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A COMPARISON ON THE LEVEL OF KNOWLEDGE AMONG RURAL AND URBAN WOMEN IN COLOMBO DISTRICT REGARDING BREAST CANCER

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Introduction

Early detection of a breast cancer enables to intervene at appropriate the time and for a better outcome. Here, the patient's role becomes invaluable and the awareness about breast cancer in the society has a direct impact on the rate of diagnosing early breast cancers. The study was conducted to assess the knowledge among women about breast cancer and its management and to find out the impact of social status on the existing level of knowledge.

Method

A community based cross sectional study was carried out in 4 urban and 4 rural divisional secretarial areas. Multistage sampling was done and 50 women were selected from each area making a total of 400.

Results

Rural women were more aware on the risk factors for the development of breast cancer when compared with urban women (p=0.006). 63% of rural and 65% of urban women were aware on the common symptoms of breast cancer. Diagnostic techniques were known by 72% of rural and 70% of urban women respectively. Awareness on available treatment modalities were known correctly by 72% of rural women when compared to 59% of urban women. Knowledge on self examination of breast was satisfactory among 61% urban and 57% rural women and the awareness on the importance of mammograms as a screening tool was 37% and 27% respectively in urban and rural population. Public media was the major source of information in both groups.

Conclusions

The awareness about the risk factors for the development of breast cancer was statistically significant in rural women. Both groups had a good knowledge on diagnostic techniques and treatment modalities were better known by rural women. Knowledge on SEB and mammograms as screening tools were less in both groups of women. The contribution of health care system in educating people seems to be poor.

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Histopathological analysis of Cholecystectomy specimens

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Introduction: Laparoscopic or open cholecystectomy is the treatment for symptomatic gallstones. It is a routine practice in our hospital to send the gallbladders removed for histopathological analysis regardless of visible or palpable macroscopic abnormality.

The main aim of histological assessment is to detect primary gallbladder carcinoma which is rare. This increases the workload of the histopatologists and the cost of processing specimens.

Objectives: The study was conducted to assess whether it would be safe to adopt a policy of processing only gallbladders with features suggestive of cancer.

Method: A retrospective analysis of cholecystectomies performed from 01-01-2006 to 01-01-2008 in the National Hospital of Sri Lanka was conducted. Computerized histopathological reports and patient notes were studied.

Results: A total of 490 cholecystectomy specimens had been sent for the histopathological analysis. Thirteen had been removed as part of another procedure. Out of the patients who had only cholecystectomy, chronic cholecystitis was found in 411 (88.8%) and in 34 (7.1%) changes were compatible with acute cholecystitis. There were 4 (0.8%) primary gallbladder carcinomas (GBC). Two of them had been suspected preoperatively. In one patient the diagnosis had been suspected during surgery. In the other patient, the gallbladder had to be removed piecemeal due to multiple adhesions.

Conclusions: The majority of specimens revealed chronic cholecystitis with only 4 cases being diagnosed as GBC. All but one had been suspected preoperatively and/or intra-operatively. Patients, in whom GBC is suspected either preoperatively and or intra-operatively only, may need histological examination. This could save unnecessary processing time, reporting time and valuable economic resources.

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