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SUNTEXT REVIEWS CONGRESS 2024

LAS VEGAS USA

OCTOBER 07-09 2024

Day 1
October 07, 2024 (Monday)

7:30 – 8:15	**Registrations**
8:15 – 8:30	**Opening Ceremony**
08:30 – 09:00	**Title: Diabetes and COVID-19 Infection Interactions** **Hassan Heshmati,** Endocrinology Metabolism Consulting, LLC, Hassan Heshmati and Valerie Shaw Endocrine Research, Anthem, AZ, USA
09:00– 09:30	**Title: Management of Traumatic Breast Hematomas; Case Series and Literature Review** **Alexandra Shapiro,** Department of General Surgery, Jersey Shore University Medical Center, USA
09:30 – 10:00	**Title: Circumferential Tracheal Replacement with Silicone Stent Supported, Cryopreserved Aortic Homograft** **Edward Hauptman,** Department of Surgery, University of Texas Southwestern Medical Center, USA
10:00– 10:30	**Title: Is Mandatory Pregnancy Testing Prior to Anesthesia and Surgery Unethical?** **Gail Van Norman,** Department of Anesthesiology and Pain Medicine, University of Washington, USA
	Coffee Break 10:30 – 10:45
10:45 – 11:15	**Title: Interstitial Cystitis/Bladder Pain Syndrome: When Part of the Posterior Fornix Syndrome is Potentially Curable Surgically** **Kay Scheffler,** Department of Urology, Helios-Klinikum Schwerin, Germany
11:15 – 11:45	**Title: A Rare Double Hepatobiliary Fistula Following Gunshot Injury Treated by Roux-en-Y Double Hepatic Parenchyma Fistulo-Jejunostomy: Case Report** **Massimiliano Iannuzzi Mungo,** Department of Surgery, Policilinico Luigi Di Liegro, Italy
11:45 – 12:15	**Title: State of the Art in minimally invasive Treatments for degenerative Spine conditions: The Role of Controlled Fixation and Novel Technologies in Neurosurgical Practice: Surgical Technique and clinical cases** **Cav. Dr. med.** (I) Alessandro Rustia, Privatklinik Bethanien in the Canton of Zurich, Switzerland, and with the Cantonal Hospital of Winterthur, Canton of Zurich, Switzerland
12:15 – 12:45	**Title: A Comparison of Locoregional versus General Anesthesia in Patients Undergoing Carotid Endarterectomy: A Retrospective Single-Center Study** **Reda El Bayoumy,** Basildon University NHS Hospital, United Kingdom
	Lunch Break 12:45 – 13:30
13:30 – 14:00	**Title: A Rare Case of Infantile Otalgia and Otorrhagia due to Alive Leech Bite** **Sultan Kadasah,** Department of Otorhinolaryngology, Head and Neck Surgery, University of Bisha, Bisha, Saudi Arabia
14:00 – 14:30	**Title: Microwave versus Endovenous LASER in Great Saphenous Vein Ablation of 340 Patients: Randomized Controlled Clinical Study** **Tamer Ezzat Abdalla Hafez**, Ahmed Maher Teaching Hospital, Egypt
14:30 – 15:00	**Title: Pelvic Abscess Treatment: A Novel Experience with UNICOÔ Drainage** **Salvatore Fazzotta**, Department of General Surgery, "Sant'Elia" Hospital, Caltanissetta, Italy
15:00 – 15:30	**Title: Endoscopic DCR Maximising Success** **Omar Abu Suliman**, Head,Neck & Skull Base Health Center, King Abdullah Medical City, Makkah, Saudi Arabia
15:30 – 16:00	**Title: Skin Flaps for Cochlear Implantation** **Bassam Alzuraiqi**, King Abdullah Medical City, Makkah Saudi Arabia
	Coffee Break 16:00 – 16:15

16:15 – 16:45	Title: Tongue Reconstruction Post Partial Glossectomy during the COVID-19 Pandemic **Mohammed Alessa**, King Abdullah Medical City Hospital Makkah, Saudi Arabia
16:45 – 17:15	Title: Effectiveness of Cluneal Nerve Block for the Treatment of Chronic Low Back Pain **Maira Alejandra Vanegas Rico**, FUCS Health Sciences University, Colombia
17:15 – 17:45	Title: Ileocecal Intussusception Caused by Appendiceal Mucinous Neoplasm, Volvulus: A Rare Complication of Meckel's Diverticulum **Maria Joao Macedo Vale**, Unidade de Saúde Local da Guarda, Portugal
17:45 – 18:15	Title: Synchronous Differential Independent Lung Ventilation Scenario: A Clinical Challenge **REDA EL BAYOUMY**, Basildon University NHS Hospital, United Kingdom

Day 2
October 08, 2024 (Tuesday)

08:00 – 08:30	Title: The Evolution of Dialysis Access – One Surgeon's Experience over 38 Years **Stephen I Hill,** Carilion Health System, USA
08:30 – 09:00	Title: Nutritional Assessment of Hip and Neck of Femur Fractures among Elderly Patients in Qatar **Muhannad Basheer Mohammed Al-Lahham,** Hamad Medical Corporate, Qatar
09:00 – 09:30	Title: Application of Fespixon on the Skin Graft Donor Site to Reduce Pain and Accelerate Wound Healing **Wan-Ting Hu,** China Medical University Hospital, Taiwan
09:30 – 10:00	Title: Strategies for Minimizing the Effects of Observer Variability on Sagittal Parameter Measurements of the Spine **Adimilson dos Santos Delgado,** University of São Paulo, Brazil

Coffee Break 10:00 – 10:15

10:15 – 10:45	Title: Concept Mapping -A Tool to Enhance Critical Thinking in B.Sc Nursing Students **Sija Binoy,** Faculty of Nursing, Gulf Medical University, UAE
10:45 – 11:15	Title: Parental Neglect of Feeding in Obese Adolescents **Gerardo Fernández Soto,** Technical University of Ambato. Faculty of Health Sciences. Nursery career, Ecuador
11:15 – 11:45	Title: Level of Knowledge on Folic Acid Supplementation among Nursing Students on a Mexican University **Balkis de Guadalupe López Hurtado,** Universidad Autónoma de Querétaro, Mexico
11:45 – 12:15	Title: The High Re-Ulceration Rate in Lower Extremity Amputation Intervention in Type 2 Diabetic Vietnamese Patients After 24-Month Follow-Up at Cho Ray Hospital, Vietnam **Tan Dat Huynh,** University of Medicine and Pharmacy of Ho Chi Minh City, Ho Chi Minh City, Vietnam
12:15 – 12:45	Title: ZILDA ARNS, A Militant Intellectual and Her Relationship with Pastoral Da Criança and Popular Education **Adriana Thomé,** Pontifícia Universidade Católica do Paraná, Brazil

Lunch Break 12:45 – 13:30

13:30 – 14:00	Title: Understanding the Crying Baby: Aetiology and Management Strategies **Samuel Menahem**, Royal Children's Hospital and Monash Medical Centre, Australia
14:00 – 14:30	Title: The Effect of The Combination of Slow Deep Breathing and Humming on Improving Oxygen Saturation of Inpatients With Pneumonia at RSUD Jayapura **Susana Jufuwai**, General Hospital of Jayapura, Indonesia

14:30 – 15:00	Title: Toe Deformity Due To Foot Compartment Syndrome after Revascularization of Acute Lower Limb Ischemia: A Case Report **Kazuhito Nagasaki**, Department of Vascular Surgery, Shimokitazawa hospital, Tokyo, Japan
15:00 – 15:30	Title: Gastric Cancer: Clinical Implementation of Artificial Intelligence, Synergetics, Complex System Analysis, Statistics and Simulation of Alive Supersystems **Oleg Ksivec**, Bagrationovsk Hospital, Kaliningrad, Russia
15:30 – 16:00	Title: Fate of the Moderately Diseased Aorta; a Single Center Experience **Athanasia Vlahou**, General Hospital George Papanikolaou, Thessaloniki, Greece
	Coffee Break 16:00 – 16:30
16:30 – 17:00	Title: Effect of PGA Sheets for Prevention of Pancreatic Fistula after Gastric Cancer Surgery **Kenichi Iwasaki**, Department of Gastrointestinal and Pediatric Surgery, Tokyo Medical University, Tokyo, Japan
17:00 – 17:30	Title: Single Stage Repair of Coarctation of Aorta in an Adult **Ashwin Venkatesh**, Cardiothoracic and Vascular Surgeon, India
17:30 – 18:00	Title: Trigeminal Neuralgia and Cerebrovascular Malformations: Two Cases Presentation **Volodymyr O Fedirko**, Romodanov Institute of Neurosurgery NAMSU, Ukraine

Day 3
October 09, 2024 (Wednesday)

08:00 – 08:30	Title: Biological Effects of Low Dose Biophotonic UV Exposure on Selected Glycemic, Metabolic, and Hematologic Parameters **Orien L Tulip,** President of the University of Science, Arts & Technology, USA
08:30 – 09:00	Title: Stable Glucose Variability in a Patient with Slowly Progressive Type 1 Insulin-Dependent Diabetes Mellitus (SPIDDM) with Low-Carbohydrate Diet (LCD) **Michael Wood,** Japan Low Carbohydrate Diet Promotion Association, Japan
09:00 – 09:30	Title: Usefulness of Blood Glucose Monitoring in Neonates of Mothers with Elevated Glucose Challenge Test but Normal Glucose Tolerance Test **Margaret A Uchefuna,** Department of Pediatrics, Woodhull Medical Center, USA
09:30 – 10:00	Title: Unmasking Type 1 Diabetes in Adults: Insights from Two Cases Revealing Misdiagnosis as Type 2 Diabetes, with Emphasis on Autoimmunity and Continuous Glucose Monitoring **Andre Manov,** Professor of Medicine at the University Of Las Vegas Nevada and Touro University Medical School in Nevada, USA
	Coffee Break 10:00 – 10:15
10:15 – 10:45	Title: Prevalence of Neural Tube Defect at Ultrasound Examination among Pregnant Women in Addis Ababa **Rupavathana Mahesparan**, Head of the department of Neurosurgery, University of Bergen Bergen, Norway
10:45 – 11:15	Title: Surgical Decision-Making in Thyroiditis **Sahar Mohammed Alnefaie**, Assistant Professor of Surgery, Taif University, Saudi Arabia
11:15 – 11:45	Title: Gender Comparisons of Surgical Outcomes in Patients Undergoing One Anastomosis Gastric Bypass (OAGB): a Historical Cohort Study

	Zvi H Perry, Soroka University Medical Center, Beer-Sheva, Israel
11:45 – 12:15	**Title: Live Birth after Perimortem Cesarean Delivery (PMCD) in a 27-Year-Old Community Cardiac Arrest Nulliparous Woman Retrieved by Prehospital Extracorporeal Membrane Oxygenation (ECMO)** **REDA EL BAYOUMY**, Basildon University NHS Hospital, United Kingdom
12:15 – 12:45	**Title: Single Axillary Incision Reverse-Sequence Endoscopic Nipple/Skin-Sparing Mastectomy Followed By Subpectoral Implant-Based Breast Reconstruction: Technique, Clinical Outcomes, and Aesthetic Results from 88 Preliminary Procedures** **Zhenggui Du**, West China Hospital of Sichuan University, China
	Lunch Break 12:45 – 13:30
13:30 – 14:00	**Title: Thai Preschoolers' Movement Behaviors Outside Kindergarten: Prevalence of Meeting Individual and Integrated Movement Guidelines** **Vimolmas Tansathitaya**, Thailand's Mahidol University's College of Sports Science and Technology, Thailand
14:00 – 14:30	**Title: Twinning as a Risk Factor for Neonatal Acute Intestinal Diseases: A Case-Control Study** **Lorenzo Riboldi**, Department of Public Health and Pediatrics, University of Turin, Italy
14:30 – 15:00	**Title: Tangency and Multiple Factors of Violence against Lecturer: Nuances of the Experience in Pedagogical Practices in Health Education** **Angela Gilda Alves**, Centro Universitário Sul-Americana UNIFASAM, Brasil
15:00 – 15:30	**Title: Result of the Retinopathy of Prematurity Program in Villa Clara, Cuba** **Zoila Fariñas Falcon**, Provincial Hospital Arnaldo Milian Castro. Villa Clara, Cuba
15:30 – 16:00	**Title: Acute Surgical Abdomen: Place of Damage Surgical Control in the General Surgery Department of the Gabriel Toure Hospital Center** **Amadou Maiga**, Maitre de Recherche en Chirurgie Générale, Mali
16:00 – 16:30	**"Title: Designer GPCRs as Novel Tools to Identify Metabolically Important Signaling Pathways** **Jürgen Wess**, National Institute of Diabetes and Digestive and Kidney Diseases, USA"
16:30 – 17:00	**Awards & Networking**

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SUNTEXT REVIEWS

Diabetes and COVID-19 Infection Interactions

Hassan Heshmati

Endocrinology Metabolism Consulting, LLC, Hassan Heshmati and Valerie Shaw Endocrine Research, Anthem, AZ, USA

Abstract

Diabetes is a complex metabolic disease that results from deficiency of insulin secretion and/or action. Since the beginning of 2020, coronavirus disease 2019 (COVID-19) infection became a global crisis of the 21st century, causing a major pandemic. The virus responsible for the disease is “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2). The SARS-CoV-2 is one of the coronaviruses in the family of Coronaviridae. It belongs to genera Betacoronavirus and is the seventh coronavirus known to cause human diseases. The virus enters and infects the target cells by binding to angiotensin-converting enzyme 2 (ACE2), a zinc metalloprotease expressed in several organs including endocrine pancreas. COVID-19 infection had influenced life at individual, familial, societal, and environmental levels through infection and confinement/isolation and placed a significant burden upon healthcare worldwide. There are bidirectional interactions between COVID-19 infection and diabetes. COVID-19 infection can impact the onset and/or the evolution of diabetes through increase in adipose tissue mass (caused by unhealthy diet and reduced physical activity secondary to confinement and isolation), cytokine storm, insulin resistance, and disruption in healthcare services. Diabetes can impact the onset and/or the evolution of COVID-19 infection through higher adipose tissue mass (commonly associated with type 2 diabetes and leading to more ACE2 receptors available for SARS-CoV-2), immune dysfunction, other complications of diabetes (e.g., endothelial dysfunction, cardiovascular disease, and nephropathy), and impact of antidiabetic medications. The services offered by healthcare systems for the management of diabetes have been adapted accordingly.

Biography

Hassan M. Heshmati, Medical Doctor, Endocrinologist, has 48 years of experience in clinical research in both Academia (University-Affiliated Hospitals, Paris, France and Mayo Foundation, Rochester, MN, USA) and Pharmaceutical/Biotech Companies (Sanofi, Malvern, PA, USA, Essentialis, Carlsbad, CA, USA, and Gelesis, Boston, MA, USA). His research activity has been related to pituitary tumor, hyperthyroidism, thyroid cancer, osteoporosis, diabetes, and obesity. He has extensive knowledge in the development of anti-obesity products. He is the author of 329 abstracts, book chapters, and articles related to Endocrinology and Metabolism. Currently, he is Consultant at Endocrinology Metabolism Consulting, LLC, Hassan Heshmati and Valerie Shaw Endocrine Research, Anthem, AZ, USA.

SUNTEXT REVIEWS

Management of Traumatic Breast Hematomas; Case Series and Literature Review

Alexandra Shapiro

Department of General Surgery, Jersey Shore University Medical Center, USA

Abstract

Traumatic hematomas of the breast are a pervasive medical condition with a paucity of existing literature to inform guidelines for management. This case series and literature review aims to assist with guiding management of traumatic breast hematomas through review of management strategies for three patients who sustained blunt traumatic injury to unilateral breast resulting in formation of hematomas.

Each management strategy successfully resulted in decompressing the breast hematoma and seeing patients to full clinical and radiographic resolution. The first patient underwent placement of a drain into the hematoma cavity with interventional radiology. The second patient underwent operative evacuation of hematoma. The third was managed conservatively without procedural intervention. Each patient was compliant with serial follow up visits and surveillance with bedside ultrasonography utilized to track hematoma cavity size to the point of resolution at interval follow up appointments.

Discussion will review existing relevant literature, as well as individual patient features for those included in this case series that directed/informed the chosen optimal management strategies in the context of preexisting medical comorbidities, size of hematoma, mechanism of injury, operative risk factors, among other variables that factor into choice of management strategy.

Biography

I am a general surgical resident at Hackensack Meridian Health, Jersey Shore University Medical Center. Native of southern New Jersey where I graduated from Columbia University in 2017 and St. George's University Medical School in 2022

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. Circumferential Tracheal Replacement with Silicone Stent Supported, Cryopreserved Aortic Homograft

Edward Hauptman

Department of Surgery, University of Texas Southwestern Medical Center, USA

Abstract

Treatment of long-segment tracheal defects remains a challenge in thoracic surgery with no standard surgical option. Aortic allografts have been used for this purpose with varying degrees of success. In a patient that suffered anastomotic dehiscence after tracheal resection with primary anastomosis, we performed complete tracheal resection and replacement using a stented circumferential aortic allograft. Currently, this patient is able to breathe normally without tracheostomy assistance 22 months post-operatively. Our report is the first in the English literature of long-term survival without tracheostomy dependence and close interval follow-up after circumferential tracheal resection and replacement with a cryopreserved aortic allograft.

Biography

Edward Hauptman, I am originally from Prairie Village, Kansas, but have been in Dallas, Texas for the last 10 years. I went to medical school at UT Southwestern Medical School, and I have stayed here for General Surgery residency. I am interested in pursuing a career in Cardiothoracic Surgery. In my free time I like to spend time with my wife, son, and dog, play piano, and watch hockey and football.

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Circumferential Tracheal Replacement with Silicone Stent Supported, Cryopreserved Aortic Homograft

Gail Van Norman

Department of Anesthesiology and Pain Medicine, University of Washington, USA

Abstract

There is substantial scientific evidence that anesthesia is not harmful to the fetus, raising questions of whether mandatory pregnancy testing prior to anesthesia provides substantial benefit to the patient, or even meets ethical standards to respect patient autonomy. In contrast, examples of possible indications to ask for a pregnancy tests for surgical procedures, while not routine, can include circumstances in which the presence of a pregnancy negates the need for the surgery, such as in some fertility procedures; surgeries in which intraoperative chemotherapy may be administered; or surgeries in which intraoperative radiation exposure due to fluoroscopy or radiographs may approach doses that have potential harms to fetuses, particularly when the fetus may be in the radiation beam, such as in low, multiple level spine surgeries. Even in those situations, however, mandatory pregnancy testing without informed consent does not adequately address patient autonomy, is potentially coercive, and has the potential to cause medical, psychological, and social harms.

Biography

Gail Van Norman MD, is board certified in Anesthesiology and Internal Medicine. She is specialty trained in cardiothoracic anesthesiology, and certified in healthcare ethics. She grew up in the Pacific Northwest, and received her medical education and anesthesia training at the University of Washington. Her academic focus has been medical ethics, and the ethical care of patients.

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Interstitial Cystitis/Bladder Pain Syndrome: When Part of the Posterior Fornix Syndrome is Potentially Curable Surgically

Klaus Goeschen[1], Kay Scheffler[2], Jean-Jacques Wyndaele[3], and Jacob Bornstein[4]

[1]Medizinische Hochschule, University of Hanover Medical School, Hannover, Germany
[2]Department of Urology, Helios-Klinikum Schwerin, Germany
[3]Faculty of Medicine and Health Sciences, University of Antwerp, Belgium
[4]Azrieli Faculty of Medicine of Bar-Ilan University, Ramat Gan, Israel

Abstract

Interstitial cystitis/bladder pain syndrome (IC/BPS) is defined as chronic pelvic pain plus a bladder symptom, usually urge. Evidence is offered to show IC/BPS forms part of the posterior fornix syndrome (PFS), which was defined in 1993 as: chronic pelvic pain (CPP), urge, frequency, nocturia, abnormal emptying, post-void residual urine, caused by uterosacral ligament (USL) laxity and cured or improved by USL repair. The IC/BPS definition implies that the urge and pain of IC/BPS is from a single (as yet unknown) pathogenic origin. However, when urge and pain are viewed from the perspective of the PFS, though both have the same lax USL origin, the anatomical pathway from lax USL to symptom manifestation is very different manifestation. For CPP the anatomical pathway is the inability of loose USLs to support pelvic visceral plexuses (VPs); it is hypothesized that inability of weak USLs to mechanically supports VPs, the afferent nerve synapse from end organs may fire off autologous afferent impulses to the brain which interprets them as pain from end organs such as urothelium, vulva, lower abdomen. For urge, the anatomical pathway is very different: lax USLs weaken the directional pelvic muscle forces which stretch the vagina to support the urothelial stretch receptors. The receptors fire off afferent impulses to the cortex at a lower bladder volume, and these are interpreted as “urge to go”. Mechanical support of USLs relieves both pain and urge, as does surgical USL repair.

Biography

Kay Scheffler, Department of Urology, Helios-Klinikum Schwerin, Germany

Current occupation: From May 2019 Consultant Grade Urologist at Helios-Klinikum Schwerin, Urogynaecology; Dept. of Urology (Chairman: Prof. Dr. Chris Protzel)

Field of Interest: Integral theory (since 2002) and Integral System;

Examination in Urology: May 2011; Examination in Obstetrics and Gynaecology; March 2006

Former positions: Resident/staff grade Urologist at University hospital Rostock/Germany, and Mueritz-Klinikum Waren /Germany

Resident/staff grade Obstetrician and Gynaecologist at University hospital in Rostock/Germany and KMG-Klinikum Guestrow/Germany

Surgical training (General Surgery) at Royal Devon and Exeter Healthcare NHS Trust, GB.

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SUNTEXT REVIEWS

A Rare Double Hepatobiliary Fistula Following Gunshot Injury Treated by Roux-en-Y Double Hepatic Parenchyma Fistulo-Jejunostomy: Case Report

Massimiliano Iannuzzi Mungo[1*], Giovanni Viceconte[2], Rabee Lutffi Mohammed Alalem[3], Sondos Bashir Amhimmid Durdor[4], Nassraddin A Nassr Azetouni[5], Alessandro Iannuzzi Mungo[6], Giorgio De Toma[6]

[1]Department of Surgery, Policilinico Luigi Di Liegro, Rome, Italy
[2]Operative Endoscopy Department of General Surgery, Policilinico Luigi Di Liegro, Rome, Italy
[3]Department of General Surgery, Tripoli Central Hospital, Tripoli, Libya
[4]Department of General Surgery, Emergency Medicine Support Center, Tripoli, Libya
[5]Diplomatic health attaché Libyan Consulate, Milan, Italy
[6]Sapienza University of Rome, Rome, Italy

Abstract

We report a case of a 27-year-old patient with double biliary fistula affecting both the right lobe and the left lobe of the liver following a gunshot wound. Two years before, during a military battle in Libya, the patient received a gunshot wounding to the left lobe of the liver. The primary treatment consisted in a biliary prosthesis placement. The procedure was complicated by the common bile duct perforation and by a biliary fistula between the common bile duct and the duodenum with consequent chronic cholangitis which caused a progressive serrated stenosis of the main bile duct and further the appearance of a biliary cutaneous fistula which had been active for over a year. Due to a progressive obstructive jaundice and to the clinical status deterioration, the patient underwent ERCP with removal of the biliary prosthesis. Cholangiography showed an intra-extra-hepatic bile ducts complete obstruction, therefore, the patient underwent emergency surgery consisting in an external derivation by enlarging one of the biliary fistulas and placement of a sub-hepatic drainage. Two months after he underwent a second surgery consisting in a double Roux-en-Y hepatic parenchyma fistulo-jejunostomy between the fistulous tracts of both lobes and the jejunum, followed by an uneventful post-operative course and a full recovery. In literature only 18 cases have been treated with this technique for a single fistula, while this case appears to be the first performed on a double hepatic fistula.The surgery was performed in the city of Tripoli, Libya, by a Libyan-Italian surgical team.

Biography

Massimiliano Iannuzzi Mungo, b. Rome Italy 1960 April 12
Head of surgery department “Policlinico Luigi di Liegro” Rome Italy
Degree in medicine and surgery La Sapienza University Rome with vote 110/110 cum laude
General surgery postgraduate diploma La Sapienza University Rome
Master in Hospital Economy and Management La Sapienza University Rome
Certificate of Attendance as Visitor Postgradute St Mark's Hospital, London
Fellow SIC Società Italiana di Chirurgia
Past president of the SICOP Italian private hospital surgery association
Member of the Libyan Medical Council
President of Libyan-Italian Medical Association
Performed 14,000 surgeries as lead surgeon in Italy and other countries.

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State of the Art in Minimally Invasive Treatments for Degenerative Spine Conditions: The Role of Controlled Fixation and Novel Technologies in Neurosurgical Practice: Surgical Technique and Clinical Cases

Cav. Dr. Med. (I) Alessandro Rustia

Privatklinik Bethanien in the Canton of Zurich, Switzerland, and with the Cantonal Hospital of Winterthur, Canton of Zurich, Switzerland

Abstract

With the advent of new imaging and surgical technologies, spinal surgeries have evolved to allow minimally invasive techniques that offer numerous benefits, including smaller incisions, less blood loss, faster recovery, and enhanced intraoperative visualization. Modern minimally invasive procedures, such as percutaneous pedicle screw fixation and minimally invasive lumbar interbody fusion, are now widely used for treating degenerative spine conditions.

In recent years, there has been increased attention to specific details that can greatly impact long-term outcomes after spine surgery. One such advancement is the use of the "non-constraint" technique in pedicle screw and rod constructs for degenerative thoracolumbar spine conditions. This approach avoids rigidly fixing the screw-rod connections, which helps prevent the creation of harmful mechanical forces that could be transferred to the delicate vertebral structures, thereby reducing secondary complications that are often seen in conventional fixation methods.

Additionally, advancements in surgical technology have introduced new and safer methods for accessing and decompressing compressed neural structures. Traditional drills and burs are increasingly being replaced by ultrasonic and piezoelectric devices, which allow for precise bone removal with reduced invasiveness, shorter surgical times, minimized risk of collateral damage, and reduced postoperative pain.

Piezosurgery, a novel osteotomy technique utilizing ultrasonic microvibrations, enables safe and effective bone cutting without harming adjacent softs tissues. Initially employed in oral and maxillofacial surgeries, this technology has now gained success in spinal surgeries, contributing to safer and more effective outcomes.

This presentation will highlight the significant differences in surgical techniques brought about by these innovations and will showcase relevant clinical cases that illustrate the impact of these advanced technologies in modern neurosurgical practice.

Biography

Alessandro Rustia, I am honored to serve as the Head of Spinal Surgery at the Pyramide clinic in Zurich, Switzerland. In this role, I lead a highly skilled team and provide specialized care to patients with spinal conditions. My focus on spinal pathologies allows me to combine my expertise in neurosurgery with a dedication to advancing spinal surgical techniques and improving patient outcomes.My journey in medicine began at the Military Academy for Physicians (Neasmi) while concurrently pursuing my studies at the University of Florence from 1987 to 1993. This dual commitment laid the foundation for my future as a Medical Captain in the Italian Army.

To specialize further in my field, I pursued a Neurosurgery specialization at the University of Verona under the esteemed guidance of Prof. Albino Bricolo from 1993 to 1998. During this period, I honed my skills in neurosurgical techniques and gained invaluable experience in complex surgical procedures.

Throughout my career, I have held various key positions. I have served as an Executive Doctor at Azienda Ospedaliera S. Giovanni-Addolorata, a high-specialization hospital in Rome. I have also been the Chief of the Neurosurgical Section at Klinikum Altmühelfranken Gunzenhausen in Gunzenhausen, Germany, and later the Chief of the Neurosurgery Department at Klinikum Ansbach in Ansbach, Germany. These leadership roles have allowed me to enhance patient care, collaborate with esteemed colleagues, and contribute to the advancement of neurosurgical practices.

Education has always been a priority for me, and I have had the privilege of serving as a Professor of Neurosurgery at the University “La Sapienza” in Rome. This role has given me the opportunity to share my knowledge and shape the minds of future healthcare professionals.

In recognition of my contributions and achievements, I have been appointed Cavaliere of the Order of Merit of the Italian Republic. I am also a member of the Order of Physicians and Surgeons of Rome, Italy, and the Order of Physicians and Surgeons of München, Germany, where I actively contribute to the medical community.

Additionally, I have received accreditation from the Swiss Federal Commission, allowing me to make valuable contributions to medical practices and patient care in Switzerland.

Throughout my journey, I have strived for excellence in the field of neurosurgery, continually seeking opportunities for growth, learning, and collaboration. I am dedicated to delivering optimal outcomes for my patients and advancing the field through research, education, and professional affiliations.

In summary, my diverse experiences, leadership roles, and ongoing commitment to professional development have shaped me into the well-rounded and compassionate neurosurgeon I am today.

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A Comparison of Locoregional *versus* General Anesthesia in Patients Undergoing Carotid Endarterectomy: A Retrospective Single-Center Study

Reda El Bayoumy

Basildon University NHS Hospital, United Kingdom

Abstract

Objective: Carotid Endarterectomy (CEA) reduces the risk of stroke in patients with asymptomatic and symptomatic extracranial carotid artery stenosis. Modern medical management of extracranial carotid artery stenosis has proven its efficacy and safety; therefore, a low perioperative risk in both anesthesia and surgery is paramount. Outcomes may depend on whether Locoregional Anesthesia (LA) or General Anesthesia (GA) is used. The optimal anesthetic for CEA is controversial. To determine whether the anesthetic method correlated with the outcome of the operation, a retrospective review of 2000 consecutive carotid operations performed over a 10-year period was performed. The aim of our study was to assess the perioperative risks of CEA under locoregional anesthesia compared to those under general anesthesia.

The primary endpoint was the clinical neurological outcome.

The secondary endpoint was the mortality rate.

Design: Retrospective analytical study and prospective clinical data bank.

Patients and Methods: The medical records of 2000 consecutive patients who underwent carotid endarterectomy at our institution between June 2013 and June 2023 were prospectively collected and retrospectively reviewed. Operations performed with patients under locoregional anesthesia were compared with those performed with patients under general anesthesia with respect to preoperative risk factors and perioperative complications. Patients were divided into two groups according to intraoperative anesthetics; locoregional group: 1000 patients versus general anesthetic group: 1000 patients. Ethical approval was obtained from relevant authorities. The requirement for patient consent was waived owing to the retrospective design of this study.

Inclusion criteria: Patients with a BMI<35 requiring extracranial carotid endarterectomy, which is considered suitable for either locoregional or general anesthesia. All patients with either symptomatic or asymptomatic extracranial carotid artery stenosis for whom surgery is advised were eligible. There were no upper age limits. Patients following thrombolysis were included. None of the patients underwent mechanical thrombectomy before surgery. CEA was only performed by a consultant vascular surgeon and anesthetist.

The characteristics of the study groups were strictly standardized, including the exact indications for surgery, diagnostic methods, anesthetic techniques, surgical techniques (indications for and the use of intraluminal shunts, heparin dose, and patching), intraoperative monitoring, postoperative assessment, and antiplatelet therapy. Strict guidelines for anesthetic and surgical management were applied throughout the study.

The following three parameters were measured:

• Incidence of early and late perioperative strokes.

• Median length of hospital stay.

• Patient Satisfaction Index (PSI).

Confidentiality: All data obtained in this trial is kept and handled in a confidential manner in accordance with applicable laws and regulations.

Results: Perioperative stroke was more common in the GA group (3.5% vs. 0.5%; P<0.001) (Relative risk: Odds Ratio (OR), 1.4; 95% Confidence Interval (CI), 1.214–1.741). Combined death and stroke rates were none in the LA group compared to 0.6% in the GA group (P<0.001). Postoperative episodes of hypertension were more common in the LA group (72.6% vs. 46.4%; P<0.001). Hematomas requiring surgery were more common in the GA group (8.2% vs. 2.1%, P<0.001). The mortality rate was none in the LA group versus 1% in GA group (P<0.001).

Conclusion: CEA can be performed safely and efficiently under locoregional anesthesia. It improves surgical outcomes and leads to better neurological outcomes than general anesthesia.

Risk factor analysis revealed specific risk groups: Men more than women and elderly patient's more than young patients. Asymptomatic extracranial carotid artery stenosis patients had better outcomes than post-stroke patients.

In a retrospective review of a large series of extracranial carotid operations, locoregional anesthesia was shown to be applicable to the vast majority of patients with good clinical outcomes. The versatility and safety of the locoregional anesthetic technique are sufficient for vascular anesthetists and surgeons to include it in the armamentarium of their medical skills.

Biography

Dr. REDA EL BAYOUMY has been Consultant Anaesthetist in anaesthetics & intensive care medicine. Lead regional anaesthetics, acute pain management, enhanced recovery programmes (ERP), day-case surgery unit. Lead clinician in pediatrics, obstetrics, thoracic & vascular surgery. Certificate of Eligibility for Specialist Registration in Anaesthetics (CESR) issued by Postgraduate Medical Education and Training Board (PMETB)& Royal College of anaesthetists (RCA) London, the United Kingdom April 2010. European Diploma of Regional Anaesthetics & Pain Management (EDRA) in September 2009. French Diplomas of Specialised Training in Anaesthetics and Intensive Care Medicine. Interuniversity Diploma (French Board) in Paediatric Anaesthetics and Intensive Care in October 2006 Faculty of Medicine, Lille University, France. Specialized Diploma in Anaesthetics & Intensive Care Medicine in November 2005, Faculty of Medicine, Strasbourg University, France. Medical Degree Thesis (M.D.) in Cardiothoracic Anaesthetics Faculty of Medicine, Leiden University, Netherlands Faculty of Medicine, Cairo University, Egypt, December 2000. He completed his Master of Science Degree (M.Sc.) in Anaesthetics, May 1993, Faculty of Medicine, Cairo University, Egypt. Medical Bachelor and Bachelor of Chirurgie (M.B.B.Ch.) in December 1993, Faculty of Medicine, Cairo University, Egypt. Currently working as Consultant Anaesthetist in the Mid and South Essex NHS University Hospitals, UK; Honorary lecturer in Anaesthetics and Physiology in Faculty of Medicine, Anglia Ruskin University, UK.

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SUNTEXT REVIEWS

A Rare Case of Infantile Otalgia and Otorrhagia due to Alive Leech Bite

Sultan Khalid Kadasah A

Department of Otorhinolaryngology, Head and Neck Surgery, University of Bisha, Bisha, Saudi Arabia

Abstract

Pediatric ear infestation with leeches is a rare event; however, it can lead to serious complications. Leeches usually make their way into the human body through bathing with or drinking of contaminated water from nonhygienic sources and swimming in infested water. To our knowledge, this is the first report of leech removal from the external auditory canal in an infant. We described the case of a 3-month-old infant who presented to our institution with sudden left otalgia, otorrhagia, poor oral intake, and prolonged crying for 4 days, culminating in a single epileptic attack, drowsiness, and electrolyte disturbances. Microscopic visualization of the left ear revealed minimal oozing of blood with clots obscuring the ear canal and a live motile 3 cm leech deeply seated near the tympanic membrane. Extraction was performed. The bloody discharge ceased completely and all symptoms were relieved. Leech infestation is typically considered after other potential etiologies in infants with sudden otorrhagia and otalgia living in an endemic region. It should be considered a hidden cause of pediatric discomfort. Detailed history taking and meticulous ear examinations are vital for the prompt management to avoid unnecessary computed tomography imaging and radiation, unhelpful interventions, and delayed treatment. A diagnosis was reached and treatment performed by careful inspection and leech removal, respectively.

Biography

Sultan Khalid Kadasah A

Demonstrator Department of Surgery College of Medicine University of Bisha, Saudi Arabia. Senior Resident Otorhinolaryngology Head and Neck surgery at armed forces hospital. Regional Chief Residents at Sector 5, speaking languages: Arabic, English, France.

I have presented a lot of research and am interested in the field of research.

My hobbies: traveling, learning languages, and playing video games.

SUNTEXT REVIEWS CONGRESS 2024

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SUNTEXT REVIEWS

Microwave versus Endovenous LASER in Great Saphenous Vein Ablation of 340 Patients: Randomized Controlled Clinical Study

Tamer Ezzat Abdalla Hafez

Ahmed Maher Teaching Hospital, Egypt

Abstract

Background: Due to the global burden of varicose veins (VVs) and the impact on quality of life of patients, it is essential to search for better treatment modalities.

Objectives: The main objective of this research was to compare the efficacy, safety, and impact on quality of life of endovenous microwave ablation (EMA) and endovenous laser ablation (EVLA) for management of varicose veins of the greater saphenous vein (GSV).

Methods: Comparative, multicenter, single-blinded, parallel randomized controlled study conducted on 340 patients confirmed to have primary VVs of the GSV who were further randomized into two groups. The study group (n=170) received EMA, and the control group (n=170) received EVLA.

Results: Both the study group and the control group were comparable with regard their baseline characteristics (p-values > 0.05). Both the study group and the control group were comparable with regard limb affected (p = 0.184). Only 14.7% & 10.0% of both the study group and the control group have both limbs affected. Both the study group and the control group were comparable with regard CEAP-classification (p = 0. 068). Both the study group and the control group were significantly different with regard operating time (p < 0.001).

The operating time is less in the study group than in the control group. The median (IQR) & the mean ± SD of the operating time was 7 (4) & 8.7 ± 4.1 minutes in the study (microwave) group; and 9 (5) & 10 ± 3.9 minutes in the control group. Also, the study group and the control group showed 100% success at 1-week evaluation as none of the cases in both groups suffered recanalization. At 6-month evaluation, only one case in the study group and two cases of the control group experiences recanalization; however, the difference is not significant (p = 0.537). At 12-month evaluation, the study group and the control group showed 100% success as none of the cases in both groups suffered recanalization.

QoL is better in the study group than the control group at 6-months Aberdeen score (p = < 0.001). The median (IQR) & the mean ± SD of the postoperative Aberdeen score was 9 (2.7) & 9.3 ± 1.7 in the study (microwave) group; and 10.8 (3.4) & 10.8 ± 1.8 in the control group. Moreover, the study group and the control group were comparable (p-values > 0.05) with regard adverse events except for paresthesia (p-value = 0.025). About 11.2% of the control group experienced paresthesia versus only 2.9% of the study group.

Conclusion: In conclusion, EMA has lower operating time than EVLA. EMA is as effective as EVLA for treating VVS of the GSV. EMA has less adverse events than EVLA. EMA has better QoL than EVLA ablation. However, the choice of treatment should be based on individual patient characteristics and the expertise of the treating physician.

Biography

Tamer Ezzat Abd Allah

- Assistant professor of vascular surgery at Ahmed Maher teaching hospital , Cairo , Egypt
- MD, vascular surgery (Ain sham's university, Cairo , Egypt) 2020
- A member at the Egyptian society of vascular surgery.
- A member at PAIRS society, UAE.

SUNTEXT REVIEWS CONGRESS 2024

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SUNTEXT REVIEWS

Pelvic Abscess Treatment: A Novel Experience with UNICOÔ Drainage

Salvatore Fazzotta, Paolo Locurto, Marco Airò Farulla, Luigi Antonio Lazzaro, Giovanni D'Ippolito, Maria Amico, Pietro Fodale, Pietro Termini, Giovanni Ciaccio

Department of General Surgery, "Sant'Elia" Hospital, Caltanissetta, Italy

Abstract

Background: Pelvic abscess can be a life-threatening condition due to infected fluid collection. Usually, pelvic abscess occurs as complication of surgical procedures or pelvic organs tumours, inflammatory pelvic conditions, infectious gastrointestinal tract and gynaecological diseases. Drainage is the standard treatment of pelvic abscess especially after failure of the antibiotic therapy. UNICO™ drainage is an innovative catheter for minimal invasive centesis and miscellaneous drainage procedures.

Materials and Method: In this report it was used on three patients with pelvic abscess of different aetiology: Pelvic Inflammatory Disease, Crohn's disease, and endometriosis. In all cases UNICO™ drainage was applied transrectally under loco-regional anaesthesia.

Results: UNICO™ drainage is a valid alternative for pelvic abscess drainage. The procedure was well tolerated with rapid improvement of clinical conditions in all cases. The procedure was easy and rapid and there were no complications in any of the three cases reported.

Conclusions: UNICO™ drainage is a simple and effective drainage due to its shape and action.

Biography

Salvatore Fazzotta

- General Surgeon, "Sant'Elia" Hospital Caltanissetta Italy
- Degree in medicine and surgery, Palermo University with vote 110/110 cum laude
- General surgery postgraduate diploma Palermo University 60/60 cum laude
- Fellow in General Surgery, ISMETT (Mediterranean Institute for Transplantation and Advanced Specialized Therapies), Prof. S. Gruttadauria
- Fellow in General Surgery, Visceral Surgery Civil Hospital Lugano (EOC) Switzerland, Prof. P. Majno-Hurst
- Fellow in General Surgery U.O. General surgery and advanced oncological therapies. "Morgagni- Pierantoni" Hospital, Forlì, Italy Prof. G. Ercolani
- Author-co-author of more than 35 scientific articles, h-index 10
- Speaker at more than 10 national and international congress
- Reviewer of many scientific journals.

SUNTEXT REVIEWS

Endoscopic DCR Maximising Success

Omar Abu Suliman

Head,Neck & Skull Base Health Center, King Abdullah Medical City, Makkah, Saudi Arabia

Abstract

The Era of Endoscopic sinus surgery have evolved with advances in approaching different diseases with minimal invasive procedures one of them is endoscopic DCR mainly for lacrimal duct obstruction that have the same success rate as open technique and without scar in the presentation we will highlight how to maximise the success of the procedure starting before surgery and during surgery and after surgery.

Biography

Dr. Omar Abu Suliman is a Consultant of Rhinology, Sinus & Skull Base Surgery at King Abdullah Medical City in Makkah, Saudi Arabia. He obtained his MBBS at Umm Al Qura University in Makkah, in 2008. He completed his Residency in the Western Region Program of the Saudi Board of Otolaryngology-Head & Neck Surgery in Dec 2014. European Board of otolaryngology Head & Neck Surgery certification in 2015. He completed his Rhinology, Endoscopic Sinus & Skull Base Fellowship at the University of Bern, Switzerland in 2017. During his Fellowship, he was Awarded Best Fellow of The Year. He is also awarded the title of Honorary Assistant Professor from the College of Medicine at Umm Al Qura University in 2018. He became a fellow of the American College of Surgeons in October 2020.

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SUNTEXT REVIEWS

Skin Flaps for Cochlear Implantation

Bassam Alzuraiqi

Department of otology and Cochlear implant, King Abdullah Medical City, Makkah, Saudi Arabia

Abstract

Introduction: Since the first cochlear implantation surgery was performed by House in 1961 (House, 1976), the surgical approach has been modified in many aspects with the main objective of decreasing complication. Skin flap related complications are the most frequent encountered complication post CI.

Objective: To evaluate our minimally invasive post auricular double flaps technique for CI.

Methodology: Retrospective study including 90 patients with 132 implanted ears using our modified double flap technique.

Results: Out of 90 patients with 132 ears implanted using simple post auricular incision and double flap technique. The success rate was 99%. One case came with wound dehiscence, and she has Barters syndrome with hypoproteinemia.

Conclusion: This modified double-flap technique was easy to perform and appeared to reduce the incidence of wound complications in cochlear implant surgery. It allowed programming of the implant after a shorter period of time.

Biography

Dr. Bassam Alzuraiqi, Consultant Otolaryngologist Head and neck Surgeon Department of Otology and Cochlear Implant, Head, Neck and skull base health center King Abdullah Medical City, Makkah Saudia Arabia.

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SUNTEXT REVIEWS

Tongue Reconstruction Post Partial Glossectomy during the COVID-19 Pandemic

Mohammed Ali Alessa

Chief of Head and Neck Surgical Oncology Department at King Abdullah medical city Hospital Makkah, Saudi Arabia

Abstract

Introduction: The COVID-19 pandemic has necessitated temporary modifications in the current head and neck oncology treatment paradigm. Till date, no definite treatment for COVID-19 has been discovered. Considering the situation of the global COVID-19 outbreak, methods that minimize patient visits with no compromise in efficacy should be considered. The optimal method for tongue reconstruction has not been determined yet. The artificial bilayer membrane has been used as mucosal substitute in few cases of tongue reconstruction with promising results.

Case Presentation: We present two cases of tongue reconstruction with acellular dermal matrix post partial glosectomy for tongue carcinoma during the COVID-19 pandemic. Both patients showed good recovery and healing, and no side effects and/or complications were reported.

Discussion: The acellular dermal matrix is not a standard technique for tongue reconstruction but one of the available options. The few reported cases in literature showed promising results in regard of function and healing.

Conclusion: We believe the use of acellular dermal matrix can help in preventing the spread of COVID-19 because of the absence of donor morbidity, decreasing post-operative hospital stay and visits.

Biography

Dr Alessa has been practising Head and neck surgical oncology and microvascular reconstruction since 2017, as chief of the Head and neck Surgical Oncology at king Abdullah Medical City 2022-2024. Dr Alessa's interests also include minimally invasive endoscopic and robotic Surgery, Medical Education, and Research. Dr Alessa also holds a Master's Degree in Medical Education.

Dr. Alessa is a member of Saudi Otolaryngology head and neck Society, the American Academy of otolaryngology head and neck Surgery and Korean society of otolaryngology head and neck Surgery.

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SUNTEXT REVIEWS

Effectiveness of Cluneal Nerve Block for the Treatment of Chronic Low Back Pain

Maira Alejandra Vanegas Rico

Medicina del Dolor. Fundación Universitaria de Ciencias de la Salud. Hospital de San José. Bogotá, Colombia

Abstract

Introduction: Low back pain represents a public health problem due to the disability it generates, whether motor or sensory, of multifactorial etiology, in which cluneal nerve entrapment plays an important role, finding an alternative to pain from this pathology. interventional management. The main objective of the study was to establish the efficacy of cluneal nerve block in chronic low back pain in patients older than 18 years from two hospitals in Bogotá.

Methods: Observational, retrospective study, carried out in patients diagnosed with chronic low back pain and signs and symptoms of cluneal nerve entrapment or clunealgia leading to cluneal nerve block in whom pain intensity and duration of the analgesic effect were evaluated. in four moments.

Results: A 45 patients were identified; of these, 11 did not present follow-up data. 93 % (n = 35) of the patients presented a VAS (visual analogue pain scale) greater than 7 prior to the procedure, 28 % (n = 11) presented immediate post-block pain improvement with a VAS less than 6, 57 % at the first control (n = 22) maintained the improvement achieved, and 10 % (n = 4) returned to their baseline state of pain. In the second, 10 % (n = 4) of the patients did not show changes in intensity, and 78.9 % (n = 30) maintained improvement in pain intensity.

Conclusions: Cluneal nerve blocks are an avant-garde alternative for the temporary management of chronic.

Biography

Maira Alejandra Vanegas, A doctor trained in Colombia, he finished his medical studies in 2014, later he specialized in family medicine for 3 years at the FUCS health sciences university foundation, for 18 months he completed a fellowship in pain medicine and palliative care with a treatment at the San José Hospital, has experience in managing chronic and acute oncological and non-oncological pain, comprehensive care for patients with degenerative pathologies, experience in coordination of health institutions and pain programs.

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SUNTEXT REVIEWS

Ileocecal Intussusception Caused by Appendiceal Mucinous Neoplasm, Volvulus: A Rare Complication of Meckel's Diverticulum

Maria Joao Macedo Vale

Unidade de Saúde Local da Guarda, Portugal

Abstract

Aims: To present an unusual case and our therapeutic approach about a clinical case of ileocecal intussusception caused by appendiceal mucinous neoplasm.

Presentation of Case: A 54-year-old female patient came to the emergency department with abdominal pain. Complementary diagnostic exams showed an image of ileocolic invagination due to an appendicular mass, confirmed intraoperatively. A right hemicolectomy was performed for oncological purposes. The anatomopathological study revealed a low-grade appendicular mucinous neoplasm.

Discussion and Conclusion: Ileocecal intussusception is a rare diagnosis in adults, 80-92% of cases are secondary to an underlying pathology, usually identified intraoperatively. The treatment is surgical, due to the high incidence of a malignant etiology. In this particular case, there was already a preoperative suspicion of an appendicular neoplasm, which justified proposing a right hemicolectomy. There is no general consensus on the post-operative monitoring of Low-Grade.

Appendiceal Mucinous Neoplasm (LAMN). In this case, the follow up was an analytical study with tumor markers, computed tomography and colonoscopy. After 5 years, the patient was asymptomatic, with no signs of recurrence.

Biography

Maria Joao Macedo Vale, Surgery Department, Hospital Sousa Martins, Unidade Local de Saúde da Guarda, Portugal.

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SUNTEXT REVIEWS

Synchronous Differential Independent Lung Ventilation Scenario: A Clinical Challenge

Reda El Bayoumy

Basildon University NHS Hospital, United Kingdom

Abstract

A 62-year-old man suffering from septic shock and acute respiratory failure underwent left empyema drainage and lung decortication. The patient's perioperative complications included a large air leak following the surgery, which posed a challenge for the anesthesiologist in terms of managing mechanical ventilation. The air leak mimicked a broncho-pleural fistula, which is a rare complication that can occur following lung resection, but it was not a true broncho-pleural fistula. The patient was managed with single-lung ventilation using a double-lumen endobronchial tube, but the air leak caused sudden loss of positive end-expiratory pressure and tidal volume, leading to severe refractory hypoxemia. The authors suggest that the use of differential independent lung ventilation may improve gas exchange in such cases.

Biography

Dr. Reda El Bayoumy has been Consultant Anaesthetist in anaesthetics & intensive care medicine. Lead regional anaesthetics, acute pain management, enhanced recovery programmes (ERP), day-case surgery unit. Lead clinician in pediatrics, obstetrics, thoracic & vascular surgery. Certificate of Eligibility for Specialist Registration in Anaesthetics (CESR) issued by Postgraduate Medical Education and Training Board (PMETB)& Royal College of anaesthetists (RCA) London, the United Kingdom April 2010. European Diploma of Regional Anaesthetics & Pain Management (EDRA) in September 2009. French Diplomas of Specialised Training in Anaesthetics and Intensive Care Medicine. Interuniversity Diploma (French Board) in Paediatric Anaesthetics and Intensive Care in October 2006 Faculty of Medicine, Lille University, France. Specialized Diploma in Anaesthetics & Intensive Care Medicine in November 2005, Faculty of Medicine, Strasbourg University, France. Medical Degree Thesis (M.D.) in Cardiothoracic Anaesthetics Faculty of Medicine, Leiden University, Netherlands Faculty of Medicine, Cairo University, Egypt, December 2000. He completed his Master of Science Degree (M.Sc.) in Anaesthetics, May 1993, Faculty of Medicine, Cairo University, Egypt. Medical Bachelor and Bachelor of Chirurgie (M.B.B.Ch.) in December 1993, Faculty of Medicine, Cairo University, Egypt. Currently working as Consultant Anaesthetist in the Mid and South Essex NHS University Hospitals, UK; Honorary lecturer in Anaesthetics and Physiology in Faculty of Medicine, Anglia Ruskin University, UK.

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SUNTEXT REVIEWS

The Evolution of Dialysis Access – One Surgeon's Experience over 38 Years

Stephen I Hill

Carilion Health System, USA

Abstract

Introduction: Renal failure, both chronic and acute, affects over 37 million people in the United States and its territories. End Stage Renal Disease, the final result of chronic renal failure, requires either dialysis or transplant to avoid death. In those individuals with End Stage Renal Disease there are approximately 518,070 patients on dialysis and 293,725 with a functional transplant (as of 2023).

Dr. Kolff, a Dutch physician, developed the first artificial kidney in 1943. It required an additional 15-20 years to perfect the machine and then develop methods for access to the vascular system for it to be effective and available to all patients with acute and chronic renal failure. Dialysis in all of its forms is literally a life-saving procedure and has been for approximately 60 years. Surgical procedures for dialysis access began with the Scribner shunt (an external cannula) in the early 1960's providing easy access to the venous and arterial system for repeated dialysis. It progressed through the early 1960's and 1970's with improved surgical techniques to the Cimino (radial cephalic) autogenous fistula. In addition, there was the use of large catheters to provide dialysis access to the venous system to allow continued and intermittent dialysis to clean the patient's system of toxins several times a week. Again, over time, surgical techniques improved with the use of prosthetic grafts to allow more patients to undergo hemodialysis. It was during this time and advancement in medical care that the diagnosis of end stage renal disease, which had been fatal, progressed to a chronic problem with multiple complications and life threatening issues.

Dialysis, however, clearly did not provide a cure of renal failure but just a temporizing treatment. It is known that a patient 65 years old and no renal failure has a life expectancy of 17 years while individuals with renal failure on dialysis have a 3.6-year life expectancy.

The different forms of dialysis are hemodialysis, the most effective, and CAPD chronic ambulatory peritoneal dialysis. Approximately 90% of dialysis patients are on hemodialysis while 10% of patients receive peritoneal dialysis. This is a review of one surgeon's experience of the changes in hemodialysis access through a 38 year period.

The surgery for dialysis access has changed over the past 38 years. In the 1980's and 1990's prosthetic grafts were the most common form of hemodialysis access. Then, autogenous fistulae had a rebirth due to their durability and decreased complications. The entire issue of autogenous fistula for hemodialysis access was further promulgated with the beginning of the National Kidney Foundation –Dialysis Outcomes Quality Initiative in 1997. The continued expansion of the dialysis population coupled with the paucity of adequate superficial veins in many patients required other techniques of dialysis access such as tunneled dialysis catheters, and more complex surgery on deeper veins.

Methods: This study of one surgeon's practice over 38 years mirrors the extensive changes in dialysis access. The changes in surgical technique, interventional procedures, and approaches were documented and evaluated.

Results: During the 38-year period there were 1,531 autogenous fistulae, 409 prosthetic grafts and 1,624 tunneled dialysis catheters placed for access. The first 20 years had 130 autogenous fistulae with 302 prosthetic grafts; while in the last 10 years there were 740 fistula and only 17 prosthetic grafts. Prosthetic grafts were not salvageable long term with exposure, infection, and persistent bleeding. Autogenous fistulae were best salvaged with autogenous tissue rather than prosthetic

material. Interventional procedures were most valuable in stenting high-grade stenosis centrally and dilating areas of recurrent stenosis. They were not helpful in treatment of large aneurysms or as a long-term solution for persistent and/or massive bleeding.

Complications were similar in both prosthetic grafts and autogenous fistulae. However, the major complication of thrombosis was more common in those patients with a prosthetic graft than those with an autogenous fistula. The other major complications of infection, bleeding, aneurysmal degeneration, and steal syndrome required specialized surgical treatment in order to preserve the access and the results of these interventions were more successful the autogenous fistulae as opposed to the prosthetic dialysis accesses.

Conclusion: Dialysis access has progressed back to autogenous fistula. This may require longer use of tunneled dialysis catheters, and more complex surgical procedures, but the construction of an autogenous fistula can be achieved in many dialysis patients.

Biography

Dr. Stephan L. Hill attended Boston University School of Medicine and trained in General and Vascular Surgery at the University of Florida in Gainesville Florida. He performed a year of Trauma research at the University of California at San Francisco .He is boarded in both General and Vascular Surgery and has taught numerous courses in the Advanced Trauma Life Support program. He was a Clinical Associate Professor of Surgery, University of Virginia, Roanoke Program for over 15 years. He was a surgical Mentor at Magale Health Center in Uganda on surgical missions four times in four years. He has been in private practice over 40 years in Roanoke Virginia and has given over 60 presentations both nationally and internationally. He has published over sixty articles in journals ranging from The American Journal of Surgery, Surgery, Journal of Vascular Access, American Surgeon, and Yearbook of Vascular Surgery.

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SUNTEXT REVIEWS

Nutritional Assessment of Hip and Neck of Femur Fractures among Elderly Patients in Qatar

Muhannad Basheer Mohammed Al-Lahham

Hamad Medical Corporate, Qatar

Abstract

Introduction: Femoral neck fractures is one of the most common traumatic injuries in elderly and increasing continuously worldwide. The study aims to assess malnutrition among elderly admitted with hip and femur fracture in Qatar using different variables before and after surgery.

Materials and Methods: Cross sectional study of 93 patients (42 males, 51 females) with femur fracture (elderly over 65 years) admitted to Hamad General Hospital HGH for surgery within the study period. Malnutrition is assessed using, Anthropometric measurements, Biochemical laboratory values before and after surgery. Food intake measured through tray percentage consumption of lunch tray and Geriatric Nutrition Risk Index (GNRI) calculated from variables collected.

Results: Using GNRI 26.44% of patients were malnourished and increased to 46.91% after surgery. All variables decreased with age; females have higher anthropometric values than males, but significant difference only found for MUAMC (p value <0.05). Widowed females and married males have more tendency for femur fracture/malnutrition. Biochemical laboratory values decreased significantly after surgery except lymphocyte count. Laboratory values strongly correlated with each other except lymph count, negative correlation between age and anthropometric measurements positive correlation between BMI and anthropometric measurements.

Conclusion: Laboratory values and food consumption were underestimated since blood transfer for some patients was not considered and those who did not eat were not included in the calculation. All malnutrition assessment tools consider several variables to assess malnutrition. The more variables assessed the better assessment tool.

Biography

Muhannad Basheer Mohammed Al-Lahham, from Jordan. I am 56 years old. Work as senior Clinical dietitian in Hamad Medical Corporate in Qatar. Before I was head of clinical dietetics at King Abdulla University Hospital (KAUH) in Jordan. I have M.Sc. In Public Health (Epidemiology), Faculty of Medicine, Jordan University of Science and technology (1996) Jordan. I work as adult clinical dietitian at Hamad General Hospital in Doha Qatar which is general hospital, we work with medical, surgical and ICU (TICU, SICU, MICU) wards. I try to give my best to provide the best nutritional care and intervention for all patients. I love my work and appreciate all my experience with adult patients. I also participated in research with the pediatric age group as principal investigator. Decreasing health burden and harm from others is not a personal issue but is a humanitarian role everyone in health care team should do.

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SUNTEXT REVIEWS

Application of Fespixon on the Skin Graft Donor Site to Reduce Pain and Accelerate Wound Healing

Wan-Ting Hu

China Medical University Hospital, Taiwan

Abstract

Background and Introduction: Wounds of second-degree burns or higher cause injuries that penetrate deeply (beyond the dermis) and cannot heal on their own. Skin grafting surgery can facilitate wound healing and improve quality of life. However, the donor site requires coverage with artificial dressings, creating new wounds that often lead to increased pain, discomfort, and anxiety, requiring a healing period of at least two to three weeks. This process is often challenging for patients, especially infants or children. The mechanism of action of Fespixon involves the innovative regulation of M1/M2 macrophages to reshape the wound microenvironment and promote ulcer healing, achieving excellent results in diabetic foot ulcers. In theory, it should also have a beneficial effect on promoting healing of donor site wounds.

Materials and Methods: We applied Fespixon to the donor site before covering it with traditional artificial dressings (Aquacel foam). The control group received direct coverage with traditional artificial dressings (Aquacel foam). Both groups had their wounds opened and photographed for comparison on days 0, 5, 10, and 15.

Results: The patient group treated with Fespixon exhibited significantly lower pain scores, and the healing rate of donor site wounds was faster compared to the control group.

Conclusion: The use of Fespixon on donor sites has yielded promising results. Therefore, we recommend Fespixon as an adjunctive medication for promoting wound healing.

Biography

Hu Wanting is a senior Nurse Practitioner in the Department of Surgery at China Medical University Hospital. She has 17 years of experience in clinical work at the medical center. She joined Professor Chen HungChi microreconstruction team, participated in clinical care and international medical rescue, and specializes in the care of complex and difficult surgical reconstructions postoperatively. She has attended international conferences multiple times and published articles in journals.

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SUNTEXT REVIEWS

Strategies for Minimizing the Effects of Observer Variability on Sagittal Parameter Measurements of the Spine

Adimilson dos Santos Delgado1, Bruna Souza Morais 2, Helton Luiz Aparecido Defino 3, and Arlindo Neto Montagnoli 4

Abstract

Objective: Evaluate the influence of observer variability on thoracic kyphosis (TK) and lumbar lordosis (LL) measurements obtained with anatomical and functional spinal segmentation methods.

Background: Spinal surgery planning typically relies on anatomical parameters. However, incorporating functional parameters that consider vertebrae orientation is important to minimizing surgical calculation errors.

Methods: The authors developed parametric analysis software integrating traditional and functional methodologies. The proposed method included functional TK and functional LL calculated from the lines normal to the inflection points of the spine model. Using a synthetic lateral X-ray, the observer variability was computer-simulated by generating 20 landmark sets replicating 20 observers' annotations. The analysis also included 10 clinical X-rays, annotated twice by three judges with a one-week interval. Spinal curvature angles were derived using the anatomical and functional methods. Statistical analysis were performed.

Results: For the synthetic X-ray, the proposed method presented significantly less variability: TK (<±2.5°, p=0.00023) and LL (<±5°, p=0.00012). For the clinical X-rays, interobserver reliability was higher for functional TK (ICC>0.97) and LL (ICC>0.87) compared to anatomical TK (ICC <0.91) and LL (ICC<0.89). Statistically significant differences were observed for both TK (p=0.001) and LL (p=0.030). Under the traditional method, observer variability led to measurement differences surpassing ±19°, whereas differences with the proposed method were within ±10° for both parameters.

Conclusion: The vertebral endplate is not the most suitable place to measure spinal sagittal curvatures. Small changes in landmark position significantly alter the measured Cobb angle. The proposed method offers a substantial advantage regarding the influence of observer variability.

Key Words: Sagittal alignment; Spinopelvic parameters; Vertebral; Parameters; Inflection point; Functional segmentation

Biography

Adimilson dos Santos Delgado is a neurosurgeon specialized in spinal surgery and spinal endoscopy. He holds a Master's degree in Bioengineering from the University of São Paulo, where he focused on spinal biomechanics. Currently, he is pursuing a PhD in Bioengineering at the same university. He is a member of AO Spine, Eurospine, Brazilian Society of Neurosurgery and Brazilian Spine Society. Adimilson combines his expertise in bioengineering with clinical practice to enhance surgical outcomes in spinal health.

Affiliations

1 Interunit Graduate Program in Bioengineering, University of São Paulo, Brazil
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SUNTEXT REVIEWS CONGRESS 2024

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SUNTEXT REVIEWS

Concept Mapping - A Tool to Enhance Critical Thinking in B.Sc Nursing Students

Sija Binoy

Faculty of Nursing, Gulf Medical University, UAE

Abstract

Background: Critical thinking in present times is a profoundly esteemed instructive outcome after an educational course or program particularly corresponding to higher level of professional training. The main aim of the study was to compare the method of instruction and to enhance critical thinking among nursing students.

Methodology: Quasi-experimental study was conducted to assess the effectiveness of concept mapping versus traditional method of instruction as a tool to enhance critical thinking among nursing students in medical surgical nursing (cardiovascular system). Pre-test and post-test control group design was used. B.Sc Nursing III year students were included as experimental group (n=97) and comparison group(n=94). The experimental group was initially given a session on concept mapping and its uses in nursing education. For both the groups instruction on cardiovascular conditions using concept mapping and traditional method was administered respectively. The experimental group and comparison group were assessed for the critical thinking ability using structured questionnaire. The concept maps were evaluated using McMurray's method scoring criteria.

Findings: The findings of the study suggest that the difference between pre-test and post-test mean knowledge scores in Concept mapping (variables-analysis, synthesis and evaluation) was found to be significantly higher than the traditional group at 0.05 level. There was significant improvement in construction of concept maps in criteria related to breadth, interconnectivity, and linkage. Majority of students coined the opinion which indicates high level of acceptance that ranges between 90 to 100%.

Conclusion: It was concluded that concept mapping is an innovative strategy for enhancing critical thinking ability in nursing students.

Biography

Dr. Sija Binoy has 18 years of teaching experience which includes UG and PG teaching. She has served as an examiner for Graduate and Post-graduate examination under various Universities in India. She has guided UG and PG research projects. She holds an active MOHAP-RN License. She is a life member of Trained Nurses Association of India and Nursing Research Society of India. She is a trained Medical Transcriptionist. She is a reviewer in "American Journal of Nursing and Health Sciences". She has organized and attended many State and National level conferences and workshops.

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SUNTEXT REVIEWS

Parental Neglect of Feeding in Obese Adolescents

Gerardo Fernández Soto

Technical University of Ambato. Faculty of Health Sciences. Nursery career, Ecuador

Abstract

Background: Parental neglect of nutrition is a type of child abuse in which parents fail to adequately meet their children's nutritional needs, potentially leading to obesity, malnutrition, and eating disorders.

Objective: To describe the levels of parental neglect of nutrition in obese adolescents.

Materials and Methods: A descriptive, cross-sectional study conducted in the pediatric clinic of the “Socially Relevant Learning Strategies for the Prevention of Childhood Diseases” project at the Technical University of Ambato, Ecuador. Using a simple random sampling of 100 obese adolescents, an anthropometric evaluation and an assessment of child abuse were performed.

Results: A significant difference ($p<0.01$) was observed in the distribution of parental food neglect levels among obese adolescents, with 94.00% experiencing severe food neglect, as they received high-calorie diets without adequate parental supervision, leading to weight gain and conditions such as dyslipidemia and insulin resistance, which required specialized medical treatment. This was followed by a moderate level of parental neglect in 6.00% of the cases, where adolescents did not require specialized medical treatment, but parental neglect resulted in social rejection from friends and classmates.

Conclusions: Obese adolescents presented with severe parental neglect of nutrition, characterized by high-calorie diets without adequate supervision, leading to dyslipidemia and insulin resistance.

Biography

Dr. Gerardo Fernández is a Pediatric physician, Doctor of Health Sciences, Doctor of Health Sciences with a Master’s degree in Immunology, in Teaching for Higher Education, and in Research and Development Project Management. He holds a Post-Doctorate of Science and Technology, Advanced Studies in Nutrition and Metabolism. He is a Nursing Professor at the Faculty of Health Sciences, Technical University of Ambato, Ecuador. He is currently the Coordinator of the Project: “Characterization of Immunometabolism as a Predictive Development Parameter of Child Malnutrition Complications”. He is also a member of: The American Academy of Allergy, Asthma, and Immunology (AAAAI), The American Academy of Pediatrics (AAP), Global Health Learning Community, member of the “European Society for Immunodeficiencies”, The Spanish Society of Immunology, and a member of the Immunodeficiency Group of the Spanish Society of Immunology.

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SUNTEXT REVIEWS

Level of Knowledge on Folic Acid Supplementation among Nursing Students on a Mexican University

Balkis de Guadalupe López Hurtado

Universidad Autónoma de Querétaro, Mexico

Abstract

Introduction: World Health Organization (WHO) and other government organizations in different countries, recommend folic acid supplementation for every childbearing age woman to avoid Neural Tube Defects. If every childbearing age woman would take 0.4mg of folic acid daily, then up to 75% of the total Neural Tube Defects (NTD), would be prevented.

Objective: Evaluate nursing students' level of knowledge of folic acid. METHODS: a descriptive cross-sectional study was carried out with nursing students. A closed-form sample size formula was used with a stratified cross-sectional sample and a random sample. Students were asked to answer a questionnaire designed by Dr. Vartika Saxena et. al, which was not validated. For the statistical analyses, the IBM SPSS Statistics 23 program was used.

Results: Out of a sample of 93 students, 97.8% knew the folic acid, 89.2% knew that folic acid deficiency results in Neural Tube Defects, and 63.4% pointed out that folic acid should be supplemented during the periconceptional period; however, only 17.2% acknowledged that there is a particular population who should be taken it, this figure is similar to the results on the question about the correct intake dose. Generally, students' knowledge turned out to be low.

Conclusion: Since Neural Tube Defects and megaloblastic anemia still prevail nowadays, increasing training in this matter is suggested.

Biography

Balkis de Guadalupe López Hurtado, Professor at Universidad Autónoma de Querétaro in Mexico with 14 years of experience in nurse education. ASPEN (American Society for Parenteral and Enteral Nutrition) member and I received the General practitioner certification for physicians in 2018 and renewed it in 2023. Since 2019 I have been in charge of the Investigation Department in the Nursing faculty, I've organized various meetings and conferences to share research results. My areas of interest are Public Health and Clinical Nutrition.

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SUNTEXT REVIEWS

The High Re-Ulceration Rate in Lower Extremity Amputation Intervention in Type 2 Diabetic Vietnamese Patients after 24-Month Follow-Up at Cho Ray Hospital, Vietnam

Huynh Tan Dat

University of Medicine and Pharmacy of Ho Chi Minh City, Ho Chi Minh City, Vietnam

Abstract

Currently, there is still a high rate of lower extremity amputation intervention, particularly above-the-ankle amputation at Cho Ray Hospital in Vietnam (Tertiary central hospital of South Vietnam), reaching 50% due to late detection, improper care, and ineffective treatment of ulcers at lower-level hospitals, leading to severe infection of the ulcers. Despite amputation or non-amputation treatment, there is still a high rate of re-ulceration. Previous studies have shown that the recurrence rate varies from 43% to 59% after 2 years. The rate of re-ulceration after treatment of infected foot ulcers with or without amputation has not been evaluated in Vietnam. This study aims to describe the long-term outcomes of amputation intervention in type 2 diabetes patients (T2DPs) after 24 months and identify factors related to diabetic foot ulcer (DFU) recurrence in order to improve DFU management in low-middle-income countries like Vietnam. From January to June 2022, archived clinical and direct visit or phone follow-up data were collected and analyzed from diabetic foot ulcer patients with low extremity amputation who were treated at Cho Ray hospital from 2018 to 2020. There were 94 T2DPs whose feet were amputated among 202 T2DPs hospitalized for foot infection treatment (amputation rate 46.5%). The different amputation levels included 73.4 % toe, 8.5% feet,16.0% leg, and 2.1% thigh. Only 57 T2DPs with complete 24-month followed-up were divided into 2 groups: Re-ulceration (Group A) and Non-re-ulceration (Group B). The high re-ulceration rate in the 24th month was 29.8% (17/57), and the factor related to this outcome was “late diagnosis and care” (32.4 days vs 26.9 days with P = .03). Other potential factors (higher rates but no significant statistical difference with P > .05) included failure of HbA1c control treater than 9% (82.5% vs 67.5%), the severity of foot ulcers with TEXAS 3B (82% vs 60%), the number of years having diabetes (8.7 years vs 6.7 years), loss of monofilament sensation (82.5% vs 70.6%), and a history of diabetic foot ulcer (17.6% vs 10%). The re-ulceration after 24 months might depend on various clinical factors. Therefore, early diagnosis and care for diabetic foot ulcers could help reduce amputation rates and the risk of re-ulceration.

Biography

Huynh Tan Dat

- 1995: General Practitioner Diploma
- 1999: Interne practitioner Diploma (MD)
- 1999-2000, 2008-2009: Update diabetes and diabetic foot knowledge at the University of Nancy, France
- 2001: Lecturer of Ho Chi Minh City University of Medicine and Pharmacy, Vietnam
- 2007: Science Master Diploma
- 2019: PhD Diploma.
- University of Medicine and Pharmacy of Ho Chi Minh City, Ho Chi Minh City, Vietnam

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SUNTEXT REVIEWS

ZILDA ARNS, A Militant Intellectual and Her Relationship with Pastoral Da Criança and Popular Education

Adriana Thomé

Pontifícia Universidade Católica do Paraná, Brazil

Abstract

The paper aims to present the doctor Zilda Arns as an intellectual woman and her relationship with the Pastoral da Criança and Popular Education. Therefore, the life trajectory of Zilda Arns will be presented, articulated to the historical context of the Pastoral da Criança and Popular Education. The guiding question of the research is: What is the relationship of the intellectual Zilda Arns with the Pastoral da Criança and Popular Education? The theoretical contribution is centered on Paulo Freire (1967; 1970; 1982; 1989; 2005; 2007), Zilda Arns (1996; 2003; 2000; 2010), Brandão (1984; 2005), Orlando (2021), Sapiro (2012), Batalha (2003), and Codini (2014). The method used for the development of the research was phenomenological hermeneutics, with a qualitative approach. The results showed that Zilda Arns was a militant intellectual, who brought her worldview closer to the thinking of Paulo Freire, practical theorist of Popular Education, and thus implemented the Pastoral da Criança, through dialogue and conscientization.

Biography

Adriana Thomé, PhD student in Education (PUC/PR), Master's degree in Religious Sciences with an emphasis on Popular Education (UMESP/SP), Bachelor of Social Communication (UFPR); Degree in Art from the Centro Universitário Belas Artes de São Paulo; Bachelor of Theology from UMES/SP and Degree in Pedagogy (Unibagozzi). Specialization in Youth and Adult Education; Systemic Pedagogy; Special and Inclusive Education; Distance Education with Emphasis in Tutors Training. Teacher of the Municipal and State Public Network of Paraná and researcher of Zilda Arns, a militant intellectual and her relationship with Popular Education and Children's Pastoral.

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SUNTEXT REVIEWS

Understanding the Crying Baby: Aetiology and Management Strategies

Samuel Menahem

[1]Department of Paediatrics, Monash University

[2]Murdoch Childrens Research Institute, University of Melbourne Melbourne, Australia

Abstract

All babies cry. What is normal and/or acceptable varies in different cultures and communities. And what is abnormal? Excessive crying, real or perceived is stressful and exhausting for all.

What causes the crying – hunger, overhanding, “wind”, “colic”, “silent reflux”, allergies etc., or is it a phase in the infant’s development better described as the “Infant Distress Syndrome”? What increases the crying and how does one settle baby and help mother? What does clinical practice tell us? Should one medicate the baby with an over the counter medication, or as done previously, prescribe Phenobarbitone and Atropine, or more recently Omeprazole/Ranitidine? What about non-pharmacological interventions popularised by years of mothering experience which include the five “S’s” – swaddling, sucking, swinging (rocking), shushing (soothing sounds), safe/side position – now capitalised commercially through Smart bassinets. Do probiotics help or should one wait for the problem to settle as the infant grows and matures?

Addressing the problem requires a detailed perinatal history, a review of the baby’s feeds, weight gains and overall progress, followed by a full examination of the infant to exclude any underlying organic causes. Mothercraft skills and the baby’s handling need be addressed together with assessing the mother’s well-being and family support. All of the above information is needed to guide the interventions if any, to help reduce the crying and improve the sleep for all. This presentation will address many of these issues which if unresolved, may lead to suboptimal long term outcomes.

Biography

Professor Samuel Menahem is a Consultant Paediatrician with a subspecialty of Cardiology. He has held senior appointments at the Royal Children’s Hospital and Monash Medical Centre, Melbourne.

His early experience exposed him to many unresolved paediatric problems including understanding and managing the crying baby. Developing an increasing awareness of the importance of the psychological aspects of child care, led him to train in psychotherapy to better communicate with children and to become a psychologically orientated paediatrician and cardiologist. Research endeavours addressed the stresses experienced by children including those with complex heart disease. He acknowledges the insights gained through collaboration with mental health professionals.

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SUNTEXT REVIEWS

The Effect of the Combination of Slow Deep Breathing and Humming on Improving Oxygen Saturation of Inpatients with Pneumonia at RSUD Jayapura

Susana Jufuwai

General Hospital of Jayapura, Indonesia

Abstract

Pneumonia is an infectious disease affecting the lower respiratory tract with signs and symptoms such as coughing and shortness of breath. Pneumonia cases in Indonesia are estimated to have 4 million deaths due to pneumonia every year. This study aims to analyze the effectiveness of Slow, Deep Breathing and Humming techniques on changes in oxygen saturation in pneumonia patients at Jayapura Regional Hospital. This quantitative research uses a quasi-experimental pre-test and post-test approach without a control group design. The sample consisted of 30 subjects who were given a slow deep breathing technique intervention of 5 cycles in 15 minutes and humming four cycles in 10 minutes, done once daily for six days. The instruments in the research used the Pulse Oximetry tool. The sampling technique used nonprobability sampling with total sampling. The results showed a difference in SpO2 values before and after the Slow, Deep Breathing, and Humming intervention was carried out in subjects with pneumonia with a p= 0.001 ($p < 0.05$). It can be interpreted that the Hypothesis (Ha1) is accepted so that it can be concluded that the slow, deep breathing and humming interventions can help improve Sp02. There is a need for further research on nurses' complementary therapy in oxygenation management, where this exercise is one of the nurse's interventions in overcoming decreased SpO2 in pneumonia patients.

Biography

Susana Jufuwai, Diploma nursing in 2017 at Poltekes of Jayapura. Completed bachelor's degree in nursing in 2017 at Cenderawasih University of Jayapura. Magister's degree in nursing in 2022 at STIK SINT Carolus of Jakarta. Primary nurse in the S.Vip room from 2009 to 2020. Supervising Nurse from 2015 to 2018. Involved in Hospital Accreditation from 2017 to 2019. Nurse Assessor in the Jayapura Regional Hospital Environment from 2017 to 2019. Case Manager at Jayapura Regional Hospital in 2018 until now.

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SUNTEXT REVIEWS

Toe Deformity Due To Foot Compartment Syndrome after Revascularization of Acute Lower Limb Ischemia: A Case Report

Kazuhito Nagasaki

Department of Vascular Surgery, Shimokitazawa hospital, Tokyo, Japan

Abstract

Pneumonia is an infectious disease affecting the lower respiratory tract with signs and symptoms such as coughing and shortness of breath. Pneumonia cases in Indonesia are estimated to have 4 million deaths due to pneumonia every year. This study aims to analyze the effectiveness of Slow, Deep Breathing and Humming techniques on changes in oxygen saturation in pneumonia patients at Jayapura Regional Hospital. This quantitative research uses a quasi-experimental pre-test and post-test approach without a control group design. The sample consisted of 30 subjects who were given a slow deep breathing technique intervention of 5 cycles in 15 minutes and humming four cycles in 10 minutes, done once daily for six days. The instruments in the research used the Pulse Oximetry tool. The sampling technique used nonprobability sampling with total sampling. The results showed a difference in SpO2 values before and after the Slow, Deep Breathing, and Humming intervention was carried out in subjects with pneumonia with a p= 0.001 ($p < 0.05$). It can be interpreted that the Hypothesis (Ha1) is accepted so that it can be concluded that the slow, deep breathing and humming interventions can help improve Sp02. There is a need for further research on nurses' complementary therapy in oxygenation management, where this exercise is one of the nurse's interventions in overcoming decreased SpO2 in pneumonia patients.

Biography

Kazuhito Nagasaki is vascular surgeon graduated from Keio University, Tokyo, Japan in 1996, and studied as a postdoctoral fellow at the Department of Transplant Surgery, Stanford University, USA from 2004-2006. K Nagasaki has been focusing on CLTI treatment, performing more than 200 cases of revascularization procedures (EVT, bypass) and more than 100 cases of wound-related surgeries including debridement and amputation per year. Recently, K Nagasaki is particularly interested in pain control, rehabilitation and orthotic management of CLTI, and is also actively involved in surgical offloading after revascularization for CLTI in collaboration with orthopedic surgeons.

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SUNTEXT REVIEWS

Gastric Cancer: Clinical Implementation of Artificial Intelligence, Synergetics, Complex System Analysis, Statistics and Simulation of Alive Supersystems

Oleg Ksivec

Bagrationovsk Hospital, Kaliningrad, Russia

Abstract

Objective: A 5-survival (5YS) and life span after radical surgery for gastric cancer (GC) patients (GCP) (T1-4N0-2M0) - alive supersysems was analyzed. The importance must be stressed of using complex system analysis, artificial intelligence (neural networks computing), simulation modeling and statistical methods in combination, because the different approaches yield complementary pieces of prognostic information.

Methods: We analyzed data of 803 consecutive GCP (age=57.1 ± 9.4 years; tumor size=5.4 ± 3.1 cm) radically operated (R0) and monitored in 1975-2024 (m=560, f=243; distal gastrectomies (G)=463, proximal (G)=166, total (G)=174, combined G with resection of pancreas, liver, diaphragm, duodenum, colon transversum, jejunum, cholecystectomy, splenectomy=341; T1=241, T2=221, T3=184, T4=157; N0=441, N1=109, N2=253; G1=225, G2=165, G3=413; early GC=167, invasive=636; only surgery=628, adjuvant chemoimmunotherapy-AT=175: 5-FU+thymalin/taktivin). Variables selected for prognosis study were input levels of 45 blood parameters, sex, age, TNMG, cell type, tumor size. Survival curves were estimated by the Kaplan-Meier method. Differences in curves between groups of GCP were evaluated using a log-rank test. Multivariate Cox modeling, clustering, SEPATH, Monte Carlo, bootstrap and neural networks computing were used to determine any significant dependence.

Results: Overall life span (LS) was 2153 ± 2352.6 days and cumulative 5-year survival (5YS) reached 58.7%, 10 years – 52.5%, 20 years – 40.2%, 30 years – 28.1%. 322 GCP lived more than 5 years (LS=4337.4 ± 2377.7 days), 172 GCP – more than 10 years (LS=5966.5 ± 2159.7 days). 290 GCP died because of GC (LS=651 ± 347.2 days). AT significantly improved 5YS (67.9% vs. 56.8%) (P=0.036 by log-rank test). Cox modeling displayed that 5YS of GCP significantly depended on: phase transition (PT) early invasive cancer in terms of synergetics, PT N0 - N12, cell ratio factors (ratio between cancer cells- CC and blood cells subpopulations), G, AT, prothrombin index, hemorrhage time, residual nitrogen, blood cells subpopulations (P=0.000-0.041). Neural networks, genetic algorithm selection and bootstrap simulation revealed relationships between 5YS and PT early invasive cancer (rank=1); PT N0--N12 (2); healthy cells/CC (3), erythrocytes/CC (4), thrombocytes/CC (5), monocytes/CC (6), segmented neutrophils/CC (7), leucocytes/CC (8), lymphocytes/CC (9), stick neutrophils/CC (10), eosinophils/CC (11). Correct prediction of 5YS was 100% by neural networks computing (area under ROC curve=1.0; error=0.0).

Conclusions: 5-year survival of GCP after radical procedures significantly depended on: 1) PT “early-invasive cancer”; 2) PT N0--N12; 3) Cell Ratio Factors; 4) blood cell circuit; 5) biochemical factors; 6) hemostasis system; 7) AT; 8) GC cel dynamics; 9) GC characteristics; 10) tumor localization; 11) anthropometric data; 12) surgery type. Optimal diagnosis and treatment strategies for GC are: 1) screening and early detection of GC; 2) availability of sufficient quantity of experienced abdominal surgeons because of complexity of radical procedures; 3) aggressive en block surgery and adequate lymph node dissection for completeness; 4) precise prediction; 5) adjuvant chemoimmunotherapy for GCP with unfavorable prognosis.

Biography

Kshivets Oleg, I was born in August 31.1958 (Karaganda, Kazakhstan), married, sportsman. After leaving school, I went to Omsk State Medical Institute on the medical-prophylactic faculty in 1975 (Russia) and graduated with honors in 1981. My length of service in general/urgent/traumatic, thoracic, abdominal surgery and surgical oncology is 43 years. I perfectly perform complex and major procedures on lung, mediastinum, stomach, esophagus, colon, rectum, breast, etc.: combined and extended esophagogastrectomies Ivor-Lewis, Garlock, transhiatal esophagectomies with anastomosis on the neck, gastric tube, colonic, and small intestinal esophagoplastics, surgery for neuromuscular esophagus diseases, etc., combined pneumonectomies (resection of pericardium, atrium, aorta, trachea, carina, vena cava superior, diaphragm, vena azygos, ribs, etc.), bilobectomies, lobectomies, bronchoplastic and angio-bronchoplastic operations, circular resections of trachea, tracheoplastics, mediastinal tumor extirpations, thoracoscopic procedures, combined total gastrectomies through left thoracoabdominal or abdominal incision (resection of esophagus, diaphragm, mesocolon, duodenum, splenectomy, hemipancreatectomy, etc.) and partial (proximal, distal) gastrectomies, lymphadenectomies D2-D4, surgery for duodenum & gastric ulcers, reconstructive gastroesophageal surgery, pancreatoduodenal resections, liver resections, hemicolonectomies, resection of colon transversum, sigma resection, rectum extirpation, anterior rectum resection, laparoscopic procedures, mastectomies, venectomies, herniaplastics, etc. I am licensed for thoracic, abdominal, general surgery and surgical oncology in the UK (GMC), Ireland (IMC), Lithuania and Russia (Highest Category). I was awarded with 3 international premiums (Japan, 2000; Greece, 2001; the USA, 2004). I have been acting in general surgery and cancer research since 1975 - basic sciences (cell and molecule oncobiology, immunooncology); since 1977 - computer sciences (cybernetics, artificial intelligence, system analysis, prediction, simulation modeling, statistics, biometrics); since 1979 – thoracic and abdominal surgery, clinical and surgical oncology (screening, diagnosis, prognosis and treatment of lung, gastric, esophagus, colorectal, breast cancer, etc.). I defended two dissertations at the turn of thoracic and abdominal surgery, oncology, immunology, cell biology, cybernetics, artificial intelligence, system analysis, synergetics, prediction, simulation modeling, statistics, biometrics: 1) For the Degree of Philosophy Doctor on the subject: «Optimization of Diagnosis Process for Patients with Malignancies» in 1992 (Prof. N.N.Petrov Research Institute of Oncology, St.Petersburg, Russia); 2) For the Degree of Doctor of Medical Sciences on the subject: «Expert Systems of Diagnosis and Prognosis of Malignant Neoplasms» in 1995 (Scientific-Research Institute of Oncology in Tomsk Scientific Center of Academy of Medical Sciences of Russia, Tomsk, Russia). I have 15 patents (20 inventions for screening, early detection, diagnosis and prognosis of malignancies) and 155 publications.

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SUNTEXT REVIEWS

Fate of the Moderately Diseased Aorta; a Single Center Experience

Athanasia Vlahou

General Hospital George Papanikolaou, Thessaloniki, Greece

Abstract

Background: The fate of the aorta after tube graft replacement remains unclear. We investigated the evolution of aortic dilatation after non aortic cardiac operations and the dimensions of the root and arch after ascending aorta replacement.

Methods: From 252 patients with aortic dilatation operated from January 2010 to June 2019, 160 were followed with CT angiography. Two groups were formed according to the initial operation received. Group I (n=36) included patients with a dilated aorta, unreplaced during different indication cardiac surgery. Group II (n=124) included patients receiving tube graft aorta replacement with or without aortic valve replacement. Mean preoperative and follow-up diameters of the different aortic segments were compared in both groups using the two sided paired t-test for repeated measurements.

Results: 18 patients died during follow-up, with one death occurring during reoperation for a false aneurysm of the distal anastomosis on the aortic arch. There was no other re-operation for aortic aneurysm, rupture or dissection. In group I the aortic arch diameter increased slightly, while the rest of the aortic segments remained stable. In group II the aortic root diameter decreased slightly while the aortic arch remained stable.

Conclusion: Ascending aorta replacement with a tube graft remodeled the aortic root and did not allow progressive dilatation of the aortic arch. In patients with moderate ascending aorta dilatation, the unreplaced ascending aorta and aortic root remained relatively stable but the aortic arch increased slightly during followup.

Biography

Athanasia Vlahou Consultant A at the department of Cardio-thoracic Surgery in General Hospital, George Papanikolaou, Thessaloniki, grew up in Grevena Grecee and received my bacherols degree from the Dimocritio university of Thraki in 1992 I was appointed specialist assistant at the 2nd Surgical Clinic of General Hospital G.. Papanikolaou in 1993 to 1996. I joined with the professor Emmanuel Diarmesaki at the department of cardiothoracic Surgeon in St. Loukas, Private Clinic in 1996 to

1999. After I was appointed as specialist assistsant at the Cardiacthoracic Surgery in General Hospital AXEPA in 1999 to 2004 I was taken the specialty in 2004 from Aristotelio university Thessaloniki, Grecee After I appointed assistant to professor Spanos in 2004 to 2006. I appointed consultant B at the department of cardio-thoracic surgury in General Hospital George Papanikolaou. I obtained PhD degree from the Aristotelio university of Thessaloniki in 2011 and I teaches at the university in 2011to 2012. I appointed permanent consultant A at the department of cardiothoracic surgery in General Hospital George Papanikolaou in 2013 until recently. I have written many articles and participate in many congress.

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Effect of PGA Sheets for Prevention of Pancreatic Fistula after Gastric Cancer Surgery

Kenichi Iwasaki

Department of Gastrointestinal and Pediatric Surgery, Tokyo Medical University, Tokyo, Japan

Abstract

Background: Pancreatic fistula after gastrectomy is one of the perioperative complications that can lead to severe outcomes. Although advancements in surgical techniques have improved the outcomes of gastric cancer surgery, an effective preventive method for pancreatic fistula has yet to be established. While there have been reports evaluating the efficacy of polyglycolic acid (PGA) sheets in preventing pancreatic fistula following pancreatic resections, few studies have assessed their efficacy in preventing pancreatic fistula after gastrectomy. In this study, we evaluated the effectiveness of PGA sheets in preventing pancreatic fistula following gastrectomy.

Methods: A total of 344 patients who underwent standard gastrectomy for gastric cancer at our hospital from October 2016 to October 2022 were included. The patients were divided into two groups: 45 patients who had PGA sheets applied to the pancreatic upper margin and the lymphadenectomy sites around the pancreatic head (PGA group), and 299 patients who did not (nPGA group). We retrospectively compared the surgical data and the incidence of pancreatic fistula between the two groups.

Results: The PGA group had a significantly shorter operative time (300 minutes vs. 326 minutes, $p<0.05$) and significantly less blood loss (54 ml vs. 261 ml, $p<0.05$). Other background factors (age, sex, BMI, surgical procedure, lymphadenectomy extent, and number of dissected lymph nodes) did not show significant differences between the two groups. Although there was no significant difference in the incidence of postoperative complications of Clavien-Dindo (CD) grade II or higher, the incidence of pancreatic fistula of CD grade II or higher was significantly lower in the PGA group (0% vs. 2.3%, $p=0.007$).

Conclusion: No cases of postoperative pancreatic fistula were observed in all 45 cases in the PGA group. The application of PGA sheets to the lymphadenectomy sites around the pancreatic head and the pancreatic upper margin after gastrectomy may reduce the incidence of pancreatic fistula. Since this is a single-center study with a small sample size, larger-scale clinical studies are needed to confirm the efficacy of PGA sheets in preventing pancreatic fistula following gastrectomy.

Biography

Kenichi Iwasaki is an Associate Professor at Tokyo Medical University. He works at the Department of Gastrointestinal and Pediatric Surgery where he is recognized nationally and internationally for his research contributions and achievements in the field of surgery especially Minimal Invasive Surgery(MIS). Also has an experience working as a Research fellow at Department of Surgery, The Johns Hopkins University School of Medicine, Baltimore, MD, USA. This has led to multiple scientific publications and has facilitated commercialization of his and his co-workers research.

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Single Stage Repair of Coarctation of Aorta in an Adult

Ashwin Venkatesh

Cardiothoracic and Vascular Surgeon, Kauvery Hospital, India

Abstract

Coarctation of aorta in adults is often an incidental finding while evaluating for other cardiac pathologies, most common being coronary artery disease and valvular heart disease. Without correction, the mean life expectancy of patients with aortic coarctation is 35 years and 90% of those patients die before reaching the age of 50 years. Correction of these multiple pathologies may be done as a staged hybrid procedure where in the coarctation is stented and the rest of the cardiac conditions are managed by surgical correction. However a single staged surgical correction is possible and is a safe and cost effective option for the patient. We describe a case of an adult female who presented with features of angina on exertion (NYHA III) and was diagnosed with coronary artery disease, coarctation of aorta, moderate aortic regurgitation and a narrow aortic root. She underwent a single stage repair of the coarctation through a median sternotomy with an extra-anatomic ascending to descending aorta bypass along with coronary artery bypass grafting and aortic valve replacement after an aortic root widening procedure.

Biography

Dr. Ashwin Venkatesh is a skilled and passionate Cardiothoracic and Vascular surgeon working as an Associate consultant in Chennai. He finished his MBBS graduation from M.I.M.E.R Medical college, Talegaon, Maharashtra and subsequently completed his post-graduation in CTVS from Apollo Hospitals, Chennai. He is adept in performing routine as well as complex adult cardiac surgeries and is trained in minimally invasive and Robotic cardiac surgery as well. He is a state level chess player and also loves to play cricket and football. He is a movie buff and loves listening to Indian as well as world music.

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SUNTEXT REVIEWS

Trigeminal Neuralgia and Cerebrovascular Malformations: Two Cases Presentation

Volodymyr O Fedirko

Romodanov Institute of Neurosurgery NAMSU, Ukraine

Abstract

Aim: The aim of the study is a thorough examination and analysis of the mechanism of trigeminal neuralgia (TN) development, which typically involves compression of the nerve root by a vascular loop at the point of its exit from the brainstem. In practice, there are rare cases of combined pathology where TN is caused by cerebrovascular malformations.

Case Description: Within the scope of the article, two cases of combined pathology are presented and analyzed in detail. These cases involve TN caused by cerebrovascular malformations (cavernous malformation, arteriovenous malformation). The study subjects were a 39-year-old woman and a 63-year-old man, both experiencing pain syndrome along the V2/V3 branches of the left trigeminal nerve (TN) that was resistant to medical therapy. The neurological status was unchanged in other aspects. After thorough examination, neurosurgical treatment was performed in the form of microsurgical decompression of the TN through a retrosigmoid approach to the ponto-medullary junction, including removal/mobilization of the cerebrovascular malformation. Compressed, distorted and separated V-th nerve fibers were dissected and isolated thoroughly from the vascular/cavernous malformation had been partially removed. This significantly improved the overall condition of the patients and provided a long-lasting pain-free postoperative period: 5 years in the first case and 6 months in the second case.

Conclusions: TN can be an initial or the only manifestation of an existing cerebrovascular malformation. For accurate clinical diagnosis verification and determination of further treatment strategy, patients underwent additional examinations, including MRI of the brain using 3D sequences in various modes, particularly the T2-weighted 3D DRIVE mode for better visualization of vascular-nerve structures to identify the triggering factor, though microstructural nerve-vascular interposition remains unclear up to intraoperative magnification. Decompression of the trigeminal nerve root with maximal removal or isolation of the compressive factor plays a crucial role in the treatment of pain syndrome and is effective when performed properly. Intraoperative monitoring (lateral spread response methodology) could be useful for decompression effectiveness control.

Biography

Volodymyr Fedirko, April 12, 1962 D.b., Ukrainian
MD.,PhD., Doctor of Medical Sciences, neurosurgeon
Graduated Vinnitsa Medical University in 1985, Internship in surgery, ordinatura on neurosurgery in Kyev Academy of Postgraduate Education in 1986-1991.
Neurosurgeon of the Romodanov Institute of Neurosurgery from 1991.
Training on pediatric neurosurgery in the McKensy Health Center, Edmonton, Canada 3-8.1994;
Training on specialization: neurooncology, cranial base surgery, painful syndrome treatment in Atkinson Morleys Hospital, London, UK, 1998; University of Zalzburg, Ausria, 2003; International Neurosciences Institute, Hannover, Germany, 2011; Pain Clinic prof. Y.Canpolat, Ankara, Turkish, 2012; IRCAD, Strassburg, France, 2014; Western Hospital of Toronto, Canada, 2014; Hospital Laribuasier, Paris, France, 2015.
Defence of research “Differentiated treatment of the focal traumatic brain lesions” on PhD degree in 1996.
Defence of research “Diagnostic and surgical treatment of the cranial nerve neurovascular-compression syndromes” on Doctor of Medical Sciences degree in 2010.
The main scientific research topics are: neurotrauma, cranial base neurooncology, painful syndromes, and cranial nerve hyperactive dysfunction syndromes.
Member of IASP since 2011.
Author of 146 printed works.
Results of research have presented on National and International Conferenses/Congresses: EANS, Moscow, 1991; EANS, St.Petersburg, 2003; EANS, Glasgo, 2007; EANS, Bratislava, 2011; Black Sea Neurosurgical Congress, Tbilisi, 2014; EANS, Prague, 2014; WFNS, Rome, 2015; IASP, Yokohama, 2016; EANS, Venece, 2017; 13th ESBSC, 2017; EANS, Dublin,2019; 9th COAV,Bergen,2023; EANS,Barselona,2023; II,IV,V,VII,VIII,IX UWNM, Bucovel2013-2023.

SUNTEXT REVIEWS CONGRESS 2024

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SUNTEXT REVIEWS

Biological Effects of Low Dose Biophotonic UV Exposure on Selected Glycemic, Metabolic, and Hematologic Parameters

Orien L Tulip

President of the University of Science, Arts & Technology, USA

Abstract

Biologic exposure to UV irradiation may induce either harmful or beneficial effects on key physiologic parameters, depending on the intensity, duration, and wavelength of the UV source applied. Recent studies indicate that beneficial effects of controlled, low dose biophotonic exposure (100-200 mJ/cm^2) may include favorable effects on elements of carbohydrate (CHO) metabolism, blood oxygen saturation (SpO2), and percent hemoglobin A1c, important clinical markers of the effectiveness of diabetes management. In studies with diabetic rodent models, measures of GLUT4, Oral Glucose Tolerance, Insulin response to a glucose challenge, tissue ATP content, and glycogen synthesis in skeletal muscle were found to be significantly improved following photonic treatments. In vivo clinical studies reviewed demonstrated increases in blood oxygenation (SpO2) and corresponding decreases in HbA1c concentrations following nominal biophotonic treatment. Collectively these observations suggest that the application of low dose, biophotonic therapy at controlled wavelengths may extend beyond its more commonly applied applications for the treatment and control of infectious illnesses and anti-aging therapeutics and now may also include important potential beneficial effects in insulin resistant conditions typical of type 2 diabetes mellitus.

Biography

Professor Orien Lee Tulp is the founder and President of the University of Science, Arts & Technology [USAT], in the British Overseas Territory of Montserrat. Founded in 2003 along a traditional academic platform, USAT has become a leading new school in the CARICOM, with multiple Colleges of the Institution and has among the highest placement rates for its graduates in academic and professional careers of all CARICOM Institutions. USAT strives for excellence in Research, Education, and Community Service and to date it has produced hundreds of degreed graduates including PhDs, MDs and others. The Einstein Medical Institute, which focuses on medical and graduate research and education functions as a Division of the Graduate College of USAT.

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SUNTEXT REVIEWS

Stable Glucose Variability in a Patient with Slowly Progressive Type 1 Insulin-Dependent Diabetes Mellitus (SPIDDM) with Low-Carbohydrate Diet (LCD)

Michael Wood

Japan Low Carbohydrate Diet Promotion Association, Japan

Abstract

We have a 46-year-old man who presented with hyperglycemia and positive urine glucose 7 years ago. Since then, he has continued a super-low carbohydrate diet (LCD) and preserved stable glucose variability. In 2019, his diabetic situation worsened, and he received further evaluation. He showed positive glutamic acid decarboxylase (GAD) antibodies and was diagnosed with slowly progressive type 1 insulin-dependent diabetes mellitus (SPIDDM). Like latent autoimmune diabetes of adults (LADA), SPIDDM is a state somewhere in between type 1 and type 2 diabetes where the patient will likely eventually require insulin.

The consensus guideline was revised by the Japan Diabetes Society (JDS) in 2023 to designate probable SPIDDM for insulin-independent and definite SPIDDM for insulin-resistant individuals. Treatment for SPIDDM has traditionally been insulin because studies suggest that inulin is superior to sulfonylureas in preserving beta-cell function. Newer research shows that DPP-4 inhibitors may also be beneficial. We believe that newer oral medications and low-carbohydrate diets may be beneficial in controlling blood glucose while preserving beta cell function.

Biography

Michael Wood, D.O., is an Internal Medicine resident at HCA Healthcare in Trinity, Florida. Medical training was obtained in his home state at Arkansas College of Osteopathic Medicine in Fort Smith, Arkansas. He spent 10 years in the Tokyo, Japan metropolitan area where he became interested in low-carbohydrate diets and has been working with Japan LCD Promotion Association. Dr. Wood considers nutrition to be the most important factor for the prevention and resolution of the symptoms of metabolic syndrome. His focus is primarily on the utility of low-carbohydrate dieting in treating a variety of conditions including insulin-resistant and insulin-deficient diabetes.

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SUNTEXT REVIEWS

Usefulness of Blood Glucose Monitoring in Neonates of Mothers with Elevated Glucose Challenge Test but Normal Glucose Tolerance Test

Margaret A Uchefuna

Department of Pediatrics, Woodhull Medical Center, USA

Abstract

Introduction: Gestational diabetes mellitus (GDM) is the onset of diabetes during pregnancy in women without pre-existing diabetes. In the United States, screening for gestational diabetes is usually done after 24 weeks of pregnancy, using the 2-step system. A non-fasting 50-g, 1-hour glucose challenge test (GCT), when abnormal, is followed by a fasting 100-g, oral glucose tolerance test (OGTT). Gestational diabetes is confirmed by a positive OGTT, generally defined as ≥2 glucose values at or above defined fasting, 1-hour, 2-hour or 3-hour thresholds, set using the Carpenter/Coustan or National Diabetes Data Group (NDDG) criteria. Neonates of diabetic mothers and neonates of mothers with gestational diabetes experience fetal hyperinsulinism and increased peripheral glucose utilization, putting them at risk for hypoglycemia in the immediate postnatal period. Hypoglycemia is defined as blood glucose level less than 40 mg/dl in the first 4 hours after birth and less than 45 mg/dl between 4 and 24 hours after birth. Based on current guidelines, screening is recommended for symptomatic newborns or those with known risk factors for hypoglycemia such as prematurity, small or large for gestational age and infants of pre-gestational or gestational diabetic mothers. In some mothers, an elevated GCT screen may be followed by a normal OGTT, which does not meet the criteria for diagnosis of gestational diabetes. There is paucity of data on whether elevated maternal GCT with normal OGTT poses a risk for low blood glucose levels in the newborn hence, some centers still monitor blood glucose in neonates of such mothers. Our study was a retrospective analysis aimed at establishing if newborns of mothers with an abnormal GCT but normal OGTT had hypoglycemia in the first few hours of life.

Methods: A retrospective analysis of 307 charts of neonates identified as being at risk for hypoglycemia was done, and those with known risk factors for hypoglycemia, such as birth before 37 completed weeks, low birth weight, small or large for gestational age, maternal diabetes or abnormal OGTT, were excluded. This elimination brought the total number of charts meeting inclusion criteria of elevated maternal GCT but normal OGTT to 63. The 63 charts were then analyzed to detect if the neonates had hypoglycemia during the period of hospital stay. During hospital stay, initial blood glucose monitoring for all babies had been done thirty minutes after the first feed, which was within the first hour of life. Serial glucose monitoring was then done after that, at 3-hourly intervals just before feed. Babies with low values per hour of life were fed and blood glucose re-checked 30 minutes later. If still low, the babies were either fed again or given oral glutose gel per protocol. No babies required intravenous fluids. Glucose monitoring was stopped when there were two consecutive pre-feed measurements in the normal range per hour of life. For the babies with hypoglycemia, further chart review was done to see if there were any other medical conditions in the neonates that could explain the finding. Data was analyzed using the SPSS software.

Results: All maternal GCT readings were in the elevated range with an average reading of 156.78 mg/dl (SD = 22.08) and all maternal GTT results were in the normal range. A total of 8 women had elevated HbA1c readings however, no relationship was found between maternal hemoglobin A1c and hypoglycemic reaction in neonate (X2=0.927). 55 (87.3%) of the 63 infants had no hypoglycemia while 8 (12.7%) had hypoglycemia. The male to female ratio was approximately 1:1 and no relationship was found between gender and hypoglycemic reaction (X2=0.002). There was also no correlation found between maternal GCT and initial (r=-0.173) or lowest (r=-0.182) glucose reading.

The average of the initial glucose readings was 64.83 mg/dl (SD=18.74) and the average of the lowest glucose readings was 53.55 mg/dl (SD= 10.57).

Conclusion: Our study was able to demonstrate that the likelihood of hypoglycemia in newborns of mothers with an abnormal GCT but normal GTT was slim and as such, frequent blood glucose monitoring may not be of great value in asymptomatic neonates when compared with the drawbacks of redundant blood sampling and frequent handling of neonates.

Biography

Dr Margaret A. Uchefuna is a final year Pediatrics Resident in New York with four years of prior Pediatrics training in Nigeria. Her passion for Pediatrics began in medical school and she has remained highly dedicated and motivated to continuous improvement in knowledge through learning. She was recognized by the National Postgraduate Medical College of Nigeria as one of the best candidates in the nationwide Pediatrics residency exams and also served as a one-time Chief Resident. She has a number of peer-reviewed publications in diverse areas of Pediatrics, although she has a special interest in Pediatric Cardiology.

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SUNTEXT REVIEWS

Unmasking Type 1 Diabetes in Adults: Insights from Two Cases Revealing Misdiagnosis as Type 2 Diabetes, with Emphasis on Autoimmunity and Continuous Glucose Monitoring

Andre Manov

Professor of Medicine at the University of Las Vegas Nevada and Touro University Medical School in Nevada, USA

Abstract

Type 1 diabetes mellitus (T1DM) is often misdiagnosed as type 2 diabetes mellitus (T2DM) in adults, resulting in inadequate treatment and poor disease management. In this report, we present two patients initially misdiagnosed with T2DM for 14 and four years, respectively, leading to complications like diabetic ketoacidosis (DKA). Reevaluation confirmed adult-onset T1DM through antibody tests. Treatment was adjusted to a basal-bolus insulin regimen with the use of continuous glucose monitoring (CGM). The correct diagnosis and CGM implementation significantly improved diabetes mellitus management. This case report emphasizes the importance of mindful diagnosis in adult patients with diabetes mellitus, considering both type 1 and type 2 differentials.

Biography

Andre Manov, I graduated in Medical University, Sofia, Bulgaria in 1984 as a Valedictorian of my class and was awarded the Golden Hypocrates Statue and Medal. Initially worked as an Assistant Professor in the same University in the Department of Endocrinology, specializing in Internal Medicine and Endocrinology in 1994, I moved to the USA and completed my Internal medicine Residency at Lincoln medical and Mental Health Center in Bronx, New York. Then I worked as an Attending physician, Chair of Medicine 1997-2020 in John Peter Smith Hospital, Fort Worth, TX. I taught hundreds of Internal medicine residents, Family practice Residents, and Medical students from the hospital and University of North Texas Health Science Center, Fort Worth, TX. In 2020 I moved to Las Vegas Nevada and was working as Transitional Year Residency Program director and core Faculty of Internal Medicine residency Program in Mountain View Hospital, Las Vegas, Nevada, and Sunrise Health GME Consortium.

I am a Board certified Endocrinologist and Internist by ABIM in the USA and in the European Union. I have 81 scientific publications in Peer Reviewed Journals in the area of DM type 1 and Type 2 treatment, Thyroid disorders, Male Hypogonadism, and Continuous Glucose monitoring in patients with type 1 and type 2 DM in the USA, France, England, India and Bulgaria. Mine Continuous Glucose Monitoring Project won first place award in Far West Research Division Symposium, Las Vegas, Nevada in Quality category in May, 2022 and 2023.

I have been a leading investigator in 2 International Multi central scientific trials and wrote 6- chapters in the Books in Endocrinology in England in 2022,2023 and now on one prospective clinical trial.

I gave hundreds of lectures in multiple local, National, and International Meetings in the area of DM type 2, HTN, DVT, etc.

I Participated in 10- international Scientific Conferences in Diabetes and Technologies in Diabetes and Primary care in England, Austria, UA, and Switzerland with oral presentations.

I have worked in England with lead World Renowned Immuno -endocrinologist Prof. Franco Bottazzo in 1991-1992.

In his laboratory in London, England in 1991 I discovered for the first time the increased expression of the adhesion molecule CD 44 on snap frozen sections and cell cultures in different autoimmune thyroid diseases. I am interested in general Endocrinology and Diabetology and metabolism, Primary care, and Hospitalist Medicine with significant teaching experience and clinical experience. I have been 26- years Academic Faculty in different hospitals and Universities in Fort Worth Texas, Dallas Texas, and Las Vegas Nevada at a level of Associate and Full Professor.

I was a Course Director in Endocrinology for 2nd-year Medical Students in the University of North Texas Health Science Center /UNTHSC/, Fort Worth, TX -2017-2018 at the level of Professor. Currently, I am a Professor in the Department of Medicine in TCU Burnett School of Medicine, Fort Worth TX since 2017, a Clinical Professor in the Department of Medicine in Touro University Medical School, Henderson, Nevada, and a Professor of Medicine in the University of Las Vegas, Nevada. I was elected as a Fellow of the American College of Physicians and as a Top Doctor Internist for 2018 in Fort Worth, TX, as well as Top Endocrinologist and Internist in Las Vegas, Nevada in 2021,2022,2023.

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SUNTEXT REVIEWS

Prevalence of Neural Tube Defect at Ultrasound Examination among Pregnant Women in Addis Ababa

Rupavathana Mahesparan

Head of the department of Neurosurgery, University of Bergen Bergen, Norway

Abstract

Background: WHO reports that congenital malformations contribute to a rising percentage of infant deaths worldwide. Nine of ten children born with a serious birth defect are in low- and middle-income countries. Neural tube defects (NTDs) are among the most common categories of major birth defects. Ethiopia has been identified as one of the countries with highest prevalence, however the reported prevalence mainly based on hospital-based data. Home deliveries are common in Ethiopia, and these hospital-based data only represent a selection of births from the population.

Aim: The aim of the present study was to investigate prospectively the prevalence of intrauterine NTD among pregnant women in the general population of Addis Ababa, to describe the dysmorphology of the cases and to find possible risk factors.

Methods: We enrolled 958 pregnant women from 20 randomly selected health centers in Addis Ababa during the period from October 1, 2018, to April 30, 2019. Of these 958 women, 891 had an ultrasound examination after enrolment, with a special focus on NTDs. Blood samples were analysed for possible risk factors.

Results: Among 891 women, 13 had twin pregnancies. We identified 15 NTD cases among 904 fetuses, corresponding to an ultrasound-based prevalence of 166 per 10,000 (95% CI: 100–274). Eleven had spina bifida (122 per 10,000, 95% CI: 67–219). Seven of the 11 spina bifida defects had skin covering, while two of the cervical lesions were uncovered. Serum vitamin status was generally poor for participants in the study. In addition, maternal age >30, low socioeconomic status and low family income were identified as possible risk factors.

Conclusion: This is the first study to report ultrasound prevalence in Ethiopia. We report a high prevalence of NTDs among pregnancies in communities of Addis Ababa based on screening by ultrasound. The prevalence was higher than in previous hospital-based studies in Addis, and the prevalence of spina bifida was particularly high. Poor vitamin status was a significant risk factor. However maternal age >30, low socioeconomic status and low family income were identified as possible risk factors.

Biography

Associated Prof. Mahesparan was born in Srilanka and moved to Norway where she finished her MD degree in 1997. She has done her PhD in malignant brain tumors in 2000.

She specialized in neurosurgery in 2005 and became the first female consultant in neurosurgery at the department of neurosurgery, Haukeland university teaching hospital, Bergen, and the fourth female neurosurgeon in Norway. Her main interest is on Neuro-oncology, skull base, pituitary surgery, gammaknife radiosurgery, pediatric neurosurgery and functional neurosurgery. She has been working as the Head of the department of neurosurgery since 2011 and in charge of pediatric neurosurgery and neurooncology at the department.

Prof. Mahesparan has been participating in various projects to promote neurosurgery in developing countries. She has been a core member of the team that has been developing neurosurgery in Ethiopia. Her research projects are mainly on neurooncology and pediatric neurosurgery and she has published several articles in the international literature, has been invited to give lecturers at both national and international conferences and was awarded for the best presentation. She has been appointed as the Associated Professor of Neurosurgery at Faculty of Medicine, University of Bergen and has been recognized as an excellent teacher by students. She has been the leader of the Norwegian neurosurgical board, leader of the neurosurgical electoral board and representing Norway in the executive committee of ESSFN.

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SUNTEXT REVIEWS

Surgical Decision-Making in Thyroiditis

Sahar Mohammed Alnefaie

Assistant Professor of Surgery, Taif University, Saudi Arabia

Abstract

Thyroiditis is a common thyroid disorder worldwide. Its commonest variant is Hashimoto's thyroiditis (HT). The usual presenting symptom is hypothyroidism at the time of diagnosis. Most patients are asymptomatic. The standard treatment is medical, and surgery is rarely indicated. This review aims to shed light on the most relevant articles discussing surgery in thyroiditis and compare them. The author included 16 relevant articles focused on the surgical management of thyroiditis. Of the studies, 10 were designed as retrospective reviews, four as prospective studies, and two as systematic reviews. The included studies aimed to focus on certain objectives. Three of them discussed indications of surgical intervention in cases of thyroiditis. Five covered postoperative complications. Six looked at the thyroid cancer association with thyroiditis. Two explored the impact of thyroiditis on surgery. Five discussed the postoperative improvement of symptoms and the effect on the quality of life. All the studies listed in this review engaged cases of HT except two. This review concentrates on conceptualizing and organizing the parameters in the minds of surgeons who manage cases of thyroiditis to enable them to decide whether to operate or not. These factors are indications of surgery, improvement of local compressor symptoms post thyroidectomy like dysphasia and shortness of breath, risk of thyroid cancer, intraoperative difficulty, and postoperative complications. The surgeons should consider the mentioned factors affecting their decision to operate on this special entity. Thus, each case should be individualized in deciding whether to operate or not by assessing the benefit-risk ratio.

Biography

Dr. Sahar Alnefaie is an Assistant Professor of Surgery, a Consultant Breast and Endocrine Surgeon, and the Head of the Scientific Committee at Taif University in Saudi Arabia. She completed a fellowship in Breast and Endocrine Surgery in Saudi Arabia. Following this, she earned a Master's degree in Health Professions Education through a collaborative program between Taif University and the University of Illinois at Chicago. Dr. Sahar is an active member of the Saudi Society of Breast & Endocrine Surgery and the American Society of Breast Surgeons. She has published numerous scientific research articles in various international journals.

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SUNTEXT REVIEWS

Gender Comparisons of Surgical Outcomes in Patients Undergoing One Anastomosis Gastric Bypass (OAGB): a Historical Cohort Study

Zvi H Perry

Soroka University Medical Center, Beer-Sheva, Israel

Abstract

Background/Objective: Metabolic and Bariatric Surgery (MBS) is a common treatment for morbid obesity. MBS has the potential to improve the control of the comorbidities of morbid obesity, primarily diabetes mellitus (DM), hypertension (HTN), and Obstructive Sleep Apnea (OSA). Our hypothesis was that patients treated with MBS would have a long-term improvement in controlling DM and HTN.

Methods: This was a cohort study based on patients who underwent MBS surgery in our institution 3 to 5 years previously and had DM type 2 at the time of surgery. Data were collected from patients' charts and a telephone interview–based questionnaire, including demographics, health status, and quality-of-life assessment (Bariatric Analysis and Reporting Outcome System [BAROS]).

Results: We surveyed three different groups: Patients post-LAGB, post-LSG, and post-OAGB. Seventy patients in the LAGB group, 58 with LSG, and 56 OAGB patients participated in the current study. All patients showed a significant decrease in their BMI at the time of the interview and a significant change in their post-op diabetes state.

Conclusion: Our studies have shown that MBS is an effective treatment for morbid obesity and its two comorbidities—DM type 2 and HTN—in the long-term, regardless of the procedure used. Further studies are needed to consolidate our findings and characterize which patients are more prone to enjoy these remarkable surgical benefits.

Biography

My name is Zvi Perry, and I am a general and bariatric surgeon (ASMBS). I graduated from Goldman Medical School at Ben-Gurion University, Israel. I had done my residency at Soroka University Medical Center in General Surgery. I finished my fellowship in Bariatrics at McGill University Hospital (2017-8). I did another fellowship in Surgical Simulation at the Steinberg-Bernstein Centre for Minimally Invasive Surgery & Innovation, McGill University (2018-9). In addition, I did a research fellowship at Tuft New-England Medical Center in the Surgical research lab under the supervision of Prof. Shikora in 2008-9. I also have a PhD. in Surgical Epidemiology and an M.A. in Educational Psychology from Ben-Gurion University, Israel, and I am a senior lecturer at Ben-Gurion University, where I have been teaching Surgery and Epidemiology for the last Decade. My practice is at the SUMC (Soroka University Medical Center) in Beer-Sheva, the capital of the Negev region. We provide care for 1.3 million patients from the southern part of Israel, a quarter of whom are of Bedouin descent. This population, largely from agricultural and poorer backgrounds, presents unique health challenges due to a high percentage of genetic issues. My work here, therefore, has a direct and meaningful impact on the health and well-being of these individuals. I am also actively promoting general surgery education and bariatrics at the state level in Israel, and I am a member of the Israeli Surgical Society and the Israeli Endoscopic Society. My academic activities at the national level include improving health quality measurements in Israel and participating in the Clalit simulation center for the surgical professions.

As one can see, I have some experience in surgical research, and I would like to use this know-how to advance the field of treating obesity through medical and surgical treatment at the national level as well as to enhance these capabilities through clinical trials and attain the needed funds for that. I believe that the fact I am a practicing surgeon and an epidemiologist can aid me in grasping the needed study material and have a swift and thorough handling of it.

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SUNTEXT REVIEWS

Live Birth after Perimortem Cesarean Delivery (PMCD) in a 27-Year-Old Community Cardiac Arrest Nulliparous Woman Retrieved by Prehospital Extracorporeal Membrane Oxygenation (ECMO)

Reda El Bayoumy

Basildon University NHS Hospital, United Kingdom

Abstract

Objective: The aim of this study is to share a valuable experience of perimortem cesarean delivery (PMCD) when no signs of spontaneous circulation were detected after 4 min of resuscitation. Being retrieved by prehospital extracorporeal membrane oxygenation (ECMO).The time interval between maternal cardiac arrest and neonatal delivery was evaluated and reviewed.

Case report: We present the case of an out-of-hospital cardiac arrest (OHCA) in a nulliparous holiday-maker woman on the beach. 27-your-old lady with no significant medical history, pregnancy was rolling fine with no complication, most probably due to "heat stroke" on the beach. Cardiac arrest was managed immediately by fire-fighters, they were on site; 20 seconds non-flow cardiac arrest on ventricular fibrillation. The term infant was delivered by PMCD at our emergency department at least 119 min after maternal cardiac arrest. Prehospital ambulatory extracorporeal membrane oxygenation (ECMO) is used by the city's EPCR response unit as a second line of treatment for refractory ventricular fibrillation cardiac arrest. The infant survived with no neurological deficit after 12 months follow-up.

Conclusion: Contrary to previous studies and case reports, maternal and neonatal outcomes seem to be better when performing prehospital ambulatory extracorporeal membrane oxygenation (ECMO) as a supportive treatment for cardiac arrest. Highly-skilled multidisciplinary teamwork is the key for optimal outcomes in such situations.

Biography

Dr. Reda El Bayoumy has been Consultant Anaesthetist in anaesthetics & intensive care medicine. Lead regional anaesthetics, acute pain management, enhanced recovery programmes (ERP), day-case surgery unit. Lead clinician in pediatrics, obstetrics, thoracic & vascular surgery. Certificate of Eligibility for Specialist Registration in Anaesthetics (CESR) issued by Postgraduate Medical Education and Training Board (PMETB)& Royal College of anaesthetists (RCA) London, the United Kingdom April 2010. European Diploma of Regional Anaesthetics & Pain Management (EDRA) in September 2009. French Diplomas of Specialised Training in Anaesthetics and Intensive Care Medicine. Interuniversity Diploma (French Board) in Paediatric Anaesthetics and Intensive Care in October 2006 Faculty of Medicine, Lille University, France. Specialized Diploma in Anaesthetics & Intensive Care Medicine in November 2005, Faculty of Medicine, Strasbourg University, France. Medical Degree Thesis (M.D.) in Cardiothoracic Anaesthetics Faculty of Medicine, Leiden University, Netherlands Faculty of Medicine, Cairo University, Egypt, December 2000. He completed his Master of Science Degree (M.Sc.) in Anaesthetics, May 1993, Faculty of Medicine, Cairo University, Egypt. Medical Bachelor and Bachelor of Chirurgie (M.B.B.Ch.) in December 1993, Faculty of Medicine, Cairo University, Egypt. Currently working as Consultant Anaesthetist in the Mid and South Essex NHS University Hospitals, UK; Honorary lecturer in Anaesthetics and Physiology in Faculty of Medicine, Anglia Ruskin University, UK.

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SUNTEXT REVIEWS

Single Axillary Incision Reverse-Sequence Endoscopic Nipple/Skin-Sparing Mastectomy Followed By Subpectoral Implant-Based Breast Reconstruction: Technique, Clinical Outcomes, and Aesthetic Results from 88 Preliminary Procedures

Zhenggui Du

West China Hospital of Sichuan University, China

Abstract

Background: Single axillary incision reverse-sequence endoscopic nipple-sparing mastectomy overcomes the limitations of conventional endoscopic nipple-sparing mastectomy application. We introduce this technique and report the preliminary results of this study.

Methods: Patients who received single axillary incision reverse-sequence endoscopic nipple-/skin-sparing mastectomy from May 2020 to May 2022 were enrolled from a single institution. Data were analyzed to evaluate the safety and effectiveness of this technique. Patient-reported and surgeon-reported cosmetic outcomes were collected.

Results: In total, 68 patients who underwent 88 single axillary incision reverse-sequence endoscopic nipple-/skin-sparing mastectomy combined with subpectoral implant-based breast reconstruction were enrolled in the current study. The overall complication rate was 10.3%. In total, 2.9% of patients suffered from major complications, and 5 (7.4%) experienced minor complications. Only one patient experienced partial nipple-areola complex necrosis. During a median follow-up time of 24 months, the locoregional recurrence and distant metastasis rates were 1.6% (Table 1). In the surgeon-reported cosmetic results, 92.1% of patients achieved good or excellent results. The mean SCAR-Q scores were 82.07 ± 8.86, and 85.3% evaluated their breasts as good or excellent. The mean overall cost was 5,670.4 ± 1,351.3 USD. The total mean operation time and maturity-stage mean operation time were 234.3 ± 80.4 and 172.55 ± 41.29 min, respectively. According to cumulative sum plot analysis, approximately 18 cases were needed for surgeons to decrease their operation time significantly and complication rate. In addition, this technique also can be uesd in dual-plane breast reconstruction, prepectoral breast reconstruction, ipsilateral breast reconstruction and contralateral breast augmentation, and latissimus dorsi flap for breast reconstruction.

Conclusion: Single axillary incision reverse-sequence endoscopic nipple-sparing mastectomy is a safe, less expensive, and efficient surgical technique with reliable intermediate-term oncologic safety. For suitable candidates, the technique with subpectoral implant-based breast reconstruction can provide an excellent cosmetic outcome.

Biography

Zhenggui Du, MD, Postdoc
Master postgraduate advisor Associate Professor of Breast Center at West China Hospital, Sichuan University Associate Director of Breast Center at West China Hospital, Sichuan University
Visiting scholar at Medical College of Wisconsin
Vice chairman, Breast Professional Youth Committee, the Chinese Society research hospitals
Vice President, Society of Breast diseases, Sichuan Medical Doctor Association Chairman, Professional Committee of Breast diseases, Chengdu Gaoxin Medical Association
Commissioner, Professional Committee of Breast Diseases, Sichuan Medical Association
Commissioner, Board of Oncologic Physician Specialties, Sichuan Medical Doctor Association
Vice chairman, Society of Breast Disease Control and Prevention, Preventive Medical Association of Sichuan Province
Research directions
Day Surgery Management of Breast Cancer
Endoscopic breast surgery in the management of breast cancer (endoscopic nipple-sparing mastectomy and breast reconstruction, endoscopic breast-conserving surgery)
Proposer of “reverse-sequence” theoretical system, “HUAXI hole 1-3”, parachute patch suture technique
Present academic outcomes: More than 30 papers have been published in international journals and domestic journals (over 20 papers as the first author or corresponding author)
Has participated in the compilation of 1 monograph. Has hosted six research projects supported by the National Natural Science Foundation and the Science and Technology Department of Sichuan Province.

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SUNTEXT REVIEWS

Thai Preschoolers' Movement Behaviors outside Kindergarten: Prevalence of Meeting Individual and Integrated Movement Guidelines

Vimolmas Tansathitaya

Thailand's Mahidol University's College of Sports Science and Technology, Thailand

Abstract

Background: This study aimed to investigate movement behaviors of Thai preschoolers (aged 3–6 years) occurring outside kindergarten in urban areas across Thailand.

Methods: Surveillance of digital Media in Early Childhood Questionnaire® was used to collect data from 1051 parents recruited from 12 schools. Descriptive statistics and logistic regressions were applied for data analysis.

Results: Thai preschoolers engaged in physical activity (PA), sedentary screen time, and sleep on weekends significantly more than weekdays with no significant sex differences.

Preschoolers met the sleep guidelines the most (62.3%), followed by PAguidelines (48.0%), and screen time (ST) guidelines the least (44.1%). Only 14.6% met the integrated movement guidelines, and 11% met none of the guidelines.

Conclusions: Thai preschoolers' time spent on all forms of activities outside kindergarten was significantly more on weekends than weekdays with no sex disparity.

Biography

In my current role, I serve as a lecturer at Thailand's Mahidol University's College of Sports Science and Technology. My primary research interests concern miRNA and chronic illnesses, as well as fitness. I am also interested in studies on the microbiome in chronic illnesses and exercise, which was presented in an article in 2022. After I received my Ph.D. in Health Promotion and Human Services from the University of Cincinnati in the United States, I was inspired to act on another idea. One of my initial thoughts was to look at how genotypes could potentially evolve as lifestyles shifted and how exercise could help mitigate diseases. Since then, I have been motivated to begin examining genetic causes by performing in-depth studies in epigenetics, with a focus on miRNAs and target genes as major indicators.

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SUNTEXT REVIEWS

Twinning as a Risk Factor for Neonatal Acute Intestinal Diseases: A Case-Control Study

Lorenzo Riboldi

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Abstract

Acute intestinal diseases (AID) are a group of conditions that typically present in preterm infants, and are associated with an elevated mortality and morbidity rate.

Neonatal acute intestinal diseases (AID) include necrotizing enterocolitis (NEC) and spontaneous intestinal perforation (SIP). Despite recent advancements in neonatal care, these surgical intestinal disorders are still associated with a high mortality rate and a high prevalence of long-term morbidity in affected preterm infants.

NEC is the most frequent disease of the gastrointestinal tract of preterm infants and represents the most common cause of mortality and morbidity in the Neonatal ICU.

The risk factors for these diseases remain largely unknown. The pathophysiology is not completely understood. Ongoing research efforts have supported the hypothesis that NEC in infant results from a multifactorial process. The estimated incidence is about 1 in 1000 live births. Multiple population-based studies have reported the incidence of NEC to vary from 2% to 13% in NICU population, although there is substantial variability in incidence reported from different parts of the world. Mortality ranges between 20-30%, with the highest rate among infants requiring surgery.

The clinical presentation can be insidious or fulminant. Treatments involve supportive clinical management and consist of stopping enteral feedings and providing parenteral nutrition, intestinal decompression by nasogastric suctioning, and empiric administration of broad-spectrum antibiotics. In severe cases, surgical management is the best option we could consider.

Prognosis of NEC is related to gestational age (GA), with an estimated overall mortality from confirmed NEC of 25%, rising to 50% in Extremely Low Birth Weight (ELBW) infants.

SIP is a surgical disease, and the treatment is based on two main options currently used: exploratory laparotomy with bowel resection, or peritoneal drainage, which can be used either as a stabilizing procedure or a definitive treatment. However, these patients are particularly fragile and susceptible to short and long-term complications.

It is therefore important the early recognition of as many AID risk factors as possible in order to prevent them and early diagnosis becomes essential. Prevention is likely to have the most dramatic impact on overall morbidity and mortality. Regarding SIP risk factor, few studies have been conducted on this topic and there are not many certainties. On the other hand, for NEC risk factors, several associations were investigated and classified in antenatal, perinatal and postnatal. Established risks include prematurity and low birth weight. Prematurity is the single most important risk factor, inasmuch as the incidence of NEC decreases with increasing gestational age (GA) and BW (more than 90 percent of cases occur in very low birth weight (VLBW. <1500 g) born at <32 weeks gestation).

Other certain risk factors reported currently in Literature are: prolonged rupture of membranes and maternal chorioamnionitis; compromised fetal blood flow before or at the time of delivery that may result in fetal ischemia; Intrauterine growth restriction (IUGR) especially if associated with abnormal Doppler studies; many typical complications associated with prematurity and some medication routinely administered to NICU's patients (sepsis, anemia, Patent ductus arteriosus); bacterial colonization of the gut and formula-feeding. In addition to the already known risk factors, clinical

observations, supported by a plausible biological explanation, suggest that twinning may be associated with the risk of AID.

In fact, many studies outlined that twin pregnancies present alterations not only in placental but also in fetal microcirculation that could affect blood flow to the mesenteric vascular bed, with a greater frequency than that observed in single pregnancies. Those alterations of the microcirculatory perfusion of gastrointestinal tract, before or at the time of delivery, may lead to intestinal diseases development. The aim of this study is to identify a possible association between twinning and the development of NEC and/or SIP.

The study population was extracted from the St. Anne's Hospital dataset and selected from infants born between 2010 and 2020 admitted to the neonatal intensive care unit. All cases, defined as infants who developed NEC or SIP from birth to discharge, were collected. For each case, 4 controls, defined as infants who did not develop NEC or SIP from birth to discharge, were randomly extracted, with a final case:controls ratio of 1:4.

The effect of twinning was analyzed using a logistic regression. The use of DAG allowed to identify the covariate for the estimate of direct and total effect; where the direct effect is the effect of twinning vs. singleton all the other covariate been equal and total effect is the effect of twinning vs. singleton plus other variables (as gestational age) effect.

As results, in the period from 2010 to 2020, 72 neonates admitted at St. Anne's Hospital NICU were affected by NEC or SIP. From these 7 (8.9%) neonates were excluded due to missing maternal values (BMI and age). Their gestational age ranged from 24 to 34 weeks, 1 mother had medically assisted procreation, 3 (43%) were boys. The study population resulted in 325 newborns (65 cases and 260 controls).

While the total effect does not show significant difference, the ORs for the direct effect were difference: from 1.14 to 4.21 ($p = .019$)

As mentioned above, prevention and identification of AID risk factors are mandatory. In Literature, many risk factors have been analyzed and confirmed by recent studies, while others are still controversial or not fully considered. Few studies considered the possibility that twinning was a yet unknown risk factor, despite its clinical and biological plausibility. In studies focused on specific types of twin pregnancy, NEC is considered as one of the neonatal morbidities under analysis and in these cases an association was observed. Regarding the characteristics of our two populations of cases and controls, the main data observed were in line with the literature. Among population of cases, we observed a higher frequency of some neonatal risk factors associated with AID:

- perinatal asphyxia: poor neonatal transition
- PDA: an association between the presence of PDA and the development of intestinal surgical pathologies seems to emerge from numerous studies in recent years (15, 34).
- Sepsis: the same can be said of the association between septic pathology of the newborn and the risk of developing NEC (10, 20)
- Severe RDS (20, 33, 35)
- Male sex (33).

In recent years, a possible protective role of prenatal administration of corticosteroids towards the development of NEC has emerged, and also in our population we observed a lower frequency of steroids prophylaxis in cases compared to controls.

It is also interesting to note the higher number of assisted fertilization pregnancies among cases. This observation can be explained considering that the pregnancies obtained with medically assisted

procreation are often at risk for preterm labor and pre or postnatal complications, and they generate twin pregnancies more frequently than spontaneous.

The core of our study is the relationship between twinning and the development of AID. This data is extremely interesting because it seems to indicate that twinning is not only a risk factor of premature birth, per se known as a major risk factor for the onset of AID in the newborn, but that it constitutes in itself a direct risk factor of AID.

Twinning was not yet included in the group of the recognized risk factor, and few studies considered it before. This study allowed to identify an association between twinning and the development of NEC and SIP, providing a deeper knowledge of these diseases and a possibility of prevention for the future.

The main limitation of the study lies small number of the sample analyzed. Future studies, possibly multicentric, are needed to expand the sample size and confirm our results.

Biography

Dr. Riboldi Lorenzo, Graduation in Medical School at Università degli Studi di PERUGIA on October 2017.

Graduation in Pediatrics at Department of Public Health and Pediatrics of University of Turin at REGINA MARGHERITA CHILDREN'S HOSPITAL in October 2023.

Attendace at Neonatal Intensive Care Unit, Department of Public Health and Pediatrics, University of Turin, Italy.

Attendance in the Urgency and Emergency department at the Emergency Department of the Regina Margherita Children's Hospital. Turin, Italy. Acquired skills and achieved objectives: PBLS and PALS certificates.

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Tangency and Multiple Factors of Violence against Lecturer: Nuances of the Experience in Pedagogical Practices in Health Education

Angela Gilda Alves

Centro Universitário Sul-Americana UNIFASAM, Brasil

Abstract

Objective: To identify factors that lead the teacher to experience violence in their pedagogical practice in health education.

Method: Research with a qualitative approach, based on the Grounded Theory, conducted with 11 professors of the nursing course of a public university in the central region of Brazil in 2020 and 2021. Online semi-structured interviews were analyzed partially in the light of the Constructivist Grounded Theory.

Results: Factors that lead lecturer to experience violence are characterized by institutional culture, gender, professor's perception of violence, and the triggers that drive students to commit violence. Social status and inequalities lead to positions of domination and, consequently, create a fertile ground for violence.

Final Considerations: Analyzing violence under Bourdieu's theory, it is clear that student violence towards lecturer and the reports contained in this study deserve pedagogical reflection. However, it is necessary to include these discussions as a background in teaching environments.

Biography

Angela Gilda Alves, Ph.D. in Nursing from the Graduate Program in Nursing at the Federal University of Goiás and postdoctoral researcher at the Federal University of Santa Catarina, integrated into the NEPAQ. Graduated in Nursing and Obstetrics, holds a Professional Master's in Health Education, as well as Specializations in Public Health and in Professional Education in the Health Area. Her research lines focus on quality of life, evidence informed policies, violence, education and health promotion, and health literacy. Currently, she coordinates the undergraduate Nursing program at the Centro Universitário Sul-Americana UNIFASAM and at the Faculdades Integradas da América do Sul.

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Result of the Retinopathy of Prematurity Program in Villa Clara, Cuba

Zoila Fariñas Falcon

Provincial Hospital Arnaldo Milian Castro. Villa Clara, Cuba

Abstract

Retinapathy of prematurity is the leading cause of blindness in children in developed countries. It is a vasoproliferative retinopathy that leads to retinal detachment and blindness if timely screening and treatment with laser is carried out. diode or intravitreal antiangiogenic medications in time, blindness is avoided. In Villa Clara, this research has been carried out since 2002 to date with more than 1000 children investigated and 21 of them treated for advanced stages of the disease. Treatments have been carried out with cryotherapy, laser and intravitreal avastin, showing a prevalence of 5.8% of children with this neonatological condition, but no child has gone blind.

Biography

My name is Zoila Fariñas Falcon, I am 67 years old, married, graduated as a general practitioner in 1985, 1st and 2nd degree specialist in ophthalmology, doctor in myomedical sciences, assistant professor and consultant at the Higher Institute of Medical Sciences of Villa Clara , associate researcher, dedicated to the Retina subspecialty and attending the Retinopathy of Prematurity program in the province of Villa Clara for 20 years. I have worked in the ophthalmological center of the Arnaldo Milian Castro Clinical Surgical Hospital of Villa Clara for more than 20 years.

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Designer GPCRs as Novel Tools to Identify Metabolically Important Signaling Pathways

Jürgen Wess

Molecular Signaling Section, Laboratory of Bioorganic Chemistry, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, United States

Abstract

The individual members of the G protein-coupled receptor (GPCR) superfamily couple to one or more of the four major classes of heterotrimeric G proteins, Gs, Gi, Gq, and G12. GPCRs represent excellent targets for drug therapy. Since the individual GPCRs are expressed by many different cell types, the in vivo metabolic roles of a specific GPCR expressed by a distinct cell type are not well understood. The development of designer GPCRs known as DREADDs (Designer Receptors Exclusively Activated by a Designer Drug) that selectively couple to distinct classes of heterotrimeric G proteins has greatly facilitated studies in this area. In my talk, I will summarize studies in which we employed DREADD technology to explore the physiological and pathophysiological roles of distinct GPCR/G protein cascades in several metabolically important cell types. The novel insights gained from these studies should stimulate the development of GPCR-based treatments for major metabolic diseases such as type 2 diabetes (T2D) and obesity.

Biography

Jürgen Wess, PhD, is the Chief of the Molecular Signaling Section, Laboratory of Bioorganic Chemistry, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH, Bethesda, Maryland, USA. He received his Ph.D. in Pharmacology from the Goethe University in Frankfurt/Main (Germany) and subsequently worked as a Postdoctoral Fellow at the National Institute of Mental Health (NIMH) and the National Institute of Neurological Disorders and Stroke (NINDS), NIH, Bethesda, Maryland, USA. Dr. Wess is a pharmacologist with primary interest in the general area of G protein-coupled receptors (GPCRs). During the past two decades, Dr. Wess' lab has generated and analyzed a very large number GPCR mutant mouse lines. The ultimate goal of Dr. Wess' research is to identify novel GPCR signaling pathways that can serve as new drug targets, in particular for the treatment of disorders of glucose and energy homeostasis.

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Acute Surgical Abdomen: Place of Damage Surgical Control in the General Surgery Department of the Gabriel Toure Hospital Center

MAIGA Amadou

Maitre de Recherche en Chirurgie Générale, Mali

Abstract

Introduction: Surgical Damage Control Is A 3-Step Strategy: Shortened Initial Surgery Focused On Hemorrhage Control, Resuscitation Hospitalization For Correction Of Physiologic Disorders (Acidosis, Coagulopathy, Hypothermia), And Secondary Surgery For Definitive Treatment Of Injuries.

Objectives: The Purpose Was To Determine The Frequency Of Damage Control Management In The General Surgery Department Of The CHU-GT, To Describe The Clinical And Para-Clinical Aspects Of Patients Managed By Damage Control, To Analyze The Results Of The Management Of Patients By DCS.

Material and Method: We Conducted A Retrospective And Prospective Study On 29 Cases Operated In The Service From JUIN2019 To June 2021.

Results: DCS Was The Technique Performed In 10.2% Of Surgical Trauma Cases. In Young Adults With A Mean Age Of 29.95 ± 11.16 With A Sex Ratio Of 13.5 In Favor Of Males. VPA Was The Most Common Aetiology At 44.8%. The Majority Of Patients Treated Had Haemodynamic Shock In 55.2% Of Cases. The Diagnosis Of Polytrauma Was Retained In 62.2% Of Our Patients, Requiring Immediate Block Management Without Imaging Tests In 34.5% Of Cases. During The Operation, The Lesions Were Essentially Vascular In 82.8% With Hepatic Predominance In 62.1% Of The Cases. Packaging Haemostasis Was Achieved In 79.3% Of The Cases. The Mortality Was 65.5% Of Which 84% Were In The Resurrection Phase In A Haemorrhagic Shock In 15 Patients Out Of 19.

Conclusion: It Optimizes The Management Of Seriously Traumatized Patients, Reducing Overall Mortality.

Biography

AMADOU MAIGA,

CHIRURGIEN GENERALISTE

MAITRE DE RECHERCHE

RESPONSABLE DES COURS D'ANATOMIE, DE

SEMIOLOGIE ET PATHOLOGIE CHIRURGICAL

MEMBRE DU WACS, MEMBRE DE LA SOCHIMA

BAMAKO MALI / CHU GABRIEL TOURE

MARIE PERE DE TROIS ENFANTS.

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