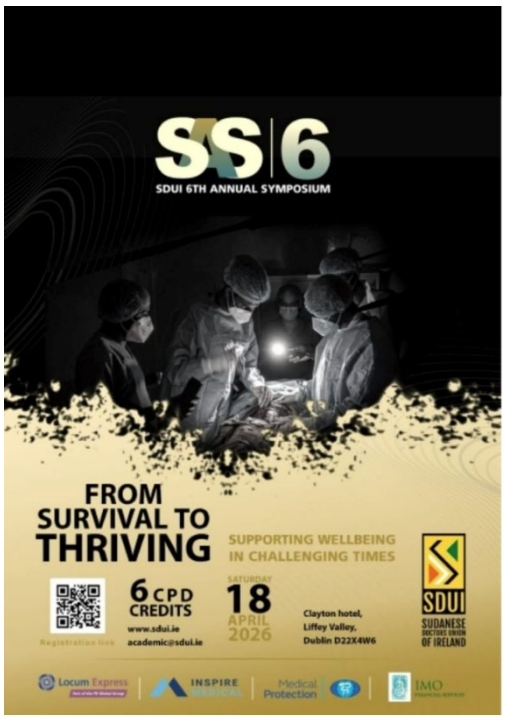
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Sudanese Doctors Union of Ireland 6th Annual Symposium

Date: Saturday 18th of April 2026

Venue: Clayton Hotel, Liffey Valley, Dublin 22, Ireland

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Oral Presentations

Assessing Ethnicity-Specific BMI Thresholds for Bariatric Surgery in MENA Populations

A. Anwar[1], M. Mull[2], M. Kayyal[3]

1. Research fellow, MCH, RCSI, 123 St Stephen's Green, Dublin 2, Ireland.
2. Dept. of Surgery, University College Cork, College Road, Cork, Co. Cork, Ireland.
3. Dept. of Surgery, Bon Secours Hospital, College Road, Cork, Co. Cork, Ireland

Abstract

Aims:
This systematic review evaluates whether existing BMI criteria for bariatric surgery adequately reflect the metabolic risk profile of Middle East North Africa (MENA) populations.

Methods:
A systematic review was conducted in accordance with the PRISMA guidelines. Searches of PubMed, EMBASE, Cochrane Library, and Web of Science identified studies published between 2000 and 2024 that examined BMI thresholds, obesity-related comorbidities, and metabolic outcomes in adult populations in the MENA region compared with White populations. Of 2,843 records identified, we assessed 127 full-text articles, and nine studies met the final inclusion criteria. We evaluated study quality using the Newcastle-Ottawa Scale and graded evidence certainty using the GRADE framework.

Results:
The incidence of type 2 diabetes was higher in White populations at a BMI of 30 kg/m² versus 26.6 kg/m² in Arab populations. Metabolic syndrome, dyslipidaemia, and non-alcoholic fatty liver disease occurred more frequently in MENA cohorts within BMI ranges traditionally classified as overweight rather than obese. Nevertheless, Arab participants accounted for only approximately 0.2% of subjects in major bariatric trials, and fewer bariatric procedures per capita despite substantially higher obesity prevalence.

Discussion:
Evidence indicates that metabolic complications occur at significantly lower BMI thresholds than those used in Western-derived guidelines. Adopting ethnicity-specific BMI criteria—potentially including surgical consideration at BMI≥ 30 kg/m² with metabolic disease—may improve risk stratification and enable earlier intervention.

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Pattern of domestic violence and its association with risk of psychiatric disorders: A case-control study in Urban Sudan

B. Mohammed

Psychiatry Dept, St James's Hospital, 26 McDowell Avenue, Co Dublin, Ireland

Abstract

Aims:
This case-control study, conducted in Khartoum, Sudan, explores the critical intersection between domestic violence and major psychiatric disorders within a developing urban context. This study aims to delineate the patterns of domestic violence and to establish its association with psychiatric disorders in Urban Sudan.

Methods:
This Case-control study design included 120 participants: 60 individuals diagnosed with psychiatric illnesses (cases) matched to 60 with general medical illnesses (controls) by age, sex, education, socioeconomic status, and marital status. Interviews were conducted across public psychiatric and internal medicine outpatient clinics. To establish association, the risk odds ratio was calculated after adjusting for confounders using multivariate analysis, and the Patterns identified were estimated as the proportion of the distribution among the study participants.

Results:
Participants (mostly men) had a mean age in their mid-thirties and were largely single. Most subjects were from low- to moderate-socioeconomic classes. They are either unemployed or engaged in manual labour (manual workers).

Discussion:
Cases had significantly longer illness durations, most lasting 1–10 years. Domestic violence victimisation was significantly more prevalent among cases than controls (45% vs 10%), and was strongly associated with psychiatric disorders ($P < 0.001$). The evidence provided by this study shows that domestic violence is strongly and independently associated with the emergence of psychiatric disorders, increasing risk by sevenfold.

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Low Volume Micro-method Versus The Standard Laboratory Method for Measuring HB/Hct Values Among Neonates at The Coombe's Hospital

D. A. Omer[1], A. Pentony[2], M.I O'Dea[3,4]

1. Neonatology Department, Rotunda Hospital, Parnell square W., Dublin 1, Ireland.
2. Neonatology department, The Coombe Hospital, 8 Dolphin Barns Street, Dublin 8, Ireland
3. Neonatology department, Children's Health Ireland at Crumlin, Cooley road, Dublin 12, Ireland
4. Neonatology Department, The National Maternity Hospital, Holles Street, Dublin 2, Ireland

Abstract

Aims:
Iatrogenic anaemia caused by repeated blood sampling to monitor laboratory parameters can contribute, particularly in neonates, to the need for transfusion. In this study, we compared haematological parameters measured by a standard laboratory method with those measured by a "point of care" micro-method, to validate the latter's use in clinical neonatology and provide a basis for future quality improvement projects.

Methods:
A prospective observational study was conducted over a two-month duration, during which 43 paired samples were collected. Capillary, venous, or arterial blood samples analysed through point-of-care testing (POCT) were systematically matched with corresponding blood samples sent for full blood count (FBC) analysis. Both sets of samples were simultaneously obtained from the same infant, either at the same time or on the same day.

Results:
The concordance between the data obtained with the two analysers, expressed as the intra-class correlation, was 0.933 (95% CI: 0.6-1.2) for Hb values and 0.869 (95%CI:0.54-1.09) for Hct values. Both were statistically significant (P value <0.005).

Discussion:
There is a high concordance between the values obtained with the two analysers for both Hb and Hct levels. The study is limited by its small sample. This comparative analysis serves as a foundational framework for a Quality Improvement Project that aims to explore further strategies to reduce blood loss and minimise the risk of iatrogenic anaemia

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The Impact of the COVID-19 Pandemic on the Distribution of Metastatic Breast Cancer in Patients Aged ≥65 Years: A 10-Year Retrospective Study from a Regional Cancer Centre (2015–2024)

A. Mohammed, E. Jordan, M. O'Connor

Medical Oncology Department, University Hospital Waterford, Dunmore Road, Waterford, Co. Waterford, Ireland.

Abstract

Aims:
This study evaluates the impact of the COVID-19 pandemic on the incidence and clinicopathological distribution of metastatic breast cancer (MBC), focusing on patients aged ≥65 years.

Methods:
A retrospective 2,036 patients diagnosed with breast cancer at a regional cancer centre between January 2015 and December 2024, were analysed. We extracted data from various hospital record systems, capturing about 80% of regional breast cancer cases. Patients were stratified into two cohorts: pre-COVID (2015–2019) and post-COVID (2020–2024). Key outcomes included the incidence of metastatic breast cancer, age distribution, rates of de novo versus relapsed metastatic disease, and immunohistochemical (IHC) subtype distribution.

Results:
A substantial increase in metastatic breast cancer diagnoses was noted, from 36.5% in the pre-COVID period to 63.5% in the post-COVID period. Patients aged ≥65 years accounted for most cases, representing 54% of the overall MBC cohort. Within the geriatric subgroup, the proportion of de novo metastatic presentations increased from 48% to 52%. Hormone receptor–positive disease remained the predominant subtype (81%), followed by triple-negative breast cancer (TNBC) (17%).

Discussion:
The COVID-19 pandemic was associated with a marked increase in metastatic breast cancer diagnoses, particularly among older adults. The rise in both de novo and relapsed metastatic disease, along with the significant increase in TNBC, suggests a sustained oncological impact related to delayed diagnosis and disruption of cancer services.

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The Impact of PAIRS Paediatric Resuscitation Training on Emergency Care Practice in a Conflict-Affected Hospital in Sudan: A Quality Improvement Project

E. Mohammed[1], A. Gasim[1], E. Hatim[1], A. Abdallah[2], A. Albuluk[1,2]

1. Port Sudan Children's Hospital, Port Sudan, Sudan
2. Neonatology Dept, The Coombe Hospital, 8 Dolphin Barns Street, Dublin 8, Dublin, Ireland

Abstract

Aims:
The Paediatric Acute Illness Recognition and Stabilisation (PAIRS)
program aims to improve paediatric resuscitation through sustainable, locally delivered training. This Quality Improvement Project (QIP) evaluates the impact of PAIRS training on emergency care practices in a Sudanese hospital.

Methods:
A Quality Improvement approach using two Plan–Do–Study–Act (PDSA) cycles were implemented. In Cycle 1, Sudanese doctors attended a PAIRS Train-the-Trainer course and subsequently delivered local training to 20 healthcare staff. Outcomes included adoption of the ABCDE assessment approach, clinician confidence, and participant feedback. In Cycle 2, training expanded to additional staff, reinforced through bedside teaching and mini-simulation sessions. Ongoing evaluation included observation of clinical practice and team adoption of structured approaches.

Results:
PAIRS training improved use of the ABCDE assessment, increased clinician confidence, and generated positive learner feedback. Expanding the training improved consistency in clinical management and increased adoption across teams. Repeated sessions and bedside teaching enhanced skill retention and integration into routine practice. The project also supported development of local protocols and movement toward incorporation into hospital guidelines

Discussion:
PAIRS training improved paediatric emergency care practice in a conflict-affected, resource-limited setting. Iterative PDSA cycles enabled effective implementation and scalability. Embedding PAIRS principles into routine practice may enhance sustainability and improve patient outcomes.

Acknowledgements: Rachel McDonell, PAIRs group Ireland (Tanzania Project October 2025), PAIRs faculty in Tanzania, Children's Health Ireland.

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Vitamin D Deficiency and Its Association with Coronary Artery Disease

E. Abdalla

Cardiology Dept, Bon Secours Hospital, Strand Street, Tralee, Co Kerry, Ireland

Abstract

Aims:
Ischaemic heart disease is responsible for 13% of the worldwide total deaths (1). Vitamin D deficiency is defined as serum levels less than 75 nmol/L. This study aims to investigate the association between vitamin D and acute coronary syndrome.

Methods:
This is a cross-sectional study conducted at Bon Secours Hospital, Tralee, Ireland. A total of 152 patients were included (January 2023-December 2024). Group A represents patients diagnosed with coronary artery disease (CAD), and Group B represents patients without CAD, with each group composed of 76 patients. Vitamin D serum levels were measured in all participants. Other cardiovascular risk factors were assessed and adjusted. Data were analysed using SPSS.

Results:
In Group A, the average age was 70.4 years, and 50 individuals (65.8%) had insufficient vitamin D levels. In Group B, the average age was 72.1 years, and 29 participants (38.2%) had vitamin D deficiency. Additionally, Group A exhibited metabolic risk factors such as diabetes mellitus and pre-diabetes (25%) versus (13.1%) in Group B, and dyslipidaemia 31 (40.7%) versus 18 (23.6%) in Group B.

Discussion:
The data demonstrate a strong association between vitamin D deficiency and acute coronary syndrome; individuals with inadequate vitamin D levels are 2.8 times ($p < 0.001$). more likely to develop CAD. These findings could inform future prevention strategies and should be tested in a randomised controlled trial.

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Between War and Work: Wellbeing and Adaptation of Sudanese Doctors in Ireland

N. Aldai

Paediatric Department, Sligo University Hospital, The Mall, Sligo, Co Sligo, Ireland

Abstract

Aims:
Sudanese doctors in Ireland face the dual challenge of adapting to a new healthcare system while coping with the psychological impact of ongoing conflict in Sudan. This study explores how these combined pressures affect their wellbeing and integration.

Methods:
A cross-sectional anonymous online survey was conducted among Sudanese doctors in Ireland in March 2026. Data were analysed descriptively.

Results:
15 doctors responded, mostly registrars. The majority lived in Ireland for at least 3–5 years. Transition was reported as moderately to highly challenging, with no respondents describing it as easy. Commonly reported challenges included housing difficulties, career uncertainty, financial pressures, system navigation, and family separation. Emotional wellbeing was notably affected. Sudan-related events had a significant psychological impact across respondents, contributing to ongoing distress. Perceived levels of support varied, with several participants describing limited or inconsistent support systems. Coping strategies were largely informal, with strong reliance on the Sudanese community, family, friends, and faith.

Discussion:
Sudanese doctors in Ireland experience complex and sustained challenges related to both migration and ongoing conflict in their home country. While resilience is evident, support remains largely informal and inconsistent. Targeted structural and psychological support systems are required to improve integration and wellbeing among internationally trained doctors affected by geopolitical crises.

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Optimising Blood Glucose Monitoring in Hospitalised Patients with Diabetes

I. Elhassan, M. Elhassan, A. Elhaj, M. Akasha, A. Mohsin, K. Ahmed

Endocrinology Department, University Hospital Waterford, Dunmore Road, Waterford, Co. Waterford, Ireland

Abstract

Aims:
To compare current inpatient diabetes glucose-monitoring practice against the Salisbury Adult Inpatient Diabetes Guide (July 2018) and, in the final cycle, the newly introduced UHW capillary blood glucose (CBG) chart (NCPM-19).

Methods:
This retrospective audit comprised three cycles: September–October 2023, October 2024, and January 2025 following targeted interventions. Ten randomly selected diabetic inpatient charts were reviewed in cycles one and two, and 62 in cycle three. Data included admission glucose measurement and adherence to ongoing monitoring guidance.

Results:
Admission glucose monitoring improved from 80% in cycle one to 100% in cycle two. Ongoing monitoring remained suboptimal: 60% and 70% of patients did not meet guideline standards in cycles one and two, respectively. Both over-monitoring and under-monitoring were identified. In cycle three, 28% of patients were non-compliant overall, although only 3% had monitoring clearly outside recommended frequency. Non-compliance was most frequent in patients receiving oral hypoglycaemic therapy (72.5%), compared with insulin-dependent patients (5.5%), patients on steroids (11%), and those receiving TPN (11%).

Conclusion:
Targeted education and system-level interventions improved admission glucose monitoring and overall practice. Further work should focus on improving compliance among patients taking oral hypoglycaemic agents and sustaining appropriate monitoring frequency.

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Limbal Stem Cell Deficiency Secondary to Addison's Disease: A Case Series of Three Patients

A. Mohamed, M. Mohamed, A. Mongan

Ophthalmology Department, Sligo University Hospital, The Mall, Co Sligo, Ireland

Abstract

Introduction:
Limbal stem cell deficiency (LSCD) is a rare, sight-threatening disorder caused by dysfunction or loss of corneal epithelial stem cells at the limbus. Its association with Addison's disease remains poorly understood. This retrospective case series describes three patients with Addison's disease and LSCD identified through MedSight records at a tertiary ophthalmology service.

Cases:
Case 1 involved a 28-year-old woman with APECED syndrome and longstanding bilateral blepharokeratoconjunctivitis. She had fluctuating vision, stromal scarring, ghost limbal vessels, and posterior subcapsular cataracts. Treatment included topical corticosteroids, lubricants, and autologous serum eye drops.
Case 2 was a 25-year-old man with Addison's disease, hypocalcaemia, and hypothyroidism. He developed bilateral blepharokeratoconjunctivitis, corneal scarring, and pannus. Management included serum drops, amniotic membrane treatment, punctal plugs, and steroids. Steroid-related raised intraocular pressure was treated with acetazolamide, and referral was made for possible cyclosporin and limbal transplantation.
Case 3 was a 55-year-old woman with Addison's disease and progressive dry eye symptoms. Sjögren's syndrome investigations were negative. Her declining vision was managed with lubricants and corticosteroids.

Outcome:
All patients carried a diagnosis of Addison's disease and developed bilateral LSCD. Associated comorbidities included APECED syndrome, hypocalcaemia, hypothyroidism, and severe dry eye disease.

Discussion:
LSCD may be an under-recognised complication of Addison's disease. Chronic inflammation, severe dryness, and immune-mediated limbal damage may contribute. Early referral, regular ophthalmic monitoring, multidisciplinary care, and transplantation in refractory cases are recommended.

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Rehabilitating Mental Health at University of Gezira, Faculty of Medicine After Sudan Running Conflict 2025: A Systematic Review of Past Experiences

M. H. M. Osman[1], M E A Yousif[2]

1. Medical Student, University of Gezira, Faculty of Medicine, Wad Medani, Sudan
2. Community and Family Medicine Dept., University of Gezira, Wad Medani, Sudan

Abstract

Aims:
There is a lack of evidence-based strategies for post-conflict mental health rehabilitation in Sudanese higher education institutions. The objective was to identify and synthesise global experiences in mental health recovery within post-conflict universities and medical schools to inform a localised rehabilitation model for the University of Gezira.

Methods:
The systematic review was conducted at the Faculty of Medicine, University of Gezira, Wad Medani, Sudan, adopting PRISMA 2020 guidelines. Data were drawn from peer-reviewed journals, institutional reports, and grey literature published between 2000 and 2025; the authors used thematic synthesis to identify intervention patterns, success factors, and gaps.

Results:
The review revealed that multilevel psychosocial interventions integrating individual counselling, peer support, and institutional coordination were most effective in post-conflict recovery. Success factors included local capacity building, strong leadership, community involvement, and embedding mental health support within academic systems. Key challenges were the shortage of trained professionals, infrastructure damage, stigma, fragmented funding, and weak long-term monitoring.

Discussion:
The study concludes that sustainable recovery at the University of Gezira requires a locally led, phased model that emphasises peer networks, stepped-care systems, and the integration of mental health and psychosocial support (MHPSS) into educational continuity plans. It recommends immediate actions (establishing psychosocial triage hubs, peer-support networks, and a Recovery Steering Group); medium-term actions (faculty training and curricular integration) and long-term measures for monitoring, funding, and stigma reduction.

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Poster presentations

Evaluating the Effect of Vitamin D Supplementation on Type 2 Diabetes Risk: A Systematic Review

A. Fadlallah[1], M. Hassan[2], S. Farah[3], S. Gaffar[4], A. Ali[5], H. Alzahrani[6], A. Alhadhrami[7], F. M Alqahtani[8]

1. Department of Medicine, Faculty of Medicine, University of Khartoum, Khartoum, Sudan
2. Department of Medicine, Sukoon International Extended Centre, Jeddah, KSA
3. Palliative care Medicince Dept, University Hospital Galway, Galway, Ireland
4. ICU, Dr. Sulaiman Al Habib Hospital, Buraidah, KSA
5. Department of Cardiology, Al Qassimi Hospital, Sharjah, UAE
6. Social Worker, Najran Armed Forces Hospital, Najran, KSA
7. QPS Department
8. Dept. Of Family Medicine,

Abstract

Aims:
This systematic review evaluates the current evidence on the impact of vitamin D supplementation on T2DM risk and markers of insulin resistance.

Methods:
We conducted a comprehensive systematic search across PubMed, Scopus, Web of Science, Google Scholar, and the Cochrane Library. Studies were selected based on pre-defined inclusion and exclusion criteria following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Initial screening identified 1,916 records, which were managed in EndNote to remove duplicates. We assessed the quality and risk of bias of the included studies using the Newcastle-Ottawa Scale (NOS).

Results:
Thirteen high-quality articles met the final inclusion criteria. The analysis primarily focused on the Homeostasis Model Assessment of Insulin Resistance (HOMA-IR). 7/10 trials showed that the vitamin D intervention group achieved lower HOMA-IR levels than the placebo cohorts. While six RCTs reported a definitive decrease in HOMA-IR following supplementation, four trials observed an increase. Despite these improvements in surrogate markers of insulin sensitivity in most studies, the data did not consistently demonstrate a statistically significant reduction in the overall clinical incidence of T2DM across the reviewed literature.

Discussion:
Vitamin D supplementation appears to favourably affect insulin resistance (HOMA-IR) in most evaluated trials. However, evidence remains insufficient to conclude that supplementation significantly lowers the absolute incidence of type 2 diabetes. V Further large-scale longitudinal studies are required.

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Improving anticholinergic antihistamine prescribing for children attending a children's hospice

A. Harrington, M. Cassidy, S. Abdelrahman

Lauralynn, Ireland's Children's Hospice, Leopardstown Road, Ballyogan, Co. Dublin, Ireland

Abstract

Aims:
We aimed to determine whether prescribing anticholinergic antihistamines could be improved by identifying the number of children on antihistamines in our centre, the extent of anticholinergic antihistamine prescribing and ACB score among them, and whether indications for antihistamines are documented in the drug chart or electronic health records (EHR).

Method:
All drug charts for children attending the hospice for respite were reviewed. ACB scores were calculated using acbcalc.com. We checked drug charts and the EHR for indications.

Results:
Of our cohort, 16% (50/306) of children were on one or more antihistamines. 6% (18/306) were prescribed a 1st-generation antihistamine with an ACB score ≥3. In 7 of these 18 (41%), indications were not documented. After clarification, 7/18 (41%) were for sleep/sedation, and 2/18 (11%) were antiemetic. 1/18 was excluded from the switch for clinical reasons. 8/18 (59%) could potentially benefit from a switch to a 2nd-generation antihistamine. Overall ACB scores for regular medicines ranged from 0-15. High-scoring medications included Glycopyrronium Bromide, Amitriptyline, Hyoscine Butylbromide.

Discussion:
Eight children were identified who could potentially benefit from switching from chlorphenamine to a lower ACB antihistamine. The hospice GP will review in collaboration with primary teams. Re-audit is planned. Further work is needed to improve documentation of indications and identify other opportunities to reduce high ACB. Lack of an integrated drug chart/EHR limits future audits.

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When Revascularisation Fails: Acute Coronary Syndrome as the First Manifestation of Takayasu Arteritis

S. Ibrahim[1], A. AElhaj[2]

1. Medical Dept, Charter Medical Hospital, Ballinderry, Mullingar, County Westmeath, Ireland
2. Medical Dept, University Hospital Waterford, Dunmore Road, Co. Waterford, Ireland

Abstract

Presentation:
We report a case of a 50-year-old patient presenting with acute myocardial infarction. Despite standard management, including percutaneous coronary intervention (PCI) and subsequent coronary artery bypass grafting (CABG), revascularisation attempts failed, prompting further evaluation for alternative underlying pathology.

Diagnosis:
Coronary angiography revealed diffuse, extensive multivessel disease not amenable to PCI. CABG performed was unsuccessful due to progressive vascular involvement. Clinical examination demonstrated absent peripheral pulses and significant inter-arm blood pressure discrepancy. Advanced vascular imaging identified critical stenosis of major arterial branches, including subclavian artery occlusion. A diagnosis of Takayasu arteritis was confirmed following rheumatology assessment.

Treatment:
The patient was commenced on immunosuppressive therapy, resulting in clinical stabilisation.

Discussion:
Takayasu arteritis is a rare granulomatous large-vessel vasculitis that primarily affects the aorta and its major branches. Although typically presenting with constitutional or vascular insufficiency symptoms, coronary artery involvement is uncommon and may lead to acute coronary syndrome (ACS), mimicking atherosclerotic disease and delaying diagnosis. This case highlights a rare but critical presentation of Takayasu arteritis as ACS with failed revascularisation. It emphasises the importance of considering vasculitic aetiologies in patients with diffuse coronary disease, particularly when interventional strategies fail unexpectedly. Recognition of key clinical signs, such as pulse deficits and blood pressure discrepancies, is essential. Early diagnosis and initiation of immunosuppressive therapy are crucial to alter disease trajectory and improve outcomes.

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Bone Health Assessment and Management in Breast Cancer Patients Receiving Aromatase Inhibitor Therapy: A Single-Centre Audit

A. Mohammed, M. Ibrahim, B. Shah, C. O'Hanlon Brown

Medical Oncology Dept, St James's Hospital, 26 McDowall Avenue, Dublin, Co Dublin, Ireland

Abstract

Aims:
Current guidelines recommend baseline dual-energy X-ray absorptiometry (DEXA) assessment before or shortly after starting Aromatase inhibitor therapy, followed by periodic surveillance based on individual risk factors. In addition, calcium and vitamin D supplementation, along with bone-modifying agents, are recommended to reduce skeletal complications. This audit aimed to assess adherence to these recommendations at a tertiary Irish cancer centre.

Methods:
In this retrospective audit, EMRs and radiology reports were reviewed for 53 consecutive patients receiving endocrine therapy for breast cancer during the audit period. Documentation included baseline DEXA scanning, review and bone health discussion in clinical notes, diagnosis of osteoporosis, and prescription of bone-protective therapies, including bisphosphonates, denosumab, and calcium/vitamin D supplementation. Audit standards were derived from established international guidelines.

Results:
Of the 53 patients identified by EMRs, 38 were on aromatase inhibitor therapy (71.7%). Letrozole, anastrozole, and exemestane were prescribed for 31/38 (81.6%), 4/38 (10.5%), and 3/38 (7.9%), respectively. Baseline DEXA scanning was performed in 90.6% of patients. Within the AI subgroup, 34/38 patients (89.5%) underwent baseline DEXA assessment prior to or shortly after AI initiation. Osteoporosis was identified in 4/38 patients (10.5%). Overall compliance exceeded 85%. (see table).

Discussion:
This audit demonstrates high adherence to guideline-recommended bone health assessment and management in patients receiving aromatase inhibitor therapy at our institution.

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Table. Bone Health Assessment and Management Outcomes

Parameter	n	% of AI cohort (n=38)	% of total cohort (n=53)
Letrozole prescribed	31	81.6%	58.5%
Anastrozole prescribed	4	10.5%	7.5%
Exemestane prescribed	3	7.9%	5.7%
Total AI patients	38	100%	71.7%
Baseline DEXA performed (AI patients)	34	89.5%	64.2%
DEXA discussed in clinic (AI patients)	34	89.5%	64.2%
Baseline DEXA performed (entire cohort)	48	—	90.6%
Osteoporosis diagnosed (AI patients)	4	10.5%	7.5%
Zoledronic acid prescribed (AI patients)	4	10.5%	7.5%
Denosumab prescribed (AI patients)	2	5.3%	3.8%
Calcium/Vitamin D supplementation	53	100%*	100%

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STEMI Reperfusion Delays in a Non-PCI Centre: A Clinical Audit of Time to Intervention

K.O Mohamed

Emergency Dept, Wexford General Hospital, Newtown Road, Wexford, Co Wexford, Ireland

Abstract

Aims:
Timely reperfusion in ST-elevation myocardial infarction (STEMI) reduces mortality and morbidity. Non-PCI centres face structural challenges that may delay treatment. This audit evaluated performance at Wexford General Hospital against national and international STEMI time-to-reperfusion standards, focusing on Door-to-Needle (DTN) and first door-to-balloon times.

Methods:
A retrospective audit of adult STEMI presentations between January and December 2025 was conducted. Patients with incomplete documentation were excluded. Audit standards were DTN <30 minutes for fibrinolysis and ≤120 minutes for transfer for primary PCI. Median times, interquartile ranges (IQR), and compliance rates were calculated.

Results:
We reviewed 25 cases; 8 thrombolysis and 8 transfer-for-PCI cases met the inclusion criteria. For thrombolysis, median DTN was 52 minutes (IQR 41–79). One case (12.5%) met the 30-minute target, while five cases (62.5%) achieved ≤60 minutes. For transferred PCI cases, median ED arrival-to-PCI time was 556 minutes (IQR 172–877), with 0% meeting the ≤120-minute target. Marked variability was observed in both pathways. Delays were attributed to diagnostic uncertainty, inter-hospital transfer logistics, and incomplete timestamp documentation, which limited assessment of Door-In-Door-Out intervals.

Discussion:
STEMI reperfusion timelines at this non-PCI centre did not consistently meet recommended standards. Thrombolysis delays exceeded the 30-minute benchmark and transfer times for PCI were substantially prolonged. Improved timestamp capture, standardised STEMI pathways, and ED-led process optimisation are required to reduce modifiable delays and improve patient outcomes.

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Improving Physical Health Monitoring in Antipsychotic Prescribing: A Quality Improvement Audit

D. Oduah[1]; F. Ali[1]; EP. Oduah[1,2], D T. Weir[3]

1. Child and Adolescent Mental Health Services, Ballymun Civic Centre, Main Street, Dublin 9, Ireland
2. Psychiatry Dept. Inpatient Child and Adolescent Mental Health Services, Dublin, Ireland
3. Psychiatry Dept. St James's Hospital, 26 McDowell Avenue, Dublin, Co. Dublin, Ireland

Abstract

Aims:
We aimed to assess documentation of clinical indications for antipsychotic prescribing, the proportion of patients offered recommended metabolic and ECG monitoring, and investigation completion rates, and to evaluate the impact of targeted quality improvement (QI) interventions across audit cycles.

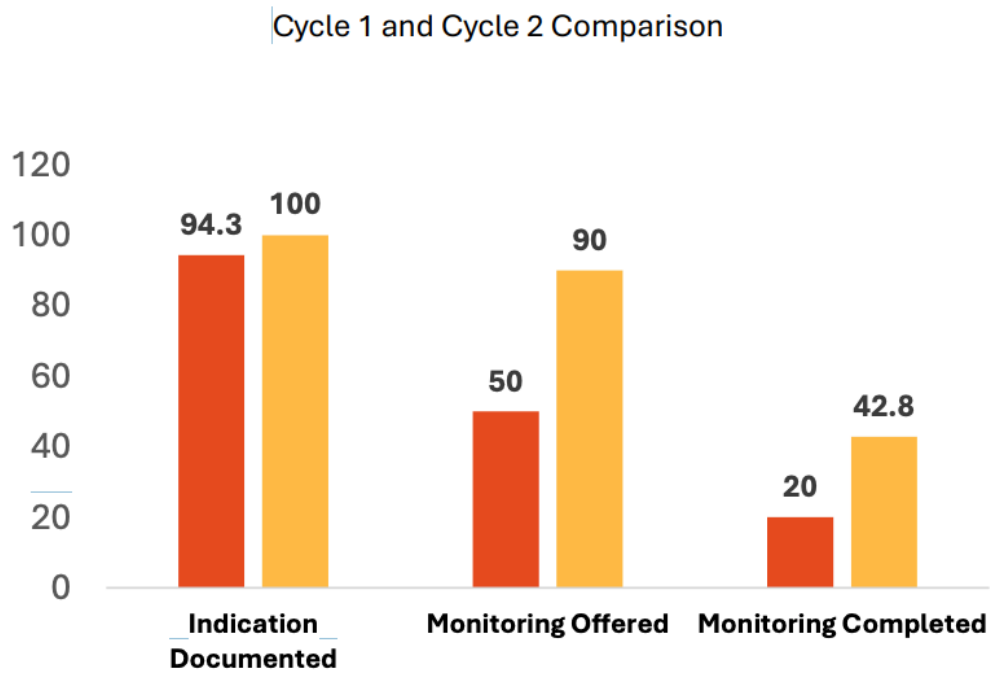
Methods:
We conducted a two-cycle clinical audit at a national drug treatment centre. Cycle 1 (Jan 2024–Jan 2025) included all patients prescribed antipsychotics (n=35). Standards assessed included documentation of clinical indication, metabolic monitoring, ECG within 12 months, and documentation where screening was declined. Following Cycle 1, QI interventions included patient education leaflets, health promotion materials, clinician education on guideline-based monitoring, automated reminders for annual screening, and multidisciplinary team engagement. Cycle 2 (July–Dec 2025) used the same criteria.

Results:
In Cycle 1, Documentation of declined screening was minimal (0–5.7%), suggesting monitoring was not consistently offered. In Cycle 2, documentation of clinical indication improved to 100% from 94.3% in cycle 1, HbA1c/fasting glucose to 57% (2.9%), waist circumference to 60% (8.6%) and blood pressure to 60% (22.9%), and 57.2% for ECG (45.7%). Among those offered testing, uptake remained modest: approximately 40–43% completed metabolic monitoring and 42.8% completed ECG.

Discussion:
QI interventions significantly improved documentation and consistency of offering recommended monitoring, reflecting better adherence to clinical standards. However, patient uptake remained suboptimal, highlighting ongoing engagement challenges within addiction services.

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Identifying Barriers to Adherence in Buvidal Treatment and Implementing Change: A Quality Improvement Audit in Opioid Agonist Treatment

F. Ali[1]; B. Mohammedl[1], D. T. Weir[2]

1. Psychiatry Dept. St Vincent's Hospital, Convent Avenue, Richmond's Road, Fairview, Co. Dublin, Ireland
2. Psychiatry Dept. St James's Hospital, 26 McDowell Avenue, Dublin, Co. Dublin, Ireland

Abstract

Aims:
This study aims to quantify missed Buvidal doses, identify key barriers to adherence, implement a targeted intervention, and assess its impact through a full-cycle clinical audit.

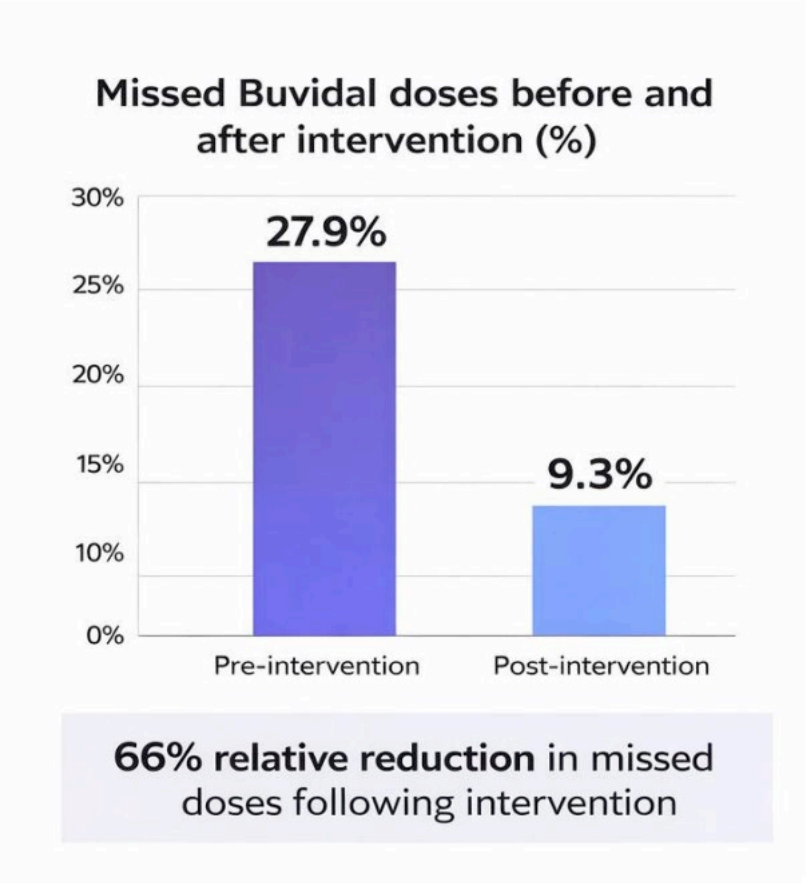
Methods:
A full-cycle clinical audit was conducted of all patients prescribed Buvidal under two consultant-led addiction services between May and July 2025. Data were collected by reviewing clinical records. Barriers to adherence were categorised into psychological, substance use/mental health-related, and logistical factors, alongside patient reminder preferences. Following the initial audit cycle, we implemented a targeted intervention using personalised pre-appointment telephone reminders and patient psychoeducation within routine clinical practice. A re-audit was conducted 2 months later. The audit standard was ≥90% dose attendance in line with SPC guidance.

Results:
In the initial cycle, 12/43 patients (27.9%) missed at least one scheduled dose. Barriers included substance use or mental health instability (50%), psychological factors (~25%), and logistical challenges (16–25%). Additional access and infrastructure-related barriers, including lack of social support, unsafe environments, and competing responsibilities, affected about 33% of patients. After implementing personalised reminders, missed doses fell to 4/43 patients (9.3%), a 66% relative reduction.

Discussion:
Missed Buvidal doses were common and multifactorial. While certain barriers are less amenable to direct intervention, modifiable factors were effectively addressed through personalised reminders and psychoeducation. Low-cost, patient-centred, and scalable interventions can significantly improve adherence and engagement with potential for wider service-level implementation.

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From Paper to Practice: Improving Documentation Compliance in a Specialist Perinatal Mental Health Team — A Closed-Loop Audit

C. Shahid, S. Waseem

St James's Hospital, 26 McDowall Avenue, Dublin, Co Dublin, Ireland

Abstract

Aims:
This audit aimed to evaluate and improve compliance with HSE documentation standards within a specialist perinatal mental health team.

Methods:
A retrospective closed-loop audit was conducted in a specialist perinatal mental health team. In Cycle 1, 102 patient charts were reviewed, and the most recent clinical entry in each chart was assessed against HSE documentation standards. Criteria included black ink, date, time in 24-hour format, clinician signature, printed name, job title, professional number, and patient identifiers on each page. After Cycle 1, targeted interventions were introduced, including desk-based visual prompts, clinician-specific stamps, and presenting findings at an audit meeting. Cycle 2 involved re-auditing 100 charts using the same methodology to evaluate the impact of these interventions.

Results:
Baseline compliance was variable. While date documentation was universal (100%), other criteria showed suboptimal adherence. Following the intervention, most parameters improved significantly, as shown in the table.

Discussion:
Simple, low-cost interventions can produce meaningful improvements in documentation practices. Despite significant gains, incomplete adherence, particularly in time recording, highlights the need for ongoing education, reinforcement, and system-level solutions. Introducing electronic health records may further standardise documentation and help sustain improvement. This audit demonstrates the value of closed-loop quality improvement initiatives in enhancing patient safety and clinical governance within mental health services.

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Criteria	Cycle 1 (%)	Cycle 2 (%)
Black ink	87.3	100
Date	100	100
Time (24h)	27.5	33
Printed name	55.9	72
Signature	71.6	95
Job title	47.1	81
Professional no.	54.9	79
Patient ID both sides	56.9	74

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Methods of standard setting for written assessment in undergraduate medical education: characteristics, modifications, strengths/weaknesses and limitations: A scoping review

M. Haron

Dept. of Surgery, Beacon Hospital, Beacon Court, Bracken Road, Sandyford, Dublin 18, Ireland.

Abstract

Aims:
This scoping review examines the literature on standard-setting methods for written assessments in undergraduate medical education, reporting on characteristics, modifications, strengths/weaknesses, and limitations.

Methods:
Using the Arksey and O'Malley framework, a systematic search of multiple bibliographic databases identified 25 studies from 15 countries that met the inclusion criteria. Data was charted, analysed, and summarised thematically and numerically.

Results:
The modified Angoff method was the most frequently used and widely accepted standard-setting method, valued for its defensibility but criticised for subjectivity and resource intensity. Other methods, such as Cohen, Nedelsky, Ebel, and Hofstee, were used less often, and rarely in combination, to produce a defensible, valid passing standard. A key finding was the significant variation in method implementation across studies, including judges' training and the consensus processes. Detailed reporting on methods was inconsistent across studies.

Discussion:
No single standard-setting method was identified as universally superior. The heterogeneity in application and reporting revealed a lack of consensus and the need for unified reporting practices and guidelines. Future research should focus on developing a reproducible reporting framework to facilitate comparative studies and systematic reviews. We recommend maintaining consistent documentation and reporting processes for educational facilities, developing an international standards guidance framework to assess fairness and defensibility, and using a combination of approaches to standard setting, as no single method is consistently superior.

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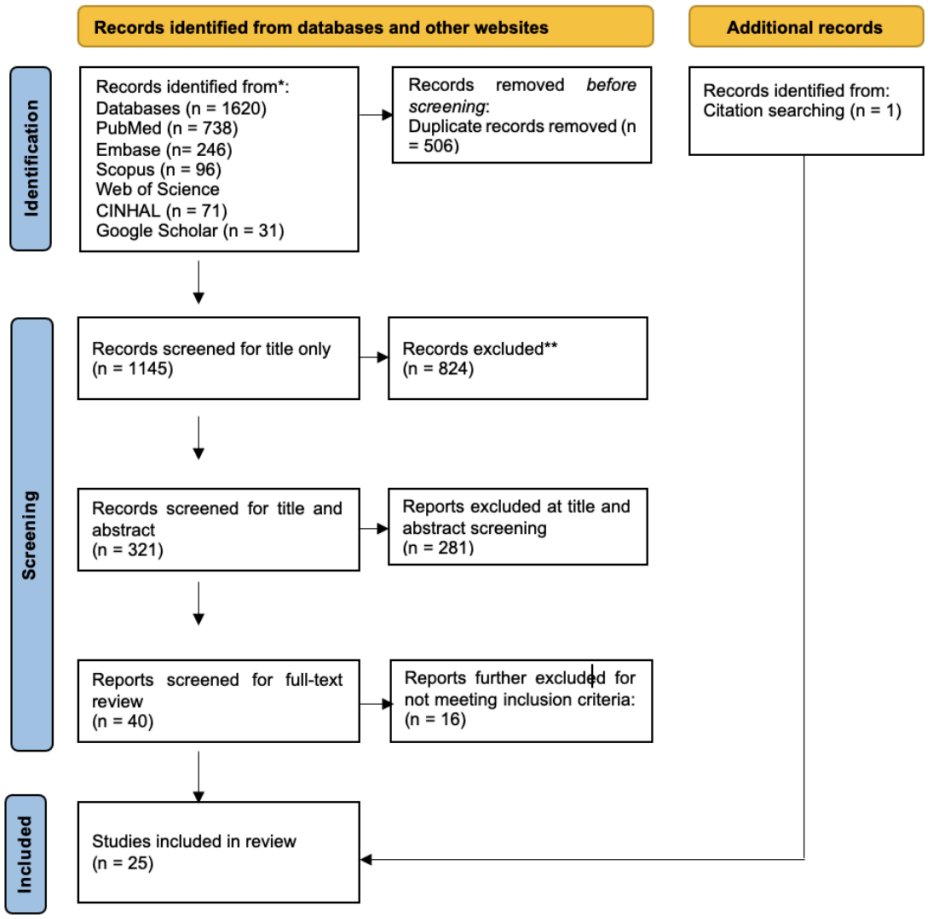


Figure 1: Haddaway, N. R., Page, M. J., Pritchard, C. C., & McGuinness, L. A. (2022). PRISMA2020: An R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and Open Synthesis Campbell Systematic Reviews, 18, e1230. https://doi.org/10.1002/cl2.1230

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Platelet-Albumin Ratio - a Predictor of Outcome of Need for Banding in Patients with Cirrhosis and Oesophageal Varices

A. Abdalla, R. Dwarika, M. Moloney, M. Skelly, P. Maheshwari, R. Stack, J. Doherty

Gastroenterology Department, University Hospital Limerick, Dooradoyle, Co Limerick, Ireland

Abstract

Aims:
This study aims to determine the efficacy of a platelet/albumin ratio as a predictor of variceal grade, need for banding, and rebleeding in inpatients with known cirrhosis and varices.

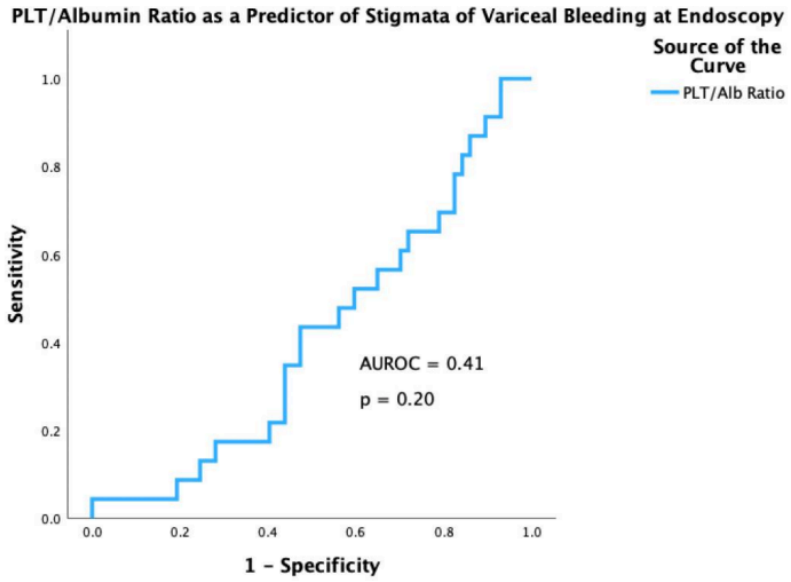
Methods:
A single-centre, retrospective study of patients admitted with known varices over a 5-year period was generated from Hospital In-Patient Enquiry (HIPE). 80 patients with cirrhosis presenting with variceal bleeding were analysed. Platelet/Albumin ratio was calculated on admission and was correlated with grade of varices, need for banding, bleeding from varices and rebleeding. Areas under the receiving-operator characteristic curve (AUROC) were calculated for the above factors also.

Results:
Median age was 60.35 years (IQR 50.91 – 68.55). 52.94% of patients were male. The cause of cirrhosis was alcohol-related in 53.9%. At endoscopy, 46.8% had grade 1 varices, 32.3% grade 2, and 20.3% grade 3. We found a significant negative correlation between PLT/Albumin ratio and grade of varices (P= 0.03) and also between PLT/Albumin ratio and need for banding (P = 0.04) but no significant correlation with signs of bleeding at endoscopy (p = 0.42). The AUROC for predicting need for banding and bleeding at endoscopy was 0.35 (p = 0.03), and 0.41 (P = 0.20).

Discussion:
The platelet/Albumin ratio is a simple bedside tool with potential as a predictor of the need for banding in patients with known varices admitted with upper GI bleeds. Larger studies are needed.

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PLT/Albumin Ratio as a Predictor of Need for Variceal Banding		
AUROC	**95% CI**	**p value**
0.35	0.22 – 0.48	0.03
PLT/Albumin Ratio as a Predictor of Stigmata of Variceal Bleeding at Endoscopy		
AUROC	**95% CI**	**p value**
0.41	0.28 – 0.55	0.20

Correlation between PLT/Albumin Ratio, Variceal Grade, Need for Banding and Bleeding		
	Correlation Co-efficient	**P value**
Variceal Grade	-0.25	0.03
Need for Banding	-0.23	0.04
Stigmata of Variceal Bleeding at endoscopy	-0.18	0.10

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Predictive Value of Preoperative Inflammatory Markers (C-reactive Protein and Neutrophil-to-Lymphocyte Ratio) for Post-Operative Ileus Following Appendectomy at Elnou Teaching Hospital, Sudan, July-December 2025

A. Alzain

Dept. of Surgery, Beacon Hospital, Beacon Court, Bracken Road, Sandyford, Dublin 18, Ireland

Abstract

Aims:
Post-operative ileus (POI) is a common complication following abdominal surgery, characterised by transient impairment of gastrointestinal motility. This study aimed to evaluate the predictive value of preoperative CRP and NLR in identifying POI risk among patients undergoing emergency appendectomy at Elnou Teaching Hospital.

Methods:
A prospective observational cohort study was conducted from July to December 2025, involving 51 patients who underwent open appendectomy. Demographic data, preoperative inflammatory markers (CRP and NLR), intraoperative findings, and postoperative outcomes were recorded. Data were analysed in SPSS version 26 using chi-square and Mann-Whitney U tests to assess associations.

Results:
The incidence of POI was 29.4%. Patients with POI experienced significantly longer delays in tolerating solid food (median 4.0 days vs. 1.0-day, $p < 0.05$). Preoperative inflammatory markers were significantly elevated (mean CRP: 104.9 mg/L; mean NLR: 11.6), and they showed a statistically significant independent correlation with the occurrence of POI in this specific sample. Baseline comorbidities were also a strong predictor, with 80% of POI patients having underlying conditions ($p < 0.001$). Age also significantly impacted recovery time ($p = 0.042$).

Discussion:
In this cohort, a high rate of POI was observed, likely influenced by the high percentage of complicated appendicitis. While systemic inflammation was evident through elevated NLR and CRP, Larger prospective multicentre studies are recommended to establish these markers as significant independent predictors of POI.

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From Survival to Thriving: Closing the Loop on Surgical Documentation to Deliver Safer, Standardised Care

A. Abdoun, EQ Lim, A. Omar, M. Kayyal

General Surgery Department, Cork University Hospital, Wilton Road, Cork, Co. Cork, Ireland

Abstract

Aims:
A baseline audit in a tertiary centre identified significant deficiencies across key domains, including medication reconciliation, vital signs, and management planning, with overall compliance of 71%. This project aimed to standardise surgical admission documentation by introducing a structured proforma and to evaluate its impact on documentation quality and patient safety.

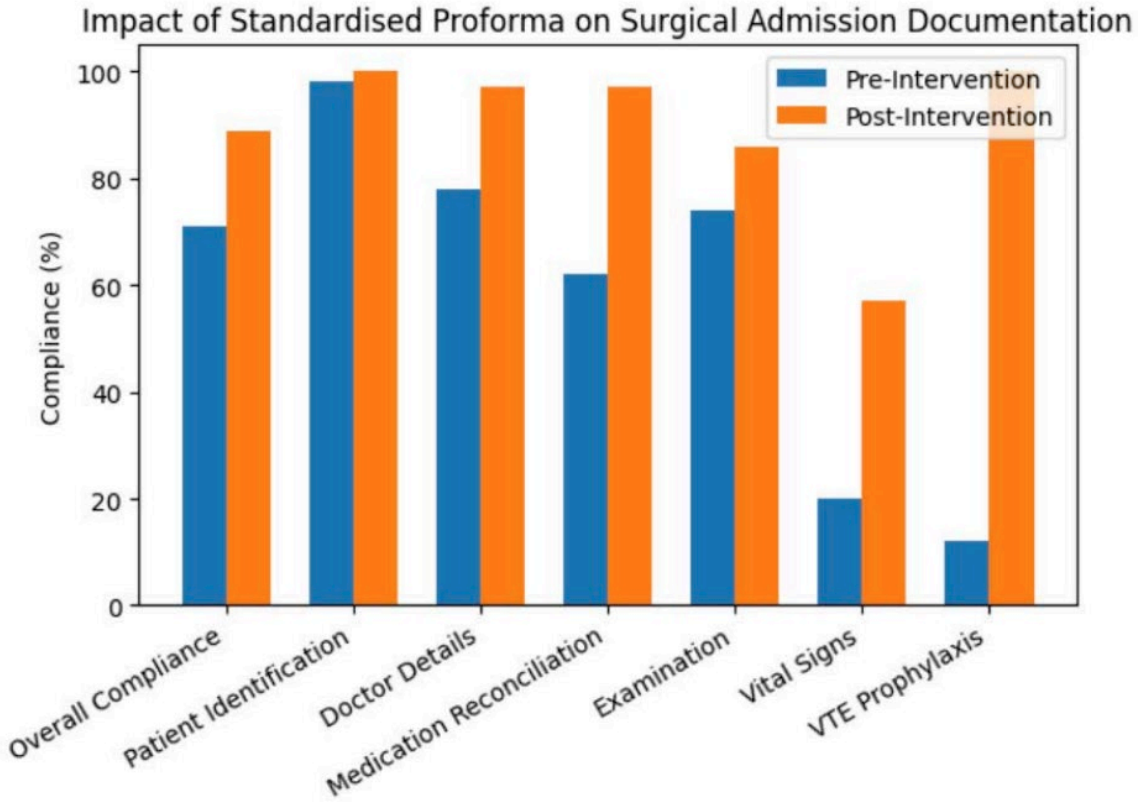
Methodology:
A closed-loop quality improvement project was conducted in Cork University Hospital. Baseline data were collected from 50 emergency surgical admission notes over a 4-week period, assessed against standards derived from Royal College of Surgeons guidelines. A re-audit was performed over 8 weeks, including 47 post-intervention notes using the proforma. Documentation completeness across predefined domains (patient identifiers, clinical history, examination, and management plan) was analysed.

Results:
A total of 97 admission notes were analysed (50 pre-intervention, 47 post-intervention). Overall documentation compliance improved from 71% to 89% following proforma implementation. Management plan documentation showed the most significant improvement, with VTE prophylaxis documentation rising from 12% to 100% ($p<0.001$). Universal compliance was achieved across multiple domains post-intervention. Persistent limitations included variability in handwritten legibility.

Discussion:
Introducing a standardised surgical admission proforma significantly improved the completeness, consistency, and safety of clinical documentation. This closed-loop QIP demonstrates that simple, low-cost interventions can drive meaningful improvements in patient safety and clinical governance.

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Quality Improvement Audit of Sodium Valproate Prescribing and Risk Assessment in the National Drug Treatment Centre (NDTC): A Completed Audit Cycle

M. Dougan, R. Basheer, K. Chukwudi, M. Scully.

Psychiatry Dept. Naas General Hospital, 80 Lakelands, Naas, Co Kildare, Ireland

Abstract

Aim:
This audit aims to assess and improve documentation of patient counselling on reproductive risks in male patients prescribed sodium valproate, and to assess compliance with completion of the sodium valproate annual risk assessment form (ARAF).

Methods:
We conducted a retrospective chart review of all patients prescribed sodium valproate within the NDTC. We examined records for documentation of indication, the initiating prescriber, provision of the patient information leaflet, and completion of a signed ARAF. We compared findings with HPRA valproate risk-minimisation standards. We presented initial audit findings at academic, consultant, and MDT meetings, highlighting updated guidance and emerging evidence on paternal risk. We reviewed patients with active valproate prescriptions, counselled them on risks, provided the Patient Guide, and completed ARAFs. Prescriptions were reviewed with consideration of discontinuation or referral to a specialist service where appropriate.

Results:
The initial audit identified 21 patients; all males. Baseline compliance was 0%. Documentation of indication was inconsistent, with approximately half of patients lacking a clearly recorded diagnosis. Following intervention, three patients had valproate discontinued. A re-audit revealed 100% compliance.

Discussion:
We recommend staff education on valproate-associated reproductive risks in men to be embedded in induction and ongoing training, reviewing valproate prescribing annually, with documented counselling and completion of a Valproate ARAF. Clear governance pathways are required.

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Improving Physician Adherence to VTE Risk Assessment.

H. Abu Agla[1], D. Alfraidi[2], K. Aljohani[2], H. Olfat[2]

1. Haematology Department, Cork University Hospital, Wilton Road, Cork, Co. Cork, Ireland
2. Haematology Department, King Fahd Hospital, Madinah, Saudi Arabia

Abstract

Aims:
Venous Thromboembolism (VTE) is a leading cause of preventable morbidity and mortality in hospitalised patients. Our aim is to improve physician adherence to the VTE risk assessment protocol to achieve a key performance indicator (KPI) target of ≥ 95% and to reduce hospital-acquired VTE and its associated complications.

Methods:
This quality improvement project was conducted in a 500-bed general teaching hospital (King Fahd Hospital, Madinah, Saudi Arabia) using the Plan–Do–Check–Act (PDCA) framework. Baseline data were collected in September 2023. Interventions included mandatory electronic enforcement of VTE assessment, targeted physician education, strengthening the VTE committee and administrative follow-up of non-compliance. A re-audit was conducted in December 2024.

Results:
At baseline, 220/300 patients (73%) had documented VTE risk assessments, compared with 293/300 (97.7%) post-intervention ($p < 0.001$), reflecting a statistically significant 24.7 percentage-point improvement. The incidence of hospital-acquired VTE decreased from 4/1169 admissions (0.34%) to 1/1910 admissions (0.05%), although this reduction did not reach statistical significance ($p = 0.072$); it represents a clinically meaningful improvement with potential implications for patient safety.

Discussion:
System-based enforcement combined with targeted education and accountability significantly improved physician adherence to VTE risk assessment protocols and was associated with a substantial reduction in hospital-acquired VTE. This initiative is scalable and can be implemented across similar healthcare settings to enhance patient safety and improve clinical outcomes.

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Irish Paediatric Trainee Experience Using Laryngeal Mask Airway (LMA) During Neonatal Resuscitation

S. Abdelrahim, K. Cunningham

Neonatology Department, Children's Health Ireland at Crumlin, Cooley Road, Dublin 12, Dublin, Ireland

Abstract

Aims:
We aim to describe the current clinical experiences of Irish paediatric trainees and confidence in the use of LMA during neonatal resuscitation.

Methods:
We surveyed paediatric trainees working in CHI Crumlin and Temple St Hospitals between January and July 2024. A Google Forms survey was disseminated using WhatsApp Trainee groups. The survey included questions regarding training, experience, and confidence. (5-point Likert scale). Participation was voluntary and anonymous. Local ethics approval was obtained.

Results:
42 trainees, including 10 SHOs, 16 Registrars, and 16 SpRs, responded. Thirty-five (83%) reported practical training in the use of LMA in Neonates. Six (14%) and 29 (69%) have successfully placed an LMA and an endotracheal tube (ETT), respectively. Thirteen (31%) have witnessed LMA being successfully placed. Overall, mean (SD) confidence scores for LMA insertion in a neonate were 2.8 (1.15), 2.7 (1.42), and 2.7 (1.19) for SHOs, registrars, and SpRs, respectively. The mean (SD) confidence score according to clinical exposure to LMA and experience with LMA and ETT are as follows: witnessed LMA insertion, has placed LMA (n=6): 4.3 (0.82), witnessed LMA, never placed LMA (n=6): 3.1 (0.81), never witnessed nor placed LMA (n=28).

Conclusion:
Paediatric trainee experience and confidence in the use of LMA is limited. Increased training and clinical use may improve trainee use during neonatal resuscitation.

References:

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3. D Trevisanuto, C Gizzi, F Cavallin, et al. Laryngeal Mask Airway in Neonatal Resuscitation: A survey of the Union of European Neonatal and Perinatal Societies. Neonatology 1-112024

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Spontaneous Remodelling of Posterior Sternoclavicular Joint Dislocations in Skeletally Immature Patients: A Case Report

A. Abdalla, E. Fahey, R. Lyons, D. Morrissey

Trauma and Orthopaedic Dept. Cork University Hospital, Wilton Road, Cork, Co. Cork, Ireland

Abstract

Presentation
A retrospective review was conducted of a 13-year-old male who presented with a posterior SCJ dislocation following a sports-related injury. We performed a clinical examination, neurological assessment, and computed tomography (CT) imaging at presentation.

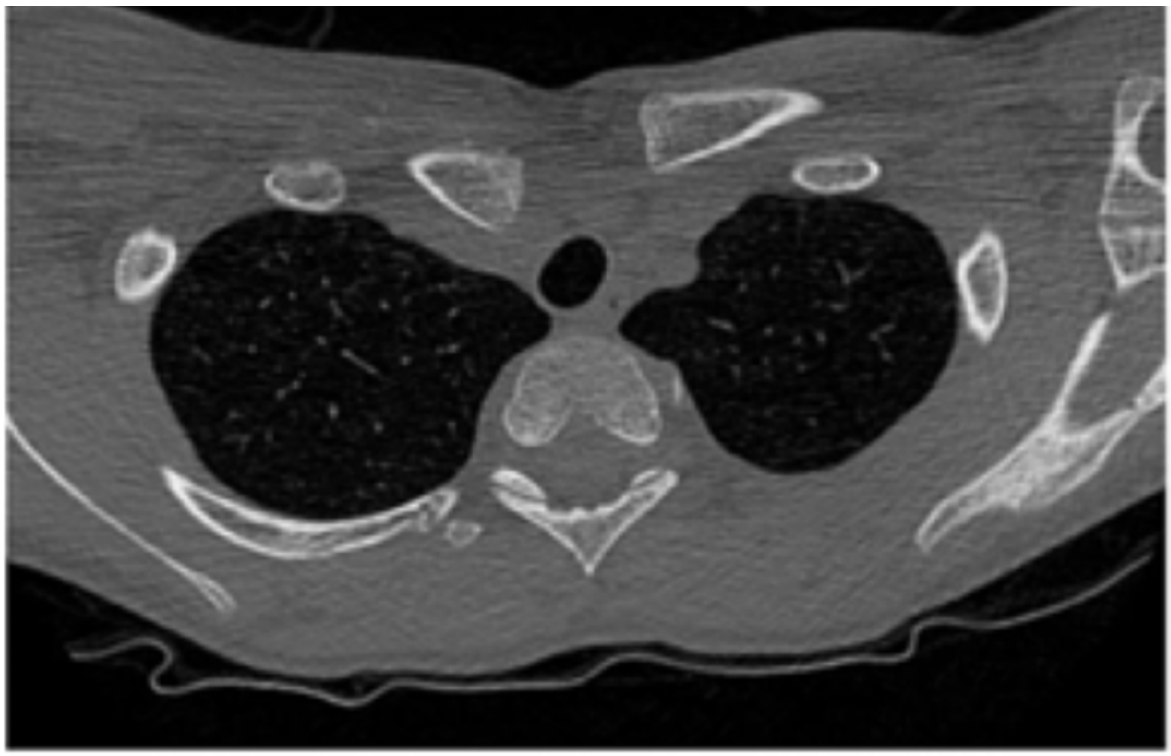
Diagnosis
Closed reduction was attempted under cardiothoracic supervision. Post-reduction imaging, physiotherapy progress, and functional outcomes were recorded. The patient re-presented six years later with a new injury to the same SCJ, prompting repeat imaging and reassessment. Initial CT imaging confirmed a posterior SCJ dislocation with an associated anterior mediastinal haematoma. Closed reduction resulted in minimal radiographic improvement, but the patient remained clinically stable and asymptomatic.

Treatment
The patient was managed conservatively with physiotherapy and regained full, pain-free shoulder range of motion within six weeks. At six-year follow-up, after sustaining a new sports injury, the patient reported only mild SCJ tenderness with no neurovascular or respiratory compromise. Repeat CT showed a 2-mm discrepancy between the right and left SCJs. The patient had full functional recovery, had returned to competitive sport, and reported no limitations in daily activities. No surgical intervention was required at any stage.

Discussion
Although posterior SCJ dislocations are traditionally managed aggressively due to the risk of mediastinal compromise, conservative management may be safe and effective in carefully selected patients who remain asymptomatic following attempted reduction. These findings support a more individualised approach to managing posterior SCJ injuries in adolescents.

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Axial CT image showing posterior displacement of the right sternoclavicular joint. The medial end of the right clavicle is displaced posteriorly relative to the sternum, with potential compression of adjacent mediastinal structures.

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Implementing Low-Dose Intrathecal Morphine for Postoperative Pain in Total Abdominal Hysterectomies: A Quality Improvement Initiative at Sligo University Hospital (2023 –2024)

Y. Abedelraheem, A. Pisula

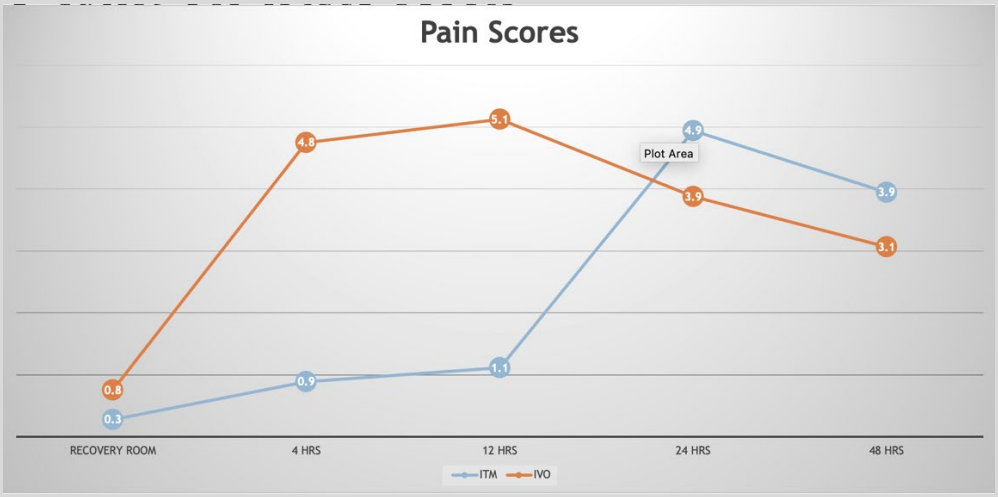
Dept. of Anaesthesia, St. Vincent's Private Hospital, Herbert Avenue, Co. Dublin, Ireland

Abstract

Aims:
Total Abdominal Hysterectomy (TAH), the most common non-obstetric major surgical procedure at Sligo University Hospital (SUH), traditionally managed via Patient-Controlled Analgesia (PCA) using high-dose intravenous opioids and non-opioid medications. To improve patient outcomes, a new protocol introducing low-dose intrathecal morphine (ITM) (≤ 300 µg) was implemented. We aimed to compare outcomes before and after protocol implementation.

Methods:
This QIP was conducted between January 2023 and January 2024. Baseline data were collected from 16 retrospective notes (2023) of patients who received standard intravenous opioids (IVO) under GA. Post-implementation data were collected from 18 prospective patients (commencing January 2024) who received low-dose ITM plus GA. Inclusion criteria comprised elective non-cancer TAH patients; exclusions included emergency and cancer procedures, chronic opioid use, or contraindications to neuraxial anaesthesia.

Results:



The ITM cohort demonstrated superior pain control compared to the baseline (IVO) group. No incidents of respiratory depression or excessive sedation were observed in either cohort. Postoperative nausea and

vomiting (PONV) and pruritus occurred in 63% (10/16) and 0% of the baseline group, compared to 17% and 78% of the ITM group, respectively. The ITM group exhibited a higher incidence of hypotension (SBP <99 mmHg) at 4 and 12 hours; all transient. There was no statistically significant difference in the average LOS.

Discussion:
This initiative demonstrates that ITM is a safe, effective enhancement to the TAH care pathway and patient experience.

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Assessment of CT Brain Imaging Practices In Paediatric Patients With Non-Traumatic Complaints at CHI, Tallaght

J. Gilchrist, N. Kannan, D. Othman, T. Bolger, A. Raba

Emergency Department, Children's Health Ireland, Tallaght, Belgard Square N, Dublin 24, Ireland

Abstract

Aims:
Clinical practice guidelines from RCH and NICE in relation to headaches state that most children presenting with non-traumatic complaints do not require investigations or imaging. This audit aims to evaluate the use of CT brain scans in children with non-traumatic complaints, and to determine adherence to clinical guidelines.

Methods:
A retrospective audit was conducted from July 2023 to June 2024 at CHI Tallaght, of children under16 who underwent CT brain scans for non-traumatic conditions.

Results:
The audit included 204 patients. Most scans were performed at the patient's first presentation, with 20% at second attendance, and 2% on three or more reattendances. Headache was the most common presenting complaint, and 68% of patients exhibited at least one red flag for increased ICP. However, 21% of scans were performed without meeting the clinical criteria, and all returned normal results. 4% of cases had acute intracranial pathology requiring immediate intervention. Six children had space-occupying lesions, one had an intracranial abscess, and one was diagnosed with acute encephalitis and was transferred to the ICU. Notably, two patients with acute intracranial pathology were only diagnosed on second presentation.

Discussion:
A significant number of CT brain scans were performed without proper clinical justification, with 21% deemed unnecessary.

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Modern Versus Traditional Teaching Methods in Human Anatomy: "A Cross-Sectional Study"

T. Fadlallah[1], M. Wali[2]

1. Family Physician, Kosti, White Nile Province, Sudan
2. Emergency Dept., Waterford University Hospital, Dunmore Road, Waterford, Co. Waterford, Ireland

Abstract

Aims:
Human anatomy remains a fundamental component of medical education. Recent advances have introduced modern teaching approaches, including three-dimensional visualisation, virtual dissection, and digital learning platforms. This study evaluates students' perceptions of modern teaching techniques compared to traditional methods in learning human anatomy.

Methods:
A cross-sectional descriptive study was conducted among medical students at the University of Gezira, Sudan. A structured, self-administered questionnaire was distributed to assess students' experiences with both traditional and modern teaching modalities. It examined understanding, engagement, knowledge retention, and overall satisfaction. Data were analysed using descriptive statistics and comparative methods to identify patterns in student preferences.

Results:
A total of 150 students participated in the study. The majority (72%) reported that modern teaching methods improved their understanding of anatomical concepts. Furthermore, 68% of participants preferred digital tools and 3D visualisation due to enhanced clarity and interactivity. Despite this, 54% of students emphasised the importance of traditional methods, particularly cadaveric dissection, for achieving deep, practical understanding. Notably, 81% of respondents favoured a hybrid teaching approach combining both modern and traditional methods.

Discussion:
Modern teaching techniques significantly enhance student engagement and conceptual understanding in anatomy education. However, traditional methods remain indispensable for comprehensive learning and skill acquisition. A blended or hybrid approach is recommended to maximise educational outcomes and meet diverse learning needs in medical curricula.

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Atypical Presentation of Seronegative Polyarthritis with Vasculitic Features; a case report

E. Mustafa

Rheumatology Dept, University Hospital Limerick, Dooradoyle, Limerick, Ireland

Abstract

Presentation:
We report a 61-year-old female who presented with progressive bilateral finger discolouration, reduced pulsation, and impaired capillary refill. Comprehensive imaging excluded arterial occlusion, stenosis, and malignancy. Within three months, she developed acute polyarthritis affecting the hands, feet, knees, and temporomandibular joint, with markedly elevated ESR and CRP, but negative rheumatoid factor, anti-CCP, ANCA, and ANA. At six months, acute headache and jaw claudication raised concern for temporal arteritis; however, vascular ultrasound excluded giant cell arteritis.

Diagnosis:
This case illustrates a rare, evolving presentation in which peripheral vascular symptoms preceded polyarticular disease, underscoring the importance of clinical synthesis when serology is uninformative.

Treatment:
Following initiation of high-dose corticosteroids and methotrexate, the response was partial. Tocilizumab was subsequently introduced with excellent effect. At six-month follow-up, CRP normalised, with full remission.

Discussion:
All vascular imaging was unremarkable, with no evidence of vasculitis, occlusion, or malignancy. Autoimmune serology remained persistently negative throughout the disease course despite significant systemic inflammation. Temporal artery ultrasound demonstrated patent vessels with atheromatous changes only, without features of giant cell arteritis.
This case highlights that seronegative polyarthritis may present with prominent vasculitic features that dominate the initial clinical picture. Absent autoantibodies should not preclude aggressive investigation and treatment of systemic inflammatory disease. Peripheral vascular manifestations may represent a rheumatological phenomenon rather than primary vasculitis. Biologic therapy with tocilizumab provided definitive disease control where conventional immunosuppression was insufficient.