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Understanding and Treating Degenerative Spine Disorders: From Conservative Care to Minimally Invasive Surgical Technique

Cav. Dr. med. (I) Alessandro Rustia

Bethanienklinik, Zurich, Belegarzt, Cantonal Hospital of Winterthur, Switzerland

Abstract

Degenerative spine disorders closely parallel the physiological processes of aging, influenced significantly by lifestyle factors including sedentary habits, insufficient physical activity, and loss of muscular mass associated with stressful life conditions. These modifiable risk factors can be effectively addressed and reversed through targeted lifestyle interventions, potentially reducing the necessity for surgical management.

This presentation discusses current methodologies to quantitatively assess and monitor parameters influencing spinal health, focusing on strategies that enhance conservative treatment success rates by maintaining optimal spinal function. Despite conservative efforts, some patients inevitably progress from functional degeneration to anatomical deterioration, resulting in structural instability and neurological deficits. For these cases, minimally invasive surgical techniques represent significant advances, optimizing clinical outcomes while reducing procedural risks.

Particular attention is given to the critical surgical phase involving exposure and decompression of the dura mater, nerve roots, and spinal cord. This phase is crucial in minimizing neurological injury risks. We provide a comparative analysis of bone removal methods, specifically evaluating traditional mechanical drilling versus piezoelectric and ultrasonic osteotomy techniques. Experimental cadaveric studies have suggested the superiority of piezoelectric methods in reducing neural tissue trauma, indicating a potential shift towards these advanced techniques. However, further extensive, statistically robust clinical studies are required to definitively validate these findings.

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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Vertical Improvement SMAS Suspension (VIPS) Facelift: Combining SMAS Plication and Retaining Ligament Preservation for Optimal Long-Term Results

Andrea Dotto

Department of Maxillofacial Surgery, Private Practice, Milan, Italy

Abstract

Facelift surgery, or rhytidectomy, is an increasingly popular procedure aimed at reversing the signs of facial aging by improving skin laxity, soft tissue descent, and loss of muscle tone. A wide array of techniques has been developed over time, ranging from superficial SMAS (superficial musculo-aponeurotic system) manipulation to deep plane facelift procedures.

This study introduces a novel facelift approach based on a series of SMAS and platysma plications, specifically designed to enhance facial and neck contour while preserving the facial retaining ligaments. This dual-action method achieves effective tightening and support of facial structures with minimal invasiveness.

A retrospective review was conducted on 209 patients who underwent this technique. With an average follow-up of 3.5 years (range: 1–10 years), outcomes were assessed in terms of recurrence of nasolabial folds, jowls, marionette lines, and neck contour. The results demonstrated marked improvements in facial definition, particularly along the jawline, with high patient satisfaction and a low complication rate. While a slight decrease in results was noted over the long term follow-up, the technique proved to offer durable and reliable rejuvenation.

In conclusion, this method represents a conservative, low-risk alternative to more invasive facelift procedures. Its reproducibility and safety profile make it especially suitable for less experienced surgeons. Long-term validation supports its use as an effective tool in modern facial rejuvenation.

Biography

Andrea Dotto, Since the early years of my medical studies, I have focused my training on Plastic and Aesthetic Surgery, writing my graduation thesis on the wound healing process of surgical incisions. During this time, I attended the Department of Plastic and Reconstructive Surgery at Maugeri Hospital in Pavia, under the supervision of Prof. Angela Faga, as well as the Humanitas Hospital in Rozzano (Milan)n with Prof. Marco Klinger.

I later directed my studies toward Maxillofacial Surgery to specialize in the surgical approach to the facial region.

Immediately after obtaining my license as a Medical Doctor, I began practicing independently as an aesthetic physician.

Currently, I work as a freelance in aesthetic medicine and surgery in Milan at the outpatient clinic where I serve as Medical Director (Poliambulatorio Dr. Andrea Dotto).

For the past two years, I have been working alongside Dr. Antonio Distefano, a Plastic Surgeon based in Milan, focusing on aesthetic surgery with a particular interest in facial and neck rejuvenation procedures (cervico-facial lifting) and eyelid surgery.

I actively participate in major international aesthetic medicine congresses, including Agorà (Milan - Italy), Valet (Bologna - Italyt), IMCAS (Paris - France), and AMWC (Monte Carlo), as well as in international aesthetic surgery meetings such as the Baker-Gordon Symposium (Miami - USA).

I currently collaborate as an opinion leader and trainer for BeautyEurope.eu, a company involved in the production and marketing of medical devices for aesthetic and regenerative medicine, through their Aesthetic School.

Since 2023, I have served as a tutor for cadaver dissection training course on facial rejuvenation techniques at the Trecchi Human Lab in Cremona – Italy.

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Prevalence of Functional Gastrointestinal Disorders in Saudi Infants and Toddlers

Mohammed Hasosah

Professor of Pediatrics, King Saud Abdul-Aziz University for health sciences and Head-Section of Pediatric Gastroenterology, Ministry of National Guard Affairs, Saudi Arabia

Abstract

Functional Gastrointestinal Disorders (FGIDs) are common in children of all ages worldwide. It is defining a wide range of GI symptoms that cannot be attributed to an apparent organic cause after appropriate medical evaluation. FGID is newly named “Disorders of gut-brain interaction (DGBI)”. Global Prevalence of FGIDs in USA is 28.7%, Europe 21.4% and Asia 16.7%.The prevalence of FGID in Saudi Arabia is unknown. We aimed to assess the prevalence of FGIDs and risk factors among children in six regions of Saudi Arabia. This was a cross-sectional multicenter study enrolling children aged 0-48 months, attending pediatric clinics. Questionnaires evaluated the clinical history, symptoms, and sociodemographic information. FGIDs were defined according to Rome IV criteria. Our results of the study involved 1011 infants and toddlers (mean [standard deviation (SD)] aged, 21.7 [19.4] months; FGIDs and mean [SD] age 17.4 [16.4] months; controls). FGIDs were diagnosed in 483 (47.7%) of all infants and toddlers. The prevalence of FGIDs was significantly higher in children aged 0-12 months than in those aged 13-48 months ($P < 0.001$). The most common disorders were functional regurgitation (13.8%) in infants and functional constipation (9.6%) in toddlers. Univariate regression analysis confirmed that the rate of FGIDs was higher in term gestational age infants (odds ratio (OR) 2.7; 95% confidence interval (CI), 1.76-4.17, $P < 0.001$), in partial breastfeeding (OR 0.58; 95% CI, 0.40-0.84, $P = 0.003$), in formula feeding (OR 2.25; 95% CI, 1.51-3.35, $P < 0.001$), and in subjects with no history of food allergy (OR 2.40; 95% CI, 1.58-3.64, $P < 0.001$). Our conclusions are that FGIDs are common in Saudi infants and toddlers (47.7%). Regurgitation is most prevalent in infants, and functional constipation is most common in toddlers. Term gestational age infant, partial breastfeeding, formula feeding, and subjects with no history of food allergy are associated with the prevalence of FGIDs.

Biography

Dr. Hasosah is a professor of pediatrics gastroenterology, King Saud Abdulaziz University for health sciences and Head-Section of Pediatric Gastroenterology Department at National Guard Hospital, Jeddah since June 2012. Dr. Hasosah obtained his MBBS degree in King Saud University, Abha 1996, his Arab Board of Medical specialization in Pediatrics in 2002 and his Pediatric Gastroenterology fellowship in University of British Colombia, Canada in 2006. Dr Hasosah was appointed as a director of Pediatric Residency Training Program and director of Pediatric gastroenterology fellowship Training Program. Dr Hasosah has contributed to many committees, organizations and advisory boards. He has invited as speaker and examiner in national and international events. Dr. Hasosah has received awards throughout his career. He has been an active participant and achievement award in the World Congress of Gastroenterology in Montreal, 2005 and a certificate of Appreciate award to THE TUTOR OF YEAR in National Guard Hospital, 2008.

Through more than 91 publications, including original articles, editorials and review articles, Dr Hasosah researches focus on GI infections and IBD. Dr Hasosah is peer reviewer for many journals and he is an active member of North American Society of Pediatric Gastroenterology, Hepatology & Nutrition as well as Saudi Society of Pediatric Gastroenterology, Hepatology, and Nutrition (SASPGHAN).

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The Use of Three Iliac Crest Muscles for Head and Neck Soft Tissue Reconstruction

Hervé Crêveceour

Centre Hospitalier Universitaire UCL Namur - Site de Sainte-Elisabeth, Belgique

Abstract

Objectives: We describe an innovative approach to reconstruct soft tissue in the head and neck region by diverting a flap originally intended for hard tissue reconstruction. To our knowledge, the oblique and transversus muscle free flap has never been described in the literature.

Materials and methods: We present five cases of patients with large tumor of the oral cavity, where the use of a radial free flap was challenging. Instead, we used the muscular portion of the iliac crest as a reliable alternative for reconstruction, offering a suitable oral lining. Using a muscular free flap, we achieved effective tongue reconstruction while minimizing donor site morbidity.

Results: We describe the use of a muscular free flap using the three iliac crest muscles (external, internal abdominal oblique, transversus abdominis muscles) and the deep circumflex iliac artery for the reconstruction of large defects in the oral cavity and facial region.

Conclusion: We describe a novel approach to reconstructing soft tissue in the head and neck region by diverting a flap originally intended for hard tissue reconstruction. The deep circumflex iliac artery muscular free flap demonstrates promising outcomes for large defects in the oral cavity and facial regions with low donor site morbidity. However, a comprehensive case series with functional assessments and long-term follow-up is necessary to evaluate potential complications, such as hernia formation.

Biography

Dr Hervé Crêvecoeur, born on October 19th, 1972

1999: Graduate from Catholic University of Louvain, Belgium (MD)

2001: Dental Médical School(DDS)

2005: specialist in Oral and Maxillo-Facial Surgery

2014: D.U. Micro-Surgery, and reconstructive Surgery University of Lille France

Specialist at the Department of Oral, Maxillo-Facial and Reconstructive Surgery, CHU-UCL Namur, I have a keen interest in oncology and head and neck reconstruction.

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Prediction of Behavioral MCL using Electrophysiological Responses in Children using MED-EL Implant

Ravikumar Arunachalam

SRM Institute of Science and Technology, India

Abstract

The present study aimed to correlate the various electrophysiological tests of ECAP, EABR and ESRT with programming parameters. If there is a correlation between them, fitting formulae can be derived to predict programming parameters. Further this fitting formula was validated on a clinical population. 22 children between age range of 5–12 years using MED-EL Cochlear implant participated in the study. Electrophysiological tests of Electrically evoked compound Action Potential (ECAP), Electrical Evoked Stapedial Reflex Threshold (ESRT) and Electrically Evoked Auditory Brain Stem Responses (EABR) were measured on electrodes no 1,4, 8, and 11. Based on Pearson correlation analysis, there was a moderate correlation observed between each of the electrophysiological tests with MCL level. Fitting formulae of ECAP with either ESRT or EABR were found to accurately predict the MCL level. These fitting formulae were clinically validated on 6 children using MED EL Sonata implant with OPUS 2 processor.

Two new programs with MCL were predicted using combination of ECAP with EABR and ECAP with ESRT as parameters in the fitting formulae. These programs were given to the participants to use for two weeks. Predicted MCLs were found to be slightly higher (about 2qu to 5qu) than original MCL level. Reliability analysis indicated that the formulae predicted MCL with good accuracy. Speech perception and sound field thresholds were measured in the participants' Everyday program and two predicted programs. When ECAP & EABR were the parameters, the predicted program had improved audibility as reflected in sound field thresholds as compared to those obtained with the other two programs. Based on Freidman test, the results indicated that significantly lower thresholds were found for both ECAP & EABR, or ECAP & ESRT based programs when compared to Everyday program. However, speech perception scores were not significantly different among the programs as per Freidman test.

Thus, both the fitting models were clinically validated. The findings imply that it is not always advisable to run all three electrophysiological testing to predict the MCL levels in clinical population. It would save lot of time to run just two tests to predict the MCL in difficult to test population.

Biography

Professor Lt Col Arunachalam Ravikumar MS, Dip NB, DLORCS (England), FRCS (Glasgow), FAMS, Presently, Advisor, Medical and Health Sciences (7 Colleges)

SRM Institute of Science and Technology, Kattankulathur, Chengalpattu District. Tamilnadu State.

Awards & Positions

Central Air Command Silver Medal for First rank in MS – 1985.

National Travel Fellowship, Association of Otolaryngologists of India, 1991.

Dr PN Berry, Travel Fellowship, UK, 1992 to 1994.

GOC in C, West Command Commendation Card, 2002.

Member, National Academy of Medical Sciences (MAMS), 2009.

Fellow, National Academy of Medical Sciences (FAMS), 2015.

Fellow of Royal College of Physicians & Surgeons of Glasgow, (FRCS), 2017.

Assessor for NAAC; National Board of Examinations (DNB).

Clinical interests: Cochlear Implantation; Laryngo tracheal Stenosis.

Awarded, Col Sangham Lal Memorial Award for 2018 – 19, by NAMS on 12th October 2019.

Research

85 Publications National, International Journals.132 Conference presentations Guest lectures.

PhD Guide for 6 scholars & Co- Guide for 4 scholars. Research Projects Completed 3; Current1.

Research Ambassador Mentor of the University since 2017.

Current Focus

- Cochlear implantation (Director of Cochlear Implant program of SRIHER since 2006).
- Laryngo Tracheal Stenosis; Noise Protection Devices; Medical Education.
- Hearing Awareness Camps in Districts of Tamilnadu for children with Hearing impairment.

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Long Term Outcome Evaluation Ankylosing Spondilitis with High Angle Thoracolumbal Kiphogic Angle Deformity Corrected By One Stage Single Level Substraction Pedicle Osteotomy Augmented With Ponte Osteotomy: A Case Series

Dwiyanto Oktavia

Dr.Soebandi General Hospital / jember university, Indonesia

Abstract

Introduction and importance: A high-angle thoracolumbar kyphotic deformity (TLKD) may complicate surgical rectification of AS patients since one-stage two-level pedicle subtraction osteotomy (PSO), which provides high angular correction, leads to excessive blood loss, neurological deficits and fixation failures. This case series presents the long-term results of one-stage single level PSO with Ponte osteotomy (PO) in the treatment of AS patients with high-angle TLKD.

Case presentation: This case series presents two AS patients with high kyphotic angles (KAs) of 86.1o. We collected data retrospectively from our institution's database between 2019 and 2023. A sagittal axis imbalance was the only complaint initially, no neurological deficits or other problems. A PSO augmented by PO was performed with a decompression laminectomy. Intraoperative monitoring (IOM) during reduction was used to observe neurological deficits. Blood loss at the highest rate was 1000 cc. It corrected 57.8o of KA postoperatively without neurological deficits. We found consistent results over 36 months.

Clinical discussion: A thorough analytical approach may help diagnose AS. One-stage single-level PSO may correct high-angle TLKD in AS patients effectively. To achieve greater angular correction, PO, a less risky osteotomy, must be added. Decompression laminectomy is vital before osteotomy and IOM is crucial during reduction to prevent nerve injury. Even with two osteotomies, there was less blood loss than previously reported. These impressive long-term results call for further research.

Conclusion: Combined PSO and PO with IOM efficiently magnifies the angular correction without postoperative neurological deficits or excessive blood loss in AS patients with high-angle TLKD.

Biography

Dwiyanto Oktavia is a Jember-based Orthopaedic Surgeon who has interest in advanced trauma especially in spine and hand cases. He is graduated from one of renowned university in Indonesia, Airlangga University in both his residency program and master program.

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Rectovaginal Fistula as a Complication of Rectal Injury during Vaginal Reconstructive Surgery: A Case Report

Fernandi Moegni

Faculty of Medicine, Universitas Indonesia, Indonesia

Abstract

Introduction and importance: Rectovaginal fistula is a complication that may occur due to rectal injury during vaginal reconstructive surgery. To prevent these complications, the recognition of the injury is an important factor so that primary repair can be done. The primary repair can reduce the risk of complications such as fistula formation, and also reduce the physical and psychological impact on the patient.

Case presentation: A 33-year-old woman, came with a chief complaint of fecal leakage from the vagina and abdominal pain three months before admission with a history of vaginal reconstructive surgery due to vaginal agenesis. Eleven years after the reconstruction, the patient was diagnosed with recurrent obstruction caused by vaginal synechia. During the surgery of synechia release, rectum injury occurred. Even though primary closure repair was done at that time, several months later there was a complication of rectovaginal fistule formation in the form of fecal leakage from the vagina. The corrective surgery is performed in collaboration with a surgical gastroenterologist.

Clinical discussion: Iatrogenic rectal injury may occur during gynecological surgery. A fistula that occurs after the reconstruction of vaginal agenesis is a high-type rectovaginal fistula, making the repairs more complex. Collaboration surgery between surgical gastroenterologist and gynecologist may be an option in such cases.

Conclusion: Rectovaginal fistula is a rare but serious complication of vaginal reconstructive surgery. Early recognition, immediate management, and postoperative follow-up are essential in cases of rectal injury during vaginal reconstructive surgery.

Biography

Fernandi Moegni, an educator and Urogynecology researcher at Dept. of Obstetrics & Gynecology, Faculty of Medicine, Universitas Indonesia since 2010. He received his PhD in Medical Science study program (2022), and his Subspecialty in Reconstructive Aesthetic Urogynecology Training Program from Faculty of Medicine, Universitas Indonesia (2009). He previously also had his fellowship in Urogynecology subspecialty training program in KK Hospital, Singapore (2007/2008) and special training of pelvic floor ultrasound in Nepean hospital, University of Sydney (2009). He had experience in conducting pelvic reconstructive surgery, one field of surgery in Mullerian congenital anomaly reconstructive surgery since then until now.

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Post-Surgical Physiotherapy in Scoliosis: Optimizing Mobility and Reducing Pain

Özge Baykan Çopuroğlu

Kayseri University, Turkey

Abstract

Scoliosis surgery, particularly spinal fusion, is a critical intervention for managing severe spinal deformities. However, the postoperative period is often marked by challenges such as reduced mobility, pain, and functional limitations. Physiotherapy plays a pivotal role in addressing these issues and optimizing recovery outcomes. This review examines the impact of post-surgical physiotherapy on mobility improvement and pain reduction in scoliosis patients.

Post-surgical physiotherapy focuses on restoring range of motion, enhancing core strength, and improving overall spinal alignment. Techniques such as therapeutic exercises, stretching, manual therapy, and neuromuscular re-education are employed to accelerate functional recovery. Early initiation of physical therapy, typically within the first few weeks after surgery, has been shown to improve postoperative outcomes by reducing stiffness and minimizing muscle atrophy. Additionally, physiotherapy interventions can mitigate chronic pain through targeted exercises that promote circulation, flexibility, and posture correction.

The benefits of post-surgical physiotherapy extend beyond mere functional recovery—it is a cornerstone of holistic rehabilitation, transforming the patient's journey from surgery to restored independence. By addressing both the physical and psychological dimensions of recovery, physiotherapy fosters long-term mobility and resilience, empowering patients to reclaim their quality of life. This underscores the necessity of integrating physiotherapy as a standard component of scoliosis surgery care. As research continues to refine evidence-based approaches, the potential for physiotherapy to revolutionize postoperative outcomes remains immense.

Biography

Özge BAYKAN ÇOPUROĞLU, graduated from the Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation at Ege University in 2016. In the same year, I began my master's degree in Orthopedic Physiotherapy at Dokuz Eylül University, from which I graduated in 2018. In 2019, I enrolled in the Ph.D. program in Physiotherapy and Rehabilitation at Muğla Sıtkı Koçman University and completed my doctorate in 2024. Currently, I am working as a lecturer with a Ph.D. in the Department of Physiotherapy at Kayseri University.

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Evaluation of Prenatal Diagnosis and Postnatal Outcomes of Fetal Central Nervous System Anomalies

Mehmet Çopuroğlu

Kayseri City Hospital, Turkey

Abstract

Central Nervous System (CNS) anomalies are among the most significant congenital anomalies, affecting approximately 2–3% of live births annually and accounting for one-third of anomalies detected during the perinatal period. These conditions are the second most common congenital anomalies after cardiac defects, highlighting the critical importance of including neurological assessments in routine fetal anomaly screenings. CNS anomalies may present as isolated conditions or as part of systemic syndromes, often accompanied by structural or chromosomal abnormalities. They are key contributors to long-term morbidity, medical intervention needs, and mortality, causing 75% of fetal deaths and 40% of childhood deaths.

Early diagnosis is crucial for improving postnatal outcomes, as it enables the development of appropriate management strategies. Prenatal diagnostic tools, such as ultrasonography and advanced imaging techniques, allow for the early detection of CNS anomalies. This facilitates the implementation of multidisciplinary approaches during the postnatal period, ensuring effective treatment and the prevention of complications.

Timely diagnosis and intervention not only reduce the need for extensive postnatal medical care but also improve the quality of life for affected infants. Multidisciplinary teams—including neurologists, pediatricians, and genetic specialists—play a pivotal role in creating personalized treatment and monitoring plans tailored to each case. These collaborative efforts enhance healthcare efficiency and provide families with the necessary information and support. In summary, early detection and management of CNS anomalies are vital for reducing morbidity and mortality, improving individual outcomes, and strengthening public health overall.

Biography

Mehmet ÇOPUROĞLU, graduated from Istanbul Bezmialem Vakıf University Faculty of Medicine in 2018. In 2019, I started working as a fellow in the Department of Obstetrics and Gynecology at Eskişehir Osmangazi University. I completed my specialization training and became a certified Obstetrics and Gynecology Specialist in 2024. Currently, I am actively working as an Obstetrics and Gynecology Specialist at Kayseri City Hospital

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Heyde Syndrome: Surgical Treatment of Aortic Stenosis Associated with Lower Gastrointestinal Bleeding

Roun Kim

Department of General Surgery, Paraguay

Abstract

In many cases, the origin of lower gastrointestinal (GI) bleeding remains unclear. The majority of cases are found to originate in the colon, with diverticulosis and angiodysplasias being the most common causes. Heyde syndrome is a rare condition characterized by the association of gastrointestinal bleeding due to angiodysplasia and aortic stenosis, which results from a degenerative process and acquired von Willebrand factor (vWF) deficiency (type IIA). The objective of this report is to present a rare case of lower gastrointestinal bleeding (HGB), in which surgery was the chosen treatment (aortic valve replacement) approach.

Biography

Roun Kim

- Specialist in General Surgery, in Paraguay
- Qualified Surgeon, having passed the national exam in South Korea
- Member of the Korean Society of Endo-laparoscopic and Robotic Surgery
- Certified in Hospital Administration
- Psychological Consultant and Analyst
- Diploma in Higher Education Teaching, with a focus on virtual learning environments

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Comprehensive Treatment of Biliary Ileus Associated With a Giant Ventral Hernia with Loss of Domain

Agustín Daniel Algieri

Complejo Médico Policía Federal Hospital Churruca-Visca, CABA, Argentina

Abstract

Biliary ileus and ventral hernias can lead to acute obstructive abdomen. We present a case of a patient with biliary ileus associated with a giant ventral hernia with loss of domain, irreducible, painful, evolving for three years with signs of incarceration. Upon admission, non-operative treatment was initiated, a nasogastric tube was placed, and a botulinum toxin was injected. After 48 hours, an exploratory laparotomy + enterotomy + removal of gallstone + enterorrhaphy and placement of K30 probe for pneumoperitoneum and temporary closure of eventrogen sack was performed. After 72 hours, Goñi-Moreno pneumoperitoneum was initiated with a total volume of 12000ml. Median Eventhroplasty with Retrorrectal Polypropylene Mesh + Dermolipectomy was done. Treatment was carried out in three stages: medical treatment (initially), surgical treatment (for acute obstructive abdomen) and the third one, a deferred treatment, an eventroplasty.

Biography

My name is **Agustín Daniel Algieri**, I am a physician. I studied at the Faculty of Medicine of the University of Buenos Aires in the Autonomous City of Buenos Aires, Argentina. I am a faculty member of the third chair of Normal Anatomy. I am currently specializing in General Surgery as an intern at the Federal Police Medical Complex "Churruca Visca" I have participated in numerous national and international conferences and symposia. I am committed to continuous professional development, always focused on research and teaching in Anatomy and Surgery, as well as on ongoing training to advance my career.

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Gastric Volvulus in Adulthood about 2 Observations: Literature Review

Habarek Meziane

Tizi Ouzou University, Algeria

Abstract

Background: Gastric volvulus (GV) is a rare clinical entity that is difficult to diagnose and can be fatal in the acute scenario. It is an uncommon disorder and can present either in the acute or chronic setting with variable symptoms. In adults, G.V. is a diagnostic and therapeutic emergency that can lead in acute forms to strangulation with a risk of ischemia and gastric necrosis. The etiology is dominated by hiatus hernia, while the main contributing factor is ligament laxity. The diagnosis is suspected on the chest x-ray while standing in front of the presence of an intrathoracic hydro-aeric level. The CT scan is a reliable examination and makes it possible to make the diagnosis of G.V., to draw up the thoracic lesion assessment and finally to study the vitality of the stomach. The aim of this study is to report two new observations of gastric volvulus (GV) in adults and to review the literature.

Methods: For 20 years, two adult patients were carriers of G.V. one of which was unrecognized, until the onset of a complication (posterior perforation of the stomach). After a light medical preparation, the surgical indication was made. The intervention is carried out by a median umbilical laparotomy. The surgical procedures performed were: gastric detorsion, suture of the posterior gastric perforation and closure of the hiatus orifice by bringing the two diaphragmatic pillars together for the first case, and reintroducing these digestive structures intra-abdominally, and construction of a posterior Toupet-type hemi-valve after release of the large gastric tuberosity for the second case.

Results: All our patients were symptomatic. They presented with vomiting and chest/epigastric pain. Computed tomography confirmed the existence of gastric volvulus. Average operating time was 173 minutes [150 – 195mn] and average hospital length of stay was 10 days [8 – 12days]. There were no complications and both patients were pleased with their results.

Conclusion: Gastric volvulus is a diagnostic and therapeutic emergency whatever its form. The diagnosis of G.V. must be evoked in the face of digestive, respiratory or mixed symptoms and thus give the indication for surgery at the appropriate time.

Biography

My name is Meziane Habarek, and I have dedicated my life to a deep passion for surgery and teaching. Head of department in general surgery at Tizi Ouzou University Hospital and professor at the Faculty of Medicine, my career is marked by a constant commitment to medical excellence and the sharing of knowledge.

Since my early years of study, I have been attracted by the complexity and precision of surgery. This fascination led me to explore laparoscopic surgery in particular, a discipline that combines cutting-edge technology and minimally invasive intervention. Today, I am proud to contribute to the development and popularization of this technique, which considerably improves the quality of life of patients.

As head of department, I ensure a working environment where scientific rigor combines with humanity and attentiveness. My responsibilities go beyond the surgical act: it also involves guiding young doctors, sharing my knowledge with my students, and actively participating in research projects that push the boundaries of modern medicine. My passion for innovation is also reflected in my contribution to numerous scientific publications in specialized journals.

Outside of my professional life, I am driven by a thirst to learn and surpass myself. Scientific research and innovation stimulate me as much as sport, especially the martial arts and football.

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Abdominal Wall Blocks in Robotic-Assisted Partial Nephrectomy

Maria Loreto Astudillo

University of Valparaíso, Chile

Abstract

Introduction: There are reported benefits of abdominal wall blocks in robotic-assisted partial nephrectomy (RAPN). However, the evidence regarding the type of technique used is scarce.

Objective: To assess whether the type of blockade used is associated with the intensity of immediate postoperative pain (at 1 and 2 hours of follow-up) in patients undergoing RAPN.

Methods: Retrospective cohort study, where anonymous records of adult patients undergoing RAPN in a hospital were analysed. Chi-square and Fisher's exact tests were used for categorical variables. Logistic regression models were addressed to assess the association of the covariates of interest with postoperative pain at one and two hours of follow-up.

Results: Preliminary results of ongoing study, 240 patients were analysed (64% received a blockade). No significant differences were found between the use (and type) of abdominal wall blockade and the pain category reported. In the multivariate analysis, no significant differences were found with degrees of obesity, type of abdominal wall blockade, for postoperative pain at one and two hours of follow-up.

Conclusion: Our results suggest a lack of association between the different types of abdominal wall blocks with the intensity of immediate postoperative pain (at one and two hours). Similarly, no associations were found with other variables of interest. Further studies are needed to elucidate the potential utility of blocks in robotic-assisted partial nephrectomy.

Biography

Maria Loreto Astudillo graduated as a surgeon from the University Of Santiago De Chile in 2003. I specialize in anesthesiology at the University of Valparaíso. Since 2008, I have been a staff anesthesiologist at the Arturo López Pérez Foundation Oncology Institute, a non-profit, highly specialized center that provides comprehensive, excellent care to cancer patients. At this institution, I participate in preoperative evaluation and optimization, as well as the anesthetic procedure itself. I am a member of the Chilean Society of Anesthesiology and chair the Oncology Anesthesia Committee. In my desire to share knowledge and collaborate in the training of future anesthesiologists, I am an Assistant Professor of Anesthesiology at the University of Valparaíso.

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SUNTEXT REVIEWS

Renal Duplication Anomalies and Ectopic Ureter: Management Strategies

Manish Pathak

Department of Pediatric Surgery, All India Institute of Medical Sciences, Jodhpur, India

Abstract

Background: Renal duplication anomalies and ectopic ureters are congenital conditions affecting the urinary tract. These anomalies can either remain asymptomatic or may lead to complications such as recurrent urinary tract infections (UTIs), hydronephrosis, and impaired renal function. Early diagnosis and tailored management strategies are crucial for optimal outcomes.

Objective: To review and analyze management strategies for renal duplication anomalies and ectopic ureters, focusing on minimally invasive techniques and surgical interventions.

Methods: A narrative review of the duplication anomalies and ectopic ureter will be presented. The review will incorporate evaluation of clinical presentations, diagnostic modalities, and treatment approaches. Management strategy followed at our institute will also be highlighted.

Conclusion: Management of renal duplication anomalies and ectopic ureters requires a multidisciplinary approach. Advances in minimally invasive techniques have revolutionized treatment, offering effective solutions with minimal complications. Early intervention and individualized treatment plans are essential for preserving renal function and improving quality of life.

Biography

Dr. Manish Pathak serves as a Professor in the Department of Pediatric Surgery at the All India Institute of Medical Sciences (AIIMS), Jodhpur. He completed his initial education at AIIMS, Delhi. Dr. Pathak is a nominated member of the Specialist Board of Pediatric Surgery for the National Board of Examinations, Ministry of Health and Family Welfare, Government of India, and is a member of the Specialty Committee responsible for developing standard treatment workflows for common pediatric surgical conditions. He has been awarded approximately 20 best paper awards at various conferences and has published over 75 research articles. Additionally, Dr. Pathak has delivered guest lectures at numerous national and international conferences.

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SUNTEXT REVIEWS

Beyond the Scalpel: The Vital Role of Non-Technical Skills in Modern Surgery

José Leonardo Morao-Pompili

University Hospital of Caracas, Venezuela

Abstract

In the surgical environment, where technical precision is essential, non-technical skills have emerged as a key differentiator in achieving excellence and safety in procedures. Effective communication, leadership, teamwork, decision-making, and stress management are competencies that, while often unseen, profoundly influence surgical outcomes.

Global statistics show that a significant portion of surgical errors is not attributed to technical failures, but rather to deficiencies in team dynamics and decision-making processes. This highlights the pressing need to integrate and prioritize the development of non-technical skills in surgical training. The operating room is not only a technical space but also a human ecosystem that requires synchronization and cohesion among the multidisciplinary team members.

Recent advancements in surgical simulation and evaluation programs have enabled us to measure, teach, and enhance these competencies. Leading institutions are adopting a holistic approach that combines both hard and soft skills to address current and future challenges. This not only improves patient experiences, ensuring safer outcomes with fewer risks, but also enhances the quality of life for surgical professionals.

This subject is not merely a trend; it is a transformation that is reshaping contemporary surgical practice. In this conference, we will explore innovative strategies and practical tools to implement non-technical skills, turning surgery into not just a technical art, but also a deeply human act.

Biography

Dr. José Leonardo Morao Pompili, Venezuelan General Physician graduated from the Rómulo Gallegos University with honors, currently a final year resident in the specialty of General Surgery and Laparoscopy at the University Hospital of Caracas, Venezuela, affiliated with the number 1 university in the country, the Central University of Venezuela, with experience in general and minimally invasive surgery, passionate about research has published several national and international articles and developing during his specialization a pioneering line of research on non-technical skills in surgeons in Venezuela.

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Efficacy and Safety of Esophageal Dilationendoscopic in a Reference Center in Colombia: A Retrospective Cohort Study

Dínimo José Bolívar-Sáenz

Gastroenterology Service, Colsubsidio 94 Clinic, Bogotá, DC, Colombia

Abstract

Introduction: Endoscopic dilation is an effective therapeutic option in the treatment of esophageal stenosis and motor disorders. To perform it, it is essential to know the etiology and anatomy of the lesion and to have clinical experience; these factors determine the indication and development of the procedure.

Objective: The objective of the present study was to report the experience in the management of patients with esophageal stenosis in a reference center for digestive diseases, in Bogotá, D.C., Colombia.

Methods: A descriptive, retrospective cohort study was conducted on patients undergoing esophageal dilation from January 2021 to June 2023. All patients over 18 years of age with esophageal stenosis of any etiology and achalasia were included.

Results: A 27 patients were identified, 92.6% men. The most prevalent etiology was stricture due to previous surgery (40.7%), followed by achalasia (29.6%), gastroesophageal reflux (18.5%) and inflammatory diseases (11.1%). The “rule of three” was safely used in post-surgical and peptic strictures. Most dilations (81.5%) were successful and only one complication of esophageal perforation occurred.

Conclusion: Endoscopic dilation is a safe procedure for the treatment of esophageal strictures and achalasia. The correct indication of the procedure, the type of stricture, the appropriate choice of the dilator and the experience of the professional are crucial aspects for the effectiveness of this technique and for the detection and management of possible complications.

Biography

Dínimo José Bolívar-Sáenz

Specialist in general surgery and clinical-surgical gastroenterology

Research fellow in gastroenterology (ESD Training) Kobe University

Assistant professor of surgery Universidad del Rosario

Chief of surgery and gastroenterology GASTER – PLARIS- Colsubsidio Bogotá, Colombia.

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SUNTEXT REVIEWS

Thriving Through Calamity Healthcare Worker Commitment during a Public Health Crisis

Jo Nell Wells

Nurse Scientists System Clinical Excellence, Texas Health Resources, USA

Abstract

Objective: The study purpose was to generate theory to explain why some hospital staff chose to stay on the job during a prolonged public health crisis.

Background: The “great resignation” of 2021 created shortages across the healthcare industry. Why some healthcare staff chose to stay at work when coworkers were leaving in large numbers through retirement, transition to different careers, or perceived suddenly better clinical opportunities was not clear.

Methods: Qualitative Grounded Theory methods guided this research study. Sixteen healthcare workers participated in open-ended interviews that provided data to identify major concepts in an emerging model of commitment during crisis.

Results: A “Commit to Stay” model emerged showing 4 major influences including sense of personal agency, supportive organization, social connections at work, and external connections and influence.

Conclusions: The Commit to stay conceptual model can help guide nurse leaders as they grapple with supporting those who choose to stay at work in healthcare during intense, sustained healthcare crises.

Biography

Jo Nell Wells, PhD, RN, is a Nurse Scientist at Texas Health Resources in Arlington, TX and a retired Full Professor Emeritus of Nursing from Texas Christian University in Fort Worth, TX. She has over 40 years of nursing experience with a focus in oncology, medical-surgical nursing, nursing research, and nursing education. In her current rôle, she guides and instructs hospital nurses to seek an evidence-base for practices and generate new knowledge to provide optimal patient care. She lives in Texas and enjoys time with family, travel, and outdoor activities such as golfing, kayaking, boating and zupboarding.

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SUNTEXT REVIEWS

Enhancing Pain Science Education: Leveraging Self-Efficacy and Pain Knowledge to Improve an Entry-Level DPT Curriculum

Ryan Morgan Reed

University of St. Augustine for Health Sciences, USA

Abstract

Aim: This study aimed to assess student physical therapists' (SPTs) knowledge of pain science and self-efficacy (SE) in pain assessment and treatment to inform improvements in the pain science curriculum of an entry-level Doctor of Physical Therapy (DPT) program.

Method: Data were collected using the revised Neurophysiology of Pain Questionnaire (rNPQ) and the Ingram Self-Efficacy Measure. The study's first phase included a convenience sample of 838 students from eight DPT programs within the same university. Participants were assessed at program entry (YR0), after year one (YR1), and after year two (YR2). Descriptive analysis provided composite scores, averages, and trends. One-way and two-way ANOVA, followed by post hoc tests and paired t-tests, compared rNPQ scores across curricular progression points. In the second phase, pain science knowledge and self-efficacy were measured in a new convenience sample of 254 students at the end of the didactic curriculum.

Results: Phase one revealed a gradual increase in pain science knowledge as students progressed through the curriculum. Differences were observed between campuses ($p = 0.005$) when not separated by course, and a significant effect of delivery format was found ($p = 0.002$). Phase two showed that pain science knowledge scores aligned with the overall mean from phase one, while self-efficacy scores reflected mid-range confidence in the 21 International Association for the Study of Pain competencies for assessing and managing pain in physical therapy programs.

Conclusion: Self-efficacy and pain science knowledge scores can inform curricular improvements in an entry-level DPT program.

Biography

Dr. Reed attended Tulane University and received a Bachelor of Science in Psychology in 1997. Dr. Reed then attended the University of St. Augustine (USA) for Health Sciences and completed a transitional Doctorate in 2003. Dr. Reed has worked as an orthopedic physical therapist for the past 20 years. In 2008, Dr. Reed completed his orthopedic residency in 2008 and his manual therapy fellowship in 2012 with Brooks Rehabilitation. Dr. Reed recently completed his Ph.D. in Health Psychology at Walden University. Special Interest include Evidenced Based Practice, Pain Science, and Dry Needling.

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SUNTEXT REVIEWS

Student Self-efficacy and the Dedicated Education Unit Model

Neomie C Congello

California State University Channel Islands, USA

Abstract

Introduction: Nursing competence is crucial in the ever-changing healthcare system as students are required to display knowledge, skills and attitudes learned rather than complete a checklist of their clinical skills. Effective clinical education is essential to provide quality care for an aging population during the present nursing shortage combined with a faculty shortage that limits instructors to classroom teaching and less availability for clinical teaching.

The Dedicated education Unit (DEU) model introduces a strategy to address the nursing/faculty shortage while continuing to support adequate nursing education. Through low student-to-nurse ratios in the DEU, students have increased one-on-one learning opportunities from trained nurse preceptors in the clinical teacher role. As students provide hands-on patient care at the bedside, they can develop clinical competence necessary to potentially join the health care team upon graduation.

Although research has shown a high level of student satisfaction associated with DEU clinical experiences, other measures of outcomes are needed for continued evaluation of the model. Self-efficacy has been shown to improve clinical performance and clinical competency. However, little is known of how clinical experiences gained in the DEU can influence the perceived self-efficacy of students.

Purpose: This study aims to examine self-efficacy of baccalaureate nursing students using the Adapted Self-Efficacy Scale based on their traditional and DEU clinical experiences.

Methods: A quasi-experimental study will be conducted with three cohorts of students enrolled in a nursing program in Southern California. A convenience sample of approximately 168 students will be interviewed in fall 2025. Upon receiving approval from the institutional review board, the adapted 10-item General Self-Efficacy Scale will be available online for students to complete anonymously before and at the end of their clinical rotation. The Statistical Package for Social Science will be used to calculate frequencies and descriptive statistics of self-efficacy levels of students who have had DEU and traditional clinical rotations. Next, independent-sample t-tests will be used to calculate and compare the pre- and post-composite scores for students in both types of clinical rotations. Finally, a paired t-test will be used to examine pre- and post-clinical self-efficacy among students in the DEU clinical group.

Conclusions: Expectations are that insights gained from a greater understanding of self-efficacy for clinical performance will help provide a more beneficial approach for the DEU clinical in nursing programs and in preparing students for competent nursing practice.

Biography

Dr. Neomie Congello is an Assistant Professor of Nursing at California State University Channel Islands where she has taught in the undergraduate and graduate programs for the last seven years. Dr. Congello is a graduate of University of California Los Angeles School of Nursing. Her dissertation study, completed in 2015, utilized a community-based participatory approach examining influences of the perceived environment, partner support, and attitudinal familism on physical activity in women of Mexican American descent. Her current research investigates the learning experiences of students and preceptors involved in dedicated education unit clinical rotations.

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SUNTEXT REVIEWS

Post-Acute Myocardial Infarction Differences in Physical Activity Behavior, Anxiety, and Depression Levels

Abedalmajeed Shajrawi

Assistant Professor - Faculty of Health Sciences, UAE

Abstract

The study aims to compare physical activity behavior, anxiety, and depression levels among post-ST-elevation myocardial infarction (STEMI) and post-non-ST-elevation myocardial infarction (NSTEMI) patients not involved in cardiac rehabilitation program following hospitalization. A descriptive cross-sectional study design was employed with a convenience sample of 254 post-AMI patients, four weeks after hospitalization. Participants, recruited from three hospitals in Jordan.

The study results showed that 41.3% of participants had moderate-to-severe anxiety level, while 22.0% had moderate to severe depression levels. Post-STEMI and post-NSTEMI participants had moderate levels of anxiety, and depression levels. There was no significant difference in depression level between post-STEMI and post-NSTEMI patients.

The mean self-reported exercise duration and exercise frequency post-STEMI patients was significantly higher than for their post-NSTEMI counterparts. Furthermore, post-STEMI patients had less mean sedentary time. In conclusions, Healthcare providers have to consider the differences in physical activity behavior, anxiety, depression levels based on types of AMI when developing interventions and establishing cardiac rehabilitation program to improve physical activity behavior and reducing sedentary time.

Biography

Abedalmajeed Shajrawi holds a bachelor's degree in nursing from the Jordan University of Science and Technology in Jordan in 2002. Then, he got a Master's degree in acute care nursing from Jordan University of Science and Technology in 2007. After that, Abedalmajeed Shajrawi got PhD in Nursing from the University of Salford / UK in 2017. Abedalmajeed Shajrawi worked in Applied Science Private University as an Associate professor in the Faculty of Nursing. Dr. Abedalmajeed is working now in faculty of Health science at Higher Colleges of Technologies at Sharjah campus / UAE. His research use quantitative method with using different research deigns such as cross section, longitudinal, repeated measures, experimental designs. My researches focus on cardiovascular risk factors, self-efficacy, physical activity. The main research areas are cardiovascular risk factors, self-efficacy, physical activity behaviour and preventive measures to improve health care of cardiac patients. My background is focused on cardiovascular diseases, self-efficacy, physical activity and improving nursing care for critically ill patients. I have engaged in many researches with varied study designs and with international research cooperation from different countries. My PhD thesis is measurement of physical activity and self-efficacy levels among patient's post-acute myocardial infarction during early recovery phase. The thesis findings showed that although the increased level of self-efficacy level. however, patients' post-acute myocardial infarction needs to improve physical activity level and reduce sedentary time.

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SUNTEXT REVIEWS

Exploring the Genetic Basis of Obesity: Evidence from NOS3 and CTH Polymorphisms

Zaid Altaany

Science Division- Higher College of Technology, Sharjah, UAE

Abstract

Obesity represents a significant global health burden and is influenced by a combination of environmental, lifestyle, and genetic factors. While the prevalence of obesity continues to rise, particularly in developing countries, growing evidence supports the substantial role of genetic predisposition in determining susceptibility to weight gain. This study investigates the association between obesity and specific genetic polymorphisms in two genes: Nitric oxide synthase (NOS3) and cystathionine γ-lyase (CTH). The targeted polymorphisms included rs1799983 and Intron-4 VNTR in the NOS3 gene, as well as rs1021737 and rs482843 in the CTH gene. A adult participants was categorized into healthy controls with normal body weight and individuals classified as overweight or obese. Genotyping was performed using the PCR-RFLP method. The results revealed a significant association between the NOS3 rs1799983 polymorphism and increased risk of obesity, particularly in individuals with the heterozygous genotype. In contrast, no significant link was observed for the VNTR variants of the same gene. Regarding the CTH gene, certain genotypes showed a notable difference in frequency between obese and non-obese individuals, indicating a potential role in obesity risk. These findings suggest that genetic variations in the NOS3 and CTH genes may contribute to obesity susceptibility and could serve as important markers for future research focused on personalized interventions and obesity management strategies.

Biography

My name is Zaid Altaany, and I am an Assistant Professor in the Health Sciences Division at the Higher Colleges of Technology, UAE. My academic journey is deeply rooted in biomedical research, with a PhD in Biotechnology and Genetics and a focused interest in the molecular mechanisms underlying obesity, gasotransmitter signaling, and disease pathogenesis. I have been awarded two prestigious fellowships: one in Biochemistry from Western University, Canada, and another in Research Ethics from the University of San Diego, USA. These experiences have enriched my interdisciplinary perspective and deepened my commitment to responsible and impactful research.

I have published multiple research articles in high-impact, peer-reviewed journals such as The Lancet Neurology, BMC Public Health, and PNAS. My research is frequently cited and reflects a strong commitment to advancing scientific understanding in human health and disease. I actively collaborate with international research teams and have co-authored studies exploring the genetic factors contributing to obesity in Arab populations.

In addition to my research, I teach courses in Molecular Biology and Clinical Correlation, where I integrate recent scientific discoveries into classroom learning. I also mentor undergraduate students in research projects and guide them through scientific writing, publication, and conference presentations.

My current research interests include gene–environment interactions in metabolic disorders, the role of hydrogen sulfide and nitric oxide in chronic diseases, and the development of biomarker-based diagnostics. I remain committed to impactful, interdisciplinary research that bridges the gap between genetics, clinical practice, and public health.

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SUNTEXT REVIEWS

Guidelines for the Diagnosis and Treatment of Epistaxis

María Paula Torres Riaño

Fundación Universitaria de Ciencias de la Salud (FUCS), Colombia

Abstract

Epistaxis, or nasal bleeding, is a common otolaryngological emergency with presentations ranging from mild, self-limiting episodes to life-threatening hemorrhages. This Clinical Practice Guideline provides a comprehensive, evidence-based approach for the diagnosis, management, and prevention of epistaxis in both pediatric patients (over 3 years of age) and adults. It emphasizes the importance of early stratification of bleeding severity and risk factors to identify cases requiring urgent intervention.

The guideline synthesizes evidence derived from systematic literature reviews and integrates high-quality international recommendations. It outlines key interventions such as anterior rhinoscopy, nasal endoscopy, appropriate selection of nasal packing materials—particularly in anticoagulated patients—and criteria for surgical or endovascular procedures. Patient education on post-treatment care and the implementation of structured clinical follow-up are also strongly emphasized.

The guideline excludes patients under three years of age, as well as those with nasal tumors, vascular malformations, recent facial trauma, or nasal or sinus surgery within the past 30 days. It recommends an individualized approach to management based on the underlying etiology of the bleeding and comorbidities such as coagulopathies or hereditary hemorrhagic telangiectasia.

This guideline aims to standardize clinical care, reduce recurrence rates, and improve patient outcomes across various settings, including ambulatory clinics, emergency departments, and inpatient units. It serves as a practical tool for clinicians to make informed decisions, prioritize resource allocation, and apply safe, effective, and personalized treatment strategies for patients presenting with epistaxis.

Biography

María Paula Torres Riaño is a physician and surgeon graduated from the Fundación Universitaria de Ciencias de la Salud (FUCS) in Bogotá, Colombia. She holds additional academic training through diploma programs in Clinical Epidemiology and Clinical Pharmacology. Her professional background includes experience in hospital-based patient care, surgical assistance, and clinical research. Throughout her medical career, she has been actively involved in both clinical and academic environments, contributing to multidisciplinary care and evidence-based medical practice.

Dr. Torres Riaño has participated in various research initiatives and has a strong interest in improving patient outcomes through the integration of clinical expertise and scientific evidence. She is currently in her fourth year of postgraduate training in the medical-surgical specialty of Otorhinolaryngology at FUCS. Her current focus includes advanced management of otolaryngologic conditions, surgical techniques, and continued involvement in academic projects and clinical guidelines development.

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SUNTEXT REVIEWS

Social Determinants of Health, Inequalities, and Public Policies: Actors for Diabetic Foot

Diego Coto-Ramírez

Costa Rican Social Security Fund, Costa Rica

Abstract

Objective: Analyze the related factors from the structural determinants, establish their intermediate determinants and determine precipitating risk factors in the study population.

Materials and methods: Mixed research, collection of quantitative and qualitative data, with subsequent triangulation of data, with quantitative descriptive analysis of the database of the Diabetic Foot Clinic of the San Juan de Dios hospital of people hospitalized in the established period, and a semi-structured interview with thirty subjects with a history of hospitalization.

Results: It was evident that the people most affected by diabetic foot are men between 50 and 59 years old, with illiteracy or incomplete primary school, with economic activities within the lowest quintiles, with a prevalence of psycho-affective disorder. They also have an absence of preventive actions by health establishments. The lack of a health education policy, unemployment and informality, lack of community participation, added to the demographic transition of Costa Rica, has a greater impact of this disease on the population.

Conclusions: Social and economic conditions such as low schooling, gender, low income, unemployment and informality, poor support networks and lack of social participation negatively affect people with risk factors for suffering from Diabetes. In addition to the above, people do not receive comprehensive and integrated care, with poor self-care and little knowledge and empowerment about the disease, these are factors that allow people with Diabetes to have a higher risk of suffering from diabetic foot.

Biography

Diego Coto-Ramírez, Journalist and public health professional with an emphasis on Health Management. He created health projects at the Costa Rican Social Security Fund (CCSS). He was part of the Health Service Strengthening Program and the Multidisciplinary Medical Management Team at the San Rafael Hospital of the CCSS. University professor and researcher. Member of the Costa Rican Association of Journalists and Professionals in Mass Communication Sciences. Important projects: Healthy Kidney and the Local Communication Toolbox.

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SUNTEXT REVIEWS

The Provider's Role in Retaining Black Women with HIV in Care

Kenja Hassan

Assistant Vice President, Cultural Relations Office of Government and Community Engagement, Arizona State University, USA

Abstract

Prior research has documented that patient-provider relationships are an important motivator for keeping people with HIV in care and adherent to a medical regimen. When retained in care, people living with HIV have greater chances of maintaining overall better health, increasing viral suppression, and ultimately reducing the risk of transmission. This research sought to determine the current knowledge of documented provider actions that encourage HIV positive Black women to stay engaged in care. Black women with HIV face higher rates of morbidity and mortality than other groups of women with HIV and often navigate numerous internal and external barriers to care including stigma, logistics, access and coverage. Given the potential hurdles for this population, it is important for providers to have multiple tools at their disposal to facilitate beneficial relationships. A systematic review of quantitative and qualitative research focused on Black women with HIV reveal that providers can employ specific actions and behaviors to improve the patient experience. Studies revealed that women are motivated by providers who create a respectful, non-judgmental emotionally supportive relationship with them rather than those who rely on an authoritative transactional exchange of information and orders. This presentation will describe these actions in further detail and add insight for providers into why they are effective.

Biography

Kenja Hassan, as Assistant Vice President for Cultural Relations in the Office of Government and Community Engagement at Arizona State University, Dr. Kenja Hassan is a liaison to civic, leadership, and advocacy organizations throughout Arizona. Her Ph.D. is from the Edson College of Nursing and Health Innovation with an emphasis on the influence of patient-provider relationships in alleviating health disparities related to HIV and improving overall health outcomes. Her dissertation focused on the unique experiences of African American women with HIV in Phoenix, seeking to understand how this population engages with medical providers and revealing the underlying role providers play in their ongoing engagement in care. She currently serves on the City of Phoenix Fast Track Cities ad hoc committee to end HIV as an epidemic and adds emphasis on how to support community organizations working on HIV prevention as well as provider education on engaging people with HIV. Hassan previously served on the board of Asian Pacific Community in Action seeking to increase access to care and reduce chronic conditions among hard-to-reach communities in the Phoenix Metro Area. Hassan holds an A.B. in Religion from Princeton University and a M.A. in Religious Studies form Arizona state university both with an emphasis on American Indian traditions. Her prior research explores the interplay of identity and land ties in Native American religious claims to land, particularly scenarios in which tensions arise between tribal sovereignty and the US legal system.

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ERAS protocol level of knowledge in two Health Institutions

Balkis de Guadalupe López Hurtado

Professor at the Faculty of Nursing, Autonomous University of Querétaro, Mexico

Abstract

Introduction: It is estimated that approximately 313 million surgeries take place throughout the world; among these, about 4.2 million deaths occur; this data places surgeries' adverse effects as the third cause of death. ERAS protocols are a comprehensive set of strategies planned to reduce hospital length of stay, length of recovery, perioperative complications, and surgery costs. It is important that the whole surgical team knows about these tactics to accomplish them. Nurses play an important part in these strategies since they are the ones in charge of communicating to the patient about the surgery process, in order to empower the patient, which is this program´s key point. The main objective was to evaluate the level of knowledge of the ERAS protocol in two main Health Institutions in Queretaro city, Mexico.

Methods: Quantitative comparative cross-sectional study. 183 surgery staff workers from one Institution and 50 from the other one were surveyed using the questionnaire named: “Encuesta Nacional Fast-Track" (Rehabilitación Multimodal Quirúrgica), in two different Health Institutions. Anesthesiologists, surgeons, surgical nurses, and perioperative nurses were interviewed. Data were analyzed using the statistical package IBMSPSS Statistics software (SPSS) version 25. This research needed the faculty’s Research and Bioethics Committee and the hospital´s Research Committee approval to be carried out.

Results: Out of the 229 participants, most of them 154 (67.2%) were women. 83% had a low level of knowledge of ERAS protocols, 11% had a medium level, and 6% had a high level; however, 89.1% answered they had an interest in getting more information about these strategies and being able to sit in a collaborative group to work on this matter.

Conclusion: After analyzing these results, we suggest that new strategies should be carried out to educate anesthesiologists, surgeons, surgical nurses, and perioperative nurses on the ERAS protocol in different hospitals. It is important to make patients aware of these strategies and the benefits they provide to the patients’ outcomes after surgeries.

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

Development of a Fall Prevention Model for Thai Older Adults through Community Participation

Uraiwan Pantong

Valencia University, Spain

Abstract

Background: Falls among Thai older adults are a significant public health concern requiring collaboration between government institutions, community organizations, and stakeholders. As a community nurse, the author recognized the need for a holistic, community-driven approach to address gaps in coordination and implementation of fall prevention strategies.

Aim: To develop a participatory fall prevention model for older adults in Thailand.

Design: Participatory Action Research

Methods: Following Kemmis and McTaggart's (1988) framework, the study consists of three phases: preparation, development, and evaluation, using a mixed-methods approach. The key activities include leadership training, brainstorming to design a fall prevention model, and conducting multi-campaigns over 12 months with village health volunteers, community nurses, and community leaders. A 16-week program trial involving 30 high-risk older adults employed a quasi-experimental one-group pretest-posttest design. After one year, the model was evaluated in a lessons-learned forum with stakeholders, participants, and experts. Quantitative data were analyzed using frequency, percentage, and paired t-tests, while qualitative data were subjected to thematic analysis

Results: Leadership training improved community awareness, capacity, and cooperation in fall prevention. Stakeholders and community members expressed high satisfaction with the campaigns. The fall prevention program significantly enhanced participants' strength, balance, and fall-prevention behaviors. Lessons learned emphasized the importance of community engagement and recommended the integration of fall prevention into long-term care systems.

Conclusion: This study highlights the effectiveness of community-driven strategies in addressing fall prevention challenges among older adults. It underscores the importance of cross-sector collaboration for sustainable fall prevention.

Impact: A community-based fall prevention framework that fosters collaboration among community leaders and healthcare providers. It offers a model to reduce falls, improve elderly care, and support sustainable public health strategies.

Patient or public contribution: Community leaders from all sectors participated in designing, implementing, and evaluating the model, benefiting older adults within their community context.

Biography

My name is Dr. **Uraiwan Pantong**, a Registered Nurse at the Professional Level (Nurse Practitioner). I hold a Ph.D. in Clinical and Community Nursing from the Universidad de Valencia, Spain, graduating CUM LAUDE with International Doctorate recognition. I also earned a Master of Nursing Science in Community Health Nurse Practitioner from Walailak University, Thailand, and specialized in Primary Medical Care at Boromarajonani Trang Nursing College. My research focuses on health promotion, disease prevention, and risk management within community-based settings.

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SUNTEXT REVIEWS

Retinal Changes as Evidenced by Fundoscopy and their Frequencies in Patients with COVID-19 with Different Variants of the Angiotensinconverting Enzyme Gene

Kateryna Hutsaliuk

Regional Ophthalmological Center, Volyn Regional Clinical Hospital, Ukraine

Abstract

Purpose: To evaluate the relationship between angiotensin-converting enzyme (ACE; rs4340) gene variants and the retinal changes as evidenced by fundoscopy in patients with various clinical courses of COVID-19.

Material and Methods: 94 COVID-19-positive patients (188 eyes) were included in the study. They had an extremely severe, severe or moderately severe course of the disease with decompensated or compensated comorbidity. We evaluated the distribution of ACE genotypes among patients and determined the retinal changes in COVID-19 patients. Fundus images were obtained with a handheld fundus cameras. A molecular and genetic study of ACE gene (rs4340) variants was carried out using allele-specific PCR. Statistical analysis of correlations between the course of COVID-19 and the presence of retinal changes as well as between the ACE gene variant and the presence of retinal changes was conducted.

Results: Among the analyzed individuals, 28 (29.6%), 47 (50.5%) and 19 (19.9%) were found to have the II, ID and DD genotype, respectively. We found no significant correlation between metabolic status, severity of COVID-19 course and the ACE gene variants. No significant difference was found between different ACE genotypes and the distribution of particular retinal changes. There was an increase ($p < 0.001$) in the risk of clinically significant retinal changes in patients with the DD genotype compared to patients with the II and ID genotype ($p < 0.05$).

Conclusion: The risk of clinically significant retinal changes is higher in COVID-19 patients with ACE genotype DD than in those with genotype II or ID ($p < 0.001$).

Biography

My name is Kateryna Hutsaliuk. I am an ophthalmologist, currently working in Regional Ophthalmological Center, Volyn Regional Clinical Hospital. I have been graduated from I. Horbachevsky Ternopil State Medical University with honours in 2018. Now I am a postgraduate student in Filatov Institute of eye diseases and tissue therapy and working on my PhD dissertation. I am a member of EURETINA. I am happy in marriage, have 2-years old daughter Anna, confident and result-oriented, know how to motivate others, good mannered and stress resistant. Among my hobbies are ballroom dances, good films, reading books, walking with my dog.

SUNTEXT REVIEWS CONGRESS 2025

AUGUST 11-13, 2025 | SAN FRANCISCO, USA

SUNTEXT REVIEWS

The role of Ultrasound (B scan and UBM) in Detection and Characterization of Ocular Cysticercosis

Vaidehi Bhatt

UBM Institute, India

Abstract

Cysticercosis, caused by Taenia solium larvae, can affect various ocular and extraocular structures, leading to significant morbidity. Ultrasound B-scan and Ultrasound Biomicroscopy (UBM) imaging plays a pivotal role in diagnosing and classifying cysticercosis lesions. The aim of the study was to describe the ultrasound B-scan and UBM characteristics of ocular and extraocular cysticercosis, proposing a classification system based on anatomical localization to enhance understanding and management.

The study has been published in two articles in clinical ophthalmology. (Clinical Ophthalmology 2025: 19 281-290) and (Clinical Ophthalmology 2024:18 3441-3448). Both the studies are retrospective observational analysis from the database of UBM Institute (This institute is located in Mumbai, India and is dedicated to ophthalmic ultrasound for the past 30 years).

The UBM study analysed 18 eyes from 18 patients revealing 12 cases of conjunctival cysticercosis, 4 of anterior chamber cysticercosis, and 2 of iris cysticercosis. B scan study evaluated 56 eyes, intraocular posterior segment involvement (n=25) and extraocular involvement (n=31) were observed. Extraocular cysticercosis predominantly affected the medial rectus muscle (40%), followed by the inferior rectus (28%), lateral rectus (20%), and superior rectus muscles (12%). Orbital cysts were localized in the posterior extraconal (50%), anterior extraconal (34.33%), and intraconal (16.67%) regions. Both these studies have proposed, a new calcification based on location and characterisation of cysticercosis on Ultrasound features.

Biography

- I, Dr Vaidehi Deepak Bhatt am a practising ophthalmologist in Mumbai, India
- I have done fellowship in phaco refractive surgery , medical retina , paediatric ophthalmology
- I am working at UBM institute for the past 3 years
- This institute is dedicated to ophthalmic Ultrasonography for the past 30 years
- I have written numerous papers on ophthalmic Ultrasonography and have won awards for free papers at national and international conferences
- Presently I am pursuing PhD at Maastricht University, Netherlands.

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

Family Health Strategy Dental Surgeons' Perception of Integrative and Complementary Practices

Ana Claudia Cordeiro Alvarenga

Federal University of Espírito Santo, Brazil

Abstract

Although institutionalized in the Unified Health System, the dynamics of implementing Integrative and Complementary Practices in the Family Health Strategy, from the perspective of dentistry, represents an unprecedented field of study. The aim was to understand the perception of dental surgeons working in this context in Vitória, Espírito Santo, Brazil, regarding the incorporation and implementation of these practices. An exploratory and descriptive study with a qualitative approach and sampling by saturation. Semi-structured interviews were carried out with forty dentists, between April and July 2023, which were recorded, transcribed and submitted to Bardin's content analysis. Three categories emerged from the data: the understanding of Integrative and Complementary Practices, the perception of incorporation and implementation, and the perception of Integrative and Complementary Practices policies. There was unanimous understanding, acceptance and interest in the practices, showing their value in line with the guidelines of the related policies, highlighting the significant potential available in the municipality. However, challenges such as gaps in knowledge of specific dental policies and regulations, as well as shortcomings in the continuing education process, highlight the importance of improving strategies for disseminating information and training professionals. The conclusion is that, although they have been incorporated and there is considerable potential for expansion, barriers need to be overcome to achieve effective implementation of Integrative and Complementary Practices in the municipality, including in specific contexts such as dentistry.

Biography

Ana Claudia Cordeiro Alvarenga, Dentist with a specialization in Endodontics from the University of São Paulo, a specialization in Family Health Strategy, and a Master's degree in Collective Health from the Federal University of Espírito Santo. Works in the Family Health Strategy of the municipality of Vitória, Espírito Santo, Brazil, and serves as a Preceptor for the Multiprofessional Health Residency at the Capixaba Institute of Teaching, Research, and Health Innovation. Researcher in Primary Health Care, Oral Health, and Integrative and Complementary Health Practices, focusing on health promotion, access to dental care, and the implementation of public policies.

SUNTEXT REVIEWS CONGRESS 2025

AUGUST 11-13, 2025 | SAN FRANCISCO, USA

SUNTEXT REVIEWS

Impact of Risk Factors for Gestational Diabetes (GDM) on Pregnancy Outcomes in Women with GDM in a Single Center Study in Rural Area

Md Shah Alam

Senior Consulant Department of Medicine at Dhaka Medical College & Hospital, Bangladesh

Abstract

Gestational diabetes mellitus (GDM) remains a significant public health concern globally, with implications that extend beyond the perinatal period. This study investigates the complex interplay of risk factors influencing pregnancy outcomes among women diagnosed with GDM in a rural setting of Bangladesh. Conducted as a cross-sectional observational study at the Joypara Clinic and Diabetic Center from June 2017 to May 2023, this research analyzed 183 GDMaffected pregnancies to identify demographic, clinical, and biochemical determinants linked to maternal and neonatal outcomes.

Our study found that women aged 35 and above, those with a pre-pregnancy BMI of 25 or higher, and individuals of Asian ethnicity were more likely to need insulin therapy and experience pregnancy complications. A significant number of deliveries (64.5%) were done by cesarean section, and preterm births occurred in 61.2% of cases. Newborn complications were also common, including low birth weight (44.8%), very low birth weight (24.6%), respiratory distress (13.7%), and NICU admissions (18.6%). These findings also show that overweight women, especially in Asian populations, tend to develop insulin resistance even at lower BMI levels than expected.

The implications are twofold: first, it reinforces the urgent need for culturally and regionally contextualized screening thresholds and treatment protocols for GDM; second, it highlights the necessity of strengthening prenatal care infrastructures in rural healthcare settings. This study adds valuable insight into global discussions on gestational diabetes by showing how a combination of social, demographic, and metabolic factors affect pregnancy outcomes in rural

healthcare settings.

Biography

I'm dedicated and compassionate interventional Medicine Specialist based in Dhaka. With extensive qualifications and experience, I am committed to providing high-quality medical care to my patients. As a Consultant in the Department of Medicine at Dhaka Medical College & Hospital, I specialize in a range of areas including Medicine, Gastroliver, Rheumatology, Hormone and Diabetes. I have earned several prestigious qualifications, including MBBS, BCS (Health), FCPS (Medicine), MACP (USA), CCD (BIRDEM), and EDC (BIRDEM), EULAR Fellow of Rheumatology, Post Graduate training in Gastroenterology which have equipped me with a strong foundation to offer comprehensive and personalized treatments.

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

The Use of Pesticides and the Development of Cancer in Farmers: A Scoping Review

Fernanda Meire Cioato

University of Caxias do Sul, Brazil

Abstract

Giving the problem that involves the complex relationship between the use of pesticides and the onset of cancer, several studies have been developed around the world searching for evidence to prove it. The objective is to analyze the relationship between the use of pesticides and the onset of cancer in farmers, according to specialized literature. It is a scoping review. The search was carried out in three databases, and the articles were analyzed by two researchers and a third, for dealing with disagreements.

Cohen's Kappa value was tested to assess agreement regarding the data extracted from the studies. A total of 29 bibliographies made up the sample. The studies came from five continents. Case-control and cohort research dominated the review landscape, using inferential statistics with different types of statistical tests. A variety of cancer types were studied, and most of the articles pointed to a predisposition to cancer, referring to biomarkers for early prediction of this chronic disease. In conclusion, being a farmer and being exposed to pesticides confers a greater risk of developing cancer compared to those who are not exposed.

Biography

Fernanda Meire Cioato, Master's student in Health Sciences at the University of Caxias do Sul (UCS). Holds a Nursing degree from UCS, including a Undergraduate's Exchange Program in Teaching at the Higher School of Nursing in Porto, Portugal. Currently works at UCS's Digital Health Center, specializing in telemedicine and telehealth. Serves as a preceptor for the PET-Health Equity Program under Brazil's Ministries of Health and Education. Previously participated in the PET-Health/Management and Assistance and PET-Health/Interprofessional programs.

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

Rhino-Graft: A Novel and Innovative Fixation Technique for Caudal Septum Stabilization in Revision Rhinoplasty

Mezahir Guliyev

Department of Otolaryngology, Baku, Azerbaijan

Abstract

Revision rhinoplasty often presents significant challenges due to compromised septal support, nasal spine deformities, and soft tissue scarring caused by previous surgeries. These factors make caudal septum stabilization and L-strut reconstruction particularly difficult. The Rhino-Graft technique offers a novel solution by stabilizing a costal cartilage graft directly to the nasal spine using a uniquely engineered fixation method.

Between 2017 and 2023, 72 patients (54 females, 18 males) underwent revision rhinoplasty using this technique. A section of rib cartilage was harvested and shaped using the oblique split technique to form the caudal component of the L-strut. A narrow V-shaped slot was prepared in the nasal spine using piezosurgery. The inferior margin of the graft was notched to prevent migration. This was followed by stabilization using a transfixion suture technique through pre-drilled holes on both the graft and nasal spine. The cartilage graft was then firmly positioned into the prepared V-shaped slot in the nasal spine and fixed in place. This fixed unit, resembling a rhinoceros horn, was termed 'Rhino-Graft.'

No functional complications or graft luxation were observed during the 12–36 month follow-up. All patients achieved satisfactory esthetic outcomes, including improved dorsal aesthetic lines and tip projection. Compared to existing methods, the Rhino-Graft technique offers enhanced stability, accurate midline positioning, and durable fixation without increasing operative time.This technique demonstrates a reliable and reproducible method for securing costal cartilage grafts to the nasal spine in complex revision rhinoplasty cases and may serve as a preferred alternative in surgeries requiring robust caudal septum reconstruction.

Biography

Dr. Mazahir Guliyev, MD, PhD, is an ENT and facial plastic surgeon and Associate Professor (Docent) at the Department of Otolaryngology, Azerbaijan State Advanced Training Institute for Doctors named after Aziz Aliyev in Baku, Azerbaijan. With over 20 years of clinical, academic, and surgical experience, he has earned a national and international reputation for his pioneering work in rhinoplasty, revision nasal reconstruction, and innovative surgical instrumentation.

Dr. Guliyev received his medical degree from Azerbaijan Medical University and completed advanced training in otorhinolaryngology and facial plastic surgery through fellowships and masterclasses in Germany, Turkey, Russia, and Italy. His areas of expertise include functional endoscopic sinus surgery (FESS), pediatric septoplasty, nasal valve reconstruction, and complex revision rhinoplasty.

He is the founder and current president of the Azerbaijan Rhinologists Society and has been instrumental in organizing the first and second International Rhinology Congresses and cadaver-based live surgery courses in Azerbaijan. Dr. Guliyev is a member of multiple professional societies, including the Turkish Society of Otorhinolaryngology, Turkish Rhinologic Society, and the European Academy of Facial Plastic Surgery (EAFPS).

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

Open Abdominal Injuries: Epidemiological, Clinical, Psychological, Medico-Legal, and Therapeutic Aspects in the General Surgery Department of Gabriel Touré University Hospital

Maïga Aamadou

Research Master in Surgery, Mali

Abstract

Open abdominal injuries are becoming increasingly common in Mali. The objectives were to study open abdominal injuries in the General Surgery Department of the Gabriel Touré University Hospital (CHU Gabriel Touré). This was a descriptive and analytical study with retrospective and prospective data collection conducted in the General Surgery Department of CHU Gabriel Touré over six and a half years. It consisted of two phases: the first retrospective phase, from January 2018 to December 2023, and the second phase, from January 2024 to July 2024. All patients treated in the department for open abdominal injuries who consented and had a complete medical file were included.

Epidemiological, clinical, therapeutic, psychological, and medico-legal aspects were studied. A total of 276 cases were recorded, representing 1.6% of consultations, 5.4% of hospitalizations, and 62.4% of abdominal trauma cases. The average age was 27.8 years, and the sex ratio was 18.1. The main causes were criminal assaults (83.7%), mainly with bladed weapons (62.7%). The primary clinical signs were abdominal pain (100%), abdominal guarding (53.2%), evisceration (26.4%), and hemodynamic instability (14%). The most frequently injured organs were the small intestine (27.9%), colon (17.2%), and liver (16.1%). Associated extra-abdominal injuries were found in 38.4% of cases. Medical management was based on blood transfusions and antibiotics. Laparotomy was performed in 96% of cases.

The procedures included lesion suturing in 32.6% of cases, with damage control in seven cases. Postoperative outcomes were uncomplicated in 88.4% of cases, with a mortality rate of 9%. Legal outcomes analyzed for 12 patients included imprisonment in two cases and abandonment in four cases. Of the 19 patients followed up, 51% received psychotherapy for post-traumatic stress disorder.

Biography

Maiga Aamadou

The University Teaching Module for War Surgery (ICRC)

From June 11 To 18, 2019.

Training In Obstetric Fistula Surgery

Level III. 2018-2019

Research Methodology Training: Developing a Research Project from July 13 To 17, 2021.

Breast Cancer Surgery Training (DU) 2022

Member of Learned Societies

SOCIETY OF SURGERY OF MALI (SOCHIMA)

ASSOCIATION OF SURGERY OF FRANCOPHONE AFRICA (ACAF)

WEST AFRICAN COLLEGE OF SURGEONS (WACS)

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

Open Abdominal Injuries: Epidemiological, Clinical, Psychological, Medico-Legal, and Therapeutic Aspects in the General Surgery Department of Gabriel Touré University Hospital

Maïga Aamadou

Research Master in Surgery, Mali

Abstract

Gigantomastia is a rare medical condition characterized by rapid and extreme breast hypertrophy in women, necessitating breast reduction of more than 1000g per breast. Its exact pathogenesis remains unknown to this day, but hypersensitivity to hormone receptors seems to be the most plausible hypothesis. It is classified into 4 subtypes: juvenile gigantomastia, gravid gigantomastia, iatrogenic gigantomastia and idiopathic gigantomastia. Women suffering from this condition are physically, psychologically and socially handicapped.

There are two approaches to gigantomastia surgery: mastectomy followed by breast reconstruction, and breast reduction with mammoplasty. The first approach is more radical, offering the possibility of non-recurrence, while the second is more conservative and focused on aesthetics, albeit with a risk of recurrence. In the past, the Thorek technique was the preferred first-line treatment for gigantomastia. However, the introduction of de-epidermization and the emergence of conservative breast reduction techniques with nipple flaps have broadened the options available, offering a varied range of choices with pedicle techniques.

The real challenge in managing this pathology lies in its complications, notably loss of sensation of NAC, poor nipple projection and loss of lactation capacity. In some cases, re-intervention may be necessary.

Biography

Maiga Aamadou

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SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

It's Not What You Expected: The 4 "R"s for CYSHCN

Fredrick McCurdy

Pediatric Nephrologist at Driscoll Children's Hospital, USA

Abstract

A very compelling non-medical driver of healthcare outcomes is family financial stress/instability. Families of children and youth with special health care needs (CYSCHN) spend many hours in direct home care and care coordination outside the home. They experience substantial financial problems; others' needs are unmet; non-medical services go unmet, with care coordination and respite services being the most unmet needs for these families. Add emotional, behavioral, and developmental disorders, and the problem is even more profound. Frequently, the medical community only focuses on the child with the disability at the expense of the family. While respite care is precious to families with children with complex medical conditions, this care is often difficult to access. This lack of access is multifactorial; in-home respite providers and other forms of respite are limited; negative perceptions of respite care persist; many primary providers are unaware of the stress that the family is experiencing; many are unaware of what may be available in the "respite world" to help reduce family stress. Thus, Pediatricians must learn to "operationalize" respite and recreation for CYSHCN. This presentation is intended to be interactive and will assist the attendees in learning how to put the 4 "Rs" (Respite, Recreation, Reorientation, and Reeducation) into their care plan, even for technology-dependent CYSHCN.

Biography

Dr. Fredrick A. McCurdy is a Clinical Professor of Pediatrics at Driscoll Children's Hospital, affiliated with Texas A&M University School of Medicine. He is a Pediatric Nephrologist by training, devoting all of his professional life to improving the healthcare of children and youth with special healthcare needs. He has spent the past eight years as the STAR Kids Medical Director of a Managed Care Organization, advising and creating a program within the company to improve healthcare delivery to this same population of very fragile children. He is the first physician to publish a physician-centric, practical approach to private duty nursing. He has now returned to practicing Pediatric Nephrology and serving as a Medical Director for a Prescribed Pediatric Extended Care Center (PPECC) in deep South Texas.

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SUNTEXT REVIEWS

Vertebral Artery Stenosis Caused by Cervical Osteophyte: A Rare and Reversible Cause of Vertebrobasilar Insufficiency

Chrystiano Cardoso

Hospital de Neurologia Santa Mônica, Goiânia, Brazil

Abstract

Vertebral artery stenosis may result from intrinsic causes, like atherosclerosis, or extrinsic causes, such as osteophytes. Compression of the vertebral artery by a cervical osteophyte is rare, and when symptomatic, it requires special attention.

I present the case of a 76-year-old male patient with multiple falls and vertigo, worsened by head rotation. Imaging revealed complete occlusion of the right vertebral artery and severe stenosis of the left vertebral artery at the C4-C5 level due to an osteophyte from the superior facet of C5.

Surgical decompression was performed through a posterior approach with cervical arthrodesis. Intraoperative ultrasound confirmed arterial patency. The patient recovered fully, with resolution of vertigo and no further falls.

This case highlights that vertebral artery compression by cervical osteophytes, although uncommon, should be considered in patients with unexplained vertigo or drop attacks. Careful preoperative assessment, particularly with 3D angiotomography, and a precise surgical approach can lead to excellent outcomes.

Biography

Chrystiano Cardoso, Graduated in Medicine from Universidade Estadual Paulista (UNESP), Botucatu Medical School, in 2000. Completed Neurosurgery Residency at UNESP Botucatu from 2000 to 2004. Served as a Visiting Clinical Fellow at Charité University, Berlin, under Professor Mário Brock in 2004. Currently, Director of the Neurocol Group, specializing in advanced neurosurgical care.

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

The Challenge of Treating Congenital Microphthalmia and Anophthalmia: Combining Prosthetic and Surgical Care

Yoav Vardizer

Ophthalmology, Bnai Zion Medical Center, Israel

Abstract

Congenital anophthalmia and microphthalmia are rare but distinct conditions that require highly individualized, multidisciplinary management. Treatment typically involves a combination of early conservative orbital remodeling and reconstructive surgery. In this presentation, I will share our extensive experience in managing these complex cases.

Patients with congenital anophthalmia syndrome are treated using custom-made 3D-printed conformers series, which promote more rapid and effective orbital remodeling. At around five years of age, these patients undergo reassessment, and those requiring additional orbital volume augmentation or eyelid elongation for improved facial symmetry are scheduled for reconstructive surgery. Surgery consists of zygoma trimming, dermal fat grafting and eyelid elongation with ear cartilage posterior lamella implantation.

Congenital microphthalmia cases must be evaluated for visual potential. If visual potential is present, early amblyopia treatment should be initiated using either a combination of corneal refractive lens with scleral lens expanders or scleral refractive conformers. Colored scleral lenses can be provided after visual maturation has been achieved. Orbital remodeling in these cases usually achieves a satisfactory result with no need for additional surgery.

Congenital microphthalmia with an orbital cyst is an exceptionally rare ocular malformation. Treatment should prioritize the preservation of visual potential, especially in unilateral cyst cases where the contralateral eye is also microphthalmic. Cyst excision and dermis-fat graft implantation may be necessary to centralize the globe. In cases without visual potential, achieving cosmetic symmetry remains the primary objective.

Although these congenital syndromes share fundamental treatment approaches, it is crucial to distinguish between them to establish the correct criteria for an accurate treatment strategy.

Biography

Yoav Vardizer is a third-generation ocularist in my family and the Head of the Oculoplastic Service in the Department of Ophthalmology at Bnai Zion Medical Center, affiliated with the Technion Faculty of Medicine, I feel a deep responsibility to advance both fields and address the gray area that lies between these professions.

I received my practical training as an ocularist and facial prosthetist under the mentorship of Mr. Lesser in London and my mother, Mira Vardizer, in Haifa. I pursued my medical education at Ben-Gurion University, completed my residency at Ha'emek Medical Center, and subsequently undertook a fellowship in orbital surgery at the Orbital Center in Amsterdam with Prof. Mourits. During this time, we collaboratively designed the parallax-free exophthalmometer.

Upon returning to Israel, I have taken charge of the orbital, lacrimal, and eyelid oculoplastic services and currently lead a consultant oculoplastic and prosthetic surgical clinic for both pediatric and adult patients. My research and development efforts to date have focused on incorporating modern technologies into prosthesis manufacturing and fitting and evaluating its benefits in the field. Additionally, I am dedicated to improving surgical techniques for anophthalmic patients to achieve better combined clinical and prosthetic outcomes in anophthalmic patients.

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

The Effect of Caudal Anesthesia Block on Perioperative Pain Control and Reduction of the Anesthetic Agent in Pediatric Infraumbilical Surgery: A Prospective Randomized Trial Study a Prospective Randomized Trial Study

Zeana Amer Gawe

Anesthesia Specialist at Ibn Al Nafees Hospital, Bahrain

Abstract

Background: Caudal epidural block (CEB) is a commonly performed neuraxial block to provide effective pain relief and analgesia in pediatric patients undergoing infraumbilical surgery.

Aims: This study aimed to compare the effectiveness of adding CEB to general anesthesia (GA) in intra- and postoperative pain management.

Design: Prospective, randomized case-controlled trial study.

Setting: Operation theater, and postoperative recovery rooms at Salmaniya Medical Complex, Bahrain.

Materials and methods: 74 patients aged 2 months to 6 years with American Society of Anesthesiologists physical status classification I were recruited over a 6-month between December 2019 and May 2020. Patients were allocated into two groups (Group A, with CEB) or (Group B, without CEB). Both groups were compared based on hemodynamic stability, pain scores, level of sedation, analgesia need, and parental satisfaction.

Statistical analysis: Data were analyzed using the SPSS program. The categorical and numerical variables of both groups were compared.

Results: Patients with CEB had better hemodynamic stability during the surgical procedure based on heart rate ($P = 0.039$). Pain intensity scores were less in patients with CEB than those without ($P < 0.001$). Fentanyl consumption was lower in Group A compared to Group B at the end of surgery ($P = 0.002$). They were also ambulated earlier and discharged sooner than those without CEB. Parental satisfaction was 92.1% in Group A compared to 63.9% in Group B ($P = 0.012$).

Conclusions: Adding CEB to GA for intraoperative and perioperative pain control in pediatric patients undergoing infraumbilical surgery makes it more effective, safe, and with better parental satisfaction.

Biography

Zeana Amer Gawe, as an accomplished Anesthesia Specialist, I have extensive experience administering diverse anesthesia techniques for optimal patient care. Proficient in preoperative assessment, individualized anesthesia planning, and postoperative pain management, I ensure patient safety and comfort throughout surgical procedures. My commitment to staying updated with the latest advancements showcases a dedication to continuous improvement. I bring a track record of successful collaboration with healthcare teams, effective patient communication, and upholding the highest ethical standards in anesthesia practice. Eager to contribute my expertise to a healthcare setting committed to excellence.

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SUNTEXT REVIEWS

Association between Bacterial Resistance Profile and the Development of Intra-Abdominal Abscesses in Pediatric Patients with Perforated Appendicitis: Cohort Study

Juan Javier Valero Halaby

Fundación Hospital Pediátrico la Misericordia (HOMI), National University, Colombia

Abstract

Purpose: The objective of this study was to determine the association between the presence of a microorganism resistant to the antibiotic used in empirical therapy and the development of intra-abdominal abscesses in children with perforated appendicitis.

Methods: A prospective cohort study was conducted in patients under 18 years of age who underwent laparoscopic appendectomy between November 1, 2019, and September 30, 2020, in whom perforated appendicitis was documented intraoperatively (visible appendiceal hole or fecalith presence). Peritoneal fluid samples were taken for bacteria culture purposes, and clinical and microbiological data were collected from all patients.

Results: A total of 232 patients were included in the study. The most frequent isolated microorganisms were Escherichia coli (80.14%) and Pseudomonas aeruginosa (7.45%). In addition, 5.31% of E. coli isolates were classified as ESBL-producing organisms. No association was found between a germ resistant to empiric antimicrobial therapy and the development of a postoperative intra-abdominal abscess. Multivariate analysis showed that being a high-risk patient (presence of septic shock, previous use of antibiotics, and immunodeficiency) on admission was associated to the development of intra-abdominal abscesses postoperatively (OR 2.89 (p=0.01)).

Conclusion: E. coli was the most frequently isolated microorganism, with a low rate of ESBL-producing isolates. No association between resistance and risk of postoperative intra-abdominal abscess was found. However, it was identified that being a high-risk patient on admission was associated with this complication.

Biography

Juan Javier Valero Halaby, Chief of Pediatric Surgery at Fundación Hospital Pediátrico la Misericordia (HOMI), the largest pediatric hospital in Colombia. Associate Professor of Pediatric Surgery at the Faculty of Medicine, National University of Colombia. Specialist in minimally invasive surgery. Frequent author and co-author of national and international publications on appendicitis. Contributing author of the Colombian clinical guidelines for pediatric appendicitis.

Erythema Induratum of Bazin: A Case of Cutaneous Tuberculosis in an 11-Year-Old

Boy

Kahkashan Mumtaz

University Hospitals Birmingham NHS Trust, Health Education England

Abstract

Background: Tuberculosis (TB) continues to pose a major public health challenge, particularly in developing countries, with a notable rise in cases among the pediatric population. Extra pulmonary manifestations, especially cutaneous TB, have become increasingly prevalent, complicating diagnosis and treatment due to their non-specific clinical presentations.

Case Presentation: We present the case of an 11-year-old boy who presented with multiple subcutaneous nodules on the thighs and joint pain. Initial evaluation suggested an autoimmune process; however, further investigation, including a skin biopsy and TB-specific tests, confirmed a diagnosis of Erythema Induratum of Bazin (EIB), a condition often associated with TB in adults. The patient was started on a regimen of anti-TB medications, leading to marked clinical improvement, with resolution of skin lesions and alleviation of joint pain within three months.

Results: The case underscores the atypical presentation of cutaneous TB in children, particularly EIB, which is characterized by erythematous nodules and ulceration. This manifestation can easily be overlooked in the pediatric population, highlighting the necessity for heightened clinical awareness. Comprehensive treatment not only addressed the cutaneous symptoms but also improved the patient's overall health status, reinforcing the importance of a multidisciplinary approach in managing TB-related conditions.

Conclusions: This case illustrates the increasing incidence of EIB as a cutaneous manifestation of TB in children. It emphasizes the need for healthcare professionals to maintain a high index of suspicion for TB in pediatric patients presenting with dermatological symptoms. Early identification, investigation, and treatment are essential in improving outcomes and preventing complications associated with this serious infectious disease.

Biography

Kahkashan Mumtaz is a dedicated Internal Medicine trainee, currently working in UHB NHS Trust. She has a keen interest in infectious diseases.With a focus on tuberculosis and its evolving presentation during her undergraduate years, Kahkashan has contributed to advancing understanding in this critical area through case studies and clinical research. Her work emphasizes the importance of early diagnosis and innovative treatment approaches in pediatric care.

Kahkashan has presented at various conferences and has been involved in initiatives aimed at improving TB awareness and management in developing countries. She is committed to raising awareness for diseases endemic to developing countries enhancing healthcare outcomes on a global level.

SUNTEXT REVIEWS CONGRESS 2025

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SUNTEXT REVIEWS

Renal Abscess in Pediatrics - Diagnostic and Management Difficulties: Case Report

Alexandre Neves da Rocha Santos

Pediatric intensivist at the Hospital Israelita Albert Einstein, São Paulo, Brazil

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

Alexandre Neves da Rocha Santos, Pediatric intensivist at the Hospital Israelita Albert Einstein, São Paulo Brazil. Medical GP Training (2013-2018) at Federal University of São Paulo (UNIFESP). Pediatric Residency Training (2019-2022) at Federal University of São Paulo (UNIFESP). Pediatric Intensive Care Training at Hospital Israelita Albert Einstein (2022-2024). Pediatric Intensivist, Pediatrician.

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SUNTEXT REVIEWS

Aesthetic Rib Cage Remodeling with Osteosynthesis: Body Structural High-Definition Reshaping (Rib Osteotomy with Osteosynthesis Stabilization)

Hugo Aguilar Villa

Basildon University NHS Hospital, United Kingdom

Background: Rib cage remodeling has shown promising aesthetic results as a new technique for body contouring, and yet risks and complications associated with the procedure have not been well established. The aim of the authors' study was to assess safety, efficacy, and patient satisfaction rate associated with a new surgical technique for waistline definition.

Methods: The authors looked into their records for patients who underwent waist narrowing through a new rib remodeling procedure with osteosynthesis of ribs XI and XII from October of 2022 to June of 2023. Follow-up was carried out at 1 and 3 months after surgery. Outcomes were evaluated based on waist and hip measurements, body image, pain, and a patient satisfaction survey.

Results: A total of 27 consecutive patients were included in the analysis. The authors' technique resulted in a significant reduction in waist circumference, as evidenced by a decrease of 12.1 cm and 13.0 cm at the first and third months, respectively ($P < 0.005$). A reduction of hip circumference of 6.2 cm and 8.7 cm at the first and third months, respectively, was also reported. A high patient satisfaction rate was reported. Postoperative complications included only 1 case of wound dehiscence and 1 case of mild pain. Pain levels were also reduced, with a mean pain score of 2.4 at week 1 and 0.26 at month 1.

Conclusions: Rib osteotomy with osteosynthesis emerges as an innovative, safe, and reliable approach for waist narrowing. The authors' results suggest that this technique can be applied to a wide variety of patients, and it might entail significant advantages compared with other techniques.

Biography

Hugo Aguilar Villa, Plastic, Aesthetic, and Reconstructive Surgeon with over 10 years of experience.

Member of SCCP, ISAPS, ASPS, and SACPER.

Scientific director of HAV Academy and author of scientific publications in journals like PRS, PRS Global Open and Aesthetic Journal and the first book of rib remodeling, The Rib Revolution.

Professor at Total Definer.

Professor at UPAO University, Peru.

Creator of the RIBOSS and ARCO techniques.

KOL for apix Latin America (Renuvion).

Speaker for Vaser Academy, Microaire, Clarious, and Blue Ocean

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SUNTEXT REVIEWS

Metabolic Syndrome in Adolescents: Insights from a Developing Nation

Shailaja Mane

Head, Department of Pediatrics, Dr. D Y Patil Medical College, Hospital and Research Centre, India

Abstract

Introduction : The increasing burden of non-communicable diseases (NCDs), including metabolic syndrome (MetS), has emerged as a global health issue, particularly in low- and middle-income countries (LMICs) like India. Characterized by central obesity, dyslipidemia, hypertension, and impaired glucose metabolism, MetS is closely linked to rising adolescent obesity. Its early onset significantly elevates the risk of T2DM and cardiovascular diseases, exacerbating the NCD burden in these settings.

Methods : Over six years, 1,056 adolescents aged 12–17 years from private and government schools were screened. Of these, 96 were identified as obese using BMI-for-age percentiles, and 74 completed a detailed evaluation. MetS was diagnosed using International Diabetes Federation (IDF) criteria, which required central obesity plus two or more additional metabolic risk factors. Anthropometric, biochemical, and lifestyle data were collected and analyzed.

Results : MetS was diagnosed in 29 (39.2%) of the 74 adolescents evaluated. Dyslipidemia was the most common abnormality, with 28 (96.55%) students with MetS having low HDL cholesterol and elevated triglycerides, compared to 2 (4.44%) and 1 (2.22%), respectively, in those without MetS ($P < 0.0001$). Random blood sugar was elevated in 13 (44.83%) students with MetS versus 1 student (2.22%) without MetS ($P < 0.0001$). Vitamin D3 deficiency and ultrasonographic abnormalities, such as fatty liver, were significantly higher in MetS cases ($P < 0.0001$ and $P = 0.006$, respectively).

Conclusion : This study highlights the growing prevalence of MetS among Indian adolescents, emphasizing the need for early detection and data driven public health interventions to address the rising burden of adolescent NCDs.

Biography

SHAILAJA MANE, Professor & Head, Department of Pediatrics, Dr. D Y Patil Medical College, Hospital and Research Centre, Pimpri, Pune. Founder President Maharashtra State Branch of IYCF, Chapter of IAP. Founder & Director, “Yashoda” Human Milk Bank, Comprehensive Lactation Management, Training and Research Centre, DYPMC, Pune. Secretary, Bioethics Unit of UNESCO Chair in Haifa; Head, Student’s Wing of Bioethics, DPU, Pune. Incharge: AACCI (Association of Child and Adolescent Health), Pune. Certified Teacher and Member of International Forum of Teachers in BIOETHICS Chair In Haifa by UNESCO. Executive Board Member of Women Doctor’s Wing of IAP, NCDPA IMA PCB. Selected as a faculty in Adolescent Health Research Network of India, for WHO. More than 46 Publications in International and National Journals. Written Various Chapters in the books, Academic Editor, Received Many Awards.

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Risk Factors and Neonatal Outcomes Associated With Premature Birth at the Erasmo Meoz University Hospital (HUEM) – Cúcuta, Colombia

Pablo Alberto Galvis Centurión

Gynecologist-Obstetrician Perinatologist (F.U.C.S), Colombia

Abstract

Introduction: Premature neonates face a higher risk of medical complications, making them particularly vulnerable and a leading cause of perinatal morbidity and mortality worldwide. Understanding the risk factors associated with preterm birth is crucial for early identification and the implementation of interventions to reduce morbidity and mortality rates in this patient group.

Objective: To determine the frequency and patterns of risk factors for preterm birth in patients from the Obstetrics and Gynecology service of a level III hospital in Cúcuta, Colombia (January 2020 to December 2021) and to describe the outcomes of neonates in these pregnancies. Methodology: Descriptive study; the sample included 1023 pregnant women treated between January 2020 and December 2021 at Erasmo Meoz University Hospital, with preterm delivery, and their risk factors and neonatal outcomes were evaluated.

Results: During the analyzed period, 12,902 neonates were born, of which 1023 were premature (7,9%); 43% of these births occurred at a gestational age > 35 weeks, which favors neonatal outcomes. A higher frequency (48.2%) of preterm birth was identified in young patients (18 to 25 years), and the main risk factors associated with prematurity for this study were urinary tract infection (48.9%), premature rupture of membranes (40%), preeclampsia-eclampsia (29%), and obstetric hemorrhage (24.4%). Regarding neonates, 35.4% weighed < 2500 grams at birth, and only 15.6% required management in the Neonatal Intensive Care Unit (NICU).

Conclusions: Preterm birth is a cause of elevated maternal-fetal morbidity and mortality, and the analysis of its risk factors is crucial in management and prognosis. Urinary tract infection stands out as the main risk factor for preterm birth in pregnant women attending H.U.EM, followed by premature rupture of membranes. The average weight was 2690 grams for neonates, and the majority (84.4%) did not require Neonatal Intensive Care Unit (NICU) admission.

Biography

Pablo Alberto Galvis Centurión, MD, Gynecologist-Obstetrician Perinatologist (F.U.C.S). Specialist in Maternal Fetal and Perinatal Medicine. Fellow in Human and Clinical Genetics. Scientific Director of the Maternal-Fetal Medicine Unit NORFETUS S.A.S. Past-President Santander Association of Maternal Fetal Medicine (ASMMAF) Secretary of the Colombian Federation of Perinatology (FECOPEN). Member of the Maternal-Perinatal Committee of the Colombian Federation of Gynecology-Obstetrics (FECOLSOG). UNIPAMPLONA University Professor – UDES. Magistrate Medical Ethics Court of Norte de Santander.

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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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Clinical Case of Treatment of Biliary Atresia by Split Transplantation Method

Halyna Kurylo

Transplant Surgeon, Ukraine

Abstract

Introduction: Transplantation is the only method of treatment of congenital and acquired liver malformations in the pediatric population. Most often, these are biliary atresia, A1 antitrypsin deficiency, Wilson's disease, metabolic diseases, acquired diseases complicated by cirrhosis and liver failure. In most cases, patients with biliary atresia require liver transplantation at an early age. With a late diagnosis and the impossibility of portoenterostomy (Kasai procedure), the only treatment option is transplantation at the age of +-1 year.

The aim of the study :

Single-center case analysis of a child with biliary atresia.

- demonstrate the current state of solving this problem in Ukraine with an absence of the possibility of family transplantation and donor organs shortage;
- study the potential development opportunities of SPLIT transplantation at this stage group;
- analyze ways to optimize the process from diagnosis to transplantation with the aim to maximize preservation of the physical and intellectual development of a child and reduce the impact of the disease on other organs and systems.

The results. In our work, we analyzed the experience of treating a patient with uncorrected biliary atresia with a late diagnosis. Patient P blood type A(11) Rh + boy, 1st pregnancy, born with weight 2500g, height 50 cm at 39 weeks. Pregnancy: physiological birth, 9\9 Apgar score. Liver biopsy confirmed the diagnosis of BA with a significant cirrhosis. On esophagogastroscopy: signs of the onset of portal hypertension. Considering these data and the age (85 days) of the child, portoenterostomy as a method of treatment was not appropriate. A course of treatment was prescribed and liver transplantation was determined as the only method of treatment for the patient. Unfortunately, examination of close relatives to determine the possibility of family donation did not give positive results. The donor was a 14-year-old boy, blood type I (O) Rh(+), with a congenital central nervous system defect. After long-term treatment, the patient had a sudden hemorrhage. After ascertaining brain death, the parents gave their consent for organ transplantation to the recipients who were on the waiting list.

Conclusions

- Liver transplantation is the main method of treatment for children with biliary atresia and other liver diseases due to dangerous complications that occur at an early age.
- Split transplantation is a significant step forward in the development of Ukrainian transplantology, especially in conditions of organs shortage. It gives the opportunity to save the lives of two patients in need of transplantation.
- When making a diagnosis that involves liver transplantation as the only method of treatment, and placing on the waiting list, the patient must be under the observation and multidisciplinary team management for preparing the patient for transplantation.
- Transplantation must be carried out before significant physical and intellectual irreversible changes.

- The correct preparation of the patient, the optimal term and method of transplantation, before lesions of other systems, directly affect the success and result of transplantation.

Biography

Halyna Kurylo is a pediatric surgeon with a Ph.D., specializing in neonatal surgery, hepatology, transplantology, thoracic surgery, and coloproctology. She has extensive experience as the Head of the Surgery Department at Lviv City Clinical Children's Hospital (2008–present) and currently serves as an Associate Professor in the Department of Transplantology.

Dr. Kurylo holds certifications in endoscopy, neonatal surgery, thoracic surgery, and transplantology, with training completed in Poland, the USA, Belgium, and Ukraine. She has actively contributed to the field through presentations at international congresses, including EUPSA and WOFAPS, and has completed fellowships in renowned institutions across Europe.

She is a member of the European Pediatric Surgeons' Association (EUPSA), the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN), and the Ukrainian Association of Pediatric Surgeons.

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Hyper IgE Syndrome in Neonatal Period: A Clinical Challenge

Sharvari P Kulkarni

Department of Pediatrics, Motherhood Hospital, Pune, Maharashtra, India

Abstract

yper-IgE syndrome (HIES) is an inborn error of immunity characterized by a clinical triad of recurrent sinopulmonary infection, cutaneous abscess, and elevated serum IgE levels. Mutations in STAT3 (single transducer and activator of transcription) or DOCK8 (dedicator of cytokinesis 8) have been well reported in children with HIES. Homozygous nonsense mutations in ZNF341 can also lead to an autosomal recessive form of HIES that can present with recurrent infections.

We report a case of a 19-day-old male baby who developed fever and swellings in right knee and bilateral shoulder at day 10 of life. He was born at full term with a birth weight of 2.7 kg to a nonconsanguineously married couple. He had a smooth perinatal transition and was exclusively breastfed by his mother. Examination revealed arthritis of the right knee and right shoulder joint, mild ascites, and hepatosplenomegaly. Blood. Considering a diagnosis of late-onset neonatal sepsis, he was treated with intravenous meropenem (60 mg/kg/day) and vancomycin (60 mg/kg/day). Ultrasonography of the abdomen revealed an abscess in the liver along with portal vein thrombosis. The liver abscess was medically managed, and arthrotomy of the knee and shoulder joints was done to drain the collections from the infected joints. Blood and pus culture revealed methicillin-resistant Staphylococcus aureus. A possibility of an inborn error of immunity was considered because of the stormy course in early infancy. Genetic analysis revealed a pathogenic variant in ZNF341. He received antimicrobials for 6 weeks along with low molecular weight heparin, following which the osteomyelitis and liver abscess resolved. He has been on follow-up for the last 18 months and is receiving prophylactic co-trimoxazole (5 mg/kg/day) and itraconazole (5 mg/kg/day). He has also developed atopic dermatitis but has not had any significant infections since discharge.

ZNF341-related HIES is a rare and relatively recently identified genetic disorder characterized by autosomal recessive mutations in the ZNF341 gene. This gene plays a crucial role in regulating the expression of STAT3, a central regulator of immune homeostasis. Patients with ZNF341-related HIES display a clinical phenotype strikingly akin to STAT3-related HIES, albeit with comparatively milder non-hematopoietic, skeletal, and developmental features associated with the latter

In our case, the patient experienced a severe staphylococcal infection during the newborn period, despite the absence of any known risk factors for sepsis. This case contributes valuable insights to the expanding spectrum of clinical manifestations associated with ZNF341-related HIES, underscoring the importance of genetic testing in infants presenting with severe infections shortly after birth. Furthermore, this case represents one of the earliest documented clinical presentations of ZNF341-related HIES to the best of our knowledge, highlighting the need for further research and awareness regarding this rare condition.

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A Retrospective, Observational Study to Assess the Intermediate-Term Clinical Outcomes of COVID-19 Patients in a Tertiary Hospital in Khyber Pakhtunkhwa, Pakistan

Muhammad Sheharyar Ashraf

Assistant Professor at Lady Reading Hospital in Peshawar, Pakistan

Abstract

Background & Objective: There is limited data from lower middle-income countries to describe the outcomes of COVID-19 and the prevalence of patients requiring critical care. We aim to assess and compare the demographics, clinical course and mortality of COVID-19 patients admitted to the intensive care unit (ICU) and those admitted to the specialized COVID unit (SCU).

Methodology: A single-center, retrospective, observational study in which all patients admitted to Lady Reading Hospital (LRH), Peshawar (Pakistan) with laboratory-confirmed COVID-19 from March 25, 2020 to December 31, 2021 were included. Study data were retrieved through the Pakistan Registry of Intensive Care (PRICE).

Results: Of 699 patients, 448 were critically ill, and 251 did not require ICU admission. Of those admitted to ICU, 61.8% were male, with a median age of 55 y. ICU mortality was significantly higher (P = 0.001) among those on IMV and those aged 60 y; whereas 68.9% of the non-ICU patients were male, with a median age of 57 y. While the median duration of hospitalization was significantly longer (P = 0.001), the chances of recovery were substantially better (P = 0.001) compared with the critically ill population.

Conclusion: The major risk factors contributing to the increased mortality in COVID-19 patients are age and the requirement for IMV.

Biography

Muhammad Sheharyar Ashraf, A distinguished medical professional, specialized in Anesthesia and Critical Care, with an impressive academic and clinical track record. Serving as an Assistant Professor at Lady Reading Hospital in Peshawar, Pakistan, since June 2017, His dedication to improving patient care and advancing medical research has earned him recognition both nationally and internationally.

A graduate of MBBS, with additional qualifications including an MPH, MCPS, FCPS, and CCICM, Dr. Ashraf has built a robust career grounded in clinical excellence and innovative research. His work extends beyond patient care; he is a pivotal member of the Steering Committee for the Pakistan Registry of Intensive Care (PRICE) since 2022 and has been collaborating with PRICE since 2018. Through PRICE, Dr. Ashraf is committed to collecting and analyzing critical data that informs the management of patients in intensive care units across Pakistan.

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CONTACT DETAILS:
SunText Reviews LLC
3707 SW Kite Dr Bentonville,
Arkansas 72712, United States
Tel: +1 (479) 323-1117
E: info@suntextmeetings.com
W: https://suntextmeetings.com/