

pancreatic parenchyma was only seen at the uncinata process and head of the pancreas. The adrenals, liver, spleen and both kidneys are normal. She was offered surgery or endovascular coiling of the aneurysm but she refused.

CONCLUSION

HAA carries a high morbidity and mortality rate. CTA will help to aid into the diagnosis. It can be treated surgically or by endovascular.

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RESULTS OF AUTOLOGOUS BONE MARROW MONONUCLEAR CELLS IN THE TREATMENT FOR ACUTE LIMB ISCHAEMIA IN A PATIENT WITH CROHN'S DISEASE

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INTRODUCTION

Chron's Crohn's Disease is associated with extraintestinal manifestation including vasculitis. Managing this group of patients is challenging due to vasculitis and microthrombosis.

ABSTRACT

We reported a gentleman with Chron's Crohn's Disease that presented with acute limb ischaemia. Clinically he was in pain and the toes were gangrene. He was anticoagulated but compounded by upper gastrointestinal symptoms. In view that the symptoms were augmented, intravenous iloprost infusion was given for 5 days. Digital subtraction angiography shows thrombosis of the left superficial femoral artery, with small collaterals. There was long segment deep vein thrombosis from common femoral to

popliteal vein. He went for a transmetatarsal amputation, however the healing was poor. He was given autologous bone marrow mononuclear cells (first injection) and autologous bone marrow mesenchymal stem cell (second injection). Follow-up showed good resolution.

CONCLUSION

Autologous bone marrow therapy is a good option after all the options have been exhausted in managing Chron's Disease patients with limb ischaemia.

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BEWARE OF THE MILKY FLUIDS POST ABDOMINAL SURGERY

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INTRODUCTION

Chylous ascites is defined as a pathologic accumulation of chyle in the peritoneal cavity. The incident of chylous ascites following inferior vena cava tumour resection is rare.

CASE REPORT

We reported a case of inferior vena cava leiomyosarcoma. She underwent resection of the tumour with reconstruction of the inferior vena cava and bilateral renal vein using a graft. Intraoperatively was uneventful. At postoperative day 10, patient was noted to have a large amount of milky discharge from the laparotomy wound. The diagnosis of chyle leak was confirmed by fluid analysis that showed to have high triglyceride content. Computed tomography of the abdomen showed perihepatic collection which was connected to a subcutaneous