

relationship between PTS and injury severity. For children with low PTS and high ISS, if treated conservatively may reduce the risks of blood transfusion and decrease the length of hospital stay compared with a surgical approach. In addition, a careful and close follow-up is essential in these injured patients with good collaboration with other teams.

The goals of managing severe paediatric trauma are the same as adult. The scoring systems enable us to identify and predict the severity and outcome. The core success within a trauma team is rapidly identifying the severity, resuscitation within the 'golden hour' and good co-management with the other teams.

### PP 32

#### **BERI BERI... A DISEASE OF TEXTBOOK?**

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#### **INTRODUCTION**

Thiamine deficiency, also known as beri-beri has two major clinical manifestations, dry beriberi characterized by neurologic manifestation that includes peripheral neuropathy and acute encephalopathy, and wet beri-beri with cardiovascular manifestation including high output heart failure which we discovered in this case.

#### **CASE REPORT**

A 34 years old Burmese gentleman presented to us with complaint of difficulty in breathing and unwell for the past 1 week. Upon arrival to emergency department, patient was drowsy and tachypnoeic, blood pressure 89/50, heart rate 135, lungs were clear with bilateral pedal oedema.

Patient was intubated for impending collapse. Arterial blood gas post intubation showed severe metabolic acidosis with pH 6.91, lactate 20 and bicarbonate 5.3. There was no problem with his oxygenation and his blood glucose was 5.6. Other blood investigation was normal. Bedside echocardiography showed dilated right ventricle and inferior vena cava with undervolume left ventricle. Based on the presentation and patient's demography, we decided to give high dose thiamine (200mg stat and QID) to the patient with fluid hydration. Patient subsequently improved with the therapy and was discharged well.

#### **DISCUSSION AND CONCLUSION**

We report a case series of presumed fulminant wet beri-beri in critically ill patient. Since thiamine is not routinely administered to them, these observation emphasize the necessity of maintaining a high index of suspicion for this life-threatening but reversible diagnosis especially among patients with high output cardiac failure, unexplained severe metabolic acidosis and chronic vitamin B1 deficiency usually observed in foreign workers in Malaysia who are on high carbohydrate but low protein diet.

### PP 33

#### **KEEP BENDING KEEP KEEP BENDING**

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#### **INTRODUCTION**

Hypocalcemia symptoms may vary from asymptomatic to life threatening. The following case demonstrates difficult intubation for a patient who suffered tetany and need to be intubated for respiratory distress.

## CASE REPORT

A 60-year-old lady with underlying hypertension and end stage renal failure was brought to Red Zone on 16th February 2016; presented with sudden onset of dyspnea. On arrival, she is was drowsy, tachypneic and hypersalivating. Her blood pressure was normal. Lungs auscultation noted generalised crepitation till up to upper zone. Saturation was 100% on highflow mask oxygenation. However it was noted that patient suffering she has severe muscle spasm over the neck and back with bilateral upper limb in flexed position. She was in a bent forward position and also having lock jaw. In view of severe metabolic acidosis (ph 7.0, HC03 of 7.0, pCO2 18, pO2 259) and patient was tachypneic, she was planned for intubation. Patient was given few bolus of intravenous valium for muscle relaxation to lie her flat but failed. Anaesthesiologist was called in for difficult airway and surgical airway equipment is prepared in case of failed airway. Patient was then successfully intubated in the operation theatre by anaesthesiologist. Noted The corrected calcium is was 0.71mmol/L and potassium level of was 6.8mmol/L. Calcium gluconate, sodium bicarbonate and lytic cocktail for hyperkalaemia was were given before patient went for urgent hemodialysis. Patient also had one episode of unstable AF where patient was synchronized cardioverted. Prolonged QT interval was also noted on ECG.

## DISCUSSION

In the neuromuscular system, ionized calcium facilitates nerve conduction, muscle contraction and relaxation. Since calcium blocks sodium channels and inhibits depolarization of nerve and muscle fibers, diminished

calcium will lowers the threshold for depolarization. As result, carpopedal and generalized tetany might be observed. Alkalemia induces tetany due to a decrease in ionized calcium, whereas acidemia is protective. This is important in patients with renal failure who have hypocalcemia because rapid correction of acidemia or development of alkalemia may trigger or worsen tetany.

## CONCLUSION

Most hypocalcemic emergencies are mild and require only supportive treatment. However rapid correction must be done in severe hypocalcemia in those with seizures, tetany, refractory hypotension, or arrhythmias.

## PP 34

### SERRATUS ANTERIOR ABSCESS: RARE PRESENTATION OF MELIOIDOSIS

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## INTRODUCTION

Early identification of infectious disease depends on high index of suspicion, local epidemiology data and heuristic experience of the attending physician.

## CASE REPORT

33-year old gentleman with Type I Diabetes was seen for left flank pain and fever for 3 days. There was no diarrhoea, vomiting or dysuria. No significant travelling history elicited. He was tachycardic and feverish but was neither hypotensive nor tachypnoeic. Apart from positive renal punch other examinations were normal. The patient is hyperglycaemic with a slightly elevated lactate. Other investigations