



# ASSL News

Newsletter of the Anatomical Society of Sri Lanka

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## EDITORIAL

Senior Professor  
Deepthi Nanayakkara

### Welcome to the inaugural issue of the ASSL Newsletter!

The purpose of publishing this inaugural newsletter is to keep the members of the Anatomical Society of Sri Lanka connected and to provide a platform for the sharing of information among them.

For this issue, we have established the pattern of asking each Anatomy Department to submit news items that they would like to share with the membership. This is the pattern that we propose to follow for each issue in the future.

The committee is hoping to issue the ASSL Newsletter quarterly, and look forward to hearing from all of you the members, with your contributions including relevant photographs with captions and any other interesting material for the next and future issues.

This inaugural issue owes much to many people. We extend our sincere gratitude and thanks to the newly elected president Senior Professor B.G. Nanayakkara and the Committee of the ASSL, from whom the idea originated and for supporting it so wholeheartedly. We also wish to place on record the unfailing support of our immediate past President, Emeritus Professor Rohan Jayasekara in all the activities of our Association.

Hoping to bring more news with the next issue....



## MESSAGE FROM THE FOUNDER PRESIDENT

**Emeritus Professor Rohan W. Jayasekara**

I would like to begin my message to this inaugural Newsletter by congratulating the newly elected President Prof. B.G. Nanayakkara, Senior Professor in Anatomy, Faculty of Medicine, University of Ruhuna, Galle, and wishing him a very rewarding and successful tenure as the new President of the Anatomical Society of Sri Lanka.

The role played by Human Anatomy has never been more exigent than in the present time when its worth is being devalued by the storm of medical educational reforms sweeping the academic world. However, in hindsight its invaluable contribution to training in the various specialties and subspecialties seems to be growing in leaps and bounds and quite vociferously expressed by clinicians both nationally and internationally.

In keeping with this increasing demand for knowledge and involvement in research, this Society has through its membership representing nine faculties of medicine, continuously revisited, evaluated and strengthened the curricula in Anatomy in keeping with the missions and visions of the respective faculties. I believe this year the new President has suggested and intends to create a common undergraduate curriculum for all the departments of Anatomy in the country, certainly the dire need of the day.

A significant and major development that took place in the past few years with the active participation of its membership was the creation of a Specialty Board in Anatomy and its membership in the Board of Study in Basic Medical Sciences at the Postgraduate Institute of Medicine [PGIM] in Colombo. This led to the launching of the much awaited course leading to the Diploma in Anatomy which successfully produced its first batch and is now in the process of training the second intake, thus fulfilling a long felt need.

The Society is now under the able leadership of Prof. Nanayakkara and judging from his impressive track record of accomplishments, innovative thinking and the indefatigable spirit of harnessing the variety of strengths of the membership, a new era is sure to dawn.

May I in conclusion wish the President and the membership a wonderful year ahead.

## ACKNOWLEDGEMENTS

Mr. Gayan Kodithuwakku, IT Unit, Faculty of Medicine, Galle, for helping with the designing of the logo.



## MESSAGE FROM THE PRESIDENT

**Senior Professor  
B. G. Nanayakkara**

It is indeed an honour and privilege to send this message to the inaugural newsletter of the ASSL.

The ASSL aims to promote, develop and advance research and education in all aspects of anatomical sciences. The ASSL hopes to achieve these aims by organizing scientific meetings and symposia and publishing the Journal of the Anatomical Society of Sri Lanka. I appeal all the members of the ASSL to join hands with us to make these events success.

We strongly believe that it is important to honour those who paved the way for today's achievements. Their pioneering work set the stage for much of the work we are doing today. On behalf of the Council, I extend my sincere thanks to the Founder President, Emeritus Professor Rohan Jayasekara for his inspiration, guidance, expertise and untiring efforts in all the activities of the ASSL.

Members of the newsletter committee have spent countless hours working with this issue of the newsletter and all the planned activities of the ASSL to make things happen and I am immensely thankful and proud of them.

It is the utmost responsibility of all of us to make sure that this society will flourish and go from strength to strength.

## NEWSLETTER COMMITTEE

- Emeritus Professor Rohan W. Jayasekara  
(Advisor)
- Professor B.G. Nanayakkara  
(President)
- Professor I. Ilayperuma  
(Secretary)
- Professor Deepthi Nanayakkara  
(Editor)
- Dr. S.K.Y.I. Kodikara  
(Assistant Editor)
- Ms. K.N. Palahepitiya  
(Managerial Assistant)



## MESSAGE FROM THE SECRETARY

**Professor  
I. Ilayperuma**

It is with great pleasure that I send this message to the first newsletter of the ASSL. This quarterly newsletter aims to provide members with up-to-date information on the activities of the society, research breakthroughs, membership profiles, and accomplishments.

The ASSL promotes excellence in research and education focusing on anatomy in its broadest sense. In addition to being the educators of both undergraduates and postgraduates, research by members of the ASSL, encompass Clinical Anatomy, Histology, Neuroscience, Embryology and Developmental Biology, Genetics, Molecular Biology, Imaging, Ophthalmology, Forensic Science, Anthropology and numerous other exciting and developing areas such as Regenerative Medicine. The ASSL is proud to have members who are internationally recognized for their contributions to developing and sustaining the field of anatomy as the back bone of biomedical science.

We welcome all national & international scientists and related professionals with an interest in the discipline of Anatomy to join us. We believe this will allow our members to form lifelong professional relationships and friendships.

I wish to thank all members of the ASSL for their enthusiasm and Emeritus Professor Rohan Jayasekara for his unstinted support in making this NEWSLETTER a reality.

*"I profess to learn and to teach anatomy not from books but from dissections, not from the tenets of Philosophers but from the fabric of Nature."*

**William Harvey**



## ACHIEVEMENTS

**Senior Professor  
Surangi Yasawardene**

Professor Surangi Gayaneetha Yasawardene, Senior Professor of Anatomy assumed duties as Dean, Faculty of Medical Sciences, University of Sri Jayawardenapura in 2014. She graduated from the Faculty of Medicine, University of Colombo in 1992. Soon after completing her internship she joined the Faculty of Medical Sciences as a probationary lecturer in Anatomy in 1993. As a pioneer member of the Department of Anatomy, she together with the senior staff was instrumental in organizing the curriculum and setting up the department. She obtained her PhD in Molecular Genetics in 2000 and progressed academically with the promotion to Professor in Anatomy on merit in 2007, Chair Professor of Anatomy in 2010 and Senior Professor of Anatomy in 2015. During this time she continued to actively participate in all areas of academia in undergraduate and postgraduate activities. She also functioned as the administrative Head of the Department of Anatomy from 2001 until she assumed duties as Dean.



## REMEMBERING

**Senior Professor  
Malkanthi  
Chandrasekara**

Malkanthi Shriyani Chandrasekara was born on the 27<sup>th</sup> of May 1950 in Colombo and she was educated at Vishaka Vidyalaya Colombo.

She graduated from Dental school, Faculty of Medicine, University of Peradeniya with second class honors in 1974.

Professor Malkanthi Chandrasekara joined the Department of Anatomy, Faculty of Medicine as an Assistant Lecturer in 1976 and passed the Primary FDSRCS examination conducted by the Royal College of Surgeons of England in 1978. In 1980 she was awarded the Commonwealth Academic Staff Scholarship to the University of Newcastle Upon Tyne to read for a doctorate and on her return was promoted to Senior Lecturer and then Associate Professor in 1994. She was appointed to the chair in Anatomy in 2000. She was also the Head of the Department of Anatomy and the Founder Dean of the Faculty of Medicine, University of Rajarata.

She was an examiner at the PGIM for the MS part 1 in Dental Surgery and General Surgery and was instrumental in planning and conducting the first ever Postgraduate Diploma Course in Anatomy. Professor Malkanthi Chandrasekara was a dedicated teacher, researcher and a brilliant academic.

## PUBLICATIONS &amp; BOOKS

*Articles in indexed journals*

**Coracobrachialis muscle: morphology, morphometry and gender differences.**

Ilayperuma I, Nanayakkara BG, Hasan R, Uluwitiya SM, Palahepitiya KN

*Surgical & Radiologic Anatomy, 2016, 38:335-40*

**Books**

**Colour Atlas of Human Anatomy: Abdomen**



B.G. Nanayakkara, I. Ilayperuma,  
S K.Y.I. Kodikara

ISBN 978-955-42477-4-1



## ESTABLISHMENTS & ACCOMPLISHMENTS

### **Molecular Genetics Laboratory, Faculty of Medicine, Galle**

A Molecular Genetics Laboratory (MGL) was established in 2008 in the Department of Anatomy, Faculty of Medicine, Galle. The laboratory was founded by Senior Professor B. G. Nanayakkara, who continues to serve in the capacity of Founder Director to date. It was initially funded by grants from the WHO Biennium in 2008/2009, the Sri Lanka Dental Association in the UK and the Third World Academy of Sciences (TWAS). Recently the Molecular Genetics Laboratory was upgraded with funds from the University of Ruhuna under the scheme of internationalization of six universities in Sri Lanka.

The founder academic staff members of the laboratory are Senior Professor B. G. Nanayakkara (Director), Professor I. Ilayperuma (Senior Research Advisor) and Dr. L.B. Lahiru Prabodha (Medical Officer in Charge). The MGL is amalgamated with the Human Genetics Unit, Faculty of Medicine, University of Colombo for its diagnostic procedures. Two technical officers, Mrs. M.K.I.U. Gamage and Mrs. K.N. Palahepitiya were also trained in molecular diagnostic techniques and they provide the necessary technical assistance for research and the service functions.

The service functions were initiated in 2016 and is mainly focused on identification and evaluation of clinical manifestations and genetic syndromic diagnosis of patients and their genetic counseling. Molecular genetic analysis of patients with Alpha Thalassemia, JAK 2 mutations and genetic thrombophilia screening will be added to the lists of tests performed in the laboratory in near future. The laboratory is open to the research community and to undergraduate and postgraduate students for training and research in the field of molecular genetics.

**Dr. L.B.L Prabodha**

**Senior Lecturer, Department of Anatomy, Faculty of Medicine, University of Ruhuna**

## INVITED ARTICLE

### **Diabetic Retinopathy**

Diabetic retinopathy (DR) is a microvascular complication of diabetes which if left unchecked can result in blindness. DR ranks as a common cause of blindness worldwide, particularly among the working age population in the developed countries. With the global prevalence of diabetes being projected to rise to 438 million subjects by 2030, DR will certainly pose a major public health concern mostly to the developing countries in Asia. The presence of diabetic retinopathy is evidenced by the appearance of retinal microvascular lesions. The high blood sugar levels can damage the walls of the retinal blood vessels to cause focal vessel dilatations (microaneurysms), leaking of blood (retinal haemorrhages) and lipids and proteins (hard exudates). Leaking of tissue fluid will cause swelling of the retina (oedema). These early changes can be identified only by examination of the inside of the eye. At this stage the patient might have intermittent blurring of vision, constant poor vision or more importantly, no symptoms at all. If the diabetes is not kept under control the disease can advance. Due to blood vessel damage the retina will not get an adequate blood supply. This stimulates formation of new blood vessels which are extremely fragile.

This stage is called the proliferative diabetic retinopathy. In the advanced phase of the disease the retinal blood vessels can rupture bleeding into the eye (vitreous haemorrhage). Seeing floaters in the eye and sudden loss of vision would be the symptoms.

Contd...

Detachment of the retina is a late complication resulting in blindness. In addition, pressure inside the eye can increase, causing severe eye pain.

**What is the treatment for diabetic retinopathy?**

Essential part of the treatment is the control of blood sugar. Fasting blood sugar level should be kept at less than 110mg%. In addition systemic blood pressure should be 130/80 mmHg and serum lipid levels (cholesterol) should be kept under control. Stopping smoking will also be important in controlling diabetic retinopathy. Diabetic nephropathy and anaemia are two other causes associated with diabetic retinopathy.

**Every diabetic should get their eyes checked once a year.**

This examination should include a dilated fundus (back of the eye) examination and an eye pressure check. The changes of diabetic retinopathy will need laser treatment or careful follow up in the early stages.

**What is laser treatment?**

Laser treatment for diabetic retinopathy involves directing laser light to the affected retina to cause a mild reaction. It is a pain free OPD procedure lasting for less than 30 minutes. However dilatation of the pupil will cause discomfort on exposure to light. Side effects of laser treatment would include impairment of colour vision, reduction of visual field and rarely reduction of vision.

**However laser treatment saves the vision in the long term.**

Laser treatment is available at leading government and private hospitals in Sri Lanka.

The latest treatment to the development of new blood vessels in the retina is injection of an agent which will inhibit new vessel formation. Vascular endothelial growth factor is impotent in stimulating new vessel growth in the retina. When intravitreal anti vascular endothelial growth factors (Anti VEGF) are injected in to the eye the new vessel formation and retinal oedema are shown to regress. However this procedure needs repetition with frequent injections. As the disease advances it will not be possible to treat with laser treatment and other options like injections into the eye and vitreoretinal surgery would be necessary. But as the disease advances the outcome will be poor.

Additional tools to assess diabetic retinopathy would include colour photographs of the fundus, photographs after injection of a fluorescent dye and optical coherent tomography (OCT) of the retina. However controlling blood sugar is the key factor.

*As diabetic retinopathy can occur without symptoms early detection by annual dilated eye examination is recommended in every diabetic.*

**Dr. Madhuwanthi Dissanayake, Senior Lecturer & Consultant Eye Surgeon  
Department of Anatomy, Faculty of Medicine, University of Colombo**

**FUTURE EVENTS**

**Symposium:** An open discussion on the formats of the existing Anatomy curricula in the respective faculties will be held in late November at the Faculty of Medicine, Galle.

**MEMBERSHIP OF THE ANATOMICAL SOCIETY**

Eligibility for publications, notification of future events and participation in all other professional and social activities of the Society will be for members only.

Please contact Dr. M.B.Samarawickrama (0773321467) for further details.

Annual membership - Rs. 1000.00 & Life membership - Rs. 10,000.00