



BERITA ORTOPEDIK

THE NEWSLETTER OF MALAYSIAN ORTHOPAEDIC ASSOCIATION

LETTER FROM THE PRESIDENT



Dear MOA members, colleagues and friends,

It was not too long ago that the 49th MOA AGM/ASM was held in KL Hilton-Le Meridian. I would like to thank all of you who were present, and who made the meeting such a huge success. Special thanks to our past Presidents, Prof Azhar Merican and Prof Wan Faisham, for their excellent work as President and Immediate Past President in the 2018-2019 Council. My heartiest congratulations as well to the newly elected council

members. Together, we will do our best for the interests of the association and its members.

In order to meet the challenges of a rapidly evolving and progressive medical profession, the role of MOA is expanding alongside. The Orthopaedic Chapter under the College of Surgeons Malaysia was formed in line with this. Our focus in the years to come will be on education, research and training involving various orthopaedic subspecialties.

I encourage you to share your work and experience with all of us in the many more editions of *Berita Ortopedik* that Prof Tunku Kamarul and his team have promised to bring to you this year.

Happy reading!

Dr Chye Ping Ching
President of MOA 2019/2020

MOA Office Bearers 2019/2020

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Dr Chye Ping Ching

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Immediate Past President
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LETTER FROM THE EDITORIAL SECRETARY



Introducing our new editorial board for the *Berita Ortopedik*.

The *Berita Ortopedik* is a newsletter created many years ago by the Malaysian Orthopaedic Association (MOA) with the intention to provide updates on activities conducted under MOA. It has done its job over the years, ensuring MOA members are aware of our efforts, and allowing many to participate and grow within the society. By informing its members of the activities funded by MOA, this newsletter attempts to ensure that funds from the society are used in a good manner, transparent and visible. The Editorial Secretary is tasked to ensure that these are done annually, with issues delivered to our members in a timely manner. Over the years, this role has expanded further with at least 2 issues published per annum and recently, includes the upkeep of MOA's website. It is thus becoming difficult for the editorial secretary to keep up with these demands as MOA now targets at least 4 issues a year.

In an attempt to improve participation and timely delivery of information, it is with great pleasure that I introduce the newly appointed Editorial Board for the *Berita Ortopedik*, who will assist in producing these newsletters, whilst maintaining its quality:

- **Dr Amber Haseeb** (University of Malaya)
- **Dr Fairuz Suhaimi** (UiTM)
- **Dr Gandhi Nathan Solayar** (International Medical University)
- **Dr Jade Ho Pei Yuik** (Queen Elizabeth 2 Hospital, Ministry of Health)
- **Dr Nik Aizah Nabilla Faheem** (University Malaya Medical Centre)
- **Dr Rusdi Deraman** (University Malaya Medical Centre)
- **Dr Shams Amir** (University of Malaya)

I would like to thank my Editorial Board who have volunteered their time and effort to produce the *Berita Ortopedik* for MOA members.

Prof. Dr. Tunku Kamarul Zaman Bin Tunku Zainol Abidin
Editorial Secretary 2019/2020





■ Physician Burnout

by Dr Nik Aizah

“These are the duties of a physician: First... to heal his mind and to give help to himself before giving it to anyone else.”

– from the epitaph of an Athenian doctor, 2 AD.

Physician burnout has been a persistent issue through millennia. First coined by Herbert J Freudenberger, an American psychologist back in 1974, burnout is defined as a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. In modern medicine, more and more focus has been given to this problem, with increasing awareness amongst health care workers and administrators regarding the severity of its impact if left ignored.

Consequences of Physician Burnout

Data on the general population from the Centre for Disease Control in 2016 showed that in the last decade, suicide rates have been increasing and it is now the 10th leading cause of death in both men and women in the United States. Women attempt suicide

2 to 3 times more often but men successfully complete suicide 4 times more often than women.

Physicians are more skilled at completing suicide. The US National Mortality Database showed that male physicians are 70% more likely to die from suicide than would be expected if their cause of death were distributed similarly to other professionals. Similarly, women physicians have a 4 times higher rate of suicide compared to the general population. Schernhammer et al. reported the same thing in 2004 with the death rate by suicide of male and female physicians being 41% and 130% higher than the general population respectively.

Depression and suicidal ideation are dire consequences of physician burnout that is well reflected in national databases. Other less

reported consequences are also seen such as poor self-care, motor vehicle accidents, and even alcohol and substance abuse. Separate from that, there are also patient care issues. Lower quality care, increased medical errors, lower patient satisfaction and longer patient recovery times can occur indirectly as a consequence of physician burnout. Ultimately, health care system issues will crop up such as reduced physician productivity, increased absenteeism, increased physician turnover and increased costs.

Are orthopaedic surgeons burned out or depressed? There is no easy line between the two. Surveys show that reported clinical depression in orthopaedic surgeons is low at 3% but colloquial depression is estimated at 15% and burnout

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■ Event

at 38%. Burnout is a common problem amongst orthopaedic surgeons and if it is left unchecked, invariably it will lead to clinical depression.

Symptoms and Drivers of Physician Burnout

Maslach et al. in 1982 described the three elements of burnout as: loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization), and a decreased feeling of personal accomplishment. Physicians with burnout may experience symptoms such as loss of empathy, irritability, fatigue, getting behind schedule, lack of enjoyment of recreational activities, and a sense of separation. They may feel like they are just going through the motions rather than being present in the situation. Some may even experience sleeplessness, and undiagnosable physical pain. To objectively assess burnout, the same author published the Maslach Burnout Inventory, a 22-item score that uses positive and negative questions. The Maslach Burnout Inventory has been used widely in recent studies with a quick search on PubMed returning more than 1800 search results.

Residents receive the most attention as many studies showed a drastic rise in burnout symptoms as they progress through their training compared to baseline when they first entered the programme. The lack of sleep appears to be a good measure for emotional exhaustion with less than 6.7 hours of sleep associated with increased risk of burnout. Other factors include personality traits such as being a pessimist, being a perfectionist, and the lack of coping skills for stress.


Burnout is also seen prevalent in physicians and surgeons of various specialities. A 2012 study by Shanfelt et al. reported a 45.8% burnout rate in 7288 physicians and surgeons. This is higher than rates reported in other professionals with comparable educational status. Burnout is present in all specialties, with the highest rates in emergency medicine, internal medicine, neurology, family medicine, ENT, and orthopaedic surgery.

Leading drivers of burnout include excessive workload, imbalance between job demands and skills, a lack of job control, and prolonged work stress. Medscape keeps a regular inventory of lifestyle, happiness and burnout. In their 2019 data, the highest three factors contributing to orthopaedic surgeons' burnout are too many bureaucratic tasks (e.g. charting, paperwork), increased computerization of practice, and government regulations. These are followed closely by complaints of insufficient compensation, spending too many hours at work, lack of control, and lack of respect from administrators, employers, colleagues, or staff. Of note, orthopaedic faculty leaders have higher rates of emotional exhaustion. 38% of orthopaedic department heads scored the highest in emotional exhaustion and this is even more pronounced in residency programme directors with 52% scoring the highest rate of exhaustion.

Treatment and Prevention of Physician Burnout

Burnout should be actively addressed and managed not just at a personal level, but also with organizational directed interventions. Physician directed interventions involve mindfulness techniques or cognitive behavioural techniques to enhance job competence and improve communication skills and personal coping strategies. Regular exercise, sufficient sleep, and meditation are activities that physicians should regularly practice. Finding a hobby or interest outside of work such as painting or golfing will also help improve work-life balance and combat burnout.

Organization directed interventions can involve simple changes in schedule and reductions in the intensity of workload or bigger changes to the operation of practices and whole health care organizations. These usually involve improved teamwork, changes in work evaluation, supervision to reduce job demand and enhance job control, and increasing the level of participation in decision making.

In conclusion, physician burnout is a real problem in this day and age, and awareness must be raised amongst physicians and health care organizations to overcome this problem and minimize the dire consequences that are related to it. 



The Malaysian Orthopaedic Association (MOA) 2019 Annual Scientific Meeting (ASM) and Annual General Meeting (AGM)

Date 2nd to the 4th of May 2019

Venue Hilton & Le Meridien Kuala Lumpur

Preface

Another successful MOA Annual Scientific Meeting (ASM) was conducted this year at Hilton and Le Meridien, Kuala Lumpur. Attended by no less than 1500 delegates from all over Malaysia, the event boasted 63 local and 22 international speakers and was supported by 55 industrial sponsors. The theme "Repair & Regenerate" resonated well with the future direction of orthopaedics in Malaysia as well as around the world.

This year's event was restricted to only 2 days, with another half day dedicated to refresher (instructional) course and basic sciences lectures. The centrally located venue in the heart of Kuala Lumpur made it easily accessible for speakers and delegates alike.

Opening Ceremony

We were graced by Yang Amat Berbahagia Tun Dr Siti Hasmah binti Haji Mohamad Ali, wife of the Prime Minister of Malaysia as our guest of honour to officiate

the ceremony. Her arrival was accompanied by Professor Dr Azhar Mahmood Merican as President of MOA as well as Dr Chye Ping Ching as President-Elect and Organizing Chairperson of the ASM. After YABhg Tun Dr Siti Hasmah officiated the ceremony with the traditional sounding of the gong, the ceremony was brought to a close with a splendid performance by the Sathya Sai Harmonica Ensemble.

Lecture Highlights

The Subir Sengupta Memorial Lecture was delivered by Dr Selvadurai Nayagam from the Royal Liverpool and Broadgreen University Hospital. His talk titled "Training Orthopaedic Surgeons Today. Learning from the Old Masters and Adding a 21st Century Flavour" shed light on his insights about future orthopaedic surgery training and development in Malaysia.

Other notable speakers include Professor Dr Frankie Leung from Hong Kong with his plenary lecture



"Orthogeriatrics: Challenges & New Horizons in Orthopaedic Surgery", Professor Dr James Hui from Singapore with his plenary titled "Cell Therapy in Cartilage Regeneration: Where Are We At in 2019?" and Professor Dr Lawrence D. Dorr with his talk "Reflections on Hip Surgery: Where We Have Been and The Future".

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Event



The Presidential Dinner

The Presidential Dinner was held on 1st May 2019 at the new W Hotel Kuala Lumpur. Located in the heart of the Golden Triangle, committee members and invited guests alike dined at Flock, the restaurant while enjoying views of the twin towers and KL's night skyline.

Annual General Meeting

The voting and appointment of the new council for 2019-2020 was done with Professor Dr Sharifah Roohi elected as the new President-Elect. Minutes from the previous AGM were reviewed and any issues raised were resolved with the general consensus of the members.

The Annual Dinner

The conference dinner was held on 2nd May 2019 at Clarke Ballroom, Le Meridien hotel. Guests had a good night of food and drinks while being entertained by Dayang Nurfaizah and Sharizan Borhan. The newest batch of Orthopaedic Surgeons were introduced and the N Subramanian Award for best Masters graduate in Conjoint Board of Orthopaedics exam was awarded to Dr Harmony Tan Chern Yang from University of Malaya. At the end of the evening, the MOA Presidentship was handed over by Professor Dr Azhar Merican to Dr Chye Ping Ching, MOA President for 2019-2020.


Mahmood Merican Award & Best Basic Science Poster Award

The Mahmood Merican Best Masters Thesis Award was given to Dr Mohd Firdouse Mohd Zulyadaen from Universiti Kebangsaan Malaysia with his thesis titled "Donut Orthoban: A Technique To Maximise Wound Offloading In Total Contact Cast", and the best basic science poster award went to Dr Krishnamurthy Genasan from University of Malaya with his poster titled "The Characterisation Of Monocyte Responses To Mediators Released From Osteoarthritic And Periprosthetic Tissues". The awards were presented during the conference dinner.



Conclusion

Generally, the meeting was well received, and we heard nothing but praises. It is important that the MOA Annual Scientific Meetings receive the number of attendees and supporters it has, especially when we consider that all activities conducted under MOA is completely dependent on the proceeds gained from this annual meeting.

We thank you all for your support and look forward to seeing you at next year's ASM. 

Written by Prof. Tunku Kamarul & Dr Nik Aizah



Social Events Surrounding AAOS 2019 Annual Meeting in Las Vegas

Date 12th - 15th March 2019

Venue Around Las Vegas

AAOS 2019 Annual Meeting was held at the Sands Expo Convention Centre, Las Vegas, March 12-15th. I now report the social events during this time, at least the one that I deem proper to be reported. Just to make it clear to our concerned members, MOA did not bear any cost for these events or any other social events for that matter. Actually they didn't pay for anything except our President's flight ticket (of which he had to pay half).

10th March

First up is a visit to the Hoover Dam on 10th March 2019 which is approximately a one-hour drive from Las Vegas.

After several stops (travelling is not easy with these folks) we arrived at The Hoover Dam. What a sight to behold! Hoover Dam was constructed during the Great Depression between 1931 and 1936. The dam's name was a source of controversy. At the start of the project it was named after President Herbert Hoover who was rather unpopular. Many thought he was responsible for the Great Depression. It was later declared that it would be called Boulder Dam, although, most Americans use both names interchangeably. In 1947 the name Hoover Dam was officially restored by a joint resolution of Congress.

11th March

After recovering from our jet lag we decided to travel further to Grand Canyon. What should have been a three-hour journey stretched to 5 hours due to many gastro-diversions like breakfast and elevenses. Our itinerary in Grand

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From left to right: Me, Dr Yazid Kassim (back), Prof Azhar Merican, Datuk Dr Mohd Asri Abd Ghapar, Datuk Dr Abdul Kahar Abd Ghapar. This is to demonstrate that Malaysian Orthopods like to travel in style. Tesla ride is courtesy of Datuk Asri. We also brought our own cardiologist, Datuk Kahar Ghapar since there were important 'senior' people in our group.



At the top of Hoover Dam



Picture overlooking the Colorado River. The Colorado River had to be diverted and made dry before construction on the Hoover Dam could begin.

■ Event



Elevenes at Café Canyon which was literally in the middle of nowhere.

Canyon included a 15-minutes helicopter tour and The Grand Canyon Skywalk.

Interesting facts: This year 3 deaths occurred within 8 days, 2 as a result of accidental falls. On average there are about 12 fatalities per year. Causes of death apart from falls are heat, drowning and medical conditions.

March 13th

On 13th March Prof Azhar attended "Breakfast with the President" and the President's Dinner. Naturally we, the common people, were not invited. AAOS president 2018/2019 was David A. Halsey and AAOS vice president was Kristy L. Weber, who is now the current AAOS president.

Dr. Weber is chief of orthopaedic oncology in the department of orthopaedic surgery at the Perelman School of Medicine at the University of Pennsylvania. She is the first female AAOS president. It is interesting that our current president Miss Chye Peng Cheng is also an orthopaedic oncology surgeon. Miss Chye, however, is not MOA's first female president. That prestigious title goes to Prof Dato' Dr Tunku Sara Tunku Ahmad Yahaya in 2006/2007.



Eagle Point, a popular tourist site, which is the location of Grand Canyon Skywalk.



View of The Grand Canyon from our helicopter.



Breakfast with the President. Prof Azhar Merican with AAOS president David A. Halsey on his right and Kristy L. Weber, the current AAOS president on his far right.



Acrobatic act at the President's Dinner. I have to admit that the acrobat dressed real decent.

Malaysian women orthopods are very gung-ho and determined. Take this year for example, the president, president-elect and secretary are women. I am digressing now from the report. Whilst Prof Azhar is rubbing shoulders with important people the rest of us had dinner at the Stratosphere Tower Observation Deck. Just because we are not the president it does not mean we don't get to eat like a president!

Casinos And Shows In Las Vegas

If you are not on a tight budget then there are several shows and concerts that you can indulge in. Each casino hotels have their own version of Cirque du Soleil. Our

party attended Michael Jackson's One Cirque du Soleil at the Mandalay Bay Resort and Casino. Despite news regarding MJ's sex allegation, the show was still going on strong as ever. We also managed to see David Copperfield in action on our last day in Las Vegas.

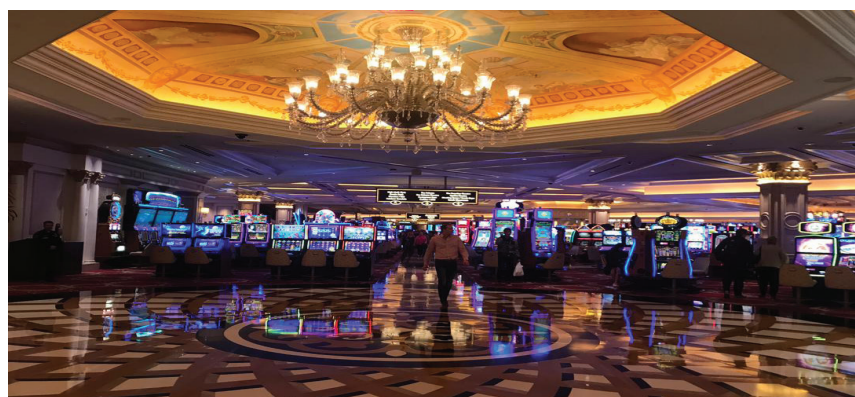
Incidentally, whilst we are on the subject of hotels, if ever you decide to go to Las Vegas avoid staying in a non-casino hotel. It is as boring as an old folks' home (though I have heard that some of these homes can be quite lively).

I am certain that for gamblers walking along the Strip in Las

Vegas is the equivalent for me walking up and down Avenue des Champs Élysées. You even had to pass through the casino to get to the conference area. There is no avoiding a machine slot there or anywhere in the Strip.

Our party went our separate ways at the end of the conference since we took different flights and had different destinations. For some, more fun was in store elsewhere in the US. BO

Written by Dr Nor Hazla Mohamed Haflah



One of the routes to get to the conference area.

■ Event

The National Orthopaedic Curriculum Workshop

Date 24-26 January 2019


Venue The Everly Hotel, Putrajaya

About the Workshop

The National Orthopaedic Curriculum is a national project aimed at producing a unified and standardised postgraduate orthopaedic training programme. The National Orthopaedic Curriculum Committee (NOCC) has been appointed by the Orthopaedic Specialty Committee (OSC) to prepare the curriculum document. Headed by Associate Professor Dr Kamarul Ariffin Khalid, the writing group comprises members of the orthopaedic fraternity from the Ministry of Health Malaysia and from each university providing postgraduate orthopaedic training programmes. Work on the curriculum document began in 2014, and it is now in its completion phase.

The NOCC with the support of the Education Special Interest Group (SIG) of the Malaysian Orthopaedic Association (MOA) organised the National Orthopaedic Curriculum workshop at The Everly Hotel, Putrajaya on 24 – 26 January 2019 to present the latest draft of the new National Orthopaedic Curriculum to the key stakeholders for feedback and suggestions for improvement.

Over the 2 and a half day event, 18 representatives of the OSC from Universiti Kebangsaan Malaysia (UKM), International Islamic University of Malaysia (IIUM), University of Malaya (UM), University Putra Malaysia (UPM), University Malaysia Sarawak (UNIMAS), Universiti Sains Malaysia (USM), Ministry of Health (MOH) and MOA reviewed key sections of the curriculum document. There was robust discussion and debate on many important aspects of the curriculum leading to clear consensus for the writing group to work on. Since the conclusion of the workshop, the writing group has been working hard to improve the curriculum document, guided by the discussions and decisions made in Putrajaya.

The NOCC would like to thank all the participating members of the workshop and the MOA for their support in this project. It is hoped that the end result would benefit all parties, particularly the future orthopaedic trainees. 



POSNA APOS 2019

Date 26 - 28 January 2019


Venue Penang General Hospital Malaysia

About the Course

This course was organised by POSNA APOS. Total of 10 POSNA members were invited as faculty members, namely Prof Mathew Dobbs, Prof Ken Kuo, Prof Schoenecker Perry, Dr Scott Hoffinger, Dr Klane White, Dr Bobby Ng, Prof Ucok, Dr Julyn Anguilar, and Prof Saw Aik.

Participation was great with a total number of 88 participants. 52 of them were from Malaysia and 36 participants were from overseas, including Singapore, Indonesia, Thailand, Philippines and Vietnam.

It was a great interactive course. Besides lectures, participants were divided into small groups for saw bone session, small group case discussion and also hands-on CTEV casting and hip spica casting.

Overall feedback of the seminar was positive from both participants and faculty. Participants were delighted to have the opportunity to discuss cases with the world distinguished speakers and book writer, and a lot benefitted from the course. 



Small Group Disussion



CTEV Casting



Precourse Disussion



Hip Spica Casting



Faculty and Organising Committee



Faculty Dinner

■ Event

International Orthopaedic Postgraduate Basic Sciences Research Symposium (IOPS)

Date 30 April 2019

Venue Datin Ragayah Lecture Hall, National Orthopaedic Centre of Excellence for Research and Learning (NOCERAL), University of Malaya, Kuala Lumpur, Malaysia



Group Photo Session

Organizing Committee

- Chong Pan Pan
- Rabiatal Adawiyah Binti Othman
- Nurul Aqilla Binti Mazlan
- Yasmin Fadzlin Binti Ahmad Fikri
- Nur Syazana Binti Noor

This year, our symposium with the theme "**Basic Research In Orthopaedic Surgery: Current Trends & Future Directions**" set out to promote the development and exchange of knowledge and ideas among clinicians, researchers and post-graduates, who are dedicated towards promoting musculoskeletal sciences through sharing of research findings and improving orthopaedic practices.

A total of 7 invited local and international speakers presented during the symposium. They were from the National University of Singapore, National Taiwan University, Taiwan Adventist Hospital, The Chinese University of Hong Kong and University of Malaya. Among them, we were glad to have Emeritus Prof. Dr. Liu Hwa-Chang (Taiwan Adventist Hospital) share his case studies. In addition, 11 participants were given an opportunity to deliver short talks via the provision of travel awards. The travel awardees, either clinicians or scientists, were from Japan, India, Hong Kong, Singapore and Malaysia.


Topics that were discussed include mesenchymal stem cells, monocytes, bone homeostasis, mechanotransduction, joint / cartilage repair, hip fractures, adolescent idiopathic scoliosis, thoracolumbar spine surgery, arthroscopic rotator cuff repair, spinal cord injury, platelet rich plasma, biomaterials and etc. Moreover, hands on and sample analysis trials were conducted by Ms AC Yuen.

The guest speakers, travel awardees and participants gave excellent presentations and participated in active discussion. I was very pleased that there was fruitful discussion although one day was not enough. Therefore, I can conclude that the purpose of the IOPS had been accomplished. I would like to express my utmost gratitude to all of them for their positive participation.



Group Photo Session

The symposium dinner was held in University Malaya Medical Centre (UMMC) on the same night. The next day, all invited guest speakers and travel awardees were brought on a sight-seeing tour around Kuala Lumpur, which included Batu Caves, Islamic Arts Museum Malaysia, National Monument, PETRONAS Twin Towers and Central Market Kuala Lumpur. They also had the chance to enjoy wonderful Malaysian cuisine such as satay, rendang, Indian food served on a banana leaf and etc.

This symposium was jointly organized by NOCERAL and the Malaysian Orthopaedic Association (MOA). It was supported by University Malaya Medical Centre (UMMC) and Research Instruments Sdn. Bhd. 

Prepared by: Dr. Chong Pan Pan



Indian Cuisine



Symposium Dinner



Local Tour

Statistic

International Guest Speakers	5
Local Guest Speakers	7
Travel Awardees	11
Participants	38

Organizer :

NOCERAL

National Orthopaedic
Center of Excellence
for Research & Learning



Event

AO Trauma Paediatric Orthopaedic Seminar

Date 5-6 September 2018

Venue University Malaysia Alumni Clubhouse

About the Seminar

The seminar was organised in University Malaysia Alumni club house in Kuala Lumpur, and Prof Theddy Slongo from Switzerland and Dr Alaric Aroojis from Mumbai, India were the international faculty of the seminar. There were 9 local faculty members, and 6 other moderators for small group discussions. A total of 57 participants registered for this seminar, out of which 27 were from Malaysia. The remaining 30 participants were from overseas, including Japan, China, Hong Kong, South Korea, Philippines, Thailand, Indonesia, and India.

Feedback from the seminar was positive, and many participants were happy to observe special demonstration sessions organised by Professor Theddy Slongo. There was a recommendation for Thailand to organise their first AO Trauma Paediatric Orthopaedic course in the country. Malaysia has already organised two full AO Trauma Paediatric courses over the last 10 years. ^{BO}

Report and photo provided by Prof Saw Aik



Pre Course For The Seminar



Interactive Session During The Seminar Session



Photo Of Faculty Members And Moderators



Small Group Discussion In Progress



Group Photo Of The Participants

62nd Annual Congress of the Korean Orthopaedic Association Travelling Fellowship

Date 18 - 20 October 2018

Venue Grand Hilton Hotel, Seoul



The 62nd Annual Congress of the Korean Orthopaedic Association (KOA) was held at Grand Hilton Hotel, Seoul from the 18th to 20th of October 2018. For a two-and-a-half-day event, the scientific program was very packed, mostly with free paper presentations and some lectures by invited speakers.

I was impressed that most of these free paper presentations, numbering about 520 in total, were presented by orthopaedic trainees and fellows from various centres in Korea. Some parts of the program were conducted in Korean, while the others were conducted in English. My favourite lecture was the plenary lecture by Philip Lobenhoffer who talked about 'A New Technique for Femur Osteotomy' and 'Double Osteotomy around the Knee'. I found his talks most interesting and informative.


At the end of the first day, I had the privilege of attending the Presidential Dinner at the Grand Ballroom along with the other

travelling fellows from Japan, Hong Kong, Thailand, Australia, New Zealand and Pakistan. We were seated together on the same table and had a great time getting to know one another. The evening was a grand affair, with performances from two Korean singers.

Our Korean hosts went above and beyond to arrange a mini-city tour for us. We visited the Namsangol Hanok Village which features five restored traditional Korean houses and a garden. It was fascinating to discover how Korean people lived in the past including how



Kimchi was stored. There was also a section where visitors could try their hand at Korean traditional games, some of which are very similar to our traditional Malaysian ones. For lunch, we were brought to a popular local restaurant which served Sujebi, a traditional Korean hand-pulled noodle soup not unlike our very own pan mee, and Korean pancakes. Lunch was delicious! After lunch, we were treated to a panoramic view of Seoul from the Bugak Palgakjeong Pavillion and drove past the Presidential Palace on the way back.

During the congress, I met several Malaysian surgeons who were pursuing their fellowship in Korea. They were happy and gave good reports of their experience. All-in-all, I had an eye-opening encounter and a wonderful time attending this congress. 

Prepared by
DR JADE HO PEI YUIK
Queen Elizabeth II Hospital
Kota Kinabalu, Sabah



Event

POSNA Travelling Fellowship Visit to Malaysia

Date 27-30 March 2019

Venue HUKM, HKL, UMMC

The POSNA-APPOS Travelling Fellowship is a travelling fellowship hosted by the POSNA and Asia Pacific Paediatric Orthopaedic Association (APPOS). The two-week fellowship is offered annually to three fellows with them visiting North America (Asia-Pacific candidates) or Asia-Pacific region (North American candidates) in alternate years. This year it was APPOS turn to host the North American fellows. The fellows visited Singapore, Malaysia and finally Korea. They also attended the Combined Meeting of APSS-APPOS from the 4th-6th April in Incheon, Korea.

Three North American fellows visited Kuala Lumpur from 27th to 30th March 2019. They were Dr Justin Mistovich, an Assistant Professor from Case Western Reserve University; Dr Jennifer Beck, Assistant Professor, Department of Orthopaedic Surgery, UCLA and Dr Martin Morrison, Assistant Professor, Loma Linda University School of Medicine.

On the 28th of March 2019, they visited Hospital Universiti Kebangsaan Malaysia and The Women and Children's Hospital Kuala Lumpur.

In HUKM, there was an academic interactive session attended by specialists, trainees and medical students. This was followed by case presentations and Paediatric surgical ward tour.

After lunch, the fellows were taken on a tour of the new Kuala Lumpur Women and Children's Hospital by Dr Nor Ashikin Johari, head of paediatric orthopaedic. They also visited the old Paediatric Institute and the orthopaedic clinic of Hospital Kuala Lumpur.



The following day, our visitors were brought to University Malaya Medical Centre. There were academic presentations followed by a tour of UMMC. They visited the orthopaedic clinic, LLRS resource centre and the National Orthopaedic Centre of Research and Excellence in Learning (NOCERAL).

Later that evening the paediatric orthopaedic fraternity hosted our guests for dinner at the Songket Restaurant in Kuala Lumpur. We had a wonderful time.

On the final day, our guests were taken on a tour of the historic city of Malacca before departing for Korea.

Report Prepared By
DR LYNN AZURA MD SHAM
Co-ordinator
Paediatric Orthopaedic Special Interest Group





Question 1

1. Name the implant seen in the picture.
2. What material is the implant made of?
3. Name 4 methods used to manufacture this implant.
4. Which method listed in (3) is the best and why?
5. How is the wear rate for this implant improved? What is the main concern of this process?
6. What are the disadvantages of the process described in (5) towards this implant?
7. Name the methods by which this implant can be sterilised.
8. List some of the newer methods used to reduce the concern mentioned in (5).

Answers:

1. Tibial insert for a posterior-stabilised total knee system
2. Ultra-high molecular weight polyethylene
3. (i) RAM extrusion
(ii) Sheet moulding
(iii) Compression moulding
(iv) Direct compression moulding
4. Direct compression moulding, because this method avoids the need for machining, which results in sublaminae abrasive wear
5. By high dose irradiation, to form highly cross-linked polyethylene. Production of free radicals
6. (i) Reduced fracture toughness
(ii) Reduced tensile strength
(iii) Reduced fatigue strength
(iv) Reduced ductility
7. (i) Ethylene oxide
(ii) Plasma gas
(iii) Low dose irradiation
8. (i) Annealing
(ii) Vitamin E impregnation
(iii) Sequential processing

■ Trainee Quick Quiz

**Question 2:**

A 45-year-old woman presented to the emergency department with a history of progressing painful swelling of the left sterno-clavicular joint for the past 11 weeks. There was no history of trauma and patient denied having had any illness or medication during or prior to her developing this condition. There was no clear onset or cause noted. Other than pain at the swelling site which is aggravated with motion and strain, there were no other symptoms such as fever, loss of appetite or loss of function noted.

1. Name 5 differential diagnosis you can think of starting with the most common first.
2. X-ray was unremarkable, what other investigations would you consider?
3. If all the blood investigations and other imaging were also unremarkable, what definitive investigation would you perform?
4. If biopsy inconclusive, what would be your diagnosis?
5. What treatment would be best for this condition?

Answers:

1. Fracture of the scaphoid, lunate dislocation volarly and dorsal displacement of the distal carpus row.
2. Trans-scaphoid perilunate dislocation. Occurs due to high-energy trauma with the hand in the outstretch position.
3. The treatment aims at reducing dislocation, internally fixing the fracture, and repairing ligament injuries. It is hoped that doing so will reduce the likelihood of developing traumatic arthritis of the carpal joint.
4. Although there are no specific classifications used for this condition, most often the Mayfield classification has been applied. Mayfield

classification of carpal instability, also known as perilunate instability classification (carpal dislocations), describes carpal ligament injuries. Instability has been divided into four stages:

- Stage I: scapholunate dissociation (rotatory subluxation of the scaphoid): Disruption of the scapholunate ligament with resultant Terry Thomas sign. Exacerbated in clenched fist views
- Stage II: perilunate dislocation: The lunate remains normally aligned with the distal radius, and the remaining carpal bones are dislocated (almost always dorsally). The capitulum joint is disrupted, and the lunate projects through the space of Poirier. 60% are associated with scaphoid fractures
- Stage III: midcarpal dislocation: lunotriquetral interosseous ligament disruption or triquetral fracture. Neither the capitate nor the lunate is aligned with the distal radius.
- Stage IV: lunate dislocation. Dorsal radiolunate ligament injury. Dislocation of the lunate in a palmar direction. Tipped teacup appearance.

Costochondritis is a chest wall pain caused by inflammation of the costal cartilages or the area where the ribs meet the sternum, known as sternal articulations. It is a benign cause of chest pain. Patients often present with the chief complaint of chest pain; therefore, other causes of chest pain must be excluded with history, physical exam, and/or diagnostic testing prior to a diagnosis of costochondritis.

Costochondritis is inflammatory. It is caused by inflammation of the costal cartilages and their sternal articulations, also known as the costochondral junctions.

Tietze's syndrome is a benign, self-limiting arthropathy, without purulent character. The disease most often involves articulations: sternocostal, sternoclavicular, or costochondral joints. The characteristic symptoms are tenderness, pain and edema involving one of the aforementioned joints on one side. Diagnosis of Tietze's syndrome is based on physical examination (increase of palpation tenderness in the affected joint), laboratory tests (increase of inflammatory parameters) and imaging studies (USG, MRI). Differential diagnosis of Tietze's syndrome is based on exclusion of costal cartilage inflammation, coronary syndrome and inflammatory changes in the lung and pleura. Most commonly the treatment is conservative, in resistant cases surgical.

Disclaimer: The case described is fictitious and the images we randomly taken from the Internet for illustration purposes only. Any resemblances to any individual or cases that has occurred to person presently living or dead incompletely unintentional.