



SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

JUNE 2018, VOLUME 11, ISSUE 06



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Shifting Focus from
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Tomorrow's Reality

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President's Message

Dear Member,

It is June 2018. We have officially commenced the count down to the 131st Anniversary Annual Medical Congress of the SLMA. Before I proceed further let me apologise to you for the delay in getting the hard copy of the SLMA News Letter for the month of May 2018 to you due to a prolonged postal strike. Let me take this opportunity also to remind you that the E copy of the monthly News Letter is uploaded by our Editorial Team within the first 10 days of each month, long before we post the hard copy to those who still require one.

We commenced the count down to the Annual Congress by conducting a Pre-Congress Workshop on Wound Care organized in collaboration with the College of Surgeons of Sri Lanka and the Education, Training and Research Unit of the Ministry of Health on the 1st of June 2018. The Workshop was held in the Auditorium of the College of Surgeons and had an attendance exceeding 300. The target audience was all grades of doctors and nurses from both state and private sector. The role played by the Principal Coordinator of the event, Consultant Plastic Surgeon Yasas Abeywickrama, in highlighting the SLMA theme for the year 2018 **'Shifting Focus from Disease to Patients: Today's Vision, Tomorrow's Reality'** through this Pre-Congress Workshop is hereby acknowledged with gratitude.

The SLMA was fortunate to get proactively involved in two issues concerning the health status of our fellow citizens during the month.

The first one was the use of Glyphosate based herbicides in the agriculture sector in Sri Lanka. The SLMA organized a very well attended Guest Lecture on the use of Glyphosate by Professor Sarath Gunathilake, Professor at the California State University, Long Beach, California. The ensuing discussion highlighted the role of the SLMA in bringing diverse scientific views together and providing its members and the wider medical community a forum to robustly discuss and debate issues in which there is neither scientific nor social

consensus. The SLMA was pleased that the Honourable Minister of Health and Rev Athureliya Rathana Thero, MP, were able to attend the lecture and participate in the discussion which followed.

The other issue of public concern which we were able to address was Viral Respiratory Tract Infection which affected the Southern Province in May/June 2018. The Expert Committee on Communicable Diseases and the Sri Lanka College of Microbiologists pooled their resources and efforts to organize a lunch time symposium which addressed this issue. This problem had led to substantial medical miscommunication which led to the general public getting confused and becoming fearful for their health and well-being. The speakers at the symposium were able to convey to the audience the factual position of the issues involved from public health and clinical perspectives. This, the SLMA believes, went a long way in putting straight the facts concerning the issue. This Symposium was a landmark event for the SLMA as it was the first time the SLMA used the tool of a Webinar to webcast the symposium to 170 web based participants from 10 countries who interacted with the SLMA based audience of another 180 !!! I take this opportunity to thank Dr Pamod Amarakoon and Professor Kumara Mendis for their **'never say no'** attitude in organizing the Webinar and giving it publicity, all within a time frame of less than 48 hours!!!!.

The month of June has been designated as the Month of Nutrition by the Ministry of Health. The Expert Committee on Non-Communicable Diseases organized a lunch time symposium which discussed the issues of Toxins in Food and Nutritional Challenges in preventing NCDs from a local perspective on 8th June 2018. On the same day the SLMA collaborated with the World Health Organisation Country Office for Sri Lanka to conduct a technical session entitled **'Is the Health System Ready for the Essential Services Package?'** The session dealt with issues pertaining to the anticipated launch of the reorganization of primary health care in Sri Lanka. This

reorganization is in keeping with the concept of strengthening Universal Health Coverage (UHC) using the concept of Primary Health Care (PHC) which is one arm of the foundation upon which the SLMA theme for 2018 was developed and around which the bulk of the activities of the SLMA is based for 2018.

The Monthly Clinical Meeting for June was done in collaboration with the College of Dermatologists of Sri Lanka, to which institution the SLMA extends its grateful thanks.

Sunday 24th June 2018 was an important day for the 2018 Council and the General Membership of the SLMA. We had our much advertised SLMA Run and Walk under the theme ***Eat Wise; Drop a Size***. The details of which the Editor-in-Chief has covered in the inside pages both in the forms of text and photographs. I leave it to you to pronounce your judgement on the success or perhaps even the lack of it. The work put in towards the execution of the Run and Walk, led by our very able Honorary Secretary, Dr Hasini Banneheke, Our Assistant Secretaries Drs Chula Senaratne, Amaya Ellawala, Sajith Edirisinghe and Shihan Aziz, Assistant Treasurer Dr Sumithra Tissera, Public Relation Officer Dr Kalyani Guruge and Council members, in particular Dr Pramitha Mahanama, Dr Chulika Makawita, Dr Sankha Randenikumara and Dr Neranjan Dissanayake is acknowledged with gratitude on behalf of all members of the SLMA. May I stress that all Council Members and all Past Presidents extended their maximum support and non-mentioning of each and every one of them by name is purely due to lack of space in this column. The invaluable services of the SLMA Pre-Intern Medical Officer Dr Kaushi Attanayakage and the staff of the SLMA office in managing the conduction of the event is also acknowledged with gratitude.

I do not want to end on a negative note but I will be failing in my duties as President if I do not share my concerns about a certain aspect of the SLMA Run and Walk in general with you.

In my years of involvement with this event I have always felt that the heartfelt efforts put in to organizing the event by SLMA members has not always met with financial success. This mismatch has of course to be balanced against the visibility the SLMA gains by such an exercise and

the wider message which we try to bring in to the public domain with the sincere intention of having an impact on the lives of the citizens of Sri Lanka. That contention should perhaps leave us satisfied that the necessary objectives have been met and a great deal has been achieved. We should

perhaps rest assured on the principle of the much bandied cliché *“money is not everything in life”*.

Yours sincerely
Dr Ruvaiz Haniffa
President
SLMA

Regional Meeting of the SLMA

Dr. Shihan Azeez,
Assistant Secretary, SLMA

Dr. Sumithra Tissera,
Assistant Treasurer, SLMA

The fourth SLMA regional meeting organized in collaboration with the Ministry of Health, Eastern Province and the Kattankudy Base Hospital, was held at the Auditorium, Base Hospital Kattankudy, on 21st of May 2018 with the attendance of around 50 participants. The programme commenced with the welcome speeches delivered by Dr K. Muruganandan, Provincial Director of Health Services Eastern Province, Dr. Christo Fernando, Vice President SLMA and Dr M. S. M. Jabir, Medical Superintendent, Base Hospital Kattankudy.

The first session was chaired by Dr. Malik Fernando, Past President. SLMA and Dr. K Muruganandan, PDHS Eastern Province. Lectures were delivered by Dr. Bhanuja Wijeyatilaka, Consultant Community Physician, Nutrition Division, Ministry of Health on ‘Healthy Diet to Prevent Non-Communicable Diseases’; Dr. H.



R. Thambawita, Consultant Surgeon, Teaching Hospital Batticaloa, on ‘How to Provide Excellent Health Care with Limited Facilities’ and Dr. V.R. Francis, Consultant Microbiologist Faculty of Medicine, Eastern

University on ‘Anti-Microbial Resistance’. The second session was chaired by Dr. M. S. M. Jabir, Medical Superintendent, Base Hospital Kattankudy. The session included lectures by Dr. V.R. Francis, Consultant Microbiologist Faculty of Medicine, Eastern University on ‘Safety Measures to be Taken by Healthcare Workers to Prevent Infections’; Dr. S. Rishikesavan, Consultant Respiratory Physician, Teaching Hospital Batticaloa on ‘Tuberculosis: Re-Emerging Infection in Sri Lanka’ and Prof. Anura Weerasinghe, Consultant Physician and Immunologist on ‘Allergy: An Emerging Epidemic’.

A short documentary introducing the “Snakebite Website” was screened at the end of the two sessions.

Each session was followed by a lively discussion.

The meeting concluded with the vote of thanks by Dr M N N Ahamed.

All the participants were awarded a certificate of participation with CPD points. The meeting was sponsored by Cipla Health Care.

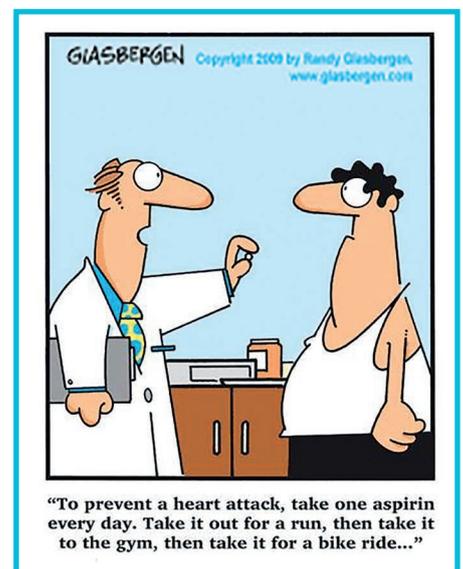
Note from the Editor

Dear SLMA member,

I trust that you would have received the May issue of the SLMA newsletter by this time, though regretfully it would have been greatly delayed in reaching you. This delay was due to the prolonged postal strike that was in effect during the time of postage. Though these circumstances were beyond the control of the Editorial Committee, we do wish to place on record our sincere regret for any inconvenience caused.

Yours sincerely,

Dr. Amaya Ellawala
Editor-in-Chief



Eat Wise DROP A SIZE

SLMA Health Run and Walk 2018

Dr. Amaya Ellawala

Assistant Secretary, SLMA

The annual SLMA Run and Walk; a much-anticipated event of the SLMA calendar, was held for the seventh successive year on Sunday, 24th June, 2018 at the BMICH premises. This annual event is organized with the aim of imparting important health related messages to the public; this year the Run and Walk focused on the theme 'Eat Wise, Drop a Size', with the intention of creating awareness regarding the health risks of obesity together with the importance of a healthy diet and lifestyle. The event was held under the patronage of the Honourable Minister of Health, Nutrition and Indigenous Medicine, Dr. Rajitha Senarathne, and was graced by the presence of several dignitaries, including Members of Parliament, State Minister of National Unity and Co-existence, Honourable A H M Fowzie, Honourable Dr. Sudarshani Fernandopulle MP and Honourable Dr. Thusitha Wijemanne MP. The event commenced at 6.30 am with opening remarks by the Honourable Minister of Health, SLMA President, Dr. Ruvaiz Haniffa and Honourary Secretary, Dr. Hasini Banneheke as part of a live broadcast of the popular Sri Lanka Broadcasting Corporation show 'Subharathi'. This was followed by a session of warm-up exercises for the participants. The 3.1 km run and 2.8 km walk, commenced soon

after. The run was flagged off by the Honourable Minister of Health who also ceremoniously led the walk together with the President, Secretary and Council of the SLMA and other dignitaries. The Army and Police Western Bands, officers of the armed forces, medical and allied health students, school children and sponsors also participated in the walk. A decorated double-decker bus, courtesy of Ebert Silva Holidays, featuring a 'papare' band added to the spirit of the event. Several prominent sports personalities and celebrities from the entertainment industry also joined hands in promoting and attending the event. Over 3,000 doctors and members of the general public participated in the two events.



At the BMICH premises, participants were provided with a free array of healthy food and beverage options. A noteworthy feature of the event was the availability of free health screening for participants, which included testing of vision, lung function tests, blood tests, physiotherapy and consultation with doctors. These services were provided by the College of

Pulmonologists of Sri Lanka, the Sri Lanka College of Endocrinologists, the Diabetes Association of Sri Lanka, the Allied Health Sciences Unit, Faculty of Medicine, Colombo, the Nutrition Coordination Unit of the Ministry of Health, Sri Lanka Anti Doping Agency, Sport Medicine Unit, Ministry of Health and partnering companies and healthcare institutions; A Baur & Co. (Pvt) Ltd., Wickramarachchi Opticians, Durdans Hospital and Lanka Hospitals.

The annual Children's Art Competition was held in conjunction with the Health Run and Walk for the third consecutive year. Prior to the event, pre-school and school children were invited to submit artwork on the same theme: 'Eat Wise, Drop a Size'. Over 600 entries were received, out of which 100 winning drawings were chosen under four age categories and displayed on the day of the Run and Walk. The 100 winners and their parents were invited to the event, where the children were awarded certificates of participation and gift packs courtesy of Dilmah Tea, DSI Samson Group, Ceylon Biscuits Ltd., Ceylon Pencils Corporation (Atlas), Link Natural (Pvt.) Ltd., Samudra bookshop, Watawala Tea Ceylon Ltd. and Wickramaratne Group of Companies. They were also entertained with a bouncy castle, a magic show and an interactive story-telling session by renowned author, Mrs. Samanmali Padmakumara.

Opening session



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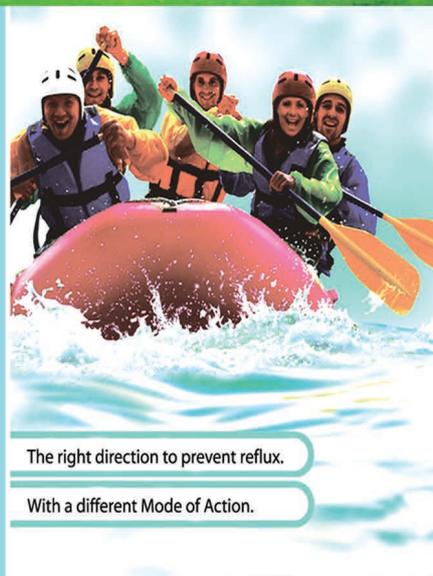
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SLMA Health Run and Walk...

The event concluded with the prize giving where valuable gift packs, trophies and certificates were awarded to the male and female winners in the 'Medical' and 'Non-Medical' categories of the SLMA Run. All runners were awarded certificates of participation. The closing remarks were delivered by Honorary Secretary of the SLMA, Dr. Hasani Banneheke.

An event of this magnitude was only made possible with the immense support received by the numerous organisations that sponsored the event, including Access Group, Brandix Lanka Ltd., Nestle Lanka, Ceylon Biscuits Ltd (CBL), Ceylon Pencils Corporation (Atlas), Cipla Pharma Lanka (Pvt.) Ltd., Durdans Hospital, DSI

Samson Group, George Steuart Group of Companies, Dr. Lasantha Malavige and Lassana Flora, Link Natural (Pvt.) Ltd., Ministry of Health, Nutrition and Indigenous Medicine, Mount Lavinia Hotel, Nawaloka Hospital, Nikado Group of Companies, Samudra bookshop, SMM Halcyon (Pvt.) Ltd., Sri Lanka Thriposha Ltd. of the Ministry of Health, Triad (Pvt) Ltd, Watawala Tea Ceylon Ltd., Wickramaratne Group of Companies, media sponsors MTV/MBC of the Capital Maharajah Organisation and LetMeKnow. Ik who provided photographic and video coverage of the event. The organisers and the SLMA wish to thank them for this most benevolent of gestures. The organisers

also extend their gratitude to the celebrities who appeared in the Run and Walk promotional videos on an honorary basis: former cricketer Sanath Jayasuriya, Olympic medallist Susanthika Jayasinghe, actresses Senali Fonseka and Alanki Perera and Miss Sri Lanka for Miss Global Youth Ambassador 2017, Yugani Gunathilaka; in addition to those who attended the event: former cricketer Upul Chandana and Mrs. Sri Lanka International 2016, Chandi Aluwihare. Special mention must also be made of Mr. Champika Vincent, Mr. Ishan Edirisinghe and the team at Del Air Travels for their tireless efforts in organising the event together with the dynamic SLMA organising committee.

Warm-up exercises



SLMA Run



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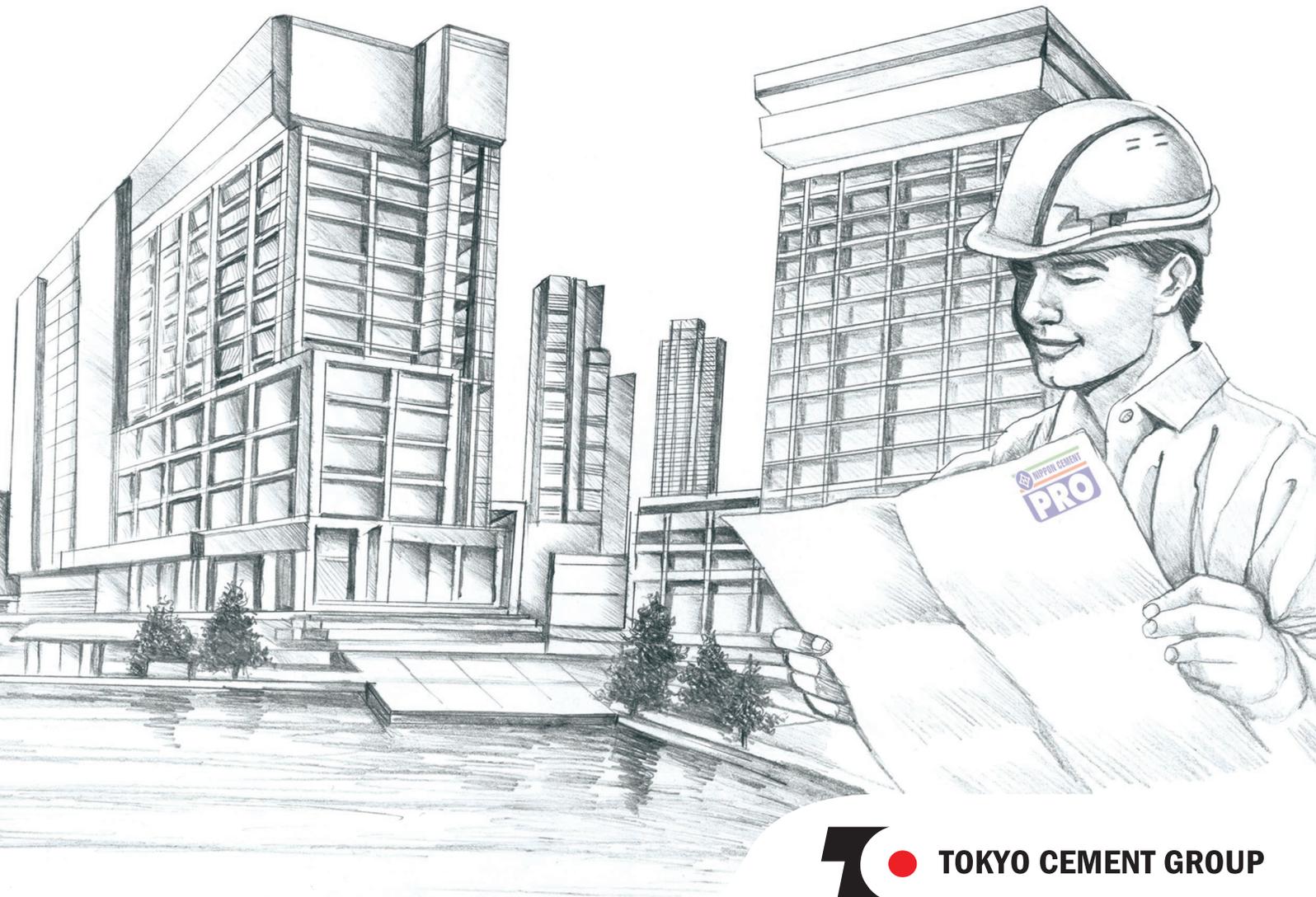


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SLMA Health Run and Walk...

SLMA Walk



Prize Giving and Closing Session



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SLMA Health Run and Walk...



Free health screening



Children's Art Competition



Monthly Clinical Meeting of the SLMA

Dr. Sajith Edirisinghe,
Assistant Secretary-SLMA

The monthly clinical meeting of the SLMA for May, 2018, organised in collaboration with the Ceylon College of Physicians, was held on 15th May 2018 at the Lionel Memorial Auditorium, SLMA. The meeting commenced with a case presentation & discussion on 'Acidosis and Drowsiness; Lessons Learnt From Three Cases' by Dr. Harshini Liyanaarachchi, Registrar in Medicine, Colombo South Teaching Hospital. Following this, a review lecture was delivered under the topic of 'Poisoning by Toxic Alcohols' by Dr. Sanjeewa Wijekoon, Consultant Physician and Senior Lecturer in Medicine, Faculty of Medical Sciences, University of Sri Jayawardenepura. The discussion was interactive and well attended by medical officers and post graduate trainees. The meeting was chaired by Professor Ariarane Gnanathan, Professor in Medicine, Faculty of Medicine, University of Colombo.



131st Anniversary International Medical Congress of the Sri Lanka Medical Association

26th- 29th July, 2018
Galadari Hotel, Colombo

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SAARC Countries	200 USD
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Day registration fees for the main congress:

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Changing facets of leishmaniasis: a challenge for the clinician and health researcher

Dr. Yamuna Siriwardana
Senior Lecturer, Department of
Parasitology, Faculty of Medicine,
University of Colombo.

The disease

Leishmaniasis is a vector-borne parasitic disease of humans and animals transmitted by its insect vectors generally known as sand flies (or "*Hohaputuwa*" in Sinhala). Untreated clinically apparent visceral infection (Visceral Leishmaniasis, VL) is usually fatal. Skin infection (Cutaneous Leishmaniasis, CL) can result in a range of manifestations from minute acneform papules to large disfiguring ulcers on the skin. Untreated infection on mucosae (Muco-cutaneous Leishmaniasis, MCL), (oral mucosa, nose, palatal area or tongue) can result in fatal secondary complications. Human leishmaniasis at present carries much importance as a neglected tropical disease (NTD). The World Health Organization (WHO) has targeted elimination of VL from the Indian subcontinent by the year 2020⁽¹⁾. In spite of these attempts, new foci, new epidemics and new pathogenic parasite variants are being continuously reported at a global scale. Sri Lanka is a recently reported focus of leishmaniasis in the Indian subcontinent. The local disease is caused by a genetically different strain of *L. donovani*. *L. donovani* is considered to be the most virulent species among the pathogenic species causing visceral infection.

History and onset in Sri Lanka

Leishmaniasis remained mainly imported in nature with a few local cases in Sri Lanka in the past. In the year 2001, locally acquired CL was detected in a soldier referred to the author's institution from Northern Sri Lanka. The Index Case was traced to an army camp in Welioya. Professional and public awareness programmes were conducted immediately afterwards and a diagnostic facility was established in the University of Colombo resulting in the detection of many more cases of locally acquired CL from the same area

within a period of few months⁽²⁾. Cases of leishmaniasis have been regularly and continuously detected since then. Currently, Sri Lanka reports a large epidemic of human leishmaniasis with cases presenting from all administrative districts. Healthcare, research and administrative authorities in the country have taken considerable effort in providing patient care, preventive care, identifying essential scientific information and providing the necessary infrastructure. In spite of all these, leishmaniasis is changing its features that necessitate continued attention, urgent action, surveillance and timely modification of action.

Cutaneous leishmaniasis as the main clinical entity

Clinical features are consistent with the picture of CL in a clear majority of patients up to date, without concurrent signs of visceralization. Usual onset of a skin lesion in CL takes the form of painless acneform papules of <1cm on exposed body areas. They enlarge and eventually develop into ulcers.

The unusual parasite

In spite of its skin localization, genetic studies carried out in parallel have identified *L. donovani* as the cause for CL in Sri Lanka^(3, 4). Occurrence of *L. donovani* caused CL is rare and only occurs occasionally elsewhere in the world. In addition to the clinical outcome, disease severity and progression, treatment response and epidemiological characteristics are also determined to a large extent by the causative species in leishmaniasis. It is therefore difficult to predict the outcome of infection, pathology or treatment response associated with a variant parasite without proper scientific evidence. It is therefore necessary to establish diagnostic, treatment and follow up guidelines in an evidence-based manner while prompt action towards patient-care and disease containment are also required. This situation has undoubtedly

left the clinician and scientist with many concerns that need continued attention in the clinical setting as well as in the research laboratory.

Emergence of visceral leishmaniasis

Further complicating the scenario, a few cases of locally acquired VL have been reported from different localities within the island⁽⁵⁾. Patient presentations have included single or multiple features of both acute onset (fever, loss of weight, lethargy) and those of insidious onset (abdominal distention, hepatomegaly and discomfort, anaemia/pancytopenia).

A recent study also reported a few cases having bone marrow infection of *Leishmania* without classical features of visceral leishmaniasis or in patients having a minor febrile illness that resolved spontaneously or with antibiotic therapy. A majority of VL infections remain asymptomatic for long periods of time. A proportion of such infections can resolve spontaneously without causing clinical illness while the rest can develop clinical disease after a variable and usually lengthy period of time. During this otherwise silent course of VL, mild self-resolving febrile episodes can occur and they are often overlooked, until the occurrence of full blown VL years later. The proportion of such transient episodes or asymptomatic infections is known to be many times higher than that of clinically apparent VL in endemic areas, probably increasing the importance of their role as silent parasite reservoirs. Detection of such occurrences in a hospitalized patient who recovers without any anti-leishmanial drugs or with non-specific treatment, needs attention with re-confirmation of the laboratory findings and adequate follow up for occurrence of VL at a later date. Routine treatment for asymptomatic individuals is not recommended at present.

Contd. on page 15

Changing facets of...

Early case detection and treatment are considered to be the main accepted modes of controlling VL in the Indian subcontinent due to the absence of any animal reservoirs for *L. donovani*. Case detection by health authorities in Sri Lanka is mainly dependant on self-referrals made by patients themselves to the healthcare institutions. Professional awareness on CL and the case detection rates remain very satisfactory in Sri Lanka. However, owing to its recent emergence, awareness on VL needs to be raised. VL should preferably be considered as a possibility in all clinically suggestive cases irrespective of their residence. Immuno-suppressed individuals from CL prevalent areas require special attention.

Place for laboratory confirmation in leishmaniasis

In Sri Lanka, light microscopic examination of lesion material remains the mainstay of CL diagnosis. Microscopy, in spite of being inexpensive, quick and field friendly, is very technically demanding. Low parasite counts in chronic and treated cases, bad sampling and processing techniques and inexperienced readers can often lead to false negative results. Globally, microscopy reports show variable sensitivity rates around 60-70%. Training of MLTs and PHLTs for diagnosis of leishmaniasis was offered by the Centre for Leishmaniasis in the Faculty of Medicine, Colombo. This has enabled the recent establishment of microscopic diagnosis in many hospitals in the country.

Parasite cultures and PCR techniques are used as second line investigations with better sensitivities. These techniques are time consuming, complex and require expensive equipment.

However, pre-treatment confirmation of CL diagnosis is preferred on all possible occasions due to the absence of pathognomonic clinical features and prevalence of poorly responding cases. Meanwhile, dormant parasite stages can remain in the host following a clinical cure. Therefore a positive report issued on a rare occasion for a healed lesion requires only close observation.

Diagnostic facilities for VL are available only in a few institutions in Sri Lanka. Serological examination by rK 39 rapid dipstick test (RDT), a WHO recommended serological assay, is performed on patients' sera prior to parasitological confirmation that requires invasive sampling methods. Parasitological confirmation follows a negative RDT result in a clinically suspected patient. Splenic tissue provides the highest yield of parasites. Bone marrow aspirations have replaced splenic aspirations due to the complications associated with the latter. Microscopy and culture followed by PCR are performed.

Sri Lanka is a recently reported focus of leishmaniasis in the Indian sub-continent. The local disease is caused by a genetically different strain of L. donovani. L. donovani is considered to be the most virulent species among the pathogenic species causing visceral infection.

Interventions to the infection

Though CL lesions tend to self-cure in general, specific treatment of local CL is preferred due to the nature of its causative organism. Specific treatment will also ensure early healing, minimize chances of complications and prevent further spread of infection. Literature on treatment response of dermatropic *L. donovani* to standard anti-leishmanial therapy is limited and has shown great variability. Clinical improvement and recurrences that are sometimes repetitive have been

reported.

In the endemic settings that opt for localized treatment, local applications of paromomycin, intra-lesional or intramuscular administration of pentavalent antimony compounds (sodium stibogluconate, SSG) are commonly used. Cryotherapy, heat therapy and hypertonic saline injections have been examined locally with encouraging results. Parenteral drug administration is indicated in multiple lesions, disseminated or chronic disease with risk of disfigurement and scars, lesions in sensitive areas, known primary skin infections in mucosal leishmaniasis and lesions in the immune-suppressed. Treatment failures can occur in some cases. Recurrence is reported in approximately 1 % of cured cases within a 1-2 year time.

Complete and vigorous treatment with specific anti-leishmanials is recommended in all cases of clinically apparent VL. SSG, amphotericin, liposomal preparations of amphotericin and miltefosine are increasingly used as monotherapy or in combination. Treatment protocols tend to vary in terms of types and numbers of drugs, dosages, frequencies and durations depending on the endemic setting. SSG is considered the first line option in VL except for in settings such as India that have reported high levels of resistance to this drug. Drug resistance is an increasingly encountered problem in VL.

Managing a case of leishmaniasis caused by a variant *L. donovani* is not straight forward and should preferably be initiated in an evidence-based manner. It is necessary to follow standard regimens, complete them and minimize interruptions during the course of treatment. Such practice is important to prevent relapses, avoid development of drug resistance and to reduce the parasite reservoirs in the community. Use of different regimens of standard anti-leishmanials or the use of non-specific anti-microbials are considered as a major cause of emergence of drug resistance in leishmaniasis in the world.

Changing facets of...

Highlights

- ✓ Sri Lanka is a recently established focus of leishmaniasis.
- ✓ Leishmaniasis in Sri Lanka is caused by a genetically distinct potentially visceralizing parasite.
- ✓ Clinical outcome, treatment response and many other disease characteristics in leishmaniasis are determined by the causative species,
- ✓ Evidence based policies are required for effective patient management, prevention and control of this infection.

- CL remains the main clinical entity
- However spatial distribution has widened
- Poor treatment response in CL is increasingly observed

- ❖ VL has also recently emerged in Sri Lanka,
- ❖ Classical clinical picture of VL is not always seen,
- ❖ High degree of clinical suspicion is crucial for disease control.



Multiple papular lesions



A single nodule over the face



A crust forming dry ulcer

Vectors of leishmaniasis (Phlebotomine sandflies) are widely prevalent in the country. Risk factors for disease transmission include both outdoor and peri-domestic factors in different endemic settings.

Conclusions

CL caused by a distinct variant of a visceralizing parasite continues to be reported in Sri Lanka. Recent emergence of VL is a concern. Careful follow up of cases and employment of evidence-based approaches in establishing policies for patient management, prevention and control are required ⁽⁶⁾.

Acknowledgements:

Valuable expert comments received from Prof. Nadira Karunaweera and Prof. Ariyaranee Gnanathanan of the Faculty of Medicine, Colombo are greatly appreciated.

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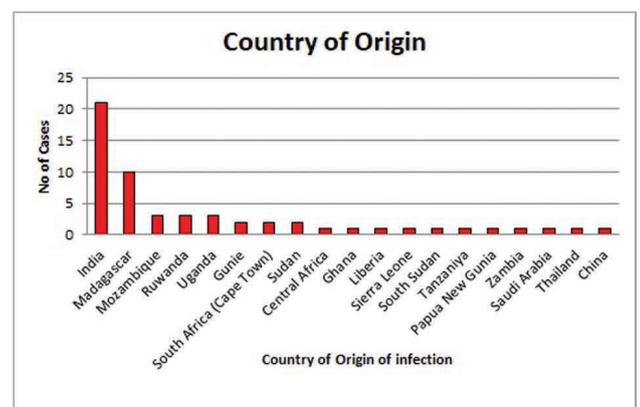
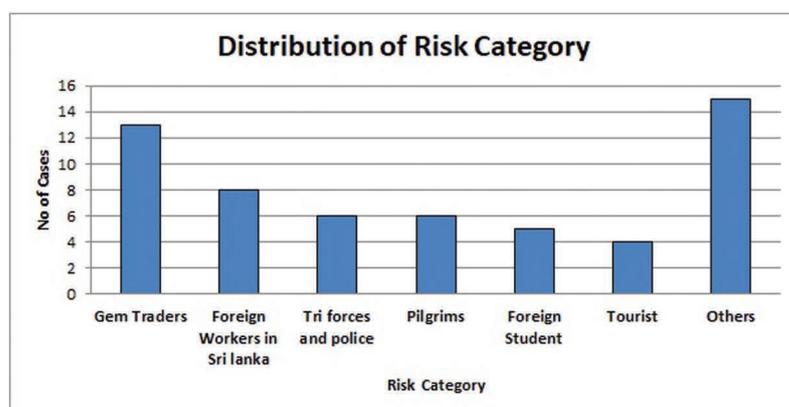


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Guest Lecture on Glyphosate Based Herbicides

A guest lecture titled 'Glyphosate Based Herbicides (GBH): CKD and cancer – the current evidence and the possible implications of using GBH within the tea industry' was held

on 6th June, 2018 at the Lionel Memorial Auditorium of the SLMA. The lecture was delivered by Prof. Sarath Gunatilake, Professor California State University, Long Beach California and Diplomate, American

Board of Occupational Medicine. The lecture was followed by a lively discussion. The session was chaired by Dr. Anula Wijesudere, President Elect, SLMA.



Further accolades for our doyen of neurology

Dr. J. B. Peiris, the renowned Neurologist of our country, who has for many a year been the Regional Adviser to the Royal College of Physicians of Edinburgh - UK, has now been honoured with the conferment of the most distinguished status of the position of Emeritus Regional Adviser of the same prestigious institution. In addition, he is currently a Senior Fellow



of the Royal College of Physicians of London - UK, a Regional Adviser to the Royal College of Physicians and Surgeons of Glasgow – UK, Honorary Fellow of the Royal Australasian College of Physicians and one of sixty five Honorary Fellows of The Association of British Neurologists, of which only three are in Asia. This year he has also been complimented by the Sri Lanka Medical Association (SLMA) with the much coveted and distinctive tribute in the form of the award of Honorary Life Membership of SLMA,

in recognition of superlative services rendered to that august institution. The Editor and the Members of the Editorial Board of the Newsletter of the SLMA, together with the President, Council and the Membership of the SLMA, wish to very cordially felicitate our very own and much admired 'Man for All Seasons' for continuing to be a dazzling beacon in the academic sphere.

Compiled by
Dr. B. J. C. Perera
Past President

Therapeutic Update on Stroke

The Medicinal Drugs Committee of the SLMA organized a lecture on 'Stroke' as part of its Therapeutic Update Lecture Series which aims at providing updated information on therapeutics to post-graduate trainees, House Officers and Senior House Officers. Dr. Senaka Bandusena, Consultant Neurologist, Colombo South Teaching Hospital delivered the lecture. The event was held on 25th May, 2018 at the SLMA Lionel Memorial Auditorium, and was chaired by Prof. Gita Fernando, Past President, SLMA. The session was well attended.



Council Photographs

Dear SLMA Past Presidents and members,

The SLMA is in the process of collecting all Council Photographs to be archived at the Office.

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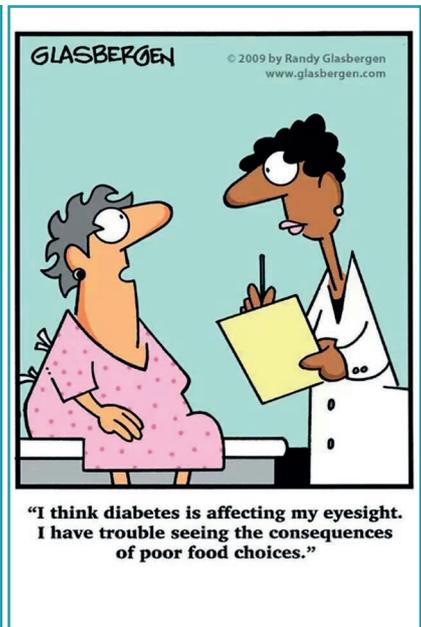
All before 1987

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We request you to share with us any Council Photos you have which are not available with us. They will be copied and returned to you. Your support in this endeavour is highly appreciated. If you need any further information please call Mr. D S Perera – Administrative Officer at the SLMA office on 011 3100 845.

Thank you

Dr. Hasini Banneheke
Honorary Secretary, SLMA



Book launch: 'Fifty years of Intensive Care in Sri Lanka', by College of Anaesthesiologists and Intensivists

Preview by Dr. Lucian Jayasuriya,
Past President SLMA

Presented at the ceremony marking the
launch of the book on 15th June, 2018.

Honourable Dr Rajitha Senaratna, Minister of Health, Nutrition and Indigenous Medicine, Dr Razia Pendse, WHO Representative in Sri Lanka, Dr Ramya Amarasena, President, College of Anaesthesiologists and Intensivists of Sri Lanka, Members of the College, Dr Thistle Jayawardena, the father of intensive care in Sri Lanka, Drs Jayantha Jayasuriya and Lakshman Karaliedde - Editors of the book, authors of the Chapters in the book and Distinguished Guests.

I am honoured and privileged to be asked to deliver a preview of the book, 'Fifty years of intensive care in Sri Lanka'. I thank Dr Ramya Amarasena and the two Editors, for requesting me to do so today.

Most of my medical career has been spent in the management of many large hospitals directly or indirectly. I have witnessed with great interest some of the developments in intensive care in Sri Lanka while in state service and after I retired. I have had the good fortune of interacting and collaborating with many of the leading lights of anaesthesiology in Sri Lanka. They include the two editors, Dr Thistle Jayawardena, late Dr Kenneth Perera, Drs Deepthi Atygalle and Nalini Rodrigo.

I am happy that this book is very aptly dedicated to my friend Dr Thistle Jayawardena. I have known him from 1976 when I was appointed Additional Medical Superintendent, General Hospital Colombo (GHC) and he was the Consultant Anaesthetist-in-Charge of the Surgical Intensive Care Unit (SICU). Later we became friends through our activities in the Sri Lanka Medical Association. I was Deputy Superintendent of GHC in 1978 and Director from 1982 to 1984. During this period Thistle ran his unit effectively and efficiently.

Fifty years of intensive care in Sri Lanka is a small book with seven chapters. Reading it not only updated my knowledge on the subject but also brought back fond memories of my career as a medical manager.

I was directly involved in the establishment of two ICUs. The first medical ICU, the MICU, was established in 1982 when I was Director GHC. It was born due to the enthusiasm of some consultant physicians. Among the leaders of this project were Dr U S Jayawickreme, and late Drs PT de Silva and S Ramachandran. We found it difficult to find space near the medical wards to house the MICU. The final decision was to convert the junior staff canteen, which was a ground floor building situated over the Norris Canal. The management of the MICU was different to other ICUs, in that the physician under whose care the patient was admitted to hospital continued to solely manage the patient in the MICU, while Dr US Jayawickreme was in administrative charge.

In 1984, during the troubled times, the Ministry of Teaching Hospitals, of which I was Director General, actively supported the establishment of the ICU in Teaching Hospital Jaffna. I remember the enthusiasm of Dr S Sivakumaran, Consultant Physician in lobbying for the necessary equipment to that unit which was headed by Dr R Ganeshamoorthy Consultant Anaesthetist. Coming to the book; In the overview Dr Lakshman Karaliedde, describes how the polio epidemic of 1952/53 led to the creation by Ibsen, of the first intensive care unit in the world, in Copenhagen in December 1953. Thus, the specialty of intensive care was born in December 1953. Dr Karaliedde notes that 'very few developments in the practice of medicine reached our shores as quickly as did the concept and practice of intensive care'. He also notes the recent shift to 'less is more' in many intensive care interventions and the trend towards lighter sedation. He recommends additional space in ICUs for

relatives and visitors to have confidential discussions with the staff. He is unhappy that, although Sri Lanka has over 100 ICUs today, original research emanating from them is scarce. Reference is made by him to the fact that the Faculty of Critical Care Medicine of the College of Anaesthesiologists and Intensivists of Sri Lanka predates the Faculty of Intensive Care Medicine in the UK which was born in 2010.

Dr Jayantha Jayasuriya details the great contribution of Dr Thistle Jayawardena to anaesthesiology and intensive care in Sri Lanka. Dr Jayawardena was a member of the committee which recommended the establishment of the Postgraduate Institute of Medicine (PGIM). He was a member of the Board of Management of the PGIM from its inception in 1980, to 1995, when he retired. When Dr Jayawardena was President of the College of Anaesthesiologists in 1984, he organized the first scientific sessions. He was President of the Sri Lanka Medical Association in 1991, being the first anaesthesiologist to hold that post.

The details of the establishment of the SICU in 1968 are given by Dr Thistle Jayawardena and Mrs Malathie Dayananda who was specially trained in the UK to be the first sister-in-charge of the SICU. Although its' main function was to manage patients after cardiothoracic surgery, the SICU also became the first centre in Sri Lanka to undertake pulmonary function tests.

Dr Kumudini Ranatunge writes about the developments in the SICU from the time Dr Thistle Jayawardena left GHC in 1994. Now the cardiothoracic anaesthesia unit has three consultants and 25 medical officers compared to one consultant and four medical officers at its inception in 1968.

Dr Jayantha Jayasuriya writes about the early years of the development of intensive care in Sri Lanka.

Contd. on page 22

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Contd. from page 20

Book launch...

The second ICU in Sri Lanka called the Recovery Unit was opened in GHC in 1976. It was for non-cardiac surgery patients. The late Dr Kenneth Perera was in charge. He was also the Senior Consultant Anaesthetist in charge of what was called the 'General Pool' of anaesthetists. This pool had to provide anaesthetists to all theatres in GHC except cardiothoracic surgery and neurosurgery, and to the Lady Ridgeway Hospital, De Soysa Maternity Hospital, the Castle Street Hospital for Women and the Eye Hospital. This was a difficult task during an era of shortage of doctors. Therefore, Kenneth was a regular visitor to my room during the early eighties to discuss the arrangements that could be made.

It was in the Recovery Unit that the internationally recognized pioneering work on the use of magnesium sulphate in the control of spasms in the management of tetanus was conducted by Drs Deepthi Attygalle and Nalini Rodrigo.

The first ICU outside Colombo was purpose-built at Teaching Hospital Peradeniya and was opened in 1980. Dr Lakshman Karalliedde was the consultant in charge. Internationally recognized pioneering work on organophosphorous poisoning originated from this unit.

Prof. Vasantha Pinto discusses the expansion of ICU care and training in ICU care. The lead specialist in 82% of the ICUs in Sri Lanka today is an anaesthesiologist. The MD course in anaesthesiology has a 13 month component of critical care. There is also provision for Board Certification in Anaesthesiology with special interest in critical care.

I was the Chairperson of the Board of Management of the PGIM when there were discussions on who should train specialist intensivists. I am happy that in 2013 the Board of Study in Anaesthesiology was assigned the task of training of specialist intensivists. Doctors with MD in Anaesthesiology or MD in General Medicine could join the training course to become Board Certified Intensivists.

I am happy to note that there is an active Sri Lanka Society of Critical Care Nurses.

Prof Sujeewa Amarasena writes about paediatric intensive care in Sri Lanka.

The first dedicated neonatal intensive care unit (NICU) was opened in Sri Jayawardenapura General Hospital in 1985. The Ministry of Teaching Hospitals was involved in the development of the second dedicated paediatric intensive care unit (PICU) in 1988. It was funded by the Kiwanis Club and was situated in the vacated office of the defunct Colombo Group of Hospitals, which was in the premises of the Lady Ridgeway Hospital. This PICU was managed by Dr Sunil Wijesuriya the first Consultant Anaesthetist attached only to LRH.

His appointment was as a result of the move by the Ministry of Teaching Hospitals to create separate anaesthetist units in the hospitals in Colombo which were then catered to by the so called 'pool' in GHC. It is with gratitude that we note that the Kiwanis club continued to support this ICU during the last three decades. This is the ICU (now called the MICU) which pioneered the Advanced Paediatric Life Support and Neonatal Advanced Life Support, under the able leadership of Dr Srilal de Silva. The development of paediatric intensive care in the country is credited with the remarkable reduction of neonatal mortality to 5.2 per 1000 live births today from 12 in 2008.

The award winning Neonatal Emergency Transport System was pioneered by Dr Ramya de Silva, Consultant Paediatrician who was in charge of the Neonatal Intensive Care Unit at LRH.

Prof Amarasena says 'When considering all intensive care services, neonatal intensive

FIFTY YEARS OF INTENSIVE CARE IN SRI LANKA



EDITORS
JAYANTHA JAYASURIYA
LAKSHMAN KARALLIEDDE

care is without doubt the most cost-effective, cost-beneficial intensive care service in the world.'

Ladies and gentlemen,

I have given you a glimpse of this interesting book, with my reminiscences. I recommend it, not only to anaesthesiologists and intensivists, but also to all those who are interested in the development of the health services of our motherland.

Finally, I am glad to inform you that the two Editors have donated the print run of the book to the Sri Lanka Medical Library; an institution with which Dr Thistle Jayawardena was associated for thirty years.

I thank you ladies and gentlemen for a patient hearing.

Dr Lucian Jayasuriya
15.06.2018

The book is available for sale at the Sri Lanka Medical Library

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