

Selangor Research Day 2016

SRD 2016 call for abstract

INSTRUCTIONS TO AUTHORS

General information

1. Submission deadline is **1st August 2016**. For research abstract please follow IMRAD format as below:

Introduction

Materials & Method

Results

Discussion

See attachment in Appendix 1 (abstract form) & Appendix II (Abstract example for Case report/case series).

Note: If the presenting author does not register by 15th August 2016 their abstract will be withdrawn from the final programme.

2. Presenters must indicate their preference on the mode of presentation. Submitted abstracts will be reviewed according to the Oral & Poster Presentation Scientific Committee's rulings and will be evaluated in terms of their appropriateness and overall quality. Abstracts will be assessed on their acceptability and eligibility as oral/poster presentations in a constructive and educational way.
3. Notification of conditional acceptance will be given to the participants by **3rd August 2016**.
4. Abstracts should report on **ORIGINAL** work that has **NOT** been previously published research within 3 years.
5. One presenter can present **ONLY ONE** paper, but can participate as co-author in other papers.
6. Participants from Ministry of Health Malaysia must submit NMMR number with their abstract.
7. Abstract text word limit : 250 words, Font Size : Times New Roman Size 12cpi, Text Justification : Full ; spacing : single.

Disclaimer:

The committee has the right to propose a change in the type of presentation as deemed necessary. The participants will be notified of the changes proposed for approval.

PRIZES

1. Professional Category :			
	Oral	Poster	Case Report/ Series
1 st Prize	RM 1000	RM 750	RM 650
2 nd Prize	RM 600	RM 500	RM 450
3 rd Prize	RM 400	RM 300	RM 200
2. Allied Health Category			
	Oral	Poster	
1st Prize	RM 750	RM 350	
2nd Prize	RM 500	RM 300	
3rd Prize	RM 400	RM 200	

For enquiries, please contact:

Secretariat,

Selangor Research Day 2016 , Hospital Sungai Buloh

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EXAMPLE OF ABSTRACT**COMMUNITY-ASSOCIATED MRSA (CA-MRSA) ECTHYMA IN A CHILD**

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Introduction: Community-associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA) can cause infections in otherwise healthy persons.

Background: Ecthyma is a skin infection similar to impetigo. Lesions occur deep inside the skin and diagnosis is by characteristic appearance. Types of lesions are indicated only when the patient does not respond to empirical treatment.

Case Report: A 12-year-old girl, with no previous medical history, presented with difficulty in mouth opening and worsening left facial swelling for 3 days duration. On examination the patient was pyrexia with left facial redness and swelling of upper lip along with multiple pustular lesions consistent with ecthyma of the lip. The lesions extruded purulent material from which swabs were taken for culture. Twice daily, the affected area was debrided with dilute Povidone-iodine and antibiotic ointment was applied. Empirically, iv Cefuroxime and iv Metronidazole were given. On Day 3 of admission, the patient reported right inguinal pain that was surgically diagnosed as constipation colic. On Day 4, wound culture revealed MRSA (< 48 hours of hospitalization) and, patient continued to spike high temperatures and developed dyspnoea with clinical and radiological findings of pneumonia. She was diagnosed with community acquired pneumonia and transferred to ICU for close monitoring and initiated on iv Vancomycin and iv Cefepime for 5 days. The antibiotic was escalated to Linezolid for better lung penetration and later de-escalated to iv Vancomycin, and completed 14 days of antibiotics. During her course of treatment the CRP trend: 13.4 >11 >10.3 >8.1 >5.5 >0.7 and WBC trend: 16.48 >14 >16 >18 >17 >9.71 normalized. The ecthyma resolved with a small scar, and follow-up radiological and echo findings were unremarkable.

Conclusion: This case illustrates the importance of culturing wounds, the need for clinicians to recognize the characteristic features of ecthyma and to initiate antibiotics as guided by the prevalence of CA-MRSA in the community.

Please email completed form to crcsrd2016@gmail.com on or before **1st August 2016 , 12pm**