

December 2020  
 Volume 20  
 Issue 3

# NEWSLETTER

ISSN 2550 - 3316

**GALLE MEDICAL ASSOCIATION**



## CONTENTS

Annual Academic Sessions	2
Value of the surgical mask for COVID prevention	6
දිඹුඩු	8
Registrar Excellence Forum	9
Young Specialist Forum	10
Unseen Wounds after trauma in Children	11
GMA Academic Collaboration	13
GMA Lecture Series	14
'Intact hymen' in children An opinion given with cautions and explanations	15
COVID-19 Humanitarian Activities	17
GMA: Beyond Medical Science...	18
Annual General Meeting 2020	19
Digital Health Technologies and COVID 19 Pandemic	20

The pinnacle event of GMA 2020, the Annual Academic Sessions was held on 24<sup>th</sup> and 25<sup>th</sup> of September 2020, under the theme “Stepping in to new decade of health information and research; connecting with the community to deliver better healthcare”. Prof. Ananda Jayawardane, Senior Professor in Civil Engineering, Former Vice Chancellor of the University of Moratuwa, Past Director General of the National Science Foundation and Professor Malik Goonewardene, Emeritus Professor of Obstetrics and Gynaecology, Faculty of Medicine, University of Ruhuna were the Chief Guest and the Orator for the inauguration ceremony respectively.



**Prof. Ananda Jayawardane**  
*Chief Guest*



**Emeritus Professor Malik Goonewardene**  
*Orator*

## ANNUAL ACADEMIC SESSIONS

Despite the challenging circumstances created by the COVID-19 pandemic, the Annual Academic Sessions of the GMA was held in all its splendor on 24<sup>th</sup> and 25<sup>th</sup> of September 2020 under the theme “Stepping into a new decade of health information and research; connecting with community to deliver better healthcare”.

The Pre-congress workshop, held in collaboration with the Sri Lanka College of Paediatricians on 18<sup>th</sup> September 2020 at the Clinical Lecture Theatre of the Faculty of Medicine, Galle marked the launching of the academic sessions. The workshop - themed ‘An update on non-accidental injuries for a better outcome’ - attracted a wide range of participants.

The inauguration ceremony was held on 24<sup>th</sup> September 2020 at the Auditorium of the Faculty of Medicine, Galle and the Chief Guest, Professor Ananda Jayawardane, Senior Professor in Civil Engineering, delivered the key note address on “Overcoming challenges in harnessing health information through multi-disciplinary and inter-disciplinary research for better health care”. This was followed by the GMA Oration titled “Iron deficiency anaemia in pregnancy and its prevention: Paradigm changes over three decades”, which was delivered by a renowned researcher and an academic; Professor Malik Goonewardene, Emeritus Professor and former Senior Professor and Chair of Obstetrics and Gynaecology of the University of Ruhuna. The inauguration ceremony concluded with a musical extravaganza by the medical students of the Faculty of Medicine, Galle, followed by the fellowship dinner.

Despite being limited to a single day due to the prevailing circumstances, the scientific programme of the 2020 academic sessions proved to be an interesting array of plenary lectures and symposia. The three plenary lectures were delivered by Professor Indika Karunathilake, Professor in Medical Education, University of Colombo who enlightened the audience on “Medical education for better healthcare in the new normal”, Dr. Lalith Wijemanna, Senior Consultant Rheumatologist who shared “An update on management of osteoarthritis: Experience and evidence into practice” and Professor Sudheera Kalupahana, Professor in Human Nutrition, who spoke on “Healthy eating: An evidence based approach”.

Symposium 01 of the academic sessions on “Lessons learnt in conquering COVID-19 pandemic: role of three pillars” covered three distinct aspects of management of the outbreak. Professor Neelika Malavige (Professor in Microbiology), Dr. Ananda Wijewickrama (Consultant Physician) and Dr. Deepa Gamage (Consultant Medical Epidemiologist) who played key roles in management of COVID-19 pandemic in Sri Lanka shared their experiences. Symposium 02, titled “Stepping into new decade: the need to change” comprised of the presentations of three eminent speakers; Professor Priyadarshani Galappatthy (Professor of Pharmacology), Professor Kumara Mendis (Professor of Family Medicine) and Dr. Sanjewa Rajapakse (Consultant Clinical and Interventional Cardiologist) focusing on the emerging trends in Medicine.

The inauguration and the scientific programme of the sessions were conducted in accordance with the health and safety measures recommended by the Ministry of Health.

## INAUGURATION

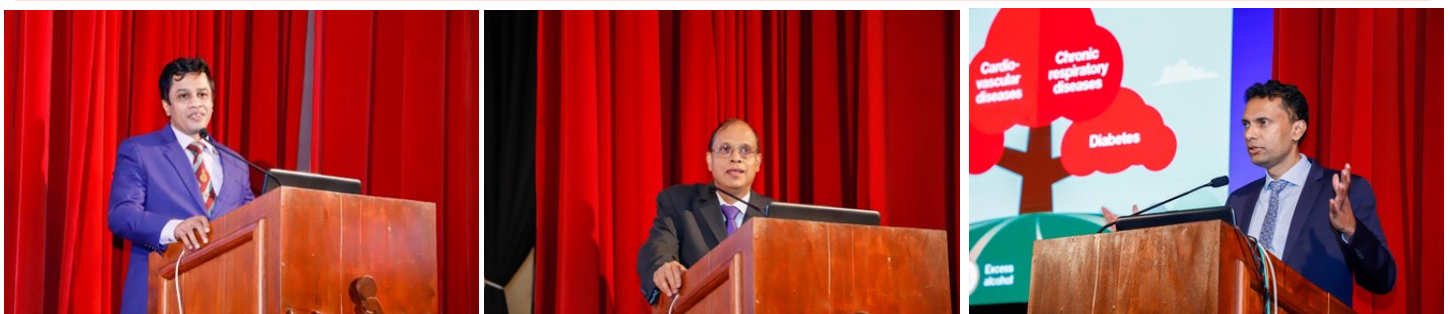


## WINNER OF THE YSF



The winner of the Young Specialist Forum Dr. Indumini Wickremasinghe, Senior Registrar in Paediatrics, Teaching Hospital Karapitiya was given the opportunity to present at Annual Academic Sessions.

## PLENARY LECTURES



**“Medical education for better healthcare in the new normal”**

by *Prof. Indika Karunathilake*  
Professor in Medical Education

**“An update on management of osteoarthritis: Experience and evidence into practice”**

by *Dr. Lalith S Wijayaratne*  
Senior Consultant Rheumatologist

**“Healthy eating; an evidence-based approach”**

by *Prof. Sudheera Kalupahana*  
Professor in Human Nutrition

## SYMPOSIUM – 1

### “LESSONS LEARNT IN CONQUERING COVID-19 PANDEMIC; ROLE OF 3 PILLARS”



**“Understanding the pathogenesis: Seeing some light at the end of the tunnel?”**

by **Prof. Neelika Malavige**  
*Professor in Microbiology*



**“Physicians’ dilemmas in delivering care for COVID-19 patients”**

by **Dr. Ananda Wijewickrama**  
*Consultant Physician*



**“Facing the outbreak, challenges and future scenarios in outbreak management: Epidemiologists perspective”**

by **Dr. Deepa Gamage**  
*Consultant Medical Epidemiologist*

## SYMPOSIUM – 2

### “STEPPING INTO NEW DECADE: THE NEED TO CHANGE”



**“Personalised Medicines: Successes, limitations and future prospects”**

by **Prof. Priyadarshani Galappatthy**  
*Professor of Pharmacology*



**“Deep Medicine: The practice of Medicine in the next two decades”**

by **Prof. Kumara Mendis**  
*Professor of Family Medicine*



**“Emerging trends in future cardiac care”**

by **Dr. Sanjeewa Rajapakse**  
*Consultant Clinical and Interventional Cardiologist*

## PRE CONGRESS WORKSHOP



Academic Sessions commenced with the Pre-congress workshop, which was held on 18<sup>th</sup> September 2020 in collaboration with Sri Lanka College of Paediatricians (SLCP) at Clinical Lecture theatre of Faculty of Medicine, Galle. It was on a very important and timely topic "Update on non-accidental injuries (NAI) for a better outcome"

Prof. Sujeewa Amarasena, Dr. Harshanie Ubeysekera, Dr. Dharshani Hettiarachchi, Hon. Piyal Nishantha de Silva, Prof. Muditha Vidanapathirana, Mr. Susantha Balapatabendi, Mr. A G J Chandra Kumara, Mr. Mahesh Karunanayake, Prof. Aswini Fernando were the resource persons for the event.

We are happy to report that, as a result of this collective effort government has allocated funds to build a safe house for children in Galle. We hope that the constructions will start soon.



## VALUE OF THE SURGICAL MASK FOR COVID PREVENTION

**Dr. Arosha S. Dissanayake**

*Department of Medicine, Faculty of Medicine, University of Ruhuna*

The first peak of the COVID epidemic appeared in Sri Lanka in March 2020. There was a countrywide lockdown, detection of a limited number of cases, a few deaths, aggressive contact tracing and containment of the epidemic. Patients with respiratory tract infections were assessed by healthcare workers with questions such as whether they had contact with a person with COVID, whether they had returned recently from overseas or been in contact with someone from overseas etc. Patients were risk stratified and those classified as high risk had COVID PCR testing. The WHO and the Ministry of Health had guidance on what personal protective equipment (PPE) needed to be worn by healthcare workers depending on the patient risk category.

The second peak appeared in October 2020. The 'Brandix cluster' and the 'Peliyagoda fish market cluster' spread far and wide, with sporadic cases appearing island-wide. The previous risk categorization of patients with respiratory infections with a few screening questions was no longer accurate. Patients with an exposure to a COVID patient did remain a high-risk patient. But patients with respiratory infections could no longer be considered low-risk due to the absence of an obvious contact history. In addition, asymptomatic patients were detected in large numbers. Thus, the approach to appropriate PPE has undergone a transition from wearing for a 'high-risk' patient to wearing at all times to aim for a 'protected exposure' as it gradually became impossible to predict with any degree of certainty, which symptomatic or asymptomatic patient

would have COVID. The PPE guidance for a 'protected exposure' were, goggles or face-shield to prevent splashing of respiratory secretions to the mucous membranes, surgical (medical) masks to prevent respiratory droplet infection (N95 masks were recommended for those in close proximity to a patient undergoing an aerosol generating procedure), cloth or polythene overall to prevent contamination of personal clothing by respiratory secretions and wearing of gloves (interspersed with washing of gloves with alcohol based sanitizers after each patient encounter) or washing of hands with alcohol sanitizer or soap and water after each patient encounter (1). These were routine protective measures adopted by concerned healthcare workers when dealing with all patients as it was no longer possible to rule out risky exposures by contact enquiry.

The penny dropped, sooner than expected. Mrs. A, a 60 year lady diagnosed as having end stage chronic kidney disease, on every fourth day dialysis was admitted to the emergency treatment with pulmonary oedema. She was managed with non-invasive ventilation, dialysed and transferred to a medical unit. The patient was spent three days in the medical ward. Her renal condition had stabilized but her behaviour was abnormal in the ward. She communicated poorly and was noted to have nihilistic delusions. The family members stated that her mood had been low since the recent diagnosis of end stage renal failure. She was reviewed by the psychiatry team, a diagnosis of depression with psychotic symptoms made and taken over to the

psychiatry unit for further care. On the third day in the psychiatry unit, she developed fever with cough. She underwent COVID PCR testing and a COVID infection was confirmed.

The institutional risk assessment using the guidelines issued by the Ministry of Health, identified two healthcare workers who had spent lengthy periods of time in close contact with the patient (2). The intern medical officer had close contact for about 15 minutes on day one and 10 minutes each on days two and three. The only PPE that was worn was the surgical face mask. The medical student who clerked that patient had close and prolonged contact with her. There had been a less than one-meter distance contact for more than one hour on the initial clerking and a further 15 minutes on day two. The patient, due to her mental health issues would not keep her face mask (a cloth one) on. She would periodically remove it despite frequent reminders. There were two carers (bystanders) with the patient during the medical ward stay. As the COVID PCR assay had a low CT value, indicating a very high viral load, it was considered probable that first contacts of her would develop COVID infection. The fact that the only protection the medical student had worn being a mask with such prolonged contact was of concern. The review team, in consultation with the area medical officer of health decided to quarantine the medical student.

As the patient had a high viral load, PCR tests were done on the two carers and the medical student on day 5 of exposure. Both the carers, who were not wearing surgical masks whilst in close contact with the index

patient tested positive for COVID. The medical student tested negative. He continued to be in quarantine for till 14 days after exposure and the COVID PCR was performed again on day 14 and that too was negative. All other healthcare workers from the emergency treatment unit, dialysis unit, medical ward and psychiatry ward, who had been in contact with the patient but who were noted to have a 'protected' low risk exposure were to be tested if they developed respiratory infections but none of them did. From this patient with a high viral load the only two persons who became COVID positive were the two carers. The exposure differed from that of the intern medical officer and the medical student in one aspect. That was the correctly worn surgical face mask the two healthcare workers had.

Is this a one off incident only? What is the evidence from around the world? Two symptomatic hair stylists who subsequently tested positive for COVID interacted with clients for an average of 15 minutes each. None of the 67 clients visiting the salon tested positive for COVID as the salon policy was wearing masks by both stylists and clients (3). A study of the outbreak on US Navy aircraft-carrier USS Theodore Roosevelt where large numbers lived and worked in close congregation found that wearing face coverings on board was associated with a 70% risk reduction (4). In a retrospective cohort study from Thailand involving contact tracing, there was a 70% reduced risk of acquiring COVID among those who constantly wore masks (5). Thus, a substantial evidence base is emerging to support the use of face masks to reduce COVID infections (6). There are still some detractors to use of personal protection attire.

Some doubt the usefulness of wearing a face mask as happened when some healthcare workers opposed the ‘mask mandate’ in the USA (7).

Our own experience as well as evidence from other countries strengthens the contention that the surgical face mask remains a potent personal protective measure even when treating a COVID patient with a high viral load.

References

1. Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed: Interim guidance, 29 June 2020 by World Health Organization (WHO). <https://apps.who.int/iris/rest/bitstreams/1284718/retrieve> (accessed on 23.11.2020)
2. Screening and management of healthcare workers following exposure to a confirmed/suspected case of COVID-19 (V2 dated -01.04.2020) by Ministry of Health & Indigenous Medical Service. <https://www.hpb.health.gov.lk/media/pdf/screening-and-management.pdf> (accessed on 23.11.2020)
3. Hendrix MJ, Walde C, Findley K, Trotman R. Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists After Exposure at a Hair Salon with a Universal Face Covering Policy – Springfield, Missouri, May 2020. *Morb Mortal Wkly Rep. (MMWR)* 2020; 69(28): 930-932.
4. Payne DC, Smith-Jeffcoat SE, Nowak G, *et al.* SARS-CoV-2 Infections and Serologic Responses from a Sample of U.S. Navy Service Members – USS Theodore Roosevelt, April 2020. *MMWR Morb Mortal Wkly Rep.* 2020; 69(23)
5. Doung-Ngern P, Suphanchaimat R, Panjangampathana A, *et al.* Case-Control Study of Use of Personal Protective Measures and Risk for Severe Acute Respiratory Syndrome Coronavirus 2 Infection, Thailand. *Emerg Infect Dis.* 2020; 26(11): 2607-2616.

6. Scientific Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2, updated November 2020 by Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html>. (accessed on 23.11.2020)
7. Dr. Roger Hodkinson CEO & Medical Director – MA, MB, FRCPC, FCAP, 17 November 2020. <https://youtu.be/YvYzf0MqObg>. (accessed on 23.11.2020)

දඬුවම

ආල පිය තෙපුල් දුන්  
 මුව කමල වහගන්න  
 පාන හසරුල්ලකට  
 හිතේ දොරගුලු ලන්න  
 තේක විධ ඉඹි බැලුම්  
 වසා කඩතිර දුන්න  
 දැනෙ මුදු පහසකට  
 හිතක බිය දනවන්න  
 ලොවට දුන් දඬුවමයි  
 නුඹ කොරෝනා...  
 ජීවිතේ තනිවෙලා  
 අප අපට පමණයි  
 අපේ තනියට නුඹේ හෙවනැල්ලයි....

භාග්‍යා පියසිරි

කැමුණිවි අංගය





## REGISTRAR EXCELLENCE FORUM

The Registrar Excellence Forum (REF), which was initiated to support the professional development of the Registrars of all specialties, successfully continued during the past 5 months despite the COVID-19 pandemic. Six sessions of REF were conducted during this period with the participation of Dr. M K Ragunathan, Dr. Rohan Pullaperuma, Dr. Manjula Dissanayake, Dr. Warsha De Zoysa, Dr. Chaminda Kottage, Dr. N H R Sanjewa and Dr. S P Dissanayake as the resource persons.

Initial sessions were conducted via zoom in compliance with the social distancing recommendations. GMA is now able to conduct the sessions at the GMA lecture theatre as usual, while it is also possible to join via zoom.



**Dr. M K Ragunathan**, Consultant Physician conducted the session on 18<sup>th</sup> August 2020.  
**Dr. Nadeera Lokuhapuarachchi**, Registrar in Medicine, presented the case.



**Dr. Warsha De Zoysa**, Consultant Physician and Senior Lecturer in Faculty of Medicine conducted the session on 07<sup>th</sup> September 2020.  
**Dr. Nadeeka Karunanayake**, Registrar in Medicine, presented the case.



**Dr. Manjula Dissanayake** Consultant Chemical Pathologist Teaching Hospital Karapitiya delivered a session on Medical Case Discussion; Chemical Pathologist Point of View on 31<sup>st</sup> August 2020



**Dr. Chaminda Kottage**, Consultant Physician, ETC conducted the session on 19<sup>th</sup> October 2020.  
**Dr. Dhanajaya Ranathunga**, Registrar in Medicine, presented the case.



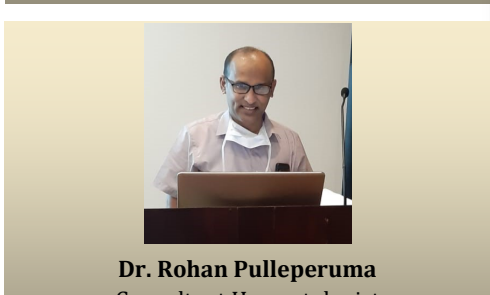
**Dr. N.H.R. Sanjewa** Consultant Physician, conducted the session on 26<sup>th</sup> October 2020.  
**Dr. Uvaim Athif**, Registrar in Medicine, presented the case.



**Dr. Chamin Weerasekera** Consultant Intensivist Faculty of Medicine, Karapitiya conducted Case discussion on acid base disorders on 01<sup>st</sup> December 2020



**Dr. S P Dissanayaka**, Consultant Rheumatologist conducted the session on 07<sup>th</sup> December 2020.  
**Dr. Nuwan Madhusanka** Registrar in Medicine, presented the case.



**Dr. Rohan Palleperuma** Consultant Haematologist conducted an interactive discussion on Haematological cases on 19<sup>th</sup> August 2020

## YOUNG SPECIALIST FORUM (YSF)

During the last quarter of the year four sessions of YSF were done by Senior Registrars. Feedback on the presentation was given by the resource persons to support their professional development.



### “COPD; Beyond Inhalers”

by **Dr. Amila Senaratne (MBBS, MD)**  
Senior Registrar in Internal Medicine  
Teaching Hospital Karapitiya.  
The presentation done on 25<sup>th</sup> August 2020



### “More Moves to Live Longer”

by **Dr. Himal Kalambarachchi (MBBS, MD)**  
Senior Registrar in Internal Medicine  
Teaching Hospital Karapitiya.  
The presentation done on 08<sup>th</sup> September 2020



### VASCULOPATHY A Great Mimicker of Vasculitis”

by **Dr. T M U Liyanage (MBBS, MD)**  
Senior Registrar in Dermatology  
Teaching Hospital Karapitiya.  
The presentation done on 03<sup>rd</sup> November 2020



### “To Kill or Cure: A Prescriber’s Legacy”

by **Dr. Sahan Mendis (MBBS, MD)**  
Senior Registrar in Medicine, TH Karapitiya.  
Lecturer in Pharmacology,  
Faculty of Medicine, University of Ruhuna.  
The presentation done on 15<sup>th</sup> December 2020



## UNSEEN WOUNDS AFTER TRAUMA IN CHILDREN

**Dr. Thyagi Ponnampereuma**

*Department of Community Medicine, Faculty of Medicine, University of Ruhuna*

Traumatic event exposures have become a common feature in people's lives today. Children are the most vulnerable population for trauma exposures and post-trauma psychological problems. Epidemiological studies have revealed that 60% of children experience at least one potentially traumatic event by the time they reach adulthood (McLaughlin et al., 2013). Statistics in Sri Lanka has shown a worse picture with thirty years of war, and tsunami experience in 2004. A study in in the North-Eastern province of the country has reported 82% of children have exposure to war-related events, and 96% have experienced family violence (Catani, Jacob, Schauer, Kohila, & Neuner, 2008). A study in the Southern part of the county has reported that 60% of school children were exposed to traumatic events, and 41% of them had experienced multiple traumatic events (Ponnampereuma 2018). Figure 1 illustrates the different types of event exposures that children in Galle had identified as their worst traumatic experience (Ponnampereuma 2018). According to the sampling framework of this study, tsunami exposure and related traumas have scored high in the list but it is important to notice that nearly 27% of children have identified medical procedures as

their most scary event exposure.

Fortunately, all traumatic events exposures do not cause trauma to the victim's minds. Certain characteristics in exposed trauma have been identified for a traumatic event to cause psychological trauma. *Traumas that directly experience or witness of actual or threatened death or serious injury, or a trauma that threat to physical integrity, and leads to intense fear, helplessness, or horror* (American Psychiatric Association, 2000). Psychological trauma often leads to many different post-trauma psychopathologies. Post-traumatic stress disorder (PTSD), depression and anxiety disorders are the commonly reported problems. According to the WHO, about 10 - 20% of the trauma-exposed children develop trauma-related psychopathologies. However, the prevalence rates of these problems have widely varied according to the type and magnitude of the trauma exposure, the age of the exposed, and the time interval between the event and the assessment. At any rate, PTSD is the commonest psychological problem identified. According to the national centre for PTSD, 3% - 15% of girls and 1% - 6% of boys in the population suffer with PTSD. In Sri Lanka, the prevalence rate

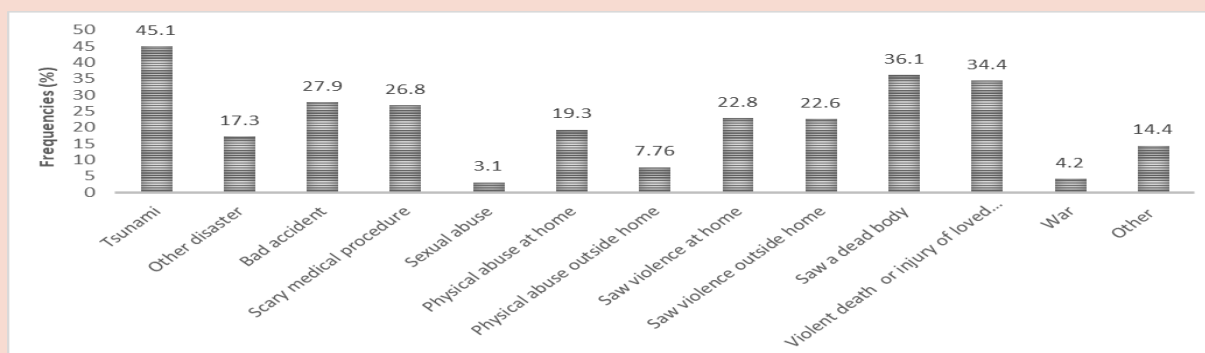


Figure 1. Percentage of trauma-exposed children (n = 451) reporting different traumatic events

of tsunami-related PTSD among the exposed children was between 14% - 39% (Neuner et al., 2006), and the war-related PTSD rate was 30% (Catani, 2008). School children in the Galle district have reported 14% PTSD prevalence after exposure to different types of traumas that are illustrated in figure 1 (Ponnamperuma, 2018). COVID-19 pandemic is also considered as a traumatic event that causes psychological trauma. A handful of studies have been conducted, and a few of them have assessed the PTSD prevalence among different population categories. In adults the prevalence has ranged from 15-20% (American psychological association 2020) but no study has yet reported the PTSD symptom level in children.

Children with PTSD suffer from nightmares, intrusive thoughts, or images about the trauma. They develop physical sensations such as pain, sweating, nausea, or trembling with reminders of the traumatic event. These children, therefore, avoid trauma-related thoughts and reminders of the traumatic event. Sometimes children suffer from depression symptoms or anxiety symptoms or with many emotional and behavioural problems. If these psychological conditions are not identified and treated, these disorders can intensify and diversify over time and render them at increased risk for academic failure and social isolation. These can later lead to problems such as school avoidance, alcoholism, drug abuse, lifetime antisocial behavior, adolescent delinquency, and even to adulthood psychiatric disorders. Therefore, from both an epidemiological perspective as well as from the burden the problems create, children need to be screened for trauma exposure and related mental health problems and help them to overcome the symptoms that they are suffering.

## References

1. Catani C, Jacob N, Schauer E, Kohila M, & Neuner F. Family violence, war, and natural disasters: a study of the effect of extreme stress on children's mental health in Sri Lanka. *BMC Psychiatry*, 2008; 4: 33.
2. Friedman R. A. (2006). Uncovering an epidemic-screening for mental illness in teens. *The New England Journal of Medicine*, 355(26):2717-2719.
3. McLaughlin K. A, Koenen K. C, Hill E. D, Petukhova M, Sampson N. A, Zaslavsky A. M, & Kessler R. C. Trauma exposure and post-traumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 2013; 18(8): 815-830.
4. Neuner F, Schauer E, Catani C, Ruf M, & Elbert T. Post-tsunami stress: a study of posttraumatic stress disorder in children living in three severely affected regions in Sri Lanka. *Journal of Traumatic Stress*, 2006; 19(3), 339-347.
5. Ponnamperuma T, Nicolson N. A. The Relative Impact of Traumatic Experiences and Daily Stressors on Mental Health Outcomes in Sri Lankan Adolescents. *Journal of Traumatic Stress*, 2018; 31: 487-498.
6. Ponnamperuma T, Sumathipala A, & Siribaddana S. (2020). Post-traumatic Stress and Co-occurrence of Mental Health Problems in Sri Lankan Adolescents. *Asian Journal of Psychiatry*, December 2020; 54: 102444.
7. Viktoria Vibhakar, Leila R. Allen, Brioney Gee, Richard Meiser-Stedman (2019). A systematic review and meta-analysis on the prevalence of depression in children and adolescents after exposure to trauma. *Journal of Affective Disorders*. *J Affect Disord*, August 2019; 255: 77-89.

## GMA ACADEMIC COLLABORATION (VIRTUAL SESSIONS)

### AN UPDATE ON RHEUMATOLOGICAL DISEASES VIRTUAL SESSION

on 15<sup>th</sup> September 2020



### SRI LANKA COLLEGE OF CARDIOLOGISTS ANNUAL ACADEMIC SESSIONS 2020

on 20<sup>th</sup> & 21<sup>st</sup> October 2020



#### SLCC 2020 HYBRID CONFERENCE

"SLCC 2020 - Nurses and Allied Health Professionals' Workshop" on 20<sup>th</sup> October 2020.

"SLCC 2020 - Full Session" on 21<sup>st</sup> October 2020.

### CEYLON COLLEGE OF PHYSICIANS, ANNUAL CONFERENCE

on 20<sup>th</sup> & 21<sup>st</sup> November 2020



### 14<sup>th</sup> ANNUAL SCIENTIFIC SESSIONS COLLEGE OF SPECIALISTS IN RHEUMATOLOGY AND REHABILITATION SRI LANKA

on 05<sup>th</sup> & 06<sup>th</sup> December 2020



GMA was in hand with College of Specialists in Rheumatology and Rehabilitation, Sri Lanka college of Cardiology and Ceylon College of Physicians for academic collaborations. On 15<sup>th</sup> September 2020, the virtual session on "An update of Rheumatological Diseases" was conducted with three lectures; "large vessel vasculitis: Case discussion" by **Dr. Monika de Silva**, Consultant Rheumatologists, National Hospital of Sri Lanka. "Physical and occupational therapy in Rheumatological disease" by **Dr. Gunendrika Kasthurirathne**, Consultant Rheumatologists, National Hospital of Sri Lanka and "X-rays in Rheumatology" by **Dr. Ushagowry Saravanamuttu**, Consultant Rheumatologists, General Hospital Kalutara.

Annual Academic Sessions of Sri Lanka College of Cardiology was conducted on 20<sup>th</sup> and 21<sup>st</sup> October 2020 as a hybrid session. GMA webcasted the session.

Academic Conference 2020 of Ceylon College of Physicians web casted as a virtual session with GMA collaboration on 20<sup>th</sup> and 21<sup>st</sup> November 2020 at Emergency Treatment Unit lecture theater and GMA lecture theater respectively.

14<sup>th</sup> Annual Sessions of College of Specialists in Rheumatology and Rehabilitation was webcasted on 5<sup>th</sup> and 6<sup>th</sup> December in GMA Lecture Theater.

## GMA LECTURE SERIES



### Paediatrics Clinical Genetics

**Dr. Y. G. T. Priyawansha**

*Senior Registrar in Clinical Genetics in Paediatrics*

### Evaluation of a Child with Suspected Immune Deficiency

**Dr. Nihan Rajiva de Silva**

*Consultant Immunologist*



### Helping children & adolescents to cope with COVID-19 pandemic

**Dr. Darshani Hettiarachchi**

*Consultant Child and Adolescent Psychiatrist*

### COVID-19: Vaccines and Immune aspects

**Prof. Suranjith Seneviratne**

*Consultant Clinical Immunology and Allergy*



GMA Lecture on **Paediatrics Clinical Genetics** Dr. Y. G. T. Priyawansha, Senior Registrar in Clinical Genetics in Paediatrics was conducted on 14<sup>th</sup> September 2020

Three Webinars were conducted on timely needed topics.

- ◆ Dr. Nihan Rajiva de Silva, *Consultant Immunologist and Head of the Department of Immunology MRI*, talked on **Evaluation of a Child with Suspected Immune Deficiency** on 20<sup>th</sup> November 2020
- ◆ Dr. Dharshani Hettiarachchi, *Consultant child and Adolescent Psychiatrist*, Teaching Hospital Karapitiya talked on **Helping children & adolescents to cope with COVID-19 pandemic** on 25<sup>th</sup> November 2020 exploring a very important area.
- ◆ Prof. Suranjith Seneviratne, *Consultant Clinical Immunology and Allergy* Joined through Zoom and update the information on current development of vaccines for COVID-19 with the topic of **COVID-19: Vaccines and Immune aspects** on 23<sup>rd</sup> December 2020. The questions and answer session at the end was an interactive where many of doubts with the audience were clarified.

## 'INTACT HYMEN' IN CHILDREN AN OPINION GIVEN WITH CAUTIONS AND EXPLANATIONS

**Dr. Janaki Warushahennadi**

*Department of Forensic Medicine, Faculty of Medicine, University of Ruhuna.*

Rape is defined as penile vaginal intercourse without proper consent of the female or with the consent which was obtained by using threat or force (1). The children are lack of capacity to give a valid consent for sexual intercourse, thereby it is an offence regardless of consent. Sri Lanka has a National Policy of reporting requirement of Child Sexual Abuse (CSA) (2) and children are referred to a Judicial Medical Officer (JMO) for medico legal examination. The standard of care in medical evaluation of CSA victim during medico legal examination (MLE) includes obtaining a detailed history of the incident and examination of the body and genitalia. It also includes referrals to a child Psychiatrist, Gynaecologist for screening pregnancy and prescribing emergency contraceptives when indicated, Sexual Transmitted Diseases clinic, and for other necessary laboratory investigations such as for seminal fluid, pregnancy test and DNA studies.

The examination and interpretation of genital injuries are major components of the MLE of a rape victim child which supports the evidence submitted by during the trials to prove the crime committed by the defendant. When there is an allegation of penile vaginal penetration in children, the appearance of the hymen, presence or absence of the injuries in its circumference may be of prime significance. Based on the findings of the hymen the opinions such as 'normal' or 'intact hymen' or 'hymenal penetration' is concluded.

The hymen is described as a membrane which is thick (oestrogenized) or fine and transparent. The hymenal configurations are described as annular (circumferential), fimbriated (frilly or folded type), crescentic, septate, cribriform, and imperforate. The shape of the hymen change with the age, developmental stage and may be determined by different examination techniques (3) which could be

supine labial separation, supine labial traction or examination in prone knee-chest position. The hymen looks thick when a child is examined at supine position and has been shown thin out in knee-chest position (4) which make clear visualization of injuries and scars. The features on the hymen is described with reference to a clock face, 12 o'clock being the most anterior aspect near the urethra and 6 o'clock being the most posterior aspect nearest the anus.

The clefts or notches, bumps, polyp like tags are frequent anatomical variations particularly at 3 and 9 o'clock positions or upper part of the hymen (3), (5). The depth of the cleft ranged from 0.5 mm to 3 mm from the free end of the hymen and a notch is defined as an indentation, division or a split at the rim of the hymen (5).

The injuries on the hymen due to penetration are abrasions, contusions and lacerations and transections. The contusion is evident as blood blisters, oedema, haematoma, petechiae, and submucosal haemorrhages (6). The lacerations are categorized according to the depth and the superficial was that penetrated <50% of the width of the hymen, intermediate was that penetrated halfway, deep that penetrated >50% and transaction which extended to the base of the hymen (7).

According to the studies the hymeneal injuries in children heal rapidly and leave little or no evidence of a previous injury (5.) Minor injuries like abrasions and mild sub mucosal haemorrhages disappear within 3 - 4 days but marked haemorrhages persist for 11 to 15 days. The petechea which is described as pin head sized lesions resolved in 72 hours. The most of the signs of acute injuries disappear within 7 to 10 days and the depth and the configuration of lacerations continued up to 4 weeks in adolescent girls. The V shaped laceration may take

the shape of a U and smoothed out with the healing process and difficult to be identified (4) and superficial or intermediate tears healed completely without leaving a scar (4). Severe hymenal scars, such as deep notches of over 50% or transections, may remain permanently even after several years (8).

In a case of rape which has occurred within few days, the doctor may be able to identify the injuries on genitalia which are supportive of vaginal penetration. But if the child presents at a later stage there may not be any injury or scar on genitalia to prove sexual abuse. The important fact is that the most child rape cases have a delayed disclosure and the commonest such age group is 12-17 years of age (7). Therefore by the time the JMO examines the child, the injuries are most likely to heal to a certain degree and some may heal without leaving a scar where the JMO may interpret the hymen as 'intact' or 'normal'. Also, smoothed off tears may be interpreted as clefts which is an anatomical variation of a hymen. Thinning off of the posterior rim of the hymen may not be noticeable due to the inexperience or wrong positioning of the child during the examination. Obtaining and recording the detailed history of the incident from the child, report of the child psychiatrist, laboratory report of identification of seminal fluid in vaginal swab may be support evidence in such situations.

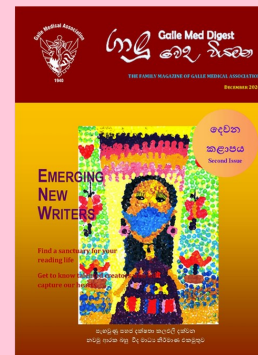
The absence of evidence of injuries does not rule out previous penile-vaginal penetration in children. Therefore the term intact, normal or no evidence of penetration need to be exercised with caution and explanation when describing a hymen that is free of injuries or scars.

## References

1. *Penal code of the Democratic Socialist Republic of Sri Lanka*. Section 363.
2. National Child Protection Policy. National Child Protection Authority. Ministry of Child Development and Women's affairs. Oct.2013.

3. Kim E J, Cho YR, Choi BE, Lee SH, Lee TH. Two cases of Hymenal Scars occurred by child rape. *Obstetr Gynecol Sci*, 2018; 61(2): 286
4. Gardner JJ. Descriptive study of genital variation in healthy, non abused premenarcheal girls. *The Journal of Pediatrics*, 1992; 120(2): 251-260.
5. Smith FAG, Laidlaw TM. 'What is an Intact Hymen' A critique of the literature. *Med. Sci. Law*, 1998; 38 (4): 289-300.
6. McCann J, Miyamoto S, Boyle C, Rogers K. Healing of Hymenal Injuries in Prepubertal and Adolescent Girls: A Descriptive Study. *Pediatrics*, 2007; 119 (5):1094-1106.
7. Bicanic IAE, Henenkamp LM, van de Putte EM, Bicanic IA, Hehenkamp LM, van de Putte EM, van Wijk AJ, de Jongh A. Predictors of delayed disclosure of rape in female adolescents and young adults. *Eur J Psychotraumatol*, 2015; 6: 25883.
8. Edgardh K. Ormstad K. The adolescent hymen. *The Journal of Reproductive Medicine*, 2002; 47(9): 710-714.

## e-Magazine 2<sup>nd</sup> Issue



GMA would like to extend its gratitude to all those who send their creative works to the second edition of “ශාලු වෙද වියමන”. It is a great achievement by GMA to launch this novel concept and to see its continuity. There is enormous potential for it to improve. Members are invited to be part of this journal and encourage their children to send creative works. GMA is planning to continue this journal in a more organized manner in the year 2021.



## COVID-19 HUMANITARIAN ACTIVITIES

### MASK DONATION

GMA donated a stock of KN95 masks worth Rs. 84,000/= to the Director, Teaching Hospital Karapitiya from the funds donated by members .



### HELPING HAND FOR MEDICAL STUDENTS

Approximately 480 students were quarantined at the Faculty premises due to exposure to COVID-19. It was a hard time for both students and staff, even parents of the students to provide meals and other necessary items for the students who were quarantined. GMA provided lunch, hand sanitizers and masks for the students in order to support them on 20<sup>th</sup> December 2020.

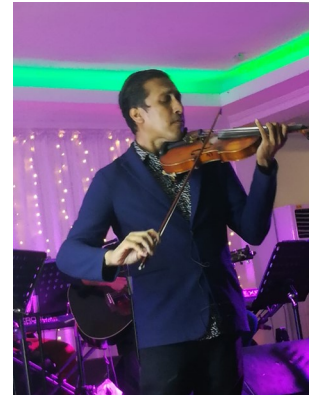


# GMA: BEYOND MEDICAL SCIENCE.....

## SONDURU SANDAWAK



An impressive eve “Sonduru Sandawak” was held with Mr. Dinesh Subasinghe, an eminent Sri Lankan composer, violinist, and music producer on 30<sup>th</sup> August at Hasara Hotel. He played music from different origin and described some of the background stories of the music and songs he played.



## MEDICINE & BEYOND LECTURE SERIES

The first lecture of non-medical lecture series for the year was delivered via Zoom by veteran Sri Lankan filmmaker, dramatist, screenplay writer, television director, and journalist Mr. Jayantha Chandrasiri. His presentation on “රසවින්දනය පිළිබඳ නූතන කතීකාවක්” followed by a lively interactive Q & A session. GMA is thankful to Prof. Vasantha Devasiri for his contribution in organizing the lecture.



## ANNUAL GENERAL MEETING - 2020

The Annual General Meeting (AGM) of the GMA for the 79<sup>th</sup> year was held on the 18<sup>th</sup> December 2020, at the GMA Lecture Theatre, Teaching Hospital Karapitiya. Because of COVID-19 pandemic and the requirement of social distancing, only a limited number of members were allowed to participate physically and the other members joined via online technology (Zoom). The meeting was chaired by the outgoing President, Dr. Kalum Deshapriya who warmly welcomed all the members to the 79<sup>th</sup> Annual General Meeting.

Prof. Sampath Gunawardena was inducted as the President of the GMA for the year 2021 and 28 members were elected to the executive committee by the membership.

### President

Prof. Sampath Gunawardena

### President Elect

Dr. Krishantha Jayasekera

### Immediate Past President

Dr. Kalum Deshapriya

### Vice President

Dr. Chandana Wickramaratne

### Joint Secretaries

Dr. Upeksha Liyanage

Dr. Warsha De Zoysa

### Treasurer

Prof. Mahinda Kommalage

### Postgraduate Coordinator

Dr. Ganaka Senaratne

### Social Secretary

Prof. Channa Yahathugoda

### Co-Editors

Prof. Sudheera Jayasinghe

Dr. Achala Liyanage

### Committee members

Dr. Gayani Punchihewa

Dr. Aruna de Silva

Dr. B V Hasheni

Dr. Eisha Waidyaratne

Dr. Harsha Mendis

Dr. Janaka Amaraweera

Dr. Janaka Whelahetti

Dr. Janithra de Silva

Dr. Lanka Dasanayake

Dr. Lasantha Ubeysekera

Dr. Nayana Liyanarachchi

Dr. Ranjith Jayasinghe

Dr. Rohan Pullaperuma

Dr. Sahan Mendis

Dr. Samantha Lelwala

Dr. Vidhu Ruchira De Silva

## Galle Medical Association Research Grant - 2020



Dr. Deepani Siriwardhana, Senior Lecturer, Department of Pathology, Faculty of Medicine, University of Ruhuna, received the above grant worth Rs. 200,000/= for the study titled “**Evaluation of performance characteristics of selected Albumin assay kits**”

## DIGITAL HEALTH TECHNOLOGIES AND COVID-19 PANDEMIC

**Darshana I L A N, De Silva P V**

*Department of Community Medicine, Faculty of Medicine, University of Ruhuna*

Digital health technologies are an imminent field of medicine involving a wide range of uses, from applications in general wellness to applications as a medical device. It refers to the use of information and communications technologies in medical and health sciences to manage illnesses, to reduce health risks and to promote wellness of the community (1). Not only the use of telemedicine but also the use of wearable devices and other health information technologies are considered as the major components of digital health technology. These digital health technologies help to improve access and quality of care and to reduce inefficiencies and cost in health care delivery system by providing more personalized care for the patients. According to World Health Organization (WHO), the use of digital health technologies has a greater impact on achieving higher standards of health and well-being related to Sustainable Development Goals (SDGs), specially under SDG-3 (Good health and well-being) by achieving triple billion targets (benefitting from universal health coverage, better protected from health emergencies and enjoying better health and well-being by one billion more people in each category) to improve the health of billions by 2023.

The recent coronavirus disease (COVID-19) pandemic disrupted prevailing health care delivery systems in many countries throughout the world including Sri Lanka. Due to COVID-19 pandemic, many countries had to lockdown selected areas, causing disruption of routine health care services and challenging doctor-patient communication and visits. Moreover, patients were reluctant to seek health care unless it is an emergency due to fear of this highly contagious disease. These reasons emphasized the need of a properly coordinated system to respond in an outbreak/ pandemic situation across health care delivery system of a country. The digital health technologies were identified as a promising approach to address this challenge all over the world affected by the COVID-19 pandemic. COVID-19 pandemic, considered as the first global pandemic in digital era, provides a good platform to reflect about the use of digital health technologies for health response in pandemic/outbreak situation.

In this background, use of digital health technologies highlights need of a new health care model during public health emergencies including pandemic and outbreak situations. As a result, Digital Health Care Model is an imminent

change (2). Virtual visits and virtual care for patients using telehealth, use of mobile apps for monitoring remote patients, websites and chat bots for risk assessment, screening, triage of patients, e-prescriptions for routine primary care of patients and digital communication with patients etc. can be included effectively under this Digital Health Care Model.

Further, digital health technologies can be used at different stages of the pandemic/ outbreak control itself including COVID-19. Disease surveillance, screening for COVID-19, triage of patients, diagnosis of patients, and monitoring of patients can be done using digital health technologies (3). Use of these methods helps to reduce the exposure of healthcare workers to COVID-19. Some countries such as Singapore and Taiwan responded successfully to COVID-19 using digital health technologies (4). These countries remained alert following SARS pandemic which occurred few years ago and were forearmed to face any pandemic situation with their past experience. They were conscious that they might have to face similar pandemics again and therefore launched mobile contact tracing apps in time to prevent rapid transmission. It helps them to control COVID-19 pandemic successfully by easy contact tracing and taking preventive measures (4).

A study done in United States identified that telemedicine and mobile care (for COVID-19 as

well as routine care), tiered telementoring, tele critical care, robotics, and artificial intelligence for monitoring as important digital health technologies in public health emergencies including pandemics and outbreaks. However, these technologies should be assisted by health care providers, wherever they are located and it will minimize risk of transmission (5). Even in Uganda, tele-consultation, tele-psychiatry, call centers and mobile phone health information dissemination was increased to deliver better health care for patients (6). In South Korea, government has incorporated digital technology into national COVID-19 control and mitigation program (7). The support of digital health technologies such as security camera footage, facial recognition technology, bank card records, and global positioning system (GPS) data has been utilized for the disease surveillance, testing for COVID-19, contact tracing and quarantine and isolation purposes. GPS data system from vehicles and mobile phones facilitated to gather traveling information, contact tracing and to identify incident cases. Mobile phone applications were used to contact trace in Singapore while smartwatch applications which collect information regarding sings suggestive of viral illness was used by Germany to early identification of cases (7). These measures facilitate identification of infected persons, people who are suggestive of infection and contacts of infective patients (7). The widespread use of digital health interventions

enabled these countries to maintain a low mortality rate from COVID-19, compared to other countries (7). Moreover, China, Australia, Hong Kong and South Korea used quick response (QR) code system which serves as a COVID-19 health status certificate and travel pass. This QR code is beneficial for identification of risk persons, self-isolation and quarantine processes (7).

With this evidence, it is crystal clear that, digital health technologies can be successfully implemented to manage public health emergencies in a country. However, it requires a close monitoring system to assess the efficacy and impact on clinical outcomes across the health care delivery system. Hence, introducing and implementing Digital Health Care Model for a country will be beneficial in facing unexpected crisis especially during public health emergency situations.

## References

1. Ronquillo Y, Meyers A, Korvek SJ. Digital Health. StatPearls [Internet]. by National Center for Biotechnology Information, update 4<sup>th</sup> July 2020. <https://www.ncbi.nlm.nih.gov/books/NBK470260/>
1. Fagherazzi G, Goetzinger C, Rashid MA, Aguayo GA, Huiart L. Digital health strategies to fight COVID-19 worldwide: challenges, recommendations, and a call for papers. *Journal of Medical Internet Research*, 2020; 22 (6): e19284.
3. Alwashmi MF. The use of digital health in the detection and management of COVID-19. *International Journal of Environmental Research and Public Health*, 2020; 17(8): 2906.
4. Watts G. COVID-19 and the digital divide in the UK. *The Lancet Digital Health*, 2020; 2(8):e395-e6.
5. Scott BK, Miller GT, Fonda SJ, Yeaw RE, Gaudaen JC, Pavliscsak HH, et al. Advanced Digital Health Technologies for COVID-19 and Future Emergencies. *Telemedicine and e-Health*, 1<sup>st</sup> October 2020. <https://doi.org/10.1089/tmj.2020.0140>
6. Kamulegeya LH, Bwanika JM, Musinguzi D, Bakibinga P. Continuity of health service delivery during the COVID-19 pandemic: the role of digital health technologies in Uganda. *The Pan African Medical Journal*, 2020; 35(43): 1-3.
7. Whitelaw S, Mamas MA, Topol E, Van Spall HG. Applications of digital technology in COVID-19 pandemic planning and response. *The Lancet Digital Health*, [www.thelancet.com/digital-health](http://www.thelancet.com/digital-health) August 2020; 2: e435-e440.

## GMA Office, Teaching Hospital, Karapitiya, Galle

Tele / Fax : 091-2232560

Hotline : 077-9155541

Email: [gmathk@gmail.com](mailto:gmathk@gmail.com)

Website: [www.gma.lk](http://www.gma.lk)

Editors : Prof. Sudheera Jayasinghe  
Dr. Champa Wijesinghe