

**IV International Medical Conference on  
«Advances in Contemporary Medicine»  
Istanbul Polis Moral Eğitim Merkezi  
Istanbul, Turkey  
7 – 8 October 2011**



**Program & Abstracts  
Научная программа**

**IV Международная медицинская конференция  
«Инновации в современной медицине»  
Стамбул-Турция**

**7 - 8 октября 2011**

Dear Colleague

The 4th International Medical Conference on “Advances in Contemporary Medicine” is going to be held on 7-8 October, 2011, in Istanbul, as an organization of Kabardino-Balkaria State University Nalchik, Russian Federation, ARABMED in Europe and of Turkish Society of Cardiology.

The goal of this conference is to provide an opportunity to exchange experience in the field of innovative technologies in medicine,

This conference is multidisciplinary and open to all branches in medicine so as to bring together many doctors from all over the World. The scientific program which covers two full days was finalized according to applications. In the rest of the time, social and cultural events and entertainment programs will take place. The language of presentations at the conference will be English and Russian. Simultaneous translation will be provided between these two languages.

We are extremely honored by:

The Patronage of His Excellency Prof. Dr. Karamurzow, Rector of Kabardino- Balkaria State University, Nalchik.

Mr. Ajakhov Kanshobi, President of International Circassian Association, Nalchik,  
The representatives of Istanbul University and Turkish Society of Cardiology,

Mr. Cihan Candemir,

Prof. Kodzokov Anatoly Kasimovich, Head of the department for Foreign Relations  
Kabardino – Balkaria State University, Nalchik.

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 participants who have submitted their work, and to all our delegates who are behind the success of this scientific gathering.

We hope that our scientific program meets your expectations as the three preceding successful conferences in Nalchik. We look forward to a stimulating meeting and again welcome all of you to Istanbul. Our best wishes for a rewarding scientific conference

Prof. Dr. Faidi Omer Mahmoud  
President of The Conference  
Erlangen, Germany

Prof. Dr. Günsel Avcı  
Chair of The Local Organizing Committee  
Istanbul, Turkey

## **General Information**

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### **Organising Bodies and Partners**

- Kabardino-Balkaria State University Nalchik, Russian Federation
- University Heart Center Erlangen, Germany
- Turkish Society of Cardiology
- Istanbul University,
- University of Science and Technology- Irbid- Jordan
- AGMAN (Arabian-German Medical Alumni Network); [www.agman.de](http://www.agman.de)
- ARABMED in Europe e.V. [www.Arabmed.de](http://www.Arabmed.de)

### **Consultative Joint Conference Committee Members**

- Prof. Karamırza, Rector of Kabardino-Balkaria State University, Nalchik
- Prof. Dr. Faidi Omar Mahmoud, President of The Conference, Germany
- Prof Kodzokov Anatoly Kasimovich, Head of the department for Foreign Relations Kabardino – Balkaria State University, Nalchik.

### **President of the Conference**

Prof. Faidi O. Mahmoud, Erlangen University Hospital, Germany

### **Chair of Local Organization**

Prof. Günsel (Şurdum) Avcı, Memorial Sisli Hospital, Istanbul

### **Honorary Guests**

- Prof. Karamırza, Rector of Kabardino-Balkaria State University, Nalchik
- Prof. Anatoli K. Kodzokov, Head of the Department for Foreign Relations Kabardino – Balkaria State University, Nalchik

### **Honorary Hosts**

- Prof. Mustafa Kemal Erol, Vice President of Turkish Society of Cardiology, Istanbul

### **Local Organizing Committee:**

- Prof. Günsel Avcı, Chair, İstanbul Sisli Memorial Hospital, İstanbul.
- Prof. Faruk Erzenin, İstanbul University, İstanbul Medical Faculty, İstanbul
- Prof. Ahmet Zeki Şengil, Medipol University, İstanbul
- Ms. M. Mine Bağ, Sabanci University, İstanbul
- Ms. Ayşe Pişkin Ozinci, President of Admiral Bristol Nurses Association, İstanbul

### **Contact Address**

**Turkey:** Prof. Dr. Günsel (Shurdum) Avcı. Chair of The Local Organizing Committee İstanbul, Turkey, Consultant Cardiologist and Chief of EECPTreatment Unit, Memorial Hospital, İstanbul, Turkey, FAX: +90 212 234 28 33  
E-mail: [adige\\_lad@yahoo.com](mailto:adige_lad@yahoo.com)

**Germany** Prof. Dr med. Faidi Omar Mahmoud, President of The Conference Cardiac Surgeon, University Heart Center Erlangen, Germany Tel.: (+49) 9131 853 3984, Fax: (+49) 9131 583 3983 Email: [faidi.mahmoud@gmail.com](mailto:faidi.mahmoud@gmail.com)

**Kabardino-Balkaria Republic, Russia** Prof Kodzokov Anatoly Kasimovich, Head of the department for Foreign Relations Kabardino – Balkaria State

## General Information

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University Chernyshevskogo St. 173, Kabardino-Balkaria Republic, Nalchik, 360004, Russian Federation. Email: kodzokov@kbsu.ru, Telefax: 007 8662774475

**Jordan:** Prof Rami J Yaghan, Jordan University of science and technology- Faculty of Medicine- Jordan PO. Box: 3030, Tel: 00 962 799051217 Fax: 00 962 2 7060616 Email: lamees32@yahoo.com

### Conference fee:

	Doctors,	Accompanying Persons.
Local Participants without accommodation	200,00 Euro	100,00 Euro
International Participants Including 3 Nights accommodation	300,00 Euro	150,00 Euro

The fee will cover attendance to scientific programs, visits to stand areas, welcome and farewell dinners with music and folk dance shows, lunches, coffee breaks and a Bosphorous Boat Tour.

### Conference Venue

Istanbul Polis Moral Eğitim Merkezi  
Baltalimanı/Sarıyer-İSTANBUL Turkey  
Phone - Fax Number: +90212 2296084 - +90212 2779918  
Email Istanbulpmem@egm.gov.tr

### Information for speakers

- Time management of your presentation is of at most importance, please do not exceed the allocated time for your presentation,
- Please complete your preparations for your presentation before your session starts in the conference hall. This guarantees a fluent course of session
- Languages of the conference are English and Russian (Slide presentations in English only), Simultaneous translation will be provided between these two languages.
- Only presentation on, Floppy Disks or USB sticks can be processed. To use your own laptop is not possible. Slide and Video tapes projection, not possible
- The date and room of your presentation can be found in the conference program which will soon be available on homepages of [www.dogalypass.com](http://www.dogalypass.com) and ARABMED ([www.arabmed.de](http://www.arabmed.de)).
- All speakers are responsible for the content of their lecture

## **General Information**

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### **Timetable**

## **IV International Medical Conference on Istanbul – Turkey 7 – 8 October 2011**

### **Thursday 6 October 2011**

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14:00 Arrival to Istanbul and Transfer to the Hotel  
16:00 Visit to Memorial Sisli Hospital (Okmeydanı)  
18:00 Visit to Rector of İstanbul University (Beyazıt)  
19:30 – 22:30 Welcome Dinner for International Guests

### **Friday 7 October 2011**

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7:00 – 8:00 Breakfast  
8:00 – 08:45 on Site Registration

<b>Time</b>	<b>Hall A</b>	<b>Hall B</b>
09:00 – 09:30	Opening Ceremony	
9:30 - 10:30	1- Opening session	
10:30 – 11:00	Coffee Break	
11:00 -13:00	2- Cardiovascular Session	
13:00 – 14:00	Lunch Break	
14:00 – 15:40	3- Cardiovascular Session	6- Hypertension Session
15:40 – 16:00	Coffee Break	Coffee Break
16:00 – 17:00	4- Cardiovascular Session	7- Cardiac& Arrhythmia Session
17:00 – 17:15	Coffee Break	Coffee Break
17:15 – 18:35	5- Robotic Surgery & Genetics Session	8- Infection Session

11:00 -18:00 Board meeting of International Circassian Association in **Hall C**  
19:30 – 22:30 DINNER to FACULTY and PARTICIPANTS of CONFERENCE,

### **Saturday 8 October 2011**

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7:00 – 8:00 Breakfast

<b>Time</b>	<b>Hall A</b>	<b>Hall B</b>
08:30 – 10:30	9- Interventional & Surgical Session	13- Medical Session
10:30 - 11:00	Coffee Break	Coffee Break
11:00 – 13:00	10- Medical Session	14- Peditry Session
13:00 – 14:00	Lunch Break	Lunch Break
14:00 – 15:00	11- Epidemiology & Cancer Session	15- Esthetics Session
15:00 – 15:20	Coffee Break	Coffee Break
15:20 – 16:40	12- Surgical Session	16- Surgical Session

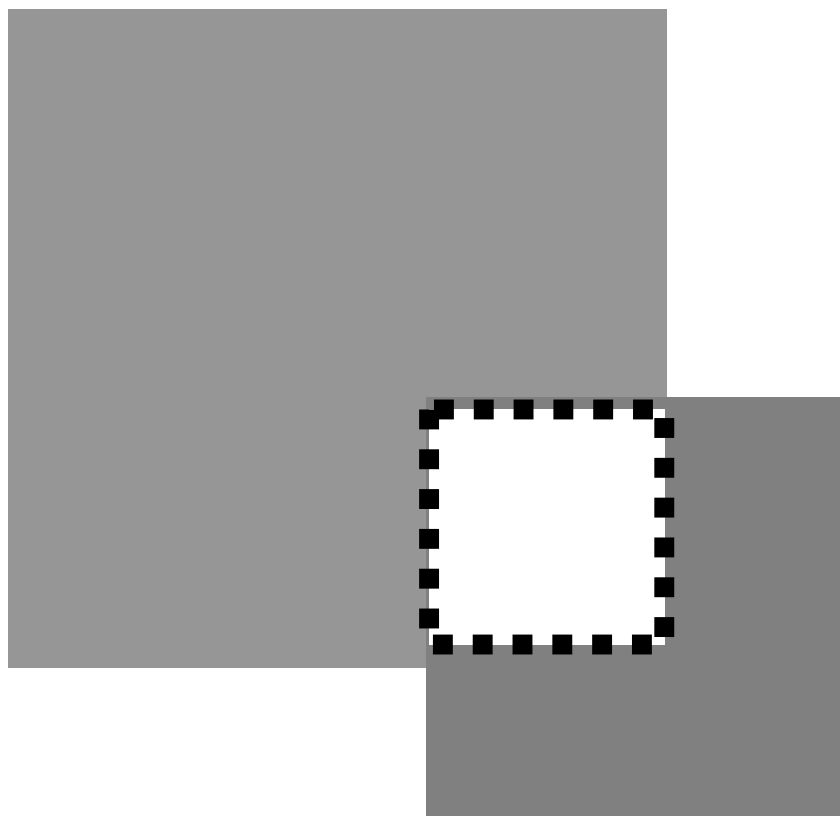
18:00 – 19:30 BOSPHORUS TRIP  
20:30 FAREWELL DINNER, for FACULTY and PARTICIPANTS of the CONFERENCE  
(Certificates of the conference will be given)

### **Sunday 9 October 2011**

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7:30 – 9:00 Breakfast  
Departure from Istanbul

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**Scientific Program**

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**Friday 7, October 2011**

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**IV International Medical Conference  
Istanbul Polis Moral Eđitim Merkezi, Baltalimani  
Opening Ceremony  
09.00-09.30 Hall A**

**Welcome Speeches**

**Prof. Gonsel Avcı**

(Chair of Local Organization, Istanbul)

**Prof. Karamırza**

(Rector of Kabardino-Balkaria State University, Nalchik)

**Prof. Faidi O. Mahmoud**

(President of the Conference, Erlangen-Germany)

**Prof. Mustafa Kemal Erol**

(Vice President of Turkish Society of Cardiology, Istanbul)



**Friday 7, October 2011**

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## **1 - Opening Session**

**Hall A**

**09.30-10.30**

**Chair:** Prof. Dr. Faidi O. Mahmoud (Germany)  
Prof. Bingür Sönmez (Turkey)

**1. What is Going on in Liver and Kidney Transplantation in Turkey.**  
9:30 – 10:00

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**Prof. Munci Kalayoglu, M.D., F.A.C.S**

Prof. and Chairman General Surgery, Pediatric Surgery and Organ Transplantation, Memorial Sisli Hospital, İstanbul, Turkey

**2. Musical Therapy in Cardiac Surgery Intensive Care Unit & Live Music with Ney.** 10:00 – 10:30

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**Prof. Bingur Sonmez, Dr. Erol Can.**

Cardiac Surgeon, Director of Cardiac Surgery Department, Memorial Sisli Hospital, İstanbul, Turkey.

**Coffee Break 10:30 – 11:00**



**National Museum in Nalchik**



**Friday 7, October 2011**

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## **2 - Cardiovascular Session**

**Hall A  
11.00-13.00**

**Chair:** Prof. Dr. Günsel Avcı (Turkey)  
Prof. Faruk Erzenjin (Turkey)

**3. Shear Stress, Vascular Endothelium and Atherosclerosis: From Bench to Practice. 11:00 - 11:30**

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**Prof. Guifu WU, MD, PhD**

Director, Cardiovascular Core Laboratory, Co-Director, The Key Lab of Assisted Circulation, The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, PR.China

**4. The Mechanisms of Action of Enhanced External Counterpulsation Therapy. 11:30 – 12:00**

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**Assis. Prof. John CK Hui, Ph.D.**

Cardiology, State University of New York at Stony Brook, Health Sciences Center, Stony Brook, New York, USA

**5. Hope for Patients with Severely Depressed Cardiac Function and Heart Failure to Recover with Non-invasive External Counter Pulsation Treatment. 12:00 – 12:20**

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**Prof. Günsel Avcı, Ayse Piskin Ozinci, Sefika Mollaahmet, Suna Sinanoglu, Cenk Avcı.**

Consultant Cardiologist, Chief of EECPP treatment Unit, Memorial Sisli Hospital, Istanbul. Turkey

**6. Retro Bypass is an Alternative Treatment for End-stage Coronary Heart Disease. 12:20 – 12:40**

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**Prof. Faidi O. Mahmoud. , PD Dr. Med Frank Harig, Prof. Dr. M. Weyand**  
Prof. and President of the Board of Trustees Al Andalus University in Syria, President of ARABMED in Europe, Head AGMAN Germany, Cardiac Surgeon University Heart Center, University Hospital Erlangen, Germany

**7. Erzenjin's Polypill: An additional Medical Treatment of Coronary Atherosclerocalcification. 12:40 – 13:00**

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**Prof. Dr. Faruk Erzenjin, MD, FESC,**

Former Dean of Medical Faculty of Istanbul University, Department of Cardiology of Istanbul University Medical Faculty, Çapa, Istanbul, Turkey.

**Lunch Break 13:00 – 14:00**

**Friday 7, October 2011**

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## **3 - Cardiovascular Session**

**Hall A  
14.00-15.40**

**Chair:** Prof. Vedat Aytakin (Turkey)  
Prof. Guifu Wu (China)

**8. The Stent Era 14:00 – 14:20**

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**Dr. Suavi Tufekcioglu.**

Invasive Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

**9. Percutaneous Treatment of Chronic Total Coronary Occlusions.  
14:20 – 14:40**

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**Assoc Prof. Cevat Kirma**

Invasive Cardiologist, Kartal Kosuyolu Heart Education and Research Hospital, Istanbul, Turkey.

**10. Percutaneous Interventions in Multivessel Coronary Artery Disease.  
14:40 – 15:00**

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**Assoc Prof. Erhan Babalik**

Invasive Cardiologist, Memorial Hospital, Istanbul, Turkey.

**11. Transcatheter Aortic Valve Replacement (TAVI Procedure).  
15:00 – 15:20**

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**Prof. Vedat Aytakin**

Invasive Cardiologist, Director of Invasive Cardiology Department of Florence Nightingale Hospital, Istanbul, Turkey.

**12. Principles of Psychological Preconditioning before Cardiac Surgery.  
15:20 – 15:40**

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**Dr. Erol Can, Suzan Can**

Director of Cardiac Surgery Intensive Care Unit, Memorial Sisli Hospital, Istanbul, Turkey.

**Coffee Break 15:40 – 16:00**

**Friday 7, October 2011**

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## **4- Cardiovascular Session**

**Hall A  
16.00-17.00**

**Chair:** Op. Dr. Mehmet Balkanay (Turkey)  
Assis. Prof. John CK Hui, Ph.D. (U.S.A.)

**13. Total Artificial Heart (TAH) Implantation for Bridge to Transplantation in End- stage Heart Failure: First Man at Home without his Native in Turkey.** 16:00 – 16:20

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Prof. Deniz Suha Kucukaksu, **Op. Dr.Erman Pektok** .  
Heart Transplantation & VAD Program, Florence Nightingale Hospital, Science University, Istanbul, TURKEY

**14. Heart Transplantation in Turkey: History and Current Situation.**  
16:20 – 16:40

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**Op. Dr Mehmet Balkanay**

Cardiovascular surgeon, Chief of cardiovascular clinic and coordinator of Heart and Heart-lung transplantation Department Kartal Kosuyolu Heart Education and Research Hospital, Istanbul, Turkey.

**15. Carotid Endarterectomy with Mini-invasive Access in Local Anaesthesia.** 16:40 – 17:00

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**Assoc. Prof. Yusuf Kalko**

Cardiovascular Surgeon, Responsible Physician on peripheral vascular surgery at Medical Park Bahçelievler Hospital, Istanbul Turkey

**Coffee Break 17:00 – 17:15**



**National Museum in Nalchik**

**Friday 7, October 2011**

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## **5 - Robotic Surgery & Genetics Session**

**Hall A  
17.15-18.35**

**Chair:** Prof. Derya Balbay (Turkey)  
Prof. Fikretin Şahin (Turkey)

**16. Robotic Radical Cystoprostatectomy, Extended Lymph Node Dissection and Totally Intracorporeal Continent Studer Pouch Formation. 17:15 – 17:35**

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**Prof. M. Derya Balbay**

Urologist-Urooncologist, Memorial Sisli Hospital, Istanbul, Turkey.

**17. Pelvic Anatomic Details for Functional Outcomes in Conventional and Robot-Assisted Laparoscopic Radical Prostatectomy. 17:35 – 17.55**

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**Prof. Dr. Tibet Erdogan**

Head Department of Urology and Minimally Invasive & Robotic Surgery Center, Memorial Atasehir Hospital, Istanbul Turkey.

**18. Recent Development and Applications in Stem Cell and Gene Therapy. 17:55 – 18:15**

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**Prof. Fikretin Şahin**

Chairman of the Department of Genetics and Bioengineering and Director of Biotechnology Institute, Faculty of Engineering and Architecture, Yeditepe University, Istanbul, Turkey

**19. Epidermal Growth Factor (EGF) Treatment in Diabetic Foot Ulcer (DFU). 18:15 – 18:35**

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**Dr. Seyfullah Dagistanli**

MD, PhD, Pharmaceutical and Clinical Toxicologist, President of Turkish Pharmacovigilance Society, Local Chair of ISoP 2011 Meeting, Acting President of Hasfarma, Writer at Vatan Newspaper, Istanbul, Turkey.

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**19:30 – 22:30 DINNER to FACULTY and PARTICIPANTS of CONFERENCE**



**National Museum in Nalchik**

**Friday 7, October 2011**

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## **6 - Hypertension Session**

**Hall B  
14.00-15.40**

**Chair:** Prof. Serap Erdine (Turkey)  
Prof. Inarokova Alla Muzrachevna (Russia)

**20. Contemporary Approach to Antihypertensive Treatment. 14:00 – 14:20**

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**Prof. Serap Erdine**

Department of Cardiology, Cerrahpasa Medical Faculty, Istanbul University, Istanbul,  
Turkey, President of Turkish Hypertension and Atherosclerosis Society, European Society of Hypertension Representative for EBAC

**21. Superiority of Central Arterial Blood Pressure Measurement in the Management of Hypertension and Cardiac Risk Assessment.**

14:20 – 14:40

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**Dr. Ozlem Esen**

Non-invasive cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

**22. Arterial Hypertension Register in Kabardino-Balkarian Republic.**

14:40 – 15:00

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**Elgarov. A.**, Kalmykova M, Elgarov M.

Doctor of Medicine, Chief of Prodeduitics Department of Medical Faculty, Kabardino- Balkarian State University, Nalchik, Russia

**23. Peculiarities of Hypertensive Therapy in Hypertensive Motor Vehicle Drivers. 15:00 – 15:20**

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**Elgarov A.**, Kalmikova M., Elgarov M.

Medicine Department of Medical Faculty, Kabardino-Balkarian State University, Nalchik, Russia

**24. The Combined Therapy of Patients with Arterial Hypertonia.**

15:20 – 15:40

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**Prof. Umetov M.A.**

Medical Faculty of Kabardino-Balkarian State University, Nalchik, Russia

**Coffee Break 15:40 – 16:00**

**Friday 7, October 2011**

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## **7 - Cardiac Arrhythmia Session**

**Hall B  
16.00-17.00**

**Chair:** Prof. Nuran Yazicioglu (Turkey)  
Prof. Shugushev Khasan Khamtalovich (Russia)

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### **25. First Class of Antiarrhythmic Drugs: What's New? 16:00 – 16:20**

**Prof. Shugushev Khasan**

Head Department of Hospital Therapy (internal medicine) of the Kabardino-Balkar, State University, Nalchik, honored doctor and honorary cardiologist, Russian

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### **26. Atrial Fibrillation and Treatment Strategies. Medical and interventional Treatment of Atrial Fibrillation. 16:20 – 16:40**

**Assoc. Prof. Kani Gemici,**

Invasive Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

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### **27. Ten Years Experience in Surgical Radiofrequency Ablation for Concomitant Atrial Fibrillation. 16:40 – 17:00**

**Op. Oguz Yilmaz,** Bingur Sonmez, Harun Arpatli, Naci Yagan, Faruk Tukenmez. Cardiac Surgeon, Memorial Sisli Hospital, Istanbul, Turkey.

**Coffee Break 17:00 – 17:15**



**National Museum in Nalchik**

**Friday 7, October 2011**

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## **8 - Infection Session**

**Hall B  
17.15-18.15**

**Chair:** Op. Dr. Arzu Oezcelik (Germany)  
Dr. Nakatseva Elena (Russia)

**28. Place of Immunologic Tests in the Diagnosis of Myocarditis .**  
17:15: – 17:35

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**Dr. Nakatseva Elena MD**

Cardiologist, Republican Cardiological Center, Nalchik, Federal Republic of Kabardino- Balkaria, Research Worker at Almazov's Federal Centre of Heart, Blood and Endocrinology, Saint-Petersburg, Russian Federation.

**29. Major Postoperative Complications after Liver Transplantation for Hepatitis B and C Liver Cirrroses are Associated with Higher Hepatitis Re-infection rate. 17:35 – 17.55**

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**Dr. Arzu Oezcelik , Saner FH, Paul A**

Department of General, Visceral and Transplantation Surgery, University of Essen, Germany

**30. The Characteristic of the Syndrome of Endogenes Intoxication in Patients with Erysipelas. 17:55 – 18:15**

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**A. R. Marjokhova**

Kabardino-Balkarian State University the Department of Infectious Diseases, Nalchik, Russia.

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**19:30 – 22:30 DINNER to FACULTY and PARTICIPANTS of CONFERENCE**

**Saturday 8, October 2011**

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## **9 - Interventional & Surgical Session**

**Hall A  
08.30-10.30**

**Chair:** Prof. Furuzan Numan (Turkey)  
Prof. Yunus Aydın (Turkey)

**31. Endovascular Repair of Aortic Aneurysms and Dissections: 10 years Experience. 8:30 – 8:50**

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**Prof. Harun Arpatlı**, Furuzan Numan, Oguz Yılmaz, Bingur Sonmez.  
Cardiovascular Surgeon, Maltepe University Hospital, Cardiovascular Surgery Department, Istanbul, Turkey

**32. Endograft Stenting (TEVAR) of Arch Pathologies. 08:50 – 9:10**

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**Prof. Furuzan Numan**, Harun Arpatlı  
Interventional Radiologist, Director of Interventional Radiology Department of Cerrahpaşa Medical Faculty, Istanbul University, Istanbul, Turkey.

**33. Endovascular Interventions in Diabetic Foot. 9:10 - 9:30**

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**Prof. Furuzan Numan.**  
Interventional Radiologist, Director of Interventional Radiology Department of Cerrahpaşa Medical Faculty, Istanbul University, Istanbul, Turkey.

**34. Clip Ligation of Unruptured Intracranial Aneurysms: A prospective Mid-term Outcome Study. 9:30 – 9:50**

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**Prof. Yunus Aydın**, Halit Çavuşoğlu, Okan Kahyaoğlu, Ahmet Murat Müslüman, Adem Yılmaz, Yüksel Şahin  
Neurosurgery Clinic, Şişli Etfal Education and Research Hospital, Istanbul, Turkey

**35. Long-term Outcome after Unilateral Approach for Bilateral Decompression of Lumbar Spinal Stenosis: 9-Year Prospective Study. 9:50 – 10:10**

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**Prof. Yunus Aydın**, Halit Çavuşoğlu, Okan Kahyaoğlu, Ahmet Murat Müslüman, Adem Yılmaz, Yüksel Şahin  
Neurosurgery Clinic, Şişli Etfal Education and Research Hospital, Istanbul, Turkey

**36. Full Endoscopic Lumbar Discectomy (FELD) : Transforaminal and Interlaminar Approaches. 10:10– 10:30**

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**Op.Dr.Hikmet Uluğ**  
Neurosurgeon, Turkey Wooridul Spine Center, KadıköyŞifa Ataşehir Hospital, Istanbul, Turkey

**Coffee Break 10:30 – 11:00**



**Saturday 8, October 2011**

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## **10 - Medical Session**

**Hall A  
11.00-13.00**

**Chair:** Prof. Canan Efendigil Karatay (Turkey)  
Assoc. Prof. Nezh Hekim (Turkey)

**37. Programmed Cell-death 11:00 – 11:20**

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**Assoc. Prof. Nezh Hekim**

Bogaziçi University, Biomedical Dept. Project Manager, Istanbul, Turkey

**38. Antiaging and Main Principles of Longevity. 11:20 – 11:40**

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**Dr. Hasan Insel**

Specialist in Internal Medicine, Intermed Medical Center, Istanbul, Turkey.

**39. Nutrition: The Mind is Like A Parachute, It Works only When it is Open. 11:40 – 12:00**

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**Prof. Canan Efendigil Karatay**

Cardiologist and Internist, , Previous Rector of Istanbul Science University,  
Florence Nightingale Hospital of Istanbul Science University, Istanbul Turkey.

**40. Intelligent Healthcare Solutions. 12:00 – 12:20**

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**Mrs Serap Alpsoy**

Business Information Technologist, Project Manager / ICT Professional  
Detecon International (Deutsche Telekom Group), Germany

**41. Accurate Waste Management for Public Health; A Case Study on Ekolojik Enerji Inc. Istanbul Waste-to-Energy Plant. 12:20 – 12:40**

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Omer Salman, **Selen Tanner**

Ekolojik Enerji A.S. Istanbul, Turkey

**42. Healthcare Services for Foreign Patients In Turkey. 12:40 – 13:00**

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**Didem Bas Bilge**

BLU Meditravel, Medical Organization Department, Istanbul, Turkey

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**Lunch Break 13:00– 14:00**

**Saturday 8, October 2011**

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## **11 - Epidemiology & Cancer Session**

**Hall A**

**14:00 – 15:00**

**Chair:** Prof. Rami Yagan (Jordan)  
Dr. Sualp Tansan (Turkey)

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### **43. Advances in the Treatment of Cancer. 14:00 – 14:20**

**Dr. Sualp Tansan**

Internal Medicine and Medical Oncology Specialist.  
Tansan Oncology, Istanbul, Turkey

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### **44. The Role of Biological Response Modifiers in the Management of Solid Tumors. 14:20 – 14:40**

**Prof Rami Jalal Yaghan**

Head of Oncology Unit at King Abdulla Hospital-Jordan, Professor of Oncology and Surgical Oncology at Jordan University of Science and Technology Irbid-Jordan

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### **45. Why They Just Can't Get up and Go? Risk Factors for Impaired Mobility in Older Adults. 14:40 – 15:00**

**Dr Velittin Selcuk Engin**, Suleyman Ersoy, Fatih Tufan, Mustafa Ozturk, Nalan Soydas.

Family Medicine Specialists, Istanbul University, Medicosocial Department, Istanbul, Turkey.

**15:00 – 15:20 Coffee Break**



**National Museum in Nalchik**

**Saturday 8, October 2011**

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## **12 - Surgical Session**

**Hall A**

**15:20 – 16:40**

**Chair:** Prof. Zhetishev Rashid Abdulovich (Russia)  
Assoc Prof. Burak Erdamar (Turkey)

**46. Surgical Approaches to The Patients with Sleep-disordered Breathing.**  
15:20 – 15:40

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**Assoc.Prof. Burak Erdamar.**  
ENT Clinic, Memorial Sisli Hospital, Istanbul Turkey

**47. Way of Extra Facial Thyroid Gland Lobe Removal.** 15:40 – 16:00

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**Prof. Zakhokhov Ruslan Maksidovich**  
Senior Prof. at the Faculty of General Surgery, The Dean of the Medical Department of The Kabardino-Balkarian State University, Nalchik, Russia.

**48. Video Endoscope Surgery in the Treatment of Diseases of the Chest and Abdomen.** 16:00 – 16:20

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**Prof. Miziev I.A., Baziev Z.M.**  
Head of Endoscopic Surgery, Kabardino-Balkarian State University, Nalchik, Russia

**49. Surgical Treatment of Patients with Combined Bone-Vascular Lesions in General Hospital.** 16:20- 16:40

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**Prof. Zhigunov A.K., Al-Sultan M.Kh, Logvina O.E., Iskhak L.N., Edigov A.T.,**  
Head of the Republic Clinical Hospital, Nalchik, Russia

**18:00 – 19:30 BOSPHORUS TRIP**

**20:30 FAREWELL DINNER for FACULTY and PARTICIPANTS**  
(Certificates of the conference will be given)



**National Museum in Nalchik**

**Saturday 8, October 2011**

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## **13 - Medical Session**

**Hall B**

**08:30 – 10:10**

**Chair:** Assoc.Prof. Dane Ediger (Turkey)  
Dr. Erol Can (Turkey)

**50. From Cardiology to the Socio-Economical Aspects: Present and Future of the Regional Management Strategy. 8:30 – 8:50**

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**Prof. Inarokova A.M.**, Tkhabisimova I.K., Imagozheva M.J., Semenova I.L.  
Head of the Department of General Practice, Gerontology and Public Health  
Organization of The Kabardino-Balkaria State University, Nalchik, Russia.

**51. Clinical and Epidemiological Features of Patients with Acute Coronary Syndrome in Kabardino-Balkaria. 8:50 – 9:10**

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Batirov Z.S., **Semenova I.L.**, Inarokova A.M., Imagozheva M.J.  
Department of General Practice, Gerontology and Public Health Organization,  
Medical Faculty of Kabardino-Balkaria State University, Nalchik, Russia

**52. Role of Higher Education Institutions in Doctors' Training and Health Care. 9:10 – 9:30**

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**Prof. L.V. Elgarova**, A.M. Kardangusheva, A.A. Elgarov  
Chair of Propedeutics of Internal Diseases of the Kabardino-Balkarian State  
University, Nalchik, Russia.

**53. The Prevalence of Risk Factors of Cardiovascular Diseases in the Kabardino-Balkarian Republic on the Example of already Operated Persons. 9:30 – 9:50**

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Djanataeva L.L., **Tkhabisimova I.K.**, Inarokova A.M., Batirov Z.S.  
Assoc.Prof. of Department of General Practice, Gerontology and Public Health  
Organization of the Medical Faculty of the Kabardino-Balkaria State University,  
Nalchik, Russia.

**54. The Relationship of Serum EPO Levels and Polycythemia in Hypoxemic COPD Patients. 9:50 – 10:10**

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Feride Orhan, **Dane Ediger**, Esra Uzaslan, Mehmet Karadağ, Ercüment Ege,  
R. Oktay Gözü  
Associated professor of Allergy and Pulmonology, Departments of Chest  
Diseases, Faculty of Medicine, Uludag University, Bursa, Turkey.

**Coffee Break 10:30 – 11:00**

**Saturday 8, October 2011**

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## **14 - Pediatrics Session**

**Hall B**

**11:00 – 12:20**

**Chair:** Dr Umit Samanlı (Turkey)  
Dr. Faisal Ezzedeem Tsai, (UAE )

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**55. Intrauterine Cardiac Evaluation by Echocardiography. 11:00 - 11:20**

**Dr. Umit Samanlı**

Pediatric Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey.

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**56. Operative Childbirth in Modern Obstetrics. 11:20 – 11:40**

**Prof. Uzdenova Z.H.**, Shogenova F.M., Zalihanova Z.M., Bekulova of M. B.

Department of Child's Illnesses of Obstetrics and Gynecology of Medical Faculty, Kabardino-Balkarian State University, Nalchik, Russia

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**57. The New Methods in IVF and Infertility Medicine. 11:40 – 12:00**

**Op.Dr.Alper Şişmanoğlu**

Specialist in Obstetrics, Gynecology and IVF, IVF and infertility Unit, German Hospital in Istanbul, Istanbul, Turkey

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**58. The Analysis of Efficiency of Organizational Decisions on Preventive Maintenance and Treatment of the Respiratory Distress Syndrome at Neonatals in Kabardino-Balkaria. 12:00 – 12:20**

**Prof. Zhetishev R.A.**, Zhetisheva I.S.

Chair of Childrens' Disease, Obstetrics and Gynecology. The Kabardino-Balkarian State University, Nalchik, Russia

**LUNCH BREAK 13:00 – 14:00**

**Saturday 8, October 2011**

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## **15 - Esthetics Session**

**Hall B**

**14:00 – 15:00**

**Chair:** Op.Dr. Sacit Karademir (Turkey)  
Op. Dentist Janberd Dincer (Turkey)

**59. Hair restoration Surgery (FUE & FUT). 14:00 – 14:20**

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**Op. Dr. Sacid Karademir**

Specialist in Plastic and Reconstructive Surgery, Natures Medical Center,  
Istanbul, Turkey

**60. Advances in Plastic Surgery. 14:20 – 14:40**

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**Op. Gulden Avci**

Specialist in Plastic and Reconstructive Surgery, Kadıköy Şifa Hospital,  
Istanbul, Turkey.

**61. Face Rejuvenation by Radiofrequency Treatment. 14:40 – 15:00**

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**Op.Dr. Hadi Vural**

ENT Specialist, Mediface ENT, Facial Plastic and Laser Center, Antalya, Turkey.

**62. New Developments in Prosthetic Dentistry Based on Polymeric Compositions. 15:00 – 15:20**

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**Kushkhov M.E., Kushkhov E.M.**

"NALDENT.", Kabardino-Balkarian Republic, Nalchik, Russia.

**15:00 – 15:20 Coffee Break**

**Saturday 8, October 2011**

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## **16 - Surgical Session**

**Hall B**

**15:20 – 16:20**

**Chair:** Op.Dr. Nusret Bas (Turkey)  
Dr. Mukhamed Kheir Khasan (Russia)

**63. The Investigation of Activation of Central Visual Analyser that is modified with the Electrostimulation Variant while the Atrophy of Visual Nerve. 15:20 – 15:40**

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Yn.Rubayev, **B.Kh.Khatsukov**

The Institute of Information Technology of Regional Management of KBSC of RAS, Nalchik, Russia

**64. The New Approaches in Complex Therapy of Patients with Craniofacial Flegmons. 15:40 – 16:00**

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**Mustafaev M.Sh**, Kharaeva Z.F., Mustafaeva F.M., Gendugova O.M.

Chair of Clinic of Cosmetic and Maxillofacial Surgery of Kabardino-Balkaria State University, Nalchik, Russia

**65. Experience of surgical treatment of thoracoabdominal traumas in the conditions of clinic endoscopic and faculty surgery at the Republican Clinical Hospital. 16:00 – 16:20**

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Prof I.A.Miziev\*, **Dr. Mukhamed kheir Khasan**, A.B.Tutukov

\*Chair of Endoscopic and Faculty Surgery, Kabardino-Balkar State University Nalchik

**18:00 – 19:30 BOSPHORUS TRIP**

**20:30 FAREWELL DINNER for FACULTY and PARTICIPANTS**  
**(Certificates of the conference will be given)**



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**1. What is Going on in Liver and Kidney Transplantation in Turkey.**

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**Prof. Munci Kalayoglu, M.D., F.A.C**

Prof. and Chairman General Surgery, Pediatric Surgery and Organ Transplantation, Memorial Sisli Hospital, İstanbul, Turkey

Turkey is a country with scarce cadaveric donors contrary to its desperate need for decent numbers of liver and kidney transplantations every year. The first successful kidney transplantation was performed in 1974 by Dr. Mehmet Haberal in this country after 20 years of the first successful kidney transplantation by Dr. John Murray in Boston. Dr. Haberal's team also performed the first cadaveric liver transplantation in 1988 in our country after 21 years of the world's first successful liver transplantation by Thomas E. Starzl. Turkey should depend on living donors for continuing transplantation activity. Until recently total kidney and liver transplantation numbers per year were under 1000 and 400, respectively.

The last five years has witnessed a tremendous increase in transplantation activity in this country and the yearly numbers have reached 3000. This positive improvement is mostly the result of a significant change in government policies regarding organ transplantation in Turkey.

The number of patients with end stage renal disease was nearly 30000 in 2004, but this figure has risen up to 55000 in 2010. The number of liver transplant candidates was 7000 in 2010. In 2016, the number of kidney and liver patients is expected to be over 100.000 and 15.000, respectively. This picture not only is a big financial burden, but also is a big problem in terms of work force. On the other hand, organ transplantation should be performed in sophisticated medical centers by experienced surgical teams and these donors and recipients should be followed in these centers which adds further considerable costs on these transplant centers.

Turkish Government has raised the fee paid for a single transplant 6-fold in the period of 2005-2010. The number of transplant centers has also increased in the meantime. This increase in the number of the centers has also eased the accessibility of the patients to transplant treatment in this country.

The patients are well-informed on organ transplantation and now the public has an opinion that transplantation is the single most effective treatment for end-stage kidney and liver disease. The number of transplants performed per year has literally exploded following the changes that were discussed on the upper paragraph.

Unfortunately, this increase in the total number of transplants is solely due to the increase in the number of living donor transplants. The total percentage of living donor transplants among the total number of transplants has increased from 75% to 85% in the same time period. This increase in total numbers should not mask the desperate need of cadaveric donors in this country. This should be the main concern of the government in the following years to come.



**(CV) Prof. Munci Kalayoglu, M.D., F.A.C**

Prof. and Chairman General Surgery, Pediatric Surgery and Organ Transplantation, Memorial Sisli Hospital, İstanbul, Turkey  
Email: munci.kalayoglu@memorial.com.tr

*Professor Kalayoglu was born in Ankara Turkey in 1940 and qualified as Medical doctor in 1963 at Ankara University Medical School. After specializing in general surgery at Hacettepe University Medical Faculty, Ankara, Turkey and in Pediatric surgery at Children's Hospital, Pittsburgh, Pennsylvania, USA, he got the degree of associate professor in 1972 and professor degree in 1977 at Hacettepe Medical School, Ankara, Turkey.*



*From 1984 to 2005 he worked as the Director of Liver Transplant Program at University of Wisconsin Hospital and Clinics, Madison, Wisconsin, USA. Since 2006, he has been working at Memorial Sisli Hospital, Istanbul, Turkey as the Chairman of General Surgery, Pediatric Surgery and Organ Transplantation.*

*He is the owner of 13 very special and honorary national and international awards given between 1989-2011. He is married and has two children.*

**2. Music Since the Beginning of Mankind and Music Therapy in the Cardiac Surgical Intensive Care Unit (ICU)**

**Prof. Dr. Bingür Sönmez**, Dr. Erol Can

Department of Cardiac Surgery, Memorial Hospital, Istanbul

The human being is in relation with music even before birth, listening to the rhythm of the mother's heart sound. Music is one of the oldest therapeutic methods of the mankind, beginning from the Shamans, through legendary Orpheus, to the traditional middle age Islamic medicine. In the last decades music therapy has again been in use in modern medicine as complementary therapy.

Every physical illness brings together also psychological problems. In Cardiovascular surgery, the stress, the fear of death, life worries and expectations makes a peak. According to İbn-i Sina, "Music is the best way to make a patient happy and healthy".

We have used live music therapy for 7 years in patients who had cardiac operations as the first in time in the Cardio-Vascular surgery intensive care unit (ICU). We play Sufi music with a ney (oriental reed flute), performed by the physician in charge. Many guest musicians, playing ney, arch, guitar, kaval, balaban, ud, gave the patients and us unforgettable experiences.

We have proved the positive effect of 15 minutes live music on the heart rate, blood pressure, respiratory frequency and oxygen saturation.

**(CV) Prof. Dr. Bingur Sonmez**

Cardiac Surgeon, Director of Cardiac Surgery Department, Sisli Memorial Hospital, Istanbul, Turkey.

E-mail :bs@mail.koc.net



*Prof. Sonmez was born in Sarikamis in 1952, east of Turkey, who is from Dagistan origin.*

*He graduated from Istanbul Medical School in 1976 and had coronary bypass surgery training at the St Thomas Hospital, in London.*

*He is currently working in Sisli Memorial Hospital in Istanbul, Turkey, dealing mainly with coronary bypass surgery, aortic surgery, radiofrequency ablation for atrial fibrillation in cardiac surgery and yoga for the heart.*

*He has published more than 100 articles and 8 chapters in 5 books and has performed 11 000 open cardiac surgery. His published books are Radial Artery Harvesting and Yoga for the Heart.*

*His hobbies include skiing and diving. He has special interest in the Eastern front of the First World War, namely Caucasus. He is the member of 23 local and international societies.*

### 3. Shear Stress, Vascular Endothelium and Atherosclerosis: From Bench to Practice

**Prof. Guifu WU, MD, PhD**

Director, Cardiovascular Core Laboratory, Co-Director, The Key Lab of Assisted Circulation, The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, PR.China

The phenomenon that atherosclerotic plaques usually develop at specific regions despite the fact that the entire arterial tree is equally exposed to systemic risk factors has been intensely studied recently. Although little is known about the exact mechanism(s) of action, low or oscillatory endothelial shear stress (ESS) in the local hemodynamic environment may play a critically important role in this process. Through complex mechanoreception and mechanotransduction pathways, low ESS ultimately leads to modulation of gene expression which results in endothelial acquisition of an atherogenic phenotype and subsequent formation of an early atherosclerotic plaque.

Enhanced external counterpulsation (EECP) is a non-invasive, safe, low-cost, and highly beneficial therapy for patients with coronary artery disease. Recent advances have shed light on the shear stress-increasing effects of EECP which are profoundly vasculoprotective and anti-atherosclerotic. EECP-induced shear stress increase may lead to improvement in endothelial function and morphology, inhibition of vascular smooth muscle cell migration and proliferation, attenuation of oxidative stress and inflammation, and promotion of angiogenesis and vasculogenesis. EECP may conceivably be promoted in the primary prevention for the care of coronary artery disease patients, in order to provide early benefits for their long-term prognosis.

#### **(CV) Prof. Guifu WU, MD, PhD**

Director, Cardiovascular Core Laboratory, Co-Director, The Key Lab of Assisted Circulation, The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, PR.China

E-mail: eecpchina@yahoo.com.cn

*Gui-Fu Wu, MD, PhD., Professor, PhD supervisor, post-doctoral fellow at Harvard University*

*Between 2001-2004, has received national, provincial, and other research funding in total of 6 millions (RMB). He established partnership with renowned universities and centers within and outside of China.*

*Research interests include interventional diagnosis and treatment of coronary heart disease, the diagnosis and treatment strategy of coronary abnormal dilation and slow flow phenomenon, cellular and genetic therapy of cardiovascular disease, the diagnosis and treatment strategy of vascular endothelium dysfunction syndrome, application and research study of EECP and mechanism research and device development of assisted circulation.*

*Dr.Wu has published over 100 paper on peer-reviewed journals within and outside China including Circulation, Am J Physiology, Journal of Biological Chemistry, Cardiovascular Research, Journal of Cardiac Failure, and etc. As a principal organizer, he organized the first (May 2006, Guangzhou) and second (October 2009, Beijing) International EECP Symposiums. Dr.Wu is one of the founders of EECP Association China, and has worked as the co-president and general secretary. He is one of the leading experts in the area of EECP and the program manager of International EECP Task Force in China.*



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**4. Mechanisms of Action of Enhanced External Counterpulsation**

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**John CK Hui,**Department of Surgery and Cardiology, State University of New York at Stony Brook,  
Health Sciences Center, Stony Brook, New York, USA

The process of atherosclerosis starts with endothelial dysfunction leading to adhesion and penetration of inflammatory cytokines into the arterial wall, promotes smooth muscle cell proliferation and migration, forming a plaque occluding artery, reduces blood flow.

Enhanced external counterpulsation (EECP) is a noninvasive circulation assist device that reduces systolic blood pressure, increases diastolic perfusion pressure and stroke volume. This presentation documents the data demonstrating its sustained pathophysiological effects resulting in beneficial clinical outcomes, improving exercise capacity and quality of life in patients with coronary artery disease as well as heart failure.

In the past five years, the mechanisms of action of EECP therapy have been the subjects of many investigations. It is now clear that during EECP® therapy the hemodynamic effect increased the pressure gradient across coronary stenosis, coronary blood flow, and cardiac output as measured by intracoronary pressure ultrasound Doppler study. The increased blood flow velocity during EECP treatment induced higher shear stress acting on the endothelial monolayer, stimulating development of angiogenesis and arteriogenesis resulting in recruitment of collateral circulation documented by intracoronary pressure wire measurements. The increased shear stress also improved endothelial function by increased release of plasmas nitric oxide and decreased endothelin-1 levels, improving control of vascular tone, and neutralized reactive oxygen species by reducing 8-isoprostane and asymmetrical dimethylarginine, preventing cellular damage. EECP also provoked release of endothelial progenitor cells from the bone marrow, aiding further the improvement in endothelial function. EECP also reduced arterial stiffness evidenced by lowering magnitude of the reflected wave and blood pressure. In addition, EECP reduced inflammatory cytokines including tumor necrosis factor- $\alpha$ , monocyte chemoattractant protein-1, soluble vascular cell adhesion molecule and high-sensitivity C-reactive protein. The reduction of inflammatory signaling prevented smooth muscle cells proliferation and migration, slowing down the progression of atherosclerotic processes.

In summary, there are sufficient evidences in the literature showing the mechanisms underlying the clinical benefits of EECP therapy in the improvement of endothelial function, stimulation of angiogenesis and prevention or slowing down of atherosclerotic process. If we follow the pathophysiological pathways from risk factors such as hypertension and hyperlipidemia to manifestation of cardiovascular disease, endothelial dysfunction may be the vital link, and EECP therapy has been proven to improve its function. EECP therapy should be considered seriously in the arena of preventive medicine.

**(CV) Assis. Prof. John CK Hui, Ph.D.**

Department of Surgery and Cardiology, State University of New York at Stony Brook,  
Health Sciences Center, Stony Brook, New York, USA  
E-mail : [jhui@vasomedical.com](mailto:jhui@vasomedical.com)

*Dr. Hui is a physicist by training. He has been a director, chief technology officer and Senior Vice President of Vasomedical, Inc. since February 1995 and Assistant Professor in the Department of Surgery and Cardiology in the State University of New York at Stony Brook since 1978. Between 1976 and 1995 he was also a scientist in the Medical Department at Brookhaven National Laboratories in Upton, New York.*



*Dr. Hui is a leading authority on counterpulsation techniques, having studied the subject with Clifford Birtwell, the inventor of the concept of counterpulsation. In addition to his more than 60 papers on the clinical investigation of enhanced external counterpulsation, he also held several patents on counterpulsation. Dr. Hui also published on nuclear medicine and vessel functionality.*

*After graduating with a BA in physics from International Christian University Tokyo, Japan, Dr Hui spent a year at the University of California, Berkeley before moving to the State University of New York at Stony Brook where he obtained his masters degree in 1972 and his doctorate in 1975. During his graduate research period in the thermodynamics of solids, Dr. Hui also studied at the Cavendish Laboratories at Cambridge University in the United Kingdom.*

## 5. Hope for Patients with Severely Depressed Cardiac Function and Heart Failure to Recover with Non-invasive External Counter Pulsation Treatment.

**Prof. Günsel Avci**, Ayse Piskin Ozinci, Sefika Mollaahmet, Suna Sinanoglu, Cenk Avci.  
Consultant Cardiologist, Chief of EECP treatment Unit, Memorial Sisli Hospital,  
Istanbul. Turkey

**Introduction:** EECP (Enhanced External Counterpulsation) treatment has previously been shown to be safe and effective for patients with stable heart failure (HF) who have NYHA class II and III symptoms. Here we report our experience, concerning the efficacy and safety of EECP in patients with severely depressed cardiac function and HF, including in those who have NYHA class IV symptoms and left ventricular ejection fraction (EF) lower than 25%.

**Methods:** Immediate and a mean of 4.3 years follow up results after EECP treatment in 52 patients with HF, while all kept under optimal medical therapy, were evaluated retrospectively. The mean age was  $63.4 \pm 10.6$  years (range 43-84 years), 45 out of 52 were men and 7 were women. The etiology of HF was ischemic in 48 and non-ischemic in 4 subjects; EF was in the range of 26-35% in 27 (Group I) and lower than 25% (17-25%) in 25 (Group II). Functional capacity (FC) of patients assessed by NYHA classification was class IV in 26 (50%), class III in 24 (46%), and class II in 2 (4%). Most patients in Group II were treated while they were in 45 degree upright position and daily one-hour EECP therapy with known standards was applied, only interrupting every 15 minutes, giving a rest in the sitting position for 10-15 minutes or allowing to pass urine, to avoid exacerbation of pulmonary congestion, until the patients become comfortable to lie flat for one hour.

**Results:** EECP treatment was well tolerated by all patients and no adverse effects occurred in any of them. Patients' clinical status improved day by day with the initiation of EECP. After the completion of 30-40 hours EECP, FC improved one class in 26 cases (50%) and two classes in 18 cases (35%). FC changes in Group I and II were highly significant ( $P < 0.004$  and  $P < 0.001$ , respectively). FC remained unchanged in 8 cases (15%). Follow up assessment of 33 cases up to mean 4.3 years showed that mean well-being duration was 20 months for the re-occurrence of congestive symptoms necessitating hospitalization and/or repeated EECP therapy. Three cases (9%) needed to receive repeat EECP support to keep their stable condition. Twelve patients (36%) died and mean survival time was 3 years after the first EECP treatment.

**Conclusions:** Non-invasive EECP therapy, can safely provide immediate and lasting recovery, for those patients with severely depressed cardiac function and heart failure who are even candidate for cardiac resynchronization therapy or heart transplantation. The majority of those patients, can keep their improved clinical status up to 20 months without need for repeat EECP and survive up to 3 years without any major adverse cardiac event after the first EECP treatment. A few cases, may need repeated or continuous EECP support for their failing heart, even on a 2-3 hours/week basis, as in hemodialysis treatment in renal failure, to keep their improved clinical condition and quality of life.

**(CV) Prof. Gysel (Shurdum) Avci**

Consultant Cardiologist and Chief of EECF Treatment Unit,  
Memorial Hospital, Istanbul, Turkey.

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Website: www.dogalypass.com



*She is a member of Kabardey Shurdum family whose ancestors have migrated from Zeiko Village in Kabardey region in North Caucasus.*

*She graduated from Istanbul University Medical Faculty in 1970, specialized in internal medicine and cardiology and became a professor in 1990. She was elected to the board of Turkish Society of Cardiology for 12 years consecutively beginning from 1984 and took part in the organization of many scientific meetings and research.*

*Her main interest was noninvasive diagnostic tests in cardiology, especially echocardiography for 25 years, and undertook the responsibility of echocardiography laboratories in the university and private hospitals in Istanbul.*

*Since 2001, she has been interested in ECP and applying it in a private hospital and also in her office. She has made visits to Pittsburgh, San Diego and Stony Brook University Hospitals in USA and Sun Yat-sen University in China, to meet World wide known ECP experts to discuss various aspects of this treatment.*

*She has great interest and spends generous effort to keep the unique Circassian culture alive. She has been in the board of Caucasian Cultural Assosiation of Istanbul for 12 years, being the president for 5 years; she was the chair of the organization during the foundation of The Federation of Caucasian Associations in Turkey. She is married and grateful to her husband for his devoted supports to her professional and social activities. She has a son educated as genetical engineer and now in the army for military service.*

## **6. Retro Bypass” is an Alternative treatment for end-stage coronary heart disease. Experimental Studies**

**Prof. Dr. med Faidi O. Mahmoud**, PD Frank Harig, Prof Michail Weyand  
Cardiac Surgeon University Heart Centre, University Hospital Erlangen, Germany

### **Introduction**

The potential of the coronary veins for revascularization has been evaluated by many investigators for more than 100 years. In 1898, Pratt developed the idea of perfusion of the heart muscle through the coronary sinus in isolated feline hearts. In 1949, Beck made the initial attempts of chronic retroperfusion of the coronary venous bypass graft, (CVBG). In 1956, Lillehei et al. were the first to use this technique during cardiac surgery for myocardial protection.

Selective retrograde perfusion of the coronary veins has gained renewed interest as an option for patients who are otherwise not candidates for surgical revascularization procedures. Arterialization of a coronary vein for retrograde perfusion of ischaemic myocardium has been performed previously by cardiac surgeons, but never reached widespread clinical application due to limited efficacy and severe complications such as haemorrhagic infarction in some of the patients.

**Aim:** This review aimed to investigate the arterialization of cardiac veins as an alternative myocardial revascularization strategy in an experimental long-term model in pigs. This review examines this old concept from a new perspective and proposes a novel hypothesis to address previous shortcomings in Pig Model

### **Conclusions**

- Using venous retroperfusion is an effective technique to achieve long-term survival after acute occlusion of the left anterior descending artery in a pig model. In this model, proximal ligation of vena cordis magna is essential.
- This method is still at the stage of experimentation and long-term results are unknown may be due to the different structure of the pigs' anatomy.
- The validation of this approach for chronic applications awaits future studies and we need clinical experience.
- This approach is an alternative for the treatment of severe CHD (e.g. small vessels disease, multi morbid patient).
- When there is no other option for myocard revascularisation in the end stage of CHD, if no arterial anastomose connection is possible.
- It can provide retrograde coronary perfusion during high-risk percutaneous coronary Intervention.
- When there is still existing myocardial vitality
- The procedure, as well as being easy, has no risk when the patient safety is concerned with regard to the chronic increase in coronary venous pressure, which may promote the occurrence of complications.



**CV Prof. Dr. Dr. Faidi Omar Mahmoud**

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[faidi.mahmoud@gmail.com](mailto:faidi.mahmoud@gmail.com)

**Position**

- *Prof. and President of the Board of Trustees Al Andalus University in Syria since 2004*
- *Consultant for cardiac surgery. University Hospital in Erlangen Germany since 1986*
- *President of (ARABMED) in Europe since 2010*
- *Head of Medical Programs German Academic Exchange Service (DAAD) and Arabian German Alumni Network (AGMAN) in University of Erlangen in Germany since 2006*

*Prof. Faidi Omar Mahmoud , was born in Birajam /Golan-sud of Syrian.*

*He graduated from Damascus Medical School in 1972, since 1976 in Germany, and had cardiac surgery training in the Centre of the University of Erlangen-Nuremberg in Germany*

*He is currently working As a senior consultant in cardiac surgery in the Heart Centre of the University Hospital in Erlangen, Germany, he is responsible for the organization and the management of the department (35 beds) including operation programs and intensive care (8 beds). Operate about 1000 patients with ECC in 3 operating theatres per year (50 percent coronary surgery, 20 percent valve surgery, 20 percent congenital surgery, 10 percent aneurysm, transplantation etc.). He is operating every day and he operated more than 3000 patients. his range of cardiac surgery is extremely wide (OP catalogue: coronary surgery: mammaia graft and vein graft; valve surgery: reconstruction and replacement; congenital heart surgery; aortic surgery; aneurysm; management of extra corporal circulation (ECC) and cardioplegia ; management of the therapy of intensive care patients.with postgraduate teaching in cardiac surgery (clinical, theoretical, operation teaching)*

*He has published more than 100 articles and 3 chapters in 5 books and has performed 3 000 open cardiac surgery. He is the member of 10 local and international societies.*

*He has regularly organise and participate in cardiac surgery courses and meetings*

**7. ERZENGIN'S POLYPILL: An Additional Medical Treatment of Atherosclerotic calcifications.****Prof. Dr. Faruk Erzenegin MD, FESC**

Former Dean of Medical Faculty of Istanbul University, Department of Cardiology of Istanbul University Medical Faculty, Çapa, Istanbul, Turkey.

According to the classical approach, it is known that atherosclerosis which is a progressive process, starts and grows up from intima, which is inside the lumen of arteries.

However, for the first time in literature, 5 years ago our team demonstrated adventitial localization of atherosclerotic calcification by 64-320 Multi Slice Computed Tomography (MSCT) with a magnifying glass, on 820 patients, and proved it pathologically in our research laboratories

Our surprising findings are, the formation of the atherosclerotic and calcified plaque begins and grows up not only in the intima or media (Mönckeberg's Sclerosis), but also on the adventitia (Erzenegin's Arterial Atherosclerotic calcifications) of the coronary arteries and/or all of the medium and large arteries.

For many years, atherosclerotic plaque formation, which is a dynamic, progressive process and a very dangerous killer disease, has been accepted never to be prevented, stabilized or treated because of its dangerous progression. Unfortunately, the atherosclerosis still has the highest morbidity and mortality rates all over the world.

Now I will present you our research on a new additional medical combination therapy (Erzenegin's Polypill) against this progressive, dynamic and killer disease, atherosclerotic calcifications.

As the first stage a compared animal study (Stage A) was initiated at DETAE in Istanbul Medical Faculty. For the second stage, we planned a double blind controlled case study with or without Erzenegin's Polypill in addition to conventional antiatherosclerotic treatment.

If the results of this research match our anticipations, there will be a permanent solution for the atherosclerosis. We believe, the combination of Erzenegin's Polypill together with the conventional therapy will likely prevent atherosclerosis in a non-invasive, risk free and inexpensive way, will sort out the complications of the atherosclerosis permanently and will make an incomparable contribution to whole humanity by expanding the life span, enhancing the quality of life and also making a great contribution to the economy.

**(CV) Prof. Dr. Faruk Erzenjin MD, FESC**

Former Dean of Medical Faculty of Istanbul University, Department of Cardiology of Istanbul University Medical Faculty, Çapa, Istanbul, Turkey.

E-mail: farukerzenjin@gmail.com

*Prof. Erzenjin graduated from Istanbul Medical Faculty of Istanbul University in 1972, specialized in internal medicine in 1978, became an associate professor in 1987 and professor in cardiology and internal medicine in 1995 at the same faculty.*

*Beginning from 1982 he spends two years in Department of Cardiology of St. James' University in United Kingdom as a senior registrar & fellow researcher. He made many visits to Washington and Seattle Universities, Miami, Orlando and*

*Cleveland Clinic for education and practice on Doppler Echocardiography. He founded Echocardiography Laboratory in 1983 and Transoesophageal Echocardiography Laboratory in 1990 in his University.*

*From 1984 to 1994, he was the Secretary General of the Study Group of Echocardiography of the Turkish Society for Cardiology. He was elected as a fellow of the European Society of Cardiology (FESC) in 2006. He was the dean of Istanbul Faculty of Medicine, University of Istanbul for 6 years, beginning from 1998.*

*He has over 390 manuscripts of which 167 are in English. He has written chapters, to eight books. He is the editor in two and second editor in one of three books on Cardiology, Echocardiography and Hypertension, which published on 2007-2009. He has attended over 100 congresses to give conferences and to present free papers.*



**8. The Stent Era****Dr. Suavi Tufekcioglu.**

Invasive Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

In 1964, Charles Theodore Rotter and Melvin P. Judkins described the first angioplasty. In 1977, Andreas Gruntzig performed the first balloon coronary angioplasty, which was revolutionary treatment in cardiology.

Coronary artery stents were introduced in the mid 1980s and were the second revolutionary treatment in interventional cardiology. Since then, there have been significant developments in their design, the most notable of which has been the introduction of drug eluting stents.

Despite all the benefits of drug eluting stents, concerns have been raised over their long-term safety, for example stent thrombosis. Of that reason, newer stents have been developed that include DES with biodegradable polymers, DES that are polymer free, stents with novel coatings, and completely biodegradable stents.

We'll make a trip in the stent-era.

**(CV) Dr. H. Suavi Tufekcioglu.**

Invasive Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

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*Dr Tufekcioglu graduated from Istanbul Medical Faculty of Istanbul University in 1986 and completed his specialization in cardiology at Siyami Ersek Hospital in 1995*

*He worked at Catheter laboratories of Istanbul Florence Nightingale Hospital, Istanbul German Hospital and Istanbul Sisli Memorial Hospital and has done more than 30.000 coronary angiography and 7500 angioplasty. He is married and has three sons. His hobbies include tennis, football, dancing, listening to music and reading.*



**9. Percutaneous Treatment of Chronic Coronary Total Occlusion****Assoc Prof. Cevat Kirma**

Invasive Cardiologist, Kartal Kosuyolu Heart Education and Research Hospital, Istanbul, Turkey.

Approximately 30 to 40% of patients with coronary artery disease shows at angiography at least one occluded artery. Chronic total occlusion (CTO) remains the most powerful predictor of referral for coronary bypass surgery. So only 7 to 15% of CTO are treated with percutaneous coronary intervention (PCI).

Recanalization of CTO represents last obstacle for the interventionalist, and one of the most complex PCI at the present time. A higher success rate is obtained through the combination of newly developed dedicated devices and crossing techniques in the CTO PCI without an increase in complications.

In summary, in experienced hands and centers, CTO-PCI is safe, results in symptom relief, improvement in left ventricular function, and perhaps improved long-term survival.

**(CV) Assoc Prof. Cevat Kirma**

Invasive Cardiologist, Kartal Kosuyolu Heart Education and Research Hospital, Istanbul, Turkey.

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*Dr Cevat Graduated from from Medical Faculty of Istanbul University, specialized in internal medicine at the same faculty, then specialised in cardiology at the Kartal Kosuyolu Heart Education and Research Hospital, Istanbul. He gained Associate professor Degree in 1998.*

*He was one of the researchers in Taxux Olympia Registry and was the leader researcher in Current Oasis 7 and trilogy Acute Coronary Syndrom studies.*



**10. Percutaneous interventions in multivessel coronary artery disease.****Assoc. Prof. Erhan Babalik.**

Invasive Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

Coronary artery bypass grafting (CABG) has been shown to provide better results than percutaneous intervention (PCI) in multivessel coronary disease. Drug eluting stents (DES) have significantly improved results of PCI in terms of restenosis and repeat revascularization. The main advantage of CABG over PCI remains less repeat revascularization, but long-term mortality has been similar in both treatment strategies. In recent studies, multivessel PCI in guidance with fractional flow reserve (FFR) measurements showed reduced mortality and myocardial infarction in long-term follow-up. Patient selection based upon demographic, clinical and angiographic characteristics also has a critical role on the results of revascularization strategy. Improved operator experience in multivessel disease states is another determinant of the PCI results. There have been many published reports of multivessel PCI with DES demonstrating comparable result with CABG. In selected patients, multivessel stenting with DES remains an alternative revascularization strategy in experienced centers with facilities of complementary PCI devices

cat hearts. In 1949, Beck made the initial attempts of chronic retroperfusion of the coronary coronary venous bypass graft, (CVBG). In 1956, Lillehei et al. were the first to use this technique during cardiac surgery for myocardial protection.

Selective retrograde perfusion of the coronary veins has gained renewed interest as an option for patients who are otherwise not candidates for Surgical revascularization procedures. Arterialization of a coronary vein for retrograde perfusion of ischaemic myocardium has been performed previously by cardiac surgeons, but never reached widespread clinical application due to limited efficacy and severe complications such as haemorrhagic infarction in some of the patients.

**Aim:**This review aimed to investigate the arterialization of cardiac veins as an alternative myocardial revascularization strategy in an experimental long-term model in pigs. This review examines this old concept from a new perspective and proposes a novel hypothesis to address previous shortcomings in Big Model

**Conclusions**

1. Used Venous retroperfusion is an effective technique to achieve long-term survival after acute occlusion of the left anterior descending artery in a pig model. In this model, proximal ligation of vena cordis magna is essential.
2. This Method is still at the stage of experimentation and Long-term results are unknown mebe Deferent structured of the pigs' Anatomy
3. The validation of this approach for chronic applications awaits future studies.and We need Clinical experience
4. Alternative for severe CHD (Small vessels Disease, Multy Morbid Patient )
5. when there is no other Option to myocard revascuarisation in the End stage of CHD, If no Arterail Anastomse connection possible
6. Retrograde Coronary Perfusion During High-Risk Percutaneous Coronary Intervention
7. In still existing myocardial vitality
8. the procedure as well as essy, no Risk for the Patient safety concerns with regard to the chronic increase in coronary venous pressure, which may promote the occurrence of complications.

**CV) Assoc. Prof. Erhan Babalık.**

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*He graduated from Istanbul University Cerrahpasa Medical Faculty in 1992, completed his specialization in cardiology and invasive cardiology in 1998 at Istanbul University, Institute of Cardiology, gained Associate Professor Title in Cardiology in 2004 and worked there till 2007. Since then he has worked at Memorial Sisli Hospital, Istanbul, Turkey.*

*He is a member of Turkish Society of Cardiology, Turkish Society of Cardiovascular Surgery and European Society of Cardiology,*



## 11. Transcatheter Aortic Valve Implantation (TAVI)

### Prof Dr Vedat Aytekin

Invasive Cardiologist, Director of Invasive Cardiology Department of Florence Nightingale Hospital, Istanbul, Turkey.

It has long been known that, severe aortic stenosis has worse prognosis when it becomes symptomatic. By the aging of the population, the incidence of degenerative aortic stenosis increases. As in all kinds of heart diseases, comorbidity is much more common in aortic stenosis with increasing age. Long experience shows that surgical valve replacement prolongs survival in such patients. Comorbidity acquired with the increasing age is the most important difficulty for the surgeons. Scoring systems which evaluate the surgical risk shows that, over certain limits of Euroscore and STS score, surgical mortality and morbidity is high. Multiple registries from multiple centres have shown that in high risk patient shaving aortic stenosis, transcatheter aortic valve implantation (TAVI) seems to be a comparable therapeutic option with the surgery. During the preceding 10 years, over 20 000 TAVI cases were performed and percutaneous experience to date has been with the Edwards SAPIEN and Medtronic Core Valve devices and with the femoral transarterial, transapical, subclavian and transaortic approach. Currently there are two valves in wide spread clinical use as shown in Figure1 and Figure 2.

Figure 1.Sapien XT (Edwards) Figure2.Corevalve (Medtronic)

Both devices are now available with comparable low profile 18–19 F delivery systems. The manufacturers' valve diameter sare 23, 26 and 29 mm in Edwards SAPIEN, 26, 29 mm in Core Valve devices. It seems that the device diameters will have more alternative sand the profiles will be lower in thefuture.

Inrecent series, the procedural success is over 90%. Early mortality is 6.4% in 30 days and 20% improvement in survival in 1 year when compared with medical therapy in Partner B trial (Figure 3).In Partner A Cohort results, 1 year mortality is indistinguishable in TAVI (24.2%) when compared to surgery (26.8%)

Figure 3. PARTNER B Trial Figure 4. PARTNER B Trial

1 year Mortality with TAVI vs Standart Rx1 year Res

### (CV) Professor Vedat Aytekin

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*Prof. Aytekin graduated from Istanbul University Istanbul Medical Faculty in 1980.He specialized in internal medicine at Istanbul University Cerrahpaşa Medical Faculty, became an associate professor in Cardiology in Istanbul University Cardiology Institute in 1992 and Professor of Cardiology at Kadir Has University Medical Faculty in 1999.*

*Since 1994 he has been the head of Interventional Cardiology Dept of Florence Nightingale Hospital, meanwhile he was the head of Cardiology Department K.H.U. Medical Faculty in 2003 and was the head of Cardiology Department of Istanbul Bilim University Medical Faculty from 2006 to 2010.*

*He has worked as Secretary, vice president and President of Turkish Society of Cardiology-Interventional Cardiology Working Group; treasurer and vice president of Turkish Society of Cardiology. He has been a fellow of European Society of Cardiology (FESC) and a member of European Society of Cardiology; Percutaneous Intervention Association (EAPCI).*





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**12. Principles of Psychological Preconditioning before Cardiac Surgery.**

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**Dr. Erol Can, Suzan Can**Director of Cardiac Surgery Intensive Care Unit, Memorial Sisli Hospital,  
Istanbul, Turkey.

Undergoing cardiac surgery is one of the most “life treating” experiences for the patients. The instinctive fear, combined with insufficient knowledge leads to serious perioperative distress, which may provoke early postoperative psychosis (delirium) and hemodynamic lability in the intensive care unit, as well as, some long standing consequences of the psychotrauma. They become patients of the “Lieson psychiatry”. We accept that the prophylaxis and treatment of the psychotrauma must begin before and continue after the operation. Some psychological research shows that informed patients tolerate expected problems and possible complications better than uninformed ones. On the other hand, medical ethics and law require informed consent of patient before any medical interventions.

Cardiac surgery is a well known method for “myocardial preconditioning”, which lets myocardium without oxygene for 2-3 minutes, provoking it to pass to partial anaerobic metabolism for better adaptation to ischaemic period of the operation. As an analogy, a method for better psychological adaptation to operative interventions, named by us as “psychological preconditioning” is proposed. It consists of:

Preoperative estimation of psychological type of the person and his/her particular anxiety and fears;

a simulation of imaginary postoperative situation, giving the necessary information for the informed consent and supplementary information about the intervention according to the requests of the patient;

a simultaneous appropriate adaptational psychotherapeutic support, which continues postoperatively in the ICU and in the ward.

Alternative ways for informing and convincing the patients are discussed (booklets, audio-visual records, mass-media).

**(CV) Dr.Erol Can**

Director of Cardiac Surgery Intensive Care Unit, Memorial Sisli Hospital, Istanbul,Turkey. E-mail :erol.can@memorial.com.tr

*Dr Can was born in 1954 in Silistra, Bulgaria. He had medical education at Medical Institute of Varna, earning a degree in 1980 and specialized in internal medicine at the same institution in 1985. He had PhD fellowship in anesthesiology and reanimation at The National Center of Cardiovascular Diseases, Medical Academy, Sofia, became assistant professor and Senior Assistant 1990.*

*He has "The best young doctor" title; 5 golden medals and 20 Diplomas of Honor for scientific researches. He immigrated to Turkey in 1991 and worked as an intensivist at The ICU of The Institute of Cardiology, Istanbul University, at the ICU of The Florence Nightingale Hospital, Istanbul and since 2000 as the chief of the ICU of Memorial Sisli Hospital, Istanbul.*

*His areas of interest include metabolism, microcirculation, hemodynamics; psycho- and music therapy in cardiac surgery.*

*Dr. Can speaks Bulgarian, Russian, French, English and Turkish languages.*

**(CV) Suzan Can**

*Co-presenter was born in Bulgaria in 1984 and migrated to Turkey with her family in 1992.*

*After graduating from the Philosophy Department at the University of Istanbul 2003, she was*

*Admitted to Medical University, Sofia, Bulgaria and will graduate in Oct 2011.*

*As a student, she was given a few awards for experimental scientific research, and published at a Students Scientific Synposia.*



### 13. Total Artificial Heart (TAH) Implantation for Bridge to Transplantation in End- stage Heart Failure: First Man at Home Without His Native in Turkey.

**Prof. Deniz Suha Kucuk aksu ,Op. Erman Pektor**

Heart Transplantation & VAD Program, Florence Nightingale Hospital, Istanbul, Turkey.

A 45-year-old man suffering from end-stage heart failure was implanted a total artificial heart (SynCardia TAH-t®) on May 21, 2011. He was discharged from the hospital on June 2011, and is still waiting for a donor heart for heart transplantation while enjoying life with his family.



#### **(CV) Prof. Deniz Suha Kucukaksu**

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*Prof. Kucukaksu graduated from Istanbul Medical Faculty of Istanbul University in 1987 and completed his cardiovascular surgery training at Turkish Yüksek İhtisas Hospital in 1992. He has been at St. Vincent Hospital with Prof. Albert Starr, Oregon, USA in 1993 as an observer surgeon, he received cardiomyoplasty training at Hopital Brousseis from Prof. Allain Carpentier, Paris, France in 1994. Till 2000, he worked at Turkish Yuksek Ihtisas Hospital as chief resident, vice chief of CVS and Coordinator surgeon – Transplantation and VAD programme and got associate profesorship in 2000. He received Micromed Debakey Vad training from Prof. George Noon and applied LVAD for Bridge to Tx at Turkish Yuksek Ihtisas Hospital for the first time in Turkey in 2001*

*From 2004 to 2005, he was the chief surgeon at Ankara MESA Hospital. From 2005 to 2010, he worked at Yeditepe University, Istanbul as the founder and director of Cardiovascular Surgery and Transplantation & VAD Department and he did the first application of LVAD for Longterm support in Turkey and of Assisted CAGB with Microaxial pump in Turkey at this university. He became a professor in 2006. He is the founder and has been working as director of Transplantation & VAD Department at Florence Nightingale Hospital, Istanbul since 2010*

*He received 6 remarkable national awards and has over 200 publications. He is a member of The Association of Turkish Cardiovascular Surgery, Transplantation Society, Turkish vascular Surgery Association, Turkish Cardiology Association, International Society for Rotary Blood Pumps, Organ Transplantation Coordination Association, European Society or Artificial Organs, The Society for Artificial Organs and Support System and Kabatas high school association*

#### **CV Erman PEKTOK, MD**

*Dr. Pektok was graduated from Hacettepe University, Faculty of Medicine (Ankara, Turkey) on 1998. He finished his residency in Ege University, Department of Cardiovascular Surgery (Izmir, Turkey) in 2005. Between 2005 and February 2009, he worked in the University of Geneva, Department of Cardiovascular Surgery (Geneva, Switzerland) as a Fellow of Cardiovascular Surgery. He started up the Heart Transplantation & Ventricular Support Systems Program in Yeditepe University, Department of Cardiovascular Surgery (Istanbul, Turkey) with Professor S. Kucukaksu in 2009-2010.*

*On July 2010, Dr. Pektok, together with Prof. Kucukaksu, started the Heart Transplantation & Ventricular Support Systems Program in Florence Nightingale Hospital (Istanbul, Turkey), where he is still working*



**14. Heart Transplantation in Turkey: History and Current Situation.****Op. Dr Mehmet Balkanay**

Cardiovascular surgeon, Chief of cardiovascular clinic and coordinator of Heart and Heart-lung transplantation Department Kartal Kosuyolu Heart Education and Research Hospital, Istanbul, Turkey.

The aim of this presentation is to show the history, the ways we have passed and the current stage of heart transplantation in Turkey. The first long term followed Heart Transplantation in turkey was performed in 7<sup>th</sup> September 1989 at Kosuyolu Heart and Research Hospital. Since that day to present more than 500 heart transplantations was performed in Turkey and approximately twenty percent of these transplantitions was achieved in Kosuyolu Heart and Research Hospital.

Despite some difficulties we have to solve in this issue Turkey have a good position in the heart transplantation issue.

**(CV) Op. Dr Mehmet Balkanay**

Cardiovascular surgeon, Chief of cardiovascular clinic and coordinator of Heart and Heart-lung transplantation Department Kartal Kosuyolu Heart Education and Research Hospital, Istanbul, Turkey.  
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*Dr.Balkanay graduated from Medical Faculty of Hacettepe University, Ankara, Turkey in 1976, specialized in Anesthesia and Reanimation at the same Faculty and then became a thoracic and cardiovascular surgeon at Kosuyolu Heart Hospital in 1988.*

*He has over 400 abstracts, research article and presentations at international conferences. He is married.*

## 15. Carotid Endarterectomy with Mini-invasive Access in Local Anaesthesia

**Assoc. Prof. Yusuf Kalko**

Cardiovascular Surgeon, Responsible Physician on peripheral vascular surgery at Medical Park Bahçelievler Hospital, Istanbul Turkey

**Purpose** : The aim of this study is to review our experience and results of carotid endarterectomy performed with a mini-invasive access via a 3-7 cm cutaneous incision under local anaesthesia.

**Method** : A search of the surgical records revealed 100 patients who had undergone carotid endarterectomy with local anaesthesia at Medical Park Hospital, Vascular Surgery Department. Surgical indication, outcome, operative technique and complications were assessed.

**Results** : The patients ranged in age from 51 to 88 years at the time of diagnosis, with the mean age being  $60.69 \pm 5.2$  years. There were 70 ( 70 % ) symptomatic patients in our series. The perioperative course of the patients was uneventful. A shunt was inserted because of neurological deterioration in 2 patients ( 2 % ) with full recovery of the deficit after shunt insertion. Operative time ranged from 24 to 45 minutes, with a mean of  $32 \pm 4.21$  minutes. There were 1 ( 1 % ) patients with postoperative neurological complications. The patient with an ipsilateral stroke 1 day postoperatively died on day 3 from pulmonary complications. The mean length of hospital stay ranged from 2 to 3 days, with a mean of  $2.06 \pm 0.4$  days.

**Conclusion**: Carotid endarterectomy performed under local anaesthesia is associated with low morbidity and mortality rates. Local anaesthesia enables the surgeon to assess the neurological status during the procedure and provides for a more meticulous endarterectomy. It is also associated with decreased shunt usage, decreased operative time and shorter length of hospital stay. In addition to being more aesthetically pleasing, mini-invasive access is a viable alternative to the traditional access for patients undergoing carotid CEA.

### (CV) Assoc Prof. Yusuf Kalko

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*I was born in 1970 in Kağızman. As I had extreme interest and will for "Medical" science,*

*I started to study at Akdeniz University Faculty of Medicine and graduated as a "Medical Doctor" in 1994. Then I completed my Post Graduate Education at Istanbul University Istanbul Faculty of Medicine Cardiovascular Surgery. I had great opportunity to practice*

*in congenital heart surgery, adult cardiac surgery, peripheral vascular surgery, emergency dissecting aortic surgery and other aneurysms. I qualified as "Specialist" in Cardiovascular Surgery in 2001 and got the title of "Associate Professor" in 2009. Since April 2010, I have been working as a Physician Responsible For Peripheral Vascular Surgery at Medical Park Bahçelievler Hospital and do my best to serve my country in Minimally Invasive Vascular Surgery.*

*I have 21 international and 30 national publications which have already been published or yet ready for acceptance. I have 145 edicts in total which have been presented in the national and international scientific meetings.*



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**16. Robotic Radical Cystoprostatectomy, Extended Lymph Node Dissection and Totally Intracorporeal Continent Studer Pouch Formation**

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**Prof. M. Derya Balbay**

Urologist-Urooncologist, Memorial Sisli Hospital, Istanbul, Turkey.

A total of six ports are used. For start up 0° lens is used and switched to 30° lens as we start Studer Pouch formation. Patient is placed in a deep (30°) Trendelenburg position and switched to 5-10° after completion of the lymph node dissection.

Dissections of both ureters without damaging their adventitia are performed first. Ureters are double clipped and cut as they enter the bladder. Seminal vesicles and the prostate are dissected off of the surrounding tissues as neurovascular bundles (NVB) are preserved on each side, after the peritoneum on the anterior wall of the Douglas' pouch and subsequently Denonvillier's fascia are opened. Urachus is mobilized between both medial umbilical ligaments. Ligation and division of the dorsal venous complex and membranous urethra separately completes bilateral nerve sparing radical cystoprostatectomy.

Lymphatic tissue including external, internal, and common iliac, obturator, presacral, interbifurcated, paraaortic and precaval lymph nodes within the boundaries between the genitofemoral nerves, psoas muscles, and ureters laterally, cut edge of the endopelvic fascia over the NVBs and internal iliac vessels medially, inferior mesenteric artery and accompanying vena cava superiorly are removed.

Distal 20 cm of the terminal ileum left undisturbed. Studer pouch is constructed with the use of adjacent 45-50 cm of the adjacent ileum. First ileum is anastomosed to the urethra at its antimesenteric edge of the most dependent part. With preserving the most proximal 10 cm of the ileal segment as the afferent limb, remaining ileal segment is opened on its antimesenteric border, closed with a running and interrupted 3/0 monocryl sutures as it is double folded. Ureters are anastomosed to the afferent limb with the use of a Wallace technique. Internal double J stents are used for ureteral stenting ends of which are hooked up to the tip of the Foley catheter with long vicryl sutures.

**(CV) Prof. M. Derya Balbay**

Urologist-Urooncologist, Memorial Sisli Hospital, Istanbul, Turkey.  
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*Dr. Balbay was born in 1961. He has graduated from Medical School at Hacettepe University in 1985 and did his residency in Urology at the Department of Urology at the same center. As a visiting clinician he has visited Department of Urology at Mayo Clinic, Rochester, MN and University of Texas MD Anderson Cancer Center between 1994 and 1995. He has passed USMLE and got ECMFG certificate in 1994. Later on he completed a clinical fellowship in urological oncology at UTMDACC between 1996-1999. Having completed his fellowship in USA, Dr. Balbay returned to Turkey and has been awarded the titles of Associate Professor in Urology in 1999 and Professor in Urology in 2008. He has worked as chief and chairman at several university and training and research hospitals until 2011. In 2010 he has become a consultant proctor surgeon for Intuitive and has trained surgeons both nationally and internationally.*



*Dr. Balbay is one of the pioneering surgeons in robotic urooncology in Turkey. In addition to performing several hundred robotic radical prostatectomy cases, he is currently having the second largest series of robotic cystoprostatectomy, extended lymphadenectomy and total intracorporeal Studer pouch in the world. He has published a total of 99 papers in international scientific journals out of which 36 of his papers have received 514 citations from papers published in journals listed in SCI and SCIE as of January 2011.*

*Dr. Balbay is currently working at Istanbul Memorial Hospital, married and have two wonderful children.*

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**17. Pelvic Anatomic Details for Functional Outcomes in Conventional and Robot-Assisted Laparoscopic Radical Prostatectomy**

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**Prof. Dr. Tibet Erdogan**Head Department of Urology, Minimally Invasive & Robotic Surgery Center,  
Memorial Istanbul Atasehir Hospital, Istanbul – TURKEY

Especially new insights in the anatomy of the prostate and the surrounding tissue help to further evolve the technique in robotic radical prostatectomy for treating clinically organ confined prostate cancer. Knowledge of the most recent findings in combination with the known anatomy of the prostate and the adjacent tissue is the base to ensure good oncologic and functional outcomes after radical prostatectomy. Moreover, the use of this knowledge in combination with most recent surgical techniques such as the robotic surgery opens new opportunities in the treatment of prostate cancer. The aim of this presentation is to summarize the most recent findings in the anatomy of the prostate and the surrounding tissue, which might be relevant for robotic radical prostatectomy.

The fascial and neural anatomy of the prostate are of special interest for radical prostatectomy, and the fascias in particular represent important surgical dissection planes.

Depending on the dissection plane chosen during the procedure, several technical variations are possible. The following describes the anatomic implications of the different surgical dissection planes.

During the our intrafascial extraperitoneal robotic radical prostatectomy, we incise the endopelvic fascia only ventrally medial to the puboprostatic ligaments. Then, we try to dissect on the prostatic capsula, freeing laterally the prostate from its thin surrounding fascia (periprostatic fascia) containing small vessels and nerves. The difference of our technique from the Vattikuti experience is the maintenance of all lateral enveloping periprostatic fascias (including the endopelvic fascia) intact. We only follow an anterior incision of the periprostatic fascia when performing an intrafascial nerve-sparing robotic radical prostatectomy technique.

Oncologic results (surgical margin status) and quality of life aspects (continence preservation and postoperative urinary continence) are issues that provoke further technical modifications, aiming to achieve the “ideal” outcome. Our presentation in this international meeting adds further knowledge to the existing “postprostatectomy anatomical” debate and emphasizes upon the role of the puboprostatic ligaments, the external urethral sphincter, the periprostatic fascias and the neurovascular bundle. Nerve sparing radical prostatectomy should aim in maintaining sexual function, recuperating early continence after surgery, without hindering the final oncological outcome of the procedure. Despite the different approaches for radical prostatectomy (open, laparoscopic, robotic) the key for beter results is the understanding of the anatomy.



**(CV) Prof. Tibet Erdoğan**

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*He graduated from Istanbul University Faculty of Medicine in 1989, specialized in Urology dated 1995. He had training for endoscopic treatments in kidney disease at the Harvard University, Massachusetts General Hospital, Kidney Stone Center in Boston and clinical fellowship for laparoscopic uro-oncologic surgeries at Heidelberg University, Heilbronn Hospital, Department of Urology.*

*Dr. Tibet Erdogru became a professor in 2008 at the Akdeniz University. Currently working in the Memorial Atasehir Hospital in Istanbul.*

*He was elected to the training board of European Society of Uro-Technology, consecutively beginning from 2008 and took part in the organization of many scientific meetings and training programs, focused on laparoscopic surgery in Urology.*

*His main interests were laparoscopic, robotic surgical treatments in urologic oncology and urologic reconstructive diseases, especially prostate, kidney and bladder cancer, and in addition, endoscopic treatments of kidney stone disease.*

*Published more than 100 articles and 5 chapters in 5 books. Performed about 1000 laparoscopic and robotic uro-oncologic and reconstructive surgeries.*

*Hobbies include diving, climbing and sculpture. Member of 9 local and international medical or social societies*



## 18. Recent Development and Applications in Stem Cell and Gene Therapy.

Prof. Fikrettin Şahin

Chairman of the Department of Genetics and Bioengineering and Director of Biotechnology Institute, Faculty of Engineering and Architecture, Yeditepe University, Istanbul, Turkey

Stem cells have a great potential to treat serious disorders such as cardiovascular diseases, cancer, diabetes, neuro-mascular diseases and neurodegenerative diseases. The physiological and biochemical properties of stem cells vary depending on the source of the stem cells. Embryonic stem cells (ESCs) derived from embryo have a capacity to fully replace any type of damaged cells in the body. Meanwhile, they cause ethical controversies and technical difficulties related to their isolation from waste embryos produced in In-vitro fertilisation clinics. Lastly, although genetic reprogramming of adult cells into ESC-like cells, so called induced Pluripotent Stem Cells (iPSCs), has allowed the researchers to conduct various experiments using iPSCs instead of ESCs, the debate over if iPSCs are real counterparts of ESCs and whether they are safe enough to use in clinical trials has not ceased. Adult stem cells from cordon blood and bone marrow, Hematopoetic Stem Cells (HSCs), have been successfully used to treat hematological disorders so far but, their therapeutic potential in the treatment of other diseases is still unknown. Mesenchymal Stem Cells (MSCs) from various tissues such as bone marrow, placenta, pancreas, adipose tissue, dental tissues were reported to exert therapeutic effects in neurodegenerative diseases, skeletal disorders and wound healing after burns or other traumas. The drawbacks of using MSCs are mostly related to their low number in tissues as well as their risk of contamination, cell aging and chromosomal abnormalities during long term expansions. Genetic modification of stem cells by using viral and non-viral vectors draws us closer against the solutions providing efficient use of stem cells and emerging a new field of study called gene and cells therapy.

Key words: Stem cell, therapy, genetic reprogramming, treatment

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*Prof. Şahin, is author of 193 scientific papers, 210 abstracts, 17 book chapters and 3 books.*

*Dr. Sahin's research focuses on molecular characterization of plant, soil, food and animal or human associated microorganisms, biological properties of the molecules from medicinal plants, stem cell and cancer genetics.*

*Dr. Sahin has received 2007 International Alumni Award, (College of Food, Agricultural and Environmental Sciences Alumni Society Board, The Ohio State University, USA), the Junior Science Award (The Scientific and Technological Research Council of Turkey) Distinguished Young Scientist Award, (The Turkish Academy of Sciences), The Raymond G. Grogan Travel Award (The American Phytopathological Society), C. C. Allison Award (Department of Plant Pathology, The Ohio State University), Dorothy Brickman Leadership Award (Office of International Student Office, The Ohio State University, USA) for his contributions to research, education and extension in the field of molecular plant pathology, microbiology, stem cell and cancer genetics.*



**19. Epidermal Growth Factor (EGF) Treatment in Diabetic Foot Ulcer (DFU)****Dr. Seyfullah Dagistanli**

MD, PhD, Pharmaceutical and Clinical Toxicologist, President of Turkish Pharmacovigilance Society, Local Chair of ISoP 2011 Meeting, Acting President of Hasfarma, Writer at VATAN Newspaper, Istanbul, Turkey.

DFU prevalence in Europe among diabetic patients is 15 %, and amputation rate in Europe among diabetic patients is 1% - 5 % (The Rising Global Burden of Diabetes and its Complications: Estimates and Projections to the Year 2010 Amos A.F. et al. *Diabetic Medicine*, 1997; 14: S7–S85; Mayfield JA, Reiber GE, Sanders LJ, et al. *Diabetes Care*. 1998; 21: 2161-2177).

Prevalence of diabetes in Turkey is 7,2 % (Satman I. et al, TURDEP Trial, *Diabetes Care*. Sep;25(9):1551-6. 2002). There was 7200 recorded amputation in 2010 (Turkish Diabetes Association, 2010)

Comparative studies shows that, combining 20 intralesional injection of 75 µcg EGF (3 times a week, maximum 8 weeks) to conservative treatment increase prevention of amputation at least %20 of patients who has DFU Wagner Grade III-IV.

**(CV) Dr. Seyfullah Dagistanli**

MD, PhD, Pharmaceutical and Clinical Toxicologist, Acting President and Partner of Hasfarma Pharmaceuticals, President of Turkish Pharmacovigilance Association, E-mail: seyfullah.dagistanli@gmail.com

*Dr. Dagistanli graduated from Ondokuz Mayıs University Faculty of Medicine in 1988 and completed his doctorate programme on Pharmaceutical Toxicology at Gazi University, Institute of Health Sciences in 1995.*

*He had positions at Dr. F. Frik Pharmaceuticals, Deputy GM (CTO), Schering Plough Corporation, Firstline Manager, Medical Director & Consultant for EUCAN II, AESCA Corporation (Vienna-AUSTRIA), Scientific Director & Consultant for Pharmacovigilance and Clinical Trials, and also official*

*positions at Ministry of Health, DG of Pharmaceutical Affairs Head of Department, Head of Registration Department: (Drug, Pharmacy and Cosmetic Departments), Head of Quality Control Department (GMP, GLP, GCP, GDP, Ethics Committee, Clinical Trials, Pharmacovigilance Division & Committee, Off-label prescription, Consumer Protection, Pharmacopeae. Also, he had worked in the past for ten years beginning 1990 at Refik Saydam Hygiene Institute as. As. Director at Poison Research Directorate, as chief at Laboratory of Genetic Toxicology and as information officer at Poison Information Center.*

*He had been the Representative of Turkey on behalf WHO, WTO, EU Enlargement negotiations meetings between 2001-2005 and now he is the Local Chair of ISoP 2011 Meeting which will be held in Istanbul, Turkey.*

*He is the founder and first member of Clinical Research Association*

*He is the editor and writer at "Sağlıkta Düşünce" and "Hedef Sağlık" Journals, Medical Writer at VATAN Gazetesi (Turkish Daily Journal) and writer of "Metropol Çerkeslerinin Kararsız Kitabı" (Unstable Book of Metropolitan Circassians): Medical Novel, 2005.*

*Dr Dagistanli is married and has 2 sons*



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**20. Contemporary Approach to Antihypertensive Treatment**

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**Prof. Serap Erdine**

Department of Cardiology, Cerrahpasa Medical Faculty, Istanbul University, Turkey,  
President of Turkish Hypertension and Atherosclerosis Society

European Society of Hypertension Representative for EBAC

Guidelines for the Management of Arterial Hypertension was published in 2007 by European Society of Hypertension (ESH) and European Society of Cardiology (ESC) members of the Guidelines Committee that covered extensive data regarding evaluation of hypertensive patients, establishing total cardiovascular risk and organ damage, latest approaches in treatment of hypertension, therapeutic approach in special conditions and treatment of hypertension-associated risk factors.

Hypertension is defined as arterial blood pressure values above and equal to 140/90 mmHg. In hypertensive patients, high blood pressure commonly presents with other risk factors such as diabetes mellitus, dyslipidemia, and obesity. The knowledge created the concept of 'total cardiovascular risk' and showed that coexistence of the risk factors associated with higher mortality and morbidity than they exist alone. Stratification of total cardiovascular risk helps to initiate antihypertensive treatment earlier (even in high-normal blood pressure), determine the intensity of treatment and preventive approaches according to the risk degree.

'Subclinical organ damage' is organ impairment that does not cause clinically evident signs and symptoms, has become one of the major predictors in cardiovascular risk and recommended to be assessed in all hypertensive patients. Clinically available and routinely used subclinical organ damage measurements are microalbuminuria, assessment of glomerular filtration rate, left ventricular hypertrophy, carotis intima-media thickness and plaque formation, hypertensive retinopathy and brain lesions. Several data supported that reduction in high blood pressure, independently from the drug choice, associated with reduced mortality and morbidity nevertheless antihypertensive treatment should be individualized because of the differences in gender, coexisting diseases, social status, drug tolerability and metabolism, and adherence to treatment between patients. Decision to initiate antihypertensive treatment could be taken according to blood pressure value but also patients' total cardiovascular risk profile. Monotherapy can be the initial choice in most cases but in patients with high cardiovascular risk, blood pressure values highly above the threshold level (systolic blood pressure 20 mmHg, and diastolic blood pressure 10 mmHg above), slightly elevated blood pressure level accompanied with multiple risk factors, subclinical organ damage, diabetes, renal disease or heart disease multiple drug combinations can be superior to monotherapy. Lifestyle changes should be encouraged in all possible conditions, even in patients with high normal blood pressure and under drug treatment. Lifestyle changes include cigarette cessation, reducing alcohol consumption to reasonable amounts, losing weight, physical exercise, limited salt consumption, fruit and vegetable rich and saturated/total fat poor diet. Patients' special conditions should be taken into account. Antihypertensive drug treatment in the elderly should be started with low doses and progressively titrated because of the possible side effects. Blood pressure target in diabetics should be <130/80 mmHg, thiazide diuretic and beta blocker use should be avoided but a rennin-angiotensin system blocker must be the preferred because the renoprotective effect. Patients with renal impairment also recommended to be reached <130/80 mmHg threshold and a rennin-angiotensin system blocker should be initiated in order to reduce proteinuria. Early treatment of hypertensive patients with myocardial infarction should include a beta blocker and a rennin angiotensin system blocker, in patients with congestive heart failure a beta blocker and a rennin angiotensin system blocker should be added to thiazide and loop diuretics, in patients with atrial fibrillation a rennin angiotensin system blocker is recommended. Hypertension in women can be complicated because of the differences in hormonal status such as pregnancy, menopause, and hormone replacement therapy. Metabolic syndrome consists of visceral obesity,

hypertension, and impairments in lipid and glucose metabolism. Tight modifications in lifestyle should always be encouraged, statins and antidiabetics may be added to the antihypertensive treatment. Resistant hypertension is a condition that inability to reduce blood pressure to target levels although lifestyle changes and full dose at least three antihypertensive drugs, including a diuretic. Patients should be evaluated in detail after excluding secondary hypertension reasons and pseudo resistant hypertension. Reappraisal of European Guidelines on Hypertension Management published in 2009 that extensively evaluated publications on 2007-2009 regarding the management of hypertension. The importance of subclinical organ damage in total cardiovascular risk stratification and its prognostic value was highlighted. Assessment of subclinical organ damage was recommended both at screening and during treatment in order to analyze treatment-induced changes in organ damage. Early blood pressure-lowering treatment, before organ damage developed or became irreversible or cardiovascular events occurred was recommended in general. Lowering systolic blood pressure down to 120-125 mmHg and diastolic blood pressure 70-75 mmHg may be accompanied by coronary events described as a J curve phenomenon. Until more evidence from specific randomized trials, lowering blood pressure within the range 130-139/80-85 mmHg was recommended. Fixed dose combinations of two antihypertensive drugs recommended because of the simplicity of treatment and improvement of compliance.

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*Professor Erdine graduated as Medical Doctor from Cerrahpaşa Medical School, University of Istanbul in 1979 with first degree honors and the University Medal. She was resident in Department of Internal Medicine of Cerrahpaşa Medical School, University of Istanbul between 1979-1984 and became Associate Professor of Medicine in 1987. She got fellowship in Clinical Cardiology between 1986-1993 in Cardiology Research Center, University of Istanbul. She became full Professor of Medicine at the University of Istanbul in 1993.*

*She got a scholarship from the Turkish Scientific and Technical Research Association between 1970-1979 and guest fellowship in University of Grosshadern-Münchenin 1990.*

*She was a founder member and secretary of the Turkish Society of Hypertension and Atherosclerosis in 1991 and has been the President since 1999.*

*She was the Vice-President of the European Society of Hypertension (2005-2007) and has been, Secretary of the Board of the ESH for the European Hypertension Specialists, a member of the Guidelines Committee of the European Society of Hypertension, Representative of the European Society of Hypertension in UEMS (European Union of Medical Specialists) and EBAC (European Board for Accreditation in Cardiology). Also, she was Scientific Council Member of the International Society of Hypertension (2000-2008), Executive Officer of the ISH International Forum, Member of the Strategic Planning Committee of the International Society of Hypertension, ISH International Forum Nominee of the WHO-ISH Liaison Committee(2000-2008), Member of the Board of Management of Journal of Hypertension, Board Member of the European Society of Cardiology (2000-2002), Chairman of the Working Group on Hypertension and the Heart of the European Society of Cardiology, Honorary Member of the Hungarian Society of Hypertension and Bulgarian Society of Hypertension.*

*Prof. Erdine has been the Steering Committee Member and national coordinator of several clinical and epidemiological studies on hypertension. She has been invited to give lectures at national and international meetings and serves as a member of the Editorial Board of various national and international journals.*

**21. Superiority of Central Arterial Blood Pressure Measurement in the Management of Hypertension and Cardiac Risk Assessment.****Dr. Ozlem Batukan Esen**

Non-invasive cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

Central aortic systolic blood pressure (BP) is an important determinant of cardiac workload and cardiac hypertrophy. The relationship of central aortic systolic BP and brachial BP varies depending on the stiffness of blood vessels. Noninvasive determination of central pressure and arterial stiffness through measurement of pulse wave velocity (PWV) has made it possible to compare the therapeutic efficiency of different classes of drugs. Therapy based on brachial artery recordings may thus overestimate the effect of beta-blocking drugs on central aortic systolic BP and underestimate the effectiveness of ACE inhibitors and calcium blocking drugs. Finally, indirect indices of aortic stiffness and wave reflection, such as central BP and augmentation index, have been confirmed as independent predictors of cardiovascular events in recent studies. However, the clinical importance and the incremental value of central BP and PWV measurements need to be validated by further investigations.

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*She graduated from English medium, Cerrahpaşa Medical Faculty of Istanbul University in 1998. She did Internship in internal medicine at UMDS St Thomas' Hospital, UK in 1996 and was cardiology resident at Cardiology Institute of Istanbul University from 1998 to 2003. Since then she has been working at Department of Cardiology at Memorial Sisli Hospital*

*She currently has 60 publications including international journals and translations*

*Her special areas of interest include echocardiography, mitral valve disease, heart failure and hypertension.*

*She is married and has one son.*



## 22. Arterial Hypertension Register in Kabardino-Balkaria

**Elgarov A.**, Kalmykova M, Elgarov M.

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Arterial hypertension (AH) is the most common disease among working population, leading to various complications and efficiency disorder. Therefore, active prophylaxis methods in able-bodied population are required.

**Aim:** to study AH and its risk factors (RF) frequency in working men and women, and to form "Arterial Hypertension Register in Kabardino-Balkaria" for efficient health condition and workability management.

**Material and methods:** 20-year dynamic epidemiologic research of a organized men (6789) and women (2874) population of 18-50 age, medical and psychological monitoring in 15 % hypertensive selection, AH risk factors evaluation, clinicostatistic analysis of a 652 medical cases.

**Results:** AH (29,5-54,7%) and its RF (46,3-92,8%) frequency among vehicle drivers (VD), police officers, stock-breeders, factory workers, students in comparison with start research data (1985-1995) increased in about 1,5-3,0 times in past 10 years (1996-2006). Also, cardiovascular complications (hypertensive crisis, angina pectoris, myocardial infarction, heart arrhythmias, stroke, heart failure) were registered in 25,5% of cases on 1st stage, and 46,2% on 2nd stage ( $p < 0,001$ ). Basic disease progression causes were the following: 1) irregular treatment, or treatment giving up, 2) inadequate treatment, 3) small part of multicomponent prescription when required, 4) lack of efficient RF monitoring, including work place peculiarities, 5) low psychological motivation for long-term treatment, 6) high treatment cost, 7) disease denial. More importantly mentioned factors were age and occupation dependant. Police officers and VD particularly tend to keep their hypertension to oneself, despite high RF frequency, especially work specified psycho-emotional tension, anxiety and depression.

Medical and psychological (eprosartan, lomir, triatcae, indapamide, psycho-physio-balneo therapy, one and multicomponent therapy) and educational ("Health school" medicopsychological education) projects realization in VD, police officers men and women were the components for effective and safe AH treatment among able-bodied population.

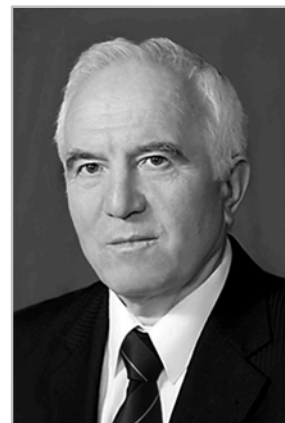
**Conclusion:** Complex working population monitoring results were used to form "Arterial Hypertension Register in Kabardino-Balkaria", which allow effective elevated blood pressure management in the region.

### Elgarov A.A.

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Balkarian State University, Nalchik, Russia

Dr Elgarov A.A. is the author of about 600 articles themed by topical prophylaxis and traffic medicine problems.



### 23. Peculiarities of hypotensive therapy in hypertensive vehicle drivers.

**Elgarov M.**, Shogenov A., Kalmikova M., Elgarov A.

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It is known that reliability of workers exposed to intense emotional stress, such as vehicle drivers (VH) and police officers (PO), depends among others on their psychosomatic health condition. Specific disease and treatment pattern influence on professional skills is widely known. Thus, early disease diagnosis, particularly arterial hypertension (AH) in emotional stress liable employees, and a rational and safe treatment prescription are important.

**Aim:** To evaluate antihypertensive treatment (AHT) effectiveness and safety in male VD and PO with AH II and III stage.

**Material and methods:** AHT (8 weeks) with nebilet (5 mg in a day) and isradypin (2,5 mg 2 times in a day) in 86 VD with AH II stage (n=53) and III stage (n=33), which formed 1st study group, were carried out; 2nd study group composed of 75 PO with II stage (n=37) and III stage (n=28) of arterial hypertension received aeprosartan (600 mg in a day) and ramipril (2,5 mg 2 times in a day). In both groups half of hypertensive stage II cases received monotherapy, the rest got indapamide with basic drugs combination, all AH stage III patients received complex therapy. AHT, along with clinic data, was estimated with Holter 24-hour ECG (HECG) and arterial blood pressure (ABPM) monitoring, psychophysiological examination (PPE) performed in dynamic.

**Results:** Before treatment typical AH symptoms and anxiety, depression symptoms, certain professional functions and quality deterioration (PFaC), which were in direct relation to stage of hypertension, were found in both groups. After AHT taking place, certain average systolic (SBP) and diastolic blood pressure (DBP) decrease, from  $179,7 \pm 1,3$  to  $139,6 \pm 1,1$  mm. of mc ( $p < 0,001$ ) for SBP, and from  $99,8 \pm 0,8$  to  $86,7$  mm. of mc. ( $p < 0,005$ ) for DBP, also lower morning and evening hypertension crisis (from 37,9 to 19,8%,  $p < 0,005$ ), transient ischemic attacks (TIA, from 29,8 to 18,5%,  $p < 0,005$ ), cardiac arrhythmias (CA, from 48,5 to 21,9%) were established. PPE shown latent and motor reaction, and moving object tracking improve ( $p < 0,005$ ), demonstrating positive dynamic in PFaC.

Nebilet and israpypin were efficient in 84,9 and 83,6% VD, similar data were found in 2<sup>nd</sup> study group of aeprosartan and ramipril in point of clinical and hemodynamic parameters: SBP, DBP, morning, evening hypertension crisis frequency, TIA, CA positive dynamic ( $p < 0,005$ ). Aeprosartan were found to imrove PFaC ( $p < 0,001$ ), but nebilet treatment caused PFaC worsening in 64-69,5% of cases.

Target blood pressure levels were achieved in 84,2% aeprosartan treated and 78,2% ramipril treated PO.

**Conclusion:** Shown results confirm AHT peculiarities in operator-type professions. Despite clinic-hemodinamical improvement during ramipril therapy, its negative influence on PFaC (action retarding, false decision), increases road crash risk. Complex (HECG, ABPM) monitoring of AHT effectiveness and safety in emotional stress liable employees has practical importance.

**Elgarov M.A.,**

Medicine Department of Medical Faculty, Kabardino-Balkarian State University, Nalchik, Russia, Dr. Elgarov is a candidate of medical science and a scientific associate of faculty and also the author of 26 articles, themed by traffic medicine issues.



## 24. The Combined Therapy of Patients with Arterial Hypertonia

**Prof.Oumetov Mourat Anatoljevich**

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**The purpose:** to study combination influence периндоприла with аторвастатином and периндоприла with индапамидом and аторвастатином on a daily profile arterial pressure (BP), level of lipids and quality of a life of patients a soft and moderate arterial hypertonia (АГ).

**Materials and methods:** in the first group to 23 men at the age of 40-59 years (middle age 55,8 years), suffering АГ I-II degrees in a current of 8 weeks the combined therapy периндоприлом in a dose of 8 mg/sut and аторвастатином (20 mg/sut) was spent. In the second group to 20 men at the age of 40-59 years (middle age of 57,6 years), suffering АГ I-II degrees in a current of 8 weeks the combined therapy периндоприлом in a dose of 8 mg/sut, индапамидом in a dose of 1,5 mg/sut and аторвастатином (20 mg/sut) was spent. To all patients office BP was measured, daily monitoring of a BP was carried out, levels of lipids and quality of a life to and in 8 weeks of treatment were investigated.

**Results:** before treatment at the surveyed patients office value of a systolic BP on the average made 155,4±5,3 mm hg, and diastolic - 97,5±5,2 mmhg After therapy carrying out in the first group the systolic BP has decreased to 136,5±4,5 mm hg, and diastolic – to 88,7±3,2 the mm hg the Target BP (below 140/90 mm hg) was possible to reach 17 patients from 22 (74 %). In the second group the systolic BP has decreased to 130,3±3,5 mm hg, and diastolic – to 84,5±3,6 mm hg the Target BP (below 140/90 mm hg) It was possible to reach 15 patients from 23 (65 %) in the first group and 17 of 20 (85 %) in the second. Daily monitoring of a BP has shown authentic depression of indicators of a load by pressure, variabilities both systolic, and a diastolic BP. Under the influence of treatment in 8 weeks at 19 men (83 %) in the first group and 18 (90 %) from the second have occurred positive changes of indicators of quality of a life. Target levels of cholesterol of lipoproteins of low density (below 2,5 mmol/l) have reached 20 patients (87 %) in the first and 17 (85 %) in the second.

**Conclusions:** the combination периндоприла, индапамида and аторвастатина has effective hypotensive an effect, positive influence on indicators of a daily BP, quality of a life and levels of lipids of patients АГ.

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*Dr Anatoljevich graduated from Medical Faculty of Kabardino-Balkaria State University in 1993 and specialized in Cardiology in 1996 at the same Faculty. He became a candidate of medical sciences in 1997 and specialized in clinical plarmacology in State Medical University, Moscow in 2002. He has been a Doctor of Medical Sciences since 2005.*

*He was an assistant professor and chief of Clinical Pharmacology Course at KBSU between 2002-2004. Since 2006, he has been professor and between 1999 – 2004 and 2008-2010, he was the Vice Dean of Medical faculty of Kabardino-Balkarian State University, responsible for educational work In 2000-2004 took part in the Kabardino-Balkarian cardiological society.*

*His special research area is clinical-pathogenetic foundation of hormone and immune factors' impact on the formation of metabolic syndrom, ways of correction*

*He is married and speaks English. His interests include football and reading literature, yoga, traveling*



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**25. First Class Antiarrhythmic Drugs: What is New?**

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**Professor Shugushev Khasan**

Head, Department of Hospital Therapy (internal medicine) of the Kabardino-Balkar State University, Honored Doctor and Honorary Cardiologist, Russian Federation, Honored Scientist of Kabardino-Balkaria, Academician of the International Circassian Academy of Sciences.

Antiarrhythmic drugs (AAD) have a number of first class (1C) electrophysiological properties, providing them with on the one hand, an effective antiarrhythmic action, on the other hand, clinically significant effects perceived wrongly by many doctors as their side effects. They are expressed primarily by slowing of the conduction system of the heart, even before the blockade of different degrees. In his regard, despite their pronounced antiarrhythmic effect, doctors tend to avoid their widespread use. This was promoted at the time of CAST research not entirely successfully planned. In addition, the choice of an AAD 1C is significantly limited due to their small number. The main representatives of this class of drugs are flecainide, propafenone hydrochloride and lorcaïnid. In European countries, only propafenone hydrochloride has found practical application. However, recently in Russia, synthesized AAD1C allapinine and ethacyzin have also been in use.

Allapinine is the original drug, derived from the plant *Aconitum*, applied for supraventricular and ventricular arrhythmias, mainly for prevention. It has some advantages over quinidine, mexiletine, propafenone. Allapinine causes slowing of atrioventricular and intraventricular conduction, without affecting the QT interval, heart rate and blood pressure.

We have a comprehensive over the years study of clinical electrophysiology, pharmacodynamics, pharmacokinetics, antiarrhythmic efficacy of ethacyzin, and indications and contraindications for use. It was shown that ethacyzin improves sinus node automaticity, depresses sinoatrial conduction, excitation in the myocardium of atria, ventricles, and His–Purkinje system. This does not effect the refractory periods of cardiac conduction system. It inhibits the conduction in the abnormal ways and increases the refractory period, depresses conduction of excitation in AV node in a retrograde direction and has no effect on QT and QRS.

Through such actions, ethacyzin belongs to the Class 1 AAD. Ethacyzin a dose of 150mg/day is effective in more than half of patients, particularly with ventricular arrhythmias (63%), WPW syndrome (78%) and atrial fibrillation (49%). Indications for use: prevention and treatment of ventricular and supraventricular arrhythmias, atrial fibrillation and supraventricular tachycardia paroxysms (including WPW syndrome). Contraindications: severe conduction abnormalities, acute myocardial infarction, malignant ventricular arrhythmias in patients with postinfarction cardiosclerosis, cardiogenic shock, severe heart failure, severe sinus bradycardia (heart rate less than 45/min).

Thus, ethacyzin is an effective AAD, which in many ways superior to other 1C antiarrhythmic drugs.

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*Professor Shugushev Khasan was born in 1949 in the village of Nizhniy Kurkuzhin of The Kabardino-Balkaria. He graduated from Medicine Faculty of the KBSU in 1972 with an honors degree.*

*In 1979 Shugushev Kh. enrolled in graduate school All Union Cardiological Research Center in Moscow. Since 1992*

*Professor Shugushev has been the Head of the Department of Hospital Therapy of the Medical Faculty KBSU. From*

*1997 to 2008 he worked at the same time as the chief physician of Nalchik City Clinical Hospital*

*The basic scientific direction of Professor Shugushev is clinical cardiology. His outstanding achievements were related to the investigation of cardiac arrhythmias in various diseases.*

*Professor Shugushev is a member of the Editorial Board "Russian Journal of Cardiology.", Chairman of the Kabardino-Balkarian Scientific Society of Cardiology, a board member of the All-Russian Scientific Society of Cardiology.*

*For achievements in scientific research Prof. Shugushev was awarded the honorary title "Honored Scientist of the CBD," in 1999 and in 2008 for services to health care and long-term honest work - "Honoured Doctor of the Russian Federation" and in 2010 - "Honorable cardiologist of the Russian Federation." Prof. Shugushev. Regularly participates in international, national congresses on cardiology and therapy. Repeatedly he was a member of the organizing committee of the Congress of Cardiology and chairman of the section, "Cardiac rhythm and conduction of the heart." He has published over 250 scientific papers. Among them some are in leading American journals (American Heart Journal, American Journal of Cardiology, Clinical Cardiology, and others) and some in the central national publications (magazines, "Therapeutic Archives", "Cardiology", etc.) and also book chapters.*



## 26. Atrial Fibrillation and Treatment Strategies. Medical and interventional Treatment of Atrial Fibrillation.

**Assoc. Prof. Kani Gemici,**

Invasive Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey

Atrial Fibrillation (AF) is the most common arrhythmia treated in clinical practice and the most common arrhythmia for which patients are hospitalized. The incidence of AF is age and gender related, ranging from 0.1%/year before the age of 40 years to more than 1.5%/year in women and more than 2%/year in men older than 80 years. Congestive heart failure, aortic and mitral valve disease, left atrial enlargement, hypertension, and advanced age are independent risk factors for the development of AF. In addition to hypertensive heart disease, the most common cardiac abnormalities associated with AF are ischemic heart disease, mitral valve disease, hypertrophic cardiomyopathy and dilated cardiomyopathy.

**Pharmacological Treatment:** Several randomized studies have compared a rate-control strategy with a rhythm-control strategy in patients with AF. The results of the AFFIRM study should not be applied routinely to all patients with AF. The decision to pursue a rhythm-control strategy versus a rate-control strategy should be individualized with several factors such as nature, frequency, and severity of symptoms; the length of time that AF has been present, left atrial size; comorbidities; the response to prior cardioversions; age; the side effects and efficacy of the antiarrhythmic drugs and the patient's preference. A typical drug regimen consists of flecainide, propafenone or amiodarone plus a short-acting beta blocker or calcium channel blocker for rate control before cardioversion. Antithrombotic therapy to prevent thromboembolic events is appropriate for all patients being treated for recurrent AF, whether it is persistent or paroxysmal and whether a rhythm-control or rate-control strategy is employed. The choice of aspirin, warfarin or the combination of aspirin plus clopidogrel should be dictated by an analysis of risk factors and drug tolerance.

**Radiofrequency Catheter Ablation:** Pulmonary vein isolation often is sufficient to eliminate paroxysmal AF but rarely is sufficient for persistent AF. A variety of ablation strategies have been used for persistent AF after the pulmonary veins isolation: linear ablation across the left atrial roof, mitral isthmus or cavotricuspid isthmus and ablation of ganglionated plexi. Several new types of ablation catheters have been developed to facilitate isolation of the pulmonary veins, including a cryoballoon catheter, a laser balloon catheter, a high-intensity focused ultrasound balloon catheter, and a high-density mesh ablator.

**Surgical Approaches to AF:** The most effective surgical procedure for AF is the “cut-and-sew” maze procedure which involves 12 atrial incisions to isolate the pulmonary veins and to create lines of block in the left atrium and right atrium. The efficacy of these procedures has been reported to range from 70 to 85%. At present, surgery for AF most commonly is performed as a concomitant procedure in patients with AF undergoing open heart surgery for coronary artery disease or valvular disease.

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*He was born in Karasu, Sakarya, Turkey in 1964. In 1987, he graduated from Istanbul University, Cerrahpasa Medical School He became a specialist in cardiology in 1995. In 1997, he reached the position of assistant professor in cardiology at Uludag University in Bursa. In 1998, he was accepted to the fellowship program as a visiting assistant professor in Oregon Health Sciences University, United States of America and has studied there on arrhythmia and electrophysiology. When he returned to Turkey in 2001, he passed the examination for associate professorship, in Uludag University.*

*Invasive cardiology, arrhythmia, pacemakers and electrophysiology are his principal research subjects. Now, he is working as a cardiologist-electrophysiologist at Istanbul Memorial Sisli Hospital .*

**27. Ten Years Experience in Surgical Radiofrequency Ablation for Concomitant Atrial Fibrillation.**

**Op. Oguz Yilmaz**, Bingur Sonmez, Harun Arpatlı, Naci Yagan, Faruk Tukenmez.  
Cardiac Surgeon, Memorial Sisli Hospital, Istanbul, Turkey.

**Introduction:**

Surgical ablation for concomitant atrial fibrillation has become an important adjunctive procedure in patients scheduled for cardiac surgery. Here we report our results with the radiofrequency ablation system in more than 10 years.

**Patients and methods:**

Intraoperative radiofrequency ablation has been performed in 174 patients (67M/107F) since December 2000. The mean age was  $56.14 \pm 11.99$  years. Seven patients (4.02%) had a history of previous cerebrovascular event. Seventeen were reoperations. Only 15 patients were isolated CABG, and 35 mitral valve replacement cases. Almost all of the other cases were complex combinations of CABG and multivalve procedures. Three of the patients were operated through a right mini-thoracotomy, and the rest through a median sternotomy. The approach was unipolar epicardial in 4, unipolar endocardial in 152, and bipolar epicardial in the remaining 18 patients. The mean follow-up was  $74.69 \pm 33.35$  months.

**Results:**

140 patients were discharged in sinus rhythm (80.46%). Cardioversion was necessary in 23 patients (13.22%), in nine it was unsuccessful. Permanent pacemaker implantation was necessary in 3 patients (1.72%). Only one patient was lost in the early postoperative period due to massive bleeding of an atrio-esophageal fistula (0.57%). Total mortality was 6 patients in the follow-up period (3.45 %).

**Conclusion:**

Radiofrequency ablation for concomitant atrial fibrillation can safely and effectively be performed during cardiac surgery. It does not increase the morbidity and mortality, and indeed adds up to the success of surgery by restoring the sinus rhythm.

**28. Place of Immunologic Tests in the Diagnosis of Myocarditis****Nakatseva Elena MD**

Cardiologist, Republican Cardiological Center, Nalchik, Federal Republic of Kabardino-Balkaria, Research Worker at Almazov's Federal Centre of Heart, Blood and Endocrinology, Saint-Petersburg, Russian Federation.

Diagnosis of myocarditis presents difficulties for the majority, in this condition search of new attributes of disease is very important. The aim of this work was to study of features of 16 various autoantibodies JgG, that are connected with myocardium and valvular wall in patients with documentary myocarditis by morphology. We examined 17 pts with myocarditis, 9 pts with IM (comparison group) and 18 healthy persons (control group). Autoantibodies was defined by standartized IEA with test-systems of ALES-TEST group. It's shown that the individual structures reflecting relative shifts in the maintenance of 16 investigated autoantibodies and describing integrated autoreactivation of patients have precise intergroup distinctions. Using structures of autoantibodies it was possible to confirm the diagnosis of myocarditis in 94 % of cases or to carry the patient to the group of practically healthy persons. The offered method can be used for nonivasive diagnostics screening of inflammatory diseases of a myocardium.

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Nakatseva Elena MD

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*She was born in South Caucasus. She was finished Kabardino-Balkarian State University in 2003. Her postgraduate study was in Pavlov's Sain-Petersburg Medical University and Federal Centre of Heart, Blood and Endocrinology named by Almazov on cardiology. PhD work was about predictors of postpericardiotomy syndrome after open-heart surgery. She applies EchoCG, CPET. She has 20 publications. She is a member of Society of Cardiology of the Russian Federation and European Association of Echocardiography*



## 29. Major Postoperative Complications after Liver Transplantation for Hepatitis B and C Liver Cirrhoses are Associated with Higher Hepatitis Re-infection Rate

Dr. Arzu Oezcelik MD, Saner FH, Paul A

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**BACKGROUND:** It is hypothesized that postoperative complications have a negative interference with the immune system. The aim of this study was to evaluate the impact of postoperative complications after liver transplantation on the re-infection rate of Hepatitis B or C.

**METHODS:** The records of all patients who underwent a liver transplantation for Hepatitis B or/and C liver cirrhoses between 2004 and 2008 were retrospectively reviewed. Postoperative complications were graded using the Clavien Classification system, and scored from minor (Grade 1) through the most serious (Grade IV).

**RESULTS:** The study population consisted of 186 patients with a median age of 54 years. All patients underwent a orthotopic liver transplantation. There were no intraoperative complications. Postoperative complications were seen in 135 patients (72%). Complications were Clavian grade I-IIIa in 43 (23%) and grade IIIb or IV in 92 (49%). Of these 186 patients, 34 patients (18%) died during the hospital stay within the first month after transplantation and were excluded from further analyses. There were no significant differences in median age, co-morbidities and the severity of the cirrhoses between patients with and without major complications. Of the 58 patients with major complications, 29 (50%) had a re-infection in a median time of 14 month and of the 94 patients with none or minor complications, 10 (11%) had a re-infection after a median time of 26 month ( $p < 0.0001$ ).

**CONCLUSION:** The results of our study shows that major postoperative complications after liver transplantation for Hepatitis B or C are associated with a significantly higher rate of re-infection.

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*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 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.*



**30. The Characteristic of the Syndrome of Endogenes Intoxication in Patients with Erysipelas****A. R. Marjokhova**

Kabardino-Balkarian State University the Department of Infectious Diseases, Nalchik, Russia.

The high social and economic relevance makes it undoubtful the urgency of the problem of erysipelas inflammation.

The fact that the erysipelas syndrome holds a key in the pathogenesis of many infectious diseases is doubtless. The level of low and medium substances is common marker of endogenous intoxication. It allows to assess the severity and prognosis of the diseases and it is the criterion of the efficiency of the treatment.

The aim of the study. To study the role of the accumulation in the biological fluids of the body the low and medium molecular mass substances as dependent on the period of the disease its severity and concomitant diseases.

We have examined 46 infectious in- patients at the age of 27-62. 26 patients had chronic relapsing course of the disease while the rest of them had a primary form of it. 5 patients had a mild form, 34 mediu severe form, and 7 a severe form of the disease. 21 patients had erythemous – bulla and bulla- hemorrhagic form, 25 patients had an erythemous form. The localizations of the erysipelas were mostly on the lower extremities and in 5 patients it was on the head and face.

We have used the method of determining low and medium molecular mass substances presence in the blood plasma, erythrocytes and urine by Malakhova (1996).

As a result of investigation, we have determined the increase of the low and medium molecular mass substances in all biological spheres of the organism during the acute period of the diseases (1,7-1,8 in plasma, 1,3 in the erythrocytes, 1,7 inthe urine, higher than normal)

At the decline of the clinical symptoms and early reconvaescence, we have observed the decrease of the data under study. The level of low and media molecular mass substances returned to normal in the urine and erythrocytes and remained to the fact that the pathological process has not finished yet. The level of toxic substance accumulation depended on the severity of the disease and the concomitant infections and it was higher at all periods of erysipelas in severe course and unfavorable premorbid background than in control groups and later it would return to the norm.

Thus the increase of the level of toxic substances' accumulations as well as their redistribution between the biological media of the organism in erysipelas depends on the stage of the pathological process, the severity of the disease complications and presence of the concomitant diseases.

**CV Marzhokhova Asiyat Ruslanovna**

*She was born in 06.06.1986. In 2002 she graduated from high school № 14 and entered in the Medical Faculty of KBSU, which graduated in 2009 with a degree "Medicine." In 2010 she entered post-graduate studies at the department of infectious diseases. Working on a Ph.D. thesis on "indicators of intoxication syndrome in patients with erysipelas". At present, collects the material, written literature review, supervised patients in the infectious disease clinic*



### 31. Endovascular Repair of Aortic Aneurysms and Dissections: 10 years Experience.

**Prof. Harun Arpatlı**, Furuzan Numan, Oguz Yilmaz, Bingur Sonmez.  
Cardiovascular Surgeon, Maltepe University Hospital, Cardiovascular Surgery  
Department, Istanbul, Turkey

**Introduction:** The endovascular repair of the aortic pathologies became the first line of therapy due to less invasiveness. Combination of other morbidity factors as ischemic heart disease, chronic obstructive lung disease, diabetes, renal failure and old age make the classical open repair of the aortic disease undesirable for this group of patients.

**Patients and Methods:** Between May 2001 and July 2011, endovascular repair was performed in 163 patients with aortic aneurysms and dissections. Fifty-six thoracic endovascular repair (TEVAR) procedures were performed in 53 patients while endovascular repair for the abdominal aorta (EVAR) was done in 115 patients (117 procedures). Five patients received both an abdominal and a thoracic stent. Patients were followed with abdominal Doppler ultrasonography, transesophageal echocardiography and CT examination on a patient-specific schedule.

**Results:** No peri-procedural mortality occurred in this group of patients. Stent-grafts were implanted successfully in all but three. Procedure was converted to open repair in two AAA patients due to access failure. One patient with ruptured AAA died due to borderline abdominal compartment syndrome and multiorgan failure on the 14th postoperative day (0.62 %). The mean follow-up was 60.31±31.88 months. The overall survival rate was 87,11% while the aneurysm related mortality was 5.52%.

**Conclusion:** The endovascular repair has very low morbidity and mortality in patients with aortic aneurysms and dissections. The improvement of device technology and radiologic imaging will contribute the results of the endovascular therapy.

#### (CV) Prof. Dr.Harun Arbatlı

Cardiovascular Surgeon, Maltepe University Hospital, Cardiovascular Surgery  
Department, Istanbul, Turkey.  
E-mail : harpatlı@yahoo.com

*He was born in Eskişehir, Turkey in 1963, finished his medical school in 1987 in Istanbul University, Istanbul. He completed his fellowship in 1994 in the cardiovascular surgery department of İstanbul University and worked as a surgeon in Koşuyolu Heart and Research Center. He worked as a research fellow in Onze Lieve Vrou Hospital, Aalst, Belgium between 1999 and 2000. Then he worked in Istanbul Memorial Hospital till 2009. He has been working in Medicalschool of Maltepe University as a professor since 2009. He has attended, and spoken in many national and international congresses on cardiovascular, vascular and endovascular surgery.*



**32. Endograft Stenting (TEVAR) of Aortic Arch Pathologies**

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**Prof. Furuzan Numan, Harun Arpatlı**

Interventional Radiologist, Director of Interventional Radiology Department of Cerrahpaşa Medical Faculty, Istanbul University, Istanbul, Turkey.

During last two decades endovascular aneurysm repair became popular in treatment of aortic aneurysm. One of crucial points about endovascular aneurysm repair is the technological and technical improvements on devices. Problems that are associated with the stent-grafts, which can necessitate the conversion of the patient to open repair and/or even result in rupture of the aneurysm, still remains as a challenging issue. This article attempts to reveal these problems and suggest innovative problem solving ideas. Conventional repair of atherosclerotic aortic arch aneurysm is technically demanding, requiring cardiopulmonary bypass (CPB) and deep hypothermic circulatory arrest (DHCA). Despite recent improvement in surgical technique, total arch repairs of large atherosclerotic arch aneurysms still have significant morbidity and mortality. In contrast to nonatherosclerotic aortic arches, large atherosclerotic saccular aneurysms of the arch are extremely high risk for perioperative stroke, as this disease is a grave marker of extensive arch and brachiocephalic atheromatous disease. In this subset of high-risk patients, even the most recent series indicate in-hospital mortality rates ranging from 6.3% to 20%, with stroke rates up to 12%. Beginning with descending thoracic aortic aneurysms (DTA), endovascular stent graft technology has evolved as a safe and effective treatment for other various thoracic aortic diseases. Because of the anatomical features of the arch, endovascular therapy of arch aneurysms remains a technical challenge. Limited to Europe and Japan due to the availability of stent graft devices, small series of combined extraanatomical bypass of the great vessels with endovascular deployment of stent graft in the arch have been reported with promising results. The major advantage of this approach is the avoidance of DHCA.

We believe that endovascular stent graft placement has evolved into an effective treatment modality of various disease of the aorta, even in the tortuous anatomic regions of the arch. We believe that the key to neuroembolic protection may well be our technique of arch detachment and proximal bypass of the arch vessels prior to any manipulation of the arch and arch stent graft deployment.

Endovascular technology continues to evolve at a rapid pace. In the near future, fenestrated and branched grafts may enable us to avoid the need for hybrid endovascular procedures. However, these grafts are in very early phase of development and will require further investigation. Major concerns with these procedures still center on wire manipulation in these arches with large atherosclerotic burden without distal protection strategies. In contrast, hybrid total arch repair offers debranching and bypass of the arch vessels (potential neuroembolic protection) prior to any manipulation in the arch. In conclusion, we have demonstrated that saccular arch aneurysms can be technically treated by total arch repair with brachiocephalic bypass and concomitant aortic arch stent graft placement. We feel that hybrid arch repair provides an alternative to patients otherwise considered prohibitively high risk for traditional open arch repair. Longer follow-up is needed to evaluate the durability of this technique.

**33. Endovascular Interventions in Diabetic Foot.**

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Prof. Furuzan Numan.

Interventional Radiologist, Director of Interventional Radiology Department of Cerrahpaşa Medical Faculty, Istanbul University, Istanbul, Turkey.

Diabetes is a common comorbid condition in patients with peripheral occlusive disease and is increasing in prevalence. Diabetic patients are at high risk for peripheral arterial disease (PAD) characterized by symptoms of intermittent claudication or critical limb ischaemia. Diabetics with critical limb ischemia (CLI) usually have significant multilevel arterial disease, very often with compromised outflow on the foot arteries. The combination of severe peripheral arterial occlusion with the increased blood flow requirement, necessary to achieve the healing of the skin lesions or surgical incisions, makes this population particularly challenging. Additionally, diabetics and CLI patients have a high rate of comorbidities that increase the surgical risks or contraindicate surgical by-pass. Since its initial applications, endovascular recanalization for tibial vessels and foot arteries has proven to be feasible and safe, especially in diabetics with CLI. With traditional techniques such as balloon angioplasty, limb salvage was reported in 80 to 90%. Actually, it is an established treatment option for limb salvage, avoiding amputation in lot of cases and improving lesions healing. The development of new technologies, such as dedicated guidewire's or low profile catheter balloons helps the interventionists, but the knowledge of most important techniques could be indispensable to obtain the procedural success and clinical outcomes.

Previously, percutaneous lower extremity revascularization was offered only to patients who had contraindications to open surgical bypass or had exhausted all surgical options. In recent years, however, an increasing number of patients have undergone percutaneous intervention as a first-line therapy for occlusive disease of the lower extremity, and this includes both patients with claudication and limb-threatening ischemia. Modalities available include not only angioplasty and stenting of the target lesion, but also excisional atherectomy, cryoplasty, and other adjuncts to increase the technical success rate and perhaps the longterm patency rates. In fact, as experience has grown and results have become more clearly defined, these techniques have become first-line therapy in many centers for patients with this difficult disease.

**(CV) Prof.Furuzan Numan, M.D**

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**Personal Data:** Date of Birth: Dec.9th, 1954 in Diyarbakir, Turkiye

**Education:** I was born Dec.9th,1954 at Diyarbakir, Turkiye and graduated from Diyarbakir Maarif High School at 1973. Medical Training. At University of Istanbul, Cerrahpasa Medical School ended the year of 1980. Between 12/1980-09/1986 Radiology residency at the same University Cerrahpasa Medical School, Radiology Department. 01/1987-10/1988: Fellowship, Interventional Radiology, 10/1988-01/1995: Associate Professor, Diagnostic and Interventional Radiology. 01/1995-: Professor, Diagnostic and Interventional Radiology. 01/2002: Chief of Interventional Department at Cerrahpaşa Medical School.

Since 2000, Chief of Interventional Department at Memorial Hospital.

**Society Membership:** Radiology Society of Turkiye (1980), Neuroradiology Society of Turkiye (1991) Turkish Cardiovascular and Interventional Society (1991), CIRSE (Cardiovascular and Interventional Radiological Society of Europe), (1991), SCVIR (Society of Cardiovascular and Interventional Radiology), (1993), ESGAR (European Society of Gastrointestinal and Abdominal Radiology). 1995

**Topics of Interest:** Aortic Endograftstenting, Research on fenestration in situ technic of thoracic arch reconstruction, ,Supraaortic stenting(Carotid,Subclavia),Renal ,Celiac Truncus,SMA Stenting, Peripheral Interventions especially below the knee (Diabetic Foot), Embolization of intractable bleedign(G.E.S,parenchmal organs,gynocological tumors)Onyx Embolization of Peripheral AVM's, Interventions atTakayasu Arteritis,Behcet's Disease and FMD,Interventions of Liver Tumors;Selective Internal Radiotherapy (Y-90 Thearapy) and Chemoembolization,RF Ablation,Alcohol Ablation

**34. Clip Ligation of Unruptured Intracranial Aneurysms: A prospective Mid-term Outcome Study.**

**Prof. Yunus Aydın**, Halit Çavuşoğlu, Okan Kahyaoğlu, Ahmet Murat Müslüman, Adem Yılmaz, Yüksel Şahin

Neurosurgery Clinic, Şişli Etfal Education and Research Hospital, Istanbul, Turkey

**Objective:** We have conducted a prospective study to investigate the clinical and radiological outcome in surgical case series of 176 patients with 203 unruptured intracranial aneurysms (UIA).

**Methods:** Success of aneurysm obliteration was assessed within two weeks after surgery by digital subtraction angiography (DSA). Patients also underwent angiography five years after surgery. Clinical outcomes were assessed using the modified Rankin Scale (mRS). All predictors of poor surgical outcomes were assessed using an exact logistic regression.

**Results:** Overall, 83% of the patients had a good outcome (mRS Score 0 or 1). 10.8% of the patients had a slight disability (mRS Score 2) and 6,2% of the patients had a moderate or moderate severe disability (mRS Score 3 or 4). The most important predictors of outcome were presence of history of ischemic cerebrovascular disease and postoperative stroke. Complete aneurysm occlusion was achieved in 93,5% of all aneurysms. 60% of treated aneurysms were checked with late follow-up DSA. No cases of hemorrhage from a surgically obliterated UIA have been documented in this series during follow up period of  $7.3 \pm SD 1.4$  years.

**Conclusion:** If patients are carefully selected and individually assigned to their optimum treatment modality, IUAs can be obliterated by surgery with a low percentage of unfavorable outcomes.

**35. Long-term Outcome after Unilateral Approach for Bilateral Decompression of Lumbar Spinal Stenosis: 9-Year Prospective Study.**

**Prof. Yunus Aydın**, Halit Çavuşoğlu, Okan Kahyaoğlu, Ahmet Murat Müslüman, Adem Yılmaz, Yüksel Şahin

Neurosurgery Clinic, Şişli Etfal Education and Research Hospital, Istanbul, Turkey

**Introduction:** The aim of our study is to evaluate the results and effectiveness of bilateral decompression via a unilateral approach in the treatment of degenerative lumbar spinal stenosis. **Methods:** We have conducted a prospective study to compare the midterm outcome of unilateral laminotomy with unilateral laminectomy. 100 patients with 269 levels of lumbar stenosis without instability were randomized to two treatment groups: unilateral laminectomy (Group 1), and laminotomy (Group 2). Clinical outcomes were assessed with the Oswestry Disability Index (ODI) and Short Form-36 Health Survey (SF-36). Spinal canal size was measured pre- and postoperatively. **Results:** The spinal canal was increased to 4-6.1-fold (mean  $5.1 \pm SD 0.8$ -fold) the preoperative size in Group 1, and 3.3-5.9-fold (mean  $4.7 \pm SD 1.1$ -fold) the preoperative size in Group 2. If the anteroposterior diameter of the spinal canal (APD) was normal, laminotomies provided adequate decompression. If the APD was reduced, laminectomies provided more adequate decompression. If the transverse diameter and APD were normal, removing the hypertrophic ligamentum flavum alone provided adequate decompression. The mean follow-up time was 9 years (range 7-10 years). The ODI scores decreased significantly in both early and late follow-up evaluations and the SF-36 scores demonstrated significant improvement in late follow-up results in our series. Analysis of clinical outcome showed no statistical differences between two groups.

**Conclusions:** For degenerative lumbar spinal stenosis unilateral approaches allowed sufficient and safe decompression of the neural structures and adequate preservation of vertebral stability, resulted in a highly significant reduction of symptoms and disability, and improved health-related quality of life.

**(CV) Prof. Yunus Aydın**

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*Prof. Yunus Aydın was born in 1955. He graduated from Istanbul University, Cerrahpaşa Medical School in 1977, and in the same year he was accepted to the neurosurgery residency program in Istanbul Medical School. He became an Assistant Professor in 1983 and worked as the chairman of Neurosurgical Department in Atatürk University. He became Associated Professor in 1985. In 1993 he became a Professor in Fırat University. He has been the chief of Clinic of Neurosurgery, Şişli Etfal Research and Training Hospital from 1994 to 2011 and now he is the head of Neurosurgery at Memorial Hospital in Istanbul. He worked as a visiting doctor in Methodist Hospital, Medical College of Virginia, Zurich University, Northwestern University and Georgetown University. He has over 100 published articles and three chapters in neuroscience books. He specializes in microvascular surgery, skull base surgery and minimally invasive spine surgery. He is a member of Turkish Neurosurgical Society and American Association of Neurological Surgeons. He is married with two children and has five grand children.*



**36. Full Endoscopic Lumbar Discectomy (FELD) : Transforaminal and Interlaminar Approaches**

Op.Dr.Hikmet Uluğ  
Neurosurgeon, Turkey Wooridul Spine Center  
KadıköyŞifa Ataşehir Istanbul, Turkey.

Full endoscopic lumbar discectomy has become popular in the recent years and has similar success rates with the conventional microdiscectomy procedures. The decrease in the surgical morbidity, the inexistence of the postoperative epidural scar tissue, the minimal tissue damage are the most advantageous features of FELD operations. Amongst the FELD procedures, the posterolateral/lateral transforaminal approach is the most widely accepted technique.

Posterior interlaminar approach is being used as an alternative method for the transforaminal intervention since there are some technical limitations. But there is quite a few numbers of series in the literature. The aim of this presentation is to share the experiences, applied techniques and the results of FELD carried out by the author.

**(CV) Dr. Hikmet Ulug**

Neurosurgeon, Turkey Wooridul Spine Center, KadıköyŞifa Ataşehir Hospital,  
Istanbul, Turkey.  
E-mail: aozkul@kadikoysifa.com

*He was born in Istanbul, Turkey in 1957. He finished University of Ankara Medical School in 1981 and completed his fellowship in 1998 in the neurosurgery department of same university. He worked on mainly epilepsy surgery, cerebrovascular surgery and radiosurgery for brain and spinal tumors. He began to endoscopic spinal surgery operations since 2009. He is the chief neurosurgeon and CEO of Wooridul Turkey spinal surgery group which served KadıköyŞifa Ataşehir Hospital and Medicana Bahçelievler Hospital.*





**37. Programmed Cell-death**

Assoc. Prof. Nezh Hekim

Bogaziçi University, Biomedical Dept. Project Manager, Istanbul, Turkey

To die or not to die: that is the question.

Our cells are regularly deciding if to be alive or die.

All the cells communicate with the others using mostly with chemical signals and decide to be alive as long as they receive growth signals from the others. When the cells becomes alone, survival signals draw back and the cells decide to die.

There are thousands of gene that controls this life or death switch and protects cells from dying. To learn more about life and death signals and switch mechanisms may provide scientists for identifying drugs that combat degenerative diseases such as Lou Gehrig's disease (ALS), the destructive effects of stroke and heart diseases, autoimmune diseases, and cancer. When the cells damaged or genetically breakdown cells must commit suicide so that others may live. This is the ultimate example of altruism at the cellular level. So the ongoing death of some of our cells is actually essential for us to live. Programmed cell death, is a key player in biology and medicine for to defense against cancer and infection by invaders such as viruses. Failure of a wayward cell to die can actually lead to death of the individual. While death is a necessary part of our survival bu unjustifiable cell death is disastrous. Cause of degenerative diseases. This approach is one of the main principals of pathology. In this lecture we shall argue with this concept.

**(CV) Assoc. Prof. Dr. Nezh Hekim**

Bogaziçi University, Biomedical Dept. Project Manager, Istanbul, Turkey

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*Nezh Hekim educated 1970-1975 Chemistry and Physics in Faculty of Chemistry, Istanbul University, Turkey. 1975*

*Specialisation in Clinical Biochemistry in Cerrahpaşa Medical Faculty Istanbul University. This degree equivalent with the degree*

*of clinical pathologist in USA. 1977 Work with Prof. Roger Ekins in London University, Medical Faculty, Middlesex Hospital, UK. Move*

*to Bergen Univertsity Hormon Laboratory, Norway. Worked with Prof. K.F.Stoa on physical and chemical properties of androgen receptors in human testicular tissues.*

*Awarded with NORAD fellowship until 1979. 1979-1982 Scientist in Max-Planck Institute, Experimental Endocrinology,Hannover. Worked with Prof.Dr.PW Jungblut on*

*isolation and immunological properties of estrogen receptors and investigation of IGG Type-II. Awarded with Max-Planck Institute fellowship. Board member and vice president of Turkish Molecular Medicine Association.*

*1983 back to Istanbul. Medical Director of Dr.Pakize I.Tarzi Laboratories, İstanbul, Turkey. 2003 Earned PhD in Biochemistry, Marmara University, Health Sciences*

*Institute, İstanbul. 2010 Assoc.Prof. in Biochemistry*

*Lecturer in Istanbul, Istanbul Technical University and Marmara University on Advanced Biochemistry for graduate; moleculer biology, immunogenetics and cancer biology for undergraduate students.*

*3P award and chosen best professor in İstanbul Technical University.*

*Board Member of TUBITAK - Turkish Goverment, Research Institute for Genetic Engineering and Biotechnology. Board Member of Genkord Tissue Bank, İstanbul.*

*Now Bogaziçi University, Biomedical Dept.Project Manager*



**38. Antiaging and Main Principles of Longevity.**

Dr. Hasan Insel,  
Specialist in Internal Medicine, Intermed Medical Center, Istanbul, Turkey.

Starting from the eighties electronic and digitalisation entered medicine. We as doctors have made tremendous use of this opportunity. First as diagnostic means later as therapeutic advances. As we proceeded in diagnosis we saw that the cause of many illnesses had to do with things that could be prevented if we acted correctly. We saw for example that an infarct which should take place normally could really be prevented with lifestyle changes. We saw that many illnesses, including cancer had real ties with the way we live. All these findings brought the importance of preventive medicine which led us directly to Anti-Aging. Thus the Millennium Medicine, Anti Aging found its place in the modern human life and everywhere in the life it is accepted as the ideal source to make people live a healthy and high quality living. We doctors used to say "The best therapy is early diagnosis" Now we left this saying aside and we now say "The best therapy is not to be ill". Antiaging, preventive and regenerative medicine is combined to give longevity.

We take Anti-Aging medicine as the highly sophisticated preventive and regenerative medicine. Anti aging medicine is based on a thorough check-up with risk assessments and followed by patient education and coaching.

I group AA activities in six phases.

- 1-Check-Up
- 2-Patient Education in Prevention and Lifestyle changes
- 3-Healthy eating habits and lifestyle changes
- 4-Active lifestyle and exercise
- 5-Stress management and positive lifestyle
- 6-Therapy from Substitution to Invasive Procedures

**(CV) Dr. Hasan Insel,**

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*Dr. Hasan Insel is a graduate of Istanbul University Medical School and has specialized in internal medicine in Germany. While in Germany, his clinical interests were on healthy living and preventive medicine. After his training, when he returned to Istanbul, he founded the Intermed Medical Center. At the present, Dr. Insel is working on health risks, preventive medicine and anti-aging.*

*Dr. Hasan Insel is the general secretary of Anti-Aging Education and Research Society and the vice president of European Society for anti-aging Medicine. He is also a member of Turkish Obesity Research Society, Diabetes – Obesity and Nutrition Society, NAASO - North American Association for Study of Obesity, American Academy of Anti-Aging Medicine (A4M) and Academy of Anti Aging Research (A3R).*

*Dr. Insel is the director of the healthy living and anti-aging programs of Intermed Medical Center. He has established the "Dr. Hasan Insel Health Program Organization" to organize health risk evaluation and health education programs for corporate executives and employees.*

*Dr. Hasan Insel is a columnist of Milliyet Newspaper, writes regularly on healthy living and prevention.*

**39. Nutrition: The Mind is Like A Parachutte, It works only when it is open.****Prof. Canan Efendigil Karatay**Cardiologist and Internist, Previous Rector of Istanbul Science University,  
Florence Nightingale Hospital of Istanbul Science University, Istanbul Turkey.

Obesity and Diabetes are serious diseases whether looked at from the perspective of the patient or of its cost to the National Health Services. Obesity and Diabetes and their consequences are the leading cause of death from cardiovascular disease, cancer and many other, what is called as degenerative diseases (DD). What is more, obesity and diabetes is turning into an epidemic in the World, with the number of sufferers set to double over the next decade. Obesity and Diabetes Tsunami is one of the greatest risk factors of all of the degenerative diseases, of our century and threatens the global health and welfare.

The good news is that there's plenty of evidence that making informed dietary choices and changes into healthy life style, offers real potential for the treatment of obesity and diabetes and rest of the DD. That is the basis of the KARATAY DIET. This diet and healthy life style changes can be so effective that, for all practical purposes, obesity, diabetes, hypertension and the cardiovascular and DD diseases can be permanently 'cured'—without the need for drugs. In fact, obesity and diabetes are probably not only the easiest medical condition to treat, it is also easy to prevent and, in type-2 at least, not difficult to cure. The KARATAY DIET also benefits Type-1 diabetics. Type-1 diabetics will certainly be able to reduce their insulin, and may be able to stop injecting insulin altogether with the correct diabetes diet.

It was Michael Jacobson (PhD from MIT) who coined the terms junk food and empty calories in the early 1970's. The term "empty calories" has been used in USA nutrition for at least 50 years to describe overly refined foods such as soft drinks, unfortified flour, etc.

I quote from the scientist Björn Hammarskjöld:

'Carbohydrate eating is eating toxic 'empty calories' (the Swedish Food Administration's own expression) and insulin tries to restore the glucose level to normal 3-6mmol/L and liver detoxifies the blood from the aldehyde fructose. Level higher than 30-50 mmol/L glucose is lethal. And the authorities want us to eat 375 g glucose every day despite I have 5 g glucose in my entire blood volume (blood glucose 5mmol, 1mmol/L = 1 g glucose in 70 kg person.'

It seems that we have forgotten all the honest old fashioned physiology, biochemistry and hormonology and referring back to the basics. Instead we are sifting sand and we can't find any gold in the sand unless the sand is spiked.

I think we have to go back to the basics and start from there, those honest old fashioned physiology, biochemistry and hormonology IS the gold we are looking for. And it is easy to understand as there are old fashioned scientific work and methods that anyone can reproduce. All the new statistical methods that are used in today's "science" is just as they said about statistics. Comparing the word lie: lie, damned lies and statistics.

So I think we should stick to the golden science instead of trying to compare lies.

**(CV) Prof. Dr. M Canan Efendigil Karatay**

Previous Rector, Istanbul Bilim (Science) University  
Prof. of Cardiovascular Diseases and Internal Medicine at  
Istanbul Bilim University, Medical Faculty, Istanbul, Turkey.  
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*Research areas: Changes in glomerular filtration rate following myocardial infarction, Hemodynamic and Angiographic Studies of Heart Transplantanted Patients, Acute cardiac tamponade in swine: Effect of fluid conductance on body surface electrocardiogram, Plasma cocaine and tetracaine levels following application of topical anesthesia in a swine laceration model.*

*Recent Interest: Obesity, nutrition and change of life style for Risk Factor Prevention of all degenerative diseases.*

*A Book Titled 'Karatay Diyet' was publshied in April 2011, regarding the risk facors of Turkish people, general health problems such as obesity and related degenerative diseases.*

*Member of Turkish Cardiolgy Association, Member of Turkish Nephrology Association, Fellow of the Scientific Council of International Colege of Angiology (FICA), Member of Association for Medical Education in Europe- (AMEE), Member of International Association Medical Education- (IAME).*

**40. Intelligent Healthcare Solutions****Serap Alpsyoy**

Business Information Technologist, Project Manager / ICT Professional  
Detecon International (Deutsche Telekom Group)

In many countries the healthcare industry is facing non-detachable challenges. Healthcare providers need to manage rapidly growing and aging populations with increasing chronic diseases while controlling costs, maximizing efficiency and handling shortage of healthcare workers.

At the same time the healthcare market is scattered and the healthcare systems differ greatly from country to country, with multitude of stakeholders involved in each. There are many issues concerning regulation topics, investments and training which still need to be resolved.

But these challenges represent also strategic growth areas, offering opportunities for the healthcare sector as well as for the telecommunication and ICT industry. From mid- and long term perspective, this will foster the quality, availability and affordability of healthcare services in the society. Information- and communication technology does not only improve processes and operations in hospitals and insurances it also provides a faster and safer data exchange between them.

This presentation will

- give a rough overview about key industry trends and recent developments,
- show an overview of identified use cases for eHealth solutions and
- provide examples of currently available intelligent healthcare solution which are based on information and communication technologies.

**(CV) Mrs Serap Alpsyoy**

Business Information Technologist, Project Manager / ICT Professional

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*Serap Alpsyoy is an ICT-Expert and Program Manager at Detecon International, a company of Deutsche Telekom Group.*

*After studying business informatics in Cologne, she worked as a sales consultant in India for a local company providing offshore software services in the European market.*

*Before joining Detecon in 2007 she worked as consultant at SAP, the global market leader for business management software.*

*Serap Alpsyoy has ten years of national and international consulting experience mainly in the telecommunications sector. She managed and provided advisory in many global IT projects abroad, like Sweden, United Arab Emirates, Japan or Vietnam.*

*Her focal points include IT project management, IT organization, risk management, application design development, and enterprise architecture management.*

*Mrs Serap met Pediatric Dr. Said Haj Bara from Syria at the 3. Medical Conference in 2010 in Nalchik and she married with him in July 2011 in Istanbul."*



## 41. Accurate Waste Management for Public Health; A Case Study on Ekolojik Enerji Inc. Istanbul Waste-to-Energy Plant\*

Omer Salman, **Selen Tanner**

Ekolojik Enerji A.S. Istanbul, Turkey

Increasing population, technology as well as unsustainable production and consumption patterns cause the increase in waste formation. Therefore, there is a need for a reliable waste management system. Ekolojik Enerji Inc. is a company specialized in materials and energy recovery from municipal, industrial and hazardous and biowaste materials. The fact that Turkey is milestone the path of industrialization and European Union (EU) standardization; the topic is prior and more important than many others. There are three main steps for the accurate waste management as per EU policies: (i) waste minimization and pollution prevention, (ii) reuse, recycle and energy recovery from the waste produced, (iii) safe disposal of wastes. For an integrated waste management policy the EU promotes the "polluter pays principle", Best Available Techniques and minimizing the logistics for wastes. Turkey, is one of the countries where the waste produced can not be converted into economic values with high efficiency. The literature survey states that there are two efficient treatment methods for household waste, industrial and hazardous waste, and biomass. These methods are: "biological treatment" and "thermochemical treatment". Gasification which is one of the thermochemical methods to produce syngas, which can be compared to natural gas. The flexible use of syngas facilitates the application of "Integrated Waste Management". The preferred gasification technology is by default emissions free and environmentally sound. The case study will give brief information on Ekolojik Enerji Inc.'s experiences on Waste-to-Energy applications thru gasification technology.

### (CV) Ömer Salman

B.Sc. Civil Engineer, Ekolojik Enerji Inc. Founder and Chairman

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*In 1981, Omer Salman, graduated from Istanbul Technical University Faculty of Construction. He started to work at his family owned company since 1957, which is active in the construction sector. He completed major infrastructure projects such as water supply, road construction, wastewater. With his experience gained in this field and the professional staff, his company has been called one of the leading entities. In recent years, parallel to Turkey's needs and investment programs, he focused on the energy sector. With this purpose, Ekolojik Enerji Inc. was established and the company has been active in the production of energy from waste.*

### (CV) Selen Taner

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*She graduated from Italian Highschool of Istanbul in 1996. Completed her undergraduate Management Information Systems degree in Bilkent University. Parallel to her Professional life, she successfully completed two graduate degrees in Business Administration and Environmental Social Sciences at the Boğaziçi University. She has been admitted as a Ph.D. student at Erasmus University, Ecological Industries and Sustainable Development program in 2010.*

*She is working for EKOLOJİK Enerji Inc. Since year 2001 as the Deputy General Director. She is responsible for social responsibility projects of the company which cover awareness raising on pollution prevention. In 2009-2010 she trained more than a 1000 students at different age groups thru RecyclART Workshops.*



**42. Healthcare Services for Foreign Patients In Turkey**

Didem Bas Bilge

BLU Meditravel Medical Organization Department, Istanbul, Turkey.

The aim of this presentation is to introduce a new field in healthcare sector called medical tourism, which is a rapidly growing practice of patients travelling across international borders to obtain healthcare. Turkey is currently one of highly preferred treat&travel spots of medical tourists, mainly because of the low costs compared with EU Countries, advanced technologies available, experienced medical staff as well as its attractive sights for travelers.

A medical tourist coming to Istanbul Turkey will benefit from:

- Highly qualified medical procedures performed by top specialists.
- Perfectly monitored & controlled surgeries
- A picturesque tourist holiday

The healthcare capital of Turkey is Istanbul. And the City is mainly attracting patients from Europe and Arab countries as well as countries like Albania and Turkmenia.

To introduce our company, BLU Meditravel, is an international medical tourism company, established 2007 as a University Project and treated more than 600 mainly Scandinavian patients successfully. Today BLU based in Istanbul do have offices in Finland, Sweden, Norway as well as Iraq.

BLU tailor makes the treatment portfolio's for patients by matching the leading doctors with specialized clinics. Also, we organize the whole time of the patient from the moment they arrive at Istanbul until they leave. As well as coordinating the whole treatment process, travel& care services such as hotel bookings to all transfer services, from restaurant&concert bookings, city tours to medications, BLU Heal&Travel packages includes everything what a patient tourist may need.

We are mainly focused corrective eye surgery, cosmetic surgery as well as EECF treatments, with our outstanding, internationally certified doctors. With a mission to maintain the highest quality medical service for our international patients and establish the relaxed vocation atmosphere in the ancient city of Istanbul.

**(CV) H. Didem Bas Bilge**

*Adige-Abzeh from Tokat City of Turkey*

*2008-2011: M.A Student, Cultural Studies, Istanbul Bilgi University, Istanbul Turkey*

*2003-2007: B.A: International Finance, Istanbul Bilgi University, Istanbul Turkey*

*2000-2001: ALP Student, Bergen C.College, NJ, USA*

*Assistant of Dr.Nusret Bas from year 2002.*



**43. Advances in the Treatment of Cancer**

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**Dr. Sualp Tansan**

Internal Medicine and Medical Oncology Specialist.

Tansan Oncology, Istanbul, Turkey

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*The treatment of cancer is evolving relatively rapidly over the past few years. New surgical techniques have resulted in better outcomes with less morbidity and mortality. New radiation techniques and improved technology cause less side effects with better treatment outcome.*

*Medical treatment which traditionally only consisted of chemotherapy is undergoing a revolutionary change with the introduction of biological agents and targeted therapy. We are entering an era of personalized treatment specific for each particular cancer patient.*





#### 44. The Role of Biological Response Modifiers in the Management of Solid Tumors

Prof Rami Jalal Yaghan

Head of Oncology Unit at King Abdulla Hospital-Jordan, Prof. of Oncology and Surgical Oncology at Jordan University of Science and Technology, Irbid-Jordan

**Introduction:** The classical treatment of solid tumors depends on surgery for loco-regional control to be followed by classical chemotherapeutic agents to control the systemic disease. This approach lacks specificity for the malignant cells. The introduction of monoclonal antibodies and other targeted tyrosine-kinase inhibitors is revolutionizing the concept of cancer treatment

**Aim:** To highlight the role of viclebix (a fully-humanized monoclonal antibody) and herceptin in the management of colon and breast cancers respectively. These two drugs are the prototypes anti-epidermal growth factor receptors. The role of avastin (an anti vascular endothelial growth factor) will also be clarified.

**Methodology:** The most recent literature regarding phase III trials about the above mentioned three drugs was reviewed. Jordanian data was also evaluated.

**Analysis:** Vital curves regarding overall survival, progression free survival and response rates will be shown.

**Results:** Major recent international trials have emphasized the positive impact of using herceptin in the management of HER II positive breast cancer, both in the adjuvant and the metastatic setting. Viclebex has proven positive as monotherapy or combination therapy in metastatic colon cancer. Avastin is now having an established role in treating metastatic colon cancer and in increasing the rate of liver respectability in this context.

**Conclusion** remarks: Biological response modifiers are providing a specific targeted therapy for solid tumors. The toxicity profile is far less than classical chemotherapy. Still these agents are used in conjunction with classical anticancer drugs.

#### (CV) Prof Rami Jalal Yaghan

Head of Oncology Unit at King Abdulla Hospital-Jordan, Professor of Oncology, and Surgical Oncology at Jordan University of Science and Technology, Irbid-Jordan

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*Born in Amman in 1961 to an Abkhasian father and a Kabardian mother. Married to a great Kabardian woman. Previous consultant surgeon at Ghasgow Royal Infirmary.*

*A lover of the Cacus.*

*Main research interests include research on immediate breast reconstruction after mastectomy, and specific breast infections.*

*Described the Yaghan breast hernia which was named after him. Published more than thirty international papers in addition to book chapters.*



## 45. Why They Just Can't Get up and Go? Risk Factors for Impaired Mobility in Older Adults

**Dr Velittin Selcuk Engin**, Suleyman Ersoy, Fatih Tufan, Mustafa Ozturk, Nalan Soydas.  
Family Medicine Specialists, Istanbul University, Medicosocial Department, Istanbul, Turkey.  
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**Introduction:** Mobility impairment is a major risk factor for frailty in older adults. In addition to facilitate comorbidities, mobility disability is an important hazard for life quality. Determination of risk factors for impaired mobility is crucial to develop effective preventive strategies for older adults. This study aimed to examine the independent risk factors for impaired mobility in older adults.

**Subjects and methods:** 1358 consecutive patients who applied to Sehzadebasi Outpatient Clinic of Istanbul Metropolitan University or home care services who were 65 years old or older were included. Comprehensive Geriatric Assessment protocol were applied in first examination or visit. Mobility impairment were assessed by Activity of Daily Living scales (ADL and IADL), Tinetti gait and Balance evaluation and Get up and Go Test (GGT). According to the latter, failure to complete a three meters walk less than 20 seconds were considered a impaired mobility (IM). Data were evaluated by PASW 18 statistics software. Relationship of IM and categorical variables were examined by chi-square test while student's t-test were used for numeric variables. Variables that were found statistically significantly associated with IM were added to multiple logistics regressions with backward Wald model.

**Results:** 822 (60.5%) Subjects were female. Age groups were shown at Table 1. Groups according to Body Mass Indices were displayed at Table 2. 31.6% of the subjects were home care patients. 240 (17.7%) were living alone. 659 (48.5%) were illiterate. 188 (13.8%) had physically disabled, while 402 (29.6%) had hearing and 589 (43.4%) had visual impairments. 343 (25.3%) were diabetic, 824 (60.7%) were hypertensive and 141 (10.4%) had stroke. 25 (1.8%) subjects had history of MI. Frequency of coronary heart disease was 234 (17.2%) while heart failure frequency was 212 (15.6%). 125 (9.2%) had history of depression, while 26 (1.9%) were demented. 473 (34.8%) had chronic pain. 300 (22.1%) had urinary incontinency. 421 (31%) had history of falls, while postural hypotension was observed in 119 (8.8%) and postural tachycardia was detected in 96 (7.1%) subjects. MI at GGT was observed in 372 (27.4%) subjects. The significantly associated variables with IM according to chi-square tests were displayed at Table 3, while related variables in t-tests were shown at Table 4. In logistic regressions, these variables were included in the model: Age, gender, education in years, Geriatric Depression Scale (GDS) scores, being underweighted, number of chronic diseases as well as number of medicines per day, diabetes, heart failure, cardiomegaly, tricyclic antidepressants, diuretics and serum tryglyceride levels. As a result, age, number of medicines per day and GDS scores were found independent risk factor for IM (Table 5). 11th step Nagelgerke R\_square was 0,157 at backward Wald regressions.

**Conclusion:** IM is a multifactorial health challenge in old age. In our study, age, depressive symptomatology and number of medicines were found independent risk factors for IM. The last one is especially interesting, as number of chronic diseases were eliminated in regressions. This finding emphasises the importance of polypharmacy for mobility problems in comorbid older patients.

**(CV) Dr Velittin Selcuk Engin,**

Family Medicine Specialists, Istanbul University, Medicosocial Department,, Istanbul, Turkey.

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*He was born in Istanbul in 1967. Graduated from Istanbul University, Istanbul School of Medicine in 1989. Studied mainly in ER clinics. Specialized on Family Medicine in 1996.*

*Focused on Geriatrics in 2002 and made numerous scientific presentations in both national and international organizations since then. Most of his publications are related to geriatrics.*

*As a family physician, he worked in collaboration with charity organizations for disaster relief efforts. He is a member of UMKE (National Medical Rescue Team) and Doctors Worldwide organization. Marmara eathquake being first, he participated in several medical relief missions.*

*Member of ESC-HF (European Society of Heart Failure), DUNYAK (World Ageing Forum), MEAMA (Middle East Association of Medicine on Ageing), TAHUD (Turkish Society of FAmily Medicine Specialists).*

*His main interests in medicine are emergency medicine, disaster relief, cardiology and geriatrics.*

*His hobbies include Judo, Basketball, Chess and Poetry.*

**46. Surgical Approaches to the Patients with Sleep-disordered Breathing****Assoc.Prof. Burak Erdamar.**

ENT Clinic, Memorial Sisli Hospital, Istanbul Turkey

Surgical treatment of obstructive sleep apnea has evolved from tracheotomy, to uvulo palato pharyngoplasty, to staged procedures directed at correcting anatomic abnormalities at multiple levels of upper aerodigestive tract. It has been hypothesised that uvulopalatal surgery has limited succes because there are multiple, diffucult to evaluate sites of airway collapse that make it challenging to predict which patients will benefit. After evaluation of the upper air way carefully, combined procedure has been shown to have significant role in the surgical management of obstructive sleep apnea. Correction of the nasal obstruction with weight reduction is always a good wayto start to patients without other significant predisposing anatomic abnormalities. Palatal surgery may follow or combined with nasal surgery. But we should never forget that we need more studies to fixe the indications, efficacy, and safety of the procedures for obstructive sleep apnea disorders traetment.

**(Assoc.Prof. Burak Erdamar.**

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*1994-2002 University of Istanbul, Istanbul Medical Faculty,  
Ear Nose and Throat Department.*

*2002-2011 Istanbul Memorial Hospital, ENT Department*



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**47. Way of Extra Facial Thyroid Gland Lobe Removal**

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**Prof. Zakhokhov Ruslan Maksidovich**

Senior Prof. at the Faculty of General Surgery, the Dean of the Medical Department of The Kabardino-Balkarian State University, Nalchik, Russia.

Today, the number of the operative interventions on the thyroid gland is actively growing. The growth of oncological diseases, onco vigilance, malignant tumours in the retrospective investigation of the operative material made us consider the removal of the thyroid gland lobe without leaving thyroid remains to be obligatory. As a result, we have an increase of the postoperative complications connected with the recurrent laryngeal nerve and parathyroid glands. Larynx paralysis diagnosed after surgery in benign lesions of the thyroid in 0,5–3 % of patients, in malignant lesions in 5-9 % and in recurrent goiter in 11% and more; violation of the vocal cords mobility after thyroidectomy are detected in 1,1-4,3% of observations, after subtotal resection 0,6%, after hemithyroidectomy 0,2-1,4%.

The methods of hemithyroidectomy and thyroidectomy described do not lead to an optimal technique of laryngeal nerves and parathyroid glands visualisation, which is more important in the surgeries with morphological changes of the thyroid gland. The absence of unified methodics and the succession of actions lead to inevitable mistakes, which increases the number of specific complications after thyroid surgery.

Using the new method, one makes his way to the thyroid, visualizes reverse laryngeal nerves, parathyroid glands, mark and cross upper and lower thyroid arteries. After access, it is necessary to carry out intraoperative measurement of anteroposterior and transverse size of added lobe of the thyroid. On the basis of these findings, we determine the structure of pathologically modified lobe of thyroid for every structuring option to carry out its optimal surgery stages in succession. In this structuring option, a slightly enlarged size is not more than 15 mm in respect to the norm. The lobe is sawn with ligatures, across the middle thyroid vein, reverse laryngeal nerve and parathyroid glands are visualized with the help of gland lobe traction by ligature-racks, crossing the lower thyroid artery, pass the isthmus, then the upper thyroid artery; under the option of the thyroid barrel structure, an increase of anteroposterior size of the lobe of more than 15 mm in respect to norm, the lobe is sutured with ligature, across the isthmus, the upper thyroid artery, the middle thyroid vein with the help of gland lobe traction ligature-racks visualize the reverse laryngeal nerve and parathyroid gland, crosses the lower thyroid artery, with an enlarged version of the structure of the additional percentage increase in the anteroposterior size of the incremental lobe of more than 15 mm relative to the norm- the lobe stitch ligatures, across the isthmus, the upper thyroid artery, the middle thyroid vein, with the traction ligature-racks visualize the recurrent laryngeal nerve and parathyroid gland, and crosses the lower thyroid artery.

**(CV) Zakhokhov Ruslan Maksidovich**

Senior Prof. at the Faculty of General Surgery, The Dean of the Medical Department of Kabardino-Balkarian State University, Nalchik, Russia.

*Dr. Zakhokhov R.M. graduated with honours from the Medical faculty of Kabardino-Balkarian State university in 1984. In the same year he started his career in the Central republic hospital of town Baksan and worked there as a clinical resident till 1986. He did his post graduate study specializing in "Surgery" from 1986 to 1989. Beginning in 1984, he was a part-time surgeon on duty in the City hospital of city Saratov. In 1986, he started to work as a surgeon of emergency surgical aid in the Republic Clinical Hospital of Kabardino-Balkarian Republic. Since 1989, he has been a surgeon of the Republic Thyroid Medical Center, consulting patients with thyroid pathologies.*



*Over the years of surgery work, he mastered, planned and led urgent types of operative interventions, such as stomach resection, organ saving surgeries on stomach (selective proximal vagotomy), various types of pyloroplasty, cholecystectomy, appendectomy, bowel resection, thyroid resection, simultaneous surgeries in combined organ lesions. He has examined more than 3 thousand patients and performed about 700 surgeries. Since 1996 occupies the position of the dean of the Medical department of the Kabardino-Balkarian State University. He trained more than 3 000 specialists for the Russian Federation and for other foreign countries' Ministry of Health Care . Dr. Zakhokhov R.M. has 45 published scientific works, including his inventions. Dr. Zakhokhov R.M. is awarded with the Kabardino-Balkarian republic Parliament honours and is an honoured doctor of Kabardino-Balkarian republic.*

**48. Video Endoscope surgery in the treatment of diseases of the chest and abdomen.**

**Prof. Miziev I.A.,** Baziev Z.M.

Head of Endoscopic Surgery, Kabardino-Balkarian State University, Nalchik, Russia

Endoscopic intervention has been widespread in recent years. It is worth pointing out that there is hardly any other method of surgery that has enjoyed such a development during this time as endoscopy. In fact, it is a kind of revolution in surgery - today the majority of operations on both stomach and chest organs may be performed endosurgically, the method being characterized by a sustainable development. Technological and scientific progress has significantly widened the opportunities of surgeons. Endoscopy, initially being characterized as a technique with rather modest opportunities has become one of the most powerful diagnostic and treatment methods. It is currently believed that up to 80% of surgeries in the general surgery clinic can be performed endoscopically. The situation is the same in operative gynecology. It is to be underlined, however, that if the basic principles of planned laparoscopic surgery have been sufficiently developed, the introduction of video assisted technology in urgent thoracic and abdominal surgery remains debatable and topical.

Planned video assisted thoracoscopy (VATS) surgeries on the lungs and mediastinum organs have become a de facto standard treatment for many diseases, including small peripheral lung tumors.

Thus, the continued rapid improvement of equipment, tools and technique of performing endoscopic surgery enable us to assume with some confidence that video assisted endo- surgery will gradually gain more and more significant position in the surgical clinics in the near future. In our clinic, video assisted endoscope surgery on the organs of the chest and abdomen are currently performed. Since 2004, endo-surgery department has been successfully functioning at our clinic. The staff of the department consists of specially and purposefully trained surgeons, i.e. those, who are able to perform both open and laparoscopic surgery. Thus, the surgeon himself defines the indications and the scope of surgical intervention. During the period from 2005 to 2011 in our clinic, video assisted endoscope surgery has been performed for more than 500 patients aged 18 to 85 years. The volume of surgical interventions include: appendectomy, perforated ulcer suturing, cholecystectomy, dissection of abdominal adhesions, abdominal abscesses, destructive pancreatitis, gynecological surgery, hiatal hernia, resection of the lung, lobectomy, chest injuries, purulent diseases of the chest. At the same time, about 60% of cases were economically active patients aged from 21 to 50 years. Moreover, patients with an isolated injury after diagnostic VATS or thoracoscopy confirming the absence of injury were discharged from hospital in satisfactory condition after 2-3 days. This speeds up the recovery of the patients and their going back to normal life. In those patients who underwent various interventions there have also been observed shortening of the rehabilitation period and a more rapid return to normal life.

Thus, our data make it possible to conclude: postoperative complications have been minimized, the duration of hospitalization has decreased, the patients' economic activity remains virtually unaffected.

### **(CV) Prof. Miziev Ismail Alimovich**

Head of Endoscopic Surgery of Kabardino-Balkaria State University, Nalchik, Russia.

*Prof. Mizief graduated from the Medical Department of Kabardino-Balkaria State University in 1991. In 2000, he defended his doctoral thesis. He is the Chief Surgeon of Kabardino-Balkaria Republic Health Ministry, Kabardino-Balkaria Republic Honored Scientist, Academician of the Russian Academy of Natural Sciences.*

*Areas of his scientific interests are abdominal and thorax, endoscopic surgery, oncosurgery and obesity surgery.*





**49. Surgical treatment of patients with combined bone-vascular lesions in general hospital**

**Prof. Zhigunov A.K.**, Al-Sultan M.Kh., Logvina O.E., Iskhak L.N., Edigov A.T.  
Head of the Republic Clinical Hospital, Nalchik, Russia

**The aims of research.**To improve the combined bone-vascular injury patients treatment in town.

**Materials and methods.**The analysis of 132 casualties with combined limb injuries was carried out. The age of the casualties ranged from 13 to 67 years. In the limb fracture with neurovascular band lesion the sequence of the surgery was as follows: fixation and reconstruction of the main vein, the main artery, nerve trunk. The main criteria for the limb vessels reconstruction were the following: blood pressure more than 90-100mmHg, heart beat rate 100 beats/min., urination 30 ml/h, CVP 80-120mm. Intramedullar osteosynthesis, extrafocal osteosynthesis were used in 46 (38.1%) patients with bone fracture in the acute stage of traumatic disease. Reconstructive vessel surgeries were performed on 105 (79.5%) of casualties with vascular bone damages. The wound drainage was carried out with siliconised tubes of 3-5 mm in diameter. This done through contrappenture near the wound with their further fixation to skin by sutures.

**Results and discussion.** 17 lethal cases out of 132 patient were registered (12.9%). Erosive bleeding was in 4 casualties in the postoperative period. Due to this urgent indications the patients were re-operated. Three patients underwent auto venous prosthesis of the artery, one patient had his artery tied up from both ends and autovenous extra anatomic bypass done passing the purulent wound. 22 patients had to undergo limb amputation (16.7%)/

**Findings**

1. Hemorrhage stop is the integral part of anti shock therapy at every stage of managing the patients with the combined bone-vascular wound.
2. Resuscitation of the patients should be carried out at once in admission to the hospital and continue in the course of surgery.
3. Surgery of choice for permanent fixation of the bone fragments at the acute period of traumatic damage in casualties with the combined vascular –bone fracture is imposition of external fixation apparatus with further vascular reconstruction

**Prof. Zhigunov Askar Karalbiyevich**

Head of the Republic Clinical Hospital, Nalchik, Russia.

*Prof. Zhigunov, is a doctor of medicine and professor of “the Faculty and Endoscopic Surgery”. He is the head of the Republic clinical hospital, specializing in the management of patients with the combined injuries.*



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**50. From Cardiology to the Socio-Economic Aspects: Present and Future of the Regional Management Strategy**

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**Prof. Inarokova A.M.**, Tkhabisimova I.K, Imagozheva M.J., Semenova I.L.

Head of the Department of General Practice, Gerontology and Public Health Organization of The Kabardino-Balkaria State University, Nalchik, Russia.

**Relevance.** Cardiovascular disease (CVD) are leading in the structure of morbidity with temporary disability, premature disability and mortality.

**Purpose.** Assessment of the socio-economic importance of the CVD in Russia and KBR.

**Materials and methods.** A solid epidemiological study of men (4323 people) and the data of the Federal State Statistics Service of basic sanitation demographic characteristics of the Russian Federation and the KBR.

**Results. Analysis** of the mortality in Russian Federation over the past 10 years suggests that Russia annually loses more than 2 million of its citizens. The first cause of death, both in Russia and in Kabardino-Balkaria is CVD (56.7% and 60.9% respectively, 2010). Coronary heart disease, including heart attacks, the cause of 27.2% of deaths, and stroke 20.2%. About 25% of stroke patients die within the first days of the disease, 60% develop severe disabilities and only 20% return to their profession.

The CVD also took 1st place in the structure of primary disability in KBR and Russia 37.2 and 29.4, respectively per 10,000 population aged 18 and older.

The highest duration of temporary disability among all North Caucasian republics registered in Kabardino-Balkaria (23.79 and 18.37 days), with an average size of disability benefits about 2632 rubles and 2033 rubles respectively.

**Conclusion.** The steady increase in morbidity, disability and mortality from CVD calls for a re-thinking of the health situation of the Russian Federation, the development of innovative, high-performance programs and secondary prevention of cardio-vascular system. The struggle for increased life expectancy of our citizens can not be without impact on the living conditions, the elimination of risk factors for the CVD, on the one hand, and on the other, without the joint efforts of the regions in close geographical proximity.

**(CV) Prof. Inarokova Alla Muzrachevna**

Head of the Department of General Practice, Gerontology and Public Health  
Organization of The Kabardino-Balkaria State University,  
Nalchik, Russia.



*Prof Inarokova Alla Muzrachevna graduated from the medical faculty of the Kabardino-Balkar State University (KBSU) in 1975. From 1975 to 1977 she worked as an intern doctor in the first therapeutic department of Clinical Hospital of Nalchik. Since 1977 transferred into KBSU. Research work was carried out continuously since 1981, initially as a responsible Executive of the cooperative programs to prevent hypertension, then as the head of several research projects. She is a specialist in preventive cardiology. As a result of years of work, she had organized a mass screened survey of the male population of Nalchik (4323 men), 5 year preventive intervention (2239 men) and the 14 year prospective study of selected populations.*

*In 1988 she made her degree in medicine on "Prevention of hypertension among drivers of Nalchik" in the Research Institute of Cardiology (Moscow).*

*In 1999 she made her doctor of medicine degree in the State Research Center of Preventive Medicine (Moscow) on "Epidemiology and prevention of cardiovascular disease among drivers " She is the first female in the KBR, made her doctor of medicine degree in "Cardiology". Both of her dissertations formed the basis for a new direction in medicine - "Roads medicine."*

*The results of her researches are used in the planning of the Federal program on "Prevention of hypertension" in the context of the KBR. She has more than 160 publications.*

*She is the president of Kabardino-Balkar Branch of Gerontological Society of the Russian Academy of Sciences, founded on her initiative in KBSU in 2002 and head of scientific unit of the National Gerontological Rehabilitation Center of KBR, also created on her initiative in 2003. She introduced the concept and program of health and social care for the elderly, which formed the basis the statutory provisions of the clinical base, reorganized in 2003.*

*She is a member of the scientific councils of the Faculty of Medicine, KBSU and Dissertation Council of KBSU in the field of "Internal Medicine" and "Cardiology".*

*Since 2006 she manages the grant research under the federal target program "Development of Scientific Potential of Higher Education (2006-2008, 2009-2012)" in "Fundamental research in natural sciences".*

*Inarokova A.M. was awarded the diploma of Ministry of Health of the Kabardino-Balkar Republic in 2002 and the diploma of the Ministry of Health and Social Development of Russian Federation in 2008 for her achievements in public health.*

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**51. Clinical and Epidemiological Features of Patients with Acute Coronary Syndrome in Kabardino-Balkaria**

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Batirov Z.S., Semenova I.L., Inarokova A.M., Imagozheva M.J.

Department of General Practice, Gerontology and Public Health Organization, Medical Faculty of Kabardino-Balkaria State University, Nalchik, Russia

**Aim.** The study of frequency of acute coronary syndrome among overall cardiovascular diseases.

**Material and methods.** The retrospective analysis of acute coronary syndrome cases from 2005 to 2007 year, was performed in the Kabardino Balkarian Republic for the first time. The emergency accompanying forms and hospital medical documents of 4635 patients, hospitalizing in the intensive care department of state Cardiologic Center of Nalchik, KBR, were analyzed.

**Results:** The quality of medical treatment of the acute coronary syndrome was estimated on three stages: ambulatory, emergency and hospital. A number of complex practical recommendations were developed for improvement of treatment of cardiologic patients in the region.

**(CV) Dr. Semenova Irina Leonidovna**

Department of General Practice, Gerontology and Public Health Organization,  
Medical Faculty of Kabardino-Balkaria State University, Nalchik, Russia

*Dr. Semenova graduated from the Faculty of Medicine of the Kabardino-Balkar State University in 1993 and specialized in general medicine. In 1997, she completed residency in Neurology. She teaches at the College of Medicine and at the Medical Faculty of the Kabardino-Balkar State University. She has 18 publications.*



## 52. Role of Higher Education Institutions in Doctors' Training and Health Care

Prof. L.V. Elgarova, A.M. Kardangusheva, A.A. Elgarov  
Chair of Propedeutics of Internal Diseases of the Kabardino-Balkarian State University,  
Nalchik, Russia.

The health of students in higher educational institutions is a necessary condition of acquisition of the professional skills and qualitative preparation of specialists. Therefore, one of the most important tasks of the high school is the working out and realization of the set of actions, oriented on the building up and preserving students health. Among various population involved in the intellectual work, the highest incidence of morbidity were observed among doctors, who according to their professional duty have to not merely render medical-preventive aid but also be the repository of the healthy lifestyle principles. Based on the above, we have set a goal: to evaluate the health condition of the medical students and create a science-based, adapted to regional conditions and higher professional education prevention program.

The multi-year clinical-epidemiological investigations of the students, including medical students let us evaluate the real situation regarding the prevalence of the main chronic non-infectious diseases and their risk factors. The obtained data testifies the sensitivity of the young people and demands an active implementation of healthy lifestyle electives in the curricular, which covers the whole tutorial: creation of the psychological service under the jurisdiction of the high school; increase of the physical activity within educational process; organization of the efficient nutrition; creation of the comfortable living conditions for students in hostels; improvement of the system of the students health maintenance: monitoring of the medical-psychological aspects of health; preventive medical examination; group and individual facilities including the resources of the health-related departments of the higher education institution (recreation centers, sanatoriums and polyclinics). For the efficient realization of the planned projects, there is a strong need for qualified medical and pedagogical staff, capable to lead preventive work. Therefore, one of the important fields of concern of the high school should be doctors and teachers training of the health preserving technologies.

Higher education institutions as social institutions can and should be the centers for the implementation of the politics of strengthening health and preventing diseases in students.

### (CV) Prof. Elgarova Liliya Vjacheslavovna

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*Prof. Elgarove L.V. graduated from Medical Faculty of Kabardino-Balkarian State University, as double first in 1983, did her internship training at Simferopol Medical Institute (Ukraine),*

*became a candidate of medical science in 1994 and doctor of medical science in 2008 . Since then, she has been the Professor of the Chair of Propedeutics of Internal Diseases of the Medical Faculty of the Kabardino- Balkaria State University.*

*Prof. Elgarove L.V. has 131 publications, including monography and 21 published abroad.*

*Her main sphere of interests include, epidemiology and prevention of chronic non-infectious diseases in children, adolescence and young people*



### 53. The Prevalence of Risk Factors of Cardiovascular Diseases in the Kabardino-Balkarian Republic on the Example of already Operated Persons

Djanataeva L.L., Tkhabisimova I.K., Inarokova A.M., Batirov Z.S.  
Assoc.Prof. of Department of General Practice, Gerontology and Public Health  
Organization of the Medical Faculty of the Kabardino-Balkaria State University, Nalchik, Russia.

**Relevance.** Cardiovascular diseases (CVD) are the leading cause of death of the population of industrialized countries, including Russia, where CVD deaths are annually about 1 million 200 thousand people (about 57 % of total mortality).

**The Objective.** The study of dissemination characteristics of CVD risk factors according to ethnicity and education level in the KBR.

**Materials and methods.** Examined 110 patients (101 men in the age of from 40 to 79 years and 9 women from 49 to 66 years), operated in various cardiac centers of the country (Moscow, Novosibirsk, Krasnodar, Saint-Petersburg). The study was conducted on the basis of the State institution of public health "Cardiology Center" of the city Nalchik during the period from 2003 to 2009.

**Results and discussion.** Smoking more frequently occurred at the Balkars with secondary and secondary special formations (77%); overweight and hypertension were found in Kabardians with a higher education (57.6 %), alcohol abuse in Russians with medium and medium-special formations (35,5%); insulin dependent diabetes among women of all nationalities with the middle, special and higher education (29%). In females, in comparison to men, there has also been a complete absence of smoking, alcohol abuse, and least obesity.

**Conclusion.** A great variety and frequency of occurrence of CVD risk factors in the KBR allow to note the high incidence and risk of cardiovascular complications, which is the cause of early disability of the able-bodied population. The high level of education is in direct correlation with the incidence of hypertension and other ischemic heart disease risk factors. The situation in the republic may be changed as a result of strengthening of the measures as the primary prevention of cardiovascular disease, and secondary activities aimed at the prevention of cardiovascular complications.

#### (CV) Assoc. Prof. Thabisimova Irina Korneevna

Department of General Practice, Gerontology and Public Health  
Organization of the Medical Faculty of the Kabardino-Balkar State University, Nalchik, Russia.

*Assoc. Prof. Thabisimova I. K. graduated from the Medical Faculty of the Kabardino-Balkar State University in 1998, after specializing in general medicine, she did her degree course in medicine in the Federal State Institution "Central Scientific Research Institute of Public Health" in 2003. Since then, she has been working at the Medical Faculty of the Kabardino-Balkar State University. She has more than 40 publications.*



## 54. The Relationship of Serum EPO Levels and Polycythemia in Hypoxemic COPD Patients

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**Background:** Hypoxia appears and deepens by time in COPD, that is appreciated as systemic for recent years. According to classical knowledge, chronic hypoxia causes polycythemia development by stimulating erythropoietin (EPO) secretion. In this study, investigation the relationship between existence of hypoxemia and serum EPO and hematologic parameters in COPD patients was purposed.

**Method:** 30 hypoxemic, 47 normoxemic, totally 77 COPD patients enrolled in the study; from all, serum EPO levels, arterial blood gases and hematologic parameters were measured. Groups were compared by Chi-square test.

**Results:** Number of cases with serum EPO levels above normal limits (EPO>34 U) in hypoxemic group (n=4, %13) was found to be statistically significantly higher than that in normoxemic group (n=0) (p=0.02). No statistically significant difference was found between mean serum EPO levels of hypoxemic and normoxemic groups (22.8±40.3 and 12.77±6.2, p>0.05). Both two groups were similar statistically for hematologic parameters (RBC, Hb, Hct) (p>0.05). Number of polycythemic patients in hypoxemic group was 4 (%13), that in normoxemic group was 2 (%4.2) (p>0.05). Between the proportions of normoxemic and anemic patients of the groups, no statistical difference was found. Separately, in hypoxemic COPD patients, it was seen that presence of hypercarbia and acidosis did not significantly effect serum EPO levels and other hematologic parameters (p>0.05). In all COPD patients, a significant positive correlation between Hct level and pCO<sub>2</sub> value (r=0.311, p=0.006), and a significant negative correlation between Hct level and pO<sub>2</sub> (r=-0.279, p=0.014) were detected.

**Conclusion:** In spite of serum EPO level increment in hypoxemic COPD patients, as it thought to be for long years, this increment could not increase Hct enough and so polycythemia response may not occur. Actually, there are anemic COPD patients as much as polycythemic patients. There is a need for more studies to investigate systemic effects causing inadequate hematopoietic response to increased EPO level in COPD.

### (CV) Associated Professor Dr Dane Ediger

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*She was born in Eskişehir, Turkey. She is a member of Abzeh Jaji Family member. Both of her first name and surname are form Language of Adigey.*

*She graduated from İstanbul University Cerrahpaşa Medical Faculty in 1991, İstanbul. She completed her fellowship in 1996 in the Pulmonology department of Uludag University Medical Faculty, in Bursa, and became Allergist in 2000 after completed her Allergy subspeciality in the Allergology Department of Ankara University Medical Faculty. Her studies focus on the fields of allergic asthma, rhinitis and chronic cough.*

*She became Associated Professor in 2006 and has worked as a chief of Allergology Department in Pulmonology Department of Uludag University Medical School since 2003. Personal Interest: Outdoor sports, Trekking, Archaeology*



**55. Intrauterine Cardiac Evaluation by Echocardiography.**

Dr. Umit Bilge Samanlı

Pediatric Cardiologist, Memorial Sisli Hospital, Istanbul, Turkey.

Cardiac evaluation of the fetal heart can reliably be done by echocardiography, generally starting from 18th to 20th week of gestation. The incidence of congenital heart disease in the population is around 1 %, but is believed to be much higher during the intrauterine stages, a considerably large proportion of the more severe anatomical cardiac anomalies ending in spontaneous miscarriages, never being diagnosed.

Fetal echocardiography is performed on indications like existence of congenital heart disease in the family, extracardiac anomaly or dysrhythmia in the fetus, fetal chromosomal anomalies like the Trisomy 21 syndrome, suspicion of congenital cardiac anomaly in the fetus following detailed fetal ultrasound scan by the perinatologist, and social indications etc.

Despite some restrictions depending on the position and age of the fetus, decreased echogenicity of maternal abdominal tissues, the basically different patterns of the fetal circulation compared to postnatal circulation, life-threatening fetal cardiac anomalies are reliably diagnosed prenatally by fetal echocardiography. Hence, early life-saving steps towards treatment or operation can be programmed beginning from the moment of birth in the presence of significant cardiac diseases. On the other hand, termination of pregnancy may be advised in cases of complex congenital cardiac abnormalities with severe prognosis.

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- *Graduated from Istanbul University, Cerrahpaşa Medical Faculty, 1977.*
- *Specialized in Pediatrics at the same institution, 1984.*
- *Subspecialized in Pediatric Cardiology at Istanbul University, Haseki Cardiology Institute, 1992.*
- *Was a visiting doctor in Lund, Sweden, 1992*
- *Was an honorary cardiac registrar at Great Ormond Street Hospital, London, 1995.*
- *Working for Istanbul Memorial Hospital since 2004.*
- *Member of:*
  1. *Turkish Cardiology Association*
  2. *Turkish Pediatric Cardiologists' Association*
  3. *Association of European Pediatric Cardiologists (AEPC)*
  4. *Fetal Cardiology Working Group of AEPC*



## 56. Operative Childbirth in Modern Obstetrics

**Prof. Uzdenova Z.H.**, Shogenova F.M., Zalihanova Z.M., Bekulova of M. B.  
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One of the major problems facing accoucheurs-gynecologists is the maintenance of a favorable outcome of pregnancy for mother in sorts of operation of the fruit. It is about, on the one hand, the change of obstetric strategy and expansion of indications to operative childbirth, on another, an increase in frequency of pathological conditions at a fruit. Within the last 20 years in structure of operative sorts, there has been redistribution in favor of Cesarean section over vaginal childbirth operations. In Russia intensive development has occurred in the perinatal obstetrics focusing attention on the fruit, as on the patient. Its feature is high frequency operative childbirth by Cesarean section operation in interests of the fruit, reached 19,8 % around the country in 2009. On separate clinical obstetrical establishments, the relative density of Cesarean section makes up 25-30 % and more. Hence, annually almost every fifth citizen of Russia is born by Cesarean section operation. In the last 20 years the frequency of this operation has increased 8 times in Kabardino-Balkaria (from 1,8 % in 1991 to 16 % in 2004). The purpose of the present research was the estimation of features of physical and sexual development of the girls born by operation of Cesarean section.

We carried out the analysis of 458 stories of the sort, newborn and out-patient cards of children at the age from 10 till 16 years. The received data has been acquired by questionnaires. From 458 children born by an operative way, there were 200 girls and 258 boys. Indicators of physical development and puberty of surveyed children were a little below regional specifications. The high infectious index in the anamnesis at a studied category of children is revealed. In structure of chronic diseases, 37,6 % have developed diseases of respiratory organs, 36 % - a pathology of glands of internal secretion, diseases of an ear, throat, nose at 24,5 %, nervous system 19,9 %, urinogenital system 18,9 % of children; a gastroenteric path 12,7 %, eye illnesses at 11,8 %, allergic diseases at 10,7 %, anemia at 8,3 %, cardiovascular system disease at 5,0 % and congenital developmental anomalies at 5,5 %. To group I of health, 18,8 % of children are carried to group II – 58,5 %; to group III – 20,3 % of children, to group IV – 2,0 %, to group V – 0,4 %. Thus, the obtained data testifies to the necessity of system engineering of the actions directed on improvement of a state of health of children, born by operative sorts.

### **(CV) Prof. Uzdenova Zuhra**

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*Uzdenova Zuhra, defended the doctoral dissertation in 2002 and has been a professor of department of child's illnesses of obstetrics and gynecology of medical faculty of KBSU since 2003.*

*Uzdenova Zuhra is the member of rule of Russian society of doctors of obstetrics and gynecology, president of association of doctors of obstetrics and gynecology of Kabardino-Balkaria and expert of the licensed commission of Ministry of health of KBR. At the direct participating of Uzdenova Zuhra in 1993, the center of planning of family and reproduction is opened in KBR, and in 1996 – republican obstetric center. With opening of these centers in a republic it was succeeded considerably to reduce maternal, infantile morbidity and death rate. The new methods of diagnostics and treatment are inculcated in obstetrics and gynecology. Uzdenova Zuhra, a highly skilled doctor, has a higher qualifying category of doctor of obstetrics and gynecology, owns modern methods of diagnostics and treatment, renders planned and urgent medicate in the districts of the republic for 20 years, takes an active role in preparation of doctors of obstetrics and gynecology KBR, Chechnya, Ingushetia and Karachaevo-Cherkesia.*



## 57. The New Methods in IVF and Infertility Medicine

Op.Dr.Alper Şişmanoğlu

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Assisted reproductive techniques have been used since 1981 to help women become pregnant, most commonly through the transfer of fertilized human eggs into a woman's uterus (in vitro fertilization). In Turkey we use the best techniques for infertility patients with the best results for the couples coming not just from our territory but also from Europe and Middle East countries. In Turkey 15% of married couples cannot conceive without assisted reproductive technologies. 40 % of these are male factor infertilities. If we think that we have 10 million couples in Turkey 1.5 million of these will need assisted reproductive treatment to have a baby. For this reason we have around 150 IVF center 62 of which are located in Istanbul. German Hospital in Taksim is one of the leaders in this field and has become a brand name in IVF treatment .The standart IVF treatment was giving us about a 30 % pregnancy rate but with new emerging techniques nowadays we obtain approximately 50-60% pregnancy with 35% take on baby rate. We use ICSI (Intracytoplasmic sperm injection) as a standart prosedure for every patient. Mini-IVF: A very unique approach to simplify IVF for patients, reducing the cost associated with more conventional IVF protocols while maintaining comparable success rates. PGD (Preimplantation genetic diagnosis): Combined with IVF, this technique can now prevent couples from having to face the difficulty of giving birth to children with almost any of the genetic defects. With PGD, we can also better understand the problem of recurrent, early miscarriage and the genetic errors that arise in pregnancies of older mothers. Fertility Preservation and Freezing of embryos , sperm and oocyte: Recent advances in cryopreservation make it possible to preserve female fertility for any length of time. Ovarian Tissue Freezing: This technique was originally developed to preserve the fertility of young women undergoing cancer chemotherapy and radiation. IMSI (Intracytoplasmic morphologically-selected sperm injection): IMSI is used to fine-tune the ICSI process. It allows an embryologist to look at sperm under an extremely high-magnification microscope in order to look much more critically at sperm morphology. microTESE : (microdissection testicular sperm extraction): Microdissection TESE can improve sperm retrieval for men with non-obstructive azoospermia over those achieved previously with standard testis biopsy techniques. Oocyte Zona Pellucida Birefringence: Birefringence imaging of the meiotic spindle and the zona pellucida in human oocytes represents a new approach in the assessment of oocyte and embryo viability.

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*Dr Alper Sismanoglu was born in 1974 in Bulgaria. In 1989 he emigrated to Turkey because of the turkish genocide in Bulgaria in years between 1986-1990. He finished high school in Ankara capital of Turkey and then started medicine in Hacettepe University Medical Faculty in 1992 and graduated in 1999. In years between 1999 and 2004 he was in İstanbul Marmara University Hospital to study Obstetrics and Gynecology . After becoming specialist in this field he started to work in German Hospital IVF Center and took his master degree in Infertility , In-vitro Fertilization and Gynecological Endoscopy in 2006. Now he is the responsible chief in German Hospital IVF Center. He has many scientific publications in outstanding journals in the field of infertility medicine. He speaks Turkish ,English, Bulgarian and Russian languages. He is married and has two daughters.*



## 58. The Analysis of Efficiency of Organizational Decisions on Preventive Maintenance and Treatment of the Respiratory Distress Syndrome at Neonatals in Kabardino-Balkaria

Prof. Zhetishev R.A., Zhetisheva I.S.

Chair of Childrens' Disease, Obstetrics and Gynecology

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**Urgency.** In the structure of infantile death rate, neonatal deaths make up upto 76 %. Among the conducting reasons of high neonatal death rate is respiratory distress syndrome (RDS).

**The purpose.** To lower mortality in group of children with respiratory distress syndrome and to reduce infantile death rate in Kabardino-Balkaria.

To achievement the given purpose, a strategy of early preventive and medical use of surfactant (poractant alfa) and noninvasive respiratory support with the help of nasal continuous positive airway pressure (CPAP) were developed. In 2008, the methodological recommendations adapted for conditions in KBR for diagnostics, preventive maintenance and treatment of RDS in children were developed. We held on-site training courses for neonatologist-resuscitation specialists. In Republican Neonatal Centre, a city maternity hospital of the capital KBR, republican children's clinical hospital, the preparation was applied by the trained employees of the given establishments. In delivery rooms of regional hospitals, which lack neonatologist-resuscitation specialists, the trained specialists entered the resuscitation brigades.

**Results.** In 2008 "curosurf" was entered to 129 newborn children, among them 28 children have received it repeatedly. In 2009, the preparation was entered to 106 children, 17 of them repeatedly. The indication for preventive purpose of a preparation were: 1) gestational period of neonatal less than 27 weeks 2) At the gestational period of 27-31 weeks, when there were indications for carrying out intubation of trachea in the maternity hall for other reasons, 3) if mother has the diabetes, or was not carried out course of antenatal steroid therapy, and body weight of the baby at birth less than 1250 grammes.

The indication for early therapeutic "curosurf insufflations" was the increase of symptoms of RDS after starting artificial pulmonary ventilation or nasal continuous positive airway pressure.

The analysis of all cases of curosurf use has shown, that it was entered to 117 children (49,8 %) with the preventive purpose, in 45 cases (19 %) when RDS was developed, to 32 newborns (13,6 %) with the diagnosed congenital pneumonia, in 27 cases (11,5 %) at intermitting atelectasis of lungs, to 10 children (4,3 %) with aspiration pneumonias, at single instances for hypoplasia of the lung.

The dose of a preparation at preventive introduction in 2008 was made, on the average, 93 mg/kg of body weight, for the medical purpose it varied from 107 mg/kg up to 200 mg/kg, on the average, 168 mg/kg. In 2009, in connection with deficiency of curosurf, preventive and medical doses were reduced to 67 and 93 mg/kg, accordingly. The positive effect of the introduction of the preparation carried a dose-dependent character, and was marked in 90,7 % of cases in 2008 and in 74,5 % in 2009. At a dose less than 70 mg/kg, clinical improvement was not observed.

Nasal continuous positive airway pressure with use of generators variable stream infant flow was used in 106 cases. For preventive use in 18 % of cases, the beginning of therapy was initiated in a maternity hall; in most cases (82 %), nasal CPAP was

connected at an increase of respiratory insufficiency in the first hour of life in the resuscitation branch. A combination of preventive use of insufflation of surfactant and nasal CPAP was applied in 5 % of the cases.

The carried out research has shown that 48 children did not need the realization of artificial pulmonary ventilation as a result of super-early preventive introduction of curosurf and / or uses of nasal CPAP. From those newborn who needed realization of artificial pulmonary ventilation, despite the application of surfactant, the duration of its application decreased on the average by 40 %. In children with 2 times frequency of intraventricular haemorrhages in the group of children with a syndrome of respiratory frustration, mortality has decreased by 2,7 times.

**The conclusion.** The organized preventive and early therapeutic introduction of surfactant in recommended doses, in combination with the use of nasal CPAP is a highly effective way of prevention and treatment of respiratory distress syndrome at newborn. The result of teamwork was the decrease of infantile death rate almost 3 times in KBR in a short time interval, from a rate of 16,4 in 2006, it has gone down to 6,4 and 5.8 in 2008 and 2009, respectively.

### **(CV) Prof. Zhetishev Rashid Abdulovich**

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*Prof Zhetishev graduated from the Medical Department of Kabardino-Balkarian State University in 1982. He trained in clinical internship at Leningrad Pediatric Medical Institute and then worked at Urban Clinical Hospital of Nalchik as a paediatrician. In 2003 he was conferred the degree of doctor of medical sciences and in 2005 he became a professor.*

*Prof Rashid Abdulovich is the author of 157 scientific works, three inventions, 15 educationl-methodological editions, 2 methodological monographs under he signature of Ministry of Health of Russian Federation. More than 90 works are published in leading scientific-practical journals of Russia and foreign countries.*

*His fields of scientific interests include children's neurology, reanimation, neonatology, endocrinology and nephrology. He is a permanent participant of Russian and international congresses and conferences.*

*Prof Rashid Abdulovich has 18 years of pedagogical experience and at the beginning of 2007 he was appointed as the main paediatrician of Kabardino-Balkaria Republic, Ministry of Health.*



**59. Hair restoration surgery (FUE & FUT)****Op. Dr. Sacid Karademir**Specialist in Plastic and Reconstructive Surgery, Natures Medical Center,  
Istanbul, Turkey

FUT technique was a milestone in hair transplantation surgery until FUE brought a new aspect in graft harvesting by which it became more popular and preferable. Since it appears as less invasive technique comparing to FUT, FUE allows physicians to perform the procedure in office conditions. Although it can be an office based surgery, that doesn't mean that it is a simple procedure. Unfortunately, this is the most common misperception regarding the technique. Even if it does not require hospital conditions, it still needs elaborate handling and care while performing.

As a matter of fact, FUE is not a less invasive technique as it seems. It requires a 1 mm cut in the scalp for each graft which means 1000 mm cut for 1000 graft. In other words, you will end up with a "one meter cut" in the scalp following the surgery. I do not agree to describe a method as non or less invasive if I leave a one meter cut on the scalp. The normal amount of transplanted hair follicle loss following FUE is about 5% in experienced hands. However, it is possible to lose much more hair follicle in inexperienced hands.

I believe that patient's hair loss pattern and expectations are of great importance in deciding the technique to be used. Characteristics of donor hair follicle is important. Because one should take into account part of the body while transplanting the hair. The length of the transplanted follicle should definitely be longer in the eye brows and eye lashes. However, it is not necessary for hair, beard and moustache.

**(CV) Op. Dr. Sacid Karademir**Specialist in Plastic and Reconstructive Surgery, Natures Medical Center,  
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*Dr Sacid Karademir was born in Sivas in 1955. He graduated from Medical Faculty of Cumhuriyet University and specialized in plastic and reconstructive surgery at the same faculty. He started to work at Istanbul Onep Esthetic, Plastic and Reconstructive Surgery Clinic in 1995 till 2005. At the same time he worked at International and Florance Nightingale Hospitals. Since 2001, he has been working at American Hospital. In 2005, he founded his own Natures Esthetic, Plastic and Reconstructive Surgery Center in Istanbul and is working in connection with American Hospital. He is married and has one daughter.*



**60. Advances in Plastic Surgery****Op. Dr. Gulden Avci**

Specialist in Plastic and Reconstructive Surgery, Kadıköy Şifa Hospital, Istanbul, Turkey.

The aim is to minimize the morbidity of the donor, provide a scarless healing and turning of the patient's to normal life as soon as possible. Interventions in the patient's quality of life should return to normal as soon as possible and morbidity the least. For these purposes, the length of incision decreases gradually. Endoscopy has been used in both aesthetic and reconstructive cases. In the endoscopic facelift, skin scar is minimal and the ptotic structures can be corrected with minimal morbidity. Muscle flaps can be elevated endoscopically. To reduce the morbidity of donor area, cell structures are becoming popular. Tissue engineering is very important for reconstructive and aesthetic surgery. The effects of aging on the cellular level should be corrected and consequently the use of the stem cells is increasing day by day. Fat injections are being made for stem cells in facelift therapy, buttock lift therapy and breast augmentation therapy and the studies on stem cells are increasing day by day. The biology of growth factors is understood. The use of growth factors in wound healing and cosmetic will increase.

The instruments in plastic surgery are increasing in parallel with the advancement of technology. Laser can be used as a surgical instrument like laser lipolysis. Examination of 3-dimensional images of patients preoperative establish a more accurate dialogue with the patient. In addition, the surgery planning is made more convenient by these three dimensional image techniques. The craniofacial asymmetries in the bones and orthognathic problems are solved with distraction osteogenesis. Distraction appliances gradually become small. A distraction device is placed inside the mouth to make the treatment process more comfortable.

As a result of understanding of the microsurgery principles and practices into the daily routine in the plastic surgery clinics, transplantations are increasing. Multidisciplinary approaches are increasing in allotrophic transplantations. After transplantation with bilateral upper extremity, transplantation of the uterus as the most recently done and as a result of these operations new horizons open for reconstruction. For aesthetic and reconstructive surgery, the patients and the physician will get together in many innovations in the future.

**(CV) Op. Dr. Gulden Avci**

Specialist in Plastic and Reconstructive Surgery, Kadıköy Şifa Hospital, Turkey.

*She was born in Burhaniye, Balıkesir, Turkey in 1973, finished his medical school in 1997 in Hacettepe University, Ankara. She educated in the department of plastic and reconstructive surgery of Dr. Lutfi Kırdar Kartal Education and Research Hospital, Istanbul until 2005.*

*She has made visits to Michigan University in Ann Arbor and Breast and Body Shape Center in Grand Rapids for her training of microsurgery and aesthetic surgery of breast and body, respectively.*

*She worked as a specialist in Balıkesir State Hospital and as an assistant professor in Canakkale Onsekiz Mart University faculty of medicine.*

*She had 27 international and 13 national articles.*

*She is working in Kadıköy Şifa Health Group.*



**61. Face rejuvenation by Fractional Micro-Needling Radiofrequency (INTRACEL)****Op.Dr. Hadi Nural**

ENT Specialist, Mediface ENT, Facial Plastic and Laser Center, Antalya, Turkey.

Today many technologies we use have been improved to eliminate some problems such as spots, wrinkles, loosening and sagging. These technologies can be examined in two groups as acting on the main surface of the skin or subcutaneous layers. Only effecting the surface or subcutaneous of the skin limits the effects of many devices and technologies.

Intracel is a system that is designed and developed to effect both the surface and subcutaneous of the skin problems at the same time. Thanks to Intracel an effective care can be identified for spots, loosening or sagging skins in a single application.

In Intracel technology, the application head of 1-2cm size has 49 pieces of gold-coated isolated micro needles. It does not damage the epidermis while opening a large number of micro-tunnels. At the same time, high bipolar RF emission is performed under the skin where reached 0.5mm, 0.8mm, 1.5mm or 2mm deep. The skin starts its own repair process quickly, and begins production of new collagen. Skin tightening and lifting effect strongly manifests itself in a short time. Immediately after the application, the recovery period starts and the skin reaches its desired look in 5 or 6 weeks. The effect which is obtained with a single application lasts about a year.

Intracel technology makes fast applications possible thanks to its software allowing precise adjustments and ergonomic design. So, the duration of the application is quite short. For example; the application of wrinkle, neck and face lasts 20 minutes. Short application period is a real advantage for both the patients and the users. Application heads are disposable so there is no risk of infection. The application does not affect patients' social life as the light redness that may occur with Intracel application disappears within hours.

Intracel solves many skin problems by its own. In addition, it can be combined with other applications. For example, it results quite good in the loosening arm when combined with Plasmalipo. Combining with Antimax increases the success in the loosening and sagging face and body. In other words, by focusing on problem solving, Intracel achieves success not only when used by itself but also when combined with a system.

Intracel applications results are good thanks to its technology. When the application is done by the experts with a knowledge of anatomy and skin and subcutaneous tissues, the results obtained after the application can be predictable and the chance of success becomes higher.

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*He was born in Demirözü village in Sivas. He went to Pamukpınar high school. Demirözü is a Kabardian village. His grandparents came from Urvan in KBR which is near Nalchik.*

*He graduated from Medical Faculty of Istanbul University in 1989. He started otorhinolaryngology education in Istanbul Haseki Hospital in 1989. He became a specialist with his thesis of surgical treatment of snoring and surgical results and complications of obstructive sleep apnea in 1993. He worked at ENT Ear-Nose-Throat Clinic from 1997 to 2010 in Antalya. He founded Mediface Laser and Facial plastic center in 2011. Since then, he has been working in Mediface.*

His favourite special interests are rhinoplasty, facial aesthetic surgery and snoring treatment.

**62. New Developments in Prosthetic Dentistry Based on Polymeric Compositions.**

**Kushkhov M.E.**, Kushkhov E.M.

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Polymer chemistry plays an increasingly important role in modern society. It is impossible to imagine the work of health care specialists without chemical industry products. One of the most widely used polymers in medicine, namely in prosthodontics, is polymethylmethacrylate (PMMA). This polymer belongs to a group of thermoplastics consisting of macromolecules with a linear or branch structure.

Our studies involve the development and introduction into production of new effective methods of making dentures and clasp frames based on PMMA, corresponding to modern standards of prosthetics, aiming to reduce the cost of equipment and materials.

Based on our scientific and experimental design research in the field of prosthodontics, we obtained following results:

1) The construction of dental cell with a wire base using plastic syringe (Patent RF №\_).  
2) The construction of dental cell designed to form plastic bases by pouring and polymerisation of flowable self-hardening plastic composition consolidating under the influence of ultrasound. Distinctive features of the method are improved degassing of the plastic mass, hardening of the denture bases and acceleration of the polymerisation process.

Method and structure of the cell are unique, an absolute "know-how" in the dental industry and are protected by the Application for the Invention №\_.

3) The design of button attachments for fixing prosthesis that meets the functional requirements and provides a cosmetic effect. New attachment allows obtaining a more precise fix of clasp prosthesis, eliminating the need to develop an interlock on the crowns and more accurately establish attachment on both sides of the crest, eliminating the necessity to duplicate the jaw refractory model.

Moreover, the design allows the attachment clasp make frames in the traditional way, ie modeling framework of wax on a refractory model with subsequent translation into metal.

4) Method of cleaning metal skeletons, crowns and bridges (RF Patent №\_), characterized by a decrease in necessity of loosing cast metal construction, lower costs and expediting the process of releasing from the molding composition.

The new purification method allows cleaning a cast in 2-5 minutes in an alkali-salt melt, whereas the traditional method of cleaning castings by sandblasting machine using corundum abrasives of a high cost takes more than 30 minutes. The newly synthesized melt has an optimum reactivity and fluidity, which provides high quality cleaning of complex shaped parts, narrow channels, undercuts and holes.

5) An ashless polymeric composition aimed to achieve an clasp carcass (RF patent № ), allowing to exclude refractory model development phase.

In conclusion, it should be noted that, in the presence of numerous samples of dental equipment, only the cell developed with the use of ash-free composite polymer material, presented above, allows producing die- cast clasp frame with attachments and telescopic crowns for the subsequent transfer the metal during a single operation.



**(CV) Kushkhov M.E.**

Director of "Naldent", Kabardino-Balkarian Republic, Nalchik, Russia.

*Dr. Kushkhov Mohamed Ismailovich graduated from dental department of Nalchik Medical College. Since 1991, he has engaged in inventive activity and has 9 patents of the Russian Federation. He is a Pricewinner of championship of South Russia among dental technicians in Rostov. He had publications in the magazine "Dental Technician" (Moscow) and in the scientific journal "Dentistry" in 2004 and 2005. The company "Naldent" became the winner of the program "Start2005" on Innovations in prosthetic dentistry (Moscow).  
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**63. The Investigation of Activation of Central Visual Analyzer that is Modified with the Electrostimulation Variant while the Atrophy of Visual Nerve****A.Yn.Rubayev, B.Kh.Khatsukov**

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The peculiarities of blood supply and bioelectric activeness of visual analyzer were studied in patients with atrophy of nerve. The determination of visual acuteness without correction and with correction was performed to all the patients before and after the treatment according to Sivtsev table with the use of spectacle set; visual fields were performed on the half-automatic perigraph; the investigation of eyeground was performed with the use of a direct ophthalmoscope; ultrasound dopplerography was performed on multicanal ultrasound dopplerography "Sonomed 325/M". 70 patients were examined with atrophy of visual nerve (initial visual acuteness 0.05-0.8, constriction of visual fields from 10 to 80 degree) of four age groups (from 10 to 90 years old). The patients were divided equally on sexual character on advanced disease from 6 months to 6 years. With the aim of visual acuteness increase the electrodes from apparatus ECO-2M were applied on peripheral part of the visual analyzer, through which rectangular impulse were given; the electric stimulation was performed in the renal regime, 5 impulses in the rate of renal following 1s; 8-10 series of electric stimulants with the duration of 30 sec. with interval between series 1 min were given on every eyeball. Temporal and nasal electrode location was used on the eyelid, that allowed to stimulate selectively the sites of retina in combination with the variability of transdermic electrostimulation parameters, but during consistent transdermic electrostimulation the whole nerve apparatus, including bipolar and ganglial cells. It was revealed that while using of non-invasive transdermic electrostimulation without combination with the medicinal therapy restores the conduction of visual nerves, having been in the state of "parabiosis" and disinhibition earlier deaglerented visual cortex, restoration of its activating and regulating influence on the functioning of the visual system integrity.

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**64. The New Approaches in Complex Therapy of Patients with Craniofacial Flegmons**

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Studying of features of pathogenesis, diagnosis, treatment and preventive maintenance of inflammatory diseases of maxillofacial area, remain the most actual in the modern stomatology. It is because; patients with this pathology make up 40-50 % among all patients in specialized maxillofacial hospitals. In the last few years, the distinct tendency of steady growth atypically flowing and chronic inflammatory diseases has revealed. The standard ways of treatment not always provide good results, complications as a result develop. The aim of this investigation was to work out the complex therapy with action on different pathogenetic chains of craniofacial flegmons. On the base of the results of this investigation, the use of some groups of medicine was studied. For elevation of antimicrobe effect of therapy and for balance of immunocytokines status of wound, the local therapy of immune complex of cytokines was used («Суперлимф», Russia). The facultative anaerobic strain of bacteria had high catalase activity, that was the main reason of nonresultive intracellular killing. The herbal medicine – BioReks (Japan) was used to reduce bacterial catalase activity. The local therapy with BioReks leads to fast cleaning and reparation of wound. With the aim to balance free radical status, the complex of antioxidant vitamins and aminoacids «Immugen» (Italy) was used. The complex therapy with medicine, that influence to the different chains of pathogenesis of craniofacial flegmons leads to effective elimination of inflammation and to shortening of hospital days.

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*He is the main cosmetic surgeon and the main maxillofacial surgeon of Kabardino-Balkarian Republic.*

*He is the author of more than 200 scientific articles*



**65. Experience of surgical treatment of thoracoabdominal traumas in the conditions of clinic endoscopic and faculty surgery at the Republican Clinical Hospital**

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Thoracoabdominal Traumas are among the heaviest damages both in peaceful and a wartime and till now present one of the most difficult problems of urgent surgery.

Material and methods

Within 2004 till 2010 under our supervision there were 31 cases with thoracoabdominal traumas. In 80 % of cases (according to the literature this amounts to 99 %) thoracoabdominal traumas are a consequence of penetrating wounds of breast and stomach and in 20 % it is a closed trauma. Among total number of patients with penetrating wounds of a breast patients with thoracoabdominal traumas make up 64.5 %. Approximately 24.8 % of these damages result from the application of the pricking and cutting weapon and in 7.7 % this is a result fire. In 61 cases the wound happen left-sided, in 22.5 % — right-sided, in 3.2 % — bilateral. Among the bodies of breast in 9.6 % the lung was damaged. Rib fractures have been noted in 12.9 % of the wounded; in 9.6 % multiple fractures are noted. Diaphragm damage during operation was identified in 41.9 cases, left-sided making 32 %, right-sided making 3.2 %. Prolapse of internal organs through a defect in the diaphragm was noted in 9.6 % of victims. In the overwhelming majority of patients it is hollow and parenchymatous bodies become damaged accompanied with a massive bleeding. Left-sided wounds more often than others are accompanied by the damage of a spleen, a thick gut, a stomach, kidneys. In connection with the simultaneous damage of 3-5 organs of an abdominal cavity the left-sided wounds appear more dangerous, than the right-sided ones. Quite often this brings to a outcome in 6.4 %.

Results and discussion

All victims with thoracoabdominal damages needed urgent operative intervention to stop the bleeding, sewing up of wounds of hollow and parenchymatous bodies and a diaphragm. Intensive therapy not less than 30-60 minutes with obligatory effective anesthesia and preliminary drainage pleura cavities was applied, in 5 cases thoracocentesis was executed.

The laparotomy is recommended to all the wounded with the prevalence of symptoms of damage of a stomach, and also a considerable part of patients with the expressed symptoms of wounding of both cavities. We have made a laparotomy in 38.7 % of victims with thoracoabdominal wounds. In these cases sewing up of a diaphragm, a stomach, a small intestine, liver injuries and splenectomy have been applied.

Thoracotomy with combined chest and abdominal injuries is a necessary part of surgical treatment of certain groups of victims.

According to our observations the frequency of thoracotomy made up 35.4 % from the total number of victims.

Due to its being traumatic and also a number of serious complications in the postoperative period, thoracolaparotomy was applied in 4 cases of 12.9 %.

During the subsequent treatment of victims with thoracoabdominal traumas it is necessary to consider the above mentioned damages and a clinical course.

The therapy should be aimed at maintaining the airway, pain relief, smoothing out the lung, filling the volume of circulating blood, normalization of aqueous electrolyte

metabolism, restoration of the weakened cardiac activity. Possible postoperative complications in thoracoabdominal traumas are as follows: peritonitis, empyema, abdominal cavity abscesses. Quite often there were observed pneumonia, festering of breast and stomach wounds.

The general lethality in case of thoracoabdominal traumas according to our data has made 6.4 %.

Their main reason is the shock, blood loss and wound peritonitis together with multiple injuries of intra-abdominal organs.

Our clinical experience has shown that the use of high-grade preoperative preparation, rational surgical tactics and intensive therapy in cases with thoracoabdominal damages have significantly decreased the number of lethal outcomes.

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*Khassan M.A. born in 1971.*

*In 1997 graduated from the Medical Department of Kabardino-Balkar State University (KBSU).*

*In 1997-1998 internship in the Republican Clinical Hospital, Thoracal Department, speciality Surgery.*

*In 1998-2001г. - specialization in Surgery in Kabardino-Balkar State University.*

*From 2000 till present University Teacher of the first category at the Medical College at KBSU.*

*Currently a post-graduate student of the Chair of Endoscopy and Faculty Surgery.*

*Sphere of Scientific and Research interests: Thoracic surgery, Oncology.*

*Participated in the III International Medical Conference KBSU, Nalchik,*

*VI International Medical Congress, Practical Seminars, Damascus, Syria.*

*Participant to the First Incorporated Practical Seminar at the Central Hospital of the Boor, Khama, Syria.*

## ***Distinguished Speakers and Chairpersons***

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Prof. Faruk Erzençin Dr Velittin Selcuk Engin
- **Istanbul University, Cerrahpaşa Medical Faculty**  
Prof. Furuzan Numan Prof. Serap Erdine
- **Istanbul Science University,**  
Prof. Canan Efendigil Karatay
- **Maltepe University Hospital**  
Prof. Harun Arpatlı
- **Yeditepe University, Istanbul,**  
Prof. Fikrettin Şahin
- **Boğaziçi University, Istanbul**  
Assoc. Prof. Nezh Hekim
- **Uludağ University, Bursa**  
Assoc. Prof. Dane Ediger
- **Kartal Kosuyolu Heart Education and Research Hospital, Istanbul**  
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- **Şişli Etfal Education and Research Hospital, Istanbul,**  
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- **Memorial Sisli Hospital, Istanbul**  
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- **Turkiye Hospital, Istanbul**  
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- **Natures Medical Center, Istanbul**  
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- **Facial Plastic and Laser Center, Antalya,**  
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- **Has Pharma Ltd & Pharmacovigilance Assoc., Turkey**  
Dr. Seyfullah Dagistanli
- **Ekolojik Enerji Inc. Istanbul Waste-to-Energy Plant, Istanbul**  
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Mrs. Selen Tanner
- **BLU Meditravel, Medical Organization Department,**  
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Prof. Faidi Omar Mahmoud, Erlangen Germany.  
Prof. Guifu Wu, Guangzhou, PR.China  
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Dr. Nora Omar Mahmoud , München, Germany  
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Dr. Faisal Ezzedeem Tsai, Abu Dhabi, UAE  
Dent. Dr. Sabahat Baybars, Switzerland  
Dr. Tamam Kelani Austria

## **General Information Istanbul**

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**Istanbul** is the most populous city and a cultural and financial center. Located on both sides of the Bosphorus, the strait between the Black Sea and the Marmara Sea, Istanbul bridges Asia and Europe both physically and culturally. Istanbul's population is estimated to be between 12 to 19 million people, making it also one of the largest in Europe and the world.

Istanbul was one of three European Capitals of Culture in 2010 with its long history at the center of empires. Istanbul offers a wealth of historic and religious places to take in. The bulk of these ancient monuments, dating back to Roman, Byzantine, and Ottoman periods, including the Hagia Sophia, Topkapı Palace, Sultanahmet Mosque (Blue Mosque), and Basilica Cistern are located around Sultanahmet Square, while some others are dispersed throughout the peninsula of old city, such as Church of St Savior in Chora (Kariye Müzesi), entire interior of which is covered by mindblowing frescoes and mosaics. An impressive section of mostly intact Theodosian walls, which mark the full length of western boundary of the peninsula, is right next to this particular church.

To the North of the peninsula of old city, across the Golden Horn, is Galata, crowned by the Galata Tower. Istanbul Modern, with its exhibitions of contemporary Turkish art, is on the nearby waterfront of Karaköy. Another sight of religious significance close by is the Galata Whirling Dervish Hall of Sufi Mevlevi order, just North of the Tower. Further North is the İstiklal Avenue, Istanbul's prominent pedestrian street running from near Galata Tower to Taksim Square, the central square of the whole city.

Heading West rather than North from the old city brings you deeper into the banks of the Golden Horn estuary. A neighbourhood perhaps well worth a visit here is Eyüp, to visit the city's holiest Islamic shrine and just to see what daily life in Ottoman Istanbul was like. On the opposite shores of the Horn, in Söğütözü, is the Miniaturk, the first miniature park in the city, with models from around the former Ottoman Empire. North of Taksim Square is New Istanbul, main business district of the city. If venturing out to this direction, don't forget to check out the Military Museum, where Ottoman military music concerts (Mehter) are held every afternoon. Most of the skyscrapers of the city are located in the North of this district, around Levent and Maslak, with a totally different skyline from that of the old city. However Southern reaches of the very same district has some fine neo-classical and Art Nouveau buildings from the turn of the 20th century around the neighbourhoods of Osmanbey, Kurtuluş, and Nişantaşı. Just East from here, with a little drop in elevation as you approach the shore, is the banks of the Bosphorus, that is lined by pleasant neighbourhoods full of waterfront mansions (yalı) and more importantly a number of waterside palaces where you can admire what money could buy in times gone by.

Across the Bosphorus to the East is the Asian (Anatolian) Side, centred around the historical districts of Kadıköy and Üsküdar, and perhaps best symbolized by Maiden's Tower located at about halfway between these districts, on an islet just off the shore. Bosphorus and Marmara coasts of this half of the city is characterized by quite picturesque neighbourhoods, overlooked by Çamlıca Hill, one of the highest hills of the city which has a view of much of the rest of the city as well



