CT demonstrated bilateral adrenal atrophy, supporting autoimmune adrenalitis. Treatment with intravenous hydrocortisone followed by oral hydrocortisone and fludrocortisone resulted in clinical and biochemical improvement.

Conclusion

This case demonstrates classical autoimmune adrenalitis with biochemical, immunological, and radiological confirmation. Coexisting autoimmune thyroid disease suggests APS-2. Early diagnosis, prompt hormone replacement, and patient education regarding sick-day rules are essential to prevent life-threatening adrenal crises.

Abstract 77 · Room 8, Early session · 09:45–09:51

Battling Recurrent Rhabdomyolysis in Carnitine Palmitoyltransferase II Deficiency

Case Report

Introduction/Backgroun Carnitine palmitoyltransferase II (CPT II) deficiency is a rare autosomal recessive disorder of mitochondrial long-chain fatty acid oxidation. The myopathic phenotype is characterised by recurrent rhabdomyolysis precipitated by metabolic stressors, particularly infection, fasting, prolonged exertion and extremes of temperature, with potentially life-threatening renal and metabolic complications.

Objectives/Aims

To demonstrate the severity of infection-triggered rhabdomyolysis in CPT II deficiency and highlight the importance of early, targeted metabolic management alongside treatment of the precipitating illness.

Methods

We describe a 65-year-old man with established CPT II deficiency who presented with a lower respiratory tract infection, systemic symptoms and myalgia. His clinical course, serial biochemical parameters, therapeutic interventions and subsequent outcome were evaluated.

Results

CK increased rapidly from 1,628 U/L at presentation to a peak of 39,340 U/L within 24 hours. Despite initial intravenous hydration, CK remained markedly elevated. Following specialist metabolic advice, intravenous 10% dextrose was commenced to suppress catabolism, alongside 0.9% sodium chloride, antimicrobial therapy, glycaemic management, medication review and close biochemical and fluid-balance monitoring. Thereafter, CK declined progressively to 388 U/L before discharge and normalised to 94 U/L on follow-up.

Conclusion/Discussion

This case demonstrates that intercurrent infection can precipitate profound rhabdomyolysis in CPT II deficiency. Importantly, acute management extends beyond conventional hydration; early carbohydrate provision to suppress catabolism, prompt treatment of the underlying trigger, and meticulous metabolic monitoring are central to preventing acute kidney injury and other serious complications. Increased clinical awareness may enable earlier recognition and timely institution of disease-specific emergency management.

Abstract 98 · Room 8, Early session · 09:51–09:57

Pembrolizumab-Induced Checkpoint Inhibitor-Associated Diabetes Mellitus in Triple-Negative Breast Cancer: A Case Report

Case Report

Immune checkpoint inhibitors (ICIs) have transformed the management of multiple malignancies but can lead to immune-related adverse events (irAEs) affecting endocrine organs. Diabetes mellitus secondary to ICIs is uncommon but potentially life-threatening. We report a case of new-onset insulin-dependent diabetes developing during pembrolizumab therapy in a patient treated for triple-negative breast cancer. The patient presented with severe hyperglycaemia and ketosis after several cycles of immunotherapy. Autoimmune diabetes antibodies were negative, and C-peptide levels indicated relative insulin deficiency. Glycaemic control remained challenging after discharge, with alternating hyperglycaemia and hypoglycaemia despite insulin therapy. This case highlights the variability in the presentation of checkpoint inhibitor-associated diabetes and the challenges in ongoing glycaemic management.

INTRODUCTION

Immune checkpoint inhibitors (ICIs), including pembrolizumab, improve anti-tumour immunity by blocking inhibitory pathways such as PD-1 and are increasingly used in triple-negative breast cancer. However, immune activation can cause endocrine immune-related adverse events. Checkpoint inhibitor-associated diabetes mellitus (CIADM) is rare but potentially life-threatening, often presenting abruptly with severe hyperglycaemia or diabetic ketoacidosis. It results from immune-mediated pancreatic β-cell dysfunction and differs from classical type 1 diabetes in its rapid onset, frequent absence of pancreatic autoantibodies, and variable residual insulin secretion. We report

pembrolizumab-associated diabetes during neoadjuvant treatment for triple-negative breast cancer, characterised by severe hyperglycaemia with ketosis, negative pancreatic autoantibodies, relative insulin deficiency, and subsequent challenges in achieving stable glycaemic control.

CONCLUSION

Pembrolizumab-associated diabetes can present with severe hyperglycaemia despite negative autoantibodies and residual β-cell function, highlighting the need for early recognition and multidisciplinary management.

Abstract 126 · Room 8, Early session · 09:57–10:03

From Gastroenteritis to Adrenal Insufficiency: Recognising an Immune Related Adverse Event

Case Report

Introduction

Diarrhoea, vomiting and abdominal pain following travel commonly suggest gastroenteritis. However persistent gastrointestinal symptoms with fatigue and hypotension should prompt consideration of alternative diagnoses. Immune checkpoint inhibitors (ICIs), including pembrolizumab, can cause adrenal insufficiency with non-specific gastrointestinal presentations.

Aim

To highlight the importance of comprehensive history taking and diagnostic vigilance especially in patients receiving newer therapies for serious conditions such as cancer.

Methods

A 62-year-old man presented with one week history of diarrhoea, vomiting, abdominal pain and profound fatigue following recent cruise travel. Gastroenteritis was suspected. Blood cultures, stool cultures, faecal PCR and respiratory viral testing were all negative. Persistent symptoms, hypotension and marked fatigue prompted measurement of morning cortisol. Review of his history identified recent pembrolizumab treatment for stage IIB, BRAF-negative melanoma, with the fifth cycle administered two months prior. Pituitary MRI was performed.

Results

Morning cortisol was significantly low at 34nmol/L (reference range 145-619nmol/L). Short Synacthen testing demonstrated a baseline cortisol of <25nmol/L, rising to only 156nmol/L at 30 minutes, confirming adrenal insufficiency. Pituitary MRI was normal. Secondary adrenal insufficiency related to pembrolizumab was considered. Following 100mg intravenous hydrocortisone, there was dramatic improvement within 24 hours. Gastrointestinal symptoms resolved, with improvement in blood pressure, appetite and mobility. He was discharged on lifelong hydrocortisone replacement with endocrinology follow-up.

Conclusion

Rare treatment related side effects can present with non-specific symptoms mimicking straight forward diagnoses such as gastroenteritis. Comprehensive history taking, awareness of immune-related adverse events and early consideration of alternative diagnosis can facilitate timely investigations and treatment.

Room 8 — Medicine: Haematology, Oncology, Endocrinology and General Medicine, Cardiology and Renal

Late session • 10:15 – 12:06

Abstract 19 • Room 8, Late session • 10:15–10:21

Thick Blood, Thin Clues — A Diagnostic Odyssey: Unmasking Waldenström's Macroglobulinemia Behind a 'Routine' Anaemia Referral.

Case Report

Introduction

Anaemia is often treated as a diagnostic endpoint, and a lymphoproliferative malignancy can hide behind it, particularly in elderly patients.

Objectives

To show how a routine anaemia referral can mask a haematological emergency, and to reaffirm the blood film as the key trigger for urgent escalation. Case: A 69-year-old man with ischaemic stroke and hypertension was referred after incidental anaemia (Hb 76-84 g/L) with fatigue, dyspnoea, weight loss and epistaxis. Blood film showed red cell agglutination with lymphoplasmacytoid cells. Plasma viscosity rose from 7.63 to over 10.0. Serum electrophoresis confirmed IgM paraproteinaemia. CT showed widespread lymphadenopathy and hepatomegaly. Bone marrow biopsy confirmed the diagnosis. Management options include plasmapheresis for hyperviscosity, rituximab-based chemoimmunotherapy and BTK inhibitors.

Conclusion

Consider rare lymphoproliferative disorders in unexplained anaemia with abnormal blood film findings, and involve haematology early.

Abstract 153 • Room 8, Late session • 10:21–10:27

Hypercalcaemia in Pregnancy Due to Parathyroid Adenoma Presenting as Persistent Nausea and Vomiting: A Case Report

Case Report

Introduction/Background

Nausea and vomiting are common in early pregnancy and are frequently attributed to hyperemesis gravidarum. However, persistent or recurrent symptoms may indicate an underlying metabolic disorder. Primary hyperparathyroidism is an uncommon but potentially serious cause of hypercalcaemia during pregnancy.

Objectives/Aims

To highlight primary hyperparathyroidism secondary to a parathyroid adenoma as an important differential diagnosis in pregnant women presenting with recurrent vomiting, and emphasise early biochemical investigation.

Methods

We present the clinical and surgical management of a pregnant patient with recurrent nausea and vomiting. Following readmission, serum calcium, phosphate and parathyroid hormone were measured, followed by neck ultrasonography to localise the parathyroid lesion.

Results

A 32-year-old pregnant woman initially presented at 9 weeks' gestation with persistent nausea and vomiting and was diagnosed with hyperemesis gravidarum. She improved with supportive treatment and was discharged. One week later, she re-presented with ongoing vomiting. Investigations demonstrated significant hypercalcaemia (adjusted calcium 3.02 mmol/L; ionised calcium 1.62 mmol/L), hypophosphataemia (0.65 mmol/L) and an inappropriately elevated PTH (18.6 pmol/L), consistent with primary hyperparathyroidism. Neck ultrasonography identified a 19 × 12 × 10 mm right inferior parathyroid lesion consistent with an adenoma. She was managed medically and monitored until 14 weeks' gestation, when she underwent parathyroidectomy. Histopathology confirmed parathyroid adenoma, with subsequent normalisation of calcium and symptomatic improvement.

Conclusion/Discussion

Persistent or recurrent vomiting in pregnancy should not always be attributed to hyperemesis gravidarum. Early calcium measurement and appropriate endocrine investigation can facilitate diagnosis of primary hyperparathyroidism and enable timely multidisciplinary endocrine management.

Abstract 191 · Room 8, Late session · 10:27–10:33

Peri-operative management of Pheochromocytoma.

Case Report

Peri-operative management of Pheochromocytoma: Introduction: Pheochromocytomas are catecholamine-secreting neuroendocrine tumours arising from chromaffin cells of the adrenal medulla or extra-adrenal paraganglia. The uncontrolled release of adrenaline (epinephrine) and noradrenaline (norepinephrine) can lead to severe cardiovascular instability and hypertensive crises intraoperatively.

Aim

To review the clinical presentation, preoperative optimization, intraoperative anaesthetic management and handling post-operative complications Method: The patient presented with classic symptoms of catecholamine excess followed by diagnosis of pheochromocytoma. Pre-surgical alpha blockade allowed medical optimization before surgery. Intra-operative hypertensive crises was managed by GTN infusion and deepening the plane of anaesthesia.

Conclusion

Preoperative alpha-blockade remains the cornerstone of a successful outcome. It effectively neutralizes vascular tone, permitting safe fluid resuscitation. Close collaboration between endocrinologists, surgeons, and anaesthesiologists ensures that hemodynamic fluctuations during tumour manipulation are effectively managed.

Abstract 218 · Room 8, Late session · 10:33–10:39

Dual paraneoplastic syndrome of SIADH and hypercalcaemia in metastatic renal pelvic urothelial carcinoma with squamous features.

Case Report

Background

SIADH and hypercalcaemia are recognised paraneoplastic complications. Their coexistence is uncommon and creates conflicting management priorities. Case: A 75-year-old man with IHD, T2DM and chronic hyponatraemia on fluid restriction presented with four days of somnolence and confusion, plus six months of back pain, constipation, anorexia and a painless left neck mass. Sodium 127, adjusted

calcium 2.84 with PTH 2.4, CRP 148. Euvolaemic, serum osmolality 270, urine osmolality 436, urine sodium 41. CT showed left renal pelvic tumour with hydronephrosis and necrotic lymphadenopathy; MRI showed T11-L3 metastases. Cervical nodal biopsy showed squamous cell carcinoma, attributed by MDT to metastatic left renal transitional cell carcinoma with squamous features. Fluid restriction was balanced against hydration for hypercalcaemia, with sodium correction capped at 10 mmol/L per 24 hours. Sodium improved to 132; calcium peaked at 2.93 and settled with endocrinology input. Concurrent urosepsis resolved. Unfit for chemotherapy, he was discharged for symptom control.

Conclusion

This dual paraneoplastic presentation of upper tract urothelial carcinoma shows opposing treatment demands, as hydration for hypercalcaemia undermines fluid restriction for SIADH, requiring careful balance and close biochemical monitoring.

Abstract 29 • Room 8, Late session • 10:39–10:45

High-Sensitivity C-Reactive Protein and Metabolic Syndrome in Adults Aged 50 Years and Older: A Hospital-Based Cross-Sectional Study

Original Research

Background

Metabolic syndrome (MetS) increases the risk of cardiovascular disease and diabetes, with chronic low-grade inflammation contributing to its pathophysiology. This study evaluated the association between high-sensitivity C-reactive protein (hsCRP) and MetS in adults aged 50 years and older in Northern Kashmir, India.

Methods

A hospital-based cross-sectional study was conducted from August 2021 to December 2022. Adults aged ≥50 years attending for primary healthcare were recruited. MetS was defined using modified NCEP-ATP III criteria. Anthropometric, blood pressure and biochemical measurements were obtained. Multivariable logistic regression assessed the association between elevated hsCRP (≥1 mg/L) and MetS after adjustment for potential confounders.

Results

Three hundred participants were included, with a mean age of 63.48 ± 7.44 years; 105 (35.0%) had MetS. Median hsCRP was significantly higher in participants with MetS than in those without MetS (1.75 [1.03–3.78] vs 1.07 [0.61–2.08] mg/L; $p<0.01$). MetS prevalence was 43.2% in participants with elevated hsCRP compared with 21.7% in those with lower hsCRP ($p<0.001$). Elevated hsCRP remained independently associated with MetS after multivariable adjustment (adjusted OR 2.27, 95% CI 1.14–4.45; $p=0.01$).

Conclusion

Elevated hsCRP was independently associated with MetS in this middle-aged and older population. hsCRP may help identify patients with greater cardiometabolic risk in primary care, although prospective studies are needed to establish predictive value.

Abstract 190 · Room 8, Late session · 10:45–10:51

Examining the predictive capacity of physical activity on conditioned pain modulation in healthy adults.

Original Research

Background

Pain is recognised as a highly dynamic and complex phenomenon believed to be impacted by a range of biopsychosocial factors. Physical activity has consistently been identified as a modifier and predictor of endogenous pain modulation through a phenomenon known as exercise induced hyperalgesia. However, literature has mainly focused on single sessions of exercise or isolated individual parameters. The understanding of the impacts of habitual exercise and other biopsychosocial predictors on pain modulation outside of acute settings remain rudimentary. Objective/Aims: - Examine the relationship between habitual activity and pain modulation. - Identify relevant biopsychosocial factors as modifiers of pain modulation.

Methods

Ten healthy adults (5 males, 5 females) completed six testing sessions. Anthropometric characteristics were collected prior to the familiarisation visit. Conditioned pain modulation assessment was conducted using pain pressure thresholds and ischaemic cuff occlusion. Habitual activity was measured through thigh mounted Fibion accelerometers. Female participants were tested during the follicular phase of the menstrual cycle to control hormonal variation. Pearsons's correlation coefficients and paired T-tests were used to investigate the relationship between CPM efficacy, habitual activity and biopsychosocial variables.

Results

Statistical analysis demonstrated reduced CPM responses linked to increased habitual physical activity. Contrary to the hypothesised relationship, physical activity, specifically vigorous and moderate intensity were associated with reduced CPM efficacy, with more pronounced effects in the lower limbs. No statistically significant relationships were identified between CPM efficacy and anthropometric characteristics.

Conclusions

This suggests that habitual activity negatively influences pain modulation whilst biopsychosocial characteristics demonstrated limited impact within healthy adults.

Abstract 136 · Room 8, Late session · 10:51–10:57

Title: Optimising Serial High-Sensitivity Troponin Testing in Chest Pain: QIP

Audit / QI

Background

High-sensitivity troponin (hs-cTn) is important in assessing patients with chest pain and suspected ACS. We identified delays in serial troponin testing and limited use of risk-stratification tools in our ED and SDEC.

Methods

We retrospectively reviewed 64 patients presenting with chest pain to the ED/SDEC at Medway Maritime Hospital. We assessed hs-cTn timing, serial sampling, HEART/GRACE score use and documentation. Interventions included posters, staff education and reminders regarding timely repeat

troponin testing, symptom-onset documentation, HEART/GRACE scoring and cardiology review. A second-cycle re-audit was performed on 64 patients in October–November 2025.

Results

At baseline, 56.9% had their first troponin within 1 hour of admission and 46.0% had serial testing. A delay of >6 hours between first and second troponin occurred in 40.0%. HEART/GRACE scoring was documented in 4.9%. Following intervention, the proportion with a 4–6-hour gap between first and second troponin fell from 70.0% to 15.4%. Among those with a second troponin, 61.5% had it within 2 hours. Third/fourth troponin testing also decreased. HEART/GRACE use remained low at 6.6%.

Conclusion

Education and awareness measures were associated with improved timing of repeat troponin testing and reduced additional testing. Further work should improve HEART/GRACE use, symptom-onset documentation and consistent application of the ESC pathway, with further re-audit planned. Reference: Byrne RA, et al. 2023 ESC Guidelines for the management of acute coronary syndromes. Eur Heart J. 2023;44(38):3720–3826. https://pubmed.ncbi.nlm.nih.gov/37622654/

Abstract 146 · Room 8, Late session · 10:57–11:03

From Suspected Malignancy to Infective Endocarditis: An Atypical Case of Streptococcus gordonii

Case Report

Introduction

Infective endocarditis (IE) may present with non-specific symptoms, making diagnosis challenging when classical features are absent. We report an atypical case of IE caused by Streptococcus gordonii in a 43-year-old man with psychotic disorder, asthma, rosacea, chronic anemia, and childhood meningitis.

Aim

To highlight the importance of considering IE in patients with unexplained systemic and neurological symptoms, even without typical clinical or immunological features.

Methods

The patient presented with significant weight loss of approximately 2.5 stone over three months, fatigue, raised inflammatory markers, and intermittent confusion. Initial investigations focused on malignancy. CT of the chest, abdomen, pelvis, and head was performed. CT head demonstrated haemorrhagic foci, while subsequent MRI raised the possibility of central nervous system vasculitis. Fever spikes and a cardiac murmur prompted consideration of IE. Blood cultures grew Streptococcus gordonii. Echocardiography demonstrated a mobile cardiac mass, followed by transesophageal echocardiography (TOE) for further assessment.

Results

Clinical, microbiological, and echocardiographic findings confirmed IE. The neurological presentation and abnormal brain imaging initially suggested malignancy and CNS vasculitis. Despite appropriate intravenous antibiotics, intermittent fever persisted. The patient was transferred to the cardiology team, and due to significant valvular involvement and persistent fever despite treatment, mechanical valve replacement was subsequently performed under antibiotic cover.

Conclusion

This case demonstrates the variable presentation of IE and the diagnostic challenges associated with non-specific systemic and neurological symptoms. IE should remain an important differential diagnosis

in patients with unexplained inflammation, fever, cardiac murmurs, neurological manifestations, or positive blood cultures, even when classical features are absent.

Abstract 147 · Room 8, Late session · 11:03–11:09

Acute Flaccid Paralysis Due to Profound Hypokalaemia in Suspected Distal Renal Tubular Acidosis: A Reversible Metabolic Mimic of Guillain–Barré Syndrome

Case Report

Introduction

Acute flaccid weakness with hyporeflexia raises concern for Guillain Barré syndrome (GBS), but profound hypokalaemia can produce a similar presentation and is potentially reversible.

Objectives

To highlight profound hypokalaemia as a reversible cause of acute flaccid paralysis and emphasise the importance of early electrolyte and acid base assessment.

Methods

Clinical documentation, serial biochemical and blood gas results, ECGs and targeted urinary studies were reviewed. Clinical and neurological findings and response to potassium replacement were assessed with renal and intensive care input.

Results

Initial potassium was 1.7 mmol/L, with pH 7.16, bicarbonate 13.6 mmol/L and chloride 120 mmol/L, indicating severe hyperchloraemic metabolic acidosis. ECG showed ectopy and marked QTc prolongation. Despite systemic acidosis, urine pH remained 6.5, indicating impaired distal urinary acidification. The combination of profound hypokalaemia, hyperchloraemic metabolic acidosis and inappropriately high urine pH supported suspected distal renal tubular acidosis. Potassium replacement, including approximately 200 mmol intravenously alongside oral supplementation, resulted in progressive correction of hypokalaemia with corresponding neurological recovery.

Conclusion

Profound hypokalaemia can closely mimic GBS and should be excluded early in acute flaccid paralysis. In this case, the biochemical pattern pointed to suspected distal RTA, while neurological improvement with potassium replacement supported a reversible metabolic cause. Early recognition is important because severe hypokalaemia can cause life-threatening cardiac and neuromuscular complications, including circulatory and respiratory collapse.

Abstract 168 · Room 8, Late session · 11:09–11:15

Right Atrial Thrombus In Active Inflammatory Bowel Disease: A Case Highlighting Role Of Multimodality Imaging And Multidisciplinary Management

Case Report

Background

Inflammatory bowel disease (IBD) is associated with an increased risk of venous thromboembolism (VTE). Although systemic thromboembolism is recognised, intra-cardiac thrombus is rare in literature.

Aim

This case demonstrates the value of multi-modal cardiac imaging leading to definitive diagnosis, as well as multi-disciplinary decision-making due to the prothrombotic and co-existing bleeding risk.

Method

Retrospective patient record and imaging review Results: We present a 45-year-old woman with a background of ulcerative colitis (UC). This failed to respond to steroids and standard first-line biologics, hence complaining of frequent rectal bleeding. She also has a history of unprovoked deep vein thrombosis with negative thrombophilia screen, taking prophylactic direct oral anticoagulant (DOAC) for secondary prevention. She sustained a fall leading to cross-sectional imaging in Emergency Department. CT Thorax revealed an incidental filling defect in the right atrium. She was non-compliant with DOAC for 4 weeks prior to this due to heavy rectal bleeding. A Trans-oesophageal Echocardiogram showed a mass arising from the inferior vena cava extending into the right atrium. Subsequent tissue characterisation on Cardiac Magnetic Resonance Imaging suggested a thrombus. Following multi-speciality discussion and patient counselling, she was commenced on treatment with DOAC.

Discussion

This case illustrates sequential and multi-modality imaging is essential for comprehensive evaluation of cardiac masses. The management required a multi-disciplinary approach given despite bleeding symptoms, IBD is a prothrombotic state and carries 3-fold increased risk of VTE. Another vital component of management here is effective patient counselling. Patient education is necessary to avoid treatment non-compliance or complications.

Abstract 213 · Room 8, Late session · 11:15–11:21

A clear cut acute coronary syndrome?

Case Report

Background

A 69-year-old male presented to A+E with chest pain and diaphoresis while gardening. He ignored the symptoms, but a reduced exercise tolerance in the coming days and chest tightness prompted him to seek medical attention. On examination, he was pain free, with a raised JVP. A loud ejection systolic murmur was heard on auscultation. He was haemodynamically stable. Initial work up showed non-specific T-wave inversion in leads V5-6 only, with no dynamicity. Elevated high sensitivity troponins of 797ng/ml, 610ng/ml and 471ng/ml were seen over 12 hours. He was initially treated for NSTEMI with heparin and dual antiplatelets.

Methods

Echocardiography showed a large pericardial effusion with a calcified aortic valve and dilated aorta. This raised suspicion for acute aortic syndrome, and a CT aortogram unfortunately confirmed this.

Results

The patient underwent emergency repair of his aorta, complicated by antiplatelet/heparin use.

Discussion

This case highlights the diverse clinical presentation that can be seen with acute aortic syndromes. Approximately 4% of cases with aortic dissection can present to the emergency department pain-free [2], and symptoms suggestive of congestive cardiac failure can also be seen, particularly in the elderly. It is a life-threatening emergency with a mortality rate of approximately 1% per hour after initial symptom onset, so early diagnosis continues to be crucial in survival. Bedside transthoracic echocardiography remains an invaluable tool in the diagnosis of acute aortic syndrome, and the presence of a pericardial effusion in combination with aortopathy should clearly raise suspicions and steer diagnosis away from ACS.

Abstract 128 · Room 8, Late session · 11:21–11:27

Shared Decision-Making and Decision Support in Advanced Chronic Kidney Disease: A Systematic Review of Models, Treatment Pathways, and Patient-Centered Outcomes

Original Research

Background

Patients with advanced chronic kidney disease (CKD) face complex, preference-sensitive decisions regarding kidney replacement therapy and conservative kidney management. Shared decision-making (SDM) and decision-support interventions may improve patient involvement, knowledge, and alignment of treatment with individual preferences.

Objective

To systematically evaluate SDM models and decision-support interventions in adults with advanced CKD, focusing on treatment choices, decision quality, patient-centred outcomes, and acceptability.

Methods

This systematic review followed PRISMA 2020 guidance and was registered with PROSPERO (CRD420261421853). PubMed/MEDLINE, Embase, Scopus, and Cochrane Library were searched from inception to May 2026. Eligible studies evaluated SDM or decision-support interventions in adults with advanced CKD or end-stage kidney disease. Risk of bias was assessed using design-appropriate tools. Due to substantial heterogeneity, findings were synthesised narratively.

Results

Seven studies involving 3,130 participants were included. Overall SDM quality was moderate (SDM-Q-9: 52.5±27.8/100), while alternative education improved SDM scores (β=8.2; 95% CI 0.7–15.7; p=0.03). Among participants choosing home-based dialysis (68%), 83% subsequently initiated their preferred modality. SDM was associated with lower odds of unscheduled dialysis initiation (33.3% vs 66.7%; adjusted OR=0.19; 95% CI 0.07–0.47; p=0.001). Decision aids improved patient-family agreement (κ=0.25 to 0.63). Intervention acceptability was high, with 98% reporting satisfaction.

Conclusion

SDM and structured decision support may improve knowledge, preference-concordant treatment, communication, and planned dialysis initiation in advanced CKD. Standardised prospective studies are needed to establish long-term clinical and implementation outcomes. Keywords: chronic kidney disease; shared decision-making; decision support; dialysis; conservative kidney management.

Abstract 231 · Room 8, Late session · 11:27–11:33

Nuclear Phenotypes of Cardiomyocyte Ageing: A Multimarker Framework for Understanding Early Heart Failure Mechanisms

Original Research

Background

Cellular ageing contributes to progressive myocardial dysfunction and is increasingly recognised as an important biological component of heart failure. However, detecting early ageing-associated changes in cardiomyocytes before functional deterioration remains challenging.

Methods

We developed NucAgeAI, a preclinical framework for longitudinal phenotyping of human induced pluripotent stem cell-derived cardiomyocytes across a Day 1-30 ageing trajectory. DAPI-defined nuclei are segmented using calibrated Cellpose with object-level quality control and represented using a

frozen self-supervised DINOv2 ViT-B/14 encoder. This enables label-free characterisation of nuclear phenotypic changes without predefined age-class supervision. To determine whether AI-derived phenotypes reflect biological rather than chronological variation alone, longitudinal representations are evaluated against complementary ageing-associated markers: p21 for cell-cycle regulation, gammaH2AX for DNA-damage signalling and Lamin B1 for nuclear-envelope remodelling, alongside functional cardiomyocyte phenotyping. Translational relevance: The study investigates whether non-destructive nuclear imaging can identify ageing-associated cellular phenotypes that correspond to molecular and functional alterations potentially preceding cardiomyocyte dysfunction. By separating AI discovery from independent biological evaluation, the framework avoids assuming that computationally identified patterns represent biological ageing.

Conclusion

NucAgeAI provides a biologically anchored approach for studying cardiomyocyte ageing and its potential progression toward cardiac dysfunction. Although preclinical and not intended for clinical diagnosis, this framework may support future development of image-based biomarkers for investigating mechanisms linking cellular ageing with heart failure.

Abstract 150 · Room 8, Late session · 11:33–11:39

Anticoagulation Dose Adjustment After Major Amputation

Audit / QI

Introduction/Background

Major limb amputation may result in a reduction in body weight, potentially affecting weight-based anticoagulant dosing. Reassessment of anticoagulation following amputation is therefore important to ensure safe and effective thromboprophylaxis and reduce medication-related harm.

Objectives/Aims

To determine the proportion of patients requiring anticoagulation dose adjustment following major amputation.

Methods

A retrospective audit was conducted over 9 months (July 2025–March 2026). Patients undergoing above-knee or below-knee amputation who were receiving low-molecular-weight heparin (LMWH) or a direct oral anticoagulant (DOAC) were identified. Patients with toe disarticulation or significant comorbidities affecting anticoagulation dosing were excluded. Pre- and post-operative weights and anticoagulant prescriptions were reviewed to determine whether dose adjustment was required.

Results

Forty-nine patients were included, with a mean age of 69 ± 9 years and a male-to-female ratio of 2.5:1. Twelve patients were receiving DOACs and the remainder LMWH. Twenty-five patients (51%) required anticoagulation dose adjustment following major amputation. Pre- and post-operative weights were available for 42 patients (85.7%), while 7 patients had incomplete weight documentation. Unexpected post-operative weight increases were observed in some patients, potentially reflecting fluid shifts, oedema, or variation in the timing or method of weight measurement.

Conclusion/Discussion

Over half of patients required anticoagulation dose adjustment following major amputation. Standardised post-operative weight measurement and routine reassessment of anticoagulant dosing may support safer and more accurate prescribing.

Abstract 45 • Room 8, Late session • 12:00–12:06

Improving Clinical Criteria for Discharge and Estimated Date of Discharge Documentation During Post-Take Ward Rounds: A Two-Cycle Quality Improvement Project

Audit / QI

Introduction/Background

Clear Clinical Criteria for Discharge (CCD) and Estimated Date of Discharge (EDD) recorded at post-take ward rounds (PTWRs) support coordinated discharge planning and patient flow. Baseline review in our acute medicine department identified poor CCD documentation.

Objectives/Aims

To achieve ≥80% compliance with a composite outcome of followable CCD and documented EDD.

Methods

This two-cycle quality improvement project reviewed 596 PTWR episodes: baseline (n=224), Cycle 1 (n=272) and Cycle 2 (n=100). Cycle 1 introduced PTWR checklists, educational posters and verbal reminders. Cycle 2 used positive consultant-level feedback highlighting high performers. Outcomes included CCD documentation, CCD followability, the composite outcome, and EDD within 72 hours. Proportions were compared between phases.

Results

CCD documentation increased from 28.6% at baseline to 44.1% after Cycle 1 ($p<0.001$), then was 39.0% after Cycle 2; the final 10.4-percentage-point improvement over baseline did not reach statistical significance ($p=0.063$). The composite outcome improved from 25.4% to 40.8% after Cycle 1 ($p<0.001$) and remained significantly above baseline at 38.0% after Cycle 2 ($p=0.022$). EDD within 72 hours rose from 80.8% to 84.6% and 87.0%. Among documented CCDs, followability increased from 89.1% to 92.5% and 97.4%, respectively.

Conclusion/Discussion

Low-cost educational interventions improved documentation, although the 80% target was not achieved and consultant engagement varied. High CCD followability suggests that inconsistent completion, rather than content quality, is the main barrier. A mandatory CCD field within the electronic PTWR template, followed by re-audit, is recommended.

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32	Room 7	11:21	A case of severe ventricular thickening in a young adult diagnosed with marginal zone lymphoma and suspected cardiac involvement.
33	Room 7	10:27	The Forgotten Discharge Prescription: Improving DVLA Driving Advice After PCI for NSTEMI
34	Room 5	08:15	Starting in Psychiatry, Starting Behind? Bridging a Hidden Gap in Foundation Training
37	Room 7	09:45	Acute Pancreatitis Management in the Era of the 2025 IAP Guidelines: A Two-Cycle Multispecialty Audit and Trust-Wide Service Improvement
38	Room 5	09:27	Bridging Professional Boundaries: A Foundation Doctor-Led Teaching Programme for Undergraduate Midwifery Students
39	Room 5	08:21	Hypertension in Primary Care: An Audit of Diagnosis, Management and Monitoring Against the National Institute for Health and Care Excellence(NICE) Guidelines
40	Room 5	08:57	Unmasking the relationship between neurological soft signs and schizophrenia: a scoping review
41	Room 6	08:21	A Joint Geriatric Oncology Clinic for the Management of Older People with Breast Cancer: A Service Evaluation
42	Room 8	08:15	Infection Prevention and Follow-Up After CAR-T Therapy: A Clinical Audit of Shared Care at a Secondary Care NHS Trust
43	Room 7	10:45	Methodological quality of heart failure systematic reviews and meta-analyses in the AMSTAR-2 era: a repeat cross-sectional survey

Abstract	Room	Time	Title
44	Room 6	08:27	Assessment of Biologic and Targeted Synthetic DMARD Selection in patients with Axial Spondyloarthritis at Stoke Mandeville Hospital: Concordance with the 2025 BSR Guideline
45	Room 8	12:00	Improving Clinical Criteria for Discharge and Estimated Date of Discharge Documentation During Post-Take Ward Rounds: A Two-Cycle Quality Improvement Project
46	Room 7	10:15	Veillonella parvula bacteraemia secondary to pressure ulcer associated ischial osteomyelitis in a wheelchair dependent patient.
47	Room 5	11:39	Improving Patient Understanding and Engagement During Acute Ward Rounds: A Quality Improvement Project
48	Room 8	09:39	A Classic Presentation of Autoimmune Adrenalitis and Positive Auto Antibodies.
49	Room 7	08:15	Adult Community-Acquired Pneumonia Care: A Baseline Audit Against NICE NG250
50	Room 7	10:57	Flecainide Toxicity Presenting as Broad-Complex Tachycardia: A Diagnostic Challenge and the Importance of Appropriate Patient Selection and Safe Prescribing
51	Room 7	08:57	Case Report: Weil's Disease: An Acutely Unwell Patient with Multi-Organ Dysfunction
52	Room 6	11:09	PROGRESSIVE DYSPHAGIA AND BULBAR WEAKNESS IN AN OLDER ADULT: A CASE OF MYASTHENIA GRAVIS HIGHLIGHTING THE IMPACT OF BETA-BLOCKER THERAPY
53	Room 6	10:15	Painful Horner's Syndrome as the Presenting Feature of Spontaneous Internal Carotid Artery Dissection
54	Room 8	08:21	QIP- Developing an Oncology Senior House Officer (SHO) Handbook
55	Room 7	08:21	APPROPRIATENESS OF CT PULMONARY ANGIOGRAPHY FOR SUSPECTED PULMONARY EMBOLISM: A COMPARISON OF A&E AND INPATIENT REFERRALS
56	Room 8	09:03	The clinical significance of histopathological diagnosis of Tumour to tumour metastasis. A literature review and a case report of an occult well differentiated neuroendocrine tumour of gastrointestinal origin metastasis to Chromophobe renal cell carcinoma.
57	Room 6	08:33	Audit for RePECT form
58	Room 7	10:33	A Clinical Audit: Improving Timely Lipid Assessment and Initiating Lipid-Lowering Therapy in Patients Presenting with ACS
59	Room 7	10:51	A SYSTEMATIC REVIEW OF CARDIAC DISEASE FOLLOWING COVID-19 VACCINATION: INCIDENCE, CLINICAL FEATURES ANDMANAGEMENT
60	Room 4	08:57	Traumatic L5–S1 dislocation: a systematic review and pooled patient-level analysis of treatment strategies and outcomes
61	Room 6	10:21	Dengue Virus Infection Presenting as Acute Transverse Myelitis: A Case Report
62	Room 8	09:21	Perioperative use of thrombopoietin receptor agonists for platelet optimization in chronic immune thrombocytopenia (ITP): A single-centre retrospective study
63	Room 2	09:03	Beyond conjunctivitis: recognising sight-threatening causes of red eye — a patient-safety framework for acute care clinicians
64	Room 2	09:09	Investigation of Antibacterial, Antioxidant, and Burn Wound Healing Effects of Green-Synthesized Silver Nanoparticles Using Alcoholic Extract of Peucedanum officinale
65	Room 1	08:21	Evaluating the Sustainability of Percutaneous Nephrostomy Exchanges as a Minimally invasive Ambulatory Procedure: A Closed-Loop Audit
66	Room 5	10:57	Enhancing compliance with postpartum venous thromboembolism risk assessment and prophylaxis following caesarean delivery: A quality improvement initiative
67	Room 6	10:27	Longitudinally extensive transverse myelitis prompting investigation for occult malignancy: a diagnostic challenge
68	Room 6	08:39	Evaluating Advance Care Planning and Universal Care Plan Documentation in Older Medical Inpatients
69	Room 1	08:27	Cutting the wait; a quality improvement project streamlining local anaesthetic circumcision pre-operative assessment
70	Room 3	08:21	Embedding choledocholithiasis risk stratification into the cholecystectomy pathway
71	Room 7	11:03	Treat the Test or Treat the Patient? C. difficile PCR-Positive/Toxin-Negative Results in Inflammatory Bowel Disease: A Rapid Review of Clinical Outcomes and Antibiotic Treatment
72	Room 6	08:45	Distribution and Length of Stay of Patients with Dementia in Hospital
73	Room 4	08:15	Improving neurovascular documentation in paediatric supracondylar humeral fractures: a closed-loop clinical audit.
74	Room 3	08:27	Incidence of hernia post laparoscopic bowel cancer resection–Single Centre Study
75	Room 7	10:39	Delayed anterior mitral leaflet perforation following an anterolateral STEMI, mimicking papillary muscle rupture on echocardiography.
76	Room 1	09:33	A Case of true left ventricular aneurysm with impending rupture requiring surgical intervention
77	Room 8	09:45	Battling Recurrent Rhabdomyolysis in Carnitine Palmitoyltransferase II Deficiency
78	Room 5	09:03	EXPLORING HOW TO BETTER TREAT BRAIN TUMOURS: TARGETING ANTI-APOPTOTIC PROTEINS IN PAEDIATRIC MEDULLOBLASTOMA
79	Room 5	09:57	Non-Invasive Ventilation for Community-Acquired Pneumonia: Outcomes and Predictors of Failure from an ICU Cohort
80	Room 5	09:33	Equitable patient access to perioperative regional anaesthesia at Nottingham University Hospitals NHS Trust: A 2025 evaluation of service provision.
81	Room 3	09:03	A rare case of Laparoscopic Completion Cholecystectomy in a patient who underwent Laparoscopic Cholecystectomy in Higher Center abroad before.

Abstract	Room	Time	Title
82	Room 2	08:21	A Curious Case of Bilateral Parotid Swelling: When PET/CT and Histopathology Tell Different Stories
83	Room 1	10:15	Prediction models for clinical outcomes after endoscopic enucleation of the prostate for benign prostatic obstruction: an EAU Endourology systematic review of predictive performance and risk of bias
85	Room 4	08:21	Evaluating the Early Impact of a Trauma Ambulatory Care Unit on Orthopaedic Patient Flow and Pathway Efficiency
86	Room 8	08:27	Irradiated Blood Transfusion QIP
87	Room 4	08:27	Evaluating Compliance to Intra-operative Syndesmosis Stress Testing During Ankle Fracture Fixation: Are We Stressing It?
88	Room 5	09:09	Primary care vs specialist-supported care in childhood atopic dermatitis: a systematic review
89	Room 7	08:27	Improving Confidence in Management of Acute Non- Invasive Ventilation in a District General Hospital.
91	Room 4	09:03	Impact of Smoking as a Risk Factor for Surgical Site Infections After Open Reduction and Internal Fixation (ORIF) of Distal Radius Fractures
92	Room 4	09:09	Functional Outcome of Radius and Ulnar Shaft Fractures Treated With Intramedullary Kirschner's Wire Fixation in Children
93	Room 4	10:15	Rethinking Thoracolumbar Spinal Referrals: A Prospective Audit Identifying Urgency Mismatch to update the Derriford Hospital Thoracolumbar Spinal Referral Pathway
94	Room 7	09:51	Utilisation and appropriateness of initial investigations for acute pancreatitis
95	Room 8	09:33	Lights, Camera, Insulin: A Doctor-Made Film to Prepare Foundation Doctors for Inpatient Diabetes Management
98	Room 8	09:51	Pembrolizumab-Induced Checkpoint Inhibitor-Associated Diabetes Mellitus in Triple-Negative Breast Cancer: A Case Report
99	Room 5	10:27	Alcohol Consumption and its Impact on the Developing Adolescent Brain: A Quantitative Narrative Review.
100	Room 8	08:33	Reducing Unnecessary Coagulation Testing in Hospitalised Patients: A Quality Improvement Project
101	Room 1	09:15	A Rare Case of Ureteroinguinal Hernia with Hydroureteronephrosis: A Diagnostic and Surgical Challenge
102	Room 1	08:33	From MRI to Biopsy: Refining the Prostate Cancer Diagnostic Pathway in Low-Risk Patients to Reduce Unnecessary Biopsies
103	Room 1	09:21	Female Urethral Diverticular Tumour
104	Room 6	09:15	Digital Gangrene as the Presenting Manifestation of Polyarteritis Nodosa in a Young Adult: A Case Report
105	Room 3	10:15	Colorectal cancer detection in faecal immunochemical testing (FIT) negative patients referred through the suspected colorectal cancer pathway
108	Room 1	08:39	Re-intervention Following HoLEP and BNI in 30–50 mL Prostates
110	Room 4	10:21	Analgesia and Fascia Iliaca Compartment Block Utilisation for Neck-of-Femur Fracture Patients: A Closed-Loop Audit
111	Room 2	09:15	Travel Advice Is Not Just for Flying: Rate of Ascent, Descent and Intraocular Pressure in the Gas-Filled Eye
112	Room 4	10:27	Suspected Achilles Tendon Ruptures and the Course of Action: Assessing Compliance With Local Protocols
114	Room 2	08:27	A case of right-sided primary tonsillar mucosal melanoma presenting to Head and Neck clinic
115	Room 6	09:21	Giant cell arteritis following established essential thrombocythaemia: a possible association
116	Room 2	09:21	Confidence rises faster than discrimination: a pre–post evaluation of a structured teaching session on ophthalmic presentation
117	Room 2	09:27	Automated and Artificial Intelligence (AI)-Derived Performance Assessment in Surgical Simulation: A Systematic Review
118	Room 7	09:03	Probable levofloxacin-induced eosinophilic pneumonitis mimicking immune-related lung toxicity in metastatic melanoma: a case report
119	Room 7	09:09	Miliary tuberculosis in a patient with complex perianal Crohn's disease receiving infliximab.
121	Room 4	09:15	Prevalence and distribution of Modic Changes and association with low back pain : a descriptive analysis
122	Room 1	10:33	Advanced Metastatic Prostate Malignancy With a Normal PSA: A Diagnostic Pitfall
123	Room 3	09:09	Strangulated Congenital Diaphragmatic Hernia Presenting as Left-Sided Haemothorax with Acute Abdomen in a 20-Year-Old Male: A Case Report
124	Room 5	11:03	Gastric Linitis Plastica Misleading as Simple Gastric Ulceration: Discordance of Clinicopathological Findings with Omental Metastatic Adenocarcinoma
125	Room 5	11:09	How should a new diagnosis of type 2 diabetes be communicated? A rapid scoping review of patient experiences, emotional reactions and communication needs
126	Room 8	09:57	From Gastroenteritis to Adrenal Insufficiency: Recognising an Immune Related Adverse Event
128	Room 8	11:21	Shared Decision-Making and Decision Support in Advanced Chronic Kidney Disease: A Systematic Review of Models, Treatment Pathways, and Patient-Centered Outcomes
129	Room 6	08:51	Little and Often: Short Ward-Based Teaching Sessions to Improve Staff Confidence

Abstract	Room	Time	Title
			in Falls Prevention Policy
130	Room 5	09:39	NIV Bridging Between Wards and ITU. An Audit of Pre-ICU NIV Management against BTS/ICS Standards in patients with T2RF.
135	Room 6	09:57	Identifying patients with ocular toxicity risk amongst hydroxychloroquine users in the Rheumatology department
136	Room 8	10:51	Title: Optimising Serial High-Sensitivity Troponin Testing in Chest Pain: QIP
137	Room 4	09:21	Efficacy and Safety of Factor XI Inhibitors for the Prevention of Venous Thromboembolism in Patients undergoing Major Orthopaedic Procedures: A Meta-Analysis of Randomized Controlled Trials
138	Room 2	08:33	From Incidental Discovery to Radiation Induced Disease : A Case Series of Meningioma
139	Room 7	09:57	Eosinophilic colitis presenting with marked eosinophilic ascites mimicking gynaecological pathology in an adult
140	Room 8	09:09	Diffuse Large B-Cell Lymphoma Presenting as Ileocaecal Intussusception: A Diagnostic Challenge Mimicking Crohn's Disease
141	Room 1	08:45	Optimising the Mini-PCNL Pathway: A Two-Cycle Quality Improvement Project
142	Room 5	10:15	High-Flow Nasal Cannula (HFNC) vs CPAP / Standard Oxygen in Pediatric Bronchiolitis: A Meta analysis
144	Room 7	08:33	Improving Documentation of Point-of-Care Lung Ultrasound in a Respiratory Service
145	Room 6	11:15	Non-epileptiform Myoclonus - An Atypical Presentation of Suspected Progressive Supranuclear Palsy
146	Room 8	10:57	From Suspected Malignancy to Infective Endocarditis: An Atypical Case of Streptococcus gordonii
147	Room 8	11:03	Acute Flaccid Paralysis Due to Profound Hypokalaemia in Suspected Distal Renal Tubular Acidosis: A Reversible Metabolic Mimic of Guillain–Barré Syndrome
148	Room 7	09:15	Suspected Invasive Pulmonary Aspergillosis with Aspergilloma in Advanced Fibrotic Lung Disease: A Diagnostic Challenge
149	Room 7	09:33	Cardiopulmonary Exercise Testing (CPET) parameters indicative of Dysfunctional Breathing.
150	Room 8	11:33	Anticoagulation Dose Adjustment After Major Amputation
151	Room 2	08:15	Feeling the stretch – Evaluating Optilume™ at Whipps Cross Hospital
152	Room 5	09:45	Starting a Clinical Audit/Quality Improvement Project in a Private Hospital Setting: A Practical Approval Pathway for Safe, Portfolio-Ready Work.
153	Room 8	10:21	Hypercalcaemia in Pregnancy Due to Parathyroid Adenoma Presenting as Persistent Nausea and Vomiting: A Case Report
154	Room 6	10:33	Normocellular CSF study in Encephalitis - Importance of collateral history in reaching diagnosis
155	Room 5	10:21	Interpreting Cochrane Reviews for Journal Clubs presentations: Reflections and Practical Suggestions from a Presentation Experience for the beginners
157	Room 4	08:33	Improving BOAST Compliance in Paediatric Forearm Fracture Management: A Two-Cycle Audit
159	Room 3	08:33	Preoperative obstructive sleep apnoea in patients undergoing bariatric surgery: a retrospective cohort study
160	Room 5	10:45	Are We Meeting Standards for Paediatric High DependencyCare? A Clinical Audit
161	Room 6	11:21	Acute Binocular Diplopia mimicking Bilateral Internuclear Ophthalmoplegia: Suspected Seronegative Ocular Myasthenia Gravis—A Diagnostic Dilemma
162	Room 3	09:15	When the Gallbladder Hurts the Thigh: Silent Gallbladder Empyema With Perforation Presenting as Severe Rhabdomyolysis
168	Room 8	11:09	Right Atrial Thrombus In Active Inflammatory Bowel Disease: A Case Highlighting Role Of Multimodality Imaging And Multidisciplinary Management
169	Room 1	08:51	A comparative study on operative outcomes following open , laparoscopic and robot assisted nephrectomy
170	Room 7	08:39	No FiO2, No Context: Improving ABG Documentation
172	Room 6	09:27	The Critical Role of Rehabilitation in Healthy Ageing: Preserving Function, Independence and Participation
174	Room 5	11:15	Breast Cancer in Younger Women: A Retrospective Cohort and Review of the Literature
175	Room 2	09:33	Is the 90-minute operative threshold still relevant? Infective outcomes of FANS-assisted flexible ureteroscopy in a large multicentre cohort
176	Room 5	10:33	Age-specific trends in wholly alcohol-attributable hospital admissions in England, 2015/16-24/25
177	Room 8	09:15	Ibrutinib-Induced Hepatotoxicity in Chronic Lymphocytic Leukemia: A Rare Adverse Event
178	Room 8	08:39	Lymphoma Pathway Audit Royal Surrey County Hospital
179	Room 5	08:33	HbA1c Test Uptake in Patients with a Diagnosis of PolycysticOvary Syndrome in a Primary Care Setting: A RetrospectiveCohort Study
180	Room 6	08:57	Mind the Medication Gap: Improving Documentation of Suspended Medicines in Frailty Care
181	Room 5	08:39	A Re-audit to review the management and care of diabetic patients in a Southwest London practice
182	Room 1	08:57	Time to theatre and organ preservation in suspected ovarian versus testicular torsion: a multicentre retrospective observational study

Abstract	Room	Time	Title
184	Room 5	08:45	Seizures, Hypocalcaemia and Persistent Hypomagnesaemia in a 4-Week-Old Infant: Looking Beyond Replacement
185	Room 5	09:15	The Impact of Generative AI and Digital Media on Adolescent Cognitive Function and Neurobiology: A Systematic Review
186	Room 6	09:03	Quality Improvement Project on Treatment Escalation Plan on Admission in Pilgrim Hospital
187	Room 3	10:27	Clinical Characteristics and Injury Patterns of Traumatic Diaphragmatic Injury: A Single-Center Retrospective Study
188	Room 7	08:45	Optimising CTPA Requests for Suspected Pulmonary Embolism: A Three-Cycle Quality Improvement Project at William Harvey Hospital
189	Room 5	11:21	Evaluation of Surgical Outcomes in Patients Undergoing Post-ERCP Laparoscopic Cholecystectomy and Elective Laparoscopic Cholecystectomy
190	Room 8	10:45	Examining the predictive capacity of physical activity on conditioned pain modulation in healthy adults.
191	Room 8	10:27	Peri-operative management of Pheochromocytoma.
192	Room 4	08:39	Improving Virtual Fracture Clinic Delivery in a Rural District General Hospital
193	Room 5	10:39	What are the barriers and facilitators to resolving damp and mould in English housing? A systematic review
194	Room 7	11:09	Cirrhosis and Hepatocellular Carcinoma at Presentation in Anti-HCV Seropositive Patients: A Cross-sectional Study from Northern Bangladesh
195	Room 5	09:21	An Investigation into the Clinical Characteristics and Management Strategies of Endometriosis-related Hydronephrosis: A Retrospective Case Series
196	Room 5	08:27	To what extent can non-governmental organisations contribute to the institutionalisation of community-focussed maternal, neonatal and child health strategies in order to strengthen health systems at the local and national level in Bangladesh
197	Room 6	10:51	Extensive Cerebral Venous Sinus Thrombosis Associated with Pseudomonas Otogenic Infection Presenting with Haemorrhagic Venous Infarction: A Case Report
199	Room 6	10:39	Creutzfeldt-Jakob Disease Presenting as a Stroke Mimic: The Diagnostic Value of Serial Neuroimaging and Collateral History
200	Room 3	08:39	Surgical Complications Following Laparoscopic and Robotic Right Hemicolectomy with Intra-Corporeal Anastomosis
201	Room 5	11:27	Hemodynamic Severity and Late Presentation Patterns in Acute Myocardial Infarction: A Multicenter Registry from Bangladesh with Regional South Asian Comparison
202	Room 8	09:27	Early Liquid Biopsy in Advanced Non-Small Cell Lung Cancer: Effects on the Diagnostic Pathway, Time to Treatment and Actionable Biomarker Detection. A Rapid Systematic Review and Exploratory Meta-Analysis
203	Room 4	08:45	Fracture Neck of Femur and Fascia Iliaca Block Audit
205	Room 3	08:45	IV Fluid Monitoring in Colorectal Surgical Patients: A Closed-Loop Audit of NICECG174 Compliance
206	Room 2	08:39	The Eight-Year Silence: A Rare Late Relapse of Orbital Rhabdomyosarcoma
207	Room 7	10:21	Beyond the Bladder: Ketamine Cholangiopathy with Renal and Electrolyte Complications.
209	Room 3	09:21	When Urosepsis Is Not Just a UTI: A Case of Recurrent Urosepsis Secondary to Diverticular Colovesical Fistula
210	Room 5	08:51	A Rare Cause of Pneumoperitoneum: Spontaneous Uterine Rupture Secondary to Pyometra.
211	Room 3	10:21	The Clinical Frailty Scale in older adults underwent emergency laparotomy: Real-World Clinical Utility and Relationship with NELA predicted mortality Risk
213	Room 8	11:15	A clear cut acute coronary syndrome?
215	Room 3	08:51	Improving Compliance With ERAS Urinary Catheter Drainage Practices: A Closed-Loop Audit in Elective Colorectal Surgery
216	Room 6	09:33	Articular remission in Psoriatic Arthritis: What does it mean in the real world?
217	Room 7	09:21	Diagnostic Dilemma During Treatment of MRSA Bacteraemia: Probable Vancomycin-Induced Linear IgA Bullous Dermatosis Mimicking Bullous Pemphigoid
218	Room 8	10:33	Dual paraneoplastic syndrome of SIADH and hypercalcaemia in metastatic renal pelvic urothelial carcinoma with squamous features.
219	Room 7	09:27	Progressive bullous lung disease in Proteus syndrome: from cardiac arrest at school to lung transplant assessment
220	Room 1	10:21	Artificial Intelligence (AI)-Enhanced Prediction ofProlonged Ventilation and Mortality After PediatricCardiac Surgery
221	Room 1	09:03	Outcomes of Aquablation for Benign Prostatic Hyperplasia: A Single-Centre Retrospective Audit
223	Room 2	09:45	Single centre experience of Hemi-HOLEP compared to standard HoLEP as a non-inferior technique for the surgical management of Benign Prostatic Hyperplasia
224	Room 2	08:45	Spontaneous Intradural Extramedullary Haematoma After Mild Exercise in Von Willebrand Disease: A Rare Clinical Presentation and Literature Review
226	Room 5	11:33	Antibiotic Resistance Profiles, Phenotypic Analysis and Molecular Genotyping of ESBL-Producing Enterobacteriaceae Isolated from Red Meat Collected from Dhaka City, Bangladesh
227	Room 1	10:39	Fascinated but Not Committed: Interest, Intent and the Training Bottleneck in

Abstract	Room	Time	Title
			Neurosurgery - A Systematic Review and Meta-Analysis
228	Room 1	10:27	Robotic Intrathoracic Surgical Training: A Scoping Review and Bibliometric Analysis
229	Room 6	09:45	Oral Hygiene in Stroke Patients
230	Room 1	09:27	The significance of prostatitis in the MRI-led diagnostic evaluation of men in the Prostate Cancer Pathway whose biopsies show the presence of inflammation
231	Room 8	11:27	Nuclear Phenotypes of Cardiomyocyte Ageing: A Multimarker Framework for Understanding Early Heart Failure Mechanisms