

Routine screening of dengue and COVID-19 rapid test kit for non critical emergency patients with acute febrile illness

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ABSTRACT

Introduction: Acute febrile illness (AFI) is a common presentation to the Emergency and Trauma Department (ETD). The recent COVID-19 endemic and the existing dengue fever endemic in Malaysia are the biggest concern for AFI posing greater mortality and morbidity. The aim of the study is to investigate the need for a routine dengue and COVID-19 screening for patients with AFI in post pandemic era. **Materials and Methods:** This is a prospective observational study for all non critical emergency patients with AFI who were seen at our Fever Centre in April 2022. These patients were routinely screened with dengue combo kit and COVID-19 RTK test prior to consultation with doctor. Data of included patients were extracted from the hospital intergrated computerised system. **Results:** A total of 214 out of 315 patients were screened with dengue combo kit and COVID-19 RTK and 38 patients (17.8%) had positive dengue test while 26 patients (12.1%) had positive COVID-19 RTK result. 26 patients (68.4%) required admission or prolonged observation and 10 patients (26.3%) were uptriaged for dengue fever. 10 patients (38.4%) required admission for COVID-19 infection however none of the patient was diagnosed with concomittant dengue and COVID-19 infection. **Conclusion:** The screening tool has moderate pick up rate for both dengue and COVID-19 patient while majority of the dengue patients will require admission or prolonged observation. We suggest that dengue combo kit should be done routinely for patients with AFI however routine COVID-19 RTK should be tailored and individualised.

Keywords: fever, febrile illness, screening, COVID-19

Short-term clinical outcomes of open repair of myelomeningocele from 2015-2022: Hospital Sungai Buloh

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ABSTRACT

Introduction: Myelomeningocele is an open neural tube defect with presence of vertebral arch malformation associated with meningeal cystic dilation, and structural or functional spinal cord abnormality. The goals of surgery are to define the abnormal elements, excise the dysplastic tissue, redevelop the “normal” tissue planes, reconstruct and reform the “normal” anatomy, and preserve residual function. **Materials and Methods:** This is a descriptive study in which we retrospectively reviewed the outcome of patients who underwent open myelomeningocele repair from April 2015 to April 2022. **Results:** A total of 31 patients were operated from April 2015 to April 2022. All patients were delivered at 32 to 41 weeks old, in which the majority of them (48.4%) were delivered at 38 weeks of life. All patients demonstrated presence of myelomeningocele at the thoracic, sacral or lumbar region. Thirty-eight percent of the patients were operated within 36 hours post-delivery. The smallest defect operated was 3x3cm, while the largest was 10x10cm. 21 out of 31 patients were noted to have a perforated sac prior to surgery needing fasciocutaneous flap closure. 6 out of 31 patients were complicated with post-operative wound break down and infection. No worsening of neurological deficit was documented in all of the patients. **Conclusion:** Early experience of open myelomeningocele repair in this centre demonstrated a generally favourable outcome. No patients had worsening of neurological deficits, and 80.6% of the patients were not complicated with wound breakdown. However, further long-term follow-up is needed to evaluate progress of neurodevelopment, bladder and bowel function.

Keywords: myelomeningocele, open repair, neurosurgery, neural tube defect