



المؤتمر الطبي الحادي والثلاثون لإتحاد الأطباء العرب في أوروبا - الفجيرة

31ST ANNUAL MEETING OF ARABMED IN EUROPE - FUJAIRAH

الجديد في الطب المعاصر

ADVANCES IN CONTEMPORARY MEDICINE

SCIENTIFIC PROGRAM & ABSTRACTS

31st Annual Meeting of
Arabmed in Europe-Fujairah

ADVANCES IN CONTEMPORARY MEDICINE

24 - 28 October 2015

Novotel Hotel - Fujairah
United Arab Emirates



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ARABMED in Europe
Annual Conferences 1984 – 2015

01 st Meeting	26.-28.08.1984	Cologne / Germany
02 nd Meeting	05.-07.09.1985	Stuttgart / Germany
03 rd Meeting	28.-30.08.1986	Wiesbaden / Germany
04 th Meeting	04.-06.09.1987	Frankfurt / Germany
05 th Meeting	09.-11.09.1988	Wiesbaden / Germany
06 th Meeting	07.-09.09.1989	Frankfurt / Germany
07 th Meeting	01.-03.09.1990	Frankfurt / Germany
08 th Meeting	31.08-01.09.1991	Wiesbaden / Germany
09 th Meeting	22.-23.08.1992	Manchester / G.B.
10 th Meeting	27.-29.08.1993	Hamburg / Germany
11 th Meeting	02.-04.09.1994	Paris / France
12 th Meeting	22.-24.09.1995	Berlin / Germany
13 th Meeting	30.08-01.09.1996	Frankfurt / Germany
14 th Meeting	28.-30.08.1997	Rome / Italy
15 th Meeting	28.-30.08.1998	Munich / Germany
16 th Meeting	17.-19.09.1999	Düsseldorf / Germany
17 th Meeting	29.12.2000-05.01.2001	Dubai / UAE
18 th Meeting	07.-09.09.2001	Hanover / Germany
19 th Meeting	27.-29.09.2002	London / G.B.
20 th Meeting	05.-07.09.2003	Bonn / Germany
21 th Meeting	06.-12.08.2004	Istanbul / Turkey
22 th Meeting	25.-31.03.2005	Ajman / UAE
23 th Meeting	28.10-4.11.2006	Aleppo- Syria
24 th Meeting	31.10-.2.11.2008	Berlin / Germany
25 th Meeting	30.10-1.11.2009	Vienna – Austria
26 th Meeting	29. - 31.10. 2010	Dublin -. Ireland
27 th Meeting	28.-30. 10.2011	Madrid - Spain
28 th Meeting	26.-28. 10.2012	Paris - France
29 th Meeting	4.-6. 10.2013	Berlin / Germany
30 ^{ed} Meeting	17.-19 10.2014	Rome / Italy
31 st Meeting	24 - 28. 10.2015	Fujairah/ UAE



ARABMED in EUROPE

إتحاد أطباء العرب في أوروبا

عضو في هيئة الأمم المتحدة

Un Member (NGO since 1996)

www.Arabmed.de

البرنامج العلمي والملخصات

المؤتمر الطبي الواحد والثلاثون لاتحاد أطباء العرب في أوروبا في الفجيرة عن
الجديد في الطب المعاصر



**31st Annual Meeting of ARABMED in Europe
The 8th Joint International Medical Conferences for
European and Arabian Universities**

«Advances in Contemporary Medicine»

24 - 28 October 2015

Fujairah - United Arab Emirates (UAE)

الفجيرة - الإمارات العربية المتحدة

Scientific Program & Abstracts

Joint International Medical Conferences 2008 – 2015

01 st Conference 02.-08.Oct. 2008	Nalchik/ Kabardino-Balkaria
02 nd Conference 28.-30.Sep. 2009	Nalchik/ Kabardino-Balkaria
03 rd Conference 20.-23.Sept. 2010	Nalchik/ Kabardino-Balkaria
04 th Conference 07.-08.Oct. 2011	Istanbul / Turkey
05 th Conference 30 Sept. -06.Oct. 2012	Amman / Jordan.
06 th Conference 03-07 June 2013	Alexandria / Egypt
07 th Conference 03 -06.Oct. 2013	Berlin / Germany.
08 th Conference 24-28 Oct 2015	Fujairah / UAE

ARABMED Partners

<http://arabmedconference.ae>



WWW.Arabmed.de



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



صاحب السمو الشيخ حمد بن محمد الشرقي عضو المجلس الأعلى للاتحاد حاكم الفجيرة
His Excellence SKH Hamad bin Mohammed Al Sharqi ruler of the Emirate of Fujairah
in the United Arab Emirates (UAE)

Dear Colleagues,

On behalf of the ARABMED in Europe, AGMAN (Arab-German Medical Alumni Network) and the Organizing Committee of the 31st Congress of ARABMED, to welcome you here in Fujairah from 24 -28 October, 2015. The scientific program will be held at the Novotel Hotel

When it comes to health, it is always about trust. That they get confidence of patients the right therapy and high-quality treatment, regardless of whether they are young or old, rich or poor, live in the countryside or in a big city. However, in reality, there are still significant differences in quality of medical care in Europe or world.

The major problems of Health Care in Europe are human resources, cost and education. The demographic data are alarming, the number of old patients in need of care is permanently increasing and the costs of Health Care are expanding every year. This is because of a rising demand of medical and health care services in an older population, but also because of the fast development of new techniques, devices and medical drugs. On the other hand, we have the problems of the financial budgets in all Health Care sectors. In a few years, this fact will undoubtedly lead to quotation of medical services as soon as the reserves of the system concerning optimization are bailed out.

That is about to change. With political backing discuss the healthcare stakeholders about how the quality of medical care is to ensure coverage and what resources are necessary.

Must be good medicine expensive? What is actually good medicine?

What criteria should meet a fair distribution of scarce resources?

Can planned by the coalition Quality Institute fulfill the hopes?

The main topics of the conference are: Metabolic diseases, Nephrology, Heart & circulatory system Hypertension, Diabetes Ophthalmology, Laparoscopic and General Surgery, Orthopedic, Pediatric Anesthesia and oncology. All so workshops in the Ophthalmology, It will also discuss the opportunities and risks of regionalization of health care and efficient supply management of the chronically ill.

This conference, which takes place on 25 and 26 October 2015, which is the leading conference for health policy and health economics for ARABMED in Europe. Which we will discuss the key aspects of quality discussion and give new impulses for their constructive development. Even in 2015 we expect about 400 visitors - Clinic Manager, doctors, managers from health policy and health care companies, research and science.

The strong intention of **His Highness Sheikh Hamad bin Mohammed Al Sharqi Member of the Supreme Council of the United Arab Emirates, Ruler the Emirate of Fujairah**, SHK Saleh Al Sharqi and Al Sharq Healthcare in Fujairah pushed us to organize this conference. This could only be done because of the many excellent colleagues who supported this event with their expertise and the attendance to come here and give lectures.

For the colleagues who need Visa to Italy please early contact with the Organization Committee in Fujairah, where the visa procedures need about two months and that must be submitted to the Emirate embassies in their countries

Sincerely

Dr. Faidi Omar Mahmoud
President of the Conference
President of ARABMED in Europe



Dear Colleagues,

Looking back at the union year of 1972, the United Arab Emirates have become a well know and a pronounced leader in the innovation and development in a way no other country have achieved in such a short period. Such outstanding pace of development and growth was witnessed in all various sectors in the country and especially that of the healthcare represented by the great advancement in the quality of the services and facilities provide to the community.



As I am honored to have been a witness and a part of this development progress since I was the head of the laboratory Department in the Ministry of Health in the late 70s as well as establishing the first specialized clinical laboratory in Dubai in 1982.

To tell you the truth, the medical services provided at that time were very primitive and as an example, medical laboratories where not equipped with sophisticated instruments, adequate setups as well as the proper reagents and engineering support. Never the less, the technical personnel were barely available.

Now, as we have come through the huge leap in the advancement of medical laboratories, government as well as private sectors laboratories have become highly ranked on the international level. This would have not been possible without the continuous improvement and strict regulation of the Ministry of health as well as the health departments across the country as no specific medical laboratory is allowed to operate before meeting international quality standards and to be awarded a ranked accreditation like ISO 15189, CAP, JCI or others.

With the high caliber platforms in healthcare sectors across the Emirates, it's a known fact that the community is catered the highest quality medical services. Because of this outstanding reputation, the Emirates are becoming a destination for treatment and health tourism from other countries around the world.

As a part of our dear intention to strengthen the medical and educational training between the ARABMED and the healthcare institution in the Emirates, the suggestion to hold the 31st ARABMED conference in the Emirate of Fujairah came to exist. This arrangement was most welcomed by the ARABMED executive board members as well as the Alsharq Healthcare Group a part of Fujairah National Group.

It was agreed that this 31st ARABMED conference to be held in the Emirate of Fujairah under the patronage of His Highness Sheikh Hamad bin Mohammed Al Sharqi, Supreme Council Member and Ruler of Fujairah.

I need to emphasize that the cooperation between the ARABMED and Alsharq Healthcare Group won't be limited to this event but it will be a stepping stone for a long route of collaboration in academic as well as clinical fields in addition to the exchange of medical expertise.

On this occasion and on behalf of ARABMED, I would like to express our great gratitude to His Highness Sheikh Hamad bin Mohammed Al Sharqi, Supreme Council Member and Ruler of Fujairah for agreeing to host this conference and I thank all the teams from ARABMED and Alsharq Healthcare Group who have worked hard to make this a successful event. We ask Allah almighty to bless us all and guide us to deliver what we strive.

Dr. Ossama Al Babbili
Secretary General of the Conference

Organizing Bodies and Partners الهيئات المنظمة

Arab Medical Union in Europe (ARABMED) <http://www.arabmed.de>

Al Sharq Healthcare Fujairah UAE

Under the Patronage of الراعي المؤتمر

His Highness Sheikh **Hamad bin Mohammed Al Sharqi** Member of the Supreme Council of the United Arab Emirates, Ruler the Emirate of Fujairah

Honorary Hosts

HH Shk. Saleh Al Sharqi, the Chairman of Fujairah National Group (FNG).

President of the Conference رئيس المؤتمر

Dr. Faidi Omar Mahmoud, President of the Conference, Surgeon & Cardiac Surgeon, Germany
President of ARABMED in Europe , Email: faidi.mahmoud@gmail.com

Deputy Chair of the Conference نائب رئيس المؤتمر

Dr. Abdul Hamid Sinan, General Manager Al Sharq Hospital, Al Fujairah Email: gm.shf@fng.ae

Secretary General of the Conference السكرتير العام للمؤتمر

- Dr. Ossama Al-Babbili, Representative of Arabmed in UAE, Chair of Local Organization, Managing Director, York Diagnostic Laboratories, JLT, Jumeirah, Email: o.babbili@ydl-me.com

Consultative Advisory Committee اللجنة الاستشارية للمؤتمر

- Dr. Faidi Omar Mahmoud, President of the Conference
- Mr. Muhammad Natafji Managing Director, Fujairah National Group (FNG)
- Dr. Ossama Al-Babbili, Representative of Arabmed in UAE
- Dr. Samir Quawsmi, Representative of Arabmed in Jordan

Title of the conference «Advances in Contemporary Medicine» شعار المؤتمر

Associated Partners

- Department of Health sector of Arab League
- AGMAN (Arab-German Medical Alumni Network)
- Kabardino-Balkaria State University, Nalchik, Russian Federation, The Circassian Medical Professionals Network (CircasMed)

Conference Venue مكان المؤتمر في الفجيرة

Novotel Fujairah, Hamad Bin Abdullah Road, P.o. Box 2751, Fujairah, UAE

Tel: [+97192239999](tel:+97192239999), Email: h6822@accor.com, www.Novotel.com

Contact & E Mail Address for Registration عنوان المراسلات

ARABMED in Europe

- Dr. Ossama Al-Babbili, Secretary General of the Conference, Email: o.babbili@ydl-me.com
- Dr. Samir. Quawsmi, Representative of Arabmed in Jordan E.Mail: drquawsmi@gmail.com

Al Sharq Healthcare Fujairah UAE

- **Mr. Ahmed Al Hafeiti**, Head of Organizing Committee Deputy CEO Al Sharq Healthcare.
E mail: a.alhafeiti@fng.ae, www.Alsharqhospital.ae
- Mr. Wagdi Zayed Deputy CEO of health care
- Ms. Nabila Herradi Marketing Manager - FNG
- Ms. Maha Abdalla Marketing - SHF
- **Ms. Eman Karam, Conference Secretary**, Tel: 0097192244474 (214) Email: eman.karam@fng.ae



Scientific Committee: اللجنة العلمية

ARABMED: Dr. Samir Quawsmie, Ophthalmologist, Head of the Committee (Jordan)
 Dr. Tammam Kelani, Ophthalmologist, (Austria) Dr. Mustafa Abdul Rahman Paediatric (France)
 Dr. Ghassan Elaghe Radiologist (Ireland) Prof Sabri Shamsan Hasan Nephrologist (Italy)
 Dr. Khalil Ekky, Gastroenterology (Ireland) Dr. Sayed Tarmassi General Practitioner (Germany)
 Dr. Hesham Dahshan General & Orthopedic Surgery (Germany)
 Dr. Med Abdul Monem Hamid, Pneumologue (France)

Scientific Committee: Al Sharq Healthcare Fujairah UAE

Dr. Maan Ali Mokdad, Ophthalmologist Prof Dr. Riad Younes Surgical Oncology
 Dr. Mohamed Medhat, ENT Consultant Dr. Athar Khan. General Surgeon
 Dr. Wagdi Kamal Internist Dr. Enas Tamer Masoud, Ob/ Gynecologist
 Dr. Wieslaw Koterla, Internal Medicine and Gastroenterology

Language of conference English or Arabic, (presentation only in English)

Presentation: should be loaded on portable storage device (USB flash memory). Personal laptop use is not permitted.

Registration Fees رسم المؤتمر لا تشمل الإقامة <http://arabmedconference.ae>

- يرجى من الراغبين بالاشتراك التقدم باستمارات التسجيل وتسديد الرسوم باليورو لهم وللمرافقين حسب القائمة التالية.

Registration Fee for physicians

Registration Form	Fees in Euro رسم المؤتمر	فئات التسجيل
Early Registration Until 30.Juni 2015	No Member 130,00 Member (110,00)	التسجيل المبكر حتى 30 حزيران (يونو) 2015
Late Registration 1 July- 20 Oct. 2015	No Member 140,00 Member 120,00	التسجيل المتأخر 1 تموز (يولي) وحتى 20 تشرين الأول (اكتوبر) 2015
Registration At 24-28 Oct.2015.	No Member 150,00 Member 130,00	التسجيل أثناء المؤتمر 24-28 تشرين الأول (اكتوبر) 2015
Fee for regional physicians	500,00(AED)	رسم المؤتمر للأطباء المحليين

Registration Fee for Non physicians	Fees in Euro per Person
Fee for nurses and technicians	300,00 AED
Fee for Partner or Companion per day	65,00 Euro or 250 AED
Fee for Partner or Companion for 2 days	130,00 Euro or 500 AED

Registration fees will cover

- Transfer services on arrival 24.Oct.2015 and departure on 28.Oct.2015. In case you need Transfer service Please contact the Organization Company or the Hotel in Fujairah
- Participation in the Opening Ceremony, Dinner on Sunday 25 October 2015 evening, refreshments as well as the social dinner on Monday 26 October 2015 evening.
- All handouts of relevant papers presented at the conference provided to delegates in a briefcase

- يغطي رسم التسجيل المشاركة في المحاضرات و حفل الافتتاح والختام والحصول على وثائق المؤتمر مع شهادة الحضور والجلسات العلمية و الإستراحات والعشاء لمرتين و خدمات المطار باستثناء البرنامج السياحي. اللجنة المنظمة لا تتولى تنظيم الطيران والإقامة في الإمارات



- أعضاء اتحاد الأطباء العرب في أوروبا المسددين لرسوم الاتحاد لعام 2015 (€150) لهم تخفيضات واضحة في الجدول السابق والمتوافقة مع التواريخ
- المرافقون غير الأطباء والراغبون في المشاركة في الوجبات والتنقلات عليهم دفع 65 يورو أو 250 درهم لليوم . أو 130 يورو أو 500 درهم لليومين دون وثائق المؤتمر, تقبل التحويلات التي وصلت بتاريخ 20 اكتوبر 2015
- يرجى تسجيل كل المرافقين لحصر العدد لكي لا تحدث مفاجئات اثناء الوجبات و الصعود الى الحافلات والتنقلات
- الأعضاء الجدد سيعفون من الرسم السنوي للإتحاد لعام 2015 في حالة الإشتراك في المؤتمر وفي حالة تقديم استمارة تسجيل العضوية للإتحاد بلراغبين الإنتساب الى إتحاد أطباء العرب في أوروبا والإستفادة من الرسوم المخفضة للمؤتمر يمكنهم تحويل رسم المؤتمر المتوافقة مع التاريخ فقط الى رقم حساب الإتحاد في ألمانيا
- رسم إشتراك المؤتمر للأطباء المحليين في الإمارات 500 درهم وللممرضات وللفنيين 300 درهم
- طلاب الطب (تقديم بطاقة الجامعة) مدعوون لحضور المحاضرات النظرية وفي حال الرغبة في الإشتراك في الوجبات والحصول على وثائق المؤتمر وباقي النشاطات يرجى تسديد الرسوم المطلوبة (رسم اليوم الواحد 100 درهم)
- الرجاء من كل الزملاء الذين يودون استضافة أحد ان يأخذوا بعين الاعتبار كل التكاليف من (الرسوم وتكاليف الوجبات) لكي لا نخرج أحداً

حساب إتحاد أطباء العرب في أوروبا في ألمانيا Bank Transfer for ARABMED in Europe (Germany)

NOTE: Please note that all registration, fees should be sent to the below indicated bank account in Germany:

Union Arabischer Mediziner in Europa Germany (ARABMED)

Sparkasse Erlangen,

BIC-/SWIFT-Code: BYLADEM1ERH

IBAN-Number: DE22 76350000060025142

Participating Countries

Germany, France, Ireland, United Kingdom Canada, Brazil, UAE, Jordan, Palestine, Syria, Iraq, Austria, Turkey, Kabardino-Balkaria Russia Federation Italy, Qatar, Algeria, USA and Sierra Leone West Africa

التأمينات والضمانات: Liability:

اتحاد الأطباء العرب في أوروبا لا تتحمل اية ضمانه لأية ضرر او فقدان حاجة واحادث تحدث خلال المؤتمر والسفر

- ARABMED Union does not bear any responsibility for any loss, accident or damage occur during the conference or traveling
- Participants and accompanying persons participate at their own responsibility in the Congress and all accompanying events.

Information for the Chairman's and speakers

- *Time management of your presentation is of at most importance, please do not exceed the allocated time for your presentation, **Oral presentation only 15 Minutes***
- *Please complete your preparations for your presentation before your Session starts in the conference hall. This guarantees a fluent course of Session*
- 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
- **All speakers are responsible for the content of their lecture**
- **Language of conference**
English or Arabic, (presentation only in English) **No simultaneous Translation**

NOTE: As indicated earlier all speakers and presenters are responsible for the content of their presentations.

Visa Procedures

As per the visa regulations, please note that no visas need to be processed in advance for the following nationalities. All the below listed nationalities can obtain a visa upon arrival at Dubai Airport.



General Information

معلومات عامة عن المؤتمر

Andorra, Australia, Austria, Belgium, Brunei, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong , Hungary, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, San Marino, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States of America, Vatican City. GCC (Gulf Cooperation Council) Nationals do not require a visa.

For the participants not falling in the above-mentioned nationalities may need to process the visas in advance.

Conference Invitation Letter with Passport copy

The organizing committee can help participants who register early in obtaining a visa, kindly fill the below form to receive the Conference Invitation Letter.

Arabmed Member Yes	No
Surname	First Name
Phone	Mobile
Email	Address
City	Country

Contact & E Mail Address for Visa Registration Al Sharq Healthcare Fujairah UAE

Ms. Maha Abdalla Marketing – SHF E mail mark5.shc@fng.ae

Ms. Eman Karam, Conference Secretary, Tel: 0097192244474 (214) Email: eman.karam@fng.ae

Social Program Go together in Fujairah Extra cost About 200 AED for Dinner and safari!



Accreditation Statement

This Event has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation council for continuing Medical Education through Ministry of Health, Support Services Sector, Training and Development Center, UAE

A breakdown of the CME credits is as follows:


- Sunday 25.Oct 2015 Full Day. Conference 8. credits
- Monday 26.Oct 2015 Full Day Conference. 8 credits

CME certificates will be issued according to the number of DAYS you attended

All CME certificates will be delivered to you within 1 week after the conference

Daily Sign in and sign out sheets will be available at 9am and 5pm at the registration desk.

Absence of one of two signatures will be considered as non-attendance.



الإمارات العربية المتحدة
وزارة الصحة
قطاع الخدمات المساندة
مركز التطوير والتأهيل

CERTIFICATE OF ACCREDITATION


The CME Department Certifies that
The event entitled "31st Annual Meeting Of Arabmed In Europe – Fujairah " Advances In Contemporary Medicine "" is accredited as follow :


Accreditation Number	The organizer	Event Title	Event Type	Credit Hours	Date	Venue
MOH/15/0621	Al Sharoq Hospital - Fujairah	31 st Annual Meeting Of Arabmed In Europe – Fujairah " Advances In Contemporary Medicine"	Lecture	8 Hours Each Day Total of 16 Hours	25-26/10/2015	Novotel Fujairah

Kindly Note That:


1. The CME Department should be consulted for Lecturer's credits; while program and session's chair person would get 2.0 credit hours for chairing any session.
2. Each participant MUST claim any credit hour that he/she actually spent in the activity. The organizing Committee is responsible for the content, quality and accreditation of the CME activity. The CME activity must be approved by the MOH official. In case of any queries, please contact the MOH official.
3. To mention or print any product or drug name on the certificates, along with the MOH approval letter. 6. You need to submit the registration attendance sheet "in and out" - with a copy of the original certificate.7. In case of advertising for the event ,please contact Organization ,Licensing and Advertising Department.

Dr. Khalid Alobaydi
Chief Of Programs And Post – Graduate Dept





Date: 18 / 08 / 2015.



CME@moH.gov.ae

General Information

معلومات عامة عن المؤتمر

Accommodation Venue مكان الإقامة و المؤتمر في الفجيرة

Novotel, Ibis Hotel Fujairah and Adagio apart hotel

Hamad Bin Abdullah Road, P.o. Box 2751, Fujairah, UAE,

Tel: +97192239999, Email: h6822@accor.com, www.Novotel.com

Contact for Hotel Reservation:

Djaja Marie S. Pastor, Sales and Marketing Coordinator

E-mail: H6822-SL4@accor.com

Tel: +971 (9) 203 4808, Fax: +971 (9) 203 4900

-For the Hotel reservation, please contact the title mentioned

above or directly with the hotel in Fujairah, or booking through the Internet

Organizing Committee does not assume the organization of flights and accommodation in the UAE

التجمع الفندقي بأقسامه الثلاثة (نوفوتيل Novotel إيبيز Ibis Hotel والشقق المفروشة) Adagio apart hotel في مكان واحد، ملائم جدا لهذا الحدث لسهولة التواصل ولإختصار الوقت والمواصلات ولتسهيل الحضور للمشاركين من كل الأطراف في البرنامج العلمي. والميزة في هذه الفنادق انها متصلة مع بعضها البعض في البناء، الفرق بينهم هوالتفاوت في الأسعار ومساحة الغرف فقط، التجهيزات والمرافقات كلها مشتركة وكذلك المسبح واحد ومشارك.

الخدمات المتوفرة في الفندق . الإنترنت، زجاجتا ماء يوميا، الجريدة المحلية وامكانية تحضير الشاي والقهوة يرجى من الراغبين في الإقامة في فندق المؤتمر مع وجبة الفطور الاتصال بالعنوان المذكور أو مع الفندق في الفجيرة، والحجز بالأسعار المذكورة حسب الخيارات المرغوبة او الحجز عن طريق الإنترنت اللجنة المنظمة لا تتولى تنظيم الطيران والإقامة في الإمارات

يرجى تصفية حساب الإقامة والوجبات مع الفندق مباشرة ايضا في حالة القدوم المبكر أو المغادرة المتأخرة

Hotel pries in Arab Emirate Dirham (AED) duration 24th -28th Oct.2015

Rate for 1x Nights bed and breakfast	Novotel	Ibis Hotel
Single room	400 (AED)	338 (AED)
Double room	480 (AED)	388 (AED)
Extra cost for Dinner or lunch for 1xAdult	100 (AED)	90-100 (AED)

Free Privileges &service

- internet access in all guestrooms
- in room tea&coffee facilities and 2 bottles of water in room daily
- local newspaper delivered daily to each guest room
- use of gymnasium and outdoor swimming pool

من الممكن حجز شقق عائلية او شقق خاصة بالمجموعات في أبارت هوتيل في البناء المجاور في حالة الرغبة يرجى الاستفسار عن ذلك

There are possibilities to book apartments for families or small groups in the Adagio Apart hotel in the building next door, if you want Please ask!

Rate for 1x Nights bed (AED)	Adagio Apart hotel	
Studio 40 m ²	350 (AED)	1 X room
One Bedroom Apartment 56 m ²	510 (AED)	2 X room
Two Bedroom Apartment 85 m ²	720 (AED)	3 X room

Note: Self-service meals الخدمة ذاتية، الشقق مجهزة بمطبخ

إلغاء التسجيل Cancellation of registration

Before 1 Sept.2015 will be deducted 25%	قبل 1 أيلول (سبتمبر) 2015 سيخصم(25%) من المبلغ
After 1 Sept.2015 will be deducted 50%	بعد 1 أيلول (سبتمبر) 2015 سيخصم(50%) من المبلغ
After 1 Oct.2015 will be deducted 100%	بعد 1 تشرين الأول أكتوبر 2015 سيخصم كامل المبلغ



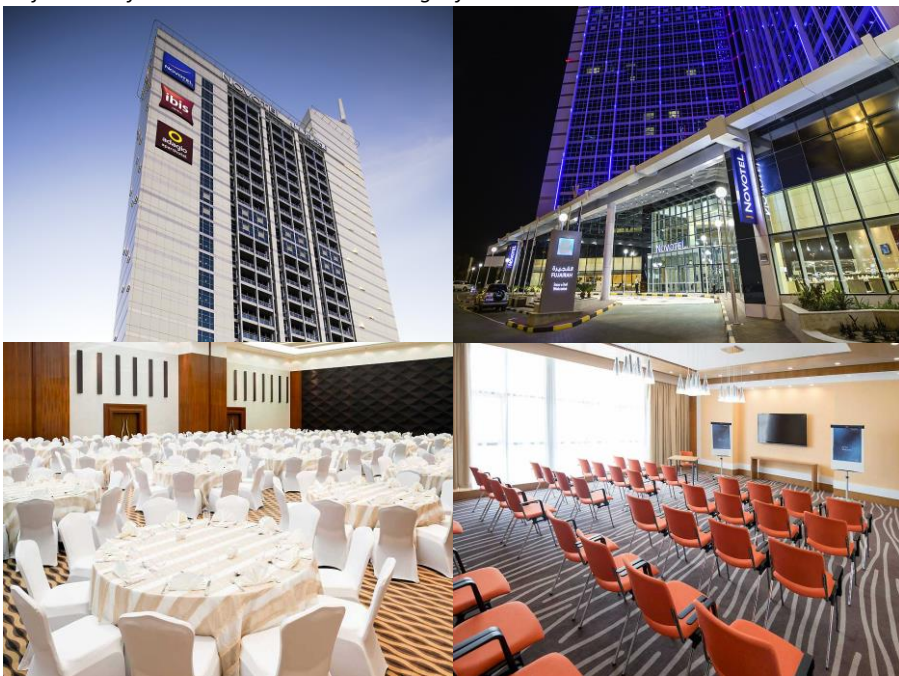
The **Novotel Fujairah** is located in the center of Fujairah, just minutes from the shopping center Fujairah City Centre. It offers free Wi-Fi, a restaurant, a coffee lounge and 6 equipped meeting rooms. There is also a gym and swimming pool with pool bar. Modern air-conditioned rooms all offer mountain views. Each has a flat-screen TV, a minibar and a coffee maker. The suite also includes a living room with a coffee maker. The bathroom has a bathtub or shower. The football club and the stadium Fujairah is a 7-minute walk from the Novotel Fujairah. Dubai International Airport is a 60-minute drive. On site Free private parking is available.

Your destination

Easy access to your hotel

Road Access from Dubai Airport in the direction of "Al Khawaneej" Continue on E611 in the direction of Sharjah/ Al Dhaid. Take Exit 70 "Kalba" and continue on the E102 "Maleha" road. Take the new E84 and continue directly to Fujairah

Das Novotel Fujairah liegt im Stadtzentrum von Fujairah, nur wenige Minuten vom Einkaufszentrum Fujairah City Centre entfernt. Es bietet kostenloses WLAN, ein Restaurant, eine Café-Lounge und 6 ausgestattete Tagungsräume. Nutzen Sie auch das Fitnessstudio sowie den Pool mit Poolbar. Die modernen, klimatisierten Zimmer bieten alle Bergblick. Jedes verfügt über einen Flachbild-TV, eine Minibar und eine Kaffeemaschine. Die Suite enthält zudem ein Wohnzimmer mit einer Kaffeemaschine. Im Badezimmer erwartet Sie eine Badewanne oder eine Dusche. Der Fußballclub und das Stadion Fujairah sind 7 Fahrminuten vom Novotel Fujairah entfernt. Den internationalen Flughafen Dubai erreichen Sie nach 60 Fahrminuten. An



der Unterkunft stehen kostenfreie Privatparkplätze zur Verfügung.

Anfahrt vom Flughafen Dubai in Richtung Al Khawaneej. Fahren Sie auf die E611 in Richtung Sharjah/Al Dhaid, nehmen Sie die Ausfahrt 70 Kalba, und fahren Sie in die E120



General Information

معلومات عامة عن المؤتمر

Maleha Road. Nehmen Sie dann die neue E84, und fahren Sie im Anschluss direkt nach Fujairah.

Arrival Procedures:

A shuttle service to the hotel upon arrival and to the airport upon departure will be made available to all participants. Upon clearing customs at Dubai International Airport, please look for someone holding a sign with the ARABMED logos and the title of the Conference

Currency: US Dollars and Euros are readily accepted by most major businesses in Emirate hotels and banks will provide currency exchange services. The Arab Emirate Dirham (AED) is Emirates currency and currently trades at approximately US\$ 1.00=3, 67 AED or Euro 1.00= 4, 13 AED stand 5.10.2015

Distance between Dubai International Airport and Fujairah is 107 Km

Abu Dhabi is 133. Km



Timetable Scientific program

<http://arabmedconference.ae>

Day 1 Saturday 24 October 2015 Novotel /Fujairah

- Arrival to Dubai and transfer from Dubai International airport to the Novotel or Ibis Hotel in Fujairah with Shuttle bus
- Visit the Al Sharq Hospital
- 19-30 – 22:30 Welcome dinner

Day 2 Sunday 25 October 2015 Novotel /Fujairah

8:30 – Registration in the First floor

Timing	Dibba Hall C Ground Floor	Dibba Hall A Ground Floor
09:00 – 11:30		1 Obesity Session
12:00 -13:00	Opening ceremony	
13:00 – 14:00	Lunch break	Lunch break
14:00 – 16:00	2 Surgery Session	4 Gynecology and Urology
16:00 – 16:30	Coffee break	Coffee break
16:30 – 18:30	3 Oncology Session	5 Pain Management

20:30 – 22:30 Dinner at conference hotel

Day 3 Monday 26 October 2015 Novotel /Fujairah

Timing	Dibba Hall C Ground Floor	Dibba Hall A Ground Floor
09:00 – 11:00	6 Ophthalmology	9 Heart & circulatory system
11:00 – 11:30	Coffee break	Coffee break
11:30 – 13:00	7 Radiology Session	10 Aesthetic and plastic surgery
13:00 – 14:00	Lunch break	Lunch break
14:00 – 15:30	8 Pediatric Sessions	11 Nephrology and Nutrition
15:30 – 16:00	Coffee break	Coffee break
16:00 – 18:30	12 Academic Session	

Timing	Dhadna Hall First Floor
09:00 – 11:00	13 Poster session
11:00 – 11:30	Coffee break
11:30 – 13:00	14 Workshop Cardiology
13:00 – 14:00	Lunch break

20:30 – 22:30 Gala Dinner

Day 4 Tuesday 27 October 2015 Novotel Hotel/Fujairah

Social Program Go together in Fujairah

Day 5 Wednesday 28 October 2015 Departure from Fujairah to Dubai Airport



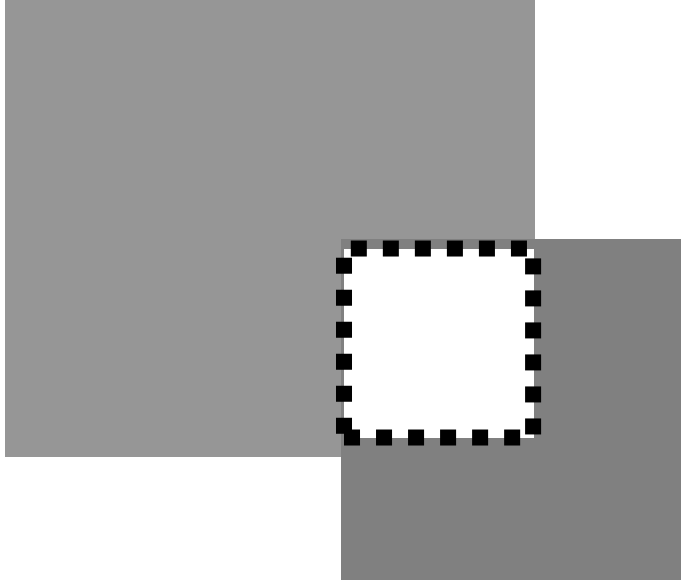


المؤتمر الطبي الحادي والثلاثون لإتحاد الأطباء العرب في أوروبا – الفجيرة

31ST ANNUAL MEETING OF ARABMED IN EUROPE - FUJAIRAH

الجديد في الطب المعاصر

ADVANCES IN CONTEMPORARY MEDICINE



المؤتمر الطبي السنوي الواحد والثلاثون لاتحاد أطباء العرب في أوروبا
المؤتمر الطبي الدولي الثامن للجامعات العربية والأوروبية

24 - 28 October 2015

<http://arabmedconference.ae>

Scientific Program

البرنامج العلمي





افتتاح المؤتمر
Opening Ceremony Plenary Session
31st Annual Meeting of ARABMED in Europe
The 8th Joint International Medical Conferences for
European and Arabian Universities
25 October 2015

12.00-13.00

DIBBA HALL - C, Ground Floor

صالة دبا الرئيسية في الطابق الأرضي في النوفوتيل

برنامج الافتتاح

I. Welcome Speeches

الترحيب

1- كلمة مستشفى الشرق

2- كلمة رئيس المؤتمر و رئيس اتحاد أطباء العرب في أوروبا

II. Opening the Medical Exhibition Pre-function areas

Refreshment Break 13:00-14:00



1- Obesity Session **داء السمنة**

09.00-11.00

DIBBA HALL -A, Ground Floor

Chair: Prof. Dr. med Nadim Haboubi (UK)
Dr. Wieslaw Koterlo (UAE)

1- Obesity the Disease

داء السمنة

Prof Nadim Haboubi
Nevill Hall Hospital, Abergavenny
Wales UK

2- GENETIC INFLUENCES ON OBESITY AND METABOLIC DISORDERS

التأثيرات الوراثية في السمنة وإضطراب الإستقلاب

Mrs. Alison Thompson
Senior Product Specialist – Immunology and Genetics
BSc Nutrition Science, Dubai, UAE

3- The Effect of Body Mass Index on Prognostic Features of Breast Cancer Treatment.

تأثير مؤشر كتلة الجسم على نتائج علاج سرطان الثدي

Dr.Hojouj Mohammad MI1Bondarenko IN, 2ChebanovK.O, 1Zavizion VF, 1El Hajj MH, 1Prokhach AV 2Artemenko MV. 1Dmytrenko 2Pidpala j
Department of oncology and medical radiology, SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovs'k, Ukraine

4- High Through-Put Screening For Lactic Acid Dehydrogenase Inhibitors As A Targeted Cancer Therapy

مراجعة مثبطات حمض اللاكتات ديهيدروكيناز في معالجة السرطانات

Dr. Shihab E. Deiab
Department of Chemistry, Florida A&M University
Florida, USA

...(Discussion)...

11:00 – 11:30 Coffee break



2- Surgery Session الجراحة

14.00-16.00

DIBBA HALL - C, Ground Floor

Chair: Dr. Abdul Hamid Sinan (UAE)
Dr. Rami Abu Shamsiya (Ukraine)

5- Advantages and disadvantages of laparoscopic interventions in emergency abdominal surgery

مزايا وعيوب التداخلات بالمنظار في جراحة البطن في حالات الطوارئ

Dr. Rami Abu Shamsiya .Hojouj Mohammad, Dr. AL-Dababsekh Islam
Department of Surgery №1 National Medical University O.O.Bogomolets
Kiev. Ukraine.

6- Optimization of anesthetic management of peri- and postoperative period in patients under surgical treatment of colorectal cancer

التحضير الجيد للمريض قبل وبعد العمل الجراحي وطريقة التخدير وتأثيره في نتائج جراحة سرطان الكولون والمستقيم

Dr.Viktor Zavizion,ChebanovK.O. Bondarenko I.N, BaranovI.V., Novikov S.P., OlefirY.I.,
GrishkoS.A, VasilishinA.V, Karas R.K. Hojouj M.I
Department of oncology and medical radiology, SE "Dnipropetrovs'k medical academy of
Health Ministry of Ukraine"
Dnipropetrovs'k, Ukraine

7- Endolaparoscopic Surgery and role of Endoscopy in Surgery

دور التنظير الباطني في الجراحة التنظيرية

Dr. Moustafa Elshafei
General Surgery, GI and Bariatric Surgery Department, Schön Klinik Nürnberg-Fürth
Fürth, Germany

8- Principle of Preoperative Anesthesia in the Surgical Treatment of Breast Cancer

اساسيات التخدير في جراحة سرطان الثدي

2Chebanov K. 1Bondarenko IN, 2Novikov S. **1Zavizion V, 1Hojouj M**, 2Borodina I,
2Bilozorova G. 1Elhajj M
SE "Dnipropetrovs'k medical academy of Health Ministry of Ukraine „Department of
oncology and medical radiology
Dnipropetrovs'k, Ukraine

...(Discussion)...

3 - Oncology Session جلسة الأورام

16:30 – 18:30

DIBBA HALL - C, Ground Floor

Chair: Prof. Dr. med. Abbas Agaimy (Germany)

Dr. Wagdi Kamal (UAE)

9- "Emerging roles of pathology in the era of personalized oncological medicine"

دور التشريح المرضي المستجد في عهد طب الأورام الشخصي"

Prof. Dr. med. Abbas Agaimy

Deputy Director of the Institute of Pathology University Hospital Erlangen
Erlangen Germany

10- Lung Cancer Surgery And Molimodality Treatment

المعالجات الجراحية المختلفة لسرطان الرئة

Prof Riad Younes, MD, PhD

Medical Doctor Coordinator Surgical Oncology
Hospital SÃO JOSE, Brazil

11- The Method Of Complex Treatment And Individualization Of Prognosis For Advanced Forms Of Non-Small Cell Lung Cancer

طريقة العلاج المركبة والتوقعات التشخيص لأشكال متقدمة من الخلايا غير الصغيرة سرطان الرئة

Prof. Oleksandr Sukhovsha, Hojouj Mohammad MD,MSo, Zavyzyon VF PhD, MD.,

البروفيسور أولكسندر سوخافيرش ، دكتور محمد عيسى حجوج، البروفيسور زافيزيون فيكتور

SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"

Dnipropetrovs'k, Ukraine

12- An update on lung transplantation

الوضع الحالي في زرع الرئة

Dr. Med Abdul Monem Hamid

Pneumologue/Hopital Universitaire Foch

Universite De Paris /Maitre Es Sciences Medicales

Paris.France

...(Discussion)...

4 - Gynecology and Urology النسائية والبولية

14:00 – 16:00

DIBBA HALL - A, Ground Floor

Chair: Prof Dr. Mousa Al-Kurdi (UAE)
Dr. Ismail Abbara (UAE)
Dr. Yulduz Pulatoww (UAE)

13- Incontinence of urine etiology, investigations,& Management

اسباب سلس البول ومعالجتها

Dr. Ismail Abbara, Consultant Urologist & General Surgeon
Dubai, UAE

14- Female expectation in Fertility

اسباب العقم عند النساء

Dr. Amal Al Mulla, MBBS, MS, MRCOG, MRCPI, ABOG, IBCLE
Consultant Obs/Gyn, Latifa Hospital & DGFC, Dubai, UAE

15- Accuracy of Colposcopy and Pap smear compared to histology on LLETZ Audit- Dubai Feb.2014- July 2015

دقة نتائج لطاخات عنق الرحم وتنظير عنق الرحم المكبر مقارنة بالتشريح المرضي لخزعات عنق الرحم الحلقية في
دبي فبراير 2014- يوليو 2015

Prof Dr. Mousa Al-Kurdi, MD, FRCOG
Senior Consultant Gynecologist Oncologist, Damascus & Cambridge Universities
President, Arab Institute for Clinical Excellence
Hannover Medical Centre, Dubai, UAE

16- A New Novel Technique To Treat Women's Unexplained Infertility, The Evidence & The Technique audit

إنزال البوقين والمبيضين إلى أسفل الحوض عملية جديدة لمعالجة العقم مجهول السبب بدلاً من طفل الأنابيب - الدليل
والتكنيك

Prof Dr. Mousa Al-Kurdi, MD, FRCOG
Senior Consultant Gynecologist Oncologist, Damascus & Cambridge Universities
President, Arab Institute for Clinical Excellence
Hannover Medical Centre, Dubai, UAE

...(Discussion)...

5 - Pain Management تدبير الألم

16:30 – 18:00

DIBBA HALL - A, Ground Floor

Chair: Dr. med. Sayed Tarmassi (Germany)
Dr. Tertag Lamouri (Algeria)
Dr. Mazen Emam

17- Pain and pain genesis

اسباب الألم ومعالجته

Dr. med. Sayed Tarmassi
Braunschweig, Germany

18- Muscular Syndrome

الداء العضلي الخارجي

Dr. Tertag Lamouri
Diplome of Echographie University of Montpellier, France
Mascara, Algeria

...(Discussion)...

6 - Ophthalmology Session جلسة العينية

09.00-11.00

DIBBA HALL - C, Ground Floor

Chair: Dr. med Samir A Quawasmi (Jordan)
Dr. Med Univ. Tammam Kelani (Austria)
Dr. Dr. Maan Ali Mokdad (UAE)

19- differential diagnosis of keratoconus

التشخيص التفريقي للقرنية المخروطية

Dr. med Samir A Quawasmi, Dr. Ahmad Abu Baker
Senior Consultant Surgeon, Cornea Specialized Clinic, Amman, Jordan

20- Paired arcuate and modified circular keratotomy in Keratoconus

بضع القرنية الهلالي والدائري لعلاج القرنية المخروطية (طريقة بدر لعلاج القرنية المخروطية)

Dr. med Samir A Quawasmi
Senior Consultant Surgeon, Cornea Specialized Clinic, Amman, Jordan

21- The Use of Optical Coherence Tomography (OCT) in Ophthalmology, Presentation of cases

عرض حالات سريرية لفحص العين بالتصوير الطبقي البصري

Med. Rat Dr. Med Univ. Tammam Kelani
Consultant of ophthalmology
Vienna-Austria

22- Diabetic Retinopathy

استحالة الشبكية السكري

Med. Rat Dr. Med Univ. Tammam Kelani
Consultant of ophthalmology
Vienna-Austria

23- Update in Vitreoretinal Surgery

الوضع الحالي في جراحة الشبكية و الجسم الزجاجي

Dr. Yaser Biazid
Consultant vitreoretinal Surgeon
Al Ain Hospital, Al Ain, UAE

...(Discussion)...

11:00 – 11:30 Coffee break

7 - Radiology Session جلسة الأشعة

11:30 – 13:00

DIBBA HALL - C, Ground Floor

Chair: Dr. Ghassan Elagha (Ireland)
Prof Igor Bondarenko (Ukraine)
Dr. Usha Matele (UAE)

24- Imaging of Jaundice

تدبير وتشخيص الإصابات الكبد الإصفرارية (اليرقان) من الناحية الشعاعية

Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)

Senior consultant Radiologist

Head of Dept. of Radiology, Naas Hospital, Dublin Ireland

25- Imaging of acute abdomen

تدبير وتشخيص البطن الحاد شعاعيا

Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)

Senior consultant Radiologist

Head of Dept. of Radiology, Naas Hospital, Dublin Ireland

26- Clinical trials (CT) as an innovative way of medical institution development

دور الخبرات والتجارب السريرية في التصوير الطبي في تطوير المؤسسات الطبية

Prof Igor Bondarenko, MD, PhD, 2ChebanovK.O 1Hojouj MI, 1Zavizion VF, 1Balakin IA, 1Bondarenko AI, 1Yarosh YV, 1Domanskiy IP

Head of Oncology and Medical Radiology Dept. Dnepropetrovsk Medical Academy, Dnepropetrovsk, Ukraine

27- Accredited Medical Laboratories & impact on health services

المختبرات الطبية المعتمدة وتأثيرها على الخدمات الصحية

Dr. Mohamad (Jay) Al Khatib

York Diagnostic Laboratories

Dubai, UAE

28- Evaluation of service quality and patient's satisfaction in patients screened for Colorectal Cancer at Al Rahba Hospital in 2014

تقييم جودة الخدمة ورضا المرضى في مرضى سرطان القولون والمستقيم في مستشفى الرحبة 2014

Dr. Wieslaw Koterla,

Head of Gastroenterology & Hepatology Department, and Endoscopy Service-

At Al Sharq Hospital; Fujairah, UAE

...(Discussion)...

13:00 – 14:00 Lunch break



8 - Pediatric Session جلسة الأطفال

14.00-15.30

DIBBA HALL - C, Ground Floor

Chair: Dr. Med Abdul Monem Hamid (France)
Dr. Ahed TAJILDIN-ASFARY (France)
Dr. Ahmed Abdullah El Azraq (UAE)

29- Growth Hormone Therapy in Children

العلاج بهرمون النمو عند الأطفال

الدكتورة عهد تاج الدين الأصفري

Pediatric departement, Centre Hospitalier Mémorial Saint-lô, FRANCE

Pediatric Endocrinologist

30- A pediatric case study of asthma treated with classical homeopathy medicine.

دراسة لحالة سريرية لطفل مصاب بالربو معالج بالطب البديل

Dr. Tabassum Inamdar

Consulting Homeopath cum Clinic Manager

Sultan Al Olama Medical centre, Dubai

31- Oral Infection influencing systemic condition

تأثير الإنتان الفموي على أجهزة الجسم

Dr. Sivan Padma Priya

Ajman university of Science and Technology- Fujairah Campus

Fujairah, UAE

...(Discussion)...

15:30 – 16:00 Coffee break

9- Heart & circulatory system والدوران أمراض القلب وجلسة

09:00 – 11:00

DIBBA HALL - A, Ground Floor

Chair: Prof Dr. med Theodor Fischlein (Germany)
 Prof Dr. Wadea Tarhuni (Canada)
 Dr. Abdul Rahman Al Aloka (UAE)

32- Minimal invasive aortic valve replacement: Is this an advantage for patients?

مزايا زراعة الصمام الأبهري بالجراحة ذات الحد الأدنى للبضع للمرضى خبرة مركز جراحة القلب في نورنبرغ

Prof Dr. med Theodor Fischlein

Chair of Department of Cardiac Surgery in Nurnberg, Germany

Paracelsus Medical University, Salzburg, Austria

33- Early atrial Fibrillation Detection and stroke prevention using telemedicine

تشخيص الرجفان الأذيني المبكر والوقاية من الجلطة الدماغية باستخدام التطبيب عن بعد

Dr. Wadea Tarhuni

President and CEO, Windsor Cardiac Centre

Windsor, Canada

34- Mechanical Circulatory Support Devices

الدعم الآلي للقلب (القلب الصناعي)

Prof. Dr. med. Mahdi Kadry

Consultant of Vascular, Thoracic and Cardiac Surgery, KMG Klinikum

Pritzwalk, Germany

35- Combined surgical treatment of carotid and coronary lesions The strategy should be

جراحة الشرايين الاكليلية بالمشاركة مع جراحة الشرايين السباتية : الاستراتيجية المتبعة

Dr. Majed Othman

Consultant of Cardiac Surgery

Damascus, Syria.

36- Why and how do we Minimal invasive aortic surgery TAVI ? The cardiac surgeon's point of view

لماذا وكيف تزرع الصمامات الأبهريّة بالقسطار ؟ من وجهة نظر جراح القلب

Professor Dr. med. R. Feyrer

Departement of Cardiac Surgery, University Hospital of Erlangen, Germany

37- Clinical Cost Management by Sutureless Aortic Valve Implantation

المزايا الاقتصادية والعلاجية لاستخدام الصمام الأبهري الخالي من الخيوط

Dr. med.(univ. Aleppo) Fahed Husri

Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany

Paracelsus Medical University, Salzburg, Austria

...(Discussion)...

11:00 – 11:30 Coffee break



10 - Aesthetic and plastic surgery الجراحات التصحيحية

11:30 – 13:00

DIBBA HALL - A, Ground Floor

Chair: Op. Dr. Sacid Karademir, (Turkey)
Dr. Samir G. Elias (UAE)

38- Custom made prosthesis for facial bone, do to accident.

العمليات التصحيحية والتجميلية للوجه بعد الحوادث

Op. Dr. Sacid Karademir, BURCU HIZARCI MD
Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey

39- eyebrow surgery

الجراحة التجميلية للحواجب

Op. Dr. Sacid Karademir
Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey

40- Hair reconstruction surgery

زراعة الشعر جراحيا

Op. Dr. Sacid Karademir, BURCU HIZARCI MD
Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey

41- New dimensions in the Foot & Ankle surgery as subspecialty of orthopedic surgery

أبعاد جديدة في جراحة القدم والكاحل كاختصاص فرعي لجراحة العظام

Op. Dr. Sacid Karademir, BURCU HIZARCI MD
Consultant Orthopedic Foot & ankle Surgeon
Medcare Orthopaedic & Spine Hospital. Dubai

42- Indication of Fractional Micro needling (Dermapen) in the aesthetic field

إستطببات المعالجة بالتثقيب المجهرى على الجلد في مجال تجميل البشرة

Belkais Marwan, MSc, MD Dermatologist
Dubai, UAE

...(Discussion)...

13:00 – 14:00 Lunch break

11 - Nephrology and Nutrition **جلسة الكلية و التغذية الصحية**

14:00 – 15:30

DIBBA HALL - A, Ground Floor

Chair: Prof. Dr. med Sabri Shamsan Hassan (Italy)
Dr. med Hojouj Mohammad (Ukraine)
Dr. Imad Othman

43- The modern approaches to prevention of complications in hematological personified breast cancer chemotherapy.

الأساليب الحديثة للوقاية من الإختلاطات الدموية بالمعالجة الكيميائية لسرطان الثدي

Hojouj Mohammad.I N. Bondarenko, , El Hahaj MH, Zavyzyon VF, Sukhaversha OA
Prokhach AV, Artemenko MV, Abu Shamsia R

Department of oncology and medical radiology, SE" Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovs'k, Ukraine

44- Diabetic Nephropathy

مرض السكري الكلوي

Dr. Belquis Khaled

Tor Vergata University

Rome Italy

45- Chronic Renal Insufficiency Secondary Anemia

أمراض الكلى و مضاعفات فقر الدم

Prof. Sabri Shamsan Hassan

Director Nephrology Villa Sandra

Rome, Italy

46- The effect of periodontal disease on public health: heart, diabetes, pregnancy, arthritis and lung

تأثير أمراض اللثة على الصحة العامة: القلب، الداء السكري، الحمل، التهاب المفاصل، الرئة

Dr. Mohamed Haysam Sawaf

Parodontologie-Implantologie

Paris, France

15:30 – 16:00 Coffee break

12- Final & Academic Session الجلسة الأكاديمية

DIBBA HALL - C, Ground Floor

16:00 – 18:30

Chair: Dr. Faidi Omar Mahmoud (ARABMED)
Dr. Ambassador Said Alhadi (Arab League)

47- Experience of scientific research at Andalus University in Syria

تجربة البحث العلمي في جامعة الأندلس

Prof. Dr. A.K. Martini

President of Al Andalus University, Qadmus, Syria

48- News about the activities of international medical associations

أخبار الجمعيات الطبية العربية في المهجر

Speeches

1. Representative of Arab League
 - Ambassador Said Alhadi director of the Department of Health Arab League
Update of Union of Arab health Organisation in Diaspora (UAHOD)
 - Mr. Hatem El-Ruby Member of the Technical Secretariat of the Council of Arab
Health Ministers
2. Prof Dr.Wadea Tarhuni Representative of Canada
3. Prof Dr. Mousa Al-Kurdi (UAE) Project Evidence Based Medicine in Arab countries
4. Dr.Tammam Kelani President of ARABMED in Austria
5. Dr. Med Abdul Monem Hamid ARABMED in France
6. Dr. Samir Quawsmie Representative of ARABMED in Jordan
7. Dr. Ossama Al Babbili Representative of ARABMED in UAE and Gulf Region
8. Dr. Ghassan Elaghe President of ARABMED in Ireland
9. Prof Sabri Shamsan Hasan of ARABMED in Italy
10. Dr. Rami N Abu Shamsiya President of Association of Arab physicians in Ukraine

جلسة البوستر 13 - Poster Session

09:00 – 11:00

Dhadna Hall First Floor

Chair: Prof. Dr. med Sabri Shamsan Hassan (Italy)
Dr. Med Abdul Monem Hamid (France)
Dr. Khalil Ekky (Ireland)

49- Impact of Dietary Adherence on Blood L-phenylalanine Levels among Phenylketonuria children aged 6-18 years in the Gaza Strip: Cross-sectional Study

دراسة عن تأثير الحمية على عتبة الفينيلانين الدموي لأطفال غزة المصابين بالبيئة البروتينية (الفينيلانين) الوراثية
Assistant Professor Abdalraziq Salama
Faculty of Pharmacy Al-Azhar University – Gaza, Palestine

50- Impact of Spirulina on nutritional status, hematological profile and anaemia status in malnourished children in the Gaza Strip: Randomized clinical trial

دراسة عشوائية على تأثير سبيرولينا (منتجات جرتومية) في الدم على اطفال غزة المصابين بسوء التغذية
Mr. Mahmoud Al Sheikh Ali
Faculty of Pharmacy, Al-Azhar University Gaza, Palestine

51- Impact Of Fiber Concentrate On Insulin Sensitivity And Other Metabolic Control Among Diabetic Type 2 Patients: Randomized Control Trial (RCT).

دراسة عشوائية على تأثير الحمية بالألياف المركزة على حساسية الإنسولين والإستقلاب عند السكريين من النوع 2
Dr. Ihab A. Naser, Ayman S. Abu Tair, Amin T. Hamid
Al Azhar University, Gaza

52- Intelligent Computer Vision System For Sprague Dawley Rat Sperm Classification

دور الكومبيوترات الحديثة في تصنيف جودة الحيوانات المنوية عند الفئران
سامي عبدالله محمد سلامه Samy A.M. Salamah
Palestine Technical College, Gaza, Palestine

53- Efficiency evaluation of correction of iodine deficiency among adolescent girls in the iodine deficiency region.

تقييم معالجة نقص اليود لدى الأعمار الفتية في منطقة قباردينا بالقاريا

Prof Zakhohov Ruslan, M, Uzdenova Z.KH, Uzdenova A.A.

Senior Consultant of General Surgery Surgical, Dean of the Medical Faculty Kabardino-Balkarian State University after KH.M.Berbekov
Nalchik, Russia

Hemodynamic changes after hypothermic circulatory arrest in comparison to continuous "low-flow bypass" before and after modified ultrafiltration after aortic arch surgery

التغيرات الهيموديناميكية في جراحة قوس الأبهر في كل من طريقتي توقيف الدورة الدموية الكامل والتبريد او بالحفاظ على دورة دموية معتدلة

Dr.med Nora Omar Mahmoud, Prof. Dr. med. R. Cesnjevar



Departement of Pediatric Cardiac Surgery, University Hospital of Erlangen,
currently in Cnopf'sche Kinderklinik Nürnberg, Germany

54- Medical and demographic situation in Kabardino-Balkaria.

الإحتياجات الطبية التي تفرضها التغيرات السكانية في منطقة قبردينا بلقاريا

Kardangusheva A.M., Elgarova L.V.

Kabardino-Balkarian State University named after KH.M.Berbekov.

Nalchik, Russia

55- Iron deficiency and iron deficiency anemia in infants.

نقص الحديد وفقر الدم بسبب نقص الحديد عند الرضع.

Dr.Diana Arkhestova, Prof. Rashid Zheishev, Dr. Irina Zhetisheva

Medical Faculty, Pediatrics Department

Kabardino- Balkarian State University

Nalchik, Russia

56- Venomous Snakes In Oman

التعابين السامة في سلطنة عمان

Dr. Al Rashdi Yahya Abdullah Armed

Director of medical service of Royal Army in Oman

Sultanate of Oman

11:00 – 11:30 Coffee break

14 Workshop Cardiology ورشة عمل القلبية

11:30 – 13:00

Dhadna Hall First Floor

Chair: Prof Dr.Wadea Tarhuni (Canada)

57- Prevention and early detection of cardiovascular disease.

الوقاية والكشف المبكر عن أمراض القلب والأوعية الدموية

Prof Dr.Wadea Tarhuni

President and CEO, Windsor Cardiac Centre

Windsor, Canada,

Workshops

Canadian Cardiac Care is more than happy to participate in presenting these workshops to improve cardiovascular prevention in Arab world

...(Discussion)...

13:00 – 14:00 Lunch break

Social Program Go together in Fujairah

البرنامج السياحي

سيكون هناك عدة خيارات في داخل مدينة الفجيرة وفي خارجها
تكاليف البرنامج السياحي ستكون إضافية حوالي 200 درهم مثل سفاري والعشاء لمدة 8-9 ساعات أو زيارة أماكن سياحية
برنامج السفاري

- 1- خدمات نقل المشاركين الى الصحراء
- 2- السوافة على الرمل والمرتفعات
- 3- الصعود على الرمال ومشاهدة غروب الشمس في الصحراء
- 4- الاستقبال والترحيب بتقديم الشاي والقهوة عند الوصول إلى المخيم الصحراوي وتقديم المشروبات الغازية والمياه المعدنية
- 5- ركوب الهجن
- 6- عرض حي للصقور (30 دقيقة)
- 7- ارتداء الأزياء العربية للصور الفوتوغرافية
- 8- عرض للحنى للنساء
- 9- بوفيه عشاء الدولية مع الكباب (أطباق نباتية وغير نباتية)
- 10- موسيقى شرقية وعرض لبعض الرقصات المحلية

One Option for the Social Program (200 AED Extra Cost)

1. Pick-up and drop service
2. Desert Driving & Dune bashing in
3. Sand Boarding & Viewing Dubai Desert Sunset
4. On arrival at our desert campsite welcome Arabic Coffee & Tea
Unlimited soft drinks and mineral water
5. Camel Ride
6. Falcon show (live show 30 mint)
7. Arabic costumes for photographs
8. Henna Painting
9. International Buffet Dinner with Barbeque (Vegetarian & Non-vegetarian dishes)
10. Enchanting Belly Dance Show

1- Obesity محاضرات السمنة

1- Obesity the Disease

داء السمنة

Prof Nadim Haboubi

Nevill Hall Hospital, Abergavenny

Wales UK

Obesity is a major health problem that is associated with increased morbidity and mortality. Over the past 30 years, the prevalence of obesity has increased worldwide by near 75% and such so that the WHO has classified obesity as an epidemic. A health survey of England and Wales reports that 24% of adults are obese. The WHO forecast that by 2015, 4 billion adults will be overweight and over 700,000,000 will be obese.

Obesity affects most organs and body systems. 90% of people with type II diabetes have a body mass index of greater than 23 and conversely it is estimated that the attributable risk of obesity for diabetes is between 30% and 70%. Obesity substantially contributes to the risk of hypertension, ischemic heart disease, cardiovascular mortality, obstructive sleep apnoea, ventilatory failure, asthma as well as more recently the recognised association with several cancers, Alzheimer's disease and renal failure.

The causes of obesity are multifactorial. It could be genetic, environmental, psychological, emotional, hormonal, ethnicity-related, and probably inflammatory etc. A sedentary life is probably the most important cause of obesity. Moderate intensity physical activity provides not just weight loss but may be sufficient to modify chronic disease risk factors. Greater doses of physical activity results in greater weight loss. Healthcare professionals therefore, need to recognise the importance of physical activity as an effective intervention to improve health-related outcomes.



(CV) Prof Nadim Haboubi MBChB MRCPI MD FRCP FRCPE SCOPE (Fellow)

Professor of Clinical Nutrition and Obesity, University of South Wales

Chair of the Wales National Obesity Forum

Consultant Physician in Adult Medicine and Gastroenterology

Nevill Hall Hospital, Abergavenny, Wales UK

MD Birmingham, FRCP Edinburgh and London

Professor of Clinical Nutrition and Obesity University of South Wales

PACES Examiner for the Royal College of Physicians

Chairman of the National Obesity Forum Wales

Obesity, Advisor to Welsh Government on the Obesity Pathway

Chairman of the Special Interest Group in Gastroenterology and Nutrition/British Geriatric Society

Honorary Professor of Medicine, Basra Medical School, Iraq

Consultant Physician with an Interest in Gastroenterology, Nutrition and Obesity

Consultant Physician in Nevill Hall Hospital, Abergavenny, South Wales, 1991 to date

Founder member of the British Association of Parenteral and Enteral Nutrition – Medical

Member of the European Society of Parenteral and Enteral Nutrition

Expert reviewer on NICE Guidelines on Prevention and Management of Obesity 2006

Has a Special Interest in Irritable Bowel Syndrome, Coeliac Disease.

Several national and international presentations and Chairmanship of symposia

Over 60 publications and 2 chapters

MD thesis entitled 'Small Bowel Bacterial Overgrowth', achieved 1989, University of Birmingham

Reviewer to the Journals of Human Nutrition and Dietetics, Age and Ageing and the Journal of Obstetrics and Gynaecology (Gastroenterology related articles)

I run the only NHS Multi-disciplinary Specialist Weight Management Clinic (Level 3) in Wales established 2001 to date

National and International Fellow of Specialist Certification of Obesity Professional Education (SCOPE) 2015

Member of Association of Physicians for the Study of Obesity (APSO UK)

Current member of the Working Group of the Royal College of Physicians London – (Action on Obesity).

Chairman of the Bariatric Physician's Group – Wales.

Led a British Multi-disciplinary Bariatric Team to establish a Bariatric Centre, Baghdad Medical School, Iraq 2012. (Level 3 and Level 4).



2- GENETIC INFLUENCES ON OBESITY AND METABOLIC DISORDERS

التأثيرات الوراثية في السمنة واضطراب الإستقلاب

Mrs Alison Thompson

Senior Product Specialist – Immunology and Genetics

BSc Nutrition Science

Advancements in technology in relation to genotyping has enabled large scale genetic studies which have identified key genes which are associated with a range of diseases including obesity and other metabolic disorders such as T2 Diabetes.

Rates of obesity and T2 Diabetes are rising rapidly in the gulf region with over 60% of the population in most gulf countries classified as either overweight or obese. The cost of this rapid rise in these chronic illnesses is growing not only in terms of economic costs to society, but also the burden it places on local health systems.

Standard dietary advice appears to be inadequate in terms of combatting the rise of these illnesses, and so perhaps a more personalized approach which accounts for genetic susceptibility to metabolic disorder is necessary.

As a result of these GWAS studies it is now possible to identify which individual genotypes will respond favourably to specific dietary interventions. In future this will enable clinicians to precisely tailor dietary and lifestyle advice to the individual and remove the “trial and error” approach which characterizes current dietary interventions.

The aim of the presentation is to outline how specific genes are influencing the development of obesity and T2 diabetes and highlight how nutrigenomic interventions could be used to help create effective management protocols for obesity and T2 Diabetes.

CV Mrs Alison Thompson, BSc Nutrition Science

Senior Product Specialist & Nutritionist

BSc Nutrition Science

PO.Box 391842, Al-Barshaa South - Arjan - Dubai, UAE



Qualified Nutritionist, specialising in immunodiagnosics, allergy and food intolerance, auto-immune disease, digestive disorders, and nutrigenomics.

Experienced lecturer and presenter:

- “Gut microflora and obesity “ - Gulf Obesity Surgery Society 2014
- “Immune mediated Food Intolerance and Chronic Disease” – King Khalid University Hospital, Riyadh KSA, Al Ahli Hospital, Doha, Qatar
- “Genetic influences on Obesity and Metabolic Disorder” , as part of the “Identifying genetic risk in obesity and metabolic disorder” Seminar, Al Murooj Rotana, Dubai, UAE, April 2015

Senior Product Specialist & Nutritionist

Babirus LLC, UAE

Senior Product Specialist and Nutrition Consultant: Specialist in immunodiagnostic and genetic testing. Working with diagnostic laboratories, medical centres, hospitals, wellbeing clinics, physicians, dieticians and nutritionists throughout the UAE and ME.

Clinical Nutritionist & Health Writer

Relish Nutrition, UK

Personalised nutritional programmes, specialising in allergies, auto-immune disease, autism diabetes, digestive health, skin health, hormonal health, fertility and weight



Abstracts

management.

SERVICES:

Nutrition consultations, personalised dietary plans & body composition analysis

Nutrition workshops and seminars

Training programmes for hospitality trade in respect of regulatory allergy labelling on menus

Consultancy service for small food producers including NPD and regulatory labelling

requirements Nutritional analysis and menu planning for children's day nurseries, schools and

care homes Workplace nutrition programmes to help increase employee retention and

productivity. Includes running healthy eating seminars and holding on-site nutrition clinics

Recipe development and nutritional analysis for small food companies

Health writer

Weight management workshops and group Sessions for Patrick Holford's Zest for Life programme

3- The Effect of Body Mass Index on Prognostic Features of Breast Cancer

Treatment.

تأثير مؤشر كتلة الجسم على نتائج علاج سرطان الثدي

Dr.Hojouj Mohammad MI1Bondarenko IN, 2ChebanovK.O , 1Zavizion VF, 1El Hajj MH, 1Prokhach AV 2Artemenko MV. 1Dmytrenko 2Pidpala j

Department of oncology and medical radiology, SE

"Dnipropetrovsk medical academy of Health Ministry of Ukraine" Dnipropetrovsk, Ukraine

Position: Associate Professor Dr.Hojouj Mohammad, MD, MSo,Phd researcher.

Background:

The effect of body mass index (BMI) on the prognosis of metastatic breast cancer (MBC) has not been explored so far.

The aim of this retrospective study is to evaluate the relation between patients' Breast cancer (BC) to BMI and the prognosis of treatment.

Materials and Methods

The study included 108 patients with MBC between the ages of 30 and 76 ($57,6 \pm 1$) years of age who were treated according to our clinic from 2006-2013. The main condition for selection was the treatment of MBC at the time of analysis. All patients were evaluated according to the following data: stage of the disease, age and BMI at the time of diagnosis, the size, histological type and degree of differentiation of the tumor and the presence of regional lymph nodes(RLN) metastases. Tumor size was evaluated after measuring its maximal diameter and distributed in accordance with the International TNM-classification (7th edition, 2014). To evaluate metastatic lesions of postoperative RLN material macroscopically selected 10 for the presence of suspicious lymph nodes metastases, of which known histological specimens and evaluated microscopically. The absence of menstruation in patients over 1 year up to the moment of diagnosis was regarded as menopause. The histological type and degree of differentiation of the tumor was evaluated respectively by the National Standards of diagnostics and treatment of malignant neoplasms, reflecting the recommendations of leading international organizations. BMI is calculated by the formula: $I = m / h^2$, where m - body weight (kg); h - height (m). According to these calculations the patients were divided in accordance with the WHO criteria into the following groups: those with a BMI <25 kg / m² - normal or



underweight; from 25 to 29.9 kg / m² - overweight; ≥ 30 kg / m² - obese. The material for the histopathological study was obtained during surgery.

Results:

1. In this retrospective study, among 108 patients with breast cancer, 44% were identified with excess body weight, and 31% - of various obesity degree. 25 % Patients with normal BMI.
2. Patients with a BMI <25 kg / m² 34 % were significantly more diagnosed with stage I BC triple negative.
3. BMI> 30 kg / m², 11 % more often associated with metastatic RLN, which is an indirect sign of a higher metastatic potentials.
4. Patients with normal BMI had significantly longer overall survival (OS) and disease-free survival (DFS) than patients with intermediate or obese BMI in pairwise comparisons adjusted for other factors ,But this fact is preliminary and requires further study..

Conclusions In conclusion, this retrospective investigation our patient I–VI demonstrates that BMI is an independent prognostic factor in patients with BC. We have supporting evidence that obese BMI represents a poor risk feature for outcome, especially in pre-/perimenopausal patients.

Key words: body mass index, breast cancer, obesity, overall survival

Associate Professor Hojouj MI.I N.

Department of oncology and medical radiology, SE
"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovsk, Ukraine

(CV)DR.Hojouj Mohammad, MD, MSo,

Date of Birth: 20th Of June 1987 in HEBRON

Nationality: Ukrainian

Contact Address: Krasnaiapresninskaia 127, Dnepropetrovsk
Dept Oncology and Medical Radiology. Dnepropetrovsk Medical Academy,
31, Blyzhnya Str., Dnepropetrovsk, 49102, Ukraine

OBJECTIVE:

To work in a Hospital where I can utilise and enhance my practical skills. I am self-motivated but also a team player with a passion for helping people and improving their quality of life.



Academic Qualifications (most current date first

Degree/Certification	Date (Y)	Institution, Country
Phd researcher	2014 going on 2017	Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine
Master of since of oncology	2014	Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine
MD	2012	SE «Dnipropetrovsk Medical Academy of Health Ministry of Ukraine»,

Current and Previous 4 Relevant Positions Including Academic Appointments (most current date first):

Start and End Dates	Title	Institution, State/Province/Country
---------------------	-------	-------------------------------------

Since 2014 till present	Assistant of Professor	Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine Department oncology and medical radiology
2013 till present	Senior Research Associate	MI «Dnipropetrovsk City Multidiscipline Clinical Hospital #4» of the Dnipropetrovsk Regional Council», Chemotherapy department; , Dnipropetrovsk, Ukraine
2012 – 2014	clinical resident, master research	MI «Dnipropetrovsk City Multidiscipline Clinical Hospital #4» of the Dnipropetrovsk Regional Council», Chemotherapy department

More than 10 publications. International more than 2 publications

4- High Through-Put Screening For Lactic Acid Dehydrogenase Inhibitors As A Targeted Cancer Therapy

مراجعة مثبطات حمض اللاكتات ديهيدروكيناز في معالجة السرطانات

Shihab E. Deiab PHD

Department of Chemistry, Florida A&M University, USA

Cancer is one of the most important public health issues in the world today. A hallmark pathological feature of solid tumors is an over-functional energy metabolism, which results in the elevated production of lactic acid from glucose in the presence of O₂. This phenomenon is termed as the "Warburg effect" and is often reported to be accelerated in aggressive malignancies. High levels of glycolysis, abundant production of lactic acid (hLDH-A) and greater protein expression of the hLDH-A protein levels are characteristic of aggressive tumor cells. The key enzyme in production of lactate is lactic acid dehydrogenase (hLDH-A), which is highly expressed in tumor tissue and regulates substrate utilization of pyruvate to form lactate which drives ATP production through substrate level phosphorylation. With cancer cells displaying abundance of hLDH-A enzyme and lactic acid, it is likely that this enzyme plays an important role in tumor cell survival, growth, and proliferation. It is now believed that identification of novel hLDH-A inhibitors may hinder mechanisms involved with tumor advancement. Therefore, there is a need to evaluate potential chemicals or substances that possess hLDH-A inhibitors. In this study, hLDH-A isolated from human muscle was screened using over 905 plant derived extracts to discover natural products [0.00009-.77mg/ml] with capability to inhibit hLDH-A. Extracts were first tested using an enzyme micro-array format to eliminate plant extracts with no inhibitory capability. Plant extracts containing inhibitory properties were then ranked according to IC₅₀s and processed through four subsequent experiments, yielding data that reflected the strongest 1% of plants identified (IC₅₀s below 0.00009 mg/ml). The data clearly showed that one of the most potent plant based hLDH-A inhibitor was Rhus chinensis. Through bioactivity guided chemical separations and identifications as well as kinetic and docking studies, we showed that pentagalloyl glucose, PGG, is the entity responsible for the non-competitive inhibition of hLDH-A. We further examined N2A cancer cell lines viability and lactic acid production in the presence of PGG and found a decrease in viability consistent with the decrease in lactic acid production. However further studies will be required to assess if and what role inhibiting the hLDH-A enzyme can provide in terms of adaptability and survival mechanisms involved with energy metabolism of tumor cells.



Abstracts

Department of Chemistry, Florida A&M University, 444 Gamble St. #204, Tallahassee, FL 32307, USA.

US Citizen

Education

- Ph.D. Pharmacology/Toxicology, Florida Agricultural and Mechanical University, Tallahassee, FL
- M.S. Chemistry Florida A&M University, Tallahassee, FL
- B.S. Chemistry Mississippi University for Women, Columbus, MS

**Professional Memberships**

- American society for pharmacology and experimental pharmaceutics, ASPET (2009-present)
- American Chemical Society, ACS, (2007-present)
- American Association for Cancer Research (2007-present)
- American Association for the Advancement of Science (2000-present)

Teaching Experience (August 2002-present)

Assistant Professor Florida A&M University College of Pharmacy and Pharmaceutical, Sciences
Department of Clinical Pharmacology

2 - Surgery الجراحة

5- Advantages and disadvantages of laparoscopic interventions in emergency abdominal surgery

مزاي و عيوب التدخلات بالمنظار في جراحة البطن في حالات الطوارئ

Associate Professor Rami N Abu Shamsiya MD,Phd .Hojouj Mohammad MD,MSo AL-Dababsekh Islam MD. Phd

Department of Surgery №1 National Medical University O.O.Bogomolets
Kiev. Ukraine.

The aim- to improve the results of treatment of patients with acute abdominal diseases, through the use of developed and improved laparoscopic technologies.

Materials and methods. A retrospective analysis of 442 video laparoscopic surgery for acute surgical abdominal diseases in 207 (46.8%) men and 235 (53.2%) women aged 17 - 84 (57 ± 19,8) years at the Department of Surgery number 1 of the National Medical University named after AA Bogomolets, for the period from 2010 to 2015.

Results and discussion. 317 patients operated on for acute cholecystitis complications were observed in 43 (13.5%). In patients with cardiovascular. Of local complications should be bleeding from the cystic artery and its branches - in 11 (3.4%) of the anterior abdominal wall - in 9 (2.8%), gallbladder - in 18 (5.8%), of adhesions - 12 (3.7%), thermal burns serosa duodenum - 3 (0.9%), injury hepaticocholedochus - y 1 (0.3%). Intraoperative complications persists without applying conversion. Postoperative complications were observed in 5 patients (1.5%): surgical wound fester through which removed the gallbladder - in 3 (0.9%), postoperative pancreatitis - 1 (0.3%), abscess - 1 (0, 3). the 16 patients operated on for acute pancreatitis remedial diagnostic video laparoscopic was effective in 9 (2.03%), 2 patients (0.45%) were formed circumscribed fluid accumulation with subsequent formation of pseudocysts that have been sanitized by ultrasound.

Conclusions. 1. laparoscopic interventions technology is an effective, safe, pathogenetically substantiated method of diagnosis and treatment of acute surgical diseases of the abdominal cavity, because of a combination of diagnostic and therapeutic procedures. 2. The widespread introduction of video laparoscopic technologies in emergency surgery allows for reducing the time of the diagnostic phase and reducing surgical trauma that promotes rapid postoperative rehabilitation of patients and reduce the number of complications.

Key words: laparoscopic cholecystostomy, diagnostic video laparoscopy.

(CV)Abu Shamsieh Rami, M.D., Ph. D

President Association Of Arabic Physicians In Ukraine

Department of Surgery №1 National Medical University A.A.Bogomolets
.Kiev. Ukraine. Specialist General Surgery and laparoscopic Surgery

Personal dataials:

134, apart., 206 Borshchegovskaya str., 05058 Kyiv, Ukraine

telephone number: mobile +380504844418. +380674441848

Date of birth: 20/may/1973

Webpage (protfolio) : <http://abushamsieh.webs.com/>

Marital Statuts Married.

nationally: Ukrainian



Abstracts**Education**

- 2002- 2006 Specialization Laparoscopic Surgery (Ph.D.), (excellent), September 2005, O.O. Bogomolets National Medical University (NMU) Ukraine, Kiev.
- 1999- 2002 Specialized in General Medicine July 2001, O.O. Bogomolets National Medical University (NMU), Ukraine, Kiev.
- 1992-1999 student of Bogomolets National Medical University (NMU), Ukraine, Kiev

Qualifications:

- Specialized in General Medicine July 2001, O.O. Bogomolets National Medical University (NMU), Ukraine, Kiev.
- Specialization Laparoscopic Surgery (Ph.D.), (excellent), September 2005, O.O. Bogomolets National Medical University (NMU) Ukraine, Kiev.
- Specialization laparoscopic Surgery June 2009, (excellent), Germany. Hospital Zwbruchen.

Employment:

- 1 September 1999 – Present: Specialist General and Laparoscopic Surgery Central City Clinical Hospital № 18 – Kiev.
- From 01.03.2006 to 01.09.2006 worked as a senior laboratory assistant of the department of surgery № 1 Bogomolets National Medical University (NMU) Ukraine, Kiev.
- From 01.09.2006 to 11.01.2012 worked as an assistant Professor of Surgery № 1 Bogomolets National Medical University (NMU).
- From 12.01.2012 p - present working as Associate of Surgery № 1 Bogomolets National Medical University (NMU).
- From 01.05.2008 to 01.09.2014 – worked as an assistant Dean for Foreign Students Bogomolets National Medical University (NMU) Ukraine, Kiev.

Teaching:

- 1 September 1999 – Present: National Medical University, Ukraine- Lecture for student 4, 5 and 6 curses.

Research Work:

He is the author of 88 publications, including 10 international editions (German, Russian, Portugal) and 15 patents of Ukraine.

Clinical Experience:

Special Areas of Interest: Thoracic and Vascular surgery, General Surgery, General Surgery, Vascular Surgery, Gynecology & Obstetrics, Plastic Surgery, Thoracic surgery, Neurosurgery, Emergency Department

6- Optimization of anesthetic management of peri- and postoperative period in patients under surgical treatment of colorectal cancer

التحضير الجيد للمريض قبل وبعد العمل الجراحي وطريقة التخدير وتأثيره في نتائج جراحة سرطان الكولون والمستقيم

Associate Professor Viktor Zavizion MD, PhD, Chebanov K.O. Bondarenko I.N, Baranov I.V.,

Novikov S.P., Olefir Y.I., Grishko S.A, Vasilishin A.V, Karas R.K. Hjojouj M.I

Department of oncology and medical radiology, SE

"Dnipropetrovsk medical academy of Health Ministry of Ukraine"

Dnipropetrovsk, Ukraine

Background At the present stage of medical development, colorectal cancer is an actual medical and socio-economic problem. Since surgical method is the primary method of treatment, it becomes relevant to question the effect of the method of anesthesia and



postoperative analgesia influence as well as the processes of metastasis and survival of cancer patients.

Objective The purpose of this research is to select the optimal method of anesthesia protection of patients from the aggression of the operation during surgical treatment of colorectal cancer.

Methods A comparative analysis of clinical data and results of treatment was carried out. It was performed using total intravenous anesthesia followed by analgesia with opiates analgesics, and combined techniques using low-flow sevoflurane anesthesia and epidural analgesia, followed by prolonged epidural anesthesia.

Results It showed a significant advantage of combined techniques in comparison with total intravenous anesthesia due to: normodynamic type of hemodynamics during operation, the possibility to extubate patient in operating room and effective analgesia in early postoperative period. Methods of prolonged epidural analgesia provided a significant need in the reduction for opioid analgesics, it is an efficient analgesia in postoperative period, it saved anti-tumor immunity and resistance to metastasis in patients with cancer, it has provided more early resumption of intestine motor function and it reduced terms of patient's staying in the intensive care unit. Implemented methodology reduced the frequency of postoperative mortality, complications, average length of hospital stay and frequency of patients' return to intensive care unit.

Conclusion Combined techniques of low-flow sevoflurane anesthesia and epidural analgesia, followed by prolonged epidural anesthesia is an optimal method of anesthesia protection of patients from operating aggression during surgical treatment of colorectal cancer.

Keywords: colorectal cancer, low-flow anesthesia, combined anesthesia, epidural analgesia, sevoflurane.

Associate Professor Viktor Zavizion MD, PhD
Department of oncology and medical radiology, SE
"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovsk, Ukraine
Dzerzhinsky str., 9, Dnipropetrovsk, 49044,



CV Associate Professor Viktor Zavizion MD, PhD

Municipal Institution "Dnipropetrovsk' City Multifield Hospital #4" provincial board of Dnipropetrovsk, State Institution "Dnipropetrovsk Medical Academy of Ministry of Health of Ukraine".31, Blyzhnia st., 49102, Dnipropetrovsk

Education and Training :

Degree and Year Awarded	Name and Location of Institution (City, State or Province and Country)	Area of Study
PhD, 1998	Donetsk State Medical University, Donetsk, Ukraine	Oncology
MD, Advanced Course, 1992	Kharkiv Medical Academy of Postgraduate Education, Kharkiv, Ukraine	Oncological Surgery
MD, Advanced Course, 1986	Zaporizhzhya Medical Institute, Zaporizhzhya, USSR	Oncology
MD, Internship, 1986	Dnipropetrovsk Medical Institute, Dnipropetrovsk, USSR	Surgery

MD, 1985

Dnipropetrovsk Medical Institute, Dnipropetrovsk, USSR

General
Medicine

Professional Experience

Dates	Position/Title	Name and Location of Institution (City, State or Province and Country)
1991 - ongoing	Current Associate Professor	Municipal Institution "Dnipropetrovsk' City Multifield Hospital #4" provincial board of Dnipropetrovsk, Department of Chemotherapy. State Institution Dnipropetrovsk Medical Academy of MoH of Ukraine, Chair of Oncology and Medical Radiology. 31, Blyzhnia St., Dnipropetrovsk, 49102, Ukraine.
1986-1991	Previous Surgeon	Novomoskovsk Central Regional Hospital, Dnipropetrovsk Region, Ukraine
1985-1986	Intern	Dnipropetrovsk Regional Hospital, Dnipropetrovsk, USSR

Signature (if required)

Date 26.08.2015

7- Principle of Preoperative Anesthesia in the Surgical Treatment of Breast Cancer

اساسيات التخدير في جراحة سرطان الثدي

2Chebanov K. 1Bondarenko IN, 2Novikov S. 1Zavizion V, 1Hojouj M, 2Borodina I., 2Bilozorova G. 1Elhajj M

SE "Dnipropetrovsk medical academy of Health Ministry of Ukraine"

Department of oncology and medical radiology

Dzerzhinsky str., 9, Dnipropetrovsk, 49044, Ukraine

1SE "Dnipropetrovsk medical academy of Health Ministry of Ukraine"

2Municipal Institution "Dnipropetrovsk City Multi-field Clinical Hospital #4",

Postoperative pain occurs after any operation, regardless of its volume. Ideal painkiller or treatment of acute postoperative pain does not exist. Solve the problem of the adequacy of postoperative analgesia allow the concept of preventive analgesia (PA) and multimodal analgesia (MMA).

The Concept of PA is at the beginning of treatment measures before surgery. Apply a non-narcotic analgesics, non-steroidal anti-inflammatory drugs, and drugs of mixed action. There do not cause depression of consciousness, hemodynamic and breathing. stabilized vegetative reactions.

The concept of MMA provides co-administration of two or more analgesics and / or treatment of pain, with different mechanisms of action to achieve adequate analgesia with minimal side effects. MMA is the method of choice for post-operative analgesia. Its basis purpose is the administration of non-opioid analgesics, which patients with pain of moderate and high intensity comply with the use of opioid analgesics and regional analgesia.

Objective: To examine the adequacy of non-narcotic analgesics anesthesia before and after radical breast surgery.

Materials and Methods: The study features preoperative analgesia 123 patients operated on for breast cancer. Average age is 43 + 2.7 years. All patients received preoperative chemotherapy. The intensity of pain was assessed by visual analogue scale (VAS) before surgery, 6-8 hours after surgery and the next morning, measured blood pressure (BP), heart rate, body temperature, oxygen saturation. Patients were divided into two



Abstracts

groups. In the first group (57 people) - ketorolac and diclofenac was administered in the evening before the operation. In the second group (66 people) – combination of dexketoprofen and paracetamol was administered. Postoperatively, using these same drugs is on demand. Operations carried out under total intravenous anesthesia. The mean duration of operation (taking into account the duration of anesthesia) is 115 minutes.

Results: The preoperative VAS pain averaged 4.7 points without the use of analgesics. After the operation in the first group at 6-8 hours pain intensity were 6.5 on the average score in the morning - 3.7 in the second group, respectively, 2.6 and 1.8 points.

In the first group the following were noted an increase in body temperature and blood pressure, tachycardia. The second group performance did not differ significantly from baseline. Given the duration of action of drugs and intravenous routes of administration, the second group, additional analgesia postoperatively needed only at night. The average cost of drugs for analgesia in the first group 1.86 times more expensive than in the second. The postoperative hospital stays in the first group is 2.4 days more than in the second.

Conclusions: There is warning for the use of deksalgin and infulgan and MMA allows for adequate postoperative analgesia.

8- Endolaparoscopic Surgery and role of Endoscopy in Surgery

دور التنظير الباطني في الجراحة التنظيرية

Dr. Moustafa Elshafei

General Surgery, GIT and Bariatric Surgery Department

Schön Klinik Nürnberg-Fürth, Germany

Endoluminal Endoscopy has a great role and a wide range of Interventions in the Field of GIT And Bariatric Surgery in the Last years. Endoluminal Endoscopy Plays a very important role in the filed of Bariatric Surgery staring from the preoperative Evaluation of the Bariatric Patients ending to the Endoscopic Surgical Interventions as Endoscopic Sleeve Gastrectomy and the Pouch redo Operations after Gastric Bypass Operations. In the Field of Reflux Surgery Plays also the Endoscopy a very important role starting from the Assessment till the Intraoperative look till the Management of the Postoperative Complications.

(CV)Dr. Moustafa Elshafei

Schön Klinik Nürnberg- Fürth, Steigerwaldstr. 45, 90409, Nürnberg, Germany,

Date of Birth/ -Place: 10.02.1985 in Paris , France

Family status: Married, 1 Child, Nationality: Egyptian

Studies / Qualifications:

09.2003 – 10.2009 Faculty of Medicine, Alexandria University,

Akademischer Grad :Bachelor of Medicine and Surgery MB BCH

03/2014 German Medical Nutrition Specialist

03/2015 German Approbation

Work Experience:

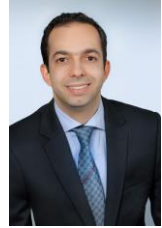
- 01.03.2010 – 17.05.2010 Universitätsklinikum Erlangen, Funktion: Guest Doctor. Abteilung: Medizinische Klinik 1 Direktor: Prof. Dr. med. Markus Neurath.
- 07.2010 –03.2011 OBAGI Medical Center, Funktion: Assistentarzt für Dr. Emad Michel , Alexandria , Ägypten, Abteilung : Plastische Chirurgie
- 08.2010 - 07.2012 ALEXEA (Alexandria Endoscopy Association) Zentrum für Endoskopische Ausbildung: www.alexea.org Funktion: Medizinischer Direktor.
- 29.2.2012 - 27.04.2012Universitätsklinikum Erlangen , Funktion: Gastarzt .Abteilung : Medizinische Klinik 1 Direktor : Prof. Dr. med. Markus Neurath.
- 04.07.2012 - 01.06.2013 Universitätsklinikum Erlangen , Assistent Manager fort the DAAD Doctors Trainings Program. Abteilung : Medizinische Klinik 1
- 01.06.2013 - 01.09.2014 Schwabach Hospital, Surgery Department, Obesity Surgery Center, Erlangen University Hospitals, Funktion: Assistentarzt
- 01.09.2014 – till now Schön Klinik Nürnberg-Fürth Funktion: Assistentarzt

Research Work:

"Levels and Predictors of stress among medical students in Alexandria University"

Soha Rashed, Moustafa Elshafei, Ahmed Bassiouny, Amir Eltarhony.

- Published in the official Journal of the Faculty of Medicine , Univeristy of Alexandria (ISSN 1110-0834)
- The paper was presented at the AMEE (association for medical Education in Europe) and ranked the first in Middle East and Africa.
- President of the (Alexandria Medical Student Research Associatio) www.alexresearch.org
Nürnberg, 23.08.2015 Moustafa Elshafei



Oncology Session 3 جلسة الأورام

9- "Emerging roles of pathology in the era of personalized oncological medicine"

دور التشريح المرضي المستجد في عهد طب الأورام الشخصي

Prof. Dr. med. Abbas Agaimy

Deputy Director of the Institute of Pathology University Hospital Erlangen
Erlangen Germany

(CV) Prof. Dr. med. Abbas Agaimy:

Deputy Director of the Institute of Pathology University Hospital Erlangen
Erlangen Germany, Krankenhausstraße 8-10, 91054 Erlangen



STUDIUM

1987-1993 Humanmedizin mit Studiumabschluss (M.B.B.S), University of Khartoum,
Sudan.

1996-1997 Medizinstudium-Abschluß, Alberts-Ludwig-Universität Freiburg/Brg.

BERUFLICHER WERDEGANG

01.06.97-30.11.98 Arzt im Praktikum, Institut für Pathologie, Klinikum Nürnberg

01.01.99-31.01.2000 Assistenzarzt, Institut für Pathologie, Klinikum Amberg/Opf.

01.04.00-31.12.01 Assistenzarzt, Institut für Pathologie, Klinikum-Buch, Berlin.

01.01.02-29.11.04 Assistenzarzt, Institut für Pathologie, Klinikum Nürnberg.

März 2004 Anerkennung als " Facharzt für Pathologie " durch die Bayerische Landesärztekammer, München.

30.11.04-31.05.08 Oberarzt und Leiter des Immunhistologielaors, Institut für Pathologie, Klinikum Nürnberg.

01.06.08-31.03.10 Oberarzt, Pathologisches Institut, Universitätsklinikum Erlangen
Seit 01.04.2010 leitender Oberarzt und Stellvertreter des Institutsdirektors,
Pathologisches Institut, Universitätsklinikum Erlangen.

2002 Approbation

2006 Promotion

„Kleine sklerosierende gastrointestinale Stromatumoren (GIST-Tumorlets) des proximalen Magens: potentielle Vorläufer-Läsionen klinisch manifester GIST“.

Institut für Pathologie (Prof. Dr. Arndt Hartmann), Universität Regensburg.

summa cum laude.

April 2008 Habilitation

„Pathomorphologische und molekulargenetische Untersuchungen zur Charakterisierung gastrointestinaler Stromatumore (GIST) und ihrer prä-klinischen Vorstufen“. Institut für Pathologie (Prof. Dr. F. Hofstädter), Universität Regensburg.

September 2008 Umhabilitation

Erteilung der Lehrbefugnis und Ernennung zum Privatdozent für das Fach Pathologie an der Friedrich-Alexander-Universität, Erlangen-Nürnberg.

Oktober 2012

Ernennung zum außerplanmäßigen Professor an der Friedrich-Alexander-Universität, Erlangen-Nürnberg.



DIAGNOSTISCHE SCHWERPUNKTE

Gastroenteropathologie/GIST/mesenchymale Neoplasien des GI-Traktes.
Weichteiltumore/Sarkome, Speicheldrüsentumore.

EHRUNGEN/PREISE

- 2007 „Dr. Hans und Elisabeth Birkner-Preis“, Nürnberg.
- 2009 Schönlein's Wissenschaftspreis der „Bamberger Morphologietage“.
- 2009 Wolf & Christine Unterberg-Förderpreis für onkologische Gastroenterologie, DGVS, Hamburg.

MITGLIEDSCHAFTEN

Deutsche Gesellschaft für Pathologie (DGP).
Internationale Akademie für Pathologie (IAP), Deutsche Abteilung e.V.
European Society of Pathology (ESP).
United State and Canadian Academy of Pathology (USCAP).

EDITORIAL BOARD MITGLIEDSCHAFT

The Open Pathology Journal
International Journal of Clinical and Experimental Pathology
Journal of Molecular Biomarkers & Diagnosis

10- How to Break Bad Medical News.

كيف تخير بخير طبي سيبى

Dr Mamoun Mobayed.

Consultant Psychiatrist.

Director of Treatment and Rehabilitation Dept, Behavioral Healthcare Center, Qatar

Communication with patients is crucially important for the medical and nursing staff. Breaking bad news is one of the most difficult tasks a physician or any other member of the health care team has to do. It is not something that most medical professionals are eager to do. There are many stories about how unskilled physicians blundered their way through an important conversation, sometimes resulting in serious harm to the patient. Many patients with critical medical conditions can recall in detail how their diagnosis was disclosed, even if they remember little of the conversation that followed. They report that physician competence in these situations is critical to establishing trust. This paper will attempt to present how to break such medical bad news in a companionate but direct way.

(CV) Dr. Mamoun Mobayed, MD, DPM, MSc

Consultant Psychiatrist , Director of Treatment and Rehabilitation Dept.
Behavioral Healthcare Center, Qatar

born in Damascus, Syria, (Irish nationality), and graduated from the Medical School of Damascus University in 1978.

married with three sons, worked as a psychiatric specialist in Dublin, Ireland, from 1981 to 1990. Since 1990, he has worked as an Associate Specialist Psychiatrist in Belfast, Northern Ireland. He is also an honorary lecturer at Queens University, Belfast.

Since 2010 Consultant Psychiatrist, and Director of Programs Dept, Previously Director of Research and Studies Dept, Social Rehabilitation Centre, Doha, Qatar

Experience in psychological support in times of crisis issues:



- Long experience in dealing with victims of violence in the Northern Ireland conflict 1990-2010
- He visits to the West Bank and Gaza Strip and inside the Green Line, and Kashmir, Lebanon and China for training in psychological support for the treatment of psychological trauma after wars and disasters.
- He has in the November 2007 visit to the psychological support of Nahr al-Bared camp in Tripoli, Lebanon
- The campaign of psychological support to Libyan immigrants to southern Tunisia mid-2011
- Continuous now in many medical missions for psychosocial support for the Syrian refugees in Lebanon, Turkey and Jordan, since 2012

published a number of research papers on psychiatry, and several papers in Arabic on Islamic issues. He is a member of several Medical and psychiatric organizations.

11- Lung Cancer Surgery And Multimodality Treatment

المعالجات الجراحية المختلفة لسرطان الرئة

Prof Riad Younes, MD, PhD

Medical Doctor Coordinator Surgical Oncology

Hospital SÃO JOSE, Brazil

Rau Martiniano Cavalho, 951, Bila vist. Brazil- São Paulo-SP São Paulo



12- The Method Of Complex Treatment And Individualization Of Prognosis For Advanced Forms Of Non-Small Cell Lung Cancer

طريقة العلاج المركبة والتوقعات التشخيص لأشكال متقدمة من الخلايا غير الصغيرة سرطان الرئة

Prof. Oleksandr Sukhoversha, Hojouj Mohammad MD,MSo, , Zavyzyon VF Phd, MD.,

البروفيسور أولكسندر سوخافيرش ، دكتور محمد عيسى حجوج، البروفيسور زافيرون فيكتور

SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"

Dnipropetrovsk, Ukraine

Body: The method of prognosis and treatment strategy individualization for IIIA st. non-small cell lung cancer (NSCLC) is based on complex assessment of clinical, pathomorphological and molecular-biological prognostic factors (PF). Radical tumor removal, as well as organs-saving operations has been proved to be positive clinical PF ($p < 0,001$), which doubly improves the chance for patients' survival. Negative PF for operability is the oncoprocess local spreading, for radically operated patients survival is N2-status and adenogenic histotype. The necessity of the platinum-based induction chemotherapy (ICT) has been proved. The ICT allows to improve the resectability from 63,7%+3,8% to 73,4%+4,3% ($p < 0,001$, as of criteria 2), and 5-year survival rate of the radically operated patients from 13,5% (6,2%-20,8%) to 30,1% (18,0%-42,3%; $p < 0,05$), at the same time triple the survival chance (HR = 3,1; C 1,2-7,8). The therapeutic pathomorphosis (TP) of NSCLC features have been studied and the special method for assessment has been elaborated. The correlation between survival rate and stage has been defined. As negative molecular-



biological PF for NSCLC has been defined the expression (>10%) of oncoprotein p53 and epidermal growth factor Her-2/neu 2+/3+ and low expression (<10%) of oncoprotein bcl-2. The new approach to forming therapy strategy for IIIA st. NSCLC patients has been worked out. This method forecasts the mathematical formulas creation, based on authentic PF for defining the necessity of operation conduction and adjuvant therapy, forming the patients' groups with increased risk of relapse development and strategy for more accurate observation

Prof. Oleksandr Sukhoversha, PhD

Oncology and Medical Radiology Dept., Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine.

(CV) Prof Oleksandr A. Sukhoversha, MD, PhD

- Professor, Department of Oncology and Medical Radiology in the State Medical Academy, Dnipropetrovs'k, Ukraine
- Senior Surgeon, Oncothoracic Department in the Municipal Multifield Clinical Hospital # 4, Dnipropetrovs'k, Ukraine



Work Address

- Department of Oncology and Medical Radiology, Dnipropetrovs'k State Medical Academy, P.O. 49044, Dzerzhinskiy Str. 9, Dnipropetrovs'k, Ukraine Website: www.dsma.dp.ua
- Oncothoracic Department, Municipal Multifield Clinical Hospital # 4, P.O. 49102, 31, Blizhnyaya Str., Dnipropetrovs'k, Ukraine

Current Membership in Professional Associations

- European Respiratory Society, ERS Headquarters 4, Avenue Ste-Luce, CH 1003 Lausanne, Switzerland ,Website: www.ersnet.org
- Ukrainian Association of the Oncology
- Ukrainian Surgery Association
- Association of Arabic Physicians in Ukraine
- Dnipropetrovs'k Regional Association of Thoracic Surgeons (Chief of Association since 1999)

Education

- 1978-1984 MD Dnipropetrovs'k State Medical Institute, Dnipropetrovs'k, USSR
- 1984-1985 Surgeon : Dnipropetrovs'k State Medical Institute, , USSR; internship in surgery
- 1987 Thoracic Surgeon All-Union Scientific Surgical Centre AMS, Moscow, USSR; internship in thoracic surgery
- 1994 Oncosurgeon National Cancer Institute, Kyiv, Ukraine; Internship in oncologic surgery
- 2004 Cardio-Thoracic Surgeon American-Austrian Foundation, Vienna University. Internship in Cardiothoracic Surgery; Vienna, Austria
- 2008 Oncologist Donetsk National Medical University after M.Gorky, Donetsk; Ukraine;
- 2011 Oncosurgeon Internship in oncology, oncologic surgery
- 2013 Endoscopic Surgeon Dnipropetrovs'k State Medical Academy, Dnipropetrovs'k, Ukraine; Internship in endoscopic surgery

Scientific Experience

- 1990 Candidate of Medicine, PhD All-Union Scientific-Research Institute of Laser Surgery MPH, Moscow, USSR; Dissertation of candidate of medical sciences



- 2004 Associate Professor Dnipropetrovsk National University, Medical Department, Dnipropetrovsk, Ukraine
- 2008 Doctor of Medicine, Professor Donetsk's National Medical University after M. Gorky, Donetsk; Ukraine; Dissertation of doctor of medical science

Awards/Honors

Silver Award from European Respiratory Society (2009)

Publications

My bibliography includes 3 monographs, over 150 scientific articles.

Language Skills: Ukrainian, Russian, English – advanced level

13- An update on lung transplantation

الوضع الحالي في زرع الرئة

Dr. Med Abdul Monem Hamid

Pneumologue/Hopital Universitaire Foch

Universite De Paris /Maitre Es Sciences Medicales

Paris.France

Over the last 25 years, lung transplantation has developed into a well-established treatment option for selected patients with very advanced lung disease.

In 2010, over a 12-month period, more than 3500 new lung transplant procedures were reported to the International Society of Heart and Lung Transplantation (ISHLT) Registry. In 2011, 1830 lung transplants were performed in the USA. In 2012, 690 were performed in the "Eurotransplant" region. New transplant programmes are now being established around Europe. Due to a shortage of donor organs, time on the waiting list is increasing in most transplant programmes and, hence, the timing of referral and listing is crucial. This presentation discusses the different aspects that should be considered when advising potential lung transplant recipients.

Particular focus is given to the appropriate time of referral, matters of medical care whilst on the waiting list, post-transplant prognosis and quality of life issues. Furthermore, a meticulous approach to posttransplant management in the immediate post-operative period, in the early and long-term has contributed to continually improving long-term survival after lung transplantation.

Dr. Med Abdul Monem Hamid

Pneumologue/Hopital Universitaire Foch Universite De Paris /Maitre Es Sciences Medicales

Paris.France

(CV) Abdul Monem HAMID, MD

Professional address:

Department of Pulmonary and Critical Care Medicine

Pulmonary Transplant Unit

1-Hôpital Foch, 40 rue Worth, 92150 Suresnes, France

2- American hospital of paris

UNIVERSITY TITLES AND DIPLOMAS

- Membre of collège de Médecine de PARIS
- Lecturer in Medical Science (MAITRE SCIENCES MEDICALES):Paris Sud University, UFR Kremlin-Bicêtre, France since November 2005



Abstracts

- Assistant Professor (Chef de Clinique): Paris Sud University, UFR Kremlin-Bicêtre, France: Novembre 2003-Octobre 2005
- Inter-University Diploma in Thoracic Oncology: Lyon University, France, 2003-2004
- Emergency Medicine Diploma: Paris V University, France, 2001-2003
- University Diploma in Critical Care Medicine: University of Reims, France, 2001-2002
- Inter-University Diploma in Pulmonary Medicine: Paris V University, France, March 2002
- Clinical and Therapeutic Certificate: Paris V University, France, 2000-2001
- University Diploma in Pulmonary Environmental and Occupational Diseases: University of Nancy, France, 1996-1997
- Doctorate of Medicine: University of Damascus, August 1994
- Inter-University Diploma in Sleep Medicine, Paris Sud University, France, (ongoing)
- Inter-University Diploma in Organ Transplantation, Paris Sud University, France, (ongoing)

HOSPITAL POSTS

- Residency and Fellowship in Pulmonary Medicine (Interne des Hôpitaux Inter-région Ile de France), Paris University Hospitals: 1998-2002
- Assistant Professor and Consultant (Assistant Chef de clinique) et Praticien Consultant Paris University Hospitals: 2002-2007
- Praticien Consultant: since 2007

MEMBERSHIPS

- Member of the French Society of Pulmonary Medicine (Société de Pneumologie de Langue Française)
- Member of the French Society of Critical Care Medicine (Société de Réanimation de Langue Française)
- Member of the European Respiratory Society
- Vice president of association franco-medeteranien de pneumologie
- Member of scientific commetie of euro medeteranien lung transplant group
- Member of ARABMED Board



4 Gynaecology and Urology النسائية والبولية

14- Incontinence of urine aetiology, investigations,& Management

اسباب سلس البول ومعالجتها

Dr. Ismail Abbara, Consultant Urologist & General Surgeon
Dubai, UAE

1. Diagnostic Evaluation

➤ History and Physical examination including

- Time of incontinence
- Severity of symptoms
- History to categories- Stress urinary incontinence
 - Urgency urinary incontinence
 - Mixed urinary incontinence
- To identify who need rapid referral
- Pain, Hematuria, Recurrent UTI
- Pelvic Surgery Radiotherapy.
- Constant leakage suggesting fistula or suspected neurological disease.
- Current medications.
- Voiding diaries
- Urinary analysis and urinary tract infection.
- Post voiding residual urine.
- Urodynamics
- Pad testing
- Imaging

2. Disease Management

➤ Conservative management.

- a. Simple medical interventions.
 - - Correction of underlying disease
 - - Adjustment of medication
 - - Constipation
 - - Containment (pads etc.)
- b. Life style changes.
- c. Behavioural and Physical Therapies
- d. Pharmacological management.

➤ Surgical Management

- Female
- Male

Abstracts**CV Dr. Ismail Abbara****Professional Experience**

Medical Director qwne abbara polyclinic, Consultant Urologist, Andrologist, General Surgery, German Board Certified, 35 Years' Experience

- Former Lecturer of Urology at Dubai Medical College
- Member of American Urological Association (AUA)
- Member of Society International of Urology (ICU)
- Member of European Urological Association (EUA)
- Member of German Urological Association (DGU)
- Member of International Continence Society (ICS)
- Member at Large of International Society of Sexual Medicine (ISSM)
- Member of Arab Urological Association
- Member of Mens Health Society
- Member of American Endourology Society
- Board member of Pan Arab Continence Society (PACS)
- Member of Emirate Medical Association
- Chaired different international urological conferences & published articles in urological medical journals

**Special Expertise:**

- Urology (kidney, ureter, bladder, prostate & genitalia) Problems: Stone, tumor, infection & traumatology.
- Treatment: Medical, open surgical, endoscopy, laparoscopy, Laser, urooncology & extra corporeal shockwave lithotripsy.
- Andrology Problems: Erectile dysfunction, human sexuality, infertility, venereology.
- Treatment: Medical, microsurgical, penile prosthesis implantation, vascular surgery of venous leak, vasovasostomy, varicocele.
- Continence (males, females & pediatrics) Treatment: Urogynecology TVT, TOT, Endoscopy & artificial sphincter implantation.
- Renal Transplant
- Abdominal surgery
- Expert in urodynamic, 2, 3 & 4D ultrasound

Dr. Ismail Abbara, Medical Director qwne abbara polyclinic Consultant Urologist & General Surgeon Al Rigga Street PO Box 36331, Dubai, UAE

15- Female expectation in Fertility**اسباب العقم عند النساء**

Dr. Amal Al Mulla, MBBS, MS, MRCOG, MRCPI, ABOG, IBCLE
Consultant Obs/Gyn, Latifa Hospital & DGFC, Dubai, UAE

Infertility is a major reproductive health problem that is under recognized and under resourced by health foundation.

Children brings happiness and love and can assist in domestic and subsistence-related tasks, and children provide the long-term insurance for parents in societies that offer litter or no social support.

Increased cost of living, 2 to 3 ---- living standard increases life expectancy – all this are secondary--- in late marriage – low total fertility rate and increase in the elderly population.



In this review will --- the exact literature in the ---- putting into consideration age, antral follicle count, unexpected embryonic factor, endometrial factor, faith etc. Only one in four were treated by IVF, will become pregnant according to the latest data reported by the European Society of Human Reproductive and Embryology (ESHRE)

It appears that no associative single assessment of Estradiol, Progesteron or LH

(CV) Dr. Amal Al Mulla, MBBS, MS, MRCOG, MRCPI, ABOG, IBCLE

Consultant Obs/Gyn, Latifa Hospital & DGFC, Dubai, UAE

P.O. Box: 9115 | Dubai, UAE | Tel: +971 4 2193931/3926 | www.dha.gov.ae

Qualification

- MRCOG UK, November 2009
- MRCPI Dublin, October 2009
- Lactation consultant, July 2009
- Arab board, January 2009
- Master (Ain Shams University), November 2004
- MBBS (Dubai), May 1994

Skills

- Performing difficult cesarean sections, including: preterm, repeated sections, section at full dilatation.
- Performing instrumental deliveries.
- Performing laparotomy for ectopic pregnancy, ovarian cysts, myomectomy, etc.
- Performing diagnostic laparoscopy.
- Performing laparoscopic tubal ligation & Laparoscopic salpingectomy for ectopic pregnancy.
- Performing diagnostic hysteroscopy.
- Performing D & C, cervical cerclage.
- Running postnatal clinic and all related procedure.
- Assisting in abdominal & vaginal hysterectomies.
- Assisting in perineal repairs.

Achievements

- Member of organizing committee in DIOFCE 2005, 2007.
- Performed a clinical audit titled (MEDICAL THERAPY IN TREATING ECTOPIC PREGNANCY) 2008.
- Member of emirates medical association.
- Member of morbidity & mortality & complaints committee.

Publication

Pregnancy with Crohn's Disease in Indian journal for the practicing doctor, no.3, vol.5, August 2008.

Awards

1. Rashid award for scientific achievement – 2006.
2. Certificate of appreciation for achievement of Joint Commission International Accreditation November 2007.
3. Certificate of Appreciation for Outstanding Effort, Commitment, Cooperation & Team Work as a Member in JCL Committee – 2013.



16- Accuracy of Colposcopy and Pap smear compared to histology on LLETZ Audit- Dubai Feb.2014- July 2015

دقة نتائج لطاخات عنق الرحم وتنظير عنق الرحم المكبر مقارنة بالتشريح المرضي لخزعات عنق الرحم الحلقية في دبي فبراير 2014- يوليو 2015

Prof Dr. Mousa Al-Kurdi, MD, FRCOG
Senior Consultant Gynaecologist Oncologist, Damascus & Cambridge Universities
President, Arab Institute for Clinical Excellence
Hannover Medical Centre, Dubai, UAE

This is an Audit of the first 80 patients who had Large Loop Excision of Transformation Zone (LLETZ) carried out in Dubai since my arrival from Cambridge in Feb. 2014 to July 2015. All patients complaining of abnormal signs or symptoms had colposcopy performed. Of those who had abnormal colposcopy suggesting High grade Squamous Intraepithelial Lesion (H SIL) or CIN2-3 / pre-malignancy of cervix, eighty patients opted to have treatment by LLETZ.

Among these 80 patients, Pap smear and HPV Screening were positive in only 7/80 (9%). In 73 women of 80 (91%) had either normal smears 50/80 (62%) or opted to have no smears 23/80 (29%).

In the seven women who had abnormal Pap smear, histology confirmed the abnormal Pap smear in 6 of them (86%).

In the 73 women who had normal or no Pap smear, abnormal colposcopy was confirmed by the presence of pre-malignancy (mostly high grade) on histology of LLETZ in 60 of 73 women (82%).

In women who had abnormal colposcopy but normal Pap smear, we found histology confirming pre-malignancy of cervix (mostly high grades) in 43 out the 50 patients (86%).

In this group 43 out of 80 women (54%) the Pap smear has been found **FALS NEGATIVE** which is extremely high compared to 5-10% in UK.

The implications for practicing gynecologists, cyto-pathologists, cyto-pathology labs, health insurance providers, DHA, MOH and more importantly patients will be discussed according to these findings and Evidence Based Guidelines in Colposcopy and cervical screening.

Further, discussion about the role of HPV Vaccine in women and men will be discussed.

Prof. Mousa Al-Kurdi, MD FRCOG,
Senior Consultant Gynaecologist Oncologist at Damascus and Cambridge Universities

17- A New Novel Technique To Treat Women's Unexplained Infertility, The Evidence & The Techniqueaudit

إنزال البوقين والمبيضين إلى أسفل الحوض عملية جديدة لمعالجة العقم مجهول السبب بدلاً من طفل الأنبوب - الدليل والتكنيك

Prof Dr. Mousa Al-Kurdi, MD, FRCOG
Senior Consultant Gynaecologist Oncologist, Damascus & Cambridge Universities
President, Arab Institute for Clinical Excellence
Hannover Medical Centre, Dubai, UAE

Unexplained infertility, accounts for 25% of infertility, is often mismanaged by moving to IVF without assessing tubes (1). The role of laparoscopy and dye insufflations in the



Abstracts

investigations of unexplained infertility is often completely ignored or occasionally limited to women who are known to have comorbidities (such as pelvic inflammatory disease, previous ectopic pregnancy or endometriosis) (1).

In June 1999 we treated a woman complaining of “unexplained infertility” for more than four years by laparoscopic repositioning of her ovaries and tubes in POD. She conceived naturally within two months of having the procedure.

The technique, evolved over the subsequent 5 years when we became aware that the majority of high tubes and ovaries we’ve seen were not associated with any history of the so called comorbidities. The procedure describes, **for the first time**, how obliterating the ovarian fosse on both sides forces the ovaries and the tubes to fall into the POD; instead of being **permanently** housed too high in the upper pelvis. Such repositioning is imperative for ova pick-up and achieving natural conception without the need for IVF.

The data based on audit of operations carried out from May 2004 to April 2011. It covers 427 women. 75 out of 92 (82%) of women who had relocation of tubes & ovaries as separate procedure conceived naturally. 99 out of 231 (43%) of women who had the procedure along with other procedures for concomitant pathologies conceived naturally. 104 patients (24%) mostly from other countries, lost on follow up.

Our Case study of this novel Procedure, could give effective alternative to IVF, in most women suffering from unexplained infertility; especially those who are 40 years old or more, women who have objections to IVF or repeatedly had failed IVF. This procedure could be of particular benefit to 40-50 million women suffering from unexplained infertility in resource-poor settings with no access to IVF. We owe it to them.

The need for further assessment of the procedure in double blind prospective settings will be discussed.

The procedure will be presented through video recordings.

Prof. Mousa Al-Kurdi, MD FRCOG,

Senior Consultant Gynaecologist Oncologist at Damascus and Cambridge Universities



CV **Prof MOUSA AL-KURDI, MD, DGO, MRCOG, FRCOG**



- Senior Consultant Gynaecologist Oncologist, Damascus & Cambridge Universities.
- Hannover Medical Centre, Villa 516, Jumeira Rd, Jumeira 1, Dubai, UAE
Graduated from Damascus University, MD 1972.
- Diploma in obstetrics & gynaecology (DGO), Damascus University 1974.
 - Completed postgraduate training, Damascus University 1976.
 - Completed training and passed with distinction MRCOG 1979 & Gynecological Oncology, Leicester & Newcastle Universities UK, 1976 - 1979
 - Awarded Fellow of the Royal College of Obstetricians & Gynecologists (FRCOG) in 1991, for his outstanding contribution to the development of the speciality of Obstetrics & Gynecology.
 - Founding President, Arab Institute for Clinical Excellence (AICE)
 - Relocating tubes and ovaries to POD
 - One of the firsts to developed the use of CO2 Laser to treat precancerous lesions in the uterine cervix in the world; and designed the first ever smoke Suction Speculum used in Laser in the world at Newcastle University - 1978.
 - Lecturer at Cambridge University 1980-1983.
 - Professor & Chairman of Department and Division of Gynecological Oncology 1983-1992 Damascus University.
 - Lead Consultant in Gynecological Oncology, Endoscopic Surgery & Colposcopy, Huntingdon-Cambridge, UK 1992-2004.
 - Independent part time Lead Consultant in Harley Street - London & Cambridge 2004-2010.
 - Established Gynecology & Fertility Centre in Damascus, for IVF and advanced Endoscopic Surgery & Training Centre in Minimal Access Surgery & Colposcopy in collaboration with Royal Surrey University Hospital - UK & the British Society of Colposcopy & Cervical Pathology (BSCCP) 2004-2013.
 - Established Gynecology & Fertility Unit at Hannover Medical Centre in Dubai, for IVF and advanced Endoscopic Surgery 2014- on going.
 - Developed, endoscopically opening blocked tubes with balloon and repositioning of tubal fimbria in the lowest part of pelvis (POD) to collect Ova and treat unexplained infertility instead of IVF 1999-2013. This novel procedure could be of particular benefit to the 40-50 million women in resource-poor settings with no access to IVF.
 - Performed thousands of advanced laparoscopic and hysteroscopic procedures. And over 500 Wertheim hysterectomies for cervical cancers and several hundreds of cyto reductive surgeries for ovarian malignancies.
 - Carried out the first ever two Abdominal Radical Trachelectomies in Human in 1995 & 1996 to preserve fertility yet treating bulky cervical carcinomas, stage IB, without removing the uterus. The two young women carried on ovulating and menstruating and cancer free. Reported in FIGO Conference held in Washington 2000.
 - Licensed to Practice as Consultant in Syria, UK, Qatar, Dubai and Dubai Health Care City.
 - Additional Privileges as Consultant at the Portland Hospital for Women and Children, & Princess Grace Hospital - London, UK
 - Initiator and Junior Committee Member, representing Student's Union, to establishing & draft the first Law of Medical Post Graduates training in Syria, 1971.
 - Elected (2007) by the Council of Arab Ministers of Health (22 Countries) to establish and Lead the Arab Institute for Clinical Excellence (AICE); to reform healthcare and health teaching in all Arab Countries (380 millions) according to Evidence Based Guidelines. Special emphasis to establish high standards of

- care and patients' charters, to reduce preventable mortality, morbidity & waste in bed utility or recourses'.
- Commissioned (2009-2011) by the Council of Arab Ministers of Health to prompt reform of training and exams of Arab Boards for Health Specialisations to be according to Evidence Based Medicine (EBM). Presented AICE Project and met all Arab Boards and Arab Board - Higher Council.
 - Presented Reforming Healthcare and Teaching According to Evidence Based Principles & AICE Project to The Council of Arab Ministers of Health and to the Councils of Pan Arab Medical, Dental and pharmacists unions and the the Medical unions and Medical Societies of Egypt, Syria, Iraq, Lebanon, Jordan, Saudi Arabia, United arab Emirates, WHO and the European Union 2004-2011.
 - Professor / Examiner / Trainer or Lecturer in Arab Board for Medical Specialisation, in Dubai Medical School, Benghazi, Cairo, Al Azhar, Banha, Ajman, Riyadh, Amman, Kuwait, Tunisia, Beirut, Casablanca, Damascus, Aleppo, Homs, Latakia, Raga, Cambridge, Edinburgh, Leicester, Colchester, Norwich, Kings Lynn, Washington, New York, Chicago, Huston, North & South Carolina, Berlin, Istanbul, Rome, Venice, Hamburg, and many others.
 - Initiator & Chairman of WHO & UNFPA-Pilot Project to reduce Maternal Mortality in the Third World Countries – Damascus 1985-1989. The same program was adopted by FIGO, RCOG, UNFPA & WHO in 23 African Countries - 1991 onwards.
 - Published one of the biggest series of Primary Vaginal Malignancies and their best treatments. And many papers in infertility, Colposcopy & Minimal Access Surgeries in infertility and recurrent miscarriages.
 - Member & fellow, the Royal College of Obstetricians & Gynaecologists. Member & trainer, British Colposcopy and Cervical Pathology Society (BSCCP), British Society for Gynaecological Endoscopy, British Fertility Society and the East Anglican Society of Obstetricians and Gynaecologists.

References:

1. Assessment and treatment for people with fertility problems Issued: February (2013)
NICE Clinical guideline 156



تدبير الألم 5 Pain Management

18- Pain and pain genesis

اسباب الألم ومعالجته

Dr. med. Sayed Tarmassi

Braunschweig, Germany

1.1 What is pain?

Pain is an answer of the body to a stimulus; this stimulus can cause an impairment in the body. The pain feeling depends on different factors, as for example to psychic, forming the basis diseases, genetic disposition, environmental factors. Even educational level and the childbirth injustice play here a role. Thus we know that south countries are more sensitive to pain than European. Stress situations can affect the pain perception, in certain stress situations it can even be that pains are not perceived.

Pain is a subjective feeling of the singles and can be classified by means of pain protocols and scales.

1.2 How does pain originate?

The nervous system owns so-called Nozizeptoren, these are free Nervenendigungen which are responsible for the absorption and processing of pain.

Nozizeptoren can react to different stimuli:

- mechanical stimuli (strong pressure, dissection or loss of a part of the body)
- thermal stimuli (cold, heat)
- chemical stimuli (cauterisations).

Sleeping receptors can be activated by allergization (inflammation medium gates, like potassium ions, Arachidonsäure, oxygen radicals, prostaglandins, histamine, Bradykinin, Leukotine, Phospholipasse and other).

The Nozizeptoren own Nervenendigungen of the classes C and A-delta:

- A delta fibers lead the pain information because of her Myelinschicht very fast (mechanical stimuli, like pressure, thermal stimuli, how cold).
- C phases lead the pain information slowly (mechanical, thermal, chemical stimuli).

The Nozizeptorenerregung can be strengthened by repeated pain stimuli, because:

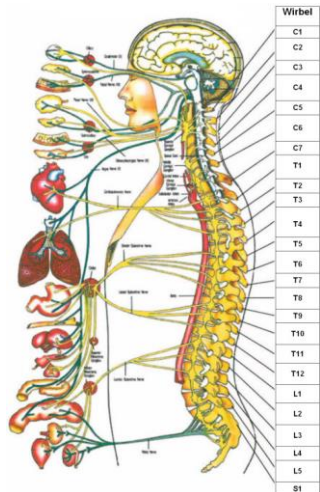
- it comes to degradation of the stimulus threshold.
- it comes to an increased pain sensibility,
- Extended and reinforced pain answer
- it can come to the spontaneous activity (pain).
- The pain stimulus thereby becomes stronger and becomes discernible.

1.3 Forwarding and pain treatment

If a stimulus in the body appears, the forwarding and pain treatment occurs as follows:

The pain irritation is processed in the spinal cord. From here the stimulus is further escorted to the brain cortex or an

escape reflex is brought on (e.g., Move while touching one were called of object)



Abstracts

or it a radiation occurs in other body areas, (e.g., heart pains shine in the left arm). In the brain cortex pain is perceived and worked on in the Limbischen system and is analysed. That is every stimulus must not be processed in central nervous system. With the viscera, like stomach, cholecyst, another Reflexvorsaltung takes place: About the so-called Viszerokutanreflex pain can be perceived in other body areas. Thus pain can emit with heart trouble in the neck area and the left arm, with bile pains pain can be felt in the right arm and in the back. The central allergization and forwarding of pain occurs about the C fibers and A beta fibers. By constant peripheral stimulus and without adequate and quick treatment of pain form in the central nervous system so-called memory pain cells which lead to the Chronifizierung of pain and thereby complicate the treatment of pain.

2 How does the pain diagnosis occur with back pains?

Belongs to the diagnostics:

Pain anamnesis	Pain analysis
Additional discomforts	Physical examination

3 Diagnostics

3.1 Lab examinations

Here certain lab parametres must be identified. The most important parametres are: Blood count, liver values, tip to acute inflammations, protein, cataphoresis, potassium, calcium, phosphate, urine state, creatinine, thyroid gland hormones.

3.2 Image-giving procedures

They are mostly overestimated. The anamnesis and the clinical findings are more important here, but as a supplement images should be made.

3.2.1 Computer tomography (CT.) with back pains

- This is the method of the choice of the representation of knöchernerer changes.
- The examination area must be very narrow here (exact clinical information and question).
- Documentation of the findings in the soft part window and osseous window.
- Satisfactory soft part contrast, if necessary 2-D reconstructions
- Primarily axial incision guidance, but 2-D reconstructions is with pathological findings obligat.

3.2.2 Myelographie with back pains

- This is an invasive and risky procedure with injection of a contrast medium.
- It is mostly indicated only for the operation planning.
- It can be complemented with a CT.

3.2.3 Magnet-resonance stratigraphy:

- This procedure achieves an excellent soft part contrast.
- Peripheral structures are shown indirectly.
- The examination levels can be freely chosen.
- There is no ray strain.
- Small Verkalkungen are not surely tangible.
- With contemporary examination technology this procedure to the CT. is with the spine diagnostics consider
- A CT. is necessary if necessary as a specific supplement.

3.2.4 Scintigraphy with back pains

- This is up an unspecific searching procedure with suspicion
- Metastases



Abstracts

- Fracture differentiation (freshly or old)
- Tumour.

4 Therapy measures

We divide the treatment one in:

- 1 Base therapy
- 2 enlarged measures.
 - 4.1 Treatment of back pains
 - 4.2 Treatment of back pains

Belong to it

- Physiotherapy, like physiotherapy, therapeutic exercises, thermo therapy, hydrotherapy, Balneotherapie
- Enlarged procedures
- e.g., ultrasound treatment
- TENS device (trancutane electric nerve stimulation)
- Acupuncture
- Psychotherapeutics
- Hypnosis
- Biofeedback
- Initiatives:
 - e.g., sport, muscle stamina training, back school etc.

4.2.1 Medicinal pain therapy with back pains

Analgesics to WHO – degree pattern

Degree 1

- Acetylsalicylsäure, e.g., aspirin
- Ibuprofen, e.g., Ibmun
- Paracetamol, e.g., ben U ron
- Metamitazol, e.g., Novalgin
- Diclofenac, e.g., to volt ares
- Etoricoxib, e.g., Arcoxia
- Celecoxib, e.g., Celebrix

Degree 2

- Tilidin and Naloxan, e.g., Valoron N
- Tramadol, e.g., Tramal long
- Dihydrocodein, e.g., DHC

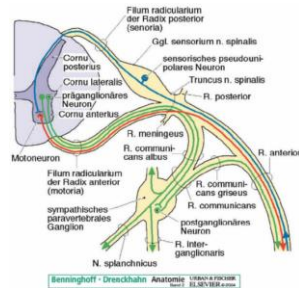
Degree 3

- Hydromorphon, e.g. Junista (Valeron), Palladon
- Fentanyl, e.g., Durogesic
- Morphine, M-long. MST, Kapanol, Capros,
- Oxycordon, e.g., Oxygesic
- Buprenophin, e.g., Temgesic, trans-tic

To sum up:

Pains should be treated adequately, ever rather the treatment the better, because to be able to counteract thus the Chronifizierung of pain.

Easy therapy measures consider, but differential diagnoses follow, if necessary treat.



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(CV) Dr. Sayed Tarmassi

Doctor of the medicine, Dr.-med-tarmassi@t-online.de

Name: Dr. Sayed Tarmassi

Date of birth: 1961/07/10

Birthplace: Beach camp

Marital status: Married and father of five children

School education

Elementary school 1967-1973

Secondary school 1973-1976

High school Final 1976-1979

1979 Visit the School of Nursing for the operating room in Nasser Hospital in Gaza

Arrival to Germany 03.12.1981

Learning German from 1982-1983

Study of the human medicine of 1983-1989 at the university Erlangen-Nuremberg in Bavaria with the main city Munich

End of the human medicine study with the mark very well

Occupational ways:

In different departments to different hospitals I have collected my experiences.

From 1990 to 1997 I have worked on these medicine departments:

Surgery, Internal medicine, Gynecology and surgical gynecology, Intensive medicine, Anesthesia

Emergency medicine and disaster medicine

1995 obtaining the doctorate of medicine

The promotional theme: Clinical results of primary ligament suture with augmentation and plastic cruciate ligament reconstruction after modified belong Brückner

Since October 1997 I am also a GP in their own practice and treat all diseases with a focus on pain management, such as back pain, headaches, migraines, joint pain, and others.



19- Muscular Syndrom

الداء العضلي الخارجي

Dr. TERTAG LAMOURI

Diplome of Echographie University of Montpellier, France

MASCARA, ALGERIA

The work remained for more than 10 years, I reached thought that the diseases that affect the muscles can cause internal organic diseases or psychological illnesses, this means the diseases that we are suffering from can be treated with the treatment of external reason and the internal symptoms that show us.

The detoxified disease muscular disease because it moves by tracks and muscle points through study it was identified and it must determine the presence of muscle disease so can vouch of the best patient and because heal internal symptoms is not enough.

Studies managed to identify the tracks and the diseases that can have.

Also identified the reasons leading to muscle to muscle injury.



And it found a new examination of diagnosis and treatment including the particular method of therapeutics with dry needles, is a method devised by according to the tracks and are different from the Chinese way, and tracks based on different paths taken in Chinese medicine.

Proved that cupping is used as a medicine through the basis of the disease.

Work also contains some references in the echo imaging witch can pose a component of the diagnosis. Provided some pathological cases, and it have been treated. Of scientific secretariat the study found Quaranic verses define the medicine basis and therapeutics basis, also found the sayings of the Prophet in the same basis which considered miraculous Quaranic and Prophetically and the response of disease to Koran.

الداء العضلي الخارجي: الدراسة استمرت لأكثر من 10 سنوات، توصلت من خلاله الى ان الأمراض التي تمس العضلات يمكن ان تسبب امراض داخلية عضوية، او كذلك أمراض نفسية، اي ان الأمراض التي نعاني منها يمكن مداواتها بمداواة السبب الخارجي، و الأعراض الداخلية التي تظهر لنا الداء اسميته الداء العضلي الخارجي، لان الداء ينتقل حسب مسارات و نقاط عضلية توصلت الدراسة الى تحديدها، ومنه يجب تحديد وجود الداء العضلي حتى يمكن التكفل احسن بالمريض، لان مداواة الأعراض الداخلية غير كاف، تمكنت الدراسة من تحديد المسارات، والأمراض التي يمكن ان ترتب عليها . حددت كذلك الأسباب المؤدية الى الإصابة العضلية.

و منه اوجدت طريقة جديدة للفحص و للتشخيص و للمداواة ، منها بالخصوص طريقة التداوي بالابر الجافة، وهي طريقة ابتكرتها واستعملها حسب المسارات، و هي تختلف على الطريقة الصينية، و المسارات اساسها يختلف عن المسارات المتخذة في الطب الصيني.

اثبتت ان الحجامة تستعمل كدواء من خلال اساس الداء.

العمل يحتوي كذلك بعض الإشارات في التصوير الصدي و التي يمكن ان تشكل عنصر للتشخيص.

قدمت بعض الحالات المرضية من مات الحالات، والتي تم مداواتها

وللأمانة العلمية وجدت الدراسة آيات قرآنية تحدد اساس فهم الداء و اسس التداوي. كما اوجدت احاديث نبوية في نفس الأساس، مما اعتبرتها إعجازا قرآنيا و نبوي. وكذا استجابة الداء لقراءة القرآن، حتى الأذان.

العمل يفتح بحوث في مجالات عدة منها الصيدلة او الصناعية وغيرها.

Dr. TERTAG LAMOURI
29000 MASCARA, BP 164 ALGERIA
Diplome Of Echographie University of Montpellier, France

الدكتور طرطاق لعموري



معسكر - الجزائر

(CV) Tertaglamouri

Birth on 17 09 1962 in Sour El Ghozlane willaya of Bouira Algeria.
Instead of Residence Street Rih Essafie City Mascara Algeria

Married and father of five children

Certificate Doctor of Medicine in 1991 Diplome of Echographie
University of Montpellier France in 2003 Author of several
publication in Arabic (Sensitization against smoking Title هدية
لمدخن Gift for Smoker) .

Experience in Public sector 12 years in several medical service.

And in private sector 11 years.(in My clinic for examination and follow-up
(president of medical advises (1998 to 2001)



6 Ophthalmology جلسة العينية

20- differential diagnosis of keratoconus

التشخيص التفريقي للقرنية المخروطية

Dr. med Samir A Quawasmi, Dr. Ahmad Abu Baker

Senior Consultant Surgen, Cornea Specialized Clinic, Amman, Jordan

21- Paired arcuate and modified circular keratotomy in Keratoconus

بضع القرنية الهلالي والدائري لعلاج القرنية المخروطية (طريقة بدر لعلاج القرنية المخروطية)

Dr. med Samir A Quawasmi

Senior Consultant Surgen, Cornea Specialized Clinic, Amman, Jordan

AIM: To reduce astigmatism, increase corneal volume and improve visual acuity.

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

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

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

Keywords: keratoconus, arcuate keratotomy, circular keratotomy



World Journal of
Ophthalmology

Online Submissions: <http://www.wjnet.com/esp/>
wjophthalmol@wjnet.com
doi:10.5318/wjo.v3.i1.1

World J Ophthalmol 2013 February 12; 3(1): 1-15
ISSN 218-6239 (online)
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BRIEF ARTICLE

Paired arcuate and modified circular keratotomy in keratoconus



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Date and place of birth: Ramleh (1948).Jordanian.Nationality British

Present status: Senior Ophthalmic Consultant.

Professional Qualifications

MBBCH: Al-Azhar University, Cairo (1972)

DORCSI: Royal College of Surgeons, Dublin (1981)

DORCPI: Royal College of Physicians, Dublin (1981)

Honory Fellow of R.C. of Surgeons - Dublin

Professional experience:

- Treatment of Keratoconus without Graft or Intacs (Bader Procedure First in the World 2005).
- New technique to correct Cornea, irregular Astigmatism.
- Implantation of artificial pupil.and Eyes.
- General Ophthalmology and its Surgery.
- Iris Claw Implant Artisan Lens above the iris.
- Eye Tumors Diagnosis and Treatment.
- Eye genetic Disorders.
- Intraocular Lens, Implant.
- Treatment by R.K,Exc. Laser, Lasik, Intacs.
- Implantation of Contact Lenses for Pathological Myopia (1997).
- Implantation of Intracorneal Rings (INTACS), (1996).
- Keratoprosthesis (First Opreation in Jordan of its kind 1992).
- Implantation of Iris Claw lens (1992).
- Treatment of Myopia – Hypermetropia and Astigmatism (First operation in Jordan and Arab World of its kind 1983).
- Implantation of intraocular lenses in Jordan (First operation in Jordan of its kind 1982).

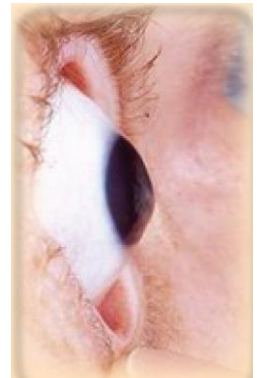
Memberships

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

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ملاحظة. من يريد نسخة عن الكتاب باللغة العربية أو النشرة باللغة الإنكليزية يرجى الإتصال بالمؤلف الدكتور سمير قواسمي



22- The Use of Optical Coherence Tomography (OCT) in Ophthalmology, Presentation of cases

عرض حالات سريرية لفحص العين بالتصوير الطبقي البصري

Med.Rat Dr.Med Univ.Tammam Kelani

Consultant of ophthalmology

Vienna-Austria

Optical coherence tomography (OCT) is an optical acquisition method to examine biological tissues. In recent years, OCT has become an important imaging technology used in diagnosing and following macular pathologies. Further development enabled application of optical coherence tomography in evaluation of the integrity of the nerve fiber layer, optic nerve cupping, anterior chamber angle, or corneal topography. (OCT) is a non-invasive imaging test that uses light waves to take cross-section pictures of your retina, the light-sensitive tissue lining the back of the eye.

With OCT, each of the retina's distinctive layers can be seen, to map and measure their thickness. These measurements help with early detection, diagnosis and treatment guidance for retinal diseases and conditions.

What conditions can OCT help to diagnose?

(OCT) is useful in diagnosing many eye conditions, including:

- Macular hole;
- Macular edema;
- Central serous retinopathy;
- Macular pucker;
- Age-related macular degeneration;
- Diabetic retinopathy;

In addition, OCT is often used to evaluate disorders of the optic nerve. The optic nerve is made up of many nerve fibers and sends signals from the retina to the brain, where these signals are interpreted as the images you see. The OCT exam is helpful in determining changes to the fibers of the optic nerve, such as those caused by glaucoma.

In addition also, CT often used to evaluate disorders of the Cornea and the anterior chamber .

23- Diabetic Retinopathy

استحالة الشبكية السكري

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Consultant of ophthalmology

Vienna-Austria

Diabetic retinopathy is the leading cause of new blindness in persons aged 25-74 years in the world. Patients with diabetes often develop ophthalmic complications, such as corneal abnormalities, glaucoma, iris neovascularization, cataracts, and neuropathies. The most common and potentially most blinding of these complications, however, is diabetic retinopathy.

In the initial stages of diabetic retinopathy, patients are generally asymptomatic, but in more advanced stages of the disease patients may experience symptoms that include floaters, distortion, and/or and blurred vision. Microaneurysms are the earliest clinical sign of diabetic retinopathy.

Renal disease, as evidenced by proteinuria and elevated BUN/creatinine levels, is an excellent predictor of retinopathy; both conditions are caused by DM-related microangiopathies, and the presence and severity of one reflects that of the other. Aggressive treatment of the nephropathy may slow progression of diabetic retinopathy and neovascular glaucoma.



According to The Diabetes Control and Complications Trial controlling diabetes and maintaining the HbA1c level in the 6-7% range can substantially reduce the progression of diabetic retinopathy.

One of the most important aspects in the management of diabetic retinopathy is patient education. Inform patients that they play an integral role in their own eye care.

(CV) MedR Dr. Tammam Kelani

Senior Ophthalmic Consultant in Vienna, Austria Ophthalmologist, Gallmayer Gasse 5/12, A-1190 Vienna, www.kelani.at

Born on 1951 in Hama , Syrian , Austrian Citizenship

Married 3 children

- Matura 1970
- Medical studies 1971 - 1977
- Promotion to Dr. med. Univ. 1978
- Education at the University Eye Hospital 1977 - 1982
- Postgraduate Study and Diploma in Ophthalmic Medicine and Surgery DOMS 1982
- Fellow in Ophthalmology (American Medical Society) 1983
- Specialist in ophthalmology and optometry Training diploma from the Austrian medical association 7.4.2007
- Specialist in ophthalmology and optometry in Goose village since 09/04/1989
- Obtain medical maturity First Class by the President of the Austrian Republic in 2012
- Obtain on the degree of medical adviser first class by the Austrian Minister of Health in 2012



A member of the medical societies:

1. Since November 2005 President of the Austrian Arabian physicians and pharmacists association
2. - Vice President of the Union of Arabmed in Europe
3. - Secretary of the Austrian Association of Syrian Physicians since 1989
4. - Secretary General of the Arab Union of Austrians
5. Syrian- ophthalmology society
6. Vienna Ophthalmology society
7. Austrian ophthalmology society
8. Austria society ophthalmology of eye surgery
9. Society of contact lenses in Austria
10. Association - ophthalmology international contact lenses
11. Association ophthalmology of German-speaking countries
12. German ophthalmology society
13. American ophthalmology society

24- Update in Vitreoretinal Surgery

الوضع الحالي في جراحة الشبكية و الجسم الزجاجي

Dr. Yaser Biazid

Consultant vitreoretinal Surgeon

Al Ain Hospital, Al Ain, UAE

The vitreoretinal surgery experienced an unbelievable development in the last 10 years.

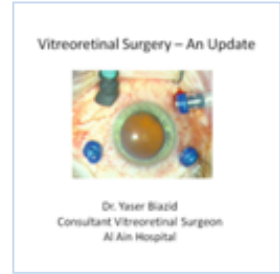
The three most important breakthroughs are:

1. The introduction of small-gauge vitrectomy systems (23/25/27 gauge),
2. The introduction of the chandelier light illumination system and
3. The use of Bioms.

The modern vitreoretinal surgery became: safer, less traumatic, with a shorter

operation time, less postoperative inflammation, less patient's discomfort and rapid recovery of visual acuity.

The vitreoretinal surgery is still improving!

**(CV) Dr. Yaser Biazid**

Consultant Ophthalmologist and Vitreoretinal Surgeon at , Al Ain Hospital, since August 2010, UAE

Date of birth: 03. 01. 1967in Aleppo / Syria

Nationality: German

Marital status: Married to Sabine Biazid, 4 Children

Licences and Board Certification

- 5/1997 National Board of Medical Examiners, University of Heidelberg/Germany
- Since 1999 License to practice medicine, Government Bureau, Stuttgart/Germany (open-ended)
- 12/2003 German Board of Ophthalmology, Koblenz/Germany
- 06/2006 The degree of doctor medicine (Dr. Med.), faculty of medicine, University of Heidelberg/ Germany

Education and Training

- Primary school in Aleppo/Syria
- Secondary school and school leaving exam in Khitan/State of Kuwait
- Study of Electrical Engineering at the University of Aleppo/Syria
- Study of Medicine at the University of Heidelberg/Germany
- 1998-2001 Resident in Ophthalmology, Winterberg Eye Hospital, Saarbrücken/Germany
- 2001-2003 Resident in Ophthalmology, Klinikum Mittelrhein, Koblenz/Germany
- Mai 2008 European Vitreo-Retinal Surgery Training School, Bremen/Germany

Work History / Employment

- Since August 2010 Consultant of Ophthalmology and Vitreo-Retinal Surgery at Al Ain Hospital, Al Ain, UAE
- Nov 2006-Juli 2010 Consultant of Ophthalmology and Vitreo-Retinal Surgery at the St. Martinus Eye Department, Düsseldorf/Germany

- Sep 2005-Oct 2006 Consultant for Ophthalmology at the Eye Department, Mittelrhein Hospital, Koblenz/Germany
- Sep 2001-Aug 2005 Resident in Ophthalmology at the Eye Department, Mittelrhein Hospital, Koblenz/Germany
- April 1998-Aug 2001 Resident in Ophthalmology, Eye Department, Winterberg Hospital, Saarbrücken/Germany

References

- Prof. Dr. med. Lemmen Director of the Eye Department St. Martinus Krankenhaus Gladbacher Str. 26 40219 Düsseldorf/Germany Tel. + 49 211 917 1700, E-Mail: k.lemmen@martinus-duesseldorf.de
- Dr. med. Schmitz-Valckenberg and Dr. med. Papoulis Directors of the Eye Department, Klinikum Mittelrhein, Johannes Müller Str. 7, 56068 Koblenz/Germany Tel. + 49 261 988 700 E-Mail: augencentrum-koblenz@t-online.de

Radiology Session 7 جلسة الأشعة 7

25- Imaging of Jaundice

تدبير وتشخيص الإصابات الكبد الإصفرارية (اليرقان) من الناحية الشعاعية

Dr. Ghassan Elagha, FRCR (London, UK), FFRCRCSI (Dublin, Ireland)

Senior consultant Radiologist

Head of Dept of Radiology, Naas Hospital, Dublin Ireland

Based on the clinical findings - pain, stigmata of the liver and biochemical tests of linear function Jaundice is divided into 2 types:

- Obstruction Jaundice (Mechanical biliary obstruction).
- Non obstructive (intrahepatic biliary stasis or hepatocellular) Jaundice.

The rule of imaging in obstructive Jaundice :

- To confirm the presence of obstruction.
- To determine its level and diagnose its cause .
- The presentation will discuss all the common causes of obstructive Jaundice and the rule of the different imaging modalities in the diagnosis.
- While the plain films has no rule is diagnosis , Ultrasound can diagnose the gall stones , pancreatic mass and the liver masses with the benefit of being radiation free.
- and can be used safely in pregnancy .
- CT scan can be used following Ultrasound scan when no obvious cause can be seen and usually has a higher rate of diagnosis of the cause of biliary obstruction than Ultrasound .
- MRCP (MRI examination of biliary system can be used to show details of biliary tree and stones in the common bile and also in the pancreatic duct .
- ERCP which is the investigation of choice for distal biliary obstruction that may require further intervention like removal of stones or stent placement .
- PTC is a fine needle passed into the liver and slowly withdraw as contrast is injected to delineate the biliary tree particularly for higher obstruction.

26- Imaging of acute abdomen

تدبير وتشخيص البطن الحاد شعاعيا

Dr. Ghassan Elagha, FRCR (London, UK), FFRCRCSI (Dublin, Ireland)

Senior consultant Radiologist

Head of Dept of Radiology, Naas Hospital, Dublin Ireland

The aim of this lecture is to discuss the definition, clinical evaluation and radiological evaluation with example of the common causes of acute abdomen, thin summary of radiology investigation guidelines.

- Acute abdomen is divided into 3 categories (A) the life threatening condition like perforated bowel and ruptured aortic aneurysm or (B) self limiting condition like gastroenteritis or epiploic appendagitis and (C) in between moderate emergencies like cholecystitis and diverticulitis.
- clinical history, physical examination and lab results are still very important for diagnosis and radiological imaging cannot completely replace them.
 - plain radiograph will usually include (A) erect chest X-ray to evaluate



Abstracts

- pneumoperitoneum or chest cause of abdominal pain.
- (B) PFA is very useful for pneumoperitoneum or bowel dilation .
- Ultrasound is useful for detection of free fluid and assessment of solid and fluid filled organs.
- computed tomography (CT) is very valuable in diagnosis of the causes of Acute abdomen
- abdomen and imaging modality of choice for renal colic, pancreatitis, intestinal obstruction and left lower quadrant in the elderly .
- MRCP is useful in diagnosis stones in the common bile duct and more accurate evaluation biliary tree.

(CV) Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)

Senior consultant Radiologist

Head of Dept of Radiology, Naas Hospital, Dublin Ireland

Personal details

Nationality: Irish

DOB: 06/03/1960

Relationship status: Married with 4 children

Tel 086 803 8162

Home address: 2 Temple Manor Grove, Limekiln, Dublin 12

Hobbies: Travelling, swimming and watching/attending football matches



Medical – Education / Qualifications

- M.B.B.CH (Honours) – Alexandria University
- FRCR (Fellowship of Royal college of Radiologist) – London, UK
- FFRRCSI (Fellowship of the faculty of Radiologists) – Royal College of surgeons, Dublin, Ireland

Current position(s)

- Senior Consultant Radiologist – Head of Radiology Department in Naas Hospital , Ireland
- President of the Arab medical union in Ireland
- Member of the administration committee of the Arab medical union in Ireland

Employment experience

- Senior Consultant Radiologist - (2003 – Present)
- Head of Dept. in Naas Hospital in Kildare, Ireland
- Special interest in Musculoskeletal MRI and cross –sectional imaging
- Consultant radiologist – (2000-2003) , Tallaght Hospital in Dublin, Ireland
- Specialist Registrar – (1998-2003) Radiology Dept. of Tallaght, St. James' and Beaumont Hospitals
- Specialist registrar – (1994-1997) Adelaide and Meath Hospital – Dublin, Ireland
- Medical Officer – (1986 -1994) Ministry of Health – Saudi Arabia
-

27- Clinical trials (CT) as an innovative way of medical institution development

دور الخبرات والتجارب السريرية في التصوير الطبي في تطوير المؤسسات الطبية

Prof Igor Bondarenko, MD, PhD, 2ChebanovK.O 1Hojouj MI, 1Zavizion VF, 1Balakin IA, 1Bondarenko AI, 1Yarosh YV, 1Domanskiy IP

Head of Oncology and Medical Radiology Dept. Dnepropetrovsk Medical Academy, Dnepropetrovsk, Ukraine



Clinical trials are an important way of evaluating new treatment technologies and their effectiveness from the perspective of evidence-based medicine. Involvement of clinical trials in the hospital promotes the growth of its rating, significantly improves the quality of staff training and promotes innovative development of the facility. Clinical studies have become more successful in using the principles of effective management, and clinical trials site management system (CTSMS).

The purpose: To prove the feasibility and effectiveness of CTSMS in the management of clinical trials.

Materials and methods. The subject of the study was the experience of the organization and conduct of 265 clinical trials for the period since 2002, where about 3,000 cancer patients were involved. During 2011-2015, the research center developed and implemented CTSMS «Investigator», which has proved its effectiveness.

Results:

1. Participation in clinical trials allowed signing agreements with 65 sponsor-companies and contract research organizations (CRO), which made it possible to investigate 200 new pharmaceutical drugs.

In total, doctors of the hospital gained experience with about 400 cancer drugs and dose regimes. They have been trained in 35 countries on 280 investigator meetings. More than 120 scientific papers have been published in leading magazines of the world, which made us the most cited hospital of our country abroad.

2. CTSMS allows planning all kinds of activities in the research center, allows performing full control of all processes and gives analytical information about the quality of the data from each research center department. It allows remote control of all processes online from anywhere in the world. Combination of CTSMS and in-patient mode of treatment allows increasing the number of patient in three times.

3. The patient receives a special card with barcodes for each procedure. Barcode scanning generates signal through a Wi-Fi network, which accurately registers the time of each procedure. Separating patients into three streams, depending on the kinds of research procedures, reduced the time for procedure waiting up to 3-5 minutes.

4. We have developed a system of medical records registration which allowed controlling the timeliness of doctors and data managers' activities. Such system gives the opportunity to organize remote control monitoring and significantly reduces the cost of clinical trials.

5. Extremely important to consider the improvement of communication between the participants of clinical trials. For this purpose, research site set up a media center that includes: a web site www.sitstv.net, internet channel on YouTube, online radio-channel and newspaper "The Site News".

Conclusions

1. Application of the principles of good management and CTSMS increases the number of clinical trials carried out simultaneously from 10-11 clinical trials (till the end of 2011) till 25-28 clinical trials (after 2011). The amount of treated patients per week increased from 120-150 patients till 310 patients.

2. High quality of the center work has been confirmed by the conclusions of the Food and Drug administration audit in 2013

3 Hospital received the highest status as a strategic partner for many pharmaceutical companies and increased its international standing and prestige.

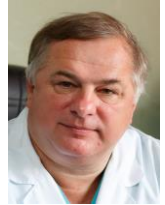


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4. We believe that described principles of site management may be useful for other hospitals willing to perform clinical trials.

(CV) Prof. Bondarenko Igor MD, PhD

Head of Oncology and Medical Radiology Dept.
Dnepropetrovsk Medical Academy,

**Mailing Address**

MI «Dnipropetrovsk City Multidiscipline Clinical Hospital #4» of the Dnipropetrovsk Regional Council», Chemotherapy department;
SE «Dnipropetrovsk Medical Academy of Health Ministry of Ukraine», chair of oncology and medical radiology, 31, Blyzhnya Str., 49102 Dnipropetrovsk, Ukraine

Academic Qualifications (most current date first)

- 2007 Professor/ Certificate of specialization or diploma BI#531242 Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine
- 1998 DMedSci Kharkiv State Medical University, Kharkiv, Ukraine
- 1988 PhD Kharkiv State Medical University, Kharkiv, USSR
- 1985 MD Zaporizhia State Institute of Medicine, Zaporizhia, USSR

Current and Previous 4 Relevant Positions Including Academic Appointments

- Since 2000 till present Head of Department MI «Dnipropetrovsk City Multidiscipline Clinical Hospital #4» of the Dnipropetrovsk Regional Council», Chemotherapy department
- 1996 2000 Senior Research Associate Department of Digestive Apparatus Surgery, Research Institute for Gastroenterology of Ukraine, Dnipropetrovsk, Ukraine
- 1988 - 1992 Assistant Professor Surgery Department, Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine
- 1987 – 2001 Surgeon Dnipropetrovsk City Hospital #6, Dnipropetrovsk, Ukraine
- 1985 – 1987 Intern Surgery Department, Zaporizhia State Institute of Medicine, Zaporizhia, USSR

Brief Summary of Relevant Publications: More than 250 publications. International ICH-GCP trainings

- Online GCP training: 21 January 2013
- Clinical Trials Forum: 09 October 2014

28- Accredited Medical Laboratories & impact on health services

المختبرات الطبية المعتمدة وتأثيرها على الخدمات الصحية

Dr. Mohamad (Jay) Al Khatib
York Diagnostic Laboratories
Dubai, UAE

Quality in medical laboratories remains one of the biggest challenges in the practical world of patient care. In spite of many operational improvements and automation introduction into the diagnostic laboratories setup, still many laboratories have failed to deliver the sought after quality standards.

With the introduction of quality management systems starting from requesting the appropriate test for the patient's case and ending with the release of the report to the treating



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physicians; there have been many improvements throughout the process ensuring the strict guidelines to be implemented and documenting the entire process in the appropriate manner. ISO 15189:2013 is the latest version of the quality standard for medical laboratories as it addressed new aspects in the patient care and have made the implementation of previous version of the ISO 15189:2007 more practical and streamlined. The ultimate goal is the practical implementation of the international quality standard and optimizing the operational flow delivering the sought after quality diagnostic procedures supporting the clinicians with their diagnoses and course of treatment.

(CV) Dr. Mohamad (Jay) Al Khatib, PhD, UK

Citizenship: Canadian

Date of Birth: 06-02-1971

UAE Address: York Diagnostic Laboratories, JLT

Co-Founder & Laboratory Director

Jumeira Lakes Towers, Indigo Tower, 509-510

Dubai, Po Box 282482, UAE

Canadian Address: 3 Eastfield court, St. Catharines, L2M 6T9, Ontario, Canada



Profile: A Seasoned professional as a quality oriented Diagnostic Medical Laboratory senior in the UAE for the past eight years during which I have been playing a leader role in commissioning of two new laboratories setups, the latest one is York Diagnostic Laboratories, JLT. Being a **Co-Founder and the Medical Director** of this laboratory, the state of the art newly set up facility achieved international accreditation status (JCI) in October 2013. A certified internal auditor for ISO 15189:2007 Medical Laboratory standards.

My previous laboratory where I was a Laboratory Director leaped into an internationally accredited status implementing international quality standards and become accredited by the Joint Commission

International (**JCI, USA**) as well as by **Dubai Accreditation Department (DAC) for ISO 15189:2012 for medical laboratories.**

Also, I am a member of both the Task force and the Technical Advisory Committee (TAC) for Dubai Accreditation Department (DAC), Dubai Government. In addition to strong management skills, I am involved in may JCI international briefing committees meeting taking place in order to improve and revise the ongoing practices supported by the joint commission (USA).

Previously a Senior Research Scientist in the clinical diagnostic field, product development of bioconsumable for the diagnostics and research market in Canada for more than five years. In addition to the microbiology/molecular biology background, I have a vast knowledge of the molecular research market in Canada and the USA.

EDUCATION

- **Faculty of Medicine, University of Liverpool. 1993 - 1997**

Ph.D. in Medical Microbiology Thesis: "Investigation into the epidemiology of multi-drug resistance plasmids of hospital associated coliform bacteria".

- **Faculty of Science, University of Alexandria (Egypt), 1988 - 1992**

B.Sc. Microbiology, (Graduated Rank: Very Good)

Professional Experience



- York Diagnostic Laboratories, JLT, Dubai, UAE Laboratory Director & Co-founder Feb-2013 - Current
- Dubai Medical laboratory (DML), Dubai, UAE, Laboratory Director & Operation Manager (2006 – 2013)
- Norgen Biotek Corp., St. Catharines, Ontario, 2000 - 2005
- Senior Scientist, Product Management (Marketing & Sales Coordinator)
- Texas A&M University, Kingsville, Texas, USA. 1999 - 2000
- Department of Biology, Molecular Bacteriology Project M.Sc candidate & Post doctoral fellow
- Nada Medical office, Alexandria, Egypt, (specialized in cardiology supplies) 1997-1999
- Medical Supplies Sales Manager
- Dept. Medical Microbiology, Faculty of Medicine, Liverpool University., England, UK, 1993 - 1997 Part Time Medical Microbiologist

29- Evaluation of service quality and patient's satisfaction in patients screened for Colorectal Cancer at Al Rahba Hospital in 2014

تقييم جودة الخدمة ورضا المرضى في مرضى سرطان القولون والمستقيم في مستشفى الرحبة 2014

Dr. Wieslaw Koterla,

Head of Gastroenterology & Hepatology Department, and Endoscopy Service-
At Al Sharq Hospital; Fujairah, UAE

Colorectal cancer (CRC) is the most common cancer in men and the third most common cancer in women and is the 2nd highest cause of cancer deaths in both men and women in Abu Dhabi Emirate.

In 2010, almost 132 cases of colorectal cancer were diagnosed in UAE, 67 cases were in Abu Dhabi. Most (60%) of the colorectal cancer cases were men and 40 % were women, 85% of cases are 40 years and above. Screening for colorectal cancer (CRC) in asymptomatic patients can reduce the incidence and mortality of CRC by 40%-50%. Colonoscopy and FIT test has become the most commonly used screening tests. Adenomatous polyps are the most common neoplasm found during CRC screening. There is evidence that detection and removal of these cancer precursor lesions may prevent many cancers and reduce mortality. However, patients who have adenomas are at increased risk for developing metachronous adenomas or cancer compared with patients without adenomas. There is new evidence that some patients may develop cancer within 3–5 years of colonoscopy and after polypectomy—so-called interval cancers. Ideally, screening and surveillance intervals should be based on evidence showing that interval examinations prevent interval cancers and cancer-related mortality. It's important to find ways to ensure that more people are screened for colorectal cancer—and keep being screened regularly,"

Aim. To evaluate adherence to key performance and quality indicators and patient satisfaction towards an outpatient / inpatient CRC screening service and analyze areas of dissatisfaction for potential improvement and increase patient enrollment.

Methods. Cross sectional observation prospective study was conducted based on consecutive records of patients attending preventive program for CRC services including Fecal Immunochemical Test, tumor markers (CEA, Ca-125, Ca-15, Ca19-9) and colonoscopy at Al Rahba Hospital between January and May 2014. Screened patients were interviewed using a questionnaire modified from the modified Group Health Association of America-9 (mGHAA-9) questionnaire. Either key performance and quality indicators or sources of referrals and



patients acceptance to get screened were analyzed. Favorable/unfavorable responses to each question, contribution of each question to unfavorable responses, and effect of waiting times on favorable/unfavorable response rates were analyzed.

Results. Analysis of Registry Data of 48 patients who underwent screening with FIT and colonoscopy (male; n=17, mean age 58,4) ; female; n=31, (mean age 55,35 years) was carried out. Low risk (15,5%), average risk (48,38%), increased risk (25%) and high risk (6,45%) was determine in screened female patients. The results in screened males were respectively: low risk (5,88%), average - 41,17%, increased risk - 35,29%, high risk 17%. Polypectomy was performed in 21 female patients and 11 male patients respectively. One invasive cancer as a result of polypectomy was determined in female patient.

Overall Adenoma Detection Rate (ADR) was 35, 38%, screening participation rate 45% - both parameters at the acceptable levels as compare to worldwide quality standards for CRC screening programs and colonoscopy high quality standards assurance. Cecum intubation and bowel cleanliness for colonoscopy were 97% and 98% respectively. Moderate sedation used for colonoscopy facilitates achieving colonoscopy procedure quality key performance indicators. Focus groups interview was carried out on group of 30 patients. The main factors that contributed to unfavorable responses were bowel preparation followed by waiting times for colonoscopy appointment and on colonoscopy day (32.3%, 27.5%, and 19.6%, resp.). Favorable responses diminished to undesirable levels when waiting times for colonoscopy appointment and on colonoscopy day exceeded 1 month and 2 hours, respectively. No show either for opportunistic or recommended screening and procedures was around 12%. All patients were recalled for next appointments

Conclusion. Physician's recommendation and office policies were the most effective source for patient adherence for screening. Bowel preparation and waiting times were main factors for patient dissatisfaction. Waiting times for colonoscopy appointment and on colonoscopy day should not exceed 1 month and 1 hour, respectively, to maintain acceptable levels of patient satisfaction. This study explores the concept of quality assurance of colorectal cancer screening. It argues that effective quality assurance is critical to ensure that the benefits of screening outweigh the harms. Overall 1 % ADR increase yields in 3% CRC risk of death reduction. The three key steps of quality assurance, definition of standards, measurement of standards and enforcement of standards, are discussed. Quality is also viewed from the perspective of the patient and illustrated by following the path of patients accessing endoscopy within screening services. The study discusses the pros- and cons- of programmatic versus non-programmatic screening and argues that creation of own patients database and registry, quality assurance of screening can and should benefit symptomatic services. Assessing patient experience is useful in identifying areas that need improvement such as the provision of pre- and post-procedure information. Quality of endoscopic procedures at our center is at par with international standards with acceptable complication rate and good patient satisfaction (JPMA 60:990; 2010).

Finally, the study emphasizes the importance of a culture of excellence underpinned by continuous quality improvement and effective service leadership.



Abstracts**(CV)Wieslaw Koterla MD. MSc HA, Executive MBA,**

Internal Medicine Physician and Gastroenterologist, Internal Medicine Department Staff Head of Gastroenterology & Hepatology Department, Gastroenterology Clinic and Endoscopy Service- At Al Sharq Hospital; member of Fujairah National Group PO Box.8505; Fujairah



Dr Wieslaw Koterla joined Al Sharq since July 2015 and performed quite promising start -up for new gastroenterology, hepatology and broad spectrum endoscopy services. Since May 2010 he has been working for Hospital managed by Johns Hopkins Medicine International from Baltimore, Maryland USA in Abu Dhabi. He had implemented and constantly improving quality and safety protocols for endoscopy procedures and services.

Graduated with Internal Medicine and Gastroenterology in 1993 has finished his fellowship training in Silesian Medical School and Silesian University in Poland, European Union .

He possessed the extensive clinical , scientific and research experience working as Assistant Professor in Internal Medicine and Gastroenterology and Internal Medicine and Gastroenterology Consultant at University Hospital in Katowice and in Warsaw. Both of universities are listed by World Health Organization. Had been certified and is experienced in diagnostic and interventional endoscopy and general ultrasonography. Dr Wieslaw was regularly teaching Internal Medicine, Gastroenterology, endoscopy, diagnostic and invasive ultrasound procedures as academic lecturer. He is an author of scientific and clinical research publications. Has been working as Medical Advisor for pharmaceutical industry.

Dr Wieslaw Koterla he is a holder of Executive Master of Business Administration diploma since 2002. He has possessed a broad experience in marketing and management in healthcare and pharmaceutical industry sectors. He has completed his post diploma studies In Pharmacoeconomics and Public Relations.

His main areas of interest are: interventional endoscopy , EUS and ERCP procedures, laser confocal endoscopic microscopy procedures, invasive ultrasound procedures , Inflammatory Bowel Disease management, management of NAFLD, NASH, obesity and liver cirrhosis. Administrative interest are focus on patient safety and healthcare process organization quality. He has completed American Patients Safety Board program. Certified with CBPS and CPHQ certificates.

Dr Wieslaw Koterla he is an active member and speaker and participant of meetings of many gastroenterology societies including ASGE, ESG , Mayo Clinic Gastroenterology and Hepatology American Board Revue Courses, World Endoscopy Organization meetings and courses, meetings of European Society of Ultrasonography. He is an active member of Emirates Gastroenterology Society since 2010. His hobbies are focused in the field of music and physical activity. He is rescue diver.

8 - Pediatric Session جلسة الأطفال

30- Growth Hormone Therapy in Children

العلاج بهرمون النمو عند الأطفال

الدكتورة عهد تاج الدين الأصفري Dr. Ahed TAJILDIN-ASFARY

Pediatric departement, Centre Hospitalier Mémorial Saint-lô, FRANCE

Pediatric Endocrinologist

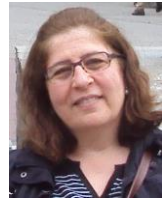
Growth hormone (GH) therapy has been appropriate for severely GH-deficient children and adolescents since the 1960s. Use for other conditions for which short stature was a component could not be seriously considered because of the small supply of human pituitary-derived hormone. That state changed remarkably in the mid-1980s because of Creutzfeldt-Jakob disease associated with human pituitary tissue-derived hGH and the development of an unlimited supply of recombinant, rhGH. The latter permitted all GH-deficient children to have access to treatment using rhGH and also to increase adult height in infants, children and adolescents with causes of short stature other than GH deficiency. Approved indications include: GH deficiency, chronic kidney disease, Turner syndrome, small-for-gestational age with failure to catch up to the normal height percentiles, Prader-Willi syndrome, idiopathic short stature, SHOX gene haploinsufficiency and Noonan syndrome. The most common efficacy outcome in children is an increase in height velocity, although rhGH may prevent hypoglycemia in some infants with congenital hypopituitarism and increase the lean/fat ratio in most children – especially those with severe GH deficiency or Prader-Willi syndrome. The safety profile is quite favorable with a small, but significant, incidence of raised intracranial pressure, scoliosis, muscle and joint discomfort, including slipped capital femoral epiphysis. The approval of rhGH therapy for short, non-GH-deficient children has validated the notion of GH sensitivity, which gives the opportunity to some children with significant short stature, but with normal stimulated GH test results, to benefit from rhGH therapy and perhaps attain an adult height within the normal range and appropriate for their mid-parental target height (genetic potential).

(CV) Dr. Med Ahed Tajildin Née Asfari

Pediatric Endocrinologist Pediatric departement, Centre Hospitalier Mémorial Saint-lô, FRANCE,

Born at 22.10.1961, Nationality: Française

Adresse: 131, Rue de Brébeuf 50000 Saint-Lô

**QUALIFICATIONS**

- 1978 Baccalauréat S - SYRIE
- 1984 Diplôme de docteur en médecine. Université d'ALEP-SYRIE
- 1988 Diplôme d'Etudes spécialisées en Pédiatrie à Damas-Syrie. Durée: 3 ans



- 1993 Diplôme Universitaire "Urgences Pédiatriques" Université De Rennes. Durée: 1 An
- 1994 Diplôme Universitaire "Medecine Preventve De L'enfant". Université De Nantes. Durée: 1 An
- 1995 Diplôme Inter Universitaire De Spécialité " D.I.S." En Pédiatrie. Université De Nantes Durée: 4 Ans
- 1998 Diplôme Inter Universitaire D' Endocrinologie Pédiatrique "Puberté Et Croissance" Université D'angers. Durée: 2 Ans
- Avril 1999 Reçu aux épreuves d'aptitude à la fonction de praticien adjoint contractuel (PAC)
- Avril 2000 Inscription au tableau de l'Ordre des Médecin en tant que généraliste.
- Mai 2001 Inscription au tableau de l'Ordre des Médecin en tant que pédiatre.

EXPERIENCES PROFESSIONNELLES

- 1984-1988 Interne de spécialité en pédiatrie à l'hôpital de la CROIX ROUGE D'alep-SYRIE (3ans)
- 1989 -1991 Pédiatre à l'hôpital pédiatrique de la CROIX ROUGE d'ALEP. Durée: 2 ans
- 1991 -1994 Faisant fonction d'interne de DIS en pédiatrie au CHU de NANTES
- 1994 -1995 Année mémoire de DIS pédiatrie
- De Juin 1994 à Avril 1996 Attachée associée dans le service du Service mobil d'Urgence et Réanimation pédiatrique (SMUR) au CHU de RENNES.
- De février 1995 à Décembre 1995 Assistante Spécialiste Associée dans le service de pédiatrie- néonatalogie du Docteur SEGUIN au CHG de CHOLET
- Du Décembre 1995 à Novembre 1997 Assistante Spécialiste Associée dans le service de pédiatrie- néonatalogie du Docteur PICHROT au CHG de Saint-Nazaire
- Du Novembre 1997 à Mai 1998 Stage dans le service d'Endocrinologie pédiatrique du Pr. LIMAL au CHU d'ANGERS
- Du Mai 1998 à Avril 1999 Assistante Spécialiste Associée dans le service de pédiatrie - néonatalogie du Docteur PICHROT au centre Hospitalier de Saint-Nazaire
- Du Avril 1999 à Septembre 1999 Assistante Spécialiste Associée dans le service de pédiatrie néonatalogie du Docteur BROSSIER au CHG de LA ROCHE/YON
- De l'Octobre 1999 à Septembre 2000 Assistante Spécialiste Associée dans le service de pédiatrie-néonatalogie du Docteur SEGUIN au CHG de CHOLET
- Septembre 2000 à 30 Novembre 2013 Pédiatre remplaçant dans les secteurs publics et privés.
- De 1er Décembre 2013 à ce jour Praticien Hospitalier contractuelle au service de pédiatrie du Docteur LAISNEY au CH Mémemorial de SAINT-LO

31- A pediatric case study of asthma treated with classical homeopathy medicine.

دراسة لحالة سريرية لطفل مصاب بالربو معالج بالطب البديل

Dr. Tabassum **Inamdar**

Consulting Homeopath cum Clinic Manager

Sultan Al Olama Medical centre, Dubai

Background: Asthma (AZ-ma) is a chronic (long-term) inflammatory disease of the airway affecting more than 300million people worldwide. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning.

Asthma affects people of all ages, but it most often starts during childhood. In the UAE, 13% of



population has asthma with children accounting for about 40% of the total -one of the highest rates for children in the world. Apart from being the leading cause of hospitalization for children, it is one of the most important chronic conditions causing elementary school absenteeism.

Case summary: This case report describes management of a 5 year-old male patient suffering from severe persistent asthma with homeopathic principles and medicines. The patient was diagnosed as a case of severe persistent asthma (as per classification by National Institute of Health on Diagnosis And Management Of Asthma) by local pediatrician since 2 years. In this case report, we summarize regarding a patient who developed severe persistent asthma that later resolved with homoeopathic treatment over a period of one year.

Method used: - Classical Homeopathic Remedies.

Conclusion: This pediatric case of treatment of Asthma with series of homeopathic medicines illustrates the role of alternative treatments in Respiratory conditions. Certainly more randomized controlled trials are needed to establish the relationship of homeopathic remedies and physical plane that they affect.

(CV) Dr. Tabassum Gafur Inamdar:

Consulting Homeopath cum Clinic Manager, Sultan Al Olama Medical centre, Dubai

B.H.M.S., PGD Clinical research, MBA- Health care services



Dubai Healthcare city and Dubai Health Authority Licensed Homoeopath.
Renowned Homoeopathic consultant at Sultan Al Olama Medical centre, Dubai
Education:

- B.H.M.S.- Pune University, India.
- PG Diploma Clinical research- Bombay college of Pharmacy, Mumbai University
- MBA- Health care services- Sikkim Manipal University, India
- Certificate in Human Health and Global Environmental change- HarvardX (initiative by Harvard University)
- Certificate in Health and Society- Harvard X – February 2014
- She is also a member of Maharashtra council of Homeopathy.
- She is licensed to practice Homeopathy through:

- Dubai Health Authority and Dubai Healthcare city authority

She has been practicing Homeopathy medicine since 2002, with proven track record of treating and helping thousands of patients with her clinical expertise.

She has been associated with DHCC as a part of their scientific committee, playing a pivotal role in integrating Alternative medicine with conventional medicine.

She has been a speaker at:

- Arab Health 2014- Dubai
- Medical conference "Advances in Complementary and Alternative medicines" organized by Dubai Health Care City, 23rd Sept 2011 –Dubai.

A keen observer and avid learner, she also has a research oriented approach. She has sound knowledge of regulations, ethics and pharmaco-vigilance and Good Clinical Practices (GCP).

Self-motivated, good leadership skill and excellent interpersonal skills with perfection are some of her qualities. Personally, she is also a great lover of art and music. She herself has a good hand at sketching and drawing and has won many awards for the same in her formative years.

32- Oral Infection influencing systemic condition

تأثير الإنتان الفموي على أجهزة الجسم

Dr. Sivan Padma Priya

Ajman university of Science and Technology- Fujairah Campus

Fujairah, UAE

Background: Dental diseases are one of the most prevalent diseases in the world. Normal Oral cavity is loaded with 10¹⁴ microorganisms, which includes infective organisms and commensals. There are substantial amount of scientific reports supporting the chronic infections of dental origin adversely influencing the other systems of the body. This paper will review the oral microbes adversely influencing the systemic conditions.

Objectives:

1. Discuss the possibilities of dental infections affecting the body system.
2. Discuss about the influence of the microbes on the general body system directly and indirectly
3. Review the pathogenesis, mode of transmission, need of awareness and prevention.

Materials and Methods: An electronic search was conducted on PubMed databases and supplemented with a manual study of relevant references.

Results and Conclusion: Many despite the awareness programs do not follow good oral hygiene maintenance. Since the awareness is less with the people about the adverse systemic influence of the oral microbes, they do the oral hygiene measures ineffectively. The inflammatory cytokines, blood bore microorganisms from the oral infections and/or the antigen antibody complexes deposited on the various tissues can influence the general system leading to the adverse outcomes. Need about the awareness on this aspect is insisted especially for the people with altered systemic conditions.

**(CV) Dr. Sivan P Priya**

is currently working as a Lecturer in the College of Dentistry, Ajman University of science and Technology, UAE.

Qualifications

Accomplished BDS (1995) and MDS (Oral pathology-2003) from Dr. MGR medical university. Chennai, Tamil Nadu. Qualified PG Dip in hospital Administration from MS University (2000), Tirunelveli, Tamil Nadu.

Further specialization in Forensic dentistry from Oslo University (2012), Norway and from Reykjavik University (2013), Iceland.

Accredited with the program "Clinical Dental Research methods" from University of Washington (2015), Seattle, WA, USA, as an Exchange Scholar.

Awards- Perrie Fauchard Award and Student Plaque Award for the outstanding achievements during her curriculum.

Successfully delivered many oral presentations in national and international conferences.

Professional Memberships from Pierre Fauchard Academy, Indian Society for Dental Research, India Association of Forensic Odontology, Indian Society for Environment and Health, and International Academy of Legal Medicine.

Publications: International Journal of Molecular Science-



Review: Recent Developments in β -Cell Differentiation of Pluripotent Stem Cells Induced by Small and Large Molecules

by S. Suresh Kumar, Abdullah A. Alarfaj, Murugan A. Munusamy, A. J. A. Ranjith Singh, I-Chia Peng, Sivan Padma Priya, Rukman Awang Hamat and Akon Higuchi, Int. J. Mol. Sci. 2014, 15(12), 23418-23447; doi:10.3390/ijms151223418

Laboratory Investigations- (An official Journal of US and Candian Academy, Inc), Mini Review- Odontogenic Epithelial Stem Cells: Hidden Sources- Sivan Priya , Salem Fanas , Akon Higushi, Mok Ling , Vasantha Neela , Sunil PM , Saraswathi TR , Kadarkarai Murugan , Abdullah Alarfaj , Murugan Munusamy, S. Suresh Kumar, Manuscript accepted and with Managing Editor National Journal

Central Giant Cell Granuloma- a case report, in Indian Journal of Oral and Maxillofacial pathology, Page no-11-14; Vol 7 issue Jan- Jun-2003



9- Heart & circulatory system

امراض القلب والدوران

33- Minimal invasive aortic valve replacement: Is this an advantage for patients?

مزايا زراعة الصمام الأبهري بالجراحة ذات الحد الأدنى للبضع للمرضى خبرة مركز جراحة القلب في نورنبرغ

Prof Dr. med Theodor Fischlein

Chair of Department of Cardiac Surgery in Nurnberg, Germany

Paracelsus Medical University, Salzburg, Austria

Purpose - Minimal invasive aortic valve replacement (AVR) could cause less morbidity than conventional surgery, but up to now a strong clinical advantages are not yet demonstrated. Sutureless aortic valve prostheses could reduce the surgical time. However, whether shorter surgical time results in improved patient outcome remains to be determined.

Methods - From June 2007 to June 2015, 627 patients underwent elective isolated aortic valve replacement through upper ministernotomy either with a sutureless valve (group A, n = 206) or a stented aortic bioprosthesis (group B, n = 247). 174 patients underwent isolated aortic valve replacement through full sternotomy with a stented bioprosthesis (group C).

Results - The group A was the eldest (Table 1). Aortic X-clamp, cardiopulmonary bypass and operation times were shorter in group A than in B and C. As expected, X-clamp time in minimal invasive approach was prolonged (Table 1). MIC approach enables an advantage for bleeding complications in terms of postoperative drainage and transfusions (Table 1). MIC-Sutureless showed a protective effect on renal function but a higher incidence of permanent pacemaker implantation (Table 1). We recorded no difference in terms of postoperative cardiac enzymes, no difference in oro-tracheal intubation time as well hospital/ICU stay (Table 1). There was no statistical difference in terms of mortality, stroke and wound infection (Table 1).

Conclusions - MIC-approach allowed a protective effect on bleeding complication but it's time demanding. MIC-Sutureless AVR was associated with significant shorter surgical times compared with stented bioprostheses. In addition, sutureless-AVR showed same mortality and better renal outcome compared with stented AVR groups, which were significantly younger.

	Group A	Group B	Group C	p		
	J-sternotomy+Sutureless	J-sternotomy+stented	Full-sternotomy+stented	A vs B	A vs C	B vs C
Age (years old)	77±5	70±8	74±7	<0.001	<0.001	<0.001
X-Clamp time (minutes)	36±10	60±18	54±16	<0.001	<0.001	<0.001
CPB-time (minutes)	62±17	99±145	87±25	<0.001	0.032	0.59
Surgery-time (minutes)	141±49	169±61	171±50	<0.001	<0.001	1.0
Drainage (mL)	385±287	403±306	500±338	1.0	0.001	0.006
Transfusions (units)	1.3±2.1	1.0±1.9	1.8±2.6	0.33	0.05	0.001
Troponin (ng/mL)	0.4±0.3	0.5±0.5	2.2±1.2	1.0	0.13	0.16
CK (U/L)	667±853	768±738	767±877	0.9	1.0	1.0
CK-MB (ng/mL)	23±37	38±89	65±347	1.0	0.3	0.8
Creatinine (mg/dL)	1.1±0.5	1.1±0.4	1.2±0.6	0.8	0.005	0.07
OT-intubation-time (h)	24±91	32±141	31±95	1.0	1.0	1.0
Hospital stay (days)	12±8	12±9	13±7	0.56	1.0	0.87
ICU stay (days)	3.5±4.6	3.6±6.5	3.9±4.7	1.0	1.0	1.0
Hospital mortality (%)	3 (1.5%)	4 (1.6%)	5 (2.9%)	0.6	0.27	0.29
Stroke (%)	7 (3.4%)	3 (1.2%)	4 (2.3%)	0.1	0.37	0.31
Wound infection (%)	2 (1.0%)	4 (1.6%)	4 (2.3%)	0.43	0.27	0.44
Pacemakers (%)	21 (10%)	13 (5.3%)	9 (5.2%)	0.036	0.05	0.58

Prof Dr. med T. Fischlein Head of the Department of Cardiac Surgery, Klinikum Nürnberg Süd
Breslauer Straße 201, 90471 Nürnberg



Abstracts

CV Univ. Prof. Dr. Theodor Fischlein

Head of the Department of Cardiac Surgery/ Cardiovascular Center
Paracelsus Medical University (PMU)
Klinikum Nürnberg, Breslauer Str. 201, 90471 Nürnberg



Place of Birth: in Vienna, Austrian citizen.

ACADEMIC EDUCATION

1978 until 1985: Enrolment at the University of Vienna to study Human Medicine and Human Biology

1985: 3rd "Rigorosum" and Graduated as M.D. from the University of Vienna, Austria

SURGICAL TRAINING AND EXPERIENCE:

1983 until 1985: Demonstrator (Tutor) at the Institute of Anatomy II, University of Vienna;
Special Education in Anatomy

1985 until 1991: Training for Specialization in Surgery

01.12.1985 - 28.02.1987 Fellow at the Military Hospital Vienna

Assistant at the Institut of Anatomiy II (Prof Dr. Mayr), University of Vienna

30.06.1986 - 28.02.1987: Clinical fellow at the 1st Dept. (Head: Prof Dr. A. Fritsch) – and 2nd Dept. of Surgery (Head: Prof Dr. E. Wolner), University of Vienna

01.03.1987 - 30.09.1991: Residency at the 1st Dept. Of Surgery, Cardiothoracic and Vascular Surg. (Head: Prof Dr. M. Deutsch), General Hospital of Wels, Austria; Rotation in Cardiology, Anaesthesia and Trauma Surgery (LKA Salzburg - Prof Dr. M. Wagner), During this period Visiting Doctor at the Univ. of Cape Town, Groote Schuur, SA, Dept. of Thoracic- and Cardiac Surgery; and Stanford University, CA, USA, Depts. of Cardiovascular Surgery and Interventional Radiology

1991: Specialist in Surgery (1st of October 1991, Austrian Medical Council)

01.10. 1991 - 28.02.1997: Registrar and Senior Physician (from 01. 03. 1995) at the Dept.of Cardiac Surgery, „Großhadern" (Head: Prof Dr. B. Reichart), Ludwig Maximilian University Munich

During this period Visiting Doctor at the Stanford University, CA, USA, Dept. of Cardiovascular Surgery;

and Univ. of Harare, Zimbabwe, Veterinary School;

1994: German Approbation (M.D. Licens), Specialist in Surgery (Bavarian Medical Council, Germany)

1996: Habilitation (Lecturing Qualification); Postdoctoral Thesis: „Endothelialization of Cardiovascular Prostheses"

01.03.1997 - 30.04.2000 Assistant Director Dept. of Thoracic-, and Cardiovascular Surgery (Head: Prof Dr. A. Moritz), J.W. Goethe University Frankfurt

1998: Specialist in Cardiac Surgery – Sub-branch Thoracic-, and Cardiovascular Surgery (Hessian Medical Council, Germany)

Proposal for Professorship in Cardiac Surgery (Extraordinariat) at the University of Regensburg

01.05.2000 Appointment as Professor of Cardiac Surgery (C3-Extraordinariat) at the Friedrich-Alexander-University Erlangen-Nuremberg (Head: Prof. Dr. M. Weyand), Assistant Director Since 01.03.2007 Head, Department of Cardiac Surgery, Klinikum Nuremberg, Cardiovascular Center; since 2014 Professor of Cardiac Surgery, Paracelsus Medical University



34- Early atrial Fibrillation Detection and stroke prevention using telemedicine

تشخيص الرجفان الأذيني المبكر والوقاية من الجلطة الدماغية باستخدام التطبيب عن بعد

Dr.Wadea Tarhuni

President and CEO, Windsor Cardiac Centre

Windsor, Canada

CV Dr.Wadea Tarhuni MD (HON) Cardiologist FACP, FACC, FRCPC, CBCCT, CCPE, FASE, FAHA

FELLOWSHIPS

Dr. Tarhuni is the President of the Windsor Cardiac Centre where he is the leading cardiologist. Dr. Tarhuni received his Cardiology residency in Toronto. He is licensed in Canada and the United States. His pursuit of excellence in the medical field led him to acquire several distinguished fellowships including:

- Royal College of Physicians and Surgeons of Canada in Internal Medicine and Cardiology,
- American College of Physicians,
- American College of Cardiology,
- American Society of Echocardiography,
- American Heart Association,

AFFILIATIONS

Dr. Tarhuni has affiliation with the medical schools of the following universities:

- University of Saskatchewan
- University of Western Ontario

Dr. Tarhuni is an exemplary cardiology leader in Canada as reflected in his certification by the Canadian Certified Physician Executive Program that attest he has the leadership capabilities, knowledge and skills needed for successful performance and, more important, to direct, influence and orchestrate change in Canada's complex health care system.

He led the Windsor Cardiac Centre to the first ever outpatient Echocardiography accreditation in Canada as well as to the first ever SHAPE International accreditation in Canada. He also led the Windsor Cardiac Centre to the first ever private ambulatory care voluntary accreditation by Accreditation Canada. He established two unique clinics within the Windsor Cardiac Centre, the Chest Pain Clinic that treats cardiac patients from the two local hospitals and alleviates the burden from the Emergency Department and the INR clinic that provides immediate INR testing and follow-up. He continuously researches and adopts cutting edge cardiac care technologies that enhance patient care. Such is the case of the Cardiophone, a wireless real-time ECG recording device that was demonstrated for the first time in the history of marathons last September where around twenty runners wore it. And such is the case of the HandiECG, a handheld ECG device that does not require leads.

Building on two successful and leading clinics in Canada, Dr. Tarhuni established Canadian Cardiac Care to expand his cardiology services nationwide and internationally. At the educational level, he launched an awareness initiative in Egypt called "Together for Life" to emphasize the importance of CPR and heart attack and stroke preventative measures in saving lives. In this regard, he conducted numerous training Sessions and lectures for doctors, nurses, sport clubs and schools in Egypt. The program is designed to cover the entire Arab world. At the professional development level, Dr. Tarhuni is active bringing doctors in developing countries up to par with the latest medical knowledge in the developed world.



Dr. Tarhuni is active in the medical community and participated in numerous hospital and medical committees programs, such as the Saskatchewan Stroke Strategy, the Moose Jaw Union Hospital Sepsis and Quality programs, the Heart and Stroke Foundation awareness program and the American Society of Echocardiography guidelines.

He is also active in community programs that raise the awareness of the general public about cardiovascular diseases and how to prevent them. This includes the numerous lectures he delivered, exhibits in malls, shows and festivals as well as programs for targeted groups such as women, aboriginal, children and secondary school students. Dr. Tarhuni is also an advocate for the preservation of a pure natural environment. He is led an initiative called Healthy Planet-Healthy Heart to promote a clean natural environment where exercise is performed at its best for optimal cardiovascular health and where sustainable practices are observed in his clinic.

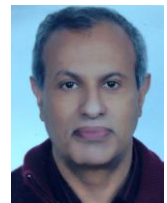
35- Mechanical Circulatory Support Devices

الدعم الآلي للقلب (القلب الصناعي)

Prof. Dr. med. Mahdi Kadry

Consultant of Vascular, Thoracic and Cardiac Surgery, KMG Klinikum
Pritzwalk, Germany

Since 1963, as the first VAD was implanted, decades of continuous tireless pioneer works were mandatory to get reliable generations of VAD available for thousands of patients beyond the experimental, preclinical practice. The development of durable small and efficient VAD with less complications led in the last years to an expansion of the implanting medical centers within and out of the USA und Europe to include others in Asia and South America. The result, increasing number of patients with end stage heart failure, surviving due to VAD as bridge to transplantation or recovery or as destination therapy. The Middle East and particularly the Gulf States where the metabolic syndrome nearly endemic, face an exploding increase of end stage heart failure cases, so that an adoption of advanced therapeutic modalities becomes mandatory. The limitation of heart transplantation as the first choice therapy, being available for only small fraction of patients even in those well developed countries which already worked their way through the political, religious and ethical aspects of organ transplantation and the accelerated technical perfection of Mechanical Circulatory Support Devices which become ever smaller, easier to implant, more durable with less postoperative complications make the latest, the realistic alternative to care for the patients in an end stage of heart failure; taking in account that heart diseases cause nearly 45% of early heart deaths in the gulf region. This modest contribution intends to bring in discussion the innovations in MCS, the possibility of their clinical use in certain specialized centers which could serve as reference centers on regional level, implementing a project or a program for this special purpose as well as the encountered difficulties and challenges.



CV Prof. Dr. med. Mahdi Kadry

Consultant of Vascular, Thoracic and Cardiac Surgery



Giesensdorfer Weg 2a | 16928 Pritzwalk KMG Hospital Pritzwalk Germany

Born in Yemen 1953, Father of 2 Sons

1982 Medical Graduate of the Institute of Medicine and Pharmacy (Timisoara – Romania)

1990 recognized as specialist in General Surgery by the German Academy of Medical Science(Berlin)

1992 recognized as specialist in Vascular Surgery by the German Medical Council – State Saxony

1994 got the Title of Dr. of Medicine Free University Berlin

1997 recognized as specialist in General Thoracic and Lung Surgery

01.2013 recognized as Specialist in Cardiac Surgery – German Medical Council Brandenburg

Until 10.2010 Assistant Medical Director and Professor of Surgery – German Heart Institute

Since 10.2010 Department of Vascular Surgery in KMG Klinik - Pritzwalk

36- Combined carotid and coronary disease . The strategy should be

جراحة الشرايين الاكليلية بالمشاركة مع جراحة الشرايين السباتية : الاستراتيجية المتبعة

Dr. Majed Othman

Damascus, Syria.

The presence of symptomatic carotid artery disease or an asymptomatic carotid bruit that reflects an ulcerative lesion or stenosis exceeding 75% .

The risk is magnified when disease is silent and a high level of awareness and rigorous screening are essential in patients suspected of having coexistent disease .

To approach this problem must be supported by retrospective and prospective studies to demonstrate the occurrence of stroke and risk factors affecting the disease .

Cerebrovascular complications (neurological) are among the most feared consequences after coronary artery bypass grafting , approximately 40% of strokes occur intraoperatively and most of the remaining during the first forty eight hours in post operation .

The perioperative strokes have significant impact on length of hospital stay and mortality outcome with ten fold higher hospital mortality rates in patients who suffered a perioperative stroke .

A protocol for the management of these patients is important and individual assessment is essential.

There is three different approaches :

- Carotid endarterectomy and open heart surgery simultaneously .
- carotid artery stenting and open heart surgery .
- open heart surgery and carotid stenting .

The best tactic is to lowest risk of all causes and still controversial .



Abstracts**(CV)Dr. Majed Othman**

Dr. Majed Othman, Damascus, Syria., majedothman3@gmail.com

- Cardio- vascular and thoracic surgeon
- Head of department of cardiac surgery in Al-Bassel Heart Institute 1999-2005.
- General director of Al-Bassel Heart Institute 2005-2012.
- Consultant of cardiac surgery in Al-Thowra General Modern Hospital, SANAA, YEMEN, 2013-2015.
- Coordinator of cardiac surgery specialty in Syria 2005-2012.

Interested in:

- Adult cardiac surgery
- CABG
- Aortic arch surgery
- Rheumatic heart disease
- L.V aneurysms
- Adult congenital (growing up congenital heart disease)



37- Why and how do we Minimal invasive aortic surgery TAVI ? The cardiac surgeon's point of view

لماذا وكيف تزرع الصمامات الأبهريّة بالقسطار ؟ من وجهة نظر جراح القلب

Professor Dr. med. R. Feyrer

Departement of Cardiac Surgery, University Hospital of Erlangen, Germany

Conventional aortic valve replacement using biological or mechanical valve prosthesis is the gold standard in the treatment of acquired aortic valve diseases. The combination of leaflet removal, annulus decalcification and implantation of the prosthesis yields in excellent long time results. Even in octogenarians mortality and postoperative morbidity are in an acceptable range.

Over 3 decades more than 30% of all patients with severe aortic valve stenosis got no valve surgery because they were not suitable for open-heart surgery. In addition the increase of life expectancy is followed by an increasing prevalence of significant degenerative aortic valve stenosis.

Since 2002 a new therapeutic concept was established: they so called catheter based aortic valve implantation.

These procedures have some special features:

- Patients who couldn't be operated conventionally because of severe comorbidities,
- new cooperation between cardiologist and heart surgeons,
- special post interventional complications with suitable management,
- specific equipment (hybrid OR, interventional training for reduction of learning curve)

The crucial precondition doing TAVI is the formation of an interdisciplinary team consisting in cardiology, cardiac surgery, anesthesia, perfusionists and nurses.

The second important point for success is an exact patient selection followed by certain criteria as well as an exact preoperative diagnosis especially with CT-scans.

The procedure for itself can be down transfemoral or transapical.

Published results are promising good midterm durability and low risk of complication of the procedure.



In conclusion, TAVI is a good alternative in high risk patients if finding of indication and performance of the procedure is done by a special heart team.

Prof. Dr. med. Richard Feyrer, MBA

Center of Cardiac Surgery University of Erlangen-Nuremberg, Krankenhausstr. 12, 91054 Erlangen, Germany, Tel.: +499131/85 33217, Fax: +499131/85 36088, e-mail: richard.feyrer@uk-erlangen.de

(CV) Prof Richard Feyrer, MD, MBA

Date of Birth April 21, 1962

Place of Birth Neuricht, Germany

Address Hirtenwiesen 5, 91074 Herzogenaurach

Current position Since April 1, 2008: Ass. Professor and acting head of department, Center of Cardiac Surgery University of Erlangen-Nuremberg (Department Head: Prof. Weyand)

July 2010: Consultant and Deputy Chief Cardiac Surgeon Sheikh Khalif Medical City, Abu Dhabi

Personal

Married to Dr. Elisabeth Feyrer (date of marriage: September 25, 1985)

Daughter Katharina born on March 9, 1992, Son Johannes born on May 10, 1994, Daughter Helena born on July 27, 1998

Basic Education

Grammar School: 1968-1972 Luitpoldhöhe Grammar School

High School: 1972-1973 Erasmus-Gymnasium Amberg

1973-1981 Max-Reger-Gymnasium Amberg

High School Diploma: May 1981

Military Service

July 1981 - September 1982: IVth Corps of Army Music, Regensburg

University Training

1982-1984 Regensburg University Medical School (Preclinical Courses)

1984-1988 Erlangen University Medical School (Clinical Courses)

1978-1986 Studied trumpet with Prof. Adolf Scherbaum

Internship

1987-1988 Internship: Fürth Hospitals (Internal Medicine, Trauma Surgery)

St. Marien Amberg Hospital (Gynecology)

1984 Ärztliche Vorprüfung (Regensburg)

1985 Ärztliche Prüfung 1. Abschnitt (Erlangen)

1987 Ärztliche Prüfung 2. Abschnitt (Erlangen)

1988 Final Medical Licensure Examination (Erlangen)

Doctoral Thesis

February, 23 1989: Prof. Dr. E.Zeitler, Center for Radiology, Nuremberg Hospitals

"Signal Properties in Magnetic Resonance Tomography: Evaluation of Lung Cancer and Healthy Organs"

Clinical Training/Career

December 1, 1988 – May 1, 1990: Resident in Surgery and Gynecology, Sulzbach-Rosenberg Regional Hospitals (Department Heads: Drs. Leininger/Dodenhöft)

June 1, 1990 – January 15, 1993: Surgical Resident, Sulzbach-Rosenberg Regional Hospitals (Department Head Dr. Leininger)

January 16, 1993 – September 30, 1995: Resident in cardiac and vascular surgery, Erlangen-Nuremberg University Hospitals (Department Head: Prof. von der Emde)



Abstracts

October 1, 1995 – March 31, 1996: General surgical resident, Erlangen-Nuremberg University Hospitals (Department Head: Prof. Hohenberger)

April 1, 1996 – June 30, 1999 Cardiac surgical resident, Erlangen-Nuremberg University Cardiac Surgical Center (Department Heads: Prof. von der Emde/Prof. Weyand)

July 1, 1999 – March 2008: Attending physician, Erlangen-Nuremberg University Cardiac Surgical Center (Department Head: Prof. Weyand)

Since April 1, 2008: Leading attending physician and acting head of department, Erlangen-Nuremberg University Cardiac Surgical Center (Department Head: Prof. Weyand)

Advanced Training

Prof. Alfieri, Mailand (Mitral Valve-Reconstruction),

Prof. Charpentier, Paris (Mitral Valve-Reconstruction),

Prof. Obadia, Lyon (Minimal-Invasive Mitral Valve surgery)

Prof Schäfers, Bad Homburg (Valve sparing aortic surgery)

Surgical Focus

Aortic Surgery (Valve sparing, Aneurysm)

Minimal invasive aortic surgery (TAVI)

Arterial Myocardrevascularisation

Board Certification

General Surgical Boards: July 11, 1996

Cardiac Surgical Boards: March 4, 1999

Approval as University Lecturer (Habilitation) Since April 6, 2006

Approval as Professor Since January 24, 2014

Supplementary Training

Special Qualification Emergency Medicine

Special Qualification Radiation Safety

2000/2002 Postgraduate Course: Economics for Physicians, Neu-Ulm University of Applied

Sciences Certificate: **Master of Business Administration (MBA)** 11/2002

13. August 2015

38- Clinical Cost Management by Sutureless Aortic Valve Implantation

المزايا الاقتصادية والعلاجية لاستخدام الصمام الأبهري الخالي من الخيوط

Dr. med.(univ. Aleppo) Fahed Husri

Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany
Paracelsus Medical University

Aortic Valve Implantation gone through big revolution in the last few Years. Heart team where cardiologists and cardiac surgeons met was important to make the best Therapy plan for each Patient (either TAVI or Surgical Replacement).

In our Centre we are frequently using sutureless Valves through a surgical approach via upper Sternotomy, we noticed big advantages for the patients, faster recovery time, and shorter hospital stays.this all conclude that the cost effectiveness is well saved by using a suture less Valve in comparison to a normal surgical aortic valve replacement, and maybe for high Risk Patients as good as TAVI.



(CV)Dr. Fahed Husri

Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany, Paracelsus Medical University Damaschkestrasse 66, 91088 Bubenreuth

Objective: Cardiac Surgeon

Education:

- 1991-2000 Alamal Private School, Aleppo Syria, 282/290 Very good
- 2000-2003, Aliman School, Aleppo SyriaHigh School, 233/240 Very good
- 2003-2009 Medical Study Aleppo University Faculty of Medicine, 74% Good

Experience:

- 01.02.2010-30.04.2015, University Hospital Erlangen, Erlangen, Germany as a Ass. Arzt(Fellow)
- 01.05.2015-till Present Paracelsus University, Nuremberg, Germany, Ass. Arzt(Fellow)

Interests: Research, Aortic Valve, Coronary Arteries Disease.

References: References are available on request.



10 - Aesthetic and plastic surgery الجراحات التصحيحية

39- Custom made prosthesis for facial bone, do to accident.

العمليات التصحيحية والتجميلية للوجه بعد الحوادث

Op. Dr. Sacid Karademir, BURCU HIZARCI MD

Plastic and Rec. Surgeon, Natures Medical Centre

Istanbul, Turkey

Both the etiology and extend of the tissue defects of head and neck region shows great variability. Anew topics of treatment is producing custo made titanium prosthesis by using 3D CT and mimics program. Whit this technical we can achive most symmetrical treatments as functional and appearance.

40- Eyebrow surgery

الجراحة التجميلية للحواجب

Op. Dr. Sacid Karademir, BURCU HIZARCI MD

Plastic and Rec. Surgeon, Natures Medical Centre

Istanbul, Turkey

Eyebrow surgery is different from Hair Restaration Surgery . Characteristics of donor hair follicle is important. Because one should take in to account while transplanting the hair in to which part of the body. But definetely the lenght of the transplanted follicle should long in the eye brows and eye lashes. However it is not necessary for hair, beard and moustache.

41- Hair reconstruction surgery

زراعة الشعر جراحيا

Op. Dr. Sacid Karademir, Burcu HIZARCI MD

Plastic and Rec. Surgeon, Natures Medical Centre

Istanbul, Turkey

FUT technique was a milestone in hair transplantation surgery until FUE brings new aspect in graft harvesting by which it becomes 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 a 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 2-5% in experienced hands. However it is possible to lose much more hair follicle in inexperienced hands.

(CV) Op. Dr. Sacid Karademir

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

www.natures.com.tr

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 Florence 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.



42- New dimensions in the Foot & Ankle surgery as subspecialty of orthopedic surgery

أبعاد جديدة في جراحة القدم والكاحل كاختصاص فرعي لجراحة العظام

Dr Maan Taba MD

Consultant Orthopedic Foot & ankle Surgeon

Medcare Orthopaedic & Spine Hospital. Dubai

New trends in Foot surgery, Orthopaedic surgery is now divided in subspecialties.

Foot & Ankle surgery is one evolving subspecialty. Main topics in F&A surgery:

1. Acquired deformities :

- Hallux valgus –bunion Hallux rigidus Tailor's bunionette
- Clawing toes.

2. Tendinopathies and insertion al problems in F&A:

- ACHILLES tendinopathies Tibialis posterior dysfunction
- Plantar fascia Gastrocnemius

3. Ankle sports and degeneration problems

- Instabilities OCD OA

4. F &A trauma

- Lisfranc Os calcis Talus Toes and metatarsals.

5. Minimally Invasive Surgery and other new techniques.

(cv)Dr.Maam Taba

Languages Spoken: English, Arabic

DOH License Grade: Consultant

MD from Granada in Andalucia

Training at the 12 October University Hospital in Madrid.

FRCS (Trauma & Orthopaedics)

Specialist Orthopaedic Surgery training Barnet, North London



Abstracts

Specialist Orthopaedic Surgery training at the Royal National Orthopaedic Hospital Stanmore, Middlesex

Professional Experience

Consultant Orthopaedic surgeon at Spire Hartswood hospital in Brentwood, Essex,
 Consultant orthopaedic surgeon at Basildon and Thurrock University Hospitals
 Consultant orthopaedic surgeon, NHS Foundation Trust in Essex

Professional Associations

Member of the British Orthopaedic Foot and Ankle Society (BOFAS)
 Member of the European Foot and Ankle Society (EFAS)
 Member of the Royal College of Surgeons
 Member of the Spanish Orthopaedic Surgeons' Society (SOMACOT)

Dr Maan Taba MD , Consultant Orthopedic Foot & ankle Surgeon, Medcare Orthopaedic & Spine Hospital. Dubai

43- Indication of Fractional Micro needling (Dermapen) in the aesthetic field

إستجابات المعالجة بالتثقيب المجهري على الجلد في مجال تجميل البشرة

Belkais Marwan, MSc, MD Dermatologist
 Dubai, UAE

The (Fractional Microneedling) Dermapen is an automated-microneedling therapy system that vertically pierces the skin to naturally stimulate collagen and elastin with minimal epidermal damage. The Dermapen's automatic vibrating function increases the effectiveness of treatment by increasing absorption of products, while reducing pain and discomfort. Fractional micro delivery provides unparalleled collagen induction via fragmented delivery of needles into the epidermis and dermis. These micro injuries to the skin encourage the power of the body's innate ability to re-grow and repair the skin through the physiology of collagen induction. There is increased local blood circulation too that will bring more nutrients and growth factors to the area we are treating. It stimulates an inflammatory reaction that encourages certain fibroblasts to come into the area to generate collagen. The body's ability to remodel and heal itself is at the heart of this amazing product and because the process never involves heat or thermal energy or other chemicals or unnecessary trauma, the skin can quickly heal with almost zero downtime.

Effective for:

- Skin tightening, lifting and rejuvenation
- Improves acne scars and wound healing
- Improves wrinkles and fine lines
- Minimizes pore size
- Improves stretch marks
- Treats and improves alopecia
- Lightens hyperpigmentation



CV Dr Belkais Marwan is a Specialist Dermatologist & Laser Therapist

Dr. Belkais Marwan graduated from Al Minia University in 1994; she obtained her Masters Degree in Dermatology in 1999. She discussed her MD research in Aesthetic Dermatology 2008 in Al-Minia University. Dr Belkais worked as an Assistant Lecturer from 2000 till end of 2012 at Al Minia University, Egypt then for two and half years at Medcare Hospital from 2009 till 2011. She worked as a partner in a private clinic from



April 2011 till December 2014 then she moved to her Clinic (DermaPremier Skin Clinic) on January 2015 till now.

EDUCATION

- Diploma in Aesthetic Medicine, the American Academy of Aesthetic Medicine
- MD research topic about: A thesis submitted for partial fulfillment of Doctoral (M.D.) degree in Dermatology, STDs and Andrology Titled: Laser resurfacing versus Botulinum toxin injection therapy for facial wrinkles.
- Msc Master Degree in Dermatology and Andrology, Al Minia University , Egypt
- Bsc. in Medicine and Surgery, Al Minia University, Egypt
- Conducted lectures:
- Conducting lectures in Iran international congress on Oct 2012
- Conducting in Cannes face to face Cannes congress on Nov 2012
- Conducting lectures in Dubai ICAAM on Dec 2013
- Conducting lecture in Dubai ICAAM conference on Dec 2014
- Conducting lecture in South Korea (Seoul) ISDS conference on Oct. 2015

Published Papers:

- Clinical and Histopathological studies in vesiculo-bullous diseases. This article published in Dermatology Surgery Journal; 2000
- Effects of Laser Resurfacing on p53 Expression in Photoaged Facial Skin. This article published in Dermatology Surgery Journal; Volume 33 Issue 6 Page 668-675, June 2007.
- Fractional RF with Micro-needling to treat Acne and Acne Scars. This article published in Prime Journal; International Journal of Aesthetic and Anti-aging Medicine; Volume 3 issue 4 Page 52-57, June 2013.

Belkais Marwan, MSc, MD Dermatology

Specialist Dermatologist & Laser Therapist, Advanced Specialty Clinics
Villa 8B, Jumeirah Beach Road, P O Box 450479 Jumeirah, Dubai, UAE

11 - Nephrology and Nutrition **جلسة الكلية و التغذية الصحية****44- The modern approaches to prevention of complications in hematological personified breast cancer chemotherapy.**

الأساليب الحديثة للوقاية من الإختلالات الدموية بالمعالجة الكيميائية لسرطان الثدي

Associate Professor Hojoui M.I.I N., Bondarenko, , El Hahaj MH, Zavyzyon VF, Sukhaversha OA Prokhach AV, Artemenko MV, Abu Shamsia R

Department of oncology and medical radiology, SE" Dnipropetrovsk medical academy of Health Ministry of Ukraine"

Dnipropetrovsk, Ukraine

Actual problems. In the structure of morbidity of the female population, in the first place for most economically developed countries in Europe, belongs to breast cancer (breast cancer). Over the past thirty years, the incidence of breast cancer in the world has increased by more than 20%. The annual increase in the incidence of breast cancer in 1999 was 1.5% [1, 2, 3].

Requirements to date to treat breast cancer indicate that it should be comprehensive, aimed at preventing the generalization of the process and should include a set of adequate systemic (chemotherapy, hormonotherapy, targeted therapy) and locoregional (surgery, radiotherapy) treatment [4]. Personalized choice of the type of treatment, drugs, the mode is determined by histological subtype tumors expressing HER2 / neu, endocrine, clinical and anamnestic characteristics, level of risk factors as well as previous drug therapy, in the case of metastatic process [5, 6]. Despite the emergence of targeted therapies, chemotherapy (CT) remains the mainstay of cancer treatment. According to many researchers, including chemotherapy regimen in patients with breast cancer significantly reduces the relapse rate of the disease by 13.8% and the mortality - by 15%. The difference in survival in patients receiving and not receiving chemotherapy is approximately 2 years [7, 8].

Objectives of the study:

1. To analyze the data of contemporary literature on the prevalence of hematological complications in patients with breast cancer in the course of systemic treatment and their impact on the effectiveness of treatment.
2. To study the changes of basic hematological parameters in the adjuvant treatment of breast cancer patients receiving chemotherapy in combination with G-CSF.
3. Evaluate the effectiveness of prolonged CSF (pegfilgrastima) in the prevention of hematological complications of HT.

CONCLUSIONS

1. According to the literature neutropenia, leukopenia and anemia are the most common hematological complications of breast cancer chemotherapy. Critical thrombocytopenia develops rarely. Influence of hematological complications of chemotherapy on treatment outcomes (overall and disease-free survival) has been insufficiently studied.
2. Patients with breast cancer who received adjuvant chemotherapy according to the scheme in conjunction with the TC administration at 24 hours after infusion of cytostatics prolonged GCSF (pegfilgrastima) the greatest reduction of leukocytes, neutrophils and platelets occurred by the end of the first week of the cycle (there had been cases of grade 3-4 neutropenia and grade 1-2 thrombocytopenia). Without additional assignments indicators of leukocytes, neutrophils and platelets gradually restored to normal levels by 15 - 21th day of the cycle. The incidence of febrile neutropenia was fixed. Regular courses of adjuvant chemotherapy



were conducted in the period. Reduced hemoglobin levels were not critical, the most intensively occurred during the first two cycles (to 11.8%). Subsequent courses hemoglobin levels did not decrease significantly. During the four cycles observed a gradual decline in hemoglobin levels. Dependent decrease in hemoglobin level on the day of the treatment cycle is not fixed.

3. In patients with breast cancer who received treatment under the scheme CU prolonged use of modern G-CSF allows a high degree of efficiency to carry out prevention of leukopenia and neutropenia.



45- Diabetic Nephropathy

مرض السكري الكلوي

Dr. Belquis Khaled

Tor Vergata University

Rome Italy

46- Chronic Renal Insufficiency Secondary Anemia

أمراض الكلى و مضاعفات فقر الدم

Prof. Sabri Shamsan Hassan

Director Nephrology Villa Sandra

Rome, Italy



Prof. Hassan Sabri Shamsan

Via Malafede 40 / a2 / 8 - 00125 Rome /Italy

Personal Data

Name: Hassan Sabri Shamsan

Date and place of birth: October 23, 1956, Aden (Yemen)

Nationality: Italian-Yemeni

Marital Status: Married with three children

Qualification: Degree in Medicine and Surgery

General Education

- 1975-76: Certificate of License Liceale, address scientific - Yemen
- 1984: Degree in Medicine and Surgery at the University of Timisoara (Romania)
- 1993: Recognition of a degree in Medicine and Surgery from the University of Tor Vergata in Rome

Courses Post-graduate degree

- Specialization in Nephrology at the University of Rome "La Sapienza"
- Course of Hypertension and Nephro-Urological Ultrasound Course

Clinical Experience

- 1995-96 to date: Head of department of nephrology and dialysis at the Nursing Home Rome "Villa Sandra"
- 1998 to present: It collaborates with several research programs within the study of metabolic diseases of the skeleton of uremia at the "University of Rome "La Sapienza" with Prof. S. Mazzaferro



- 2000: And 'member of the Board of Directors of the' Association of Foreign Physicians in Italy
- essential principles in substitution treatment in the context of 'IRC
- Founder of AMSI and councilor of directors Congress in April 2006 IPERTENSIOE BLOOD (the order of the Medici in Rome) during aggrinamento nephrology (the order of the Medici in Rome) RENE POLYCYSTIC. University Professor with many dela wisdom of Rome.

Memberships

- Member commission Italian Minister of Health to order the member commission Foreign Doctors in Rome
- Vice President and founder of the Association of Doctors' Ospedalità Accredited (A.M. O. P. A)
- European Dialysis Transplant Association since 1998
- Italian Society of Nephrology since 1996
- A I M M U 2000
- 2007 March 27 HYPERTENSION AND RENAL INJURY (Per Order - Medici in Rome)
- Coordinator for the April immigration LAZIO REGION
- June 27 COURSE E.C.M UPDATE. (The choice of the method dialysis in uremic patients: UPDATE ON SELECTION CRITERIA AND ORGANIZATIONAL MODELS
- October-2008-Faceo the BROWSE THE ORDER OF DOCTORS OF ROME
- Publications Original Papers 32 As Author

47- The effect of periodontal disease on public health: heart, diabetes, pregnancy, arthritis and lung

تأثير أمراض اللثة على الصحة العامة: القلب، الداء السكري، الحمل، التهاب المفاصل، الرئة

Dr. Mohamed Haysam Sawaf
Parodontologie-Implantologie
Paris, France

Dr. Mohamed Haysam Sawaf
Parodontologie-Implantologie
219,rue La Fayette, 75010 Paris
Paris, France
26 Rue du Bois Saint-Martin, 77340 Pontault-Combault, Frankreich



Academic Session 12 الجلسة الأكاديمية

News about the activities of international medical associations

48- Experience of scientific research at Andalus University in Syria

تجربة البحث العلمي في جامعة الأندلس

Prof. Dr. A.K. Martini, Prof. Dr. Faidi Omar Mahmoud

President of Al Andalus University, Qadmus, Syria



Al Andalus University was founded 8 years ago and is dedicated to medical sciences, comprising: Dentistry, Pharmacy, Medicine, and Medical Engineering. Two additional departments – nursing and hospital administration – are being created and will celebrate commencement this year .

This presentation will discuss the experiences of founding, developing, of scientific research and running the university; it will also address the successes as well as special topics arising from the current political situation. The speakers will also discuss plans for future developments and expansions of the university.

Prof. Dr. A.K. Martini, President of Al Andalus University, Qadmus, Syria,

Prof.Dr.med.Abdul MARTINI

- Born in 1942 in Idleb / Syria
- Medical School at the University of Damascus 1959 - 1966
- In Germany since 1966:
- Specialist training in orthopedics at the University Hospital Hamburg-Eppendorf
- Board certification 1972
- Plastic and Hand Surgery in BG-Trauma Center Ludwigshafen, 1972-1977
- Head of the Section Hand and Microsurgery at the Orthop.Uniklinik Heidelberg 1977-2007

Academic qualifications:

1. Venia legendi for Orthopedics 1987
2. To the APL - Chair 1993
3. Subdivision and additional names: Plastic surgery, Rheumatology Sports Medicine, Hand Surgery

Honors:

- Presentation of the price of the HEINE DGOT 1990
- Award of the Federal Cross of Merit 1998

Publications:

- Numerous figures in national and international journals
- Co-founder and editor of the magazine: Upper Extremity, Steinkopff Verlag 2006
- Author of 5 books in Orthopedics and Hand Surgery, and co-author of other books
- Numerous presentations at national and international conferences. President of the annual congress of the DGH 1997 and 2007
- Several training courses in the Hand, Plastic and Microsurgery

Support:

- 2x Habilitation
- 21x Dissertation

Professional organizations:



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1. Member of the DGOOC (German Society for Orthopedics and Orthop.-surgery) and Head of the Section Hand, Microsurgery and replantation since 1995
2. Honorary Member of DGH (German Society for Hand Surgery) and its President for 2006-2008
3. Honorary Member of the GOTS (Society of Sports Traumatology)
4. Member of the European and International Societies of Hand Surgery
5. Member of the charitable organization: Interplast, Hammer Forum. With humanitarian operations in India, Pakistan, Afghanistan, Bosnia, Benin, Eritrea, Somalia, Yemen, Palestine
6. Member of the Union of Arab doctors in Europe ARABMED

Current occupation:

President Of Al Andalus University For Medical Sciences in Syria

49- News about the activities of international medical associations

أخبار الجمعيات الطبية العربية في المهجر

Speeches

11. Representative of Arab League
 - Ambassador Said Alhadi director of the Department of Health Arab League
 - Mr. Hatem El-Ruby Member of the Technical Secretariat of the Council of Arab Health Ministers
12. Dr. Abdul Hamid Sinan Representative of Sharq Hospital
13. Dr. Samir Quawsmie Representative of ARABMED in Jordan
14. Prof Dr.Wadea Tarhuni Representative of Canada
15. Dr Ossama Al Babbili Representative of ARABMED in UAE and Gulf Regin
16. Dr. Dr.Tammam Kelani President of ARABMED in Austria
17. Dr. Ghassan Elaghe President of ARABMED in Ireland
18. Prof Sabri Shamsan Hasan of ARABMED in Italy
19. Rami N Abu Shamsiya President of Association of Arab physicians in Ukraine
20. Representative of International Islamic Youth League, African Youth Development Centre Dr. Hamid Ahamed Kanneh (PHD) Chairman and Chief Executive Officer



13 Poster Session جلسة البوستر

50- Impact of Dietary Adherence on Blood L-phenylalanine Levels among Phenylketonuria children aged 6-18 years in the Gaza Strip: Cross-sectional Study

دراسة عن تأثير الحمية على عتبة الفينيلالانين الدموي لأطفال غزة المصابين بالبييلة البروتينية (الفينيلالانين) الوراثية

Assistant Professor Abdalraziq Salama

Faculty of Pharmacy Al-Azhar University – Gaza, Palestine

Phenylketonuria (PKU) is an inherited disorder of protein metabolism which inhibits the body's ability to metabolize the essential amino acid phenylalanine. This study aimed to identify the level of adherence to dietary therapy among PKU patients in Gaza Strip and to examine the attitudes of parents toward their children. The sample of the study consisted of 92 PKU patients aged between 6 – 18 years, and 92 parents. Descriptive, cross-sectional design was used in this study. For data collection the researcher used constructive questionnaire, anthropometric measurements and blood samples for phe analysis. The results showed that 52.2% of patients were males and 47.8% were females, 41.3% had low BMI, 55.4% had normal BMI and 3.3% were overweight. Concerning phe, 32.6% had phe within recommended range and 67.4% had high phe levels, 96.7% were following diet therapy and 91.3% started diet therapy during their first year of life, and 81.5% of patients receive prescribed diet from MOH clinic. Also, 40.2% of patients follow recommended protein restriction every day and 28.3% follow it most of the days, 42.4% taking protein substitute every day and 48.9% take protein substitute most of the days, 1.1% count phe in mg, 64.1% count protein in grams, while 34.8% of children do not count anything. In the past six months, 60.9% checked phe level one or two times, 15.2% checked it three to six times, while 21.7% did not check their phe in the past six months. There were no statistical significant association between gender and: adherence to protein restriction ($\chi^2 = 4.87$, $P = 0.301$), taking protein substitute ($\chi^2 = 3.08$, $P = 0.379$), and phe level ($\chi^2 = 0.36$, $P = 0.548$). There was statistically significant association between level of education and taking protein substitute ($\chi^2 = 18.12$, $P = 0.000$), and phe level ($\chi^2 = 7.32$, $P = 0.007$). Also there were statistically significant association between age and taking protein substitute ($\chi^2 = 19.21$, $P = 0.000$), and phe level ($\chi^2 = 6.63$, $P = 0.010$). The results also found nonsignificant association between gender and the importance of keeping track with phe intake ($\chi^2 = 0.07$, $P = 0.784$), importance of following protein restriction every day ($\chi^2 = 0.91$, P value was 0.339), importance of getting tested frequently ($\chi^2 = 1.39$, $P = 0.498$), and importance of having good relationship with staff at clinic ($\chi^2 = 0.68$, $P = 0.709$). Concerning parents' knowledge about PKU, the results showed that there were nonsignificant differences between fathers and mothers in all aspects of knowledge about PKU. On the other hand, there was statistically significant association between parents' level of education and knowledge about the effect of diet on child's health status ($\chi^2 = 12.52$, $P = 0.006$), knowledge about prevention of developmental delays that may occur among PKU children ($\chi^2 = 23.14$, $P = 0.000$), knowledge about the importance of diet therapy in improving health status of PKU children ($\chi^2 = 6.19$, $P = 0.045$). There were nonsignificant differences between fathers and mothers in their attitudes toward their PKU children. There were statistically significant association between parents' level of education and attitudes in the following aspects; instructing the child to have prescribed diet ($\chi^2 = 13.17$, $P = 0.001$), listening to children thoughts and opinions ($\chi^2 = 6.71$, $P = 0.010$), helping their children in doing



Abstracts

school homework ($\chi^2 = 13.54$, $P = 0.001$), and thinking that their children will be effective and productive in the future ($\chi^2 = 4.31$, $P = 0.038$). Also, there was statistically significant association between parents' work status and accompanying the child to the clinic ($\chi^2 = 7.69$, $P = 0.021$), allowing their children to participate in family discussions ($\chi^2 = 12.32$, $P = 0.002$), and thinking that their PKU children will be effective and productive in the future ($\chi^2 = 16.58$, $P = 0.000$). The study concluded that extra efforts are needed to alleviate barriers that may influence PKU patients' adherence to diet therapy.

Assistant Professor. ABDALRAZIQ SALAMA

2Faculty of Pharmacy, Al-Azhar University - Gaza

ALABARA street 08 Gaza, Palestine

(CV) Assistant Professor. ABDALRAZIQ SALAMA

Food Technology Agriculture and Environment

Department of Food Science and Technology, Faculty of Agriculture and Environment, Al-AZHAR HURL

2Faculty of Pharmacy, Al-Azhar University - Gaza

ALABARA street 08 Gaza, Palestine

Date Of Birth March 21, 1960 Khan Younis City, Palestine

**Academic Qualifications**

- 1994 Doctoral Degree, PHD, Alexandria University, Egypt (Chemical, Nutritional, Microbiological and Technological studies on Brewers Spent and Malt Sprouts.)
- 1988 Master Degree, MSC, Alexandria University, Egypt (Chemical, Technological and Microbiological Studies on the Fermented Food.)
- 1984 Bachelor Degree, BSC, Alexandria University, Egypt (Bachelor of Science in Agriculture Honor (Food Technology))

Administrative Duties

2012 - Present Head of Department of Food Technology, Al-Azhar University, Department

2010 - 2012 Dean of Faculty of Agriculture and Environment, Al-Azhar University, Faculty

1997 - 2010 Director of Food Analysis Laboratory, Al-Azhar University, University

Professional Affiliation/Membership

2004 Agricultural Development Association (PARC) Secretary of Board, Member, National

51- Impact of Spirulina on nutritional status, hematological profile and anaemia status in malnourished children in the Gaza Strip: Randomized clinical trial

دراسة عشوائية على تأثير سبيرولينا (منتجات جرثومية) في الدم على اطفال غزة المصابين بسوء التغذية

Mr Mahmoud Al Sheikh Ali

Faculty of Pharmacy, Al-Azhar University

Gaza, Palestine

Background: Malnutrition is a global health problem that affects children mainly in the developing countries with high poverty rates.

Aims: The objective of the study is to assess the impact of nutritional rehabilitation using Spirulina platensis versus Vitamins and Minerals supplementation on the nutritional status, hematological profile and anaemia status in malnourished children less than 5 years of age.

Method: The study utilized the experimental design in which 87 malnourished children aged < 5 years attending AEI rehabilitation program were enrolled. Children were stratified and simply randomized into two groups: Vitamins and mineral group (A); 30 children treated daily with vitamins and minerals and Spirulina group (B); 30 children of the same age range were given 3 grams of Spirulina daily. Anthropometric measurements and blood sample were collected at baseline and after 3 months of the trial.

Results: Baseline anthropometric indices of all the children were; WAZ score was – 2.42, HAZ score was – 2.13, and WHZ score was – 2.09, which indicated that the children had poor anthropometric characteristics. Anthropometric improvements reflected that Spirulina was almost effective as vitamins and minerals supplements. Significant increments in median ferritin as well as iron levels were reported in the Spirulina group only (P value < 0.001). The associated significant improvements in Hb, MCH and MCHC reflect the positive changes in the hypochromic anaemia towards the normal values in (B) group. The results reported significant improvement (33.3% to 66.7% non-anemic; p = 0.000) in anemia status at the end of the intervention in the Spirulina group.

Conclusions: The results of the study reflected that Spirulina was valuable and effective supplement in treating malnutrition, and could be used in a wide range since it is cheap compared to other pharmaceutical preparations and formulas.

Trial registration: Current Controlled Trials PALMOH132234.

Key words: Spirulina, malnutrition, anaemia, Gaza Strip.

Mr Mahmoud A.El lateef Al Sheikh Ali

Faculty of Pharmacy, Al-Azhar University - Gaza

Alsenaha Street, Al-Remal, 08 Gaza, Palestine



(CV) Mr Mahmoud A.El lateef Al Sheikh Ali

Alsenaha Street, Al-Remal, Gaza Strip

D.O.B: 05/08/1981 in Rafah, Palestinian

Education

- Al-Azhar University – Gaza – Palestine. Master of clinical nutrition program.
- Complementary Medicine Academy – Egypt. Diploma in Complementary and Alternative Medicine.
- Al-Azhar University – Gaza – Palestine. Faculty of Pharmacy. B.Sc. General Pharmacy.

Professional Experience in Gaza

31st Annual Meeting of ARABMED In Europe in Fujairah 24- 28 Oct. 2015



Abstracts

- June 2007 - Dec 2009 trainer of health education in Culture and Free Thought Association
- June 2008 till now, Director of Palestinian pharmacist Forum
- Dec 2009 - March.2010 trainer of health education in Ministry Of Health
- Jan 2011 up till now Nutritionist through AL-Quds and Alwan radio
- May. 2008 up till now I work as trainer in health education and nutrition in a variety of institutions.

Job Title

Official of nutrition and health education unit in Culture and Free Thought Association.
Chairman of the Board of Directors of the Association of Pharmacists Forum Charity.

References:

Pharmacist .Abdallah sehweel : Cell: + 972 (0598) 920900, e-mail:a_sehweil@hotmail.com
Mr. Esam Jouda : Cell: + 972 (0597)783778 e-mail:esam_paltak@hotmail.com

52- Impact Of Fiber Concentrate On Insulin Sensitivity And Other Metabolic Control Among Diabetic Type 2 Patients: Randomized Control Trial (RCT).

دراسة عشوائية على تأثير الحمية بالألياف المركزة على حساسية الإنسولين والإستقلاب عند السكريين من النوع 2

Dr. Ihab A. Naser, Ayman S. Abu Tair, Amin T. Hamid

Al Azhar University, Gaza

Objective: The objective of the study was to determine whether fiber concentrates supplementation improves both insulin sensitivity and metabolic control in type 2 diabetic patients.

Method: 36 Type 2 diabetes patients, non-smoke, aged >35 years were stratified to different strata according to age, sex and fasting blood sugar level and randomly assigned into two groups, the first group which consist of 18 participants will be on fiber concentrate (30 grams daily), and the second group which consist of 18 participants will continue on their regular diet for eight weeks.

Results: The results reported statistically significant differences in F.B.S. (MD 43.555P < 0.000) HbA1c (MD 0.927, P < 0.000), insulin level (MD 4.776, P < 0.000), C-peptide (MD 2.032P < 0.000, HOMA-IR (MD 5.471, P < 0.000) and HOMA-B% after 8 weeks of fiber concentrates supplementation.

The results also reported significant reduction in the dyslipidaemia indicators (Triglycerides, Cholesterol and LDL by the end of the intervention program.

Conclusion: The reduction in glycaemic response was enhanced by combining soluble fiber to the normal diet. Consumption of foods containing moderate amounts of these fibers may improve glucose metabolism and lipid profile in type 2 diabetes patients.

Key words: Diabetes, insulin, fasting blood sugar, fiber.

CV Dr. IHAB NASER, PhD (Community Nutrition)

Gaza -Palestinian Authority
Flat 401, Bldg 29-Alsheikh Zaid – Beit Lahia



Current position

Director of Gaza city directorate, Head of Food laboratories Department at Ministry of National Economy, Gaza

Education

- 2013 PhD Household food insecurity and nutritional outcomes among social welfare recipients, followed by Animal Source Food (ASF) intervention program for malnourished children (Nutrition). Universiti Sains Malaysia, Malaysia
- 1995 -1997 M.sc Biochemistry (Clinical Biochemistry & Nutrition) ,Dr. B.A.M. University India
- 1991-1994 B.sc. Biochemistry , Gujarat University – India

Highlights and Qualifications

- Four years experience in food intervention programs and reduction of malnutrition
- 15 years experience in food safety and food assurance
- An excellent knowledge in household food insecurity and nutritional outcomes
- Strong Bio-statistical skills (SPSS, STATA)
- Excellent skills in project management and project evaluation
- Good proposal writing skills.
- Honest, motivated, hard working and enjoy strong personality
- Good training skills, organizational & computer skills.
- Fluent in English language
- Holding a valid driving license

Work experience

- 2013 - Present as a Lecturer Al Azhar University – Gaza Faculty of Pharmacy, Part time Lecturer at Master of Clinical Nutrition Program
- 2013- present as a Lectur Al Quds Open University – North Gaza Branch Part time
- 2013- present as Lecturer of Human Nutrition for Health Management students Part time
- 2012 as a Trainer Union of Agricultural work committees (UAWC) Funded by Norwegian People's Aid Defending Our Rights DOR Sovereignty on the food

53- Intelligent Computer Vision System For Sprague Dawley Rat Sperm Classification

دور الكومبيوترات الحديثة في تصنيف جودة الحيوانات المنوية عند الفئران

سامي عبدالله محمد سلامه Samy A.M. Salamah

Palestine Technical College, Gaza, Palestine

Semen analysis is essential in the clinical workup of the infertile people patients. Sperm morphology is assessed routinely as part of standard laboratory analysis in the diagnosis of human male infertility. Poor sperm morphology is an important indicator of decreased fertility in men. In medical imaging analysis, rat sperm has been used as a research sample because of the similarity of rat and human anatomy. Testing on humans may lead to unnecessary complications; hence, rat sperm is employed instead. Manual methods are still used by pathologists in the detection and classification of Sprague Dawley rat sperm. This method tends to result in errors and is also time consuming. The existence of a computer vision system would assist pathologists in overcoming these problems and, consequently, produce more accurate results. The system is capable of classifying rat sperm into two groups, namely, normal and abnormal, based on the morphological characteristics of the sperm head. Furthermore, the system has the ability to classify the shapes of abnormal sperms such as banana and hookless shapes. The new system consists of five stages. In the first stage, the sperm noisy images are filtered by using hybrid modified alpha-trimmed mean algorithm. In the second stage, sperms are segmented using the Adaptive Fuzzy Moving K-means (AFMKM) clustering algorithm. In the third stage, a new automatic cropping algorithm is used to isolate the sperm head and to exclude other details. In the fourth stage, the feature extraction process is performed, wherein five features namely, curvature angle, two flattened angles, curvature depth, and number of curvatures are proposed to classify the sperm head of the rat. In the fifth and final stage, the sperm head is classified using Hybrid Multilayered Perceptron (HMLP) neural network trained with Modified Recursive Prediction Error (MRPE) algorithm. The training accuracy produced by this neural network was 94.7% and the testing accuracy was 98.7% based on the fivefold analysis method. The system is efficient and also helpful to medical lab technicians and biologists.

Assistant Professor Samy A.M. Salamah

Palestine Technical College, Position, Gaza, Palestine

**54- Venomous Snakes In Oman**

الثعابين السامة في سلطنة عمان

Dr. Al Rashdi Yahya Abdullah Armed

Director of medical service of Royal Army in Oman
Sultanate of Oman

Hemodynamic changes after hypothermic circulatory arrest in comparison to continuous "low-flow bypass" before and after modified ultrafiltration after aortic arch surgery

التغيرات الهيموديناميكية في جراحة قوس الأبهر في كل من طريقتي توقيف الدورة الدموية الكامل والتبريد او بالحفاظ على دورة دموية معتدلة

Dr.med Nora Omar Mahmoud, Prof. Dr. med. R. Cesnjevar

Departement of Pediatric Cardiac Surgery, University Hospital of Erlangen, currently in Cnopf'sche Kinderklinik Nürnberg, Germany

Background and Objectives: Interventions on the aortic arch are routinely carried out in deep hypothermic circulatory arrest (DHCA). This method is accompanied, however with potential neurological damage, since the cerebral perfusion must be stopped now. Therefore, in recent years has increased the importance of the use of low-flow process by which the supply to the brain can be maintained and thus failed the neurological complications lower, which could be demonstrated in numerous studies. The extent to which the hemodynamics differs from each other during the use of these two methods should be clarified with this experiment.

More attention should be drawn in addition to the perfusion on the blood gas management (α -stat or pH-stat) and the hemodynamic changes associated.

Methods: 26 piglets were included in the study, of which 14 animals were cooled to 20 ° C and then a 60-minute cardiac arrest followed (group 1, DHCA) and the remaining 12 animals at 25 ° C via a bypass in the innominate artery with 30% were perfused the nominal flow for 60 minutes (Group 2, low-flow). Group 1 and Group 2 were additionally after blood gas management in the subgroups 1 a (DHCA, α -stat, n = 7), 1 b (DHCA, pH-stat, n = 7), 2 A (low-flow, α -stat, n = 6) and 2 b (low flow, pH-stat, n = 6) divided.

At different time points were measured using a Swan-Ganz catheter and a PICCO catheter examined the following hemodynamic parameters: MAD, LAP, CO, CI, PAP, PVR, CFI, SVR, ITBVI, EVLWI and GEDVI. Two ultrasonic flow probes provided information about the rivers in the common carotid artery, and the femoral artery.

Results: The tests showed no significant differences between the different perfusion (DHCA, low-flow) with regard to hemodynamics. The low-flow process clearly shows the continuous supply of both hemispheres, despite only unilateral cerebral perfusion through the innominate artery. However, it was observed no effective perfusion of the lower limb on congenital collaterals between the innominate artery and the descending aorta.

Conclusions

The low-flow process represents a there sufficient alternative to standardized for many years standstill method at Aorten arch operationen. Since the low-flow method impact no negative impact on hemodynamics, it can be assumed that the low-flow method for the future of surgical intervention will be established at the aortic arch, as it helps to avoid the ante grade perfusion of the brain neurological damage. An

effective perfusion of organs sub diaphragmatic over unconditioned Collateral system cannot be confirmed.

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Education

10/2001 - 11/2007 medicine study at the Friedrich-Alexander University of Erlangen with the conclusion of the state examination on November 28, 2007

Dissertation (University of Erlangen): Hemodynamic changes after hypothermic circulatory arrest in comparison to continuous "low-flow bypass" at aortic arch operation with use of extracorporeal circulation

April 7, 2014 Specialist in Pediatric Medicine (German Board), Medical Association of Bavaria, Germany

55- Efficiency evaluation of correction of iodine deficiency among adolescent girls in the iodine deficiency region.

تقييم معالجة نقص اليود لدى الأعمار الفتية في منطقة قباردينيا بالقاريا

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Objective: the efficiency evaluation of correction of iodine deficiency among adolescent girls was carried out.

60 adolescent girls were taken into the group for correction of iodine deficiency. The study began with the collection of complaints, anamnesis and passport data, diseases, injuries, surgeries transferred in childhood. Assessment of the state of health of children was based on a medical examination of doctors: pediatrician, neurologist, ophthalmologist, endocrinologist, psychologist, otolaryngologist, urologist, obstetrician-gynecologist. Functional state of the girls' thyroid glands was assessed on the basic markers of thyroid function: TSH levels and FreeT4 in the blood serum.

On the basis of studies and taking into account the physiological levels of iodine intake by children and adolescents, recommended by WHO (2001) and leading Russian experts was used official preparation "Iodomarin" (Berlin Chemie, Germany) containing potassium iodide. The preparation was prescribed at a dose of 150 mg per day for 12 months, followed by re-examination.

Thyroid ultrasound was performed on the unit «Medison SA - X8» (South Korea) linear transducer 7.5 MHz. Thyroid volume was calculated by the formula of J. Brunn and co-authors (1981): thyroid volume = [(length × width × thickness of the left lobe) + (length × width × thickness of the right lobe)] × 0,479.



For frequency of goiter at girls took all cases exceeding the actual amount of thyroid upper limit of normal (97 percentile) were taken, calculated based on body surface area for the children living in conditions of normal iodine provision.

Inorganic iodine excretion in a single urine sample was determined by cerium arsenite method and evaluated the results spectrophotometrically by Saundell-Kolthoff reaction in the laboratory of clinical biochemistry. For standard the median urinary iodine rate was taken equal to 100-300 mg / l urine. Assessment of the severity of iodine deficiency in different climatic zones of KBR was based on international criteria of WHO. In the structure of the vast majority of EG were diffuse forms (98,0-98,6%), nodular goiter was detected in 1.4% of the girls flat area, 1.7% of schoolgirls from foothills and 2.0% of the residents of mountainous areas ($P > 0.1$).

Statistical analysis of the factual material is made using the program Microsoft Excel 2007, and with the help of software packages Stat Soft Statistica 6.0.

All the girls had a repeated ultrasound examination of the thyroid gland after 12 months f taking the preparation. The volume of the thyroid gland in girls group exposure significantly decreased in 1,6 times ($11,5 \pm 0,28$ cm 3 to $7,1 \pm 0,31$ cm).

There were revealed such changes: significant changes in the level of pituitary hormones, thyroid, peripheral steroids while taking "Iodomarin." Thus, the concentration of thyroxine increased in 1.3 times, triiodothyronine – in 2.5 times. The content of thyroid-stimulating hormone in blood serum almost halved. A decrease in the concentration of FSH from $12,06 \pm 1,02$ iu / l to $8,67 \pm 0,58$ iu / l was noted. The LH level decreased from $24,3 \pm 0,17$ iu / l to $18,7 \pm 0,4$ u / l, with a ratio of LH / FSH to normal for all girls group exposure. These data, in conjunction with increased levels peripheral steroids (estradiol from $198,2 \pm 0,51$ ng / ml to $243,6 \pm 0,84$ ng / ml and progesterone from $13,01 \pm 0,36$ ng / ml to $17,6 \pm 2,05$ ng / ml), show the normalization of the hypothalamic-pituitary function and the transition to the ovulatory menstrual cycle.

Median urinary iodine concentration at adolescent girls with IDD after 12 months taking of "Iodomarin" increased in 2 times. Significant changes in the degree of urinary iodine. So 6 months after taking the preparation in the group of exposure only 6.7% (2) girls with low urinary iodine remains, the percentage of girls with moderate urinary iodine decreased by 4 times (from 73.3% to 13.3%), and the number of women with high urinary iodine increased from 6.7% to 80%, ie in 11 times.

If, before taking iodine-containing preparation in 3 (50%) of adolescent girls exposure group the level of urinary iodine corresponded to iodine deficiency mild degree (<5 mkg%), 2 patients (33%) - moderate degree (2-4,9 mkg%), and 1 (17%) - severe degree (<2 mkg%) of iodine deficiency, after the 12-months correction in only at 2 (6.7%) of girls from the group mild iodine deficiency was revealed.

Conclusions: the drawn correction of iodine deficiency had a positive impact on the hypothalamic-thyroid system: thyroid volume decreased by 1.6 times; TSH content decreased in 2 times; T3 level increased in 2.5 times; T4 – in 1.3 times. The median urinary iodine increased in 2 times, iodine deficiency moderate and severe was not identified at all, while the number of girls with mild iodine deficiency decreased in 7 times.

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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

**56- Medical and demographic situation in Kabardino-Balkaria.**

الإحتياجات الطبية التي تفرضها التغيرات السكانية في منطقة فيردينا بلقاريا

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By the beginning of XXI century the medical and demographic situation in Kabardino-Balkarian Republic (KBR) was characterized by low birth-rate, deterioration of health, reduced reproductive capacity and aging of the population with a high level of perinatal and infant mortality, growing morbidity and disability, extremely low social and economic level and poor social protection of the population. This situation, of course, was a consequence of the negative impact of social, economic and political processes of the last quarter of the twentieth century and reflected primarily in the health indicators of the most vulnerable parts of society - children and adolescents.

Objectives: to analyze the dynamics of morbidity of children and adolescents from KBR from 1995 to 2013 against the backdrop of current demographic



processes in the republic to improve the provision of treatment and preventive care for children's population.

Materials and methods. To assess the health indicators of children (0-14 years) and adolescents (15-17 years) such data were used: the annual reporting forms Ministry of Health of KBR, and the analysis of demographic indicators was performed according to the statistical data of the Federal State Statistics Service of KBR. Selection the time interval from 1995 to 2013 was caused by social and economic changes in the country and the reforms in the health sector.

Results and discussion. From 1990 to 2005 the birth rate in the republic decreased, and the mortality rate - increased, leading to a negative natural increase of the population in 2005 (0.1 per 1,000). Since 2006, there was an opposite trend when the natural increase was in general 0.6, ranging from -0.5 in the city to 2.1 in the countryside; in the same year infant mortality began to decrease, reaching a minimum in 2011 (5.7 per 1,000).

Population of children under the age of 15 years for the period under review increased by 50 thousand people, in the time of decreasing in the working age population by 57.8 thousand people and over working age - 25.4 thousand people, indicating that the output of the situation of "demographic aging" of the KBR population, that remained until 2010.

The analyzed period was marked by a significant increase in the illness-rate of children and adolescents more general morbidity compared with the primary one and increase in the level of disability. From 1995 to 2013 the increase was recorded among children mostly in nosology, including the first three positions occupied by newgrowths, congenital abnormalities and developmental defects, diseases of the muscular and skeletal system and connective tissue. In the group of adolescents the most expresses growth was recorded by the class of diseases of the blood and blood-forming organs, the skin and subcutaneous tissue, digestive system.

Conclusion. The current situation in the republic is characterized by the negative medical and demographic indicators, increase the level of primary and general morbidity of children and adolescents, advanced dynamics of the general morbidity compared with the primary one, with an increase of the illness-rate of persistent disability. Solution of the problems identified requires a skilled approach to the definition of priorities in the organization to ensure the child population accessible and quality health care by improving the use of health care resources.

CV Elgarova Liliya Vjacheslavovna –professor, head of propedeutics of Internal Diseases of the Kabardino-Balkarian State University, Nalchik, Russia.

Experience:

1984-1985 –therapist of maternity clinic in Feodosiya (Ukraine)

1985-1989 – therapist of health resort policlinic in Nalchik (KBR)

1989- 1993 – scientific worker of the laboratory of the preventive medicine of the Kabardino- Balkarian State University



Abstracts

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Qualifications:

1977-1983 – Kabardino-Balkarian State University, medical faculty, double first

1983-1984 – internship training of Simferopol medical Institute (Ukraine),

1994 – Candidate of medical science

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Publications: 154, including monography and 23 – abroad

The main sphere of interest: preventive medicine

57- Iron deficiency and iron deficiency anemia in infants.

نقص الحديد وفقر الدم بسبب نقص الحديد عند الرضع.

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Background: Iron deficiency anemia affects millions of children world wide [1] and is associated with physical and cognitive delays [2]. Given the detrimental long-term effects of iron deficiency [1, 2], its primary prevention in early childhood is a crucial public health issue. In Russia, according to different authors, the frequency of IDA ranges from 6 to 40% of the child population. Prevalence of LID in some regions of Russia reaches 50-60% [3].

Objectives: To compare the prevalence of iron deficiency and iron deficiency anemia in children of one year old in Nalchik.

Methods: To clarify the frequency of hypochromic anemia in children infants we have analyzed hospital records of healthy children of 2008-2012 Birth observed on the basis of «Municipal Polyclinic number 1" of Nalchik. We examined the change in hemoglobin and mean cell volume. Also the 102 town infants were examined with measurement of hemoglobin, mean cell volume, mean corpuscular hemoglobin concentration, serum ferritin, serum iron and soluble transferrin receptors (sTfR).

Results: The frequency of hypochromic anemia in children aged 12 months living in Nalchik in 2008 year was 3,32 % (n=542), in 2009 year was 5,3 % (n=675), In 2010 the absolute number was 6,25%, in 2012 year was 5,1%. As can be seen, the incidence of anemia is close to the minimum, meet in Russia. However, be aware that the surveyed children are residents of the central part of the city, the capital of Kabardino-Balkaria, whose parents were not low socio-economic status .

In the second part of our study we examined the levers of serum iron -it was $16 \pm 0,37$ mmol/l, serum ferritin- the lever was $48,5 \pm 2,8$ ng/ml, sTfR-it was $4,5 \pm 0,27$ mcg/l and the lever of interleicin-6 which was $7,8 \pm 0,59$ pg/ml. As we can see the levers of serum iron are



several reduced compared to the average. The value of sTfR is slightly increased. This probably indicates the need to iron requirement. Iron deficiency was 11,7 % and the lever of iron deficiency anemia in the city was 6,9%.

Conclutions:

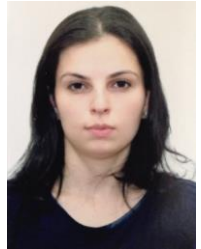
1. Over the past five years significant changes in the prevalence of iron deficiency anemia do not happened.
2. The prevalence of iron deficiency in children of one year old in 2 times higher than iron deficiency anemia.

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Key words: infant, iron deficiency, transferring receptors

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Zhetishev Rashid Abdulovich graduated from the Medical Faculty KBSU in 1982, the residency on "Pediatrics" in 1984 at the department of hospital pediatrics Leningrad Pediatric Medical Institute. From 1984 to 1986 he worked as a doctor in the children's department of GKB of Nalchik. In 1986 he entered the graduate school of the Leningrad Pediatric Medical Institute. After defending his thesis, since 1990 he worked as an assistant and then associate professor of children's diseases of obstetrics and gynecology KBSU. In 1998 he enrolled in the doctoral research carried out in the St. Petersburg Pediatric Medical Academy. In 2002, he defended his doctoral dissertation. In 2003, the decision of the Higher Attestation Commission awarded the degree of Doctor of Medicine. Since 2004, he worked at the Department of Kabardino-Balkaria State University professor. In March 2005, the decision of the Ministry of Education Zhetishevu RA awarded the academic title of professor.

From September 2009 worked as head of the department of children's diseases, obstetrics and gynecology. It has a certificate of specialist in "neonatology" (product development, in 1997, 2000, 2004, 2009, 2015,), "Anesthesiology and Resuscitation" (2000, 2005, 2009), "Neurology"

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Advise patients of the Republican Children's Hospital, is outpatient care of patients. The head of the regional branch of the Russian Society of medical workers, the regional branch of the Russian Federation Academy of Pediatrics. Member of the European Society of Pediatricians. Honoured Doctor of Kabardino-Balkaria.

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Graduated from the Medical Faculty of the Kabardino-Balkarian State University with honors in 1982 with a degree in "Medicine". From 1982 to 1984 Zhetisheva IS I was trained in clinical internship at the department

of hospital therapy of pediatric faculty 2nd MOLGMI them. NI Pirogov 57 on the basis of the Moscow City Clinical Hospital. In 1984 he received a certificate of completion of residency training in "Internal Medicine". In the same year Zhetisheva IS He admitted to the graduate school of the 2nd MOLGMI them. NI Pirogov Supervisor is Academy of Medical Sciences, Professor Chuchalin AG While in graduate school, Zhetisheva IS She has carried out research at the Institute of Pulmonology and Laboratory of Molecular Endocrinology, Institute of Experimental Cardiology, All-Union Cardiology Research Center (Head. Laboratory - prof. Tkachuk VA). In 1989 Irina Salihovna defended her thesis for the specialty "pulmonology" on "Application of calcium antagonists in the treatment of asthma."

From 1991 to 1998 Zhetisheva IS He worked at the department of hospital therapy KBSU as an assistant, and since 1998 and till now - assistant professor of the department. Zhetisheva IS for 24 years in the clinic advises patients with bronchopulmonary diseases and allergic diseases.

Irina Salihovna carried out consultations critically ill patients with bronchopulmonary pathology in the Republican Clinical Hospital, City Hospital №1, Republican Perinatal Center, the Republican cardiology and endocrinology centers. Research interests: respiratory diseases (asthma, COPD, acute pneumonia, allergic diseases, acute respiratory infections, especially respiratory diseases and their treatment in pregnant women, the elderly). She has published 85 scientific papers, including articles in leading scientific journals of the country, the materials of national and international conferences.

Zhetisheva IS It has certificates in "internal medicine" and "pulmonology". Irina Salihovna is a member of the All-Russia Union of Medical Personnel, Russian Respiratory Society.



14 Workshop Cardiology ورشة عمل

58- Prevention and early detection of cardiovascular disease.

الوقاية والكشف المبكر عن أمراض القلب والأوعية الدموية

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[/http://arabmedconference.ae](http://arabmedconference.ae)



Arab Medical Union in Europe

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

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

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

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

Since its inception, ARABMED has lived up to most of its objectives and has become a prominent player in European and Arab countries. Recently, new branches were established in Ireland (2009) and Jordan (2011). Since 1984, the association has been holding annual conferences in several European and Arab countries with the last conference (30th conference) held in Roma in 2014. These conferences represent the continued joint efforts of Arab doctors in Europe to improve the scientific and intellectual interaction between Arab doctors in the diaspora and their home countries. Over time, these medical conferences have steadily improved their academic quality and attracted more and more participants. During recent years, ARABMED's conferences have seen the attendance of several thousand medical specialists from various European and Arab countries.

Aims and purposes of ARABMED in Europe



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

More specifically, the aims of ARABMED are as follows:

Professional and educational aims

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

Cultural aims

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



**إجتماع الهيئة الإدارية وممثلي الفروع
لإتحاد أطباء العرب في أوروبا
ARABMED Board Meeting No 21
Novotel Al Fujaihra UAE**

الإخوة اعضاء الهيئة الإدارية للإتحاد

تحية طبية وبعد

مع هذه الرسالة أدعوكم لإجتماع الهيئة الإدارية في مدينة الفجيرة و المقرر عقده في يوم الأثنين الواقع في 26
اوكتوبر 2015 في فندق النوفوتيل الساعة الرابعة بعد الظهر والتي تتزامن مع المؤتمر الطبي السنوي ال
31,لوضع البرنامج الإستراتيجي للإتحاد في هذه السنة ولتحديد الفعاليات التي سوف نسعى لتحقيقها بإذن الله
نرجو منكم بإرسال مقترحاتكم الى عنوان الإتحاد لكي يتم إضافته الى الأجنده قبل الموعد لتوزيعها اليكم في
الوقت المناسب

Sehr geehrter Vorstand Mitglieder der Union
Zum unsre Vorstandssitzung Lade ich Sie nach Fujairah am Montag 26. October
2015 um 16.30 in Novotel Al Fujaihra
Dieses Treffen ist von äußerster Priorität
Mit Kollegialen Grüßen

إتحاد أطباء العرب في أوروبا منكم واليكم

ساهموا فيها بأرائكم وخبراتكم

Homepage: <http://www.arabmed.de>

<http://arabmedconference.ae>



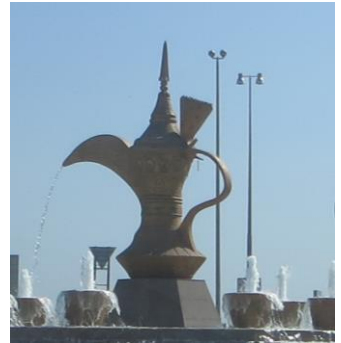
Fujairah is one of the seven emirates that make up the United Arab Emirates, and the only one of the seven that has a coastline solely on the Gulf of Oman and none on the Persian Gulf.

The Emirate of Fujairah covers approximately 1,166 km², or about 1.5% of the area of the UAE, and is the fifth largest Emirate in the UAE. Its population is around 152,000 inhabitants (in 2009).

The weather is seasonal, although it is warm most of the year. The months of October to March are generally regarded as the coolest, with daytime temperatures averaging around 25 °C (77 °F) and rarely venturing above 30 °C (86 °F)—with temperatures climbing to over 40 °C (104 °F) degrees in the summer. The winter period also coincides with the rainy season and although by no means guaranteed, this is when Fujairah experiences the bulk of its precipitation. Rainfall is higher than the rest of the UAE, partly because of the effect of the mountains that encircle the Emirate, and partly because the prevailing winds are easterly bringing with them water-laden clouds off the warm Indian Ocean.

Travel in and around Fujairah and the surrounding towns of Khor Kalba, Khor Fakkan, Kalba and Masafi has been made easy by the development of modern highways over the last 30 years, since gaining independence in 1971.

Fujairah is the only Emirate of the UAE that is almost totally mountainous. All the other Emirates, like Dubai and Abu Dhabi are located on the west coast, and are largely covered by desert. Consequently, Fujairah boasts a higher than average yearly rainfall of the UAE, allowing farmers in the region to produce one crop every year.



Al Sharq Hospital:

Al Sharq Hospital is the first private hospital in the east coast of UAE to be awarded Joint Commission International Accreditation (JCI). Al Sharq Hospital is first 100 bed premium private general medical facilities located in Fujairah to offer advanced medical care and emergency services which are working 24 hours. The hospital have a full-fledged Emergency department, 21 Outpatient departments, ICU, NICU, Endoscopy, Delivery suites, Day Surgery units. The Hospital will offer both inpatient and outpatient care which covers Medical and Surgical Specialties. The state of the art Diagnostic facility includes advanced and fully automated Laboratory equipments and Imaging unit equipment such as Open MRI, Panorama 1.0 Tesla, Open MRI, Panorama 1.0 Tesla , Mammography, 4D - Ultrasound, Fluoroscopy, etc. All departments are manned with highly experienced staff providing accurate reliable evidence based care and quality services on International standards.



مستشفى الشرق :

وهو أول مستشفى حائز على الاعتمادية الأمريكية في منطقة الساحل الشرقي من الدولة . مستشفى الشرق يتسع لمائة سرير مجهز بأفضل وسائل الراحة والأمان، كما ويقدم المستشفى أيضاً خدمات الإسعاف والطوارئ بشكل متكامل تعمل على مدار 24 ساعة , يضم المستشفى إحدى وعشرين عيادة خارجية متخصصة يشرف عليها نخبة مميزة من الأطباء الاستشاريين والأخصائيين الأكفاء , كما يشمل المستشفى أيضا على وحدة العناية المركزة , ووحدة العناية المركزة للأطفال , وحدة المناظير , وغرفة ولادة مجهزة بأحدث الأجهزة , وغرف عمليات مجهزة بأحدث التقنيات مع إمكانية التواصل عن بعد مع المستشفيات العالمية.

كما ويقدم المستشفى وحدات الإجراءات التشخيصية (المختبر , الأشعة) جهزت بعناية فائقة وجودة عالية , وتتوفر لدينا خدمات الأشعة التشخيصية , الرنين المغناطيسي المفتوح , والأشعة المقطعية , والتصوير الشعاعي للثدي , والتصوير بالأشعة فوق الصوتية , والتنظير , ويقوم بالإشراف على هذه الأقسام كادر طبي مؤهل ومن ذوي الخبرة المهنية والاحترافية العالية.

Sheikh Zayed Mosque of Fujairah UAE

Name: The mosque will be called the 'Sheikh Zayed Mosque' of Fujairah to commemorate the life and legacy of the 'father of the nation'. This building is receiving funds from the Zayed Bin Sultan Al Nahyan Charitable and Humanitarian Foundation.

The foundations are being dug for what is reputed to become the second largest mosque in the United Arab Emirates.

When finished in the projected 800 days, the mosque won't quite span the area of the Grand Mosque in Abu Dhabi, nor will it have the elaborate and expensive finish that adorns this largest mosque, located in the UAE's capital.

Yet this new mosque will become a significant landmark in the city of Fujairah and will take on a cathedral status for the north-eastern emirate. Already Fujairah is known for having the oldest functioning mosque in the UAE, located at Al Bidya.

Cost: The cost of the new mosque is AED 190,500,000.00 or US\$ 52.1 million.

Building Team: The new mosque is the project of the Fujairah Ministry of Public Works and is being constructed by the United Engineering Construction which is based in Dubai with offices in Abu Dhabi and Sharjah.

Since 1993 this company has acquired a vast and varied portfolio of large projects including residential towers, residential developments, educational and commercial buildings, hotels, hospitals and libraries.

Over these two decades the UEC has constructed more than six mosques, including the Grand Mosque in Sharjah.

The architects are a Malaysian firm, Arkitek ICB aided by Mabani Consultants.

Size: The Sheikh Zayed Mosque of Fujairah will have an approximate capacity for 28,000 worshippers and will consist of a

main prayer hall and an external open courtyard for prayer.

Style: Judging by the architect's impression (pictured) this new mosque will be distinguished by its large number of domes and in this regard it will be like the large mosque in Turkey.

Central Location: The mosque is being built on prime real estate behind the high rise buildings on the left of the main street as one approaches Fujairah from Dubai or Sharjah.

The land is bordered by Moh'd Bin Matar, Al Ittihad and Al Salam roads and is opposite the Al Bustan Function Hall



الفجيرة عروس الساحل الشرقي:

إمارة الفجيرة هي إحدى إمارات دولة الإمارات العربية المتحدة ، تقع إمارة الفجيرة على الساحل الشرقي لدولة الإمارات العربية المتحدة. وهي الإمارة الوحيدة من بين الإمارات السبعة التي تطل على ساحل عمان و يحدها من الشرق خليج عمان ومن الغرب رأس الخيمة والشارقة ومن الجنوب مدينة كلباء التابعة لإمارة الشارقة. تبلغ المساحة الإجمالية لإمارة الفجيرة 1488 كيلومتراً. تحكمها عائلة آل الشرقي وحاكم إمارة الفجيرة صاحب سمو الشيخ حمد بن محمد الشرقي وولي عهده ابنه الشيخ محمد بن حمد بن محمد الشرقي.

تختلف الروايات حول أصل التسمية، ولكن المرجح منها هو نسبتها إلى تفجير الينابيع والعيون في المنطقة . تعتبر الفجيرة عاصمة الاستجمام، فهي مزيج رائع بين البحر والطبيعة الخلابة التي تتمثل في المساحات الجبلية الشاسعة والشواطئ الممتدة مما يضيف سحر خاص على الإمارة ككل.

الفجيرة بشواطئها المشمسة الرائعة وسواحلها الممتدة تدعو الزائر إلى الاستمتاع بالرياضات البحرية الشيقة كالسباحة والتجديف وركوب الزوارق الشراعية والغوص، حيث استطاعت الفجيرة التي تقع على السواحل الشرقية لدولة الإمارات العربية المتحدة والتي تشتهر بجمالها الخلاب ومياهها الدافئة ونمط حياتها البسيط، أن تكون الإمارة الواعدة الجديدة المفضلة للسياح والزائرين والمقيمين على حد سواء.

شجع المزيج الرائع بين التراث والتاريخ والثقافة وعجائب الطبيعة المذهلة على تدفق المستثمرين الذين يبنهرون بسحر الإمارة وخيراتها الطبيعية، مما أهلها لأن تكون غاية كل مستثمر ويبحث عن المناخ الاستثماري المضمون، وقد تأتي هذا الجهد بعظيم الأثر في ظهور العديد من المشاريع البارزة في الأونة الأخيرة.

أهم المعالم في الإمارة:

قلعة الفجيرة:

تقع قلعة الفجيرة الأثرية على الشمال الغربي لقرية الفجيرة القديمة وعلى تل صخري صغير يرتفع 20 متراً تقريباً وتمتد القرية نفسها في النصف الشمالي من السهل الساحلي خلف بساتين النخيل على بعد كيلومترين تقريباً من البحر. تم بناؤها ما



بين 1500 - 1551 ميلادية وتتميز قلعة الفجيرة بتصميمات هندسية فريدة فتخطيط هذه القلعة يختلف تماماً عن سائر التخطيط الهندسي الذي عرفت به القلاع في المنطقة، لأنها غير منتظمة الشكل، وليست وفق أبعاد تضاريسية معينة، بل أخذت شكل الرربة التي بنيت عليها .

قلعة الفجيرة بنيت من قبل الأهالي من مواد محلية وهي الحجر والحصى والطين والتبن ومادة الصاروج لأغراض دفاعية

إشارة إلى أن الأهالي دافعوا من داخلها ببسالة عن المنطقة وبمناسبات عديدة وتصدوا إلى العديد من هجمات البرتغاليين والإنجليز في الماضي، إضافة إلى جانب كونها كانت مركزاً إدارياً مهماً للمنطقة .

قلعة البثنة:

تعتبر قلعة البثنة من أشهر القلاع الموجودة في الفجيرة، حيث شيدت عام 1735 أي أن عمرها تجاوز 270 عاماً تقريباً وتأتي شهرة القلعة من شكلها المعماري الفريد وحالتها الجيدة من حيث البناء إلى جانب موقعها المتميز، كما أنها تقع في منطقة تعد المدخل الرئيسي لإمارة الفجيرة، لذا اهتم بها الشيوخ اهتماماً كبيراً نظراً لدورها الحظير في حماية الإمارة بشكل محدد من غزوات الأعداء، ولهذا بنيت القلعة لتكون بمثابة الحصن الحصين للبثنة والإمارة.

حصن الحيل:

يعد حصن الحيل أحد الحصون القوية المهمة التي تحتل موقعاً استراتيجياً يعتبر ملتقى أكثر من اتجاه ونقطة توحيد في الطريق إلى الفجيرة. وقد بني الحصن في قرية الحيل على الضفة الغربية لوادي الحيل على جبل يرتفع حوالي 40 متر عن سطح أرض الوادي وسمي الجبل باسم الحصن. وفقاً لروايات المعمرين من الأهالي من سكان المنطقة أنه بني في عهد الشيخ حمد بن عبدالله الشرقي واستناداً إلى نتائج التحليل الكيميائي للكربون 14 بأن الحصن بني في العام 1830م.

وادي وريعة:

توجد فيه نبع الوريعة العذبة وتستقطب السياح والزوار في مختلف مواسم السنة خلال عطلة نهاية الأسبوع لموقعها الرائع حيث الجبال والوديان والوصول إلى موقعها يكون من خلال طريق مدينة الفجيرة – البديية والانحراف في طريق مهمد عبر وادي الوريعة إلى مسافة ينصح بعدها باستخدام سيارات ذات الدفع الرباعي فقط .

عيون المياة المعدنية والكبريتية

تتميز إمارة الفجيرة بوجود عيون المياة المعدنية والكبريتية التي تعتبر ملاذاً للناس من مختلف الأماكن لغرض الاستشفاء من بعض الأمراض الجلدية وأمراض المفاصل وأهم تلك المواقع:

عين مضب

تقع في وسط حديقة ومنتزة عين مضب في نهاية شارع الإتحاد في الطرف الشمالي لمدينة الفجيرة وتعتبر من الأماكن التي يرتادها الناس لغرض الإستشفاء من بعض الأمراض الجلدية حيث يستطيع المريض النزول والإستحمام في مياه العين في برهة من الوقت. ويأتي إلى العين الناس من مختلف الأماكن بقصد معالجة بعض الأمراض الجلدية وأمراض المفاصل وغيرها ، وتشتهر العين بتكيب مياهها المعدنية والكبريتية.

عين الغمور الكبريتية

تقع على بعد 25 كيلومتراً من مركز مدينة الفجيرة جنوباً وقرب الطريق المؤدي إلى الفجيرة – أوحلة، في منطقة غنية بأشجار السمر والنخيل والأرك. وكما اقترب الزائر من العين تفوح رائحة الكبريت المترسبة عن مياه العين التي تنساب بعض مياهها في مجرى الوادي وتتسرب على جوانب المادة الكبريتية البيضاء المترسبة عن مياه العين، وتصل درجة حرارة مياه العين (55-60) درجة مئوية، ويؤم الناس موقع عين الغمور لخاصية التركيب الكيميائي ودرجة حرارة المياه المرتفعة ناشدين الإستشفاء من أمراض الروماتيزم والمفاصل وضمور العضلات وبعض الأمراض الجلدية، وقد سجلت حالات شفاء كثيرة من تلك الأمراض



ملاحظات هامة للمحاضرين

- تم قبول المحاضرات التي قدمت في فترة الإعلان عن المؤتمر
- يجب على كل المحاضرين التقيد بالوقت المخصص لهم (15 دقيقة فقط)
- لغة المؤتمر: اللغة العربية والإنكليزية يحذر ان تكون لغة شرائح العرض باللغة الأنكليزية او الإنكليزية مع لغة أخرى لسهولة الفهم للمشاركين غير العرب عدد الشرائح لا تتجاوز العشرين
- يجب على المحاضرين التأكد من تجهيز الشرائح أو الأقراص USP قبل بدء الجلسة مع ذكر رقم المحاضرة واسم المحاضر لتفادي واكتشاف الصعوبات الفنية في وقت مسبق لكي لا يخرج أحد ولكسب الوقت للجميع (الإستفسار عن ذلك في سكرتارية المؤتمر)
- استعمال الكمبيوتر الشخصي غير مسموح لكسب الوقت
- أخي المحاضر حاول ان تختصر بقدر المستطاع وحاول ان تركز على الهدف والإستنتاج العملي **وكل محاضر مسؤول عن محتواه**
- نأمل من المشتركين حضور الجلسات العلمية بأعداد كبيرة والمساهمة الفعالة في المناقشات مع ذكر الاسم وبلد الإقامة في حالى المشاركة والحرص على دقة المواعيد
- في حالة عدم تمكن المحاضر من الحضور نرجو منكم إخبار اللجنة التنظيمية و رئيس الجلسة والسكرتارية قبل المؤتمر او قبل بدء الجلسات
- توزع وثائق الحضور في نهاية المؤتمر

مكان الإقامة والمؤتمر في الفجيرة

التجمع الفندقي بأقسامه الثلاثة (نوفوتيل Novotel ايبز هوتيل Ibis Hotel والشقق المفروشة) Adgagio aparthotel في مكان واحد، ملائم جدا لهذا الحدث لسهولة التواصل ولإختصار الوقت والمواصلات ولتسهيل الحضور للمشاركين من كل الأطراف في البرنامج العلمي. والميزة في هذه الفنادق انها متصلة مع بعضها البعض في البناء، الفرق بينهم هو التفاوت في الأسعار ومساحة الغرف فقط، التجهيزات والمرافق كلها مشتركة وكذلك المسبح واحد ومشترك. الخدمات المتوفرة في الفندق . الإنترنت، زجاجتا ماء يوميا، الجريدة المحلية وامكانية تحضير الشاي و القهوة الحجوزات الفندقية إجراء شخصي لا علاقة للهيئة المنظمة به الأسعار المذكورة هي الأسعار الحالية قد تتغير حسب توقيت الحجز يرجى للمهتمين الإتصال بالطراف المنظمة للحجوزات والمذكورة في الأسفل

Novotel, Ibis Hotel Fujairah and Adagio aparthotel

Hamad Bin Abdullah Road, P.o. Box 2751, Fujairah, UAE, Tel:+97192239999,

Email:h6822@accor.com, www.Novotel.com

Contact for Hotel Reservation:

Djaja Marie S. Pastor, Sales and Marketing Coordinator

E-mail: H6822-SL4@accor.com, Tel: +971 (9) 203 4808, Fax: +971 (9) 203 4900

-For the Hotel reservation, please contact the title mentioned above or directly with the hotel in Fujairah, or booking through the Internet

Organizing Committee does not assume the organization of flights and accommodation in the UAE

يرجى من الراغبين في الإقامة في فندق المؤتمر مع وجبة الفطور الإتصال بالعنوان المذكور أو مع الفندق في الفجيرة، والحجز بالأسعار المذكورة حسب الخيارات المرغوبة أو الحجز عن طريق الإنترنت اللجنة المنظمة لا تتولى تنظيم الطيران والإقامة في الإمارات يرجى تصفية حساب الإقامة والوجبات مع الفندق مباشرة أيضا في حالة القدوم المبكر أو المغادرة المتأخرة

Hotel preis in Arab Emirate Dirham (AED) duration 24th -28th Oct.2015

Rate for 1x Nights bed and breakfast	Novotel	Ibis Hotel
Single room	400 (AED)	338 (AED)
Double room	480 (AED)	388 (AED)
Extra cost for Dinner or lunch for 1xAdult	100 (AED)	90-100 (AED)

من الممكن حجز شقق عائلية أو شقق خاصة بالمجموعات في أبارت هوتيل في البناء المجاور في حالة الرغبة يرجى الاستفسار عن ذلك

There are possibilities to book apartments for families or small groups in the Adagio Aparthotel in the building next door, if you want Please ask!

Rate for 1x Nights bed (AED)	Adagio Aparthotel	
Studio 40 m ²	350 (AED)	1 X room
One Bedroom Apartment 56 m ²	510 (AED)	2 X room
Two Bedroom Apartment 85 m ²	720 (AED)	3 X room

Note: Self-service meals الخدمة ذاتية، الشقق مجهزة بمطبخ

إلغاء التسجيل Cancellation of registration

Befor 1 Sept.2015 will be deducted 25%	قبل 1 أيلول (سبتمبر) 2015 سيخصم(25%) من المبلغ
After 1 Sept.2015 will be deducted 50%	بعد 1 أيلول (سبتمبر) 2015 سيخصم(50%) من المبلغ
After 1 Oct.2015 will be deducted 100%	بعد 1 تشرين الأول أكتوبر 2015 سيخصم كامل المبلغ

رسم المؤتمر لا تشمل الإقامة

يرجى من الراغبين بالاشتراك التقدم باستمارات التسجيل وتسديد الرسوم باليورو لهم وللمرافقين حسب القائمة التالية.

Workshop Fee 300 AED

Registratation Fee for physicians

فئات التسجيل	رسم المؤتمر Fees in Euro
التسجيل المبكر حتى 30 حزيران (يونو) 2015	No Member 130,00 Member (110,00)
التسجيل المتأخر 1 تموز (يولي) وحتى 20 تشرين الأول (اكتوبر) 2015	No Member 140,00 Member 120,00
التسجيل أثناء المؤتمر 24-28 تشرين الأول (اكتوبر) 2015	No Member 150,00 Member 130,00
رسم المؤتمر للأطباء المحليين	500,00(AED)

Registratation Fee for Non physicians	Fees in Euro per Person
Fee for nurses and technicians	300,00 AED
Fee for Partner or Companion per day	65,00 Euro or 250 AED
Fee for Partner or Companion for 2 days	130,00 Euro or 500 AED

- يغطي رسم التسجيل المشاركة في المحاضرات و حفل الافتتاح والختام والحصول على وثائق المؤتمر مع شهادة الحضور والجلسات العلمية و الإستراحات والعشاء لمرتين وخدمات المطار باستثناء البرنامج السياحي. اللجنة المنظمة لا تتولى تنظيم الطيران والإقامة في الإمارات
- أعضاء اتحاد الأطباء العرب في أوروبا المسددين لرسوم الاتحاد لعام 2015 (€150) لهم تخفيضات واضحة في الجدول السابق والمتوافقة مع التواريخ
- المرافقون غير الأطباء والراغبون في المشاركة في الوجبات والتنقلات عليهم دفع 65 يورو او 250 درهم لليوم . او 130 يورو او 500 درهم لليومين دون وثائق المؤتمر. تقبل التحويلات التي وصلت بتاريخ 20 اكتوبر 2015
- يرجى تسجيل كل المرافقين لحصر العدد لكي لا تحدث مفاجئات أثناء الوجبات و أثناء الصعود الى الحافلات والتنقلات
- الأعضاء الجدد سيعفون من الرسم السنوي للإتحاد لعام 2015 في حالة الإشتراك في المؤتمر وفي حالة تقديم استمارة تسجيل العضوية للإتحاد للراغبين الإلتساب الى إتحاد أطباء العرب في أوروبا والإستفادة من الرسوم المخفضة للمؤتمر يمكنهم تحويل رسم المؤتمر المتوافقة مع التاريخ فقط الى رقم حساب الإتحاد في ألمانيا
- رسم إشتراك المؤتمر للأطباء المحليين في الإمارات 500 درهم وللممرضات وللفنيين 300 درهم
- طلاب الطب (تقديم بطاقة الجامعة) مدعوون لحضور المحاضرات النظرية وفي حال الرغبة في الإشتراك في الوجبات والحصول على وثائق المؤتمر وباقي النشاطات يرجى تسديد الرسوم المطلوبة (رسم اليوم الواحد 100 درهم)
- الرجاء من كل الزملاء الذين يودون استضافة أحد ان يأخذوا بعين الاعتبار كل التكاليف من (الرسوم وتكاليف الوجبات) لكي لا نخرج أحداً

حساب إتحاد أطباء العرب في أوروبا في ألمانيا Bank Transfer for ARABMED in Europe (Germany)

NOTE: Please note that all registration, fees should be sent to the below indicated bank account in Germany:

Union Arabischer Mediziner in Europa Germany (ARABMED)

Sparkasse Erlangen,

BIC-/SWIFT-Code: BYLADEM1ERH

IBAN-Nummer: DE22 763500000060025142

التأمينات والضمانه:

اتحاد الأطباء العرب في أوروبا لا تتحمل اية ضمانه لأية ضرر او فقدان حاجة او حادث تحدث خلال المؤتمر او أثناء السفر



الهيئات المنظمة

- إتحاد أطباء العرب في أوروبا وفروعها
- الشرق للرعاية الصحية

راعي المؤتمر

صاحب السمو الشيخ حمد بن محمد الشرقي عضو المجلس الأعلى للإتحاد حاكم الفجيرة
رئيس إتحاد أطباء العرب في أوروبا ورئيس المؤتمر

- الأستاذ الدكتور فيضي عمر محمود (ألمانيا - إيرلنغن أخصائي في جراحة القلب)
- نائب رئيس المؤتمر . الدكتور. عبد الحميد سنان المدير العام - مستشفى الشرق
- السكربت العام للمؤتمر . الدكتور اسامة البيبلي المدير العام لمختبر يورك في دبي
- شعار المؤتمر الجديد في الطب المعاصر الصحية

لجان المؤتمر

اللجنة الإستشارية للمؤتمر

- الأستاذ الدكتور فيضي عمر محمود رئيس إتحاد أطباء العرب في أوروبا ورئيس المؤتمر
- السيد محمد نطفجي المدير المفوض - مجموعة الفجيرة الوطنية
- الدكتور اسامة البيبلي المدير العام لمختبر يورك في دبي
- الدكتور سمير قواسمة (الأردن) رئيس اللجنة العلمية

اللجنة العلمية للمؤتمر من إتحاد الأطباء العرب في أوروبا

- الدكتور سمير قواسمي (الأردن) رئيس اللجنة العلمية
- الدكتور تمام كيلاني (النمسا)
- الدكتور غسان الأغا (إيرلندا)
- الدكتور هشام دهشان (ألمانيا)
- الدكتور خليل إيكبي (إيرلندا)
- الدكتور مصطفى عبد الرحمن (فرنسا)
- الأستاذ صبري شمسان (إيطاليا)
- الدكتور سيد ترامسي (ألمانيا)
- الدكتور عبد المنعم حميد (فرنسا)

اللجنة العلمية من مستشفى الشرق في الفجيرة

- الدكتور اطهر خان أخصائي في الجراحة
- الدكتور محمد مدحت أخصائي بالأذنية
- الدكتور وجدي كمال أخصائي في الأمراض الداخلية
- الدكتور ايناس تامر مسعود أخصائي في التوليد والنسائية
- الدكتور ويسلو كوتيرلا أخصائي في الداخلية والهضمية
- د. معن علي أخصائي في العينية
- الأستاذ رياض يونس جراحة اورام

اللجنة التنظيمية من مستشفى الشرق في الفجيرة :

- أحمد علي الحفيتي نائب المدير التنفيذي - الشرق للرعاية الصحية
- وجدي زايد نائب المدير التنفيذي - الشرق للرعاية الصحية
- نبيلة هيرادي مديرة قسم التسويق في مجموعة الفجيرة الوطنية
- مها عبدالله البلوشي مساعدة منسق المؤتمر - مستشفى الشرق
- إيما كرم عبدالله سكرتيرة المؤتمر - مجموعة الفجيرة الوطنية

شركاء المؤتمر

الشبكة الألمانية العربية للمتخرجين من الجامعات الألمانية
جامعة قباردينا بالقاريا الحكومية في نالجريك

البرنامج السياحي للمؤتمر زيارة مسجد الشيخ زايد.. ومركز مدينة الفجيرة والقلاع القريبة في إمارة الفجيرة
توقيت المؤتمر 25-26 أكتوبر 2015

وثائق المؤتمر

سيزود المشتركون على وثائق المؤتمر: البرنامج العلمي والبطاقة الأسمية بالإضافة الى قسائم الطعام و شهادات الحضور
يرجى من المشتركين وضع البطاقة الأسمية في جميع المناسبات والجلسات

الدول المشاركة في المؤتمر

ألمانيا، فرنسا، النمسا، العراق، إيرلندا، سوريا، الأردن، فلسطين والإمارات المتحدة كندا البرازيل إيطاليا تركيا الإتحاد
السوفيتي الجزائر المملكة المتحدة اوكرانيا قطر وسلطنة عمان



حققت دولة الإمارات العربية المتحدة منذ نشأتها عام 1972 و حتى اليوم و في فترة زمنية قياسية تقدماً وتطوراً فريداً من نوعية لم يسبق أن حققته أي دولة من قبل ولا أعتقد أن بإمكان أي دولة أخرى أن تحققه في المستقبل. لقد كان هذا التقدم والتطور عاماً في جميع المجالات وبالطبع كان المجال الطبي هو من أهم المجالات التي شملها هذا التطور. ومن دواعي فخري واعتزازي أنني كنت شاهداً على هذا التطور وخاصة في مجال الطب المختبري من خلال عملي كرئيس لقسم المختبرات في وزارة الصحة بدبي أو من خلال افتتاح أول مختبر طبي متخصص في دبي عام 1982 .

لقد كانت الخدمات الطبية في بداية الإتحاد بدائية جداً و كمثل على ذلك المختبرات الطبية حيث كان ينقصها الأجهزة المتطورة والأماكن المناسبة ومواد التحاليل المختلفة وبصورة خاصة الكادر الفني الذي يكاد يكون غير موجود. ناهيك عن عدم وجود أي معايير لقياس الجودة أو أي اعتماد دولي لأي من المختبرات في ذلك الوقت. على عكس من ذلك نجد الآن أن نوعية المختبرات الطبية في القطاعين العام والخاص في الدولة تعتبر من الأولى عالمياً من كل النواحي آنفة الذكر وذلك بفضل القوانين المتطورة والصارمة لوزارة الصحة والدوائر الصحية في مختلف الإمارات. حيث لايسمح لأي مختبر بممارسة عمله في الدولة دون تحقيق جميع الشروط المرعية بما فيها الإعتماد الدولي .

و عليه فإن متحقق من تطور في مجال المختبرات الطبية ينطبق تماماً على باقي فروع الطب والخدمات الطبية. حيث تتعم دولة الإمارات العربية المتحدة بخدمات طبية عالية المستوى كما أصبحت مقصداً للسياحة العلاجية لكثير من مواطني الدول المجاورة.

وبناءً على رغبتنا في توثيق الصلة الطبية والتعليمية بين إتحاد الأطباء العرب في أوروبا و المؤسسات الصحية في الإمارات تم إقتراح عقد المؤتمر السنوي الـ31 لاتحاد الأطباء العرب في أوروبا في إمارة الفجيرة ولقد رحبت الهيئة الإدارية للإتحاد بهذا الإقتراح كما رحبت به شركة الشرق للخدمات الطبية في الفجيرة ممثلة بمستشفى الشرق وتم الإتفاق على أن يعقد هذا المؤتمر في الفجيرة وبرعاية سامية من حاكم إمارة الفجيرة وعضو المجلس الأعلى للإتحاد صاحب السمو الشيخ حمد بن محمد الشرقي حفظه الله.

وهنا أحب أن أنوه بأن العلاقة بين إتحاد الأطباء العرب في أوروبا ومؤسسة الشرق للرعاية الصحية لن تقتصر على عقد هذا المؤتمر وإنما هي بداية بإذن الله لتعاون شامل بين الطرفين وفي مجالات عديدة كالتعاون العلاجي الطبي والتعاون الأكاديمي الطبي إضافة إلى تبادل الخبرات الطبية.

وبهذه المناسبة أتوجه بالشكر الجزيل لصاحب السمو الشيخ حمد بن محمد الشرقي حاكم والفجيرة وعضو المجلس الأعلى للإتحاد على تفضله بالموافقة على رعاية هذا المؤتمر كما أشكر كل من ساهم ويساهم في إنجاح هذا المؤتمر من قبل الهيئة الإدارية لاتحاد الأطباء العرب في أوروبا و شركة الشرق للخدمات الطبية و أتمنى من الله سبحانه وتعالى التوفيق فيما نصبوا إليه في هذا المؤتمر .

الدكتور أسامة الببيلي
الأمين العام للمؤتمر





الزميلات والزملاء الكرام
تحية طبية وبعد

تشرف اللجنة المنظمة لإتحاد الأطباء العرب في أوروبا مع الزملاء في مستشفى ومؤسسة الشرق في الفجيرة لدعوتكم لفعاليات مؤتمرهم الطبي المشترك (المؤتمر الطبي السنوي الواحد و الثلاثون لإتحاد الأطباء العرب في أوروبا والمؤتمر الطبي الدولي للجامعات الأوروبية والعربية) عن الجديد في الطب المعاصر وذلك في الفترة الواقعة ما بين 25 - 26 أكتوبر 2015 برعاية كريمة من صاحب السمو الشيخ حمد بن محمد الشرقي عضو المجلس الأعلى للإتحاد حاكم الفجيرة. بعد ان عقد الإتحاد مؤتمره السنوي في عام 2000 في دبي وعام 2005 في عجمان بشرقنا ان يعقد هذا المؤتمر وللمرة الأولى في الفجيرة والثالثة في الامارات لتوفر المعايير المعتمدة للاختيار من تراث عمرانى ورصيد ثقافى وعلمى وفنى ودور اقتصادى و إن هذا

المؤتمر يعد امتدادا لمؤتمرات سابقة للإتحاد و تمثل نوعا هاما من تواصل الجهود المشتركة للأطباء العرب في أوروبا وسعيها مخلصا نحو تحقيق هدف من أهدافها و كأحد الرموز المضنية لتجسيد العمل العربي المشترك وإنجاز أكبر قدر ممكن من التواصل العلمي والتفاعل الفكري بين الزملاء والأطباء العرب في المهجر مع مواطنهم. بالإضافة الى خلق حوار أكاديمي ومناقشات بخصوص القضايا والاهتمامات المشتركة و كذلك الربط بين منجزات الحياة الغربية المصرية وتبادل للخبرات ويتم خلالها التعرف على أحدث ما توصلت إليه العلوم الطبية من تقدم. عندما يناقش أمور الصحة بشكل عام ينطرح مباشرة عامل الثقة والجودة في العلاج لدى المرضى والقائمين عليها بغض النظر عما إذا كانوا أغنياء أو فقراء , صغارا أو كبارا، وأيضا كانوا في الريف أو في المدن. وفي الواقع، لا تزال هناك اختلافات كبيرة في نوعية الرعاية الطبية والتدبير الصحي في المجتمعات والبلدان المختلفة في العالم.

المشاكل الرئيسية الحالية للرعاية الصحية في أوروبا هي الموارد البشرية والتكلفة والتعليم. البيانات الديمغرافية للسكان مقلقة، وأعداد المرضى المتقدمين في السن والذين بحاجة إلى رعاية وخدمات في تزايد مستمر وبالتالي تكاليف الرعاية الصحية تتصاعد كل عام. مع تزايد الخدمات الطبية والرعاية الصحية في المجتمعات، وأيضا بسبب التطور السريع للتقنيات الجديدة والأجهزة والأدوية الطبية بدورها تزيد التكاليف. من ناحية أخرى، لدينا مشاكل الموازنات المالية في جميع القطاعات الرعاية الصحية. وهذا الواقع يؤدي بلا شك إلى الإضرار لاحتواء الخدمات الطبية المتاحة للمرضى ضمن أنظمة والبحث عن موازنات مالية إضافية ترغم المسؤولين عن الرعاية الصحية وشركات أو مؤسسات التأمين واصحاب القرار حول كيفية تأمين النوعية الجيدة والكافية عن الرعاية الطبية المطلوبة والمقبولة للجميع وتوفير التغطية المادية والموارد البشرية في ذلك. ومعظم الأسئلة التي تطرح هذه الموضوع

- هل من المفروض ان يكون العلاج الجيد مكلفا ؟
- ما هي المعايير التي ينبغي أن تحقق التوزيع العادل للموارد الشحيحة؟
- ماذا نقصد في العلاج الجيد ؟
- ما هي معايير الجودة التي تحقق الأمل وتعطي الثقة بالمرضى؟

سوف نحاول الإجابة على بعض هذه التساؤلات وسنناقش أيضا مواضيع طبية أخرى في المجالات التالية

الأمراض الإستقلابية وأمراض جهاز الدوران وامراض الكلية و العيون. الجراحة العامة والجراحة بالمنظار و العظمية والأطفال . و علاج الأورام . مع ورشات عمل في الأمراض العينية ومعالجة الألم
إننا نتوقع بمشاركة حوالي 400 مشارك في هذا الحدث من الأطباء المحليين والزائرين والقائمين على السياسة الصحية وشركات الرعاية الصحية والأبحاث

يشترك المؤتمر خبراء وأخصائيين من 20 دولة من أوروبا والبلدان العربية ودول الخليج ومن جامعة قباددينو بلقاريا من نالتشيك روسيا ، الشرق الأوسط

وإنني باسم الإتحاد أتوجه بالشكر الجزيل الى صاحب السمو الشيخ حمد بن محمد الشرقي عضو المجلس الأعلى للإتحاد حاكم الفجيرة والى الشيخ صالح بن محمد الشرقي لإحتضانهم المؤتمر في الفجيرة ،والى السادة ضيوف الشرف والهيئات الرسمية المشاركة في المؤتمر والى لجان المؤتمر وإخواننا في فروع الإتحاد في أوروبا والدول العربية والمحاضرين و الضيوف والى جميع المشاركين والى كل الذين قدموا وسيقدمون المساعدة والدعم المعنوي والمادي في إنجاح هذه التظاهرة العلمية ونأمل مشاركتكم الفعلية كمحاضرين أو مستمعين.و سوف نكون مسرورين عندما نراكم ونحييكم في الفجيرة ، فالى اللقاء معكم في جو علمى أخوي مفيد ومثمر. دمت بخير والسلام عليكم ورحمة الله وبركاته

المؤتمر يمنح المشاركين في يومي الأحد والأثنين 16 نقطة تعليمية من وزارة الصحة في الإمارات

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