

persisted, prompting an extension of the ACT regimen by two additional days. Broad investigations, including cultures, imaging, and serology, excluded co-infections, drug reactions, or secondary sepsis. Supportive care was continued, and the patient defervesced on day ten of treatment without further escalation.

Conclusion: This case highlights the complexities of managing imported malaria in post-elimination settings. Persistent fever following parasite clearance, referred to as clinical–parasitological dissociation, can lead to diagnostic uncertainty. The possible reasons for this scenario may be related to residual parasite antigens or host inflammatory responses. Awareness of such atypical recovery patterns is crucial to avoid unnecessary treatment escalation and to guide rational management.

PP 20

Rethinking Revascularization in Renal Artery Stenosis: A Case of Remarkable Recovery

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Background: Renal artery stenosis (RAS), primarily caused by atherosclerosis, leads to resistant hypertension, progressive renal dysfunction, and increased cardiovascular risk. Treatment includes medical therapy and revascularization. While the role of revascularization is debated, selected cases may show significant clinical benefit. Hence, this case report shows the successful and significant clinical benefits of staged revascularization in a patient with RAS and resistant hypertension.

Case Presentation: We report the case of a 39-year-old female, a known patient with hypertension and a past history of transient ischemic attack, who was admitted with recurrent episodes of headache. On evaluation, she was found to have elevated blood pressure (170/90 mmHg) and impaired renal function, with an estimated glomerular

filtration rate (eGFR) of 41 mL/min/1.73 m². In view of declining renal function, a CT renal angiogram was performed, which revealed significant stenosis of the left renal artery. The patient subsequently underwent left renal artery angioplasty and stenting, performed by the interventional radiology team. Angiographic findings showed a high-grade juxta-ostial stenosis with mild post-stenotic dilatation. A 4 mm percutaneous transluminal angioplasty (PTA) balloon was used, followed by deployment of a 4 mm × 19 mm uncovered stent. Post-procedure imaging confirmed satisfactory stent placement. She was started on dual antiplatelet therapy and underwent a follow-up Doppler scan at two weeks, which demonstrated satisfactory renal perfusion. Her renal function showed marked improvement, with eGFR increasing to 59 mL/min/1.73 m², and her blood pressure normalized to 120/80 mmHg.

Conclusion: This case demonstrates the potential benefits of revascularization in complex RAS management, including improvements in blood pressure control, renal function, and symptom relief. It emphasizes the value of a tailored, patient-specific approach to achieve optimal clinical outcomes in high-risk RAS patients.

PP 21

Colonoscopic Findings in Patients Investigated for Abdominal pain at Teaching Hospital Jaffna: A Retrospective study from January to December 2024

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Background: Abdominal pain is one of the most frequent complaints encountered in clinical practice and often prompts further investigation to identify any underlying gastrointestinal issues. Colonoscopy remains a key diagnostic tool in evaluating such