Under

The Patronage of President of Alexandria University

H.E. Prof Osama Ibrahim

The 6th Joint International Medical Conferences for European and Arabian Universities for Ophthalmology and Gastroenterology

The Annual Meeting of -Alexandria Gastroenterology Associates

DAAD Transformation & Medical Program

ARABMED IN EUROPE

بالتعاون مع اتحاد الأطباء العرب في اوروبا

SCIENTIFIC PROGRAM SCIENTIFIC PROGRAM

«Advances in Contemporary Medicine»

3rd. – 7th June 2013

البرنامج العلمي والملخصات

Helnan Palestine Hotel, Alexandria- Egypt

DAAD Deutscher Akademischer Austausch Dienst
German Academic Exchange Service

DAAD Deutscher Akademischer Austausch Dienst
German Academic Exchange Service

German-Egyptian Society of Gastroenterology and Hepatology

FAU FRIEDRICH-ALEXANDER UNIVERSITÄT ERLANGEN-NÜRNBERG

International Medical Conferences for European and Arabian Universities 2008 – 2013

01st Conference	02.-08.Oct. 2008	Nalchik / Kabardino-Balkaria
02nd Conference	28.-30.Sep. 2009	Nalchik / Kabardino-Balkaria
03rd Conference	20.-23.Sept. 2010	Nalchik / Kabardino-Balkaria
04th Conference	07.-08.Oct. 2011	Istanbul / Turkey
05th Conference	30 Sept -06.Oct. 2012	Amman / Jordan .
06th Conference	03 -07.June 2013	Alexandria / Egypt.
07th Conference	03-06.Oct. 2013	Berlin / Germany .

Conference Partners

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برعاية رئيس جامعة الإسكندرية الأستاذ اسامة إبراهيم

يعقد

المؤتمرالطبي الدولي السادس المشترك للجامعات العربية والأوروبية عن الجديد في الطب المعاصر في الأمراض الهضمية والعينية

في الفترة ما بين 3 - 7 حزيران يوني2013

بالتعاون مع اتحاد الأطباء العرب في اوروبا

SCIENTIFIC PROGRAM & ABSTRACTS

«Advances in Contemporary Medicine»

3rd. –7th June. 2013

Helnan Palestine Hotel, Alexandria- Egypt

Welcome

Dear Colleagues,

Under the patronage of President of Alexandria University H.E. Prof Osama Ibrahim, the 6th Joint International Medical Conferences for European and Arabian Universities for Ophthalmology and Gastroenterology, The Annual Meeting of Alexandria Gastroenterology Associates, DAAD Transformation & Medical Program will be held on 3rd –7th June. 2013 in Alexandria, The scientific programme and medical products exhibition will be held at a prominent venue Helnan Palestine Hotel, Alexandria. Also well be given the opportunity to visit other sites of interest around Alexandria

Our aim is to facilitate knowledge and communication across specialties and among concerned professionals or scholars who have a scientific interest in medical research and allied fields. We aim to provide an opportunity to exchange experience in the field of innovative technologies in medicine, to bring together many doctors from all over the world, and to present the latest advances in contemporary medicine.

The agenda of the scientific program and the workshops, which take place over four full days, were finalized according to applications to present received from speakers on the latest advances in contemporary medicine. During the remaining time, an exciting program of social and cultural events and entertainment has been scheduled.

The joint standing committee of the conference looks forward to welcoming a wide range of delegates from Europe, the Middle East and Gulf States and Turkey, attending the 6th Joint International Medical Conference. The main theme of the conference will be on “Advances in Contemporary Medicine”. In the Ophthalmology, Gastroenterology, Hepatology and Medical Education Thiess will include the latest advances made in, gastroenterology, Ophthalmology and laparoscopic surgery, ARABMED would like to acknowledge and thank all partners, sponsors, supporters and contributors for their generous support, financial contribution and participation in this significant conference. We are particularly honored by:

The Patronage of His Excellency H.E. Prof Osama Ibrahim, President of Alexandria University

We would like to thank all members of the scientific and organizing committee for their endless and dedicated efforts. Last but not least, thanks are due to all the speakers and participants who have submitted their work, and to all our delegates who are behind the success of this scientific gathering.

We sincerely hope that our scientific program meets your expectations, and lives up to the standard of the four preceding successful conferences. We look forward to a stimulating meeting and once again welcome all of you warmly to Alexandria.

Our best wishes for a rewarding scientific conference.

Yours faithfully,

Prof Dr. Faidi Omar Mahmoud(AU)
President of ARABMED in Europe
Chair of DAAD Medical Program Erlangen

Prof Dr. med Martin Grauer
Chair of DAAD Transformation Erlangen

General Information

Organising Bodies & Main Conference Partners

- University Hospital of Erlangen
- The University of Alexandria
- ARABMED in Europe
- Cairo University
- Alexandria Gastroenterology Associates
- German Academic Exchange service DAAD Transformation Program
- The Circassian Medical Professionals Network (CircasMed)
- AGMAN (Arab-German Medical Alumni Network)
- The University of Tunis
- Alexandria Endoscopy Association (Alexea)

Under the Patronage of

Prof Osama Ibrahim President of Alexandria University

Conference Chairs (Germany side)

- Prof Dr. med. Faidi Omar Mahmoud
  President of ARABMED in Europe, DAAD Medical Program in Erlangen, AGMAN, (CircasMed)
- Prof Dr. med Martin Grauer DAAD Transformation & Medical Program, AGMAN

Secretary-General of the Conference

Prof Ahmed Osman
Executive Manager of Education Development Center, (EDC),Alex. University, Egypt

Conference Theme

The New and Advances in Contemporary Medicine in the

- Ophthalmology
- Gastroenterology, Hepatology
- Medical Education

Members of the Organizing Committee

Prof Dr. med. Faidi Omar Mahmoud	ARABMED in Europe & University Hospital of Erlangen
Prof Dr. med Martin Grauer	University Hospital of Erlangen, DAAD, AGMAN
Prof Ahmed Osman MBBCh	University of Alexandria
Prof Dr. Ossama Ebada	Gastro Alex.& Alexandria University
Prof Dr. Najet Belhadj	University of Tunis
Dr. Mohamed Ibrahim	Endoscopy Alexea
Dr. Moustafa Elshafei	University Hospital of Erlangen

Guests of Honour

German Consulate, DAAD Cairo Office

Members of the Scientific Committee (only international side)

Prof Dr. med. Faidi Omar Mahmoud Germany
Prof Dr. med Martin Grauer, Germany
Prof Feisel Al Hafi, Germany
Prof Dr. Najet Belhadj (Tunis)
Prof Dr Arzu Oezcelik Turkey (CircasMed)
Dr. Ossama Babbili, Dubai, UAE
Dr. Samir Quwasmi, Jordan
Dr Hassan Ghazzi, Syria

General Information

Contact Adress

University Hospital of Erlangen

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Phone: +49-9131/853-5000 Fax: +49-9131/853-5141
e-mail: martin.grauer@uk-erlangen.de, http://www.med1.med.uni-erlangen.de

Dr. Moustafa Elshafei

Dept. of Medicine 1, Gastroenterology, Pneumatology, Endocrinology, Centre of Clinical Infectiology (DGI)
E-mail: moustafa.elshafei@uk-erlangen.de

The University of Alexandria

Prof Ahmed Osman MBBCh, MChO, DrChO (Alex), JMHPE

Prof of Ophthalmology, AFM, Alex. University, Egypt, Executive Manager of Education Development Centre,(EDC),Alex. University, Egypt
Secretary General of Egyptian Society of Ocular Implants & Refractive Surgery (ESOIRS)
aosman60@gmail.com, prof_aosman@yahoo.com
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Prof Dr. Ossama Ebada

Head of Gastroenterology Dept., Faculty of Medicine Alexandria University

The University of Tunis

Prof Dr. Najet Belhadj Email :najet.belhadjbrik@rns.tn Mobil : 0021698332849
Ass.Prof Dr. Hella Elloumi Tunis University

ALEXEA

Dr. Mohamed Ibrahim, Head of Endoscopy www, alexea.com
Research Centre (alexea)16, Abd El-Hamid El Abady St. Roushdy Alexandria, Egypt
Tel.:+2034520102, Cellphone: +201066613369

Associated Partners

- The University of Alexandria
- AGMAN (Arab-German Medical Alumni Network)
- Cairo University
- The University of Tunis
- Alexandria Endoscopy Association (Alexea)
- ARABMED in Europe
- The Circassian Medical Professionals Network

DAAD Cairo Office

Mohamed Fathy, Coordinator, Transformation Partnership Program Strand 1 & 3, German Academic Exchange Service DAAD, E-mail: Mohamed.Fathy@daadcairo.org

Participating Countries

Germany, Egypt, Jordan, Tunis, Sudan, Turkey, UAE, Syria, and Libanon

Visa Will be given the visa at the Airport; the cost 15 USD per person.

Accreditation Statement

This Event has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation council for continuing Medical Education through the Joint sponsorship of University of Erlangen in Germany

General Information

A breakdown of the CME credits is as follows:

- Tuesday 4 June 2013 Full day Conference. 8credits
- Wednesday 5 June 2013 Full Day Conference 7 credits
- Thursday 6 June 2013 Full Day Conference 6 credits
- Friday 7 June 2013 Half Day Conference 5 credits

Organization Company ICOM Egypt

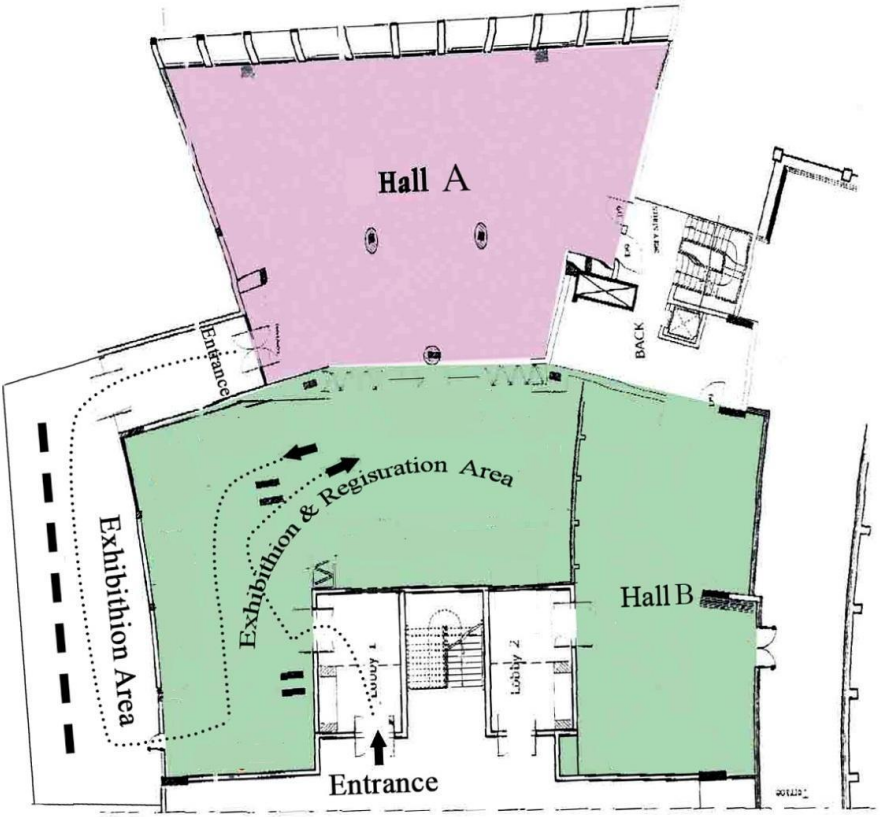
- **Dr. Ahmed El Shal, Chairman&CED**
- **Dalia Eltohamy** Congress Management Department
- **Salma Darwiche,** Marketing, Communications & production Department

General Information

Conference Venue

Helnan Palestine Hotel Alexandria
El- Montazah Palace - Alexandria - Egypt - Tel: (20) 3 547 3500 –Cell 01283516282, Fax: (20) 3 5473378
E-mail: alexandria@helnan.com ,
http://www.helnan.com

Conference Halls



General Information

The 6th Joint International Medical Conference in Alexandria –Egypt
DAAD Transformation & Medical Program June 3rd to 7th, 2013

Timetable Scientific program

Monday 2 &3 June 2013 *Arrival at Alexandria, Accommodation, Helnan Palestine Hotel*

Tuesday 4 June 2013 Helnan Palestine Hotel, Workshops Alexea, University Hospital

Time	**Day 1 Ophthalmology** Dolphne	***Timing***	***EASIE Workshop Hemostasis Alexea Day 1***	***Timing***	**Live transmission GI-Endoscopy Alexandria University Hospital**
10:00	Registration	12:00-15:00	EASIE Workshop	09:00 –12:00	Workshop program
15:30 – 16:00	Scientific program		Hemeostasis	12:00 –12:30	Break
16:00 - 17:00	Young research Award	15:00-15:30	Lunch	12:30 –15:30	Workshop program
17:30	Lunch Break	15:30-18:00	EASIE Workshop		Lunch

Wednesday 5 June 2013 Gastro Alex & Endoscopy Workshop (Alexea)

Time	**Day 2 Gastroenterology** Helnan Palestine Hotel Dolphne	**Timing**	**EASIE Workshop Alexea *Day 2***
09:30 -11:00	1 IBD Session	8:00-10:00	Workshop program
11:00 –11:30	Break	10:00-10:30	Break
11:30 –13:00	2 IBD Session	10:30-12:00	Workshop program
13:00 –13:30	Break	16:00- 18:00 Dolphne B	iGET Transformation program Roundtable Discussion Training Program
13.30-14.15	3. GE Session		
14:15 –16:00	4. GE Session		
17:00	Lunch	17:00	Lunch

20:30 – 22:30 Opening Ceremony & Dinner

Thursday 6 June. 2013 Helnan Palestine Hotel

Time	**Day 3 Gastroenterology** Dolphne	Day 3 **Gastroenterology** Dolphne B
09:00 –10:15	5 Obesity Session	Young research Award ,Medical Education
10:15 – 11:30	6 Endoscopy Update Session	Break
12:00 – 12:45	7 GE Session	
12:45 – 13:30	8 GE Session	
13:30 – 13:45	Break	
13:45-15:15	9 Motility Session	
15.30-17.15	10 Liver Session	
17:15	Lunch break	Lunch

Friday 7 July. 2013 Helnan Palestine Hotel, Alex

Time	**Day 4** Gastroenterology, Dolphne
09:30 –10:30	11 GE Session
10.30-12.00	12. HCC Session
12.00-13.15	Break
13.15-14.30	13 GE Session and Closing

Departure (No Accommodation)

General Information

A breakdown of the CME credits is as follows:

- Tuesday 4 June 2013 Full day Conference. 8credits
- Wednesday 5 June 2013 Full Day Conference 7 credits
- Thursday 6 June 2013 Full day Conference 6 credits
- Friday 7 June 2013 Half Day Conference 5 credits

BAYERISCHE
LANDESÄRZTEKAMMER

Bayerische Landesärztekammer · Mühlbaurstraße 16 · 81677 München

Uniklinik Erlangen
Herzchirurgie und Med I
Herrn OA Dr. Faidi Omar Mahmoud
91054 Erlangen

Schreiben von Petra Wyczynski
Fortbildung/Qualitätsmanagement
Telefon: 089 4147-727
Fax: 089 4147-879
E-Mail: p.wyczynski@blaek.de

Unser Zeichen: Wy
Ihr Zeichen:
Ihr Schreiben vom:

29.05.2013

Teilnahmebescheinigung
Stammnummer (SNR) 452890
(Bei Anfragen oder Schriftwechsel bitte unbedingt angeben!)

Sehr geehrter Herr OA Dr. Faidi Omar Mahmoud ,

die Bayerische Landesärztekammer (BLÄK) erkennt Ihre ärztliche Fortbildungsveranstaltung auf der Basis des uns vorliegenden Programms und Ihrer webbasierten Anmeldung als Fortbildungsveranstaltung zum Erwerb des Freiwilligen Fortbildungszertifikates an.

Anbei erhalten Sie die Teilnahmebescheinigung (TNB) sowie die Teilnehmerliste (Verbleib bitte beim Veranstalter) als Kopiervorlage für die von Ihnen bei der BLÄK gemeldeten Fortbildungsveranstaltung.

Dem Veranstalter steht frei, die beigefügten Dokumente zu verwenden oder eigens eine TNB mit unten aufgeführten Daten zu erstellen. Dabei dürfen wir Sie höflich darauf hinweisen, dass bei der Verwendung einer selbst erstellten TNB das BLÄK-Logo nicht verwendet werden darf. Es ist bitte dafür Sorge zu tragen, dass die Teilnahmebescheinigungen vom ärztlichen Veranstaltungsleiter unterzeichnet werden.

Sie sind als Veranstalter bei uns folgendermaßen registriert:

Veranstalter:	**Klinikum für Herzchirurgie der Universität Erlangen**
Anbieternummer (ANR):	**255**
Stammnummer (SNR):	**452890**
Veranstaltungstitel:	**6th Joint International Medical Conferences for European and Arabian Universities for Ophthalmology and Gastroenterology**
Veranstaltungsort:	**Alexandria**
Veranstaltungsleiter:	**Dr. med. F. Omar Mahmoud , Dr. med. M. Grauer**

VNR	Passwort	Datum/Zeit	Kat.	Punkte
2760909004528900013	3204	04.06.13 09:00 - 17:30	A	8
2760909004528900021	7033	05.06.13 09:30 - 17:00	A	7
2760909004528900039	3279	06.06.13 09:30 - 17:15	A	6
2760909004528900047	8233	07.06.13 09:30 - 14:00	A	4

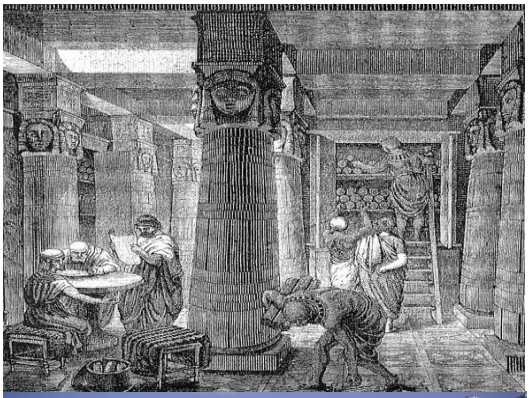
Seite 1 von 2

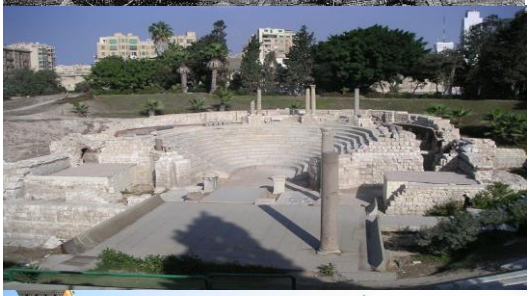
Bayerische Landesärztekammer
Körperschaft des öffentlichen Rechts
Mühlbaurstraße 16
81677 München
Telefon 089 4147-0
www.blaek.de

Am besten erreichen Sie die BLÄK telefonisch montags bis donnerstags von 9.00 bis 15.30 Uhr und freitags von 9.00 bis 12.00 Uhr

Bayerische Landesbank München
BLZ 700 500 00 · Konto 24 801
IBAN DE 19 7005 0000 0000 0248 01
BIC: BYLADEMM

Social program Alexandria 6th June2013





Visit

- Library of Alexandria
- Lighthouse of Alexandria
- The Museum
- Abul-Abbas Moschee

Die erste Besiedlung des heutigen Stadtgebiets fand wahrscheinlich zwischen 2700 und 2200 v. Chr. statt. 331 v. Chr. gründete der Feldherr und Makedonenkönig Alexander der Große Alexandria an der Stelle der ägyptischen Siedlung Rachotis (Raqote), wobei er selbst die Lage des Marktplatzes und der Hauptverkehrsachsen festlegte. Wahrscheinlich besaß die vorherige kleine Stadt aus vorptolemäischer Zeit schon Hafenanlagen im Norden und Westen der Insel Pharos. Traditionell galt als Gründungsdatum der 25. Tybi (erster Peretmonat), der 7. April jul. / 2. April greg. 331 v. Chr.

Alexandria entstand nach Plänen des griechischen Architekten Deinokrates.[9] Im Jahr 331 v. Chr. verließ Alexander die Stadt, zog mit seinem Heer nach Osten und sollte bis zu seinem Tod nicht mehr zurückkehren. Der Beamte Kleomenes von Naukratis übernahm kurzzeitig die Regierung und überwachte den Bau der Stadt. Ptolemaios I. (305-283 v. Chr.) ließ den Leichnam Alexanders überführen und bestattete ihn in einem goldenen Sarg. Das Grab lag wahrscheinlich in dem königlichen Mausoleum der Stadt, das auf dem Gelände der heutigen Nebi-Daniel-Moschee vermutet wird. Erst unter Ptolemaios II., also zwischen 285 und 246 v. Chr., wurde Alexandria im geplanten Umfang fertiggestellt, doch schon zwischen 320 und 311 wurde es die Residenzstadt der ptolemäischen Könige und behielt diese Funktion bis zum Ende des Ptolemäerreichs.

Die griechische Polis Alexandria galt formal nicht als Teil Ägyptens, sondern wurde jahrhundertelang stets als „Alexandria bei Ägypten“ bezeichnet; erst in römischer Zeit änderte sich dies. In der Blütezeit um 300 v. Chr. bis 395 n. Chr. war Alexandria ein wirtschaftliches, geistiges und politisches Zentrum der hellenistischen Welt, auch unter römischer Herrschaft. Berühmte Bauwerke wie der Leuchtturm von Pharos (Bauzeit ca. 299 bis 279 v. Chr.), das Museion mit der großen (alexandrinischen) Bibliothek und zahlreiche Theater, Palastbauten und Tempel machten die Stadt im ganzen antiken Mittelmeerraum bekannt. Ein gleichzeitig mit der Stadt angelegter Kanal führte Süßwasser aus dem westlichsten Mündungsarm des Nils heran und speiste ein umfangreiches System von Zisternen. In guten Zeiten, d. h. wenn der Kanal funktionierte, unterschied sich die Funktion dieser Zisternen von der sonst üblichen; dienen Zisternen normalerweise als Sammelbehälter für Regenwasser, so dienten die Zisternen Alexandrias als Absetzbecken zur Klärung des natürlicherweise trüben Nilwassers.

Social program Alexandria 6th June2013

Visit

- Library of Alexandria
- Lighthouse of Alexandria
- The Museum
- Abul-Abbas Mosche**e**

Alexandria is the second largest city in Egypt, with a population of 4.1 million, extending about 32 km (20 mi) along the coast of the Mediterranean Sea in the north central part of the country. It is also the largest city lying directly on the Mediterranean coast. Alexandria is Egypt's largest seaport, serving approximately 80% of Egypt's imports and exports. It is an important industrial center because of its natural gas and oil pipelines from Suez. Alexandria is also an important tourist resort.

Alexandria was founded around a small pharaonic town c. 331 BC by Alexander the Great. It became an important centre of the Hellenistic civilization and remained the capital of Hellenistic and Roman & Byzantine Egypt for almost one thousand years until the Muslim conquest of Egypt in AD 641, when a new capital was founded at Fustat (later absorbed into Cairo). Hellenistic Alexandria was best known for the Lighthouse of Alexandria (Pharos), one of the Seven Wonders of the Ancient World; its Great Library (the largest in the ancient world; now replaced by a modern one); and the Necropolis, one of the Seven Wonders of the Middle Ages. Ongoing maritime archaeology in the harbor of Alexandria, which began in 1994, is revealing details of Alexandria both before the arrival of Alexander, when a city named Rhacotis existed there, and during the Ptolemaic dynasty.

From the late 19th century, Alexandria became a major center of the international shipping industry and one of the most important trading centers in the world, both because it profited from the easy overland connection between the Mediterranean Sea and the Red Sea, and the lucrative trade in Egyptian cotton.

The Temple Of Taposiris Magna

The temple was built in the Ptolemy era and finished the construction of Alexandria. The temple is located in Abusir, the western suburb of Alexandria in Burj Al Arab city. The temple was dedicated to Osiris. Only the outer wall and the pylons remain from the temple. There is evidence to prove that sacred animals were worshipped there. Archeologists found an animal necropolis near the temple. Remains of a Christian church show that the temple was used as a church in later centuries. Also found in the same area are remains of public baths built by the emperor Justinian, a seawall, quays and a bridge. Near the beach side of the area, we can see the remains of a tower built by Ptolemy II Philadelphus. The tower was an exact scale replica of the destroyed Alexandrine Pharos Lighthouse

الإسكندرية :تأسست مدينة الإسكندرية على يد الاسكندر الأكبر المقدوني عام 332 قبل الميلاد فبعد دخوله لمصر وجد قرية تدعي راقودة علي البحر الأبيض المتوسط مقابلها جزيرة تدعي جزيرة فاروس، فقرر أن يربط بين القرية والجزيرة، ويبني في هذا المكان مدينة تحمل اسمه, وتكون عاصمة للبلاد بدلا من منف. وقد دفعت الاسكندر لهذا القرار أغراض إستراتيجية منها: انه ارادان تكون الإسكندرية مركز للحضارة الهيلينستية في المناطق التي تحيط بها, وان يساعد موقعها الجيش المقدوني في غزواته عبر البحر الأبيض المتوسط ولتكون مركزا للتجارة في هذه المنطقة. ولقد كان للاسكندر ما اراد. وبعد وفاته بدأ العصر البطلمي بتولي بطليموس الأول الحكم, فاخذت الإسكندرية تتطور وتزداد أهميتها. أهتم بها البطالمة كثيرا لا سيما في عصور الرخاء (من عهد بطليموس الأول حتي عهد بطليموس الثالث) ويعود الفضل لهم في تشيد العديد من الأثار التاريخية مثل منارة الإسكندرية التي تعد احدي عجائب العالم القديم، ومكتبة الإسكندرية التي حملت كتبا عديدة بلغات مختلفة منها اليونانية والهندية والفينيقية وكانت أول مكتبة حكومية في العهد القديم -و التي دمرت بعد دخول الرومان -. وبعد انهيار دولة البطالمة عام 30 ق.م علي يد اكتافيوس الذي هزم انطونيوس وكليوباترا عام 31 ق.م في معركة اكتيوم البحرية استمرت الإسكندرية تحت حكم الرومان في اخذ اهمية كبري. كانت الإسكندرية لها ادوارها القديمة لكن هذه الادوار ازدادت مع الوقت خصوصا مع دخول المسيحية على يد القديس مرقس الرسول سنه 45 ميلاديه واستشهد في نفس المدينة سنه 68 ميلاديه, فيكفي تشييد مدرسة الإسكندرية التي كانت مصدر علم كبير في فترة ما بعد اعلان قسطنطين الشهير وكان لها دور رئيسي في التنمية العلمية للمسيحيين. فكانت بها أشهر مدرسة فلسفية ظهرت في العصر الهللينستي وهي مدرسة الأفلاطونية المحدثة، كما كان بها مدرسة الإسكندرية اللاهوتية التي شكلت معالم الفكر واللاهوت المسيحي في العالم. وبعد الفتح الإسلامي ظلت الإسكندرية قلعة علمية فقد أصبحت المركز العلمي الذي

يتلقى فيه علماء المغرب والأندلس علومهم الدينية قبل عودتهم لبلادهم، كما أصبح للإسكندرية مدرسة في الحديث النبوي توارثها أجيال من العلماء، كما اشتهرت بأقطاب الصوفية الذين اتخذوا من المدينة سكنا لهم. هكذا تواصل الدور الحضاري لمدينة الإسكندرية التي انكمشت في العصر العثماني ولم تعاود الازدهار إلا في عصر محمد علي في النصف الأول من القرن التاسع عشر لتكتسب طابعها العالمي كمدينة تستوعب حضارات العالم أجمع.

تاريخ قصر المنتزه الملكي

أعجب الخديوي عباس حلمي الثاني بالمنطقة حين كان يتنزه علي شاطئها برفقة فرقة موسيقية كانت تعزف وقتها وقرر أن تضم المنطقة قصرا وحدائق للاصطياف.

يروي أحمد شفيق باشا رئيس ديوان الخديوي في ذلك الوقت قصة تعمير تلك المنطقة من خلال مذكراته التي أرخ فيها لمصر زمن الخديوي عباس حلمي لأحداث عام 1892م.فيذكر كيف كان الخديوي أثناء وجوده في الإسكندرية يخرج إلى النزهة في كثير من الأيام مع بعض رجال الحاشية. حيث كان يصحبه دائماً " أحمد شفيق باشا " وكان غالباً ما يقصد سراي الرمل على آخر الخط الحديدي بالرمل (بمنطقة سيدي بشر). ومكانها الآن (فندق المحروسة للقوات البحرية). و من محطة ترام السرايا يركب وصحبه الدواب إلى جهات مختلفة للتنزه في ضواحي الثغر. ولاسيما طريق سيدي بشر إلى شاطئ البحر. ويورد أحمد شفيق باشا تفاصيل اكتشاف الخديوي لتلك المنطقة (المنتزه) فيذكر. " أنه في أحد الليالي المقمرة أمر الخديوي بإعداد ثمانين حماراً من حمير المكارية ليركبها ليلاً في الصحراء على شاطئ البحر. وأمر أن ترافقه الفرقة الموسيقية الخديوية وعدد رجالها 45 رجلا فركبنا وركبوا وهم يعزفون بموسيقاهم حتى وصلنا إلى سيدي بشر وبعدنا عنها قليلا.. ولما سمع العربان هذه الموسيقى التي لا عهد لهم بها.. هرعوا إلينا.. فلما علموا بوجود أميرهم (الخديوي) صاحوا بالتهليل على عادة العربان. ورافقونا في رجوعنا مسافة طويلة. ثم عدنا. وقد أعجب الخديوي بالبقعة المجاورة لسيدي بشر ذات الألسنة الجميلة الداخلة في البحر وتسرب الماء بين ثنياتها الصخرية في خرير ساحر فعزم على التوغل فيها لمشاهدتها عن قرب. ويذكر أحمد شفيق باشا أنهم ذهبوا في اليوم التالي إلى مكان أعجب الخديوي بمنظره تكتنفه رابيتان عاليتان وبينهما ضلع صغير وفي طرفه الشمالي جزيرة صغيرة فقرر الخديوي من يومها أن يكون هذا المكان مصيفاً له وأن ينشئ به قصراً أنيقاً له (قصر المنتزه) وكان على إحدى الرابيتين العاليتين مدافع قديمة من عهد والي مصر محمد علي كانت تستخدم لحماية الشواطئ وقتها وهي لا تزال قائمة للآن حيث أ قيم أمامها مبنى (السلاملك).. كما أقام أمامها مزولة (ساعة رملية)

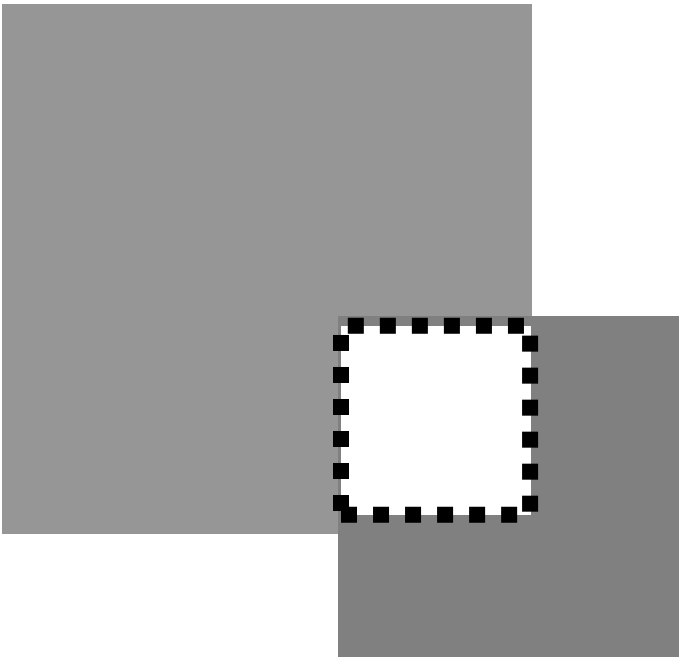
أما الرابية الأخرى فقد كان بها مركز مخفر السواحل اشتراه الخديوي من الحكومة وبنى مكانه قصر الحرملك (المبني الرئيسي بالمنطقة) وأصبح تحفة معمارية نادرة حيث مزج القصر بين العمارة الكلاسيكية والعمارة القوطية وعمارة عصر النهضة الإيطالية والعصر الإسلامي. وكان وراء الرابيتين منزل يملكه ثري إسكندري من أصل يوناني يدعى (سينادينو) اشتراه منه الخديوي.. كما اشترى أرضاً واسعة من الحكومة ومن الأهالي لتكون ملحقات للقصر الجديد لتبلغ مساحتها حوالي 370 فدان زرعت كحدائق ومتنزهاً.كما اتخذ من الخليج ميناءً للسراي. وهو الميناء الذي كانت يرسو أمامه اليخت الملكي الشهير (المحروسة) وأشرف الخديوي بنفسه على تنظيم الحديقة الغنّاء وأطلق عليها وعلى القصر مسمى واحداً هو (قصر المنتزه)"

الحدائق والقصر بعد الثورة استمرت الأسرة العلوية في الاهتمام بتلك الحدائق واعتبارها مصيفاً رئيسياً للأسرة المالكة حتى عصر فاروق الأول آخر ملوك الأسرة العلوية في مصر. إلى أن قامت ثورة يوليو 1952م. والتي قامت بفتح حدائق وشواطئ المنتزه لعامة الشعب.

أما قصر السلاملك فقد تحول إلى فندق راقي بينما فتح قصر الحرملك في أعقاب الثورة أمام الجماهير للزيارة قبل أن ينضم إلى مجموعة قصور رئاسة الجمهورية ليقيم فيه ضيوف مصر من الرؤساء والملوك.

في عام 1964م. أقيم فندق أطلق عليه اسم " فندق فلسطين " حيث يطل على الخليج الساحر.. ليشهد إقامة ثاني قمة عربية احتضنتها مصر في الإسكندرية (من 5- 11 سبتمبر 1964م).. وكانت القمة العربية الأولى قد عقدت بالقاهرة في يوم 13 يناير من نفس العام 1964م.

The 6th Joint International Medical Conferences for European and Arabian Universities for Ophthalmology and Gastroenterology
The Annual Meeting of -Alexandria Gastroenterology Associates
DAAD Transformation & Medical Program



SCIENTIFIC PROGRAM & ABSTRACTS
البرنامج العلمي والملخصات
«Advances in Contemporary Medicine»
3rd –7th June. 2013
Helnan Palestine Hotel, Alexandria- Egypt

1-Ophthalmology

15, 00-17, 30 h Dolphin A

Chair: Prof Ahmed Osman Alex. University, Egypt
Dr. Samir Quawasmi, Jordan

1. differential diagnosis of keratoconus **Concurrent Session**

Dr. Ahmad Abu Baker
Ministry of Health, Amman Jordan

2. Paired arcuate keratotomy, coupled with modified circular keratotomy

Dr. Samir Quawasmi
Cornea Specialized Clinic, Amman Jordan

2-Ophthalmology

3. Femtolaser Emulsification

Osama El Nahrawi Alexandria

4. Providing maximum vision for keratoconic patients: 5 years experience

Mohamed Shafik Alexandria

5. Pediatric cataract surgery update

Nihal El Shakankiri Alexandria

6. Pearls in managing challenging cases of pediatric cataract

Amal El Seheimi Alexandria

7. Acanthameba Keratitis

Rasha Abdou Alexandria rashaabdou@hotmail.com

8. Cataract and uveitis

Eiman Abd El-Latif
Faculty of medicine, Alexandria University, Egypt
dreiman2009@yahoo.com

Live Transmission –Endoscopy

Alexandria University Hospital

08:00 - 09:00 Registration
09:00 - 09:30 Welcome Speech
Prof Dr. Ossama Ebada Alex. University, Egypt
Prof Dr. Martin Grauer, Erlangen University

9. First Live Transmission Session **09.00 -12.00**

Prof Dr. Helmut Neumann
Dr. Andreas Nägel, Prof Dr. Martin Grauer, Erlangen University
Interventionelle Endoskopie, Medizinische Klinik1, Erlangen, Germany

Coffee Break 1200-1230

10. Second live transmission Session **12.30-15.30**

Prof Dr. Helmut Neumann
Interventional Endoscopy, Medizinische Klinik1, Erlangen, Germany

Lunch
15.30 -16.30

Workshop on Basic Upper GIT-Endoscopy

Research Center (Alexea)16,Abd El-Hamid El Abady St. Roushdy Alexandria,

Course Director:
Dr. Martin Grauer, Erlangen University
German Tutors:
Dr. Andreas Nägel, Erlangen University
Dr. Mostafa El Shafei Erlangen University
Mrs Hiwot Diebel RN, Erlangen University

Egyptian Tutors:
Prof Dr. Ossama Ebada, Alexandria University
Prof Dr. Mohamed Ibrahim, (alexea)
Ass.Prof Dr. Hella Elloumi Tunis University
Prof Dr. Najet Belhadj Tunis University

11. Hands-on Training **16:30 – 17:30**

Basic course upper Endoscopy training at the EASIE Model

12. Management of upper GI-Bleeding training at the EASIE Model 17:30 – 18:30

Ligation of esophageal varices
Clipping
Ovesco Clip (technique & management)

Workshop on Basic Upper GIT-Endoscopy

DAAD Transformation Program : University Partnerships

08.00 -16.00

German-Egyptian Society of Gastroenterology and Hepatology

Arabian German Medical Alumni Network (AGMAN)

Erlangen University, Germany And

Gastroenterology Unit, Alexandria University

Research Center (Alexea)16, Abd El-Hamid El Abady St. Roushdy Alexandria, Egypt Tel.:+2034520102,
Cellphone: +201066613369

Course Director:
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Dr. Andreas Nägel, Erlangen University
Dr. Mostafa El Shafei Erlangen University
Mrs Hiwot Diebel RN, Erlangen University

Egyptian Tutors:
Prof Dr. Ossama Ebada, Alexandria University
Prof Dr. Mohamed Ibrahim, (alexea)
Prof Dr. Najet Belhadj Tunis University

13. Basic course upper Endoscopy at the EASIE Model08:30 – 12:00

Technique and tactic
Video: Endomicroscopy
Rectovision, Ligation techniques

Break 12.00 – 12.30

14. Final Session 12.30- 16.00h

Candidate Feedback

Distribution of Certificates

1- Inflammatory Bowel Disease (IBD)

09. 30-11. 00 h Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt

1.	**Epidemiology of IBD**	**09.30:09.40**
	Wafaa Mekky Egypt	
2.	**Genetics & IBD**	**09.40:09.50**
	Soaad Alkady Egypt	
3.	**Pathophysiology of IBD**	**09.50:10.05**
	Amany Albanna Egypt	
4.	**Diagnosis of IBD :Update**	**10.10:10.30**
	Hoda Alrefaey Egypt	
5.	**Endoscopy in IBD**	**10.30-10.50**
	Tamer Affiffi Egypt	
6.	**How To monitor Activity in IBD?**	**10.50:1100**
	Osama Ebada Egypt	

Refreshment Break 11:00 – 11:30

2- Inflammatory Bowel Disease (IBD)

11, 30-01, 00 h Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt

7.	**Radiology in IBD: Diagnosis? Monitoring? Treatment Algorithm**	**11.30-1200**
	Mohammad Eid Egypt	
8.	**Pregnancy & IBD**	**12.00:12.15**
	Hanan Hosny Egypt	
9.	**Treatment of Crohn's Disease**	**12.15- 12.30**
	Fahmy Helmy Egypt	
10.	**Treatment of Ulcerative Colitis**	**1230- 12.45**
	Ayman Shamsia Egypt	
11.	**Surgery in IBD: When? What?**	**12.45 – 13.00**
	Ahmed Hussein Egypt	

Refreshment Break 13:00 – 13:30

3- Janssen Symposium

13. 30-14. 15 h Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt

12. When to use biologics in IBD **13.30 -14.00**

Osama Ebada Egypt

13. Clinical Case Scenarios **14.00-14.15**

Ezat Ali Egypt

4- Gastroenterology Session

14. 15-16. 30 h Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt
Hussein Okasha Egypt

14. Endoscopic-Ultrasound (EUS) in GI Tumors **14.15-14.35**

Hussein Okasha Egypt

15. Embolotherpay in GI bleeding **14.35-14.55**

Omar ALaasar Egypt

16. Emergency Presentations of GIST **14.55-14.10**

Magdy Akl Egypt

17. Antithrombotics / Anti-platelets and Endoscopic Therapy **15.10-15.25**

Ahmad Lakkany Egypt

18. Lower GI Bleeding in Delta : Unexpected results **15.25-15.40**

Mamdouh Gabr Egypt

19. Master in Endoscopy in ***15.40-15.55***

Tunis Nejat Tunis

20. Apoptosis, necrosis and necroptosis: cell death regulation in the intestinal epithelium ***15.55—16.10***

Dr. Claudia Günther
Medizinische Klinik 1Kussmaul Campus für Medizinische Forschung Erlangen, Germany

21. Laparoendoscopy In Upper GIT **16.10-16.30**

Abdel Hamid Ghazal Egypt

Training Program in the Gastroenterology and Endoscopy in various Hospitals

Grand Room Plenary Session Roundtable Discussion
16:00-18:00 Dolphne C

Chair: Prof Dr. med Martin Grauer (Germany)
Prof Dr. Najet Belhadj (Tunis)
Dr Hassan Ghazzi (Syria)

22. Presentation DAAD Transformation Program in the Gastroenterology and Endoscopy

Prof Dr. med Martin Grauer, MD
Dept. of Medicine 1, Friedrich-Alexander University Erlangen-Nuremberg

23. Presentation Master Program of Endoscopy

Prof Dr. Najet Belhadj
University of Tunis

24. Training Program in Alexandria University

Prof Dr. Ossama Ebada Head of Gastroenterology Dept., Faculty of Medicine

25. Training Program in Menoufia University

Prof Dr. Muhsen Salama National Liver Institute

26. Training Program in Ain Shams University

Prof Yehia El-Shazly Faculty of Medicine, Ain Shams University, Cairo, Egypt

27. Training Program in Tanta University Hospitals

Prof Asem Ahmed Elfert Faculty of Medicine

28. Training Program in South Valley University (SVU)

Dr. Mohamed Alsenbesy Qena Uni. Hospital

29. Training Program in University of Assiut

Prof Ehab Fawzy Abdou Moustafa Faculty of Medicine

30. Training Program in in Syria

Dr Hassan Ghazzi, Syria
General Secretary for Middle East in the World Organization of Gastroenterology (OMGE-AMAGE)

Discussion

5. Obesity Symposium

09. 00-10. 15 h Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt
Elie Makhloul Lebanon

31. Endoscopy in obese patient **09.00-0915**

Elie Makhloul Lebanon

32. Laparoscopic cholecystectomy in pregnancy **0915-0930**

Prof Dr.Med. Feisal Alhafi
St.Barbara Hospital, Gladbeck - Germany

33. Laparascopic Sleeve Gastrectomy in GISU/Alex **0930-0945**

Ahmad Sabry Egypt

34. GERD & Sleeve Gastrectomy **0945-10.00**

Nabil Gadelhak Egypt

35. Post Barriatric Complications **10.00-10.15**

Samir Asaad Egypt

6. Endoscopy Update Session

10.15-11.30 Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt
Martin Grauer Germany

36. New Imaging methods in Gastroenterology 10.15-1030

Martin Grauer Germany

37. Endosmicrosopy: Introduction & Update 10.30-1045

Helmut Neumann Germany

38. Capsule Endoscopy 1045-11-00

Abdu Abdul Mounem Khartoum Sudan

39. Double Balloon Enteroscopy 11.00-11-15

Andreas Nagel Germany

40. EMR & ESD 11.15-1130

Elie Makhoul Lebanon

11.30-1145 Discussion

Opening Ceremony Plenary Session

DAAD summer school

Joint International Medical Conferences on

«Advances in Contemporary Medicine»

Hotel, Alexandria 11:00-12:00 Grand Room

Welcome Speeches

Moderato: Prof Dr. Ossama Ebada Alex. University, Egypt

- **Prof Dr. med. Faidi Omar Mahmoud**

  President of ARABMED in Europe, DAAD Medical Program in Erlangen, AGMAN

- **Prof Dr. med Martin Grauer**

  Representive DAAD Transformation & Medical Program, AGMAN

- **Prof Dr. Hussein Abdel hamid**

  Presidendt of Africa and Middle East in the World Organization of Gastroenterology (OMGE-AMAGE)

7. Glaxo Symposium

12.00-12.45 Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt
Ali Alkady Egypt

41. Treatment of Hepatitis B Update **12.00-12.30**

Ali Alkady Egypt

Discussion

8. Abbott Symposium

12.45-13.30 Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt
Ezat Ali Egypt, Egypt

42. Deep Remission in IBD: Why? How? **12.45-13.15**

Osama Ebada Egypt

43. IBD Clinical Case Scenario **13.15-13.30**

Ezat Ali Egypt

13.30-13.45 Coffee break 15 min

Young Research Award Gastroenterology

12.00-13.30 Dolphne B

Chair: Prof Dr. Faidi Omar Mahmod Prof Martin Grauer Prof Feisel Alhafi
Prof Dr. Arzu Oezcelik Dr. Nabil ElNahas, Dr. Ossama Albabillie

44. Results of endoscopic treatment of Achalasia in the medium and long term

Yosra Zaaimi Tunisia

45. Contribution Of Upper Gastrointestinal Endoscopy In Elderly Subjects With Iron Deficiency Anemia : About 101 Cases

M. Sabbah Tunisia

46. Esophageal motor disorders during systemic sclerosis

Daboussi O Tunisia

47. The IL28B rs12979860 polymorphism

Amr Mohammad

48. Evaluation of the presence of C – Allele CDKAL1 (rs6908425) and the presence of perianal fistula in Egyptian Crohn's disease

M.M. Khalaf Alexandria

49. Can we predict the lack of response to the cyclosporine, therapy during acute severe colitis refractory to corticosteroids?

A. Hammami Tunisia

50. Predictive factors of response to corticosteroid therapy in patients treated for autoimmune hepatitis: a retrospective study about 38 cases.

A. Hammami Tunisia

51. The ratios of pro to anticoagulant factors: index of hemostatic imbalance in cirrhotic patients

Labidi Asma Tunisia

52. Results of the endoscopic treatment of the big biliary lithiasis: About 146 cases

Yosra Zaaimi Tunisia

53. Genetics & IBD

Frau Soad Mohsen ELSayed ELKady Egypt

9. Motility Session

13.45 – 15.15 Dolphne A

Chair: Prof Dr. Hussein Abdel hamid Egypt

54.	**Refractory Heartburn**	**14.45-14.05**
	Hussein Abdel hamid Egypt	
55.	**Barrett's Esophagus :what is new**	**14.05-14.25**
	Esmat Shiba Egypt	
56.	**Eosinophilic Esophagitis**	**14.25-14.45**
	Fatma Morad Egypt	
57.	**"Nonerosive Reflux Disease " NERD: New Insights**	**14.45-15.05**
	Tamer Afifi Egypt	
58.	**High reolution Manometry**	**15.05- 15.25**
	Osama Elbialy Egypt	

Discussion

10. Liver Session

15.30- 17.15 Dolphne A

Chair: Prof Dr. Mohammad Alshazli Egypt, Egypt

59. In HBV: Whom to screen

Mohammad Alshazli Egypt

60. Ascites: what is new?

Abdelfattah Hanno Egypt

61. Direct-Acting Antiviral DAAs: Is it the new hope in HCV treatment? Interferon Free Regimen in HCV: Are we ready for the prime time yet?

Osama Ebada Egypt

62. Is the number of lymph nodes removed and the type of resection associated with postoperative complications after esophagectomy for esophageal cancer?

Prof Dr. Arzu Oezcelik
Istanbul, Turkey
E Mail arzu.oezcelik@yahoo.com

63. Liver Transplantation: to whom

Magdy Serafi Egypt

64. Liver Transplantation: It Is about time to be in Alexandria

Khaled Abouelela Egypt

11. Gastroenterology Session

09.30-10.30 Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt

65.	**Extraintestinal Manifestations of IBD**	**09.30-09.45**
	Bahaa Abbass Egypt	
66.	**Role of Pathologist in GI Disorders**	**09.45-10.00**
	Mona Abdelkader Egypt	
67.	**TIPPS: Update**	**09.45-10.00**
	Hassan Abdelsalam Egypt	
68.	**Reversed TIPSS in Budd Chiarri**	**10.00-10.15**
	Omar Elaasar Egypt	
69.	**Rare Presentation of Pancreatic Tumor**	**10.15-10.30**
	Mohamamd Kassem Egypt	

12. Hepatocellular carcinoma (HCC) Session

10.30- 12.00 Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt

70.	**Modern management of liver tumors**	**10.30-1050**
	Till Wissniwaki Germany	
71.	**Role of miRNA in diagnosis & Management of HCC in Egypt**	**10.50-11.10**
	Ahmad Ihab Abdel aziz Egypt	
72.	**Inter-vascular HCC: Management**	**11.10-1125**
	Omar Alaasar Egypt	
73.	**Radiotherapy as a tool of Management in HCC**	**11.25-1140**
	Yosry Rostom Egypt	
74.	**Surgery for HCC in Egypt**	**11.40 -11.55**
	Maher Osman Egypt	

Break (Gomaa Prayer) 12:00 – 13:15

13. Gastroenterology Closing Session

13.15-14.15 Dolphne A

Chair: Prof Dr. Ossama Ebada Alex. University, Egypt

Ophthalmology

15. differential diagnosis of keratoconus

Dr. Ahmad Abu Baker
Ministry of Health, Amman Jordan

CV Dr. Ahmad Abu Baker
P.O. Box 852003, Amman 11185, Jordan
Mobile; +962 79 6844411, E-mail: amd_dr@hotmail.com

Education & Certification
1978 General Secondary Education Certification
1980 – 1986: MBBS (Medical Bachelor & Bachelor of Surgery) from Crimean Medical Institute, Former Soviet Union
1986 – 1987; Internship in Princess Basma Teaching Hospital
1991 1992: Training in Surgical Department in Jordan University Hospital
1995 – 1999: Ophthalmology Resident in Ministry of Health (Bashir Hospital& Princess Basma Teaching Hospital)
Ophthalmic Certification
April 2000: International Council of Ophthalmology (ICO) exam, Part 1 (Basic Science) & part 2 (optics and refraction)
May 2001: International Council of Ophthalmology (ICO) exam, Part 3 (Clinical Sciences)
March 2002: Jordan Medical Council (Jordanian Board in Ophthalmology Exam)
Career Review
2002 – Present: Employee in Ministry of Health as Specialist then Consultant in Ophthalmology
2002 – 2004: Part time lecturer in Jordan University of Science & Technology
2004 – 2009: Part time lecturer in Intermediate University College
1999 – 2002; fellow in Ophthalmology in MOH

16. Paired arcuate keratotomy, coupled with modified circular keratotomy

Dr. Samir Quawasmi
Cornea Specialized Clinic, Amman Jordan

AIM: To reduce astigmatism, increase corneal volume and improve visual acuity.
METHODS: A retrospective, single-surgeon, single center, clinic-based study of a surgical procedure on twenty-four eyes of fourteen patients diagnosed with stage Ⅲ or stage Ⅳ keratoconus. Paired arcuate keratotomy coupled with modified circular keratotomy was performed at a single center by a single surgeon as an outpatient procedure with local anesthetic in a minor surgery room. Modified circular keratotomy was performed 7 mm from the pupillary center with depth of incision ranging between 70% and 90% of corneal thickness. Arcuate keratotomy was performed 2.5 mm from the pupillary center with the depth of incision at 90% of corneal thickness. Angular length of the arcs ranged between 60° and 120° depending on the astigmatic power of the cornea.

RESULTS: Astigmatism decreased in 87.5% of the 24 treated eyes, increased in 8.33% and did not change in 4.17%. Corneal volume increased in 91.66% of the 24 eyes and decreased in 8.34%. Visual acuity improved in 100% of the eyes; there was a mean improvement of 59% from preoperative visual acuity, 8.34% of the treated eyes reaching a visual acuity of 1.0 (20/20) with correction. No complications occurred during or after surgery. No suturing was performed and there was no rupturing at incision sites. There was statistical significance difference between pre.sph against post. Sph (P = 0.001). Also between pre.cyl against post.cyl (P= 0.005), there was no significance difference between pre.axis against post.axis (P = 0.05).

CONCLUSION: Paired arcuate keratotomy coupled with modified circular keratotomy should be considered as an intervention before performing keratoplasty.

Key words: Arcuate keratotomy; Circular keratotomy; Keratoconus; Astigmatism; Keratotomy; Bader procedure; Ecstasies

Quawasmi SA. Paired arcuate and modified circular keratotomy in keratoconus. World J Ophthalmology 2013; 3(1): -15

Available from: URL: http://www.wjgnet.com/2218-6239/full/

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E mail: drquawasmi@gmail.com

(CV) Dr Samir Quawasmi

Personal Details

Name: Dr. Samir Asaad Quawasmi
Date and place of birth: Ramaleh (1948).
Nationality: Jordanian.
Present status: Senior Ophthalmic Consultant.
Address: P.O.Box: 926609 Amman – Jordan.

Professional Qualifications

MBBCH: Al-Azhar University, Cairo (1972)
DORCSI: Royal College of Surgeons, Dublin (1981)
DORCPI: Royal College of Physicians, Dublin (1981)
Honory Fellow of R.C. of Surgeons - Dublin

Professional experience:

- Treatment of Keratoconus without Graft or Intacs (Bader Procedure First in the World 2005).
- New technique to correct Cornea, irregular Astigmatism.
- Implantation of artificial pupil.
- Implantation of Artificial Eyes.
- General Opthalmology and its Surgery.
- Iris Claw Implant Artisan Lens above the iris.
- Eye Tumors Diagnosis and Treatment.
- Eye genetic Disorders.
- Intraocular Lens, Implant.
- Treatment by R.K,Exc. Laser, Lasik, Intacs.
- Implantation of Contact Lenses for Pathological Myopia (1997).
- Implantation of Intracorneal Rings (INTACS), (1996).
- Keratoprosthesis (First Opreation in Jordan of its kind 1992).
- Implantation of Iris Claw lens (1992).

- Treatment of Myopia – Hypermetropia and Astigmatism (First operation in Jordan and Arab World of its kind 1983).
- Implantation on intraocular lenses in Jordan (First operation in Jordan of its kind 1982).

Memberships

- The Asiopacific Association for Genetics.
- The International Congress of Ocular Oncology.
- The American Society of Cataract and Refractive Surgery
- The European Society of Cataract and Refractive Surgeons
- The Arabmed union and board member
- The Arabmed union in Jordan

Gastroenterology

17. New imaging techniques in endoscopy

Prof Dr. Helmut Neumann
Interventionelle Endoskopie, Medizinische Klinik1, Erlangen, Germany

18. Endomicroscopy: introduction and future

Prof Dr. Martin Grauer
Medizinische Klinik1, Erlangen, Germany

19. The iGET education program in interventional endoscopy and ultrasound

Prof Dr. Martin Grauer
Medizinische Klinik1, Erlangen, Germany

20. Apoptosis, necrosis and necroptosis: cell death regulation in the intestinal epithelium

Dr. Claudia Günther
Medizinische Klinik 1Kussmaul Campus für Medizinische Forschung
Erlangen, Germany

21. Introduction of a master degree of endoscopy in Tunesia

Prof Nejat Belhadj
University Hospital Tunis

22. Management of HCC: RFA, PSI, FACE and SIRR

Dr. Till Wissniowski UNIVERSITÄTSKLINIKUM MARBURG Gastroenterologie und Endokrinologie ,Mail: wissniowski@me.com, Telefon: 064215862758

23. HCV infection prevalence in Jordan

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Background: Hepatitis C virus (HCV) infection is a communicable disease with potentially serious long-term clinical squeal. In the Western world, chronic HCV infection is the most common cause of hepatocellular carcinoma and a leading indicator for liver transplantation.
The World Health Organization estimates that HCV-infected individuals living in the Eastern Mediterranean Region comprise 15% of global HCV prevalence.
Aim: Jordan lacks effective surveillance and reporting of HCV infections and reliable prevalence estimates at the national level. The need for a community-based study to determine the prevalence of hepatitis C in Jordan was recommended by the Jordanian National Strategy for Hepatitis B & C - 2010. Methods: A random sample of 700 patients attending health centers was used to determine the HCV prevalence. The sample populations were selected proportional to population size from three regions which represent Jordan: North, Central and South; Irbid, Amman and Karak respectively. ELISA testing was used to determine HCV-Ab positive cases, which were confirmed by PCR testing. Results & Conclusion: The study concluded that the prevalence of HCV infection in Jordan is relatively low and estimates a prevalence of 0.42% among all age groups and 0.56% among those aged >15 years.

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- Member and Examiner of the Jordanian Board of Gastroenterology.
- Secretary General of the Jordanian Society of Gastroenterology.
- Director of Gastroenterology & Hepatology specialty at MOH.
- Head of Internal Medicine Department at Al Bashir Hospital.
- Lecturer at Jordan University Hospital – Faculty of Medicine- Internal Medicine.
- Lecturer at Mouta University Hospital – Faculty of Medicine – 2007-2009.
- Member and author of the Jordanian National Consensus for hepatitis B and C.
- Member of the Jordanian National committee for HIV/AIDS.
- Member of the Jordanian Food and Drug Agency (FDA) comity -2010-2014.
- Member of European Society for study of liver(EASL), European society for gastrointestinal endoscopy(ESGE), European association for gastroenterology and endoscopy(EAGE) and Japanese gastric cancer association(JGCA).
- Author of more than 14 published studies in the field of hepatitis, therapeutic endoscopy, inflammatory bowel disease and colorectal cancer.
- Member of the editorial board of the Clujul Medical Journal and the Royal Medical Services Journal.

24. Is the number of lymph nodes removed and the type of resection associated with postoperative complications after esophagectomy for esophageal cancer?

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BACKGROUND: Several studies have shown that the type of resection and the number of removed lymph nodes are independent prognostic factor for an improved survival after esophagectomy for esophageal cancer. The aim of this study was to evaluate whether the type of resection and the number of removed lymph nodes have an influence on postoperative complications. METHODS: The records of all patients who underwent an esophagectomy for cancer between 2002 and 2007 were reviewed. The stage, intraoperative data, pathology reports, postoperative complications and the outcome were reported. Postoperative complications were graded using the Clavien Classification. Major complications were defined as complications ≥ grade IIIb.

RESULTS: The study population consisted of 365 patients with a median age of 63 years. En loc esophagectomy was performed in 229 patients (55%) and transhiatal in 136 (33%). The mean number of removed lymph nodes was 54 after en bloc and 22 after transhiatal esophagectomy. Major complications after an enbloc esophagectomy were seen in 42 patients (18%) and after a tranhiatal esophagectomy in 23 (17%). The median ICU and hospital stay was 4 and 17 days respectively. On multivariate analysis, survival was improved after enbloc esophagectomy and with increasing number of removed lymph nodes. However type of resection and number of lymph nodes removed were not associated with major postoperative complications.

CONCLUSION: The study shows that the type of resection and the number of lymph nodes removed are not associated with major postoperative complications. Further it confirms previous studies that the survival is improved after enbloc esophagectomy with increased number of lymph nodes removed.

(CV)Dr. Arzu Oezcelik MD

Dr. Arzu Oezcelik graduated as a medical doctor from Medical School, University of Essen/ Germany in 2003. She was a Surgical Assistant Resident at Department of General, Visceral and Transplantation Surgery at University Hospital of Essen from 2004 to 2007 and she had a Research Fellowship at the Department of Surgery, University of Southern California, Los Angeles/ CA/ USA from 2007 to 2009. She was the Chief Resident in Surgery, University Hospital of Essen from 2009 to 2010. She got board certification from German Board of General Surgery in 2011.

25. Laparoscopic cholecystectomy in pregnancy

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Laparoscopic cholecystectomy is considered the most common laparoscopic procedure performed in pregnant women. Less frequent laparoscopic operations include the management of adnexal abnormalities, appendectomy, and ectopic pregnancy.

The complications of gallstones in pregnant women may be associated with increased incidence of morbidity and mortality in both mothers and fetuses.
It was demonstrated that laparoscopic cholecystectomy in the pregnant women reduces the complication rates, and it is considered the preferred method of management worldwide, as it is associated with the best results

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26. Results of endoscopic treatment of Achalasia in the medium and long term

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Introduction: Achalasia is the most frequent motor disorder of the esophagus. The endoscopic treatment constitutes the first-intention treatment outstanding both the medical treatment that is often insufficient and the surgical treatment that is sometimes rather heavy.
The aim of our research work is to report the results both in the short and in the long term of the pneumatic dilatation of achalasia.
Material and methods: Retrospective research study carried out between January 2000 and July 2011 including all the patients followed up for a primitive achalasia and having benefited from a session of pneumatic dilatation at the Hospital Charles Nicolle.
Results: The diagnostic of primitive achalasia was reported with 121 patients ,65 (54%) of whom had already benefited from a session of endoscopic dilatation in our department. These patients were divided into 66% of male sex and 34% of female sex with an average age of 42, 7 years. 34 patients (52%) were in clinical remission with disappearance of the clinical signs after a first session of dilatation. After a second session, this rate rose up to 80%. 86% of the patients actually recovered after 3 sessions of pneumatic dilatation and 13,8% underwent some surgical act. An esophageal perforation occurred in 2 cases (3, 5%) and a gastro-esophageal reflux at distance in only 1 case (1,8%).
Conclusion:
The pneumatic dilatation is a simple, inexpensive and affordable treatment of achalasia. It was quite efficient in more than 80% of the cases in our study.

27. CONTRIBUTION OF UPPER GASTROINTESTINAL ENDOSCOPY IN ELDERLY SUBJECTS WITH IRON DEFICIENCY ANEMIA : Abdout 101 cases

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Introduction: Occult gastrointestinal bleeding reprensents the main etiology of iron deficiency anemia especially in the elderly subjects. In fact, over 50 years age is in itself an indication for endoscopic exploration even in asymptomatic subjects.

Aim : The aim of our study was to determine the frequency and characteristics of upper gastrointestinal lesions discovered during the assessment of asymptomatic iron deficiency anemia in the elderly subjects

Patients and Methods: We conducted a single-center retrospective study between January 2009 and June 2012 in the depatment of gastroenterology of Mongi Slim Hospital including all patients aged of 50 years or older referred for exploration of iron deficiency anemia and in which an upper endoscopy was performed.

Results: One hundred and one patients were included. There were 46 men and 55 women (sex ratio = 0.83) with a mean age of 66 years [range: 50 – 88years]. The mean hemoglobin level was 8.2 g / dL [range: 4 - 10.5 g / dl] with mean corpuscular volume (MCV) of 66.7 µ3 [range: 55-78 µ3] and confirmed the iron deficiency causing anemia. A possible cause of anemia was objectified in upper endoscopy in 43 patients (42% of cases). Active or recent bleeding was noted in 46% of patients. The lesions were dominated by esophageal lesions and especiallyesophagitis in 7 cases. Eleven patients had gastric lesions (peptic ulcer in 6 cases and polyps in 5 cases). In addition, signs of portal hypertension were noted in 2 cases and lesions of angiodysplasia in 1 patient. Gastroduodenal neoplasia was objectified in two patients or 2% of cases (gastric in one case and duodenal in the other). The gastroduodenal biopsy performed systematically found Helicobacter pylori infection in 75% of patients and fundic atrophy in 5% of patients.

Conclusion: In our study, upper gastrointestinal routine endoscopy has determined the cause of iron deficiency anemia in nearly two-thirds of patients aged over 50 years. Neoplasia was found in 2% of cases, justifying the systematic realization of this non invasive examination in these patients.

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28. Results of the endoscopic treatment of the big biliary lithiasis: About 146 cases

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Introduction: The endoscopic retrograde cholangio-pancreatography (ERCP) remains the prime choice treatment of lithiasis of the main gallbladder duct especially whether residual or complicated. The realization of this technique is sometimes difficult particularly in case of the big biliary stones.

Objective: The aim of our research study is to assess the results of the endoscopic treatment when the size of the lithiasis exceeds 10 mm.

Material and methods: We carried out a retrospective research study between January 2005 and December 2010 at the Hospital Habib Thameur of Tunis, including the patients having had an endoscopic treatment for biliary lithiasis.

Results: In our series of 752 ERCP, 146 patients suffered from big calculi (19% of the calculi), they were divided into 97 women and 49 men.

52 of these patients (36%) presented a complication, 48 of which were acute cholangitis and 5 acute pancreatitis. The size of the calculus>1à mm was a predictive factor for the occurrence of acute cholangitis (p=0,032) and of acute pancreatitis (p=0,041), accounting for the infra-centrimetric calculi.

The lithiasis was residual with 107 patients (73%).

An endoscopic treatment was tried out with all the patients, with tentative of extraction of the calculi. The vacuity of the VBP was obtained with 101 patients suffering from a big lithiasis (69%) and with 488 patients with calculus of size <1omm (81%) The big calculus was a predictive factor as to the failure of the ERCP (p=0,002)

Conclusion: In our series, the prevalence of big calculi of the VBP is 19%. This factor constitutes a brake to the extraction of the obstacle and the access of the vacuity of the VBP with a failure rate of 31%, leading us to practice either a mechanical lithotritie or a surgical treatment.

29. Esophageal motor disorders during systemic sclerosis

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Introduction: Scleroderma is a general disease through which the affection of the esophagus motor ability is the most frequent among the visceral affections. The esophageal pressure section is the best means in order to detect this affection.

The objectives of our research study are:

1) To determine the frequency and the type of the esophageal affection with the consecutive scleroderma patients having benefited from an esophageal manometry.

2) To look for factors associated with a bigger risk of scleroderma esophagus with these patients.

Methods: Our research work concerned 164 consecutive patients affected with systemic scleroderma (SS) confirmed during a period of 8 years. These patients had all benefited from an esophageal manometry.

Results: Dysphagia was present in 118 cases (72%). Esophageal motor abnormalities were observed with 108 patients (65, 9 %) of whom 79 (48, 1 %) a

typical motor abnormalities for scleroderma. The esophageal motility disorders were represented by: a diminution of the resting lower esophageal sphincter pressure with 49 patients (29, 8 %), a diminution of the amplitude of contractions with 105 patients (64 %) and an a- peristalsis with 58 patients (35 %).
The factors associated to the existence of a scleroderma esophagus is the existence of a dysphagia and an old age.
Conclusion: The esophageal motility disorders are frequent through the systemic scleroderma. They might be both specific and non specific. The systematic realization of the esophageal manometry, as soon as the diagnosis of scleroderma is suspected, is recommended.

30. The IL28B rs12979860 polymorphism

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Background/Aims: Polymorphism at the IL28B gene may modify the course of hepatitis C virus (HCV) chronic infection. Our aim was to study the influence of IL28B rs12979860 gene polymorphism on the biochemistry and pathology of HCV-induced disease in the clinical course from mild chronic hepatitis C to hepatocellular carcinoma.
Methods: We have determined the rs12979860 single nucleotide polymorphism (SNP) upstream IL28B gene in three groups of Egyptian patients with HCV-induced chronic liver disease: 1) 119 patients with biopsy-proven chronic hepatitis C, to analyze its relation with biochemical and histological features; 2) 66 patients with HCV-related liver cirrhosis and 3)71 patients with hepatocellular carcinoma. Their results were compared to the results of 48 normal persons.
Results: No relation was found between the analyzed SNP and METAVIR scores for necroinflammation and fibrosis (p value 0.79) in patients with chronic hepatitis C, and there were no differences in the distribution of the analyzed SNP between patients with hepatocellular carcinoma and untreated chronic hepatitis C patients (p value 0.7).
Conclusion: The IL28B rs12979860 polymorphism doesn't correlate with the histological staging or severity of liver fibrosis in Egyptian patients with chronic hepatitis C and also doesn't correlate with the incidence of hepatocellular carcinoma.

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31. Evaluation of the presence of C – Allele CDKAL1 (rs6908425) and the presence of perianal fistula in Egyptian Crohn's disease

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Crohn's disease is a relapsing, remitting chronic Inflammatory Bowel Disease. The exact etiology of Crohn's Disease remains unknown, but the trigger is thought to be a dysregulated immunological response to intraluminal microbiota in a genetically susceptible host.The clinical presentation of Crohn's disease are variable because of the transmural inflammation and the disease extent variability. Perianal disease frequency among Crohn's patients varies from 17% - 43%. It is more common when the colon is affected particularly the rectum. Perianal fistulae in CD rarely heal by themselves and lead to significant morbidity, thus reducing the patient's quality of life. Early identification of patients at risk may help in improving our understanding of this interesting area and possible early introduction of immunomodulators and/or biologicals. Using genetic markers as predictors of disease progression seem more appealing, because unlike biologic markers, they are present before the disease onset and before the role of any environmental factor. In this study we will focus on CDKAL1 gene which has been linked with perianal fistula. Aim. To evaluate the presence of a C- allele CDKAL1 at rs6908425 and its relation to the presence of perianal

fistula in Egyptian population having Crohn's disease. Methods. We studied 50 CD patients in which 9 cases of 50 were presented by Crohn's complicated with perianal fistula and 50 healthy controls. All included subjects were Egyptian in whom genotyping of CDKAL1 (C/T) variant was performed by polymerase chain reaction and restriction fragment length polymorphism assay. Clinical and demographic features were characterized. Results. In the present study no significant differences were found in the presence of this genetic variant in CD patients and healthy controls, 4% and 2.7% respectively (MCP = 0.395); odds ratio: 1.576; CI 95% (0.678 – 3.654). The allelic frequency (C) was 86% in patients with CD and 81% in the control group, (p = 0.341). Also no significant differences were found in the presence of this genetic variant in non perianal cases and perianal cases, 26.8% and 33.3% respectively (p = 0.697). The frequency of the risk allele C was 86.6% in non perianal patients and 83.3% in perianal patients, (p = 0.713). Interestingly there was an association between genotype CC and surgical history, it was highest in perianal cases 83.3%% than in non perianal cases 30%. Conclusions. The predominant genotype at rs6908425 on CDKAL1 gene was C/C both in Egyptians with Crohn's disease and controls. No significant differences were found in the presence of the genetic variant between patients and controls. Analysis of the allele and genotype frequencies at rs6908425 on the CDKAL1 gene, showed no association between CDKAL1 genotype variant and disease phenotype based

on the Montreal classification. The frequency of the risk allele C at rs6908428 on CDKAL1 gene was similar in patients with CD as well as in the control group. No association between the presence of CDKAL1 genotype variant in non perianal cases and perianal cases. There was a positive association between genotype CC and surgical history which was highest in perianal cases than non perianal cases. These results suggest that the CDKAL1 (C/T) variant seem not to be involved in the genetic predisposition to CD in Egyptian population, and confirm that there are ethnic differences in the genetic background of CD. We need more replication studies with a bigger sample size to elucidate the role of new IBD loci in Egyptian population.

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32. Can we predict the lack of response to the cyclosporine therapy during acute severe colitis refractory to corticosteroids?

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Introduction: Acute severe ulcerative colitis (UC) is a dangerous clinical condition that requires intensive intravenous (iv) corticosteroid treatment, nevertheless about 30–40% of patients fail to respond. Intravenous cyclosporine is an effective rescue therapy in steroid-refractory UC patients. When treating patients with severe ulcerative colitis (UC), accurate prediction of drug efficacy contributes to early clinical decision-making. Failure to respond to therapy resulted in colectomy
Purpose: To identify the clinical and biological predictive factors of lack of response to cyclosporine as a second line therapy for acute severe colitis refractory to IV corticosteroids.

Patients and Methods: Forty-five patients with severe ulcerative colitis whose condition had not improved after at least 7 days of intravenous corticosteroid therapy , were included in this study .They were treated with cyclosporine (2mg/kg/day) administered by continuous intravenous infusion .These patients were admitted at the department of gastroenterology of Sousse from January 2002 up to January 2010. The response to cyclosporine was assessed at day 3, day 7 and 3 months of treatment, using the criteria of Truelove and Witts and the Lichtiger colitis activity index scoring. The statistical correlation of the tested variables with the lack of response to cyclosporine was evaluated by linear logistic regression. The significance level was set at 0.05.

Results: Our study included 26 females and 19 males, with a mean age of 35 years (14-70 years). 62.2% (28/45) of these patients had an Ulcerative colitis and 31.1% (14/45) had a Crohn's disease. Three patients had indeterminate Colitis. Among the 45 patients enrolled, 34 patients had a good response to cyclosporine. 24.4% of cases (11 patients) were non-responders and underwent colectomy. In an univariate analysis, more than 6 bloody stools per day before initiation of cyclosporine therapy , at day 3 and day 7 after treatment (p = 0.012, 0.001 and 0 002 respectively), a C-Reactive Protein (CRP) greater than 45 mg / l prior to treatment by ciclosporine , and at day 3 and day7 of treatment by ciclosporin (p = 0.007, 0.002 and 0 001 respectively), ESR greater than 30mm at the first hour , at day 3 of treatment (p = 0.05), thrombocytosis at day 3 of treatment (p = 0 , 05), a Lichtiger colitis activity index scoring greater than 10 at day 3 of treatment (p = 0.001) and the need for transfusion during the activity of the disease (p <0.0001) were significantly correlated with the lack of response to cyclosporine therapy. In a multiple linear regression analysis, only a CRP larger than 45 mg / l on day 7 of treatment, and the necessity of transfusion were predictive factors of no- response to cyclosporine (p = 0.008).

Conclusion: Intravenous cyclosporine therapy is rapidly effective for patients with severe corticosteroid-resistant ulcerative colitis.A high CRP on day 7 of treatment with cyclosporine and the need for transfusion, predispose to poor response to intravenous cyclosporine in severe flares of steroid-refractory UC.

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33. Predictive factors of response to corticosteroid therapy in patients treated for autoimmune hepatitis: a retrospective study about 38 cases.

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INTRODUCTION: Autoimmune hepatitis (AIH) is a chronic, immunologically mediated inflammatory liver disorder of unknown etiology. It is characterized by the presence of high levels of circulating autoantibodies, hypergammaglobulinemia, and chronic cytolysis.

On histologic examination, it is characterized by the presence of interface hepatitis and portal plasma cell infiltration.

Early diagnosis and treatment with glucocorticoid therapy, either alone or in combination with azathioprine, have been shown to significantly improve survival rates and the quality of life, thereby reducing the need for liver transplant.

PURPOSE: The aim of this work is to determine which factors predict the remission of autoimmune hepatitis (HAI) after treatment with corticosteroids and the normalization of liver function tests at 6 months of treatment.

MATERIALS AND METHODS: We conducted a retrospective study including 38 patients who were followed for autoimmune hepatitis or an overlap syndrome between December 2000 and December 2012, and were all treated with corticosteroids. Biochemical remission was judged by the decrease in transaminase levels below 2N. Liver function tests were systematically assessed at 6 months of treatment by corticosteroid. The variables tested were: Age, Body Mass Index (BMI), the transaminase levels (ALT and AST), the rate of GGT and PAL, the rate of albumin, the percentage of circulating monocytes, the rate of gamma-globulins, the presence or absence of cirrhosis ,the activity of cirrhosis evaluated by Metavir score. The statistical correlation of these variables with the remission of the HAI and the normalization of liver function tests were evaluated by linear logistic regression. The significance level was set at 0.05.

RESULTS: 38 patients were included in this study, 35 females and 3 males with a mean age of 43 years [16-73 years]. 9 patients had an overlap syndrome and 29 had AIH. The mean follow-up was 49 months [6-148 months]. 9 patients were already at the stage of cirrhosis. Biochemical remission of the disease was achieved in 86.8% of cases in an average of 2.7 months [1 – 15 months].The normalization of liver function tests at 6 months was observed in 68.4% of cases. In a multiple linear regression analysis, only the transaminase levels were correlated with the period of time needed to attend the remission. For the normalization of liver function tests at 6 months of treatment, a statistically significant correlation was found with the initial AST, albumin and globulins (p = 0.0001, 0.012 and 0.001 respectively), while the correlation with histological disease activity and the presence of cirrhosis was not statistically significant.

CONCLUSION: Our study has shown a good response to corticosteroid treatment of the AIH, even in the stage of cirrhosis. The latter condition is negatively correlated with the normalization of liver function tests at 6 months of treatment.

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34. The ratios of pro to anticoagulant factors: index of hemostatic imbalance in cirrhotic patients

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Introduction /Aim:

Patients with cirrhosis are characterized by decreased levels of most of pro- and anti-coagulant factors. This state results in an unstable balance. Therefore, patients are prone to hemorrhagic or thromboembolic events particularly in advanced stages. The aim of this study was to evaluate the ratios of pro coagulant to inhibitor coagulation factors in cirrhotic patients according to disease severity.

Methods: A case control study including cirrhotic patients and healthy subjects matched by age and sex was conducted. Patients were stratified according to Child Pugh classification. Pro coagulant factor activity (factor VII, II, V, VIII, XII) and inhibitor factor activity were determined (Protein C, protein S and ant thrombin). Mean value of pro coagulant to inhibitor coagulation factor ratios in patients were compared to those in controls and investigated in patients according to Child Pugh classification.

Results: 51 cirrhotic patients and 51 controls were included. Their mean age was 56.8 years. Sex ratio (male to female) was 0.9. Patients were classified in Child Pugh A in 13 patients (25.5%), B in 23 patients (45.1%), C in 15 patients (29.4%). Among ratios, II/PC, V/PC, VII/PC, XII/PC were significantly higher in cirrhotic patients than in controls (respectively, $p=0.001$, $p=0.002$, $p=0.001$, $p=0.001$) but there wasn't any difference between Child Pugh classes. Likewise, VIII/PC, VIII/PS and VIII/AT were significantly higher in cirrhotic patients than in controls ($p<0.001$) and increased significantly from class A to C ($p<0.001$), reaching a value of 5. On the other hand, II/PS was lower in cirrhotic patients than in controls showing marginal significance ($p=0.04$). However, II/PS, V/PS, VII/PS decreased significantly from class A to C ($p=0.006$, $p=0.013$, $p=0.002$, $p=0.024$).

Conclusion: The ratios of pro- to anti-coagulant factors showed a coagulation imbalance in our patients with trend to hypercoagulabilty state. These hemostatic changes were significantly correlated with severity of cirrhosis.

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26. Prof Dr. Abdul Kader Martini, Al Andalus University , Syrien
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Tunesien Tutors for the Endoskopy Workshop Alex

1. Frau Yosra Zaimi Uni Tunis / Habib Thameur
2. Herr Ossama Daboussi Uni Tunis / Habib Thameur
3. Frau Lahmar Sana Uni Tunis / La Rabta Tunis
4. Frau Elleuch Nour Uni Tunis / Thameur Habib
5. Herr Ben Halima Aymen Uni Tunis / Sousse
6. Frau Meriam Sabbah Uni Tunis
7. Frau Asma Labidi Uni Tunis
8. Herr Abdellaoui Faouzi Uni Tunis / Sousse
9. Frau Aya Hammami Uni Tunis / Souss
10. Frau Barbouchi Hajer Bizerte, Bougatfa hospita
11. Frau Narjess Naija Tunis, Rabta Hospital

Egypt candidates for the Endoskopy Workshop Alex

1. Herr Mohammed Ahmed Medhat Assiut
2. HerrAbdel Majeed Mahmoud Moussa Assiut
3. Frau Ahlam Mohamed Sabra Ali Qena
4. Herr Hatem Samak Tanta
5. Frau Soad Mohsen ELSayed ELKady Alexandria
6. Herr Herr Mohamed Khalaf Alexandria
7. Frau Eman Ahmed Alexandria
8. Herr Amhed Nabil Ain Shams
9. Herr Mohammad Said Marie Amr Kars Al Ainy
10. Herr Mohamed Yousef Salah Yousef Kars Al Ainy
11. Frau Mayada Mohamed Elnegouly Kars Al Ainy

Egypt Speaker

1. Abdel hamid
2. Abdelfattah Hanno
3. AbdelHamid Ghazal
4. Ahmad Ihab Abdel aziz
5. Ahmad Lakkany
6. Ahmad Sabry
7. Ahmed Hussein
8. Ali Alkady
9. Amany Albanna
10. Ayman Shamsia
11. Bahaa Abbass
12. Esmat Shiba
13. Ezat Ali
14. Fahmy Helmy
15. Fatma Morad
16. Hanan Hosny
17. Hassan Abdelsalam
18. Hoda Alrefaey
19. Hussein Okasha
20. Khaled Abouelela
21. Magdy Akl
22. Magdy Serafi
23. Maher Osman
24. Mamdouh Gabr
25. Mohamamd Kassem
26. Mohammad Alshazli
27. Mohammad Eid
28. Mona Abdelkader
29. Nabil Gadelhak
30. Omar ALaasar
31. Omar Alaasar
32. Omar Elaasar
33. Osama Ebada
34. Osama Elbialy
35. Samir Asaad
36. Soaad Alkady
37. Tamer Affiffi
38. Wafaa Mekky
39. Yosry Rostom

General Information ARABMED

The Arab Medical Union in Europe

The Arab Medical Union in Europe (ARABMED) is an association of Arab physicians who live in various European countries. ARABMED, established and registered in Germany in 1983, is a non-profit organization that serves public purposes and focuses on medical, cultural and social activities and exchange. As an independent relief, it is not subject to the influence of governments or religious authorities. It has an elected administrative body composed by a President and Vice President. It has been member of the NGOs at the United Nations with medical and social consultative status at the Economic and Social Council since 1996.

Members and several specialized committees meet regularly and have contacts to more than two thousand doctors in Europe. All ARABMED members including the administrative body are volunteers and do not receive any payments from ARABMED. Funding for activities comes from annual member fees and donations. ARABMED is headquartered in Germany and has branches in Ireland, Austria, France, Poland, the Gulf States and Jordan. The ARABMED National Office is committed to aiding the establishment of chapters in various states. The chapters must subscribe to the highest ethical standards and principles advocated by ARABMED and those in the medical profession.

In addition to educational, cultural and charitable events organized by the individual chapters, ARABMED sponsors national and international medical conventions every year. International conventions have been held in, various European countries, Egypt, Jordan, Syria, the United Arab Emirates and Turkey in cooperation with local health officials and medical institutions. National conventions have been held in a variety of cities in Germany and Europe. The conventions feature a unique blend of educational, cultural, social and humanitarian activities..

ARABMED's website can be accessed at www.arabmed.de. ARABMED is legally registered in the city of Erlangen, Germany

Since its inception, ARABMED has lived up to most of its objectives and has become a prominent player in European and Arab countries. Recently, new branches were established in Ireland (2009) and Jordan (2011). Since 1984, the association has been holding annual conferences in several European and Arab countries with the last conference (28th conference) held in Paris in 2012. These conferences represent the continued joint efforts of Arab doctors in Europe to improve the scientific and intellectual interaction between Arab doctors in the diaspora and their home countries. Over time, these medical conferences have steadily improved their academic quality and attracted more and more participants. During recent years, ARABMED's conferences have seen the attendance of several thousand medical specialists from various European and Arab countries.

Aims and purposes of ARABMED in Europe

In general, the most important aims and purposes of ARABMED are (i) to maintain and expand a network of ARABMED members with the Arab world, so that members can act as a bridge of cooperation, (ii) to improve health outcomes in the Arab world through transferring knowledge and expertise from Arab doctors in Europe and European scientists to the Arab world, (iii) encourage scientific research, education, and free critical thinking as well as creativity in medical sciences through an exchange between Arab doctors working in Europe and Arab countries, (iv) build relationships in the medical field and ultimately improve health care delivery and health outcomes in Arab and developing countries. These aims and purposes are primarily pursued by conducting annual conferences and workshops as well as special scientific seminars to respond to emerging and unexpected events.

More specifically, the aims of ARABMED are as follows:

Professional and educational aims

1. Collect the largest possible number of Arab doctors and medical staff of all Arab nationals living in Europe under the association of ARABMED;
2. Disseminate research results and studies of Arab doctors in Europe to the international community and highlight the role of Arab doctors and their effective medical and scientific development in Europe;
3. Promote cooperation and friendship between Arab Doctors in Europe and medical academics and scientific centres in European and Arab countries;
4. Contribute to the development of medical societies in the Arab world and help them to advance in the medical or health-related research;
5. To promote ARABMED's relationships with the Arab world and other Arab medical associations;
6. To enhance the medical knowledge of ARABMED members by supporting continuous medical education and research;
7. To promote professional relationships among members and organizations of the medical profession in Europe and the Arab world;
8. To create friendly relationships among healthcare professionals who share a common background and who wish to perpetuate pride of heritage.

Cultural aims

1. Create activities and programs for ARABMED's members and their families, in particular the youth, that highlight their shared Arabic heritage and foster community spirit;
2. To encourage and promote role models within the healthcare profession who inspire and guide ARABMED's youth

Invitation

29th Annual Meeting of ARABMED in Europe

The 7th Joint International Medical Conferences for European and Arabian Universities

DAAD Medical Program

4 - 6 October 2013

Berlin- Germany

For more information visit our homepage arabmed.de

كلمة الترحيب

زملائنا وإخواننا الأعزاء

إنه لمن دواعي سرورنا أن ندعوكم في هذا البرنامج إلى حضور جلسات المؤتمرالطبي الدولي السادس المشترك للجامعات العربية والأوروبية عن الجديد في الطب المعاصر في الأمراض الهضمية والعينية و ورشات العمل المزمع عقدها في الإسكندرية في فندق فلسطين برعاية من رئيس جامعة الإسكندرية في الفترة ما بين3_7 يونو 2013 تحت شعار "الجديد في الطب المعاصر", ويشرفنا ان ينعقد هذا المؤتمر في الإسكندرية لتوفر المعايير المعتمدة للاختيار من تراث علمي وعمراني ورصيد ثقافي وفني ودور اقتصادي, إن هذا المؤتمر يعد امتدادا لمؤتمرات سابقة, حيث تمثل نوعا هاما من تواصل الجهود المشتركة للأطباء العرب في اوروبا وسعيا مخلصا نحو تحقيق هدف من أهدافها, و كأحد الرموز المضيئة لتجسيد العمل العربي المشترك, وإنجاز أكبر قدر ممكن من التواصل العلمي والتفاعل الفكري بين الزملاء والأطباء العرب في المهجر مع اوطانهم.

ويتم تنظيم هذا المؤتمر من قبل جامعة إيرلنغن ,و اتحاد الطباء العرب في اوربا ، بالاشتراك مع عدة جامعات مصرية أوربية وعربية ومع الشبكة الألمانية العربية للمتخرجين من الجامعات الألمانيةAGMAN و الهئية الألمانية للتبادل الأكاديمي DAAD

الهدف من هذا المؤتمر هو جمع العديد من الأطباء والخبراء من جميع أنحاء العالم و توفير الفرصة لتبادل الخبرات في المجال الطبي والأبحاث العلمية في مختلف التخصصات. وسوف يركز المؤتمر على الأمراض الهضمية وامراض الكبد والأمراض العينية حيث طرأت في السنوات الأخيرة تغيرات كبيرة بفضل التقنيات والأساليب الجديدة على معالجة هذه الأمراض ، والتي فتحت الأبواب لإمكانيات جديدة لمعالجة المرضى. نتوقع أن البرنامج العلمي مثيرة للاهتمام لجميع المشاركين. ونأمل الانخراط في مناقشات حيوية لنتعلم من بعضنا البعض.

سوف يقدم في هذا المؤتمر الجديد في الأمراض العينية وخاصة في القرنية المخروطية والأمراض الهضمية في عدة جلسات علمية موزعة في 12 جلسة علمية من محاضرين من 9 دول منها المانيا ,مصر ,تونس والسودان ,تركيا ,سوريا ,الإمارات العربية المتحدة ولبنان.

لقد شارك إتحاد الأطباء العرب في أوربا هذه المؤتمرات في السنوات الخمس الماضية ولها علاقات أكاديمة جيدة مع المؤسسات الطبية في الدول العربية وعلى سياق زيادة وتتوطيد العلاقات الأكاديمية للأطباء المغتربين مع اوطانهم تسعة لتوفير مثل هذه المناسبات العلمية .ونأمل أن برنامجنا العلمي تحظى توقعاتكم. وإننا نتطلع إلى لقاء علمي مثير سنحاول معكم في أيام المؤتمر, تقديم الجديد في الأمراض الهضميةوالعينية , والمناقشة مع الخبراء والأخصائيين, سواء من أوروبا او من مصرلنحقق الأهداف التي نسعى إليها وإننا نأمل من الأطباء الجدد ان يحضروا هذه الجلسات بأعداد كبيرة, لكي يأخذوا فكرة عن الممارسة العملية للطب في اوروبا, سواءا في المشافي او العيادات الخارجية وما هي الإمكانيات الموجودة للإستفادة من هذه الخبرات ومجالات التخصص في الدول الأوروبية

ستجرى الجلسات العملية في مركز التنظير الإليكسا بالتوازي مع المحاضرات النظرية في فندق فلسطين, حيث سنحاول التعمق في هذه المواضيع الطبية المطروحة. إننا سنحاول بقدر المستطاع نقل البرامج العملية القابلة للتنفيذ على ارض الواقع وسنفتح المجال للمناقشة مع الخبراء لإيجاد علاقات تعاون جماعية بين المفكرين والمنفذين.

وإننا باسم اتحاد الأطباء العرب في اوروبا وبأسم جامعة إيرلنغن والداد نتوجه بالشكر الجزيل والمسبق الى راعي المؤتمر الأستاذ الدكتور أسامة إبراهيم على رعايته الكريمة,والأستاذ أحمد عثمان سكريتير المؤتمر والأستاذ اسامة عبادة رئيس الجمعية الهضمية في الإسكندرية والى ضيوف الشرف والهيأت الرسمية المشاركة للمؤتمر, والى لجان المؤتمر وإخواننا في جامعة الإسكندرية والجامعات المصرية والعربية والى جمعية أمراض الهضم في الإسكندرية والمحاضرين والى الضيوف والمشاركين والى الشركات الطبية والشركة المنظمة لهذا المؤتمر ICOM والى كل الذين قدموا وسيقدمون المساعدة والدعم المعنوي والمادي في إنجاح هذه التظاهرة العلمية

فإننا نأمل حضوركم وفقا للبرنامج المرفق.و سوف نكون مسرورين عندما نراكم ونحييكم في الإسكندرية ,فإلى اللقاء معكم , في جو علمي أخوي مفيد ومثمر. دمتم بخير والسلام عليكم ورحمة الله وبركاته

المؤتمر يمنح المشتركين في كل الجلسات 25 نقطة تعليمية من جامعة إيرلنغن ومن نقابة الأطباء في المانيا

الدكتور فيضي عمر محمود

رئيس اتحاد الأطباء العرب في اوربا

برعاية رئيس جامعة الإسكندرية الأستاذ اسامة إبراهيم

يعقد

المؤتمرالطبي الدولي السادس المشترك للجامعات العربية والأوروبية عن الجديد في الطب المعاصر في الأمراض الهضمية والعينية

بالتعاون مع اتحاد الأطباء العرب في اوروبا

في الفترة ما بين 3 - 7 حزيران يوني 2013

فندق هلنان فلسطين الاسكندرية

البرنامج العلمي والملخصات

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SCIENTIFIC PROGRAM & ABSTRACTS

البرنامج العلمي والملخصات

«Advances in Contemporary Medicine»

3rd. –7th June. 2013

Helnan Palestine Hotel, Alexandria- Egypt

DAAD Deutscher Akademischer Austausch Dienst
German Academic Exchange Service

German-Egyptian Society of Gastroenterology and Hepatology

FAU FRIEDRICH-ALEXANDER UNIVERSITÄT ERLANGEN-NÜRNBERG