its significant size, soft tissue sarcoma has to be ruled out, hence the patient was referred to orthopaedic oncology unit. MRI scan confirms this finding of homogenous lesion suggestive of intramuscular lipoma.

DISCUSSION & CONCLUSION

Point of care ultrasound is a useful adjunct to narrow down differential diagnosis of a swelling and fast track patient to the appropriate unit.

PP 42

ULTRASOUND SIGNS OF SEVERE DENGUE – THE E-C-G APPROACH

J Md Noor[1], N A Karim[1], I Ismail[1], R M Salehuddin[2]
[1]Universiti Teknologi MARA, Malaysia
[2]Hospital Sg Buloh, Sungai Buloh, Selangor, Malaysia

INTRODUCTION

Dengue is a mosquito borne viral that are endemic in South East Asia and Pacific region. The incidence is increasing and so is the severity and mortality. According to WHO guidelines, severe dengue is characterized by severe plasma leakage, severe haemorrhage and severe organ impairment. Plasma leakage can be difficult to detect clinically in the initial stage. Myocardial depression, a sign of end organ impairment is also difficult to assess. Early detection of these signs can direct the patient to be placed under closer monitoring. It also results in a more judicious fluid therapy, which is the mainstay of dengue treatment.

CASE REPORT

We present five cases of dengue fever with ultrasound evidence of severe dengue. These patients have plasma leakages either in pleural or peritoneal cavity. One patient had myocardial depression. All five patients had gallbladder oedema with reticular pattern, a findings consistent with severe dengue, but not specified in the WHO guidelines. 3 of these patients were admitted to intensive care unit. All 5 patients survived.

DISCUSSION & CONCLUSION

Based on this, we suggest the ultrasound approach to identify some of the signs of severe dengue. Clinicians should look for effusions (pleural, peritoneal and pericardial), cardiomyopathy, gallbladder oedema, or E-C-G. Any positive findings will add value to the management of the patient in terms of monitoring and volume of fluid. Whether these findings have direct effect on mortality and morbidity requires a proper clinical study.

PP 43

CAN ULTRASOUND ASSIST IN ASSESMENT OF STRIDOR?

J Md Noor[1], N Abd Karim[1], I Ismail[1], A D Mohd Kamal[2]
[1]Universiti Teknologi MARA (UiTM, Malaysia)
[2]Hospital Sg Buloh, Selangor, Malaysia

INTRODUCTION

Stridor is a potential airway nightmare. Preparation for impending respiratory collapse has to be made emergently. Cricothyroidotomy, which is hailed as the airway rescue in "can't intubate, can't oxygenate (CICO)", can have devastating outcome in certain patient. This case highlight ultrasound as a potential tool in assisting with airway management.

CASE REPORT

A 56 years old gentleman presented to ED with 3 days history of shortness of breath. He has been