



Arab Medical Union in Europe
ARABMED in Europe
Un Member (NGO since 1996)



29th Annual Meeting of ARABMED in Europe
7th Joint International Medical Conference
for European and Arabian Universities
DAAD Summer School Medical Program (PAGEL)



Scientific Program & Abstracts
3 - 6 October 2013
Berlin- Germany

المؤتمر السنوي التاسع والعشرون لاتحاد أطباء العرب في أوروبا
المؤتمر الطبي الدولي السابع للجامعات العربية والأوروبية

برلين - ألمانيا

DAAD

Deutscher Akademischer Austausch Dienst
German Academic Exchange Service



ARABMED in Europe Annual Conferences 1984 – 2013

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	Room / 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



ARABMED in EUROPE
إتحاد أطباء العرب في أوروبا
عضو في هيئة الأمم المتحدة
Un Member (NGO since 1996)



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Scientific Program & Abstracts
البرنامج العلمي والملخصات

المؤتمر الطبي السنوي التاسع والعشرون لاتحاد أطباء العرب في أوروبا
المؤتمر الطبي الدولي السابع للجامعات العربية والأوروبية

برلين - ألمانيا

3 - 6 October 2013
Berlin- Germany

Joint International Medical Conferences 2008 – 2013

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.

ARABMED Partners



WWW.Arabmed.de

DAAD

Deutscher Akademischer Austausch Dienst
German Academic Exchange Service



Osso Bock®

QUALITY FOR LIFE



MEDA



Liebe Kolleginnen und Kollegen ,

Im Namen der ARABMED in Europa , Deutscher Akademischer Austauschdienst DAAD PAGEL Programm in Erlangen und AGMAN (Arab - German Medical Alumni Network) ,möchte ich sehr herzlich am 4 und 5 Oktober 2013 zu unserem traditionelle diesjährigen gemeinsame Kongress 29. Kongresses der ARABMED und die 7. Internationale Joint Medizinische Konferenz für europäische und arabische Universitäten einladen.Das Kongress wird in den bekannten Räume des Otto Bock Science Center unmittelbarer Nähe der Marriott Hotel in Potsdamer Platz Berlin stattfinden Neben dem wissenschaftlichen Austausch zwischen Orient und Okzident ist unser Ziel auch der kulturelle Dialog In unserem Konferenz wollen wir arabischen, afrikanischen und deutschen Klinikern wie auch Forschern die Gelegenheit geben, sich über ihre Erfahrungen in den unterschiedlichen Medizinsystemen auszutauschen. Außerdem werden einige hochkarätige Referenten über Eigen Erfahrungen im 3 Welt und krisengebiet berichten.



Diese Konferenz ist multidisziplinär, das wissenschaftliche Programm wird in zwei volle Tage in 10 Sitzungen abgehalten mit Vorträgen und Workshops

Schwerpunkt des dies jährigen Kongress ist Rehabilitation ,Technology behinderte Menschen nach einem Krieg Verletzungen, Schmerztherapie laparoskopische Chirurgie und Augenheilkunde

Eine weiteren Schwerpunkt sehen wir die Rollen der arabischen Ärzte in Deutschland und Europa für die Stärkung der Gesundheitsektor in den arabischen Staaten zu Diskutieren

Wir freuen uns auf eine breite Palette von Delegierten aus 18 Ländern in Europa, dem Mittleren Osten und Golfstaaten sowie von Kabardino -Balkarien State University, Naltschik, Russische Föderation Teilnahme an der 29. ARABMED Konferenz begrüßen können .

Unser besonderer Dank gilt in erster Linie den Referenten , internationale Gäste , Mitglieder des wissenschaftlichen und Organisationskomitee, Deutscher Akademischer Austausch Dienst DAAD Pagel Programm in Erlangen allen Partnern, die sich gerne bereit erklärt haben unsere Kongress aktiv zu gestalten und natürlich auch den Sponsoren, Avicenna Clinic Berlin und unser Gast geber und Team in the Otto Bock Science Center in Berlin ohne deren Unterstützung die Realisierung der Veranstaltung nicht möglich wäre

Wir freuen uns, dass wir wieder namhafte Kollegen und Experten für die Vorträge und Workshop gewinnen konnten.Wir hoffen, dass unsere wissenschaftliche Programm Ihre Erwartungen erfüllt , wir freuen uns über ihre Teilnahme und hoffen auf einen interessanten Erfahrungsaustausch mit Ihnen in Berlin

Mit freundlichen Grüßen

Dr. Faidi Omar Mahmoud
Präsident ARABMED in Europa



Dear Colleagues,

On behalf of the ARABMED in Europe, German Academic Exchange service DAAD PAGEL Program in Erlangen, AGMAN (Arab-German Medical Alumni Network) and the Organizing Committee of the 29th Congress of ARABMED and The 7th Joint International Medical Conference for European and Arabian Universities, to welcome you here in the German capital Berlin from 4 -6 October, 2013. The scientific programme will be held at the Otto Bock Science Center and Marriott Hotel

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

This conference is multidisciplinary and open to all branches of medicine, the scientific program which will cover two full days in 10 sessions with oral presentations and the Laparoscopy Workshop here. The sessions cover a wide range of topics also focus on:

- Rehabilitation and Technology for disabled and Sick People after war injury
- Pain Management Laparoscopic Surgery, Ophthalmology
- Roles of Arab Migrant Health Professionals in reinforcing the health sectors in the Arab States and Medical Ethics

The standing committee of the conference looks forward to welcoming a wide range of delegates from 18 countries across Europe, Kabardino-Balkaria State University, Nalchik, Russian Federation, Middle East and Gulf States attending the 29 Medical Conference.

ARABMED in Europe would like to acknowledge and thank all partners, supporters and contributors for your participation in this significant conference. We are extremely honoured by:

- Chair of Local Organization in Germany
- German Academic Exchange service DAAD PAGEL Program in Erlangen
- Prof Kodzokov Anatoly, Head of the department for Foreign Relations Kabardino – Balkaria State University, Nalchik.
- Arabmed Country representatives (Austria, France, Ireland UAE Jordan...)

We would like to thank all Speaker, members of the scientific and organizing committee for their endless and dedicated efforts.

Last but not least, thanks are due to all the participants who have submitted their work from Turkey, NAAMA Colleagues from USA, organizing Company Media Agent Mr. Houssam Maarouf Sponsors and to all our delegates who are behind the success of this scientific gathering.

We sincerely hope that our scientific program meets your expectations; we look forward to a stimulating meeting and once again welcome all of you warmly to Berlin

Our best wishes for a rewarding scientific conference.

Yours sincerely

Dr. Faidi Omar Mahmoud
President of ARABMED in Europe



Dear Colleagues,

In the name of the Arab Doctors' Arab Medical Union in Europe (ARABMED) and the Organizing Committee of the 29th Congress of ARABMED, we invite you to participate in the Annual Congress held in Berlin ARABMED 04 to October 06, 2013. It is a great Pleasure to host this important Conference here in Berlin, the beautiful capital of Germany, the country, which has given us a lot and still gives, the country we all are proud of.



This Congress is the largest gathering of European Doctors of Arab origin, and is aimed at general practitioners, specialists, nursing professionals, students and other health professionals interested in the exchange of experiences between Europe and the Arab world in different fields Health and Prevention and Health Promotion. The program includes several tables that review the latest advances in Orthopaedics, Traumatology, Ophthalmology, Metabolic Diseases and Surgery, Interdisciplinary and Intercultural Dialog /Global Science/. Besides the purely scientific interest, the Congress ARABMED means a forum for communication between health professionals of Arab origin who work in different parts of Europe and the United States and whose experiences can be of great applicability in many emerging and developing. Your presence here will enrich the objectives of the meeting, and will enhance your professional and personal background to understand and share these days with colleagues from other countries and cultures. Germany will, again, meeting of cultures and scientific meeting in a different and rewarding conference for all those who believe in health as a way of uniting people and equality among citizens. We are extremely honoured by the Patronage of Arab Ambassadors. On behalf of the Arab Medical Union in Europe, I extend our sincere thanks to His Excellency Prof. Dr. med Ossama bin Abdul Majed Shobokshi Ambassador of the Royal Embassy of Saudi Arabia and all Ambassadors of Arabic Countries special H.E. Dr. Hussain Alkhateeb the Ambassador of the Republic of Irak, for their Support. We would also like to thank the Otto Bock and the Team in the Otto Bock Science Center in Berlin and Duderstadt for their endless Support Our Congress. Lot of Thanks to Avicenna Clinic Berlin and all Supporters this Congress. Last but not least, Special thanks are due to Mr. Houssam Maarouf and his team from Media Agent for the Organizing this event, the members of the scientific and organizing committee for their hard work, and to the participants from Arab countries and all presenters who have submitted their work and to our delegates who are behind the success of this scientific gathering. A warm welcome to all of you and best wishes for an exciting conference!

Dr. Hesham Dahshan



Organising Bodies & Main Conference Partners الهيئات المنظمة

- Arab Medical Union in Europe (ARABMED)
- University Hospital of Erlangen
- German Academic Exchange service DAAD PAGEL Program in Erlangen
- AGMAN (Arab-German Medical Alumni Network)
- Kabardino-Balkaria State University, Nalchik, Russian Federation
- The Circassian Medical Professionals Network (CircasMed)
- Al Andalus University for Medical Sciences, Syria

ARABMED in Europe Board of Directions الهيئة الإدارية لإتحاد الأطباء العرب في أوروبا

- | | |
|--------------------------------|-------------------------------------|
| - Dr. Faiidi Mahmoud (Germany) | Country representatives |
| President | Dr. Ghassan Elahga (Ireland) |
| - Dr. Tammam Kelani (Austria) | Dr. Mustafa Abdul Rahman (France) |
| Vice President | Dr. Osama Alsbahi (Germany) |
| - Dr. Nadim Sradj (Germany) | Dr. Ossama Al-Babbili (Gulf States) |
| Vice President | Dr. Samir Quawsmie (Jordan) |
| - Dr. Hesham Dahshan (Germany) | Dr. Khalil Ekky (Ireland) |
| Financial Officer | Dr. Mohamed Haysam Sawaf (Fance) |
| - Dr. Sayed Tarmassi (Germany) | Dr. Farida Basmadj (Poland) |
| Secretary | |

Contacts

- Dr Faiidi Omar Mahmoud, President of ARABMED in Europe, DAAD PAGEL Program in Erlangen and AGMAN Email: faiidi.mahmoud@gmail.com
- Dr. Hesham Dahshan, President of 29th Annual Meeting of ARABMED in Europe Schloßstr 54, 12165 Berlin Germany. Tel: 0049 1724704885, Mail: dr.dahshan@dahshan.de
- Dr. med. Martin Grauer (Germany) DAAD Medical Program (PAGEL) in Erlangen and AGMAN E mail martin.grauer@uk-erlangen.de
- Prof Kodzokov Anatoly Kasimovich, Head of the department for Foreign Relations Kabardino – Balkaria State University, Nalchik.

Organisation Committee:

- | | |
|---------------------------------------|------------------------------------|
| Dr. med. Faiidi Omar Mahmoud Germany | Dr. Tammam Kelani, Austria |
| Dr. Hesham Dahshan, Germany | Dr. Sayed Tarmassi Germany |
| Dr. med Martin Grauer, Germany (DAAD) | Dr. Samir Quwasmi, Jordan UK |
| Dr. Ghassan Elahga Ireland | Prof Kodzokov Anatoly KBSU Nalchik |

Scientific Committee:

- | | |
|--------------------------------------|----------------------------------|
| Dr. med. Faiidi Omar Mahmoud Germany | Dr. Samir Quwasmi, Jordan UK |
| Dr. Hesham Dahshan, Germany | Prof Kumykov V. K (Nalchik KBSU) |
| Dr. med Martin Grauer, Germany | Dr. Tammam Kelani, Austria |
| Prof Feisel Al Hafi, Germany | Dr. Nadim Sradj Germany |
| Prof. Dr. Arzu Oezcelik Turkey | Dr. Sayed Tarmassi Germany |
| Dr. Ossama Babbili, Dubai, UAE | Dr. Mustafa Abdul Rahman |
| Dr. Ghassan Elahga Ireland | Dr. Khalil Ekky Ireland |
| Prof. Dr Sabri Shamsan Hasan Italy | Dr. Mahmoud Sultan Germany |

Participating Countries

Germany, France, Austria Ireland, United Kingdom, Italy, USA, Bahrain, UAE, Saudi Arabian, Iraq, Egypt, Jordan, Palestine, UAE, Syria, Tunis, Turkey and Kabardino-Balkaria Russia Federation



• Language of conference

English or Arabic, (presentation only in English) No simultaneous Translation

Conference Themes

- Technology for disabled and Sick People
- Rehabilitation for disabled people after war injury
- Pain Management
- Gastroenterology, Laparoscopic Surgery, Ophthalmology
- Roles of Arab Migrant Health Professionals in reinforcing the health sectors in the Arab States and Medical Ethics

Registration Fees رسم المؤتمر لا تشمل الإقامة

Dinner and beverage is included in the registration fee (2 Days) as well as in the the social dinner on Saturday evening

يرجى من الراغبين بالاشتراك التقدم باستمارات التسجيل وتسديد رسوم التسجيل باليورو حسب القائمة التالية.

Registration Form and date	Member	No Member
Early Registration Until 30.June 2013	150,00	200,00
*Late Registration 1 July- 20 Sept. 2013	180,00	230,00
Registration at 4-6 Oct 2013	200,00	250,00

يغطي رسم التسجيل المشاركة في المحاضرات وورشات العمل و حفل الافتتاح والختام والحصول على وثائق المؤتمر والجلسات العلمية والعشاء لمرتين مع البرنامج السياحي في برلين يوم الأحد. أما المرافقين و الراغبين في المشاركة في العشاء الأول والثاني عليهم دفع 80 يورو لكل شخص; وللحفلة الختامية فقط دون الحصول على شهادة المؤتمر 80 يورو الرجاء إحضار قسيمة تحويل البنك للمقارنة مع جداول البنك للمؤتمر تقبل التحويلات التي وصلت بتاريخ 20 ايلول 2013 فقط لاتقبل التحويلات بعد هذا التاريخ الرجاء الإلتزام

- المقصود بتاريخ التسجيل هو تاريخ دفع الرسوم ليست التسجيل فقط دون دفع الرسوم
- طلاب الطب في أوروبا (بحسب بطاقات الجامعة) مدعوون لحضور المحاضرات النظرية دون الوثائق وفي حال الرغبة للإشتراك في الوجبات وباقي النشاطات 100 Euro
- أعضاء اتحاد الأطباء العرب في أوروبا الدافعين لرسوم الإتحاد(150€) لعام 2013 لهم تخفيضات واضحة في الجدول السابق والمتوافقة مع التواريخ
- الزملاء القادمين عن طريق الإتحاد من فلسطين وسوريا يعفون من 50% من رسم المؤتمر لا تشمل الإقامة وتكاليف السفر
- الرجاء من كل الزملاء الذين يودون ان يستضيفوا أحدا ان يضعوا بعين الإعتبار كل التكاليف من (الرسوم وتكاليف الإقامة) لكي لا نرحج أحدا
- نعتذر عن عدم قبول التسديد ببطاقات البنوك الدولية (فيزا كارت او غيره) لعدم توفر التقنيات اللازمة أثناء انعقاد المؤتمر

Conference Venne (A)مكان المؤتمر في برلين

Otto Bock Science Center, Ebertstraße 15a, 10117 Berlin
Berlin Marriott Hotel Inge-Beisheim-Platz 1 Berlin

Organization Company

Media AGENT

Mr. Houssam Maarouf Chairman&CED General Manager, Dipl. Kfm Media,

Hahhesches Ufer 28 ,10963 Berlin Tel.: 03061659651, E Mail maarouf@mediaagent.net



Conference Hotels

الحجوزات الفندقية إجراء شخصي لا علاقة للهيئة المنظمة به يرجى للمهتمين الإتصال بالشركة المنظمة او مع الفندق

1. Berlin Marriott Hotel

Away from the conference venue Otto Bock Science Center 100 m, to walk need 3 Minutes

2. Mövenpick Weinkeller,

Away from the conference venue Otto Bock Science Center 1, 6 Km, to walk need 19 Minutes

3. Suite Novotel Berlin City Potsdamer Platz(

Away from the conference venue Otto Bock Science Center 950 m, to walk need 12 Minutes

4. Motel One Berlin-Tiergarten, An der Urania

Away from the conference venue Otto Bock Science Center 2, 8 Km, to walk need 25 Minutes

5. Hotel Gat Point Charlie, Mauerstraße, Berlin

Away from the conference venue Otto Bock Science Center 1 Km, to walk need 12 Minutes

Cancellation charge الغاء التسجيل للمؤتمر

Requests for cancellation must be in writing and emailed to Conference Manager.

Refunds, if applicable, will be issued after the end of the conference as follows:

Before 15 Sept.2013 will be deducted 25%	قبل 15 / سبتمبر/ 2013 سيخصم(25%)
After 15 Sept.2013 will be deducted 100%	بعد 15 سبتمبر 2013 سيخصم(100%)

Please note this cancellation policy will be applied to all cancellations, no exceptions.

Liability:التأمينات والضمانات

اتحاد الأطباء العرب في اوربا لا تتحمل اية ضماناته لأية ضرراو فقدان حاجة اوحادث تحدث خلال المؤتمر

- For any losses, accidents or damages of whatever origin, to persons and property shall not be the organizer.
- Participants and accompanying persons participate at their own responsibility in the Congress and all accompanying events.

Bank Transfer for ARABMED in Europe (Germany)

بنك إتحاد أطباء العرب في اوربا المسجلة في إيرلغن الألمانية

Union Arabischer Mediziner in Europa Germany(ARABMED)

Sparkasse Erlangen, Konto- Nr.: 60025142, Bankleitzahl 76350000

BIC-/SWIFT-Code: BYLADEM1ERH

IBAN-Nummer: DE22 76350000060025142

الأعضاء الجدد سيعفون من الرسم السنوي للإتحاد لعام 2013 في حالة الإشتراك في المؤتمر وفي حالة تقديم استمارة تسجيل العضوية للإتحاد، للراغبين الإنتساب الى إتحاد أطباء العرب في أوروبا والإستفادة من الرسوم المخفضة للمؤتمر يمكنهم تحويل رسم المؤتمر فقط الى رقم حساب الإتحاد في المانيا

بعد وصول تحويلية رسم البنك يؤكد التسجيل ويوضع الاسم مع القائمة الرسمية

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 preparation 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**
- Only with USB sticks **the use of private laptop not possible.**



Accreditation Statement

A breakdown of the CME credits for this Conference (2 Full Days) is 15 credits from Medical Chamber Berlin in Germany.

- Friday 4.Oct.2013 (7 Credits) VNR: 2761102013112430009
- Saturday 5.Oct.2013 (8 Credits) VNR: 2761102013112440008

Organizer: University Hospital Erlangen, Heart Surgery, DAAD Medical Programme, Arabmed

Scientific Directors: Dr, Faidi Omar Mahmoud

Title: 29 Annual Meeting of ARABMED in Europe, 7th Joint International Medical Conference for European and Arabian UNIVERSITIES, DAAD Medical Program

File Number: ZERS 1211242



ÄRZTEKAMMER
BERLIN

Ärztekammer Berlin Friedrichstr. 16 / 10969 Berlin
Ansprechpartner Anke Andresen
Telefon +49 30 / 40806-1213
E-Mail Fb-zertifizierung@aekb.de

Zertifizierungsbescheid

Veranstalter: Uniklinik Erlangen, Herzchirurgische Klinik, DAAD Ärzteprogramm, Arabmed

Wiss.Leutung: Dr, Faidi Omar Mahmoud

Title: 29 Annual Meeting of ARABMED in Europe, 7th Joint International Medical Conference for European and Arabian Universities, DAAD Medical Program

Aktenzeichens: ZERS-1211242

Termin.

04.10.2013 Punkte 7 VNR: 2761102013112430009

VNR: 2761102013112430009



2761102013112430009

05.10.2013 Punkte 8 VNR: 2761102013112440008

VNR: 2761102013112440008



2761102013112440008

Medical Chamber Berlin Friedrichstrasse. 16 / 10969 Berlin
Telefon +49 30 / 40806-1213| E-Mail Fb-zertifizierung@aekb.de
Contact person Ms. Anke Andresen

المؤتمر يمنح المشتركين في المؤتمر 15 نقطة تعليمية من نقابة أطباء برلين في ألمانيا يرجى من المهتمين بأن يسجلوا
انفسهم مع ذكر الرقم الإلكتروني الخاص بك (EFN) و إلكترونية Fortbildungsnummer (EFN) ويوقعوا في
جداول الحضور الخاصة بذلك في كل من يومي الجمعة والسبت



Time Table

البرنامج الزمني للمؤتمر في برلين

Thursday 3 October 2013 الخميس Arrival to Berlin, There are no program

Friday, 4 October 2013 الجمعة

09.00 Registration Science Center Berlin Otto Bock

Time	Otto Bock (Duderstadt)	Otto Bock (Königsee)
10.00-12.30	Scientific Program	Scientific Program
12.30- 13.00	Break	Break
13.00-15.00	Scientific Program	Scientific Program
15.00- 15.30	Break	Break
15.30-17.00	Scientific Program	Scientific Program
17.30- 19.00	ARABMED Board Meeting	اجتماع الهيئة الإدارية ولجان المؤتمر

20.00 Dinner: starting from Marriott hotel to Restaurant 19:30

Saturday, 5 October 2013: السبت

Time	Hotel Marriott Ballroom Berlin	Otto Bock (Duderstadt)	Otto Bock (Königsee)
09.00-11.00		Scientific Program	Workshop Program
11.30-12.30	Opening Ceremony		
12.30- 13.30	Break Otto Bock	Break	Break
13.30-15.30		Scientific Program	Workshop Program
15.30- 16.00		Break	Break
16.00- 18.00		Scientific Program	Workshop Program

20.00 Dinner in the Hotel

Sunday, 6 October 2013: الأحد **Social Program Go together in Berlin**

- Berlin tour attractions by bus included (Parliament of the Federal Republic of Germany only outside)
- Special tours for conference participants in the Museum with guide in Berlin
- Reception at the Embassy of the Kingdom of Saudi Arabia by Mr. Ambassador Prof. Dr. med Ossama bin Abdul Majed Shobokshi

الأحد زيارة المتحف والبرلمان من الخارج ورحلة في المدينة للمعالم السياحية بالباص مع استقبال في سفارة المملكة العربية السعودية من قبل السيد السفير الأستاذ الدكتور أسامة عبدالمجيد شبكشي
استفسروا عن التفاصيل النهائية ومكان التجمع في مكتب التسجيل أثناء المؤتمر

Monday, 7 October 2013: الاثنين

Departure

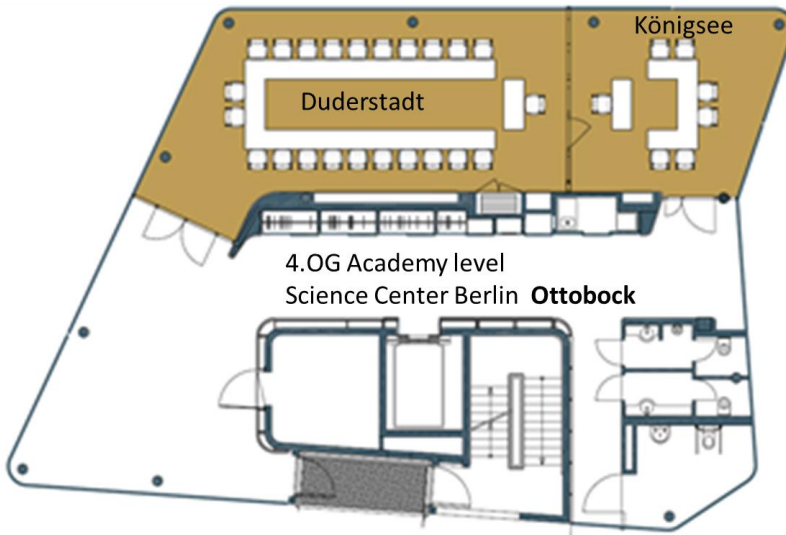


General Information

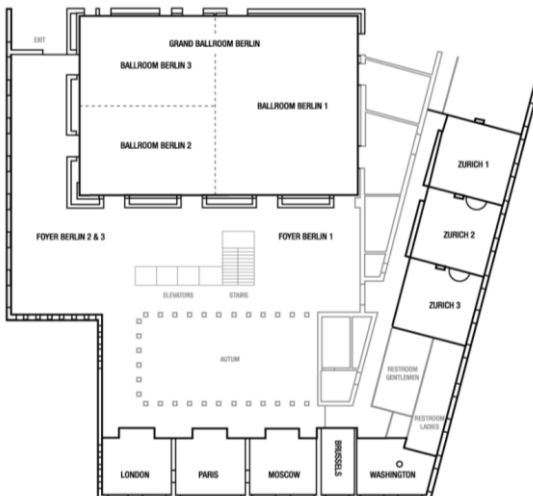
معلومات عامة عن المؤتمر

Conference location مكان المؤتمر في برلين

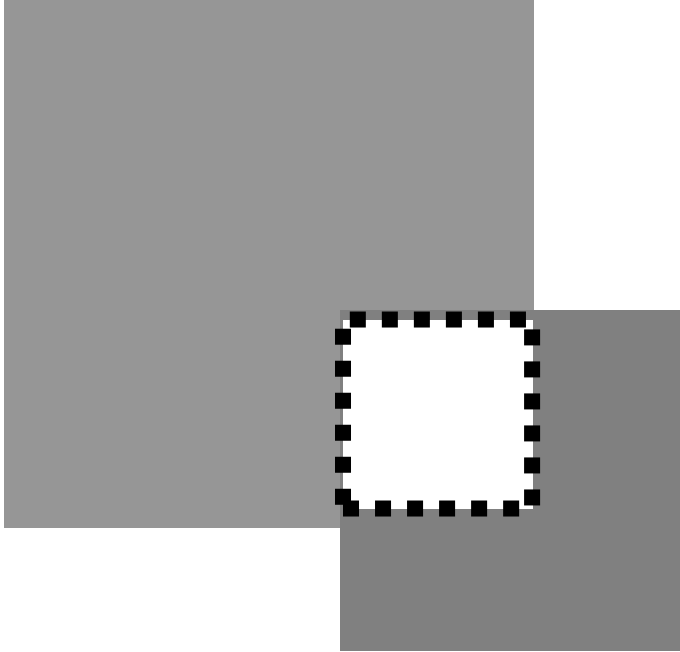
Otto Bock Science Center, Ebertstraße 15a, 10117 Berlin



Berlin Marriott Hotel Ballroom Berlin 1 Inge-Beisheim-Platz 1 Berlin



29th Annual Meeting of ARABMED in Europe
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for European and Arabian Universities
DAAD Medical Program



المؤتمر الطبي السنوي التاسع والعشرون لاتحاد أطباء العرب في أوروبا
المؤتمر الطبي الدولي السابع للجامعات العربية والأوروبية

4 - 6 October 2013

Scientific Program

البرنامج العلمي



Opening Session 1 الجلسة الترحيبية



10.30-12.30

QUALITY FOR LIFE

Otto Bock Science Center

Hall Duderstadt

Otto Bock Health Care – Mobility for People

مركز الأوتوبوك للرعاية الصحية والحراك البشري

Welcoming

1. Welcome to the Science Center Medical Technology and Company Presentation

مرحبا بكم في مركز العلوم والتكنولوجيا الطبية في الأوتوبوك

Mr. Klaus Frölich Director Sales Export

Otto Bock Science Center Medical Technology, Berlin

2. Everything within Reach – Medical Technology in Upper Limb Prosthetics *Myoelectric Arm Protheses and Targeted Muscle Reinnervation*

كل شيء في متناول التكنولوجيا الطبية, الحلول المثالية في تعويض الأطراف العلوية

Dipl.-Ing. Martin Wehrle Product Manager

Otto Bock Science Center Medical Technology, Berlin

3. Genium® – Bionic Prosthetic System – Medical Technology in Lower Limb Prosthetics *Microprocessor controlled knee joints - Optimized Physiological Gait*

الأنظمة الحديثة التعويضية للمشي الفيزيولوجي في حالة فقدان الطرف السفلي (الركبة الأليكترونية)

Mr. Hamed Hajjada, Certified Prothetist and Orthotist

Professional and Technical Support Services

Otto Bock Science Center Medical Technology, Berlin

4. The E-MAG Active and C-Brace®. Twoorthotronic mobility systems for patients with incomplete paraplegia

From Stance Phase Controlled Ortheses to the first Stance and Swing Phase Control Orthosis

الأنظمة الجديدة لإعادة تحريك مرضى الشلل السفلي الغير التام

Mr. Daniel Gelbart, Certified Prothetist and Orthotist

Business Development Manager Orthotics, EEMEA Region

Otto Bock Science Center Medical Technology, Berlin

Break 12:30 – 13:00



Session 2 الجلسة الثانية

13.00-15.00

Otto Bock Science Center

Hall Königsee

Chair: Prof. Zakhokhov Ruslan (Nalchik, the Russian Federation)
Prof. Dr. med. Jalid Sehoul (Germany)
Prof Kurnykov V. K (Nalchik, Russian Federation)

5. Prevention of iodine deficiency disorders in children CBD, depending on age, region and severity of iodine deficiency

الوقاية من اضطرابات نقص اليود في الأطفال، اعتمادا على السن، والمنطقة ودرجة نقص اليود
Prof. Zahohov Ruslan M, Uzdenova ZH
Kabardino-Balkaria State University, Nalchik, Russia

6. Long-term trends of risk factors of chronic noninfectious diseases in schoolchildren and students

الاتجاهات الطويلة الأمد من عوامل الخطر للأمراض غير الالتهابية المزمنة لدى التلاميذ والطلاب
Prof. Elgarova Liliya, A.M. Kardangusheva
Kabardino-Balkarian State University, Nalchik, Russia

7. Changes in life style upon diagnosis of cancer or other chronic illnesses

التغيرات في نمط الحياة عند تشخيص السرطان أو الأمراض المزمنة الأخرى
Prof. Serdar Turhal1; Figen Akinci 1; Yasemin Haciabdullahoglu 2; Makbule Dolmaci3; Ayse Sari4; Nermin Gurhan 5; Aylin Mutlu 6; Feyyaz Ozdemir 2, MD, Professor, Mehmet Artac 3, MD, Associate Professor; Saadettin Kilickap 4, MD, MSci; Associate Professor; On behalf of the Lung Cancer Committee of Turkish Oncology Group.
1. Mamara University Faculty of Medicine, Department of Medical Oncology, Istanbul
2. Karadeniz Technical University Faculty of Medicine, Department of Medical Oncology, Trabzon
3. Meram University Faculty of Medicine, Department of Medical Oncology, Konya
4. Cumhuriyet University Faculty of Medicine, Department of Medical Oncology, Sivas
5. Gazi University Faculty of Medicine, Department of Medical Oncology, Ankara, 6Akdeniz University Faculty of Medicine, Department of Medical Oncology, Antalya, Turkey.

8. Current aspects in the treatment of gynecological malignancies

الجوانب الحالية في علاج الأورام الخبيثة عند النساء
Prof. Dr. med. Jalid Sehoul
Direktor der Klinik für Gynäkologie/ Charité Campus ,Virchow-Klinikum, Berlin

9. Neonatal asphyxia in Kabardino-Balkaria

الاختناق الوليدي في كبادردينو بلقاريا
Anaeva Lima Aslanbievna ?
Department of childhood diseases, obstetrics and gynecology of Kabardino-Balkarian State University

Break 15:00 – 15:30



Session 3 الجلسة الثالثة

15.30-17.30

Otto Bock Science Center

Hall Königsee

Chair: Prof. Zhetishev Rashid Abdulovich (Nalchik, Russian Federation)
Prof Kumykov V. K (Nalchik, Russian Federation)

10. The state of the thyroid system and features of the neuroelectricity of younger children in the absence of iodine prevention in prenatal and postnatal life".

الأعراض العصبية عند الأطفال بسبب نقص اليود قبل وبعد الولادة وتأثيرها على الغدة الدرقية

Prof. Zhetishev Rashid Abdulovich, Ulbasheva Asiyat Sagidovna, Zhetisheva Irina Salihovna

Medical Faculty Kabardino-Balkarian State University

11. Prophylaxis of inintial forms of diseases of parodontium of pregnant women

دراسة عن كيفية الوقاية من امراض اللثة والأسنان لدى المرضى الحوامل

Prof. Uzdenova A. Zukhra.

Kabardino-Balkarian State University, Nalchik, Russia

12. DYNAMICS of INDICATORS of the PROINFLAMMATORY CYTOKINE TNF- α IN PATIENTS with ERYSIPELAS

المؤشرات الإلتهابية في الدم في المرضى المصابين بالتهاب الجلد

Marzhokhova M. U, Marzhokhova A.R. ?

Kabardino-Balkarian state University, Nalchik

13. Screening examinations of students with the use of direct method of express diagnostics of thyroid gland dysfunctions

نتائج التشخيص السريع للغدة الدرقية للطلاب في منطقة كبايردينا بالقاريا

Prof Kumykov V. K, Zakhokhov R., Abazova Z.Kh, Efendieva M. K, Arkheastova D. R.

Kabardin-Balkar state university, Nalchik, Russian Federation

14. Estimation of parameters of body length and weight in the schoolchildren in the Nalchik town, the Russian Federation according to a scale of regression

تقدير مؤشرات طول الجسم والوزن في أطفال المدارس في بلدة نالتشيك، وفقا لمقاييس الانحدار

M.Kh. Tlakadugova, V.A. Karanasheva

Medical Faculty, Kabardino-Balkar State University after Kh.M. Berbekov, Nalchik, the Russian Federation

15. Mitral Regurgitation and Coronary Artery Disease

قصور الصمام التاجي المرافق للداء الإكليلي

Dr. Majed Othman ?

Cardiac Surgery, Damascus, Syria.



Session 4 الجلسة الرابعة

13.00-15.00

Otto Bock Science Center

Hall Duderstadt

Chair: Dr. Sayed Tarmassi (Germany)
Prof. Mohemid M Al-Jebouri (Iraq)

16. Pain and pain genesis

اسباب الألم ومعالجته

Dr. med. Sayed Tarmassi
Braunschweig, Germany

17. Effect of Central Obesity on Some Pulmonary Function Tests in Women

تأثير البدانة المركزية على بعض فحوصات وظيفة الرئة لدى النساء

Assistant Professor Baybeen Khorsheed Al-Selevany , * Raghad Khalid
Thanoon, MSc,
Department Of Medical Physiology University of Mosul Iraq
*Lung Function Unit /Al-Salam Teaching Hospital /Ministry of Health / Mosul -Iraq

18. Association of IL-23R Arg381Gln polymorphism with susceptibility and phenotype of Crohn's disease in Egyptian patients

دراسة للمرضى في مصر عن دور العوامل الوراثية في داء كرون (التهاب الأمعاء الغير وصفي)

Dr. Soad M. Elkady Thabet T. M., Salem O. E., Nouh H.H., Elkaffash D.M.,
Faculty of medicine, Alexandria University, Egypt

19. A study on the osteomyelitis in Tikrit Teaching Hospital

دراسة عن التهابات العظام في مرضى مستشفى تكريت التعليمي

Prof. Mohemid M Al-Jebouri and Zubaida N Al-Barzanji
College of Medicine, University of Tikrit, Iraq

20. Phenylketonuria

دراسة عن المرض الوراثي ببيلة الفينيل كيتون

Dr. Slama Raziq
Gaza, Palastina

21. Medical Tourism Status in the Middle East

السياحة العلاجية في الشرق الأوسط

Dr. Mahmoud Kaiyal
Webteb
Ramallah, Palestine.

Break 15: 00-15:30



Session 5 الجلسة الخامسة

15.30-17.00

Otto Bock Science Center

Hall Duderstadt

Chair: Dr. Ossama Al-Babbili, Dubai, (UAE)
Dr. Mustafa Abdul Rahman (France)

22. Religious interpretation in the Qur'an in brain function from the point of Neurosurgery

العلاقة بين مركز صنع القرار في سورة العلق وجراحة الدماغ

Prof. Tarek Al-zain

Deutsch-Arabisches medizinische Gesellschaft
Berlin, Germany

23. Food Allergy and Food Intolerance

الحساسية الغذائية و عدم التحمل الغذائي

Dr. Ossama Al-Babbili, Dubai, UAE

24. To every mother From pediatrician .Ten Golden advices

النصائح الذهبية العشر الى كل ام

Dr. Mustafa ABDUL-RAHMAN

Pediatrician-Neonatologist, Paris, France

25. Diabetic foot syndrome

تتأذر القدم السكرية

Dr. Mahmoud Sultan, Diabetologe DDG

Berlin, Germany

الرجاء إنهاء الجلسة في الوقت المحدد لتحضير الاجتماع العام لأعضاء اتحاد الأطباء العرب في أوروبا

ARABMED Board Meeting

ARABMED Mitglieder Versammlung 2013

17.30 -18.30

إجتماع عام لأعضاء إتحاد أطباء العرب في أوروبا



**إجتماع عام لأعضاء اتحاد أطباء العرب في أوروبا
الأعضاء و الهيئة الإدارية وممثلي الفروع
ARABMED Board Meeting Nr 17
ARABMED Mitglieder Versammlung 2013**

17.30-18.30 Otto Bock Science Center

Hall Duderstadt

الأخوة اعضاء الهيئة الإدارية للإتحاد وأعضاء الإتحاد

تحية طيبة وبعد

مع هذه الرسالة أدعوكم لإجتماع الهيئة الإدارية ولأعضاء الإتحاد في مدينة برلين و المقرر عقده في يوم الجمعة
الواقع في 4 اكتوبر 2012 في الأوتو بوك برلين الساعة الخامسة والنصف مساء والتي تتزامن مع
المؤتمر الطبي السنوي التاسع والعشرون في برلين ,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

فيضي عمر محمود

رئيس اتحاد الأطباء العرب في أوروبا

فقط للأعضاء الفعليين* لإتحاد أطباء العرب في أوروبا

Sehr geehrte Mitglieder der Union
Zum unsre Mitgliederversammlung und Vorstandssitzung Laden wir Sie
nach Berlin am Freitag 4. October 2013 um 17.30
Otto Bock Science Center Hall Duderstadt
Ebertstraße 15a, 10117 Berlin
Dieses Treffen ist von äußerster Priorität
Mit Kollegialen Grüßen

Dr. Faidi Omar Mahmoud

إتحاد أطباء العرب في أوروبا منكم واليكم

ساهموا فيها بأرائكم وخبراتكم

Homepage: <http://www.arabmed.de>



Session 6 الجلسة السادسة Update in Laparoscopic surgery Workshop

09.00-11.00

Otto Bock Science Center

Hall Königsee

Chair: Prof. Dr. med Feisal Al Hafi, Prof. Dr. med. Thomas Horbach

26. Standard procedures in laparoscopic surgery for obesity and metabolic disorders (30 minutes + Video session Obesity Surgery 15 minutes)

التدخل الجراحي التقليدي بالمنظار في جراحة السمنة

Prof. Dr. med. Thomas Horbach

Stadtkrankenhaus Schwabach, Referenzzentrum für Adipositas Chirurgie, Germany

27. Laparoscopic surgery, what procedures can I perform ?

الإمكانيات المتاحة في الجراحة التنظيرية عرض مقاطع فيديو في جراحة الزائدة الودية والمرارة والسمنة بالمنظار

Prof Dr. Feisal Al Hafi

Department of General and Laparoscopic Surgery

St .Barbara Hospital, Gladbeck, Germany

Video session lap. Appendectomy, Cholecystectomy and other techniques

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

النتائج المتوسطة والبعيدة المدى في معالجة تشنج المري بالتنظير

Ms Dr. Yosra Zaaimi

Hospital Charles Nicolle Tunisia

Opening Ceremony 11:30-12:30 Marriott Hotel

Update in Laparoscopic surgery Workshop

التدريب العملي بالمنظار ذات البعد الثلاثي في الخياطة والمفاغرات المعوية

14.00-17.00

(Otto Bock Science Center

Hall Königsee)

29. Tips and Trikes in Laparoscopic 15 minutes before our workshop

نصائح مفيدة في تعلم الخياطة بالمنظار

Dr. med. Moustafa.Elshafei

Stadtkrankenhaus Schwabach, Germany

30. Box Training 3D Camera, (Suturing and Anastomotic Techniques)

التدريب العملي بالمنظير ذات البعد الثلاثي في الخياطة والمفاغرات المعوية

Prof Dr. Feisal Al Hafi, Prof. Dr. Thomas Horbach, Dr. Moustafa.Elshafei

St .Barbara Hospital Gladbeck, Stadtkrankenhaus Schwabach Germany



Trainer for Laparoscopy workshop

Prof Dr. Feisal Al Hafii

Department of General and Laparoscopic Surgery, St .Barbara Hospital, Gladbeck, Germany
Consultant surgeon, Specialist in general & Laparoscopic surgery
Damascus University , Syria
E-Mail: Feisalalhafi@hotmail.com



سوف تقدم الأجهزة من شركة شتولز مجاناً

Prof. Dr. med. Thomas

Horbach, Chefarzt der Chirurgische Abteilung, Zertifiziertes Referenzzentrum für Adipositas Chirurgie Facharzt für Chirurgie, Arzt für

Viszeralchirurgie Ernährungsmedizin (BDEM / DGEM),

Notfallmedizin, Sportmedizin
Stadtkrankenhaus

Schwabach, Regelsbacher Str. 7, 91126 Schwabach, Tel.: 09122 – 182-217, thomas.horbach@khsc.de

Dr. Moustafa Elshafei

Department of Surgery, Stadtkrankenhaus Schwabach

STADTKRANKENHAUS



SCHWABACH
Lehrkrankenhaus der FAU Erlangen-Nürnberg



ورشة عمل الجراحة التنظيرية نظري في البدء ثم تدريب عملي على الموديلات الطبية بالمنظير ذات البعد الثلاثي في الخياطة والمفاغرات المعوية يرجى من المهتمين لهذه الورشة الإتصال مع الدكتور هشام دهشان لأخذ المعلومات وهي دورة للأطباء الجدد وللمبتدئين في الجراحة التنظيرية وذات أهمية العدد محدود , وستجرى في مركز الأوتوبوك في برلين في 5 أكتوبر 2013

Registration استمارة التسجيل

Surname الكنية First name الاسم الأول
Street... الشارع
Zip code, City رقم المدينة Country البلد
Tel.: Fax:
E Mail:

Deadline for Registrations (3 October 2013) آخر موعد للتسجيل هو

Registration should be sent to: ترسل استمارات التسجيل بالبريد الإلكتروني الى: arabmed@dahshan.de



Session 7 الجلسة السابعة

09.00-11.00

Otto Bock Science Center

Hall Duderstadt

Chair: Prof. Dr. Arzu Oezcelik (Turkey)

Dr. Munther Sabarini (Germany)

31. Living Donor Liver Transplantation in Turkey

نتائج زرع الكبد من المتبرعين الأحياء في تركيا

Prof. Dr. Arzu Oezcelik

Istanbul, Turkey

32. Effective methods treating male impotence.

الطرق العلاجية الفعالة في القصور الجنسي عند الرجل

Dr. Ismail Abbara

Director, Consultant Urologist in Abbara Polyclinic, Dubai, UAE

33. Allergic rhinitis / New drugs

الجديد في التهاب الأنف التحسسي

Prof. Dr. h. c. Torsten Zuberbier / Charité

Allergie-Centrum-Charité Berlin Germany

34. Disc cells transplantation after discectomy, rational?

ما مدى تطبيق زرع الخلايا القرصية بعد استئصال القرص الغضروفي في عمليات الديسك؟

Dr. Munther Sabarini,

Avicenna Klinik Berlin, Germany

35 Standard procedures in laparoscopic surgery for obesity and metabolic disorders

التناخل الجراحي التقليدي بالمنظار في جراحة السمنة

Prof. Dr. med. Thomas Horbach

Stadtkrankenhaus Schwabach, Referenzzentrum für Adipositas Chirurgie, Germany

Opening Ceremony 11:30-12:30 Marriott Hotel





**29th Annual Meeting of ARABMED in Europe
The 7th Joint International Medical
Conference for European and Arabian
Universities DAAD Medical Program
4 - 6 October 2013**



افتتاح المؤتمر

11.30-12.30 Ballroom Berlin 1 Marriott

الصالة الرئيسية في الطابق الثاني في فندق ماريوت في برلين

برنامج الإفتتاح

Welcome Speeches

Moderator. Dr. Hesham Dahshan

- Dr. Hesham Dahshan

President of the Conference, Germany

- Dr. Faidi Omar. Mahmoud

President of ARABMED in Europe, Germany

Representative of DAAD Medical Programm University Hospital Erlangen

- Prof Anatoli K. Kodzokov

Head of the Department for Foreign Relations Kabardino – Balkaria State University, Nalchik

- H.E. Dr. Hussain M. Fadhlalla Alkhateeb

Representative of the Arab Ambassadors in Germany
(Iraq's Ambassador in Berlin)

Special lectures on

Background, history and philosophy of Avicenna hospital in the German capital

الحلقيات وفلسفة إنشاء مستشفى ابن سينا في العاصمة الألمانية

Dr. Munther Sabarini,

Director of Avicenna Klinik Berlin, Germany

Refreshment Break 12:30-13:30 in Otto Bock Science Center



Session 8 الجلسة الثامنة

13.30 -15.30

Otto Bock Science Center

Hall Duderstadt

Chair: Dr. Faidi Omar Mahmoud (Germany)

Prof. Dr. A.K. Martini (Syria)

Dr. Mouhanad Hammami (USA)

35. Racism, Prejudice, and Discrimination in Science

العنصرية والتحامل والتمييز في مجال العلوم

Dr. med. N. Sradj, M.A., Regensburg**36. MSF plastic reconstructive hand surgery mission within the Gaza Strip**

خبرة أطباء بلا حدود في قطاع غزة بعثة جراحة اليد التصحيحية

Dr. Krieger Stefan

Doctors without Borders (MSF) France/Germany

37. Mobility of Arab Health Professionals: Brain Drain or Brain Gain?"

هل الكفاءات الصحية المتنقلة في المهجر هجرة للعقول ام كسب للأدمغة

Dr. Mouhanad Hammami

Past President National Arab American Medical Association (NAAMA)

Chief of Health Operations & County Health Officer

Wayne County, Michigan, USA

38. Experiences of Starting and Running a Private University in Syria

خبرة جامعة الأندلس الخاصة للعلوم الطبية في سوريا منذ البدء بالتعليم

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

Al Andalus University, Qadmus, Syria

39. Roles of Arab Migrant Health Professionals in reinforcing the health sectors in the Arab States

أدوار الأطباء المهاجرين العرب في تعزيز القطاعات الصحية في الدول العربية مثال مشروع بناء جامعة الأندلس

Prpf Dr. Faidi Omar Mahmoud Al Andalus University, Qadmus, Syria**40. Upper extremity – lower class Hand surgery in the 3rd World**

خبرتنا في جراحة اليد في العالم الثالث

Prof. Dr. A.K. Martini

Al Andalus University, Qadmus, Syria

41. Treatment options for traumatic and postoperative scars and pigmentation disorders

الإمكانات المتوفرة في معالجة الندبات والتغيرات الجلدية بعد الجراحة

Dr. Raniah Bogari; T.C. Fischer, MD

Skin and Laser Center Berlin-Grunewald, Berlin, Germany

Break 15:30-16:00

Session 9 الجلسة التاسعة 9

16.00-18.00

Otto Bock Science Center

Hall Duderstadt

Chair: Dr.Tammam Kelani (Austria)
Dr. Nadim Sradj (Germany)
Dr. Samir Quawasmi (Jordan)

42. In Vitro versus Conventional Type I Allergy Diagnostic: Molecular Allergology As You Have Never Seen It

مقارنة نتائج اختبارات الحساسية في المخبر وفي الواقع

Prof. Dr. med. Ahmad Hamwi

Vienna, Austria

43. Diabetic Retinopathy

استحالة الشبكية السكري

Dr.Tammam Kelani

Vienna, Austria

44. Causes of headaches from the viewpoint of ophthalmologists

اسباب الصداع من وجهة نظر اطباء العيون

Dr. med. N. Sradj, M.A., Regensburg, Germany

45. Cataract and uveitis

التهاب القرنية والساد

Dr. Eiman Abd El-Latif

Faculty of medicine, Alexandria University, Egypt

46. Paired accurate keratotomy coupled with modified circular keratotomy for the treatment of Stage III and IV keratoconus

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

Dr. Samir Quawasmi ?

Cornea Specialized Clinic, Amman Jordan (London, UK)

47. Case Presentation of Acanthamoeba keratitis

عرض حالة خاصة عن التهاب القرنية الغير وصفي

Dr. Rasha Abdou ?

Alex Eye Center, Alexandria, Egypt

48. Nefropatia diabetica.

الكلية السكرية

Prof. Dr Sabri Shamsan Hasan

President of Unione medici arabi in Italia UMAI

Roma, Italia



Social Program Go together in Berlin

Berlin is the capital city of Germany and one of the 16 states of Germany. With a population of 3.5 million people, Berlin is Germany's largest city and is the second most populous city proper and the seventh most populous urban area in the European Union. Located in northeastern Germany on the River Spree, it is the center of the Berlin-Brandenburg Metropolitan Region, which has about 4½ million residents from over 180 nations. Due to its location in the European Plain, Berlin is influenced by a temperate seasonal climate. Around one third of the city's area is composed of forests, parks, gardens, rivers and lakes.

First documented in the 13th century, Berlin was the capital of the Kingdom of Prussia (1701–1918), the German Empire (1871–1918), the Weimar Republic (1919–33) and the Third Reich (1933–45). Berlin in the 1920s was the third largest municipality in the world. After World War II, the city became divided into East Berlin the capital of East Germany and West Berlin, a West German exclave surrounded by the Berlin Wall from 1961–89. Following German reunification in 1990, the city regained its status as the capital of Germany, hosting 147 foreign embassies.

Berlin is a world city of culture, politics, media, and science. Its economy is primarily based on the service sector, encompassing a diverse range of creative industries, media corporations, and convention venues. Berlin also serves as a continental hub for air and rail transport,[18][19] and is a popular tourist destination.[20] Significant industries include IT, pharmaceuticals, biomedical engineering, biotechnology, electronics, traffic engineering, and renewable energy.

Berlin is home to renowned universities, research institutes, orchestras, museums, and celebrities, as well as host of many sporting events Its urban settings and historical legacy have made it a popular location for international film productions. The city is well known for its festivals, diverse architecture, nightlife, contemporary arts, public transportation networks and a high quality of living

Berlin is noted for its numerous cultural institutions, many of which enjoy international reputation. The diversity and vivacity of the Zeitgeist Metropolis led to a trendsetting image among major cities the city has a very diverse art scene and is home to around 420 art galleries

The artistically painted Buddy Bear is a popular figure seen around downtown Berlin (here in front of Charlottenburg city hall)

Many young people and international artists continue to settle in the city, and Berlin has established itself as a center of youth and popular culture in Europe

The expanding cultural role of Berlin is underscored by the 2003 announcement that the Popkomm, Europe's largest annual music industry convention—previously hosted for 15 years by Cologne would move to Berlin Shortly thereafter, the Universal Music Group and MTV also decided to move their European headquarters and main studios to the banks of the River Spree in Friedrichshain In 2005, Berlin was awarded the title of "City of Design" by UNESCO



Berlin

Berlin ist Bundeshauptstadt und Regierungssitz Deutschlands. Mit 3.418.677 Einwohne Als Stadtstaat ist Berlin ein eigenständiges Land und bildet das Zentrum der Metropolregion Berlin/Brandenburg. Berlin ist mit 3,4 Millionen Einwohnern die bevölkerungsreichste und flächengrößte Stadt Deutschlands und nach Einwohnern die zweitgrößte Stadt der Europäischen Union. Berlin wurde während seiner Geschichte mehrfach Hauptstadt deutscher Staaten wie die des Markgrafentums/Kurfürstentums Brandenburg, des Königreichs Preußen, des Deutschen Reiches oder der DDR (nur der Ostteil der Stadt). Seit der Wiedervereinigung im Jahr 1990 ist Berlin gesamtdeutsche Hauptstadt. Berlin ist ein bedeutendes Zentrum der Politik, Medien, Kultur und Wissenschaft in Europa. Die Metropole ist ein wichtiger Verkehrsknotenpunkt und eine der meistbesuchten Städte des Kontinents. Herausragende Institutionen wie die Universitäten, Forschungseinrichtungen, Theater und Museen genießen internationale Anerkennung. Die Stadt ist Anziehungspunkt für Kunst- und Kulturschaffende aus aller Welt. Berlins historisches Vermächtnis, Nachtleben, und vielfältige Architektur sind über die Grenzen hinaus bekannt. Berlin ist eines der meistbesuchten Zentren des nationalen und internationalen Städtetourismus. Seit dem Jahr 2001 steigt die Anzahl der Übernachtungen, Gäste, der neugebauten Hotels und deren Bettenkapazitäten über durchschnittlich an. Im Jahr 2007 wurden etwa 17,3 Millionen Übernachtungen in Berliner Beherbergungsbetrieben von 7,5 Millionen Gästen und geschätzte 140 Millionen Tagesbesucher gezählt. Bis 2010 werden 20 Millionen Übernachtungen prognostiziert. Die Stadt ist damit nach London und Paris das bevorzugte Reiseziel innerhalb Europas.[18] Internationale Gäste machen etwa 40 % der Besucherzahlen aus. Hierbei liegen Besucher aus Großbritannien, den Vereinigten Staaten, den Niederlanden und Italien in der Spitzengruppe. Hauptanziehungspunkte sind Architektur, historische Stätten, Museen, Festivals, Einkaufsmöglichkeiten, Nachtleben sowie Großveranstaltungen die jährlich mehrere Hunderttausende Besucher zählen. Berlin ist außerdem einer der zwei größten internationalen Kongressveranstalter der Welt. Das ICC ist das größte Konferenzzentrum Europas und trägt zusammen mit der Messe Berlin zum Geschäftstourismus bei Berlin verfügt über eine Vielzahl von Museen. Bereits 1841 wurde die von Spree und Kupfergraben umflossene Museumsinsel im nördlichen Teil der Spreeinsel durch königliche Order zu einem „der Kunst und der Altertumswissenschaft geweihten Bezirk“ bestimmt. In der Folge entstanden dort mehrere Museen, wie das Alte Museum am Lustgarten, das Neue Museum, die Alte Nationalgalerie, das heutige Bodemuseum und das Pergamonmuseum. Diese Museen stellen vor allem Exponate aus der Zeit der Antike aus. 1999 wurde die Museumsinsel in die UNESCO-Liste des Weltkulturerbes aufgenommen



Abstracts

المخلصات



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Business Development Manager Orthotics, EEMEA Region

Otto Bock Science Center Medical Technology, Berlin



5. Prevention of iodine deficiency disorders in children CBD, depending on age, region and severity of iodine deficiency

الوقائية من اضطرابات نقص اليود في الأطفال CBD، اعتمادا على السن، والمنطقة ودرجة نقص اليود

Prof. Zahohov RM, Uzdenova ZH

Kabardino-Balkar State University, Nalchik, Russia

The problem of iodine deficiency disorders in children is of particular importance. Among the many factors affecting the health of children and adolescents, a special place is iodine deficiency. Due to the absence of Russia to date legislative regulation of mass prevention of iodine deficiency disorders through mandatory iodization of table salt in school children remains high incidence of endemic goiter, associated with a lack of iodine in the diet of violations of intellectual, physical and sexual development, significantly increases the risk of chronic diseases .

Objective: To improve the system of prevention of iodine deficiency disorders in children CBD, depending on age, climate and geographic region of residence, and the severity of iodine deficiency.

Studied 1,782 schoolchildren aged 7-17 years living in different climatic zones of Kabardino-Balkaria. Conducted a survey of children in secondary schools in the Terek (plain area, group 1), Nalchik (foothill zone, group 2), Terskol, Elbrus (mountain area, group 3). Body surface area (BSA) was calculated using the standard formula of Dubois: $BSA = B_0, P_0 \times 425, 725 \times 71,84 \times 10^{-4}$, where B - body mass (weight) in kg, P - body length in cm thyroid ultrasound performed on the machine «Medison SA - X8» (South Korea) linear transducer frequency of 7.5 MHz. Thyroid volume was calculated by the formula J. Brunn et al. (1981): thyroid volume = [(length x width x thickness of the left lobe) + (length x width x thickness of the right lobe)] x 0,479.

For two key epidemiological indicators of iodine deficiency disorders by WHO (Me urinary iodine and goiter rate by ultrasound in prepubertal children) found that dq mild in lowland and foothill areas, moderate - in the mountainous area of the CBD. In the structure of endemic goiter vast majority were diffuse form (98,0-98,6%), nodular goiter was diagnosed in 1.4% of girls plain zone, 1.7% of schoolgirls foothills and 2.0% of women living in mountainous areas ($p > 0.1$).

The analysis showed that the combined conditions of adverse environmental factors (living and mountainous areas of moderate dg) the proportion of children with physical devel → disharmonious Thieme doubled, almost one in five children had impaired growth, decreased body mass index, and age at menarche in girls fell behind by six months on Compared to a resident of the plains and foothills. Found that in children with goiter was significantly higher frequency of stunting, underweight, disharmonious morphotypes, delays puberty, menstrual irregularities (NMC), mainly on the type of oligomenorrhea, extragenital pathology and general gynecological morbidity.

Based on the studies and taking into account the physiological levels of iodine children and adolescents, as recommended by WHO (2001) and the leading Russian experts (II Grandfathers et al., 2006), we developed a scheme for the prevention of iodine deficiency disorders in children CBD, depending on age, climate and geographic region of residence, and the severity of iodine deficiency.

In order to ensure adequate iodine, preventing the formation of the reproductive system disorders in the mountainous area of the CBD to all children from 7 to 12 recommended by the continuous reception of pharmaceuticals potassium iodide at a dose of 100 mg / day with an increase in dose to 200 mg / day to 12 years of age at all pubertal period.



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In the lowland and foothill areas of the CBD to children of primary school age individual iodine prophylaxis is recommended: the use of seafood 2-3 times a week and course reception of iodine-containing vitamin and mineral preparations; girls 12-17 years old group needed iodine prophylaxis iodine-containing drugs in age-related physiological doses (150 - 200 ug / day).

Thus, the system is designed prevention of iodine deficiency disorders in children of Kabardino-Balkaria, the age, climate and geographic region of residence, and the severity of iodine deficiency.

(CV) Zakhokhov Ruslan Maksidovich

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

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



Over the years of surgery work, he mastered, planned and led urgent types of operative interventions, such as stomach resection, organ saving surgeries on stomach (selective proximal vagotomy), various types of pyloroplasty, cholecystectomy, appendectomy, bowel resection, thyroid resection, simultaneous surgeries in combined organ lesions.

He has examined more than 3 thousand patients and performed about 700 surgeries.

Since 1996 occupies the position of the dean of the Medical department of the Kabardino-Balkarian State University. He trained more than 3 000 specialists for the Russian Federation and for other foreign countries' Ministry of Health Care .

Dr. Zakhokhov R.M. has 45 published scientific works, including his inventions.

Dr. Zakhokhov R.M. is awarded with the Kabardino-Balkarian republic Parliament honours and is an honoured doctor of Kabardino-Balkarian republic.

6. Long-term trends of risk factors of chronic noninfectious diseases in schoolchildren and students

. الاتجاهات الطويلة الأمد من عوامل الخطر للأمراض غير الالتهابية المزمنة لدى تلاميذ المدارس والطلاب

L.V. Elgarova, A.M. Kardangusheva

Kabardino-Balkarian State University, Nalchik, Russia

Incident 15 years according to Ministry of Health of Kabardino-Balkaria Republic the incidence of disease in children and adolescents has an increasing tendency: increase of primary incidence in children was 37.8%, common incidence – 38.8%, in adolescents consequently – 17.2% and – 48.7%. The reasons of the existing situation are various, among them: non-coverage of children with preventive medical assessments, deteriorating quality of the medical examination, the absence of registration of the main risk factors (RF) of chronic noninfectious diseases (CNID), low percentage of coverage



of follow-up care, decreasing of the medical activity of parents and preventive activity of pediatric physicians and therapists, inadequate level of work with secondary and tertiary prevention among children, adolescents and young people (growth of disability and morbidity of controllable causes), insufficient level of knowledge concerning physiology and pathology of adolescents, problems of primary prevention in schoolchildren and students.

Within the quarter of the century the health condition of the growing generation in Kabardino-Balkarian Republic is evaluated by the members of our chair as part of national projects. The conducted investigations of more than 6 000 of schoolchildren as part of 4 screenings made it possible to get the real illustration of health condition of schoolchildren of the republic: in 75% of them had one or another RF, among them prevailed: low physical activity (LPA), dyslipidemia, overweight, arterial hypertension (AH). During the investigation period the number of young people with several RF increased and the percentage of school children without RF decreased.

Epidemiological investigations of sampling of students of high educational institutions detected high frequency of RF of CNID in 73% young men and 91% girls, one third of them had combination of several RF. LPA, high levels of state and trait anxiety, smoking, overweight, AH were the most prevalent RF. Gendergap was detected: LPA, high levels of anxiety were registered in girls, while smoking, overweight and AH - in young men. Within the investigation period the number of girls with several RF increased fivefold, while the number of students with one RF decreased. By the 2005 year the number of young men with several RF decreased, although by the 2011 year the positive dynamics was gone.

The obtained data indicate a need to change the system of healthcare of the growing generation for the system based on prevention priority rather than disease treatment.

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 polyclinic in Nalchik (KBR)

1989- 1993 – scientific worker of the laboratory of the preventive medicine of the Kabardino- Balkarian State University

1993- 1997 – assistant of the chair of propedeutics of Internal Diseases of the medical faculty of the KBSU

1997-2008 – associate professor of medical sciences of the chair of propedeutics of Internal Diseases of the medical faculty of the KBSU

c 2008 – professor of the chair of propedeutics of Internal Diseases of the medical faculty of the KBSU

c 2013 - head of propedeutics of Internal Diseases of the medical faculty of the KBSU

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

2008 – Doctor of medical science

Publications: 154, including monography and 23 – abroad

The main sphere of interest: preventive medicine



7. Changes in life style upon diagnosis of cancer or other chronic illnesses

التغيرات في نمط الحياة عند تشخيص السرطان أو الأمراض المزمنة الأخرى

Prof. Serdar Turhal¹, MD, Professor; Figen Akinci¹; Yasemin Haciabdullahoglu²; Makhbule Dolmaci³; Ayse Sari⁴; Nermin Gurhan⁵; Aylin Mutlu⁶; Feyyaz Ozdemir², MD, Professor, Mehmet Artac³, MD, Associate Professor; Saadettin Kilicakap⁴, MD, MSci; Associate Professor; On behalf of the Lung Cancer Committee of Turkish Oncology Group.

¹Marmara University Faculty of Medicine, Department of Medical Oncology, Istanbul

²Karadeniz Technical University Faculty of Medicine, Department of Medical Oncology, Trabzon

³Meram University Faculty of Medicine, Department of Medical Oncology, Konya

⁴Cumhuriyet University Faculty of Medicine, Department of Medical Oncology, Sivas

⁵Gazi University Faculty of Medicine, Department of Medical Oncology, Ankara, ⁶Akdeniz University Faculty of Medicine, Department of Medical Oncology, Antalya, Turkey.

Background: Oncological diseases are similar to chronic yet treatable diseases in that they may cause some changes in a patient's perception of life.

Objective: This study aims to assess the religious changes and determined the extent to which these changes occur upon diagnosis for drawing an attention on this critical issue.

Methods: We asked the patients with cancer or chronic illness to fill out a two-page questionnaire with 22 questions. We also asked them to describe their thoughts on these various variables.

Results: A total of 235 patients (the mean age: 50±13 years) were included in this study. Usage of tobacco and alcohol decreased significantly in cancer patients than the others. Following diagnosis fasting decreased 45% and pilgrimage decreased 25%. The reductions were statistically significant ($p<0.001$). Worshipping, giving money to the needy, and praying decreased by 9%, 6%, and 6%, respectively, but not statistically significant. If the patients had a tendency to pray regularly before the diagnosis, there was a 6% decrease. However, in people who did not pray regularly, 17% of them started to pray after the diagnosis. We asked the patients whether they needed any spiritual help, and patients needed such help 46% of the time prior to diagnosis and 45% of the time after the diagnosis. The fraction of patients who reported that their religious beliefs increased after the diagnosis was 27%; 9% stated that it decreased after the diagnosis.

Conclusion: Cancer patients' spiritual needs do not change dramatically after the diagnosis of cancer.

CV Nazim Serdar Turhal was born in 1964 in Eskisehir, Turkey. He attended local schools until senior year in high school, when he went to USA with an exchange program and graduated from Lincoln High School in Lincoln, Nebraska. He then started University of Istanbul, Cerrahpasa Medical School in 1982 but moved to San Francisco in 1987 to attend University of California in San Francisco for junior and senior year clinical rotations. Upon graduation in 1988, he did a year of General Surgical training in Birmingham Alabama and then went up to Connecticut to have his training in Internal Medicine in Griffin Hospital, a Yale University Affiliated Program, in between 1989 to 1992. He then moved to New York City to be trained in Hematology Oncology and Bone Marrow Transplantation at Mount Sinai School of Medicine Hospital which is completed in 1997. Since then he is working at Marmara University in Istanbul. He served as a program director in between 1997 until 2010 and appointed as Professor of Medicine in 2006. He has over 70 peer



reviewed international publications and about 350 citations to them. He is a member of ASCO, ESMO, EORTC, BUON, TOD. He is the national representative of Turkey in Balkan Union of Oncology and also served as a member of EORTC Gastric and Colorectal cancer task force. He is board certified in Medical Oncology until 2016 by European School of Medical Oncology and until 2017 by American Board of Internal Medicine.

Prof. Dr. Nazim Serdar Turhal Bağdat Cad., Ünel Apt. No: 227 D: 5, İstanbul: Maltepe
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8. Living Donor Liver Transplantation in Turkey

نتائج زرع الكبد من المتبرعين الأحياء في تركيا

Prof. Dr. Arzu Oezcelik

Istanbul, Turkey

Introduction: The need for liver transplantation in Turkey is about 2100 per year. The lack of deceased organ donors in Turkey has led to a significant increase in the number of living donor liver transplantation. In 2012 was the total number of living donor liver transplantations around 1000. Our center performed around 130 of these transplantations. The aim of this study is to analyze the results of the living donor liver transplantations performed at our center.

Methods and Patients: The records of all Patients who underwent a liver transplantation were assessed. Patients who underwent living donor liver transplantation were identified. The data about patient's demographics, pre-, peri and postoperative data as well as the outcome were retrospectively analyzed. **Results:** Between 2010 and 2013, there were 368 patients who underwent a liver transplantation at the Florence Nightingale Hospital. Out of these patients 268 were living donor liver transplantations. The median recipient age was 47 years and the median donor age was 34 years. Except few patients, they all received the right lobe of the donor. The median ICU stay of the donors was one day. The median ICU stay of the recipients was six days. Major postoperative complications occurred in 6% of the donors and in 34% of the recipients. The one-year survival of living donor liver transplantation was 93%. The one-year survival of the deceased liver transplantation was 83%.

Conclusion: Living donor liver transplantation is the treatment of choice for the lack of deceased donors. It can be performed with acceptable complication risk and good outcome, if it is performed in specialized centers.

Prof. Dr. Arzu Oezcelik , Istanbul, Turkey ,

(CV)Dr. Arzu Oezcelik MD

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



9. Neonatal asphyxia in Kabardino-Balkaria

الاختناق الوليدي في قبادينو بلقاريا

Anaeva Lima Aslanbievna

Department of childhood diseases, obstetrics and gynecology of Kabardino-Balkarian State University

The aim of this work was to study the dynamics of the frequency and severity of neonatal asphyxia structure in the Republican Perinatal Center (RPC) of the Kabardino-Balkar Republic (KBR) for 5 years.

To fulfill this goal there was done a retrospective analysis of 17136 maps and stories of newborns of mothers giving birth RPC in KBR for the period from 2007 to 2011.

Statistical analysis allowed us to distinguish a group of children born in the asphyxia of varying severity among all newborns in RPC of KBR during 5 years. Their number was 2965 children, which corresponds to 17.3% of all newborns.

For five years, the number of analyzed children born in asphyxia tends to decrease both in the group of full-term infants, and among preterm infants. The exception is 2009, when a slight increase in the proportion of children asphyxiated in term and preterm infants was noted as compared to the previous year. For 5 years, the proportion of all children of the RPC born in asphyxia decreased by 4.5%, while in the group of preterm infants the decrease was 11.3% and in the group of full-term - by 3.9%.

It was revealed that the probability of giving birth in asphyxia increases at lower gestation term at birth. In this case, a significant increase in the proportion of children born in asphyxia occurs with decreasing gestational term 31-29 weeks reaching 90.1%. Next, with a decrease in gestational age (28-22 weeks) the amount of children asphyxiated at birth increased slightly (by 0.4%).

The structure of the severity of neonatal asphyxia among infants born in the RPC in KBR for the period of 2007-2011 has not significantly changed.

In the group of preterm infants with gestational age 36-35 weeks at birth in 2008 there was found positive dynamics of the structure of asphyxia compared with 2007: the percentage of children born in severe asphyxia decreased by 6.3% in the moderate - 4.5%. Gradually, however, by 2011, these figures have deteriorated, and the proportion of children with moderate asphyxia in 5 years increased by 8.3%. In the structure of the severity of asphyxia very preterm infants showed a significant decrease in the proportion of children born in severe asphyxia.

CV Anaeva Lima Aslanbievna - doctoral student of department of childhood diseases, obstetrics and gynecology of Kabardino-Balkarian State University. She graduated from the Faculty of Medicine KBSU in 2001 on specialty "Medicine". In 2001-2004 she was trained in clinical internship by the specialty "Pediatrics" in the department of children's diseases, obstetrics and gynecology. In 2004, she begins her postgraduate studies, which she completed in 2007 and defense her Ph.D. thesis in the Stavropol State Medical Academy on the subject "Heart rate variability in children of primary school age" on the specialty 14.00.09 - Pediatrics. In 2007-2011 she taught in medical faculty of KBSU. Since 2011 working on her doctoral dissertation on the subject "The impact of new perinatal technologies on the health of children and ways to optimize preventive and rehabilitative measures." She has more than 30 scientific publications.



10. The state of the thyroid system and features of the neuroelectricity of younger children in the absence of iodine prevention in prenatal and postnatal life".

الأعراض العصبية عند الأطفال بسبب نقص اليود قبل وبعد الولادة وتأثيرها على الغدة الدرقية

Prof. Zhetishev Rashid Abdulovich, Ulbasheva Asiyat Sagidovna, Zhetisheva Irina Salihovna

Medical Faculty Kabardino-Balkarian State University

The article presents the examination of 122 children from their birth till aged 3 years old in iodine dotation in prenatal and postnatal periods, in prenatal period only or in postnatal period and also in the absence of iodine dotation in these periods. We have estimated the level of thyroid hormones (TSH - thyroid-stimulating hormone, T3, T4) and EEG – electroencephalogram of patterns at the age of 1, 3, 6, 9, 12 months and 3 years old.

The absence of iodine prevention, especially in prenatal period led to functional disorders the thyroid of children and was characterized by higher level of TSH, T3 and low level of T4 at the age of a month. The ontogenesis of neuroelectricity is changed mostly at the age of 3 years old. This period concurs with the period of intensive myelination of nerve fibers and this factor influences on the formation of electroencephalogram result.

(CV) Prof. Zhetishev Rashid Abdulovich

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

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

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

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

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



11. Prophylaxis of initial forms of diseases of parodentium of pregnant women

دراسة عن كيفية الوقاية من امراض اللثة والأسنان لدى المرضى الحوامل

Prof. Uzdenova A.A.

Kabardino-Balkarian State University, Nalchik, Russia

Prophylaxis of dental diseases and mouth cavity sanitation of pregnant women eliminates the possibility of acute condition of nidus of chronic odontogenic infection, reduces the risk of fetus infection and development of pre- and post-natal complications, positively effects on antenatal prophylaxis of caries in permanent and temporary teeth, which are laid in the antenatal period.

The purpose of the study is to evaluate the effectiveness of medical-prophylactic program, which includes the use of toothpaste "Pregnadent" by pregnant women.

The investigation was conducted in antenatal clinics of Nalchik. We examined 257 pregnant women in the first trimester of pregnancy, at the age of 17 to 38 years, without severe obstetrical and extragenital pathology. Indicators of hard teeth tissues, parodentium tissues, mucous tunic and hygienic conditions of mouth cavity were included in the complex evaluation of mouth cavity status. The following hygiene indexes were used: Green-Vermillion, Silness-Loe, PMA, Muhlemann, CPI. To assess the subjective symptoms from mouth cavity's side, we conducted a survey.

Pregnant women were divided into 2 groups: Group 1 – the main one (222 pregnant women with initial forms of periodontal disease), group 2 – control group (35 women with an intact periodontium). All pregnant women went through a complex of medical-prophylactic measures: dental instruction, mouth cavity hygiene instruction, controlled tooth brushing, professional hygiene, selection of medical-prophylactic facilities for mouth cavity care. For pregnant women from group I, Valenta Pharm's (Russia) toothpaste "Pregnadent" was recommended (two-fold daily use for 30 days), which includes such active components, as natural antiseptic thymol, a complex of aminoacids (methyluracil, alanine, thiamine), vitamin-antioxidant complex (vitamins C, E, D-panthenol), sodium fluoride and menthol. Repeated inspection was held a month later after the toothpaste prescription. Pregnant women in group II (the control one) used the mouth cavity hygiene facilities, which are in free sale, during a month.

Pregnant women in the main group during the survey on mouth cavity complaints were troubled by gingival hemorrhage during teeth brushing (78.8%), bad breath (66.7%), tooth decay (11.2%), tooth sensitivity to cold and sweet (40.1%). There were no complaints in the control group.

In assessing the hygienic status of mouth cavity on the basis of analysis of indicators of Green-Vermillion index, it was established, that pregnant women in both groups were equally not satisfied with the mouth cavity hygiene. Only 5 patients (2%) of women in the main group had good hygienic condition.

The results in both groups revealed a high prevalence and intensity of caries and a growth trend of these indicators with the age of the examined patients and a serial number of delivery. On average standardized indicators, the caries prevalence was 97.7%, the intensity 21.8%. During the survey on mouth cavity complaints, pregnant women were troubled by gingival hemorrhage during teeth brushing (77%), bad breath (61.9%), tooth decay (11.3%), tooth sensitivity to cold and sweet (37%). In assessing the hygienic state of mouth cavity on the basis of analysis of indicators of Green-Vermillion index, it was established, that pregnant women in both groups are equally



not satisfied with the mouth cavity hygiene. Only 4.5% of examined patients in the main group and 14.8% in the other one had good hygienic condition.

The average indicator of PMA of pregnant women in the main group was 1.6 times higher compared to the control group (24.01 ± 1.12 and 15.14 ± 1.44 , respectively). The average gingival bleeding Muhlemann index was significantly higher among pregnant women in the main group than in the other one (2.41 ± 0.11 and 1.52 ± 0.21 , respectively) with reliability of values $p < 0.05$. According to the CPITN index, significant differences in the prevalence in the amount of teeth with bleeding sickness and periodontal pocket with depth of 3-5 mm with pregnant women in the main group were found. However, the number of teeth with unaffected periodontium (healthy) was significantly higher among pregnant women in the group of comparison.

Thus, reducing of transformation probability of gingivitis in periodontitis and the significant reduction of severe forms of inflammatory periodontal diseases with pregnant women can be achieved through medical-prophylactic measures in complex with organizational-prophylactic inspections of women with exposure of periodontal diseases on early stages and by informing the patients about the presence of gum disease (gingivitis), its complications and the possibility of successful treatment of this disease with the use of toothpaste and brush.

Carrying out a complex of medical-prophylactic measures among pregnant women in the main group, promoted the remineralization of initial carious lesions and reducing the amount of dental deposit to 72%. The gingivitis index indicators decreased 1.7 times, the number of healthy sextants of periodontium increased on average by 25%. The average indicator of Silness-Loe index fell to 18%, while the number of healthy sextants of periodontium increased to 35%.

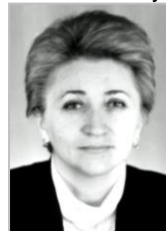
Medical-prophylactic facilities of mouth cavity hygiene of complex action, as the toothpaste "Pregnadent" is, can be recommended for use during pregnancy in order to prevent tooth caries and reduce inflammatory periodontal diseases.

(CV) Prof. Uzdenova Zukhra

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

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

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



12. DYNAMICS of INDICATORS of the PROINFLAMMATORY CYTOKINE TNF- α IN PATIENTS with ERYSIPELAS

المؤشرات الإتهابية في الدم في المرضى المصابين بالتهاب الجلد

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Erysipelas, despite the large number of works devoted to various aspects of its pathogenesis, clinic, diagnosis, treatment and prevention remains one of the most common infectious diseases of humans (Lebedev V.V., Zharov M.A., 2007; Ratnikova L.M., Zhamburchinova A.N., N.V. Lavrentieva, 2007). In recent years there has been a growth in the number of relapsing forms of streptococcal infections, among which a significant proportion is erysipelas (35-45% of patients). In Exodus often recurrent erysipelas - formation of persistent lymphostasis and acquired elephantiasis, which in turn leads to disability patients, often in working age (Morris A., 2002).

In recent years the frequency of occurrence of the erysipelas in Russia is 15-20 cases per 10 000 of the adult population (Erovichenkov A. A., Bricaud N.I., Anokhina GI, 2006; Bricaud NI, Malyshev N.A., V.I. Pokrovsky, 2006). For the development of new methods of prophylaxis and treatment of erysipelas, preventing its recurrence of further study of pathogenetic mechanisms of its development, factors affecting the severity of the disease, the formation of recurrent forms, complications and adverse outcome.

Many clinical manifestations of infections caused by bacteria that are associated with the production of TNF- α . TNF- α - cytokine that appears in the blood during the early stages of the inflammatory process, increases the flow of blood in acute-phase proteins, stimulates neutrophils, T- and B- cells, natural killer cells. Alien agents affect the receptors on the surface of macrophages activate genes responsible for the production of IL-1, which leads to activation of a number of proinflammatory cytokines, including TNF- α . He and other interleukins, induce a transition in B lymphocytes into plasma cells that produce the antigen-specific immunoglobulins. TNF- α promote the active involvement of neutrophils in the inflammatory process, which isolate the inflammation and promote wound healing (Fingers MA, 1996; Yarilin AA, 1998; Emelyanov A., Witkowski JA, Kizhlo L . B. et al. 2008; Andersson J., Abrams J., Bjork L. et al., 1994).

In connection with the above, one can assume that with Roger under the influence of toxins β - haemolytic Streptococcus group A macrophages release «tumor necrosis factor» (TNF- α), which is responsible for increasing the microbicidal granulocytes, neutrophil production of H₂O₂, synthesis of proteins острофазных endogen mediator inflammatory body response.

Tumor necrosis factor has the leading role in the occurrence of syndrome of intoxication. Synthesized in small quantities TNF- α have a protective adaptation effect, but their excess production is likely to contribute to the transition of protective inflammatory reaction in damaging, contributes to the development of septic reaction. In the experiment proved that the emergence of large quantities of blood dramatically alters the clinical picture of the disease. It is therefore not surprising that the removal of TNF of circulating blood with the help of monoclonal antibodies. TNF promotes significant reduction of symptoms of intoxication (Abidov M.T., Nagoev B.C., Turyanov M.H., A.P. Khokhlov, 1992).

The aim of the investigation was to study the level of proinflammatory cytokine TNF- α in patients with erysipelas, depending on the period of the disease, the severity of the



pathological process, the multiplicity of the flow, forms of erysipelas and the presence of concomitant pathology.

Materials and methods. Were examined in 34 patients with various forms of erysipelas in age from 26 to 72 years. Of these 7 patients the disease progressed light, 8 - heavy, and the rest - 19 in moderate shape.

All the patients were divided into two groups: with acute disease (primary and re-erysipelas) - 14 patient and chronic (frequent early relapses) - 20 patients. In 21 patients had erythematous form of erysipelas, 10 - erythematous-bullous, 3 - erythematous-hemorrhagic. In 26 patients local hearth localized on the lower extremities, face and head - in 8 patients. Concomitant diseases (diabetes mellitus, violation of lymph and blood circulation, alcoholism, mycotic lesion stop, trophic ulcers, exacerbation of concomitant bacterial infection and others) were observed in 23 patients.

The definition of human tumor necrosis factor-alpha (TNF) produced with the help , produced by LLC «Protein contour», St.α of a set of reagents ProConTNF- Petersburg. Contents of TNF -α were determined in the dynamics of the disease: in the peak period, the extinction of clinical symptoms, early, and some patients - late convalescence.

It was established that in the period of the peak of the patients with on average more than 2 TNF- α erysipelas there was an increase in the content of TNF- times. Only a few patients were found not to have deviation from the norm of this indicator. In the period of fading of clinical symptoms, parallel to the decrease intoxication, lower local manifestations occurred natural decrease of the studied index with a return on average to normal in the period of early convalescence period (table 1).

The dependence of the dynamics of TNFα- on the severity of the disease.

Thus, in patients with mild erysipelas, an increase in the level of TNFα- during the height of the return to normal in the majority of patients in the early convalescence period. In patients with severe disease, with complications level of TNFα- was maximized at the peak of the disease. In the waning days of clinical signs of early recovery and a decrease of the studied index, but remained on average 2 times higher than normal. In the later period of convalescence he returned to normal in most patients. In patients who had an unfavorable premorbid background and complications were determined by the highest numbers of TNFα- levels in the blood (Table 2).

In this case, the parameters studied did not depend on the multiplicity of the disease. So in the period of high clinical symptoms in groups of patients with acute erysipelas and patients with chronic disease in the maintenance of blood TNFα- there were no significant differences (>0,05). Thus, the identified changes in blood serum of patients with erysipelas of TNFα- evidence of the significant role of this cytokine in the pathogenesis of this bacterial infection. The magnification of the studied parameters was dependent on the period and the severity of the disease, the presence of adverse events and premorbid background. The identified changes in the level of TNFα- characterize the development of intoxication syndrome in erysipelas and allow their use in the assessment of severity of disease, presence of complications and completeness of recovery.

Table 1

The content of TNFα- in the blood plasma of patients with erysipelas (pg / ml)

Group surveyed	Period of research	n	X±m	P	P1
Healthy	-	21	38 ± 1,5	-	-



Patients with erysipelas	I	34	96±3,1	<0,001	-
	II	31	64±2,6	<0,001	<0,001
	III	28	42±2,9	>0,05	<0,001

Note: Here and in Table 2 correspond to the periods of study: I-swing; II-extinction of clinical symptoms; III-early recovery; IV-late convalescence, NE - healthy (control), P - the significance of differences in relation to healthy, P1 - Significant difference in relation to the previous period; P2 significance of differences with respect to the moderate course

Table 2

The level of TNF α - in the blood of patients with erysipelas, depending on the severity of the disease (pkg / ml)

Group surveyed	Period of research	n	X \pm m	P	P1	P2
Healthy	-	21	38 \pm 1,5	-	-	-
Patients with mild erysipelas	I	7	58 \pm 3,1	<0,001	-	<0,001
	II	5	44 \pm 3,3	>0,05	<0,001	<0,001
	III	-	-	-	-	-
Patients with moderate course of erysipelas	I	19	94 \pm 3,1	<0,001	-	-
	II	18	64 \pm 2,6	<0,001	<0,001	-
	III	15	42 \pm 2,9	>0,05	<0,001	-
Patients with severe erysipelas	I	8	112 \pm 4,1	<0,001	-	<0,001
	II	8	84 \pm 3,5	<0,001	<0,001	<0,001
	III	8	59 \pm 3,8	<0,001	<0,001	<0,001
	IV	5	43 \pm 3,2	>0,05	<0,001	-

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13. Screening examinations of students with the use of direct method of express diagnostics of thyroid gland dysfunctions

نتائج التشخيص السريع للغدة الدرقية للطلاب في منطقة كبادردينا بالقاريا

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The data of mass scale examinations of thyroid gland condition of students in the age from 16 till 18 years are presented. For carrying out the investigations, the methods of express diagnostics, developed by authors were used. During the first stage of examinations the direct measurements of reflex time of a knee jerk with the use of electronic reflex meter were carried out; at the second stage a quantitative estimation of skin moistening degree with the use of the humidity sensor device was carried out. The examinations were carried out on the group of 246 people. After statistical processing of measurements data the randomization with the use of the criteria, established during the clinical tests of developed devices, was carried out. The obtained data are presented in the form of histograms. As a result of the carried out investigations the contingent of students, which according to the received data it is possible to assume the existence of hypo function of a thyroid gland, was established. The part of such persons among those, who were examined, makes about 18 %. Hypothyroids signs were established among insignificant part of examined persons. The part of them doesn't exceed 5 %. A comparison of the data obtained by two different methods on each of examined persons, showed their full correlation in 95 % cases. Students with revealed departures from the norm were sent to the clinical laboratories for determination of a level of pituitary gland hormone in their blood with the subsequent consultation of the endocrinologist.

Keywords: hypothyroidism, hyperthyroidism, thyroid gland, reflex meter, screening examinations.

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Date of birth: November 14th 1949

Education

- 1966-1971 Kabardino-Balkarian State University (Nalchik, Russia)/Department of physics¹ Qualifications: physicist, teacher of physics
- 1971-1974 Kabardino-Balkarian State University, post graduate studentship
- Qualifications: (scientific degree) - candidate of physical and mathematical sciences
- 1973 – 1976 Piatigorsk State Pedagogical Institute of Foreign Languages (Piatigorsk, Russia)/Department of English (tuition by correspondence)
- (in 1976 transferred to Kabardino-Balkarian State University/Department of Romance-Germanic Philology)
- 1976 – 1979 Kabardino-Balkarian State University/Department of Romance-Germanic Philology Qualifications: philologist, teacher of English



- 1981 – 1982 University of Houston (Houston, USA)/Department of Physics
- Qualifications: postdoctoral researcher

Scientific Research:

Research Sphere: The development of Methods of Rapid Diagnostics of Thyroid Malfunction of Children. More than 40 papers were published in the sphere of medical research among which are the publications of last 5 years:

Patent: Function Disorders. RF Patent №2308223, October 20, 2007

Baisiev A.Kh., **Koumykov, V.K.**, Abazova Z.Kh. The Device for Diagnostics of Thyroid

Employment

Full-time As a associated professor in Kabardino-Balkarian State University Department of Physics since 1975 - present time

Responsibilities: teaching the course of technical basis of functional diagnostics to the students of Medical School

Part-time:

1983 – 1986 Kabardino-Balkarian State University/Department of Physics

As a associated professor teaching English to the students of Departments of Physics

1987 - 1992: International Youth Travel Agency “Sputnik”

Position: interpreter accompanying groups of tourists travelling to England, Germany, Holland, Belgium, Italy, Egypt, Jordan, India, Sri Lanka, Turkey etc.

Other experience:

1. In 1988-1989 organised International Youth Summer Camp in Russia (Elbrus Mountain region) with “Civil Service International”.

2. In 1993 - 1995 was involved in the Rotary International programs (Houston) as a co-ordinator of loading Nalchik hospitals by medical supplies. In 1998 took part in the Rotary Exchange Program between Police Department of Houston and Interior Ministry of Kabardino-Balkarian Republic (in 1998 accompanied the group of Russian police officers to Houston as an interpreter).

Awards and honours:

Organization conferring award	Type of award	Awarded for	Date
DDF-Foundation. International Soros Science Education Program (ISSEP)	Soros Associate Professor	In recognition and appreciation of outstanding contributions to world science and science education	25 July 2001
Houston Police Department, Texas, USA	Certificate of Participation	Recognition of participation and effort to promote an international information exchange and training program between governments and departments	2 November 1998
American Biographical Institute (ABA)	ABA Gold Record of Achievement for 1997	In recognition of contributions to world science	28 February 1997
Rotary Clubs of Houston, Texas, USA	Certificate of Appreciation	Outstanding contributions to project Nalchik	11 June 1996
Rotary Clubs of Houston, Texas, USA	Certificate of Appreciation	Contribution to Russian-American cooperation	31 October 1994
Kabardino-Balkarian State University	Certificates of appreciation	Outstanding contributions to University Science and Education	1979, 1983, 1986, 1994, 2001
National Youth Organization of USSR	Certificate of Appreciation	Contributions to the summer semester arrangements	21 Dec. 1987
Ministry of Education of Kabardino-Balkarian Republic	Certificate of appreciation	Outstanding contributions to University Science and Education	27 Mar. 1978



14. Estimation of parameters of body length and weight in the schoolchildren in the Nalchik town, the Russian Federation according to a scale of regression

تقدير المؤشرات من طول الجسم والوزن في أطفال المدارس في بلدة نالتشيك، والاتحاد الروسي وفقا لمقياس الانحدار

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One of the most important problems of medicine nowadays is a transfer of attention from disease study to improvement of health. This presupposes necessity of obtaining detailed information about the initial state of health of the population. The European regional bureau WHO (2000) considers intense monitoring of the health condition and potential among different geographical regions of the world and life quality to be one of the foremost conditions of successful strategic tasks accomplishment.

The aim of this research work is estimation of the length and weight indices of the body in schoolchildren of town Nalchik, Russian Federation according to the regression scale.

Anthropometric indices such as body weight and body length of 2428 schoolchildren aged 7-18 years in town Nalchik were studied. The estimation of body weight and body length was carried out according to the "estimation tables" worked out by us. The tables are scales of body weight and body length regression. The data obtained were proved statistically with use of applied program "Statistika 6.0."

It was established that 2428 schoolchildren of different age groups 82,5% have normal physical development and 17,5% comprise deviations from the physical development, majority of which is deficiency of the body weight – 11,4%. Excess body weight comprises 4,3% and slow growth – 1,8% of all children and teenagers.

Normally physical development was noted in 81,8% of boys and 83,1% girls, body weight deficiency – 12,5% boys and 1,8% correspondingly. Each ninth schoolchild has body weight deficiency.

Thus, normally physically developed girls are a little bit prevailing on the number of boys. Boys are noted to more often have body weight deficiency (each 8th boy and each 10th girl have body weight deficiency). Excessive body weight is more frequent in girls, what corresponds to the gender rules of fat accumulation in human body.

The greatest deviation from the norm is registered 13 and 16 years children, mainly due to the body weight deficiency. Deviation from the physical development norm was registered in a great number of girls aged 8, 10 and 13, which was also due to weight deficiency. Hence, each 6-7th girl and 5th boy aged 13 has body weight deficiency.

To establish regional peculiar features of physical development of schoolchildren in town Nalchik we compared our results with the data of the Moscow schoolchildren (Yu.A. Yampolskaya, 2005, M.A.Negasheva, 2006). The data obtained testify that among schoolchildren the number of persons with normal physical development is significantly lower. The number of children with the body weight deficiency is higher in Moscow schoolchildren.



15. Mitral Regurgitation and Coronary Artery Disease

قصور الصمام التاجي المرافق للداء الإكليلي

Dr. Majed Othman

Damascus, Syria.



As an insufficiency of the structurally normal mitral valve developing as consequence of regional or global left ventricular dysfunction, the function of mitral valve is related to the geometry of mitral valve leaflets, mitral annulus and papillary muscle.

So, it is: A disease of the MYOCARDIUM that disturbs mitral valve function.

- It is a complication of coronary heart disease. Better term for this condition might be:
- POST- INFARCTION MITRAL REGURGITATION
- Successful management of PTs with M.R+ C.A.D remains one of the greater challenges in adult cardiac surgery.
- The matter of controversy is the Lack of good data addressing this issue, Although the Lack of randomized Trails still limits the ability to make strong recommendation for management. Development of a true L.V.A. involves two principal phases: - Early expansion phase. - Late Remodeling.
- M.R: increase left ventricular preload, decrease left ventricular after load
- I.H.D: cause - ventricular dilatation.- decrease contractility. - increase left ventricular filling pressure
- Combined: cause: synergistic decompensation, pulmonary hypertension, lowering cardiac out put.
- Infraction and asynergy of a portion of L.V at the base of papillary muscle may interfere proper functioning of this structure by means of changing in directional axes.
- Paradoxical expansion of an inferior wall aneurysm may carry the base of papillary muscle away from its normal position.
- These changing in normal spatial three dimensional alignments necessary for proper mitral valve closure.
- Optimal Treatment of important ischemic, MR at the time of CABG remains controversial, this reflect the - Heterogenous nature of the Disease. - Non standardized surgical treatment. - Absence of randomized study design.
- 1- Combined mitral valve & coronary artery surgery carries a relatively high hospitality mortality.2- patients with ischemic M.V.D are generally in worse cardiac condition compared with those with rheumatic or degenerative M.V.D & combined coronary artery disease.3- Once discharged from hospital this group have comparable long – term out comes.4- Mitral valve repair when technically feasible should be preferred in patients with ischemic M.V.D.



16. 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) 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 Reflexvorschaltung takes place: About the so-called Viszerokutanreflex pain can be perceived in other body areas.



Abstracts

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, 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

Name: Dr. Sayed Tarmassi

Date of birth: 1961/07/10

Birthplace: Beach camp

Marital status: Marries 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



Abstracts

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.

17. Effect of Central Obesity on Some Pulmonary Function Tests in Women

تأثير البدانة المركزية على بعض فحوصات وظيفة الرئة لدى النساء

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Introduction: Obesity is a complex multifactorial chronic disorder that develops from an interaction of genotype and environments. The importance of fat distribution and central obesity was recognized already in the middle of the last century, when subjects with an android body shape were shown to have a higher probability of various diseases than gynoid shape subjects

Objectives: this study was undertaken in order to show the effect of central pattern of fat distribution in obese women on some lung function tests.

Design: case-control study.

Patients and methods: this study was conducted on 90 obese women (considered obese according to body mass index), were constituted (according to waist circumference (WC) and waist to hip ratio (WHR) cut-off points established by WHO for Asian population (women) into:

a. Depending on WC:

1. Central obesity group (COG): 82 women with WC ≥ 80 cm, aged (38.64 \pm 3.60) yrs.

2. Peripheral obesity group (POG): 8 women with WC < 80 cm, aged (42.33 \pm 2.40) yrs.

b. Depending on WHR:

1. COG: 80 women with WHR > 0.8 , aged (38.56 \pm 3.59) yrs.

2. POG: 10 women with WHR ≤ 0.8 , aged (40.80 \pm 3.77) yrs.

Lung function tests (LFTs) such as forced vital capacity (FVC), timed forced expiratory volume at first second (FEV1) and FEV1% were performed using computerized portable spirometer.

Statistical Analysis: statistical analysis of the data was carried out using Statistical Package for the Social Science (SPSS version 11). The following procedures was adopted: 1. Mean \pm standard deviation (SD) of anthropometric and lung function parameters. 2. Student's t-test (unpaired) was used to examine the significance of difference in LFTs between centrally obese and peripherally obese. 3. Pearson



correlation coefficient (r) was used to find the relation between WC,WHR and each lung function parameters. 4. The results were considered significant at P value equal or less than 0.05 (P ≤(0.05).

Results: Looking at the results of spirometry in obese women, it is clear that the lung function parameters (FVC and FEV1) deteriorated markedly with increasing each of (WC and WHR). The results showed that COG (according to WC or WHR) had significantly lower FVC and FEV1 than POG, with significant negative correlations between each index of central obesity and each of (FVC and FEV1). Regarding FEV1% in centrally obese (according to WC or WHR), it was not significantly differed from peripherally obese and non-significant correlations between each of WC, WHR and this ratio were observed.

Conclusions: In general the results of this study revealed that lung function tests might provide additional and useful laboratory tests for assessment of central obesity.

تأثير البدانة المركزية على بعض فحوصات وظيفية الرئة لدى النساء



الدكتورة ببين خورشيد السليمانى /دكتوره / استاذة مساعد /قسم الفسجة الطبية /كلية طب الموصل /جامعة الموصل/

وزارة التعليم العالي والبحث العلمي/الموصل –العراق

الدكتورة رعد خالد دنون /ماجستير/وحدة وظائف الرئة / مستشفى السلام التعليمي/ وزارة الصحة /الموصل – العراق.

المقدمة: البدانة هي خلل معقد ومتعدد المسببات ومزمن ناتج من تفاعل الجينات مع المحيط ان اهمية توزيع الدهون والبدانة المركزية قد تمت ملاحظتها في منتصف القرن الماضي حيث لوحظ ان الأشخاص ذوي شكل الجسم الذكوري اظهرو احتمالية اعلى للاصابة بالامراض المختلفة من الأشخاص ذوي شكل الجسم الانثوى الأهداف:اجريت هذه الدراسة من اجل اظهار تأثيرات التوزيع المركزي للدهون للنساء البدنيات على بعض فحوصات وظائف الرئة تصميم الدراسة: دراسة العينة والشاهد.

المرضى والطرق: هذه الدراسة أجريت على 90 امرأة بدنية (اعتبرن بدينات بحسب معامل كتلة الجسم تم تقسيمهم بحسب نقاط القطع لمحيط الخصر ونسبة الخصر على الورك المعتمدة من قبل منظمة الصحة العالمية للشعوب الاسيوية) (نساء) الى: أ -بالاعتماد على محيط الخصر:

1.مجموعة البدانة المركزية: تضم 82 امراة بمحيط خصر اكبر من او يساوي 80 سم و اعمارهن تتراوح من (64, 38 ± 3,60 سنة

2.مجموعة البدانة المحيطية: : تضم 8 امراة بمحيط خصر اقل من 80 سم و اعمارهن تتراوح من 2,40±42,33 سنة

ب-بالاعتماد على نسبة محيط الخصر على الورك:

1.مجموعة البدانة المركزية: تضم 80 امراة بنسبة محيط الخصر على الورك اكبر من 0,8 و اعمارهن تتراوح من 3,59±38,56 سنة

2.مجموعة البدانة المحيطية: تضم 10 امراة بنسبة محيط الخصر على الورك اقل من او تساوى 0,8 و اعمارهن تتراوح من 3,77±40,80 سنة

أجريت فحوصات وظائف الرئة باستعمال مقياس تنفس محسوب ومتنقل . وظائف الرئة المقاسة كانت: السعة الحيوية القسرية (FVC)، الحجم الزفيري القسري لثانية واحدة , (FEV1) بنسبة السعة الحيوية القسرية على الحجم الزفيري القسري لثانية واحدة.(FEV1 %)

النتائج: بالنظر لنتائج جهاز وظائف الرئة للنساء البدنيات من الواضح ان مقاييس وظائف الرئة (السعة الحيوية القسرية (FVC) و الحجم الزفيري القسري لثانية واحدة ((FEV1) تناقصت بصورة كبيرة مع زيادة كل من محيط الخصر ونسبة الخصر على الورك كما اظهرت النتائج ان مجاميع البدانة المركزية (بالاعتماد على محيط الخصر ونسبة الخصر على الورك) اظهرت قيم السعة الحيوية القسرية (FVC) و الحجم الزفيري القسري لثانية واحدة (FEV1) اقل وبصورة معنوية بالمقارنة مع مجاميع البدانة المحيطية مع علاقات عكسية معنوية بين كل من مؤشرات البدانة المركزية وكل من السعة الحيوية القسرية (FVC) و الحجم الزفيري القسري لثانية واحدة.(FEV1) فيما يتعلق بنسبة السعة الحيوية القسرية على الحجم الزفيري القسري لثانية واحدة (FEV1 %) لمجاميع البدانة المركزية (بالاعتماد على محيط الخصر و نسبة



محيط الخصر على الورك) فلم تكن مختلفة معنويًا عن مجاميع البدانة المحيطية مع علاقات غير معنوية بين كل من محيط الخصر و نسبة محيط الخصر على الورك مع هذه النسبة
الاستنتاج: بصورة عامة نتائج هذه الدراسة أظهرت ان فحوصات وظيفة الرئة ممكن ان تعتبر فحص مختبري اضافي ومفيد لتقييم مرضى البدانة المركزية.

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Ministry of Higher Education and Scientific Research.
Raghad Khalid Thanoon, MSc, Lung Function Tests Unit /Al-Salam Teaching Hospital /
Ministry of Health / Mosul -Iraq

18. Association of IL-23R Arg381Gln polymorphism with susceptibility and phenotype of Crohn's disease in Egyptian patients

دراسة للمرضى في مصر عن دور العوامل الوراثية في التسبب في داء كرون (التهاب الأمعاء الغير وصفي)

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Faculty of medicine, Alexandria University, Egypt



Crohn's disease (CD) is a multifactorial disease with a genetic background. Recent results have shown that a non-synonymous, single nucleotide polymorphism (rs11209026, c.1142G>A, p.Arg381Gln) located in the IL-23R gene is associated with CD in Western population. The prevalence of CD is rapidly rising in Egypt and there is no information about the frequency of this polymorphism in the Egyptian population. Aim. To assess the distribution of genotype variants in the IL-23R gene in Egyptian patients with CD. Methods. We studied 50 CD patients and 37 healthy controls. IL-23R Arg381Gln (G1142A) was genotyped by the polymerase chain reaction and restriction fragment length polymorphism assay. Clinical and demographic features were characterized. Results. The IL-23R genetic variant did not have an association with CD in Egyptian patients. This polymorphism was present in 2.7% of the control group and 4% of CD patients (FEp= 1) odd's ratio 1.5 CI 95%.(0.131-17.193) Conclusions. These results suggest that the IL-23R Arg381Gln seems not to be involved in the genetic predisposition to CD in Egyptian population, and confirms that there are ethnic differences in the genetic background of CD. Replication studies by independent groups are necessary to elucidate the contribution of susceptibility genes to CD in different ethnic populations

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19. A study on the osteomyelitis in Tikrit Teaching Hospital

دراسة عن التهابات العظام في مرضى مستشفى تكريت التعليمي

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College of Medicine, University of Tikrit, Iraq

Introduction:Osteomyelitis is defined as an infection of bone marrow and surrounding bone.The diseases are classified as either acute or chronic.The infection is depending on the length of time of infection or symptoms persist.

Aims of study:Iraqi peoples passed through series of wars led to different kinds of diseases.This study was concerned with osteomyelitis which is common due to



Abstracts

wars, accidents, etc.. to elaborate the origin, real pathophysiological reasons, complications and the proper treatment needed.

Methodology: This study was conducted in Tikrit Teaching Hospital during 2004 to 2005. 100 patients concerned in Orthopedic Department were included. Exogenous as well as hematogenous types and sites of infections were carried out. The causative agents and the proper antimicrobials required for curing were estimated.

Results analyses: Exogenous osteomyelitis was the common form and the post-traumatic type was the usual especially due to war injuries. The most affected age group was 20-29 years old, i.e. the active motile Iraqi peoples who always under risk of war and bombing attacks. *Staphylococcus aureus* is the most common pathogen causing osteomyelitis followed by *Pseudomonas aeruginosa* and *Enterobacteriaceae*.

Conclusions: *Staphylococcus aureus* is the most common pathogen causing the disease. Tobramycin was the most effective drug used for eradicating the pathogens causing osteomyelitis. No significant differences were found between males and females concerning the disease under study. Exogenous was more prevalent than hematogenous osteomyelitis. People with peripheral neuropathy, microangiopathy and hyperglycemia were under risk of chronic infections.

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الأستاذ الدكتور محميد عبدالله الجبوري والسيدة زبيدة نجاة البرزنجي

**20. Phenylketonuria**

دراسة عن المرض الوراثي بيلة الفينيل كيتون

Dr. Slama Raziq, Gaza

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 phenylalanine 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 phenylalanine 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 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 incant association between gender and the importance of keeping track with phenylalanine 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 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



21. Medical Tourism Status in the Middle East

السياحة العلاجية في الشرق الأوسط

Dr. Mahmoud Kaiyal

Jerusalem Street, 79 , Ramallah, Palestine,



22. Religious interpretation in the Qur'an in brain function from the point of Neurosurgery

العلاقة بين مركز صنع القرار في سورة العلق وجراحة الدماغ

Prof. Tarek Al-zain

Deutsch-Arabishe medizinische Gesellschaft, Berlin, Germany

محاضرة باللغة العربية بواسطة شرائح باور بوينت وعددها خمسين
تبدأ المحاضرة بشرح الوقت والمكان الذي نزلت فيه سورة العلق , اول سورة في القرآن على النبي محمد صلى الله عليه وسلم وهو يتعبد في غار حراء , يليها شرح السورة والإشادة بدور مصطلحي العلق والقلم التي ذكرت في بداية السورة واهميتها للإنسان والبشرية. يلي ذلك ذكر عبارة ناصية كاذبة خاطئة !
ان موضوع الروح أحد الأسرار الغامضة على العلم، وما يزال الدين هو مصدر المعرفة الرئيسي عن سر الروح.
ولخص القرآن الجواب بجملة (.قل الروح من أمر ربي) ، وفي أكثر من موضع يؤكد الله تعالى أن الروح هي نفخ من روح الله وطبيعتها من طبيعة الله فهي لا ترى بالعين البشرية ، وقد اهتم العلماء المسلمون بدراسة موضوع الروح والكتابة عنها ولقد حاول بعض العلماء ان يجدوا تقاسير محسوسة مادية ، واجوية تجريبية لبعض الاسئلة ومنها مثلا في اوائل القرن التاسع عشر قام الطبيب الامريكي دانكان ماكنوغال بتجربة خاصة ؛ حيث كان يربط الشخص وهو يلفظ انفاسه الاخيرة على ميزان دقيق ؛ ويزنه قبل الموت وبعد الموت ؛ وقد كرر هذه التجربة على عدة اشخاص ؛ وهو يزعم ان الوزن كان ينقص كل مرة بمعدل 21 غراما" بعد الوفاة ! وزعم ان هذا الفرق بالوزن ربما هو وزن الروح !!
يلي ذلك تفسير معنى الناصية من الناحية اللغوية ، وماورد حولها في القرآن الكريم والحديث النبوي الشريف ، ثم تنتقل الى اكتشافات المستشرقين في نهاية القرن الماضي عن اهمية الناصية العلمية والبرهان علي وظائفها من خلال فحوصات متقدمة مثل مفراس الدماغ والرنين المغناطيسي . وفي هذا المجال يتم التطرق الى تجربتي السريرية والعملية لاثبات اهمية الناصية من الجانب الجراحي العصبي وعلاقتها بالعلوم العصبية والنفسية .
اخيرا التاكيد على اهمية الدماغ كمرکز اتخاذ القرار لدى الانسان وتنفيذ الاوامر التي تصدر من الروح التي تعتبر المركز الاعلى لدى الكائنات البشرية .

ا.د طارق جمال الزعين

استشاري الجراحة العصبية من كلية طب جامعة برلين ومشافي الشاريتيه

استاذ الجراحة العصبية في جامعة بغداد سابقا

نائب رئيس الجمعية الطبية العربية الالمانية

C.V. Prof. Dr. Tarek J. Al ZAIN

Date of Birth : 8th of August, 1941 in Abou - Kamal, Syria

EDUCATION

1952-1963 Elementary, Secondary school and Gymnasium, Abou- Kamal, Damascus

1964-1967 Medical Faculty, University of Wuerzburg

1967-1970 Medical Faculty, Staatsexamen University of Berlin

Degrees

1975 M.D., Berlin

1975 Facharzt for Neurosurgery, Berlin

1988 Ph.D.Neurosurgery , Berlin



ACADEMIC POSITION

- Professor of Neurosurgery, College of Medicine, Baghdad University, 1990 - 2002
- Member of Training Program of Iraqi Board in Neurosurgery , Ministry of Higher Education. 1989 – 2002
- Consultant Neurosurgeon to the Medical City Teaching Hospital, Baghdad, 1990 – 2002
- Consultant for Neurology and Neurosurgery in the Naturana Klinik, Bad Salzschlirf, Germany , 2003 –
Prof. TAREK AL-ZAIN
Deutsch-Arabishe medizinische Gesellschaft, Berlin, Germany

23. Food Allergy and Food Intolerance

الحساسية الغذائية و عدم التحمل الغذائي

Dr. Ossama Al-Babbili, Dubai, UAE

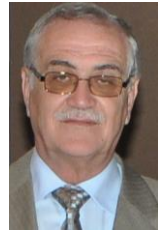
كثير من الناس لا يفرق بين الحساسية الغذائية و عدم التحمل الغذائي بشكل واضح رغم أن مايزيد عن 45% من الناس يعانون من عدم التحمل الغذائي بينما يعاني 1.5% فقط من الحساسية الغذائية. نحن نعلم أن الحساسية الغذائية تظهر بشكل سريع بعد تناول المادة الغذائية المسببة للحساسية و تكون شديدة التأثير و خطيرة على حياة المريض و بالتالي فإن أغلب المرضى تولي الإهتمام الكبير للحساسية الغذائية بينما لا تهتم الإهتمام الكافي لعدم التحمل الغذائي. في هذه المحاضرة سوف نتحدث عن الفرق بين النوعين و ذلك فيما يتعلق

1. البروتينات المسؤولة عن حدوث الحساسية الغذائية و عدم التحمل الغذائي عند المرضى.
 2. طرق قياسها هذه البروتينات و تفسير النتائج الخاصة بها.
 3. الأعراض الخاصة بكل نوع .
 4. علاقة أعراض بعض الأمراض الحديثة كالتوحد و فرط النشاط و الاضطرابات الهضمية و غيرها بنوعية الغذاء الذي يتم تناوله.
 5. الطرق الكفيلة بتجنب تناول المواد المسببة لعدم التحمل الغذائي و بالتالي تحسين الحالة الصحية للمريض.
- سوف نستعرض أيضاً بعض الحالات الهامة التي صادفتنا خلال السنوات الماضية مثل التوحد, فرط النشاط و خاصة عند الأطفال , الاضطرابات الهضمية مثل , IBS أوجاع الرأس و الأم الشقيقة , الحكة و الطفح الجلدي و غيرها.

الدكتور أسامة الببيلي , بكالوريوس في الصيدلة و الكيمياء الصيدلانية – جامعة دمشق, دكتوراة في الكيمياء الحيوية السريرية – جامعة توبينغن – ألمانيا. المدير العام لمختبر يورك تيست الشرق الأوسط – دبي – الإمارات العربية المتحدة

Personal Details

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Graduate degrees obtained:

- degrees in pharmacy and pharmaceutical chemistry in 1972 - Faculty of Pharmacy, University of Damascus
- Ph.D. in clinical biochemistry from the faculties of pharmacy and medicine - University (Tubingen - Germany) 1977.

Professional experience:

- Certification is an expert in IVF laboratories of the University (Goettingen - Germany)
- Certificate of experience in Clinical Chemistry, Institute Merieux (Lyon - France)



- Certificate of experience in automated analysis of endocrine hormones and reagents cancerous tumors and various sensitivity analyzes - DPC الأمريكية the Group of Companies (Los Angeles and New Jersey - United States of America).
- Certificate of experience in automated analysis of clinical chemistry laboratories ALPHAWASSERMANN (Amsterdam - The Netherlands).

Current tasks:

- Founder and owner of a laboratory York Taste the Middle East in Dubai (the first laboratory specializing in nutrition and allergies).
- Executive Director of Andalus University of Medical Sciences in Syria.
- Chairman of the Committee on completion of Andalusia Specialist University Hospital - Homs.
- Representative of the Union of Arab doctors in Europe in the Arab States of the Gulf.
- Member of the American Society for Clinical Laboratory Science.
- Member of the Medical Society of the UAE, Dubai.
- Member of the Syrian Business Council in Dubai.
- Member of the German Business Council in Dubai.
- Predecessors:
- Research Scientist at the University of Tubingen (Germany).
- Head laboratories in the Ministry of Health in Dubai.
- Member of the Supreme Committee for laboratories in the United Arab Emirates.
- Founder and head of the Laboratory of IVF unit German UAE in Sharjah.
- the founder, owner and director general of Dubai laboratory for medical analyzes (the first laboratory specializes in the United Arab Emirates).
- Chairman of the club medical German Emirati in Dubai.

Scientific research and education:

- The conduct some scientific research in common with the University of Sharjah - Faculty of Medical Sciences - since 2003 and the goal of this research is to issue early warnings of the masters of doctors not to and describe specific types of antibiotics and after the study and make sure that the bacteria will become resistant to them this research is common between us and the University of Sharjah and the World Health Organization.
- Training of students of the Faculty of Medical Sciences of the University of Sharjah - laboratory analysis branch - in the laboratory of the Dubai Medical Laboratory - in order to familiarize them with the latest automated equipment for specialized chemical analyzes

24. To every mother From pediatrician .Ten Golden advices

النصائح الذهبية العشر الى كل ام

Dr Mustafa ABDUL-RAHMAN

Pediatrician-Neonatologist

Paris



(CV) Dr Mustafa Abdul Rahman, Md-Ces-Cu-Diu-Du

Consultant pediatrician with a special

Interest in neonatology

Date of Birth 10/01/1959 (Banyas – Syria)

- MEMBER OF SFP (French Society of Pediatrics)
- MEMBER OF FSN (French Society of Neonatology)
- MEMBER OF ISHIM (International Society for The History of Islamic Medicine)
- Chief of scientific committee OF AMAF (Avicenna French Medical Association)
- MEMBER OF ARABMED BOARD since 2000(Union of Arab Physicians in Europe)



EDUCATION (MD) Damascus University - Syria 1983 .

CERTIFICATIONS

- (C.E.S) Pediatrics & Neonate Care (Certificate of French Board of Pediatrics) (Rennes University – France 1989)
- (C.U) Fetal & Neonatal Medicine (Certificate of French Board of Neonatology) (Strasbourg University – France 1996)

university diplomas

- 1 -university diploma of preventive pediatrics
- 2 -university diploma of pediatric emergencies
- 3 -university diploma of congenital & pediatric cardiology
- 4 -university diploma of pediatric digestive endoscopy & pediatric proctology
- 5 -UNIVERSITY DIPLOMA OF PEDIATRIC INFECTIOUS DISEASES

CURRENT POSITION since September 2003 to now

- Pediatric & Neonatal Consultant (half time), Department of Pediatrics & Neonatology, Montereau Main Hospital, 77130 Montereau Cedex, France
- Yvette Private Hopital (half time) 67-71 Route de Corbeil, 91160 Longjumeau France

25. Diabetic foot syndrome

تتأخر القدم السكرية

Dr. med. Mahmoud Sultan, Diabetologe DDG

Berlin, Germany

Dr. med. Mahmoud Sultan Facharzt für Innere Medizin, Diabetologe DDG, Ernährungsmedizin, Skalitzer Strasse 72, 10997 Berlin, Tel.: 030-612326, Fax: 030-61285485, www.diabetes-berlin.info

- Geburtsjahr 1961
- Studium der Medizin in Aleppo und Berlin Freie Universität, Abschluß mit Approbation als Arzt in Berlin in 1992
- 1992 Tätigkeit in einer chirurgisch-orthopädischen Praxis
- Facharztausbildung zum Internisten:
- 1993 - 2005 an der Schlosspark-Klinik in der Inneren Abteilung bei Prof. Dr. med. K. von Werder.
- 2000 Anerkennung Als Facharzt für Innere Medizin
- 2001 Anerkennung als Diabetologe DDG
- 2002 Ernährungsmedizin
- 2005 Promotion zum Dr. med. 1993
- 2006 Gründung der internistischen, diabetologische Praxis in Berlin Kreuzberg
- 2008 Anerkennung als Ärztekammer-Diabetologe
- 2011 Zertifizierung als Diabetes Fuß-Ambulanz DDG
- 2011 Zertifizierung als Diabetesbehandlungszentrum Stufe I DDG(eingereicht)



26. Standard procedures in laparoscopic surgery for obesity and metabolic disorders (30 minutes + Videosession Obesity Surgery 15 minutes)

التداخل الجراحي التقليدي بالمنظار في جراحة السمنة

Prof. Dr. med. Thomas Horbach, Chefarzt der Chirurgische Abteilung, Facharzt für Chirurgie, Arzt für Viszeralchirurgie Ernährungsmedizin (BDEM / DGEM), Notfallmedizin, Sportmedizin Stadt Krankenhaus Schwabach, Regelsbacher Str. 7, 91126 Schwabach, Tel.: 09122 – 182-217, thomas.horbach@khsc.de

**27. Laparoscopic surgery, waht can i do ?.**

الإمكانيات المتاحة في الجراحة التنظيرية عرض مقطع فيديو في جراحة الزائدة الودية والمرارة والسمنة بالمنظر

Prof Dr. Feisal Al Hafi
Department of General and Laparoscopic Surgery
S .Barbara Hospital, Gladbeck, Germany
Video session lap. Appendectomy, Cholecystectomy and Morbid Obesity

(CV) Prof Dr.FEISAL ALHAFI M.D

Consultant surgeon, Specialist in general & Laparoscopic surgery
Date of Birth 20 January 1949 in Damascus, Syria
Address: Prof Feisel Al Hafi
S .Barbara Hospital, Barbara Str 1, 45964 Gladbeck

**Qualification**

1969 – 1976: MBBS from university of Milano – Italy with honors
1978 – 1984: FACHARZT in General surgery- from Germany
1991 – 2002: Masters in Laparoscopic surgery in Hamburg Germany.

Current Positions:

1988 up to date consultant in the general surgery and Laparoscopic surgery Department, S .Barbara Hospital, Gladbeck Germany

1988 up to October 2012: consultant in the general surgery and Laparoscopic surgery Department in Al Assad university Hospital, Damascus University - Syria In the Department following procedures were conducted: All Major and minor gastrointestinal Operation were performed and the intervention of Liver surgery, Mamma surgery, Thyroid Surgery, Abdominal wall surgery, Morbid obesity surgery, And All intervention of Laparoscopic surgery.

1985 up to date: Dr. Feisal AlHafi Clinic in Damascus, Syria

1985-1988: Consultant in the Department of general surgery in the specialized Educational Tishreen Hospital, Damascus

1978-1984: specialization in general surgery in the Hospitals of Essen University, Westfallen state and member of the emergency crew, Germany.

1977-1978: Worked as a Doctor in the Anesthetization and Resuscitation in the Evangelical Hospital in the city of Unna in Westfallen state, Germany.

1976 – 1977: Practice of the profession as a Doctor in the Internal Diseases Department in the faculty of Medicine in Parma University, Italy.



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

النتائج المتوسطة والبعيدة المدى في معالجة تشنج المري بالتنظير

Yosra Zaaimi

Hospital Charles Nicolle Tunisia



Introduction:

Achalasia is the most frequent motor disorder of the esophagus. The endoscopic treatment constitutes the first-intention treatment outstanding both the medical treatment that is often insufficient and the surgical treatment that is sometimes rather heavy.

The aim of our research work is to report the results both in the short and in the long term of the pneumatic dilatation of achalasia.

Material and methods:

Retrospective research study carried out between January 2000 and July 2011 including all the patients followed up for a primitive achalasia and having benefited from a session of pneumatic dilatation at the Hospital Charles Nicolle.

Results:

The diagnostic of primitive achalasia was reported with 121 patients ,65 (54%) of whom had already benefited from a session of endoscopic dilatation in our department.

These patients were divided into 66% of male sex and 34% of female sex with an average age of 42, 7 years.

34 patients (52%) were in clinical remission with disappearance of the clinical signs after a first session of dilatation. After a second session, this rate rose up to 80%.

86% of the patients actually recovered after 3 sessions of pneumatic dilatation and 13,8% underwent some surgical act.

An esophageal perforation occurred in 2 cases (3, 5%) and a gastro-esophageal reflux at distance in only 1 case (1,8%).

Conclusion:

The pneumatic dilatation is a simple, inexpensive and affordable treatment of achalasia. It was quite efficient in more than 80% of the cases in our study.

Yosra Zaaimi , Hospital Charles Nicolle Tunisia , 2080 Ariana , Tunisia

29. Tips and Trikes in Laparoscopic Suturing 15 minutes before our workshop

نصائح مفيدة في تعلم الخياطة بالمنظار

Dr. med. Moustafa.Elshafei

Stadtkrankenhaus Schwabach, Germany

(CV)Moustafa ELshafei

Stadtkrankenhaus Schwabach, Regelsbacher Str. 7 91126 Schwabach, elshafei.moustafa@gmail.com

Date of birth: 10th of February, 1985.in Paris, France

Nationality: Egyptian.

University Faculty of Medicine – Alexandria University MB BCh 2009

Work experience:

- Internship Doctor in Alexandria Univeristy Hospitals. 1/3/2010 –28/2/2011 .



- Medical Director of ALEXEA (Alexandria Endoscopy Association Training Center). 1/5/2010 till 06/2012
- Resident in General surgery department , Alexandria University Hospital 1/3/2011 till 05/2012.
- Resident in Internal Medicine department, Erlangen University, Germany from 07/2011 till 6 2012
- Resident in Surgical department, Schwabach Hospital , Germany from 06/2012 till now

Dr. med. Moustafa.Elshafei, Stadtkrankenhaus Schwabach, Regelsbacher Str. 7
91126 Schwabach

30. Workshop Box Training tridimensional Camera, (Suturing and Anastomose Techniques)

التدريب العملي بالمنظير ذات البعد الثلاثي في الخياطة والمفاغرات المعوية

Prof. Dr. Feisal Al Hafi , Prof. Dr. Thomas Horbach, Dr. Moustafa.Elshafei
S .Barbara Hospital, Gladbeck, Stadtkrankenhaus Schwabach, Germany

31. Current aspects in the treatment of gynecological malignancies

الجوانب الحالية في علاج الأورام الخبيثة عند النساء

Prof. Dr. med. Jalid Sehoul

Direktor der Klinik für Gynäkologie/ Charité Campus
Virchow-Klinikum, Berlin



Akademischer Status

Direktor der Klinik für Gynäkologie/ Charité Campus Virchow-Klinikum, Berlin

Leiter des Europäischen Kompetenzzentrums für Eierstockkrebs (EKZE)

10/2007 Universitätsprofessur (W2-Professur) für das Fachgebiet

„Gynäkologie“ an der Charité – Universitätsmedizin Berlin

01/2005 Habilitation an der Humboldt-Universität zum Thema

„Multimodales Management maligner Ovarialtumore“

01/2005 Lehrbefugnis: Gynäkologie und Geburtshilfe

09/1998 Promotion: Postoperative Nutzung unkonventioneller

Krebstherapien (UKT) in der gynäkologischen Onkologie

32. Effective methods treating male impotence.

الطرق العلاجية الفعالة في القصور الجنسي عند الرجل

Dr. Ismail Abbara

Director, Consultant Urologist in Abbara Polyclinic, Dubai, UAE

Male impotence or erectile Dysfunction is a condition affecting 94 million men worldwide nowadays. What is Erectile Dysfunction; it is the inability to maintain an erection during sexual intercourse performance. What causes it, and what are its signs and symptoms?



This Presentation aims to explain all the causes, signs and more importantly the management methods of this frustrating condition. The methodology behind the explanations in the presentation is based on my long clinical experience in managing patients with ED in different ways, from pharmaceutical to surgical. Each method works best in a certain condition, depending on the patient's condition and needs. In some pharmaceuticals can do wonders, in others a Penile Prosthesis is crucial.

In conclusion no matter what method is used patient satisfaction is the main aim of ED management.

Dr. Ismail Abbara Director, Consultant Urologist in Abbara Polyclinic, Dubai, UAE

CV Dr. Ismail Abbara

Professional Experience

Consultant Urologist, Andrologist, General Surgery, German Board Certified, 30 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. Dr. Ismail Abbara, Consultant Urologist & General Surgeon
Al Rigga Street PO Box 36331, Dubai, UAE



33. Allergic rhinitis / New drugs

الجديد في التهاب الأنف التحسسي

Prof. Dr. med. Dr. h. c. Torsten Zuberbier / Charité

Allergie-Centrum-Charité Berlin Germany

Leiter der Europäischen Stiftung für Allergieforschung -

ECARF , Tel. 030 450 518135

www.prof-zuberbier.de

**34. Disc cells transplantation after discectomy, rational?**

زرع خلايا القرص بعد استئصال القرص وعلاجية؟

Dr. Munther Sabarini, Avicenna Klinik Berlin

Undesirable course after surgery on disc hernia of lower spine could have many reasons like disc hernia recurrence, instability, progress of degeneration with reduction of disc height, narrowing of neuroforamina and of vertebral joints space, adhesions, Post-Nucleotomy Syndrome, problems of indication, difficulties within surgery, inadequate post-operative care and social problems. This course is found in nearly 30 % of surgically treated patient. To avoid some of these factors and to improve the outcome we completed the surgery with disc cells transplantation (ADCT).

Between 2005 and 2009 we treated 81 Patients with ADCT after surgery. All patients had disc hernia sequester on one level. The microsurgery had been performed from same neurosurgeon. In a special laboratory vital cells had been isolated and in the serum of the patients cultivated. The cells had been multiplied. 3 Months later we injected the cells in the affected segment. Results 3 Months after ADCT, but also 6 Months, and every year had been investigated. Average follow up time is 4.3 years with registration of pain intensity, consummation of pain killer, recurrence of disc hernia, Instability, FBSS, MRI feature and other factor.

From all 81 Patients 2 underwent new surgery because of recurrence of disc hernia and Instability. In one case ADCT could not prevent a FBSS. Disc height was maintained in all Patients, except in 3 : (increased in 1 and decreased - in 2 Cases).

Different method had been discussed to avoid undesirable course after disc hernia surgery like disc replacement, dorsal stabilization, spinal cord stimulation, repeated surgery and more. Beside the possible complications of these methods most of them were not able to reach its goal. In the case of ADCT it is a minimally invasive treatment with patient own disc cells in own serum without addition of any growth hormones, which enriches the disc with millions of cartilage cells. Cultivated in laboratory and injected in the disc space they are able to produce their matrix collecting more water and giving the disc more elasticity. With this the results are better than microsurgery without ADCT.

ADCT keeps disc height and reduces complications like disc hernia recurrence and instability.

Dr. Munther Sabarini

Director of Avicenna ClinIC Berlin Avicenna WirbelsäulenKlinik Wirbelsäulen- und Gelenkchirurgie



35. Racism, Prejudice, and Discrimination in Science

العنصرية والتحامل والتمييز في مجال العلوم

Dr. med. N. Sradj, M.A., Regensburg



Racism in science can be traced to, among others, the German idealism found in Hegel. In his observations of world history, he classified peoples hierarchically and imperialistically. In the Third Reich one differentiated between 'German' and 'Nordic' physics and 'Jewish' physics. The more comprehensive and abstract a theory is, the more enemies it has. This is in particular the case if a worldview gets shaken by it. An example of this is Einstein's relativity theory.

In our study the rejection of relativity theory at that time was compared with the rejection of thermodynamics and catastrophe theory in ophthalmology. Einstein's experience that resistance not only came from experts but rather equally from the majority of society is something that also applies in many cases nowadays. The basis of racism, prejudice, and discrimination is irrational and psycho-pathologically motivated.

Our manifesto "Global Science – 10 Theses for a Scientific Conception of the 21st Century, which was expressly advocated by UNESCO, is our constructive and progressive answer to this intellectually contradictory situation.

The seventh thesis of our manifesto warns of the misinterpretation of science as power in the service of *raison d'état* or of particular interests. Corruption, xenophobia, and discrimination can only be effectively combated by an independent, international form of jurisdiction.

Rassismus, Vorurteil und Diskriminierung in der Wissenschaft

العنصرية والتحامل والتمييز في مجال العلوم

Dr. med. N. Sradj, M.A., Regensburg

Der Rassismus in der Wissenschaft geht unter anderem auf den deutschen Idealismus Hegels zurück. In seinen weltgeschichtlichen Betrachtungen klassifiziert er die Völker hierarchisch und imperialistisch. Im Dritten Reich unterschied man zwischen „deutscher“ oder „nordischer“ Physik und „jüdischer“ Physik. Eine Theorie hat umso mehr Feinde je umfassender und abstrakter sie ist, insbesondere dann, wenn durch sie ein Weltbild erschüttert wird. Ein Beispiel hierfür ist die Relativitätstheorie Einsteins.

In unserer Studie wird die Ablehnung der Relativitätstheorie damals der Ablehnung der Thermodynamik und der Katastrophentheorie in der Augenheilkunde heute gegenübergestellt. Die Erfahrung Einsteins, dass der Widerstand nicht nur von den Experten, sondern gleichermaßen auch von der Mehrheit der Gesellschaft getragen wird, trifft auch heute vielfach zu. Die Basis von Rassismus, Vorurteil und Diskriminierung ist irrational und psychopathologisch motiviert.

Unser Manifest „Global Science – 10 Thesen zur Weltauffassung im 21. Jahrhundert“, das von der UNESCO ausdrücklich befürwortet wird, ist unsere konstruktive und progressive Antwort auf diese widersprüchliche geistige Situation.

Die siebte These unseres Manifestes warnt vor der Fehlinterpretation der Wissenschaft als Macht im Dienste der Staatsräson oder partikularer Interessen. Korruption, Fremdenfeindlichkeit und Diskriminierung kann nur durch eine unabhängige, internationale Gerichtsbarkeit effektiv bekämpft werden.



Le racisme, le parti pris et la discrimination dans la science

العنصرية والتحامل والتمييز في مجال العلوم

Dr. med. N. Sradj, M.A., Regensburg

L'histoire indique à l'être humain ce qu'il est.

Le racisme dans la science est issu entre autre, de l'idéalisme allemand de Hegel. Dans son observation de l'histoire du monde, il classe les peuples selon une hiérarchie et dans une perspective impériale. Lors du troisième Reich, on faisait la différence entre un physique « allemand » ou « du nord » et un physique « juif ».

On peut constater en général que plus une théorie est abstraite et vaste, plus ses ennemis sont nombreux ; en particulier lorsqu'elle permet d'ébranler une certaine vision du monde. On peut le voir sur l'exemple de la théorie de la relativité d'Einstein.

Dans notre étude, nous confrontons le rejet de la théorie de la relativité de l'époque à celui de la thermodynamique et de la théorie des catastrophes dans l'ophtalmologie de nos jours. L'expérience d'Einstein -selon laquelle ce rejet ne provient pas uniquement des experts, mais également de la majorité de la société- est tout autant d'actualité de nos jours. La base du racisme, du parti pris et de la discrimination est irrationnelle et sa motivation est de l'ordre de la psychopathologie.

Notre manifeste « Global Science –10 thèses relatives à la compréhension du monde au XXIème siècle », approuvé expressément par l'UNESCO, constitue notre réponse à la fois constructive et progressiste à cette situation intellectuelle.

Le septième point de notre manifeste dénonce toute mauvaise utilisation de la science au service de la raison d'Etat ou de certains intérêts particuliers. La corruption, la xénophobie et la discrimination ne peuvent être combattues efficacement que par une juridiction internationale indépendante.

36. MSF plastic reconstructive hand surgery mission within the Gaza Strip

خبرة أطباء بلا حدود في قطاع غزة بعثة جراحة اليد التصحيحية

Dr. Krieger Stefan

Doctors without Borders (MSF) France/Germany

Doctors without Borders (MSF) is an international independent medical humanitarian organisation that provides assistance to population in distress, to victims of natural or man-made disasters and to victims of armed conflict. It is currently working in nearly 70 countries and 450 projects.

Since 2011, MSF has been providing plastic reconstructive hand surgery in the Gaza Strip. The range of activities carried out there encompasses the treatment of acute soft tissue injuries, the surgical treatment of scar contractures following burns. Furthermore, the high incidence of congenital hand malformations is addressed through surgery. Embedded in the hospital of Khan Younis MSF set up a specialized operation theatre tent where the surgical team performs surgical releases of disabled scars and acute lesions as well as reconstructive operations in hand surgery. The international surgery team works in close cooperation with local colleagues from the Ministry of Health. Teaching sessions are held on an ongoing basis. Post operative physiotherapy including the use of adjusted splints and braces is ensured. Experiences and results will be depicted in the presentation.

Dr. Krieger Stefan, Expat surgeon specialized in Trauma- and Hand surgery, Doctors without Borders (MSF) France/Germany, Roermonderstrasse 375, 52072 Aachen Germany, Tel.: 004924190067168, Email: Stefan.Krieger@berlin.msf.org



Stefan Krieger ist seit Jahren freiwilliger Mitarbeiter bei Ärzte ohne Grenzen Deutschland und hat die Organisation über Jahre hinweg auch im Vorstand vertreten. Ärzte ohne Grenzen ist eine humanitäre Hilfsorganisation, die weltweit medizinische Hilfe in Notsituationen leistet. Hierfür wurde 2009 der Friedensnobelpreis verliehen. Diese Hilfe erfolgt neutral, unabhängig und unparteiisch. Als Chirurg ist Dr. Krieger seit 1995 als Mitglied internationaler Teams von Ärzte ohne Grenzen in Kriegs – und Krisenregionen in Afrika, Asien und im Mittleren Osten tätig. Weitere Einsätze sind geplant.

37. “Mobility of Arab Health Professionals: Brain Drain or Brain Gain?”

هل الكفاءات الصحية المتنقلة في المهجر هجرة للعقول ام كسب للادمغة

Mouhanad Hammami, MD

Past President National Arab American Medical Association (NAAMA)

Chief of Health Operations & County Health Officer

Wayne County, Michigan, USA

Annually, 100,000 scientists, engineers, physicians, and other experts migrate primarily from eight Arab countries: Lebanon, Iraq, Syria, Jordan, Egypt, Tunisia, Morocco and Algeria.

Some reports indicate that as many as 50% of physicians, 23% of engineers and 15% of scientists from these countries end up emigrating to Europe, USA and Canada.

They migrate because of disparities in income, political or economic obstacles to scientific research in countries of origin, socio-political instability, or lack of a proper environment to create and conduct scientific research in Arab countries. Additionally, skills and competencies are marginalized and unappreciated in many cases. These competences have been attracted by western countries which provide them with facilitated entry and settlement, financial incentives, employment, and research opportunities to pursue their professional interests. Arab countries must seek to better understand and address the reasons for emigration of highly skilled professionals by providing a more competitive, innovative and attractive professional environment for skilled workers, particularly scientific researchers and health professionals.

At the same time, Arab countries of origin must also recognize and develop the opportunities that exist to leverage the skills and talents of their expatriate communities, tapping into the desire of many migrants to engage and support their home countries in development.

The presentation will discuss issues related to migration of Arab Health professionals and the role of migrant health competencies in promoting the health sector in Arab countries.

Mouhanad Hammami, MD, Past President, National Arab American Medical Association, Chief of Health Operations & County Health Officer, Wayne County, Michigan, USA,



Abstracts**CV Mouhanad Hammami, MD**

National Arab American Medical Association

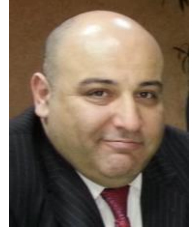
A graduate of Aleppo University, Syria, Dr. Hammami completed his postdoctoral research in Pediatrics at the Newborn Center of the University of Tennessee in Memphis, and then accepted a faculty appointment at Wayne State University School of Medicine in Detroit, Michigan and a research position at the Detroit Medical Center, Department of Pediatrics.

Dr. Hammami was involved in many clinical studies ranging from the effect of infant formula on bone mineralization in newborns to new childhood vaccine trials.

In 2006 he was granted the American Medical Association (AMA) foundation for Excellence in Medicine and Leadership award for his public health advocacy and community work. He is listed in the Marquis 2006-2007 Who's Who in Medicine and Healthcare, Strathmore's 2006-2007 Who's Who in Healthcare and Madison's Who's Who in the World 2008 - 2009.

Dr. Hammami served as Executive Director of the National Arab American Medical Association (NAAMA) between from 2006 to 2009 and was recently elected as president for 2011. He currently serves as the Chief of Health Operations of Wayne County Department of Health and Human Services.

Dr. Hammami is a member of several professional and honor societies and has had many publications in different medical journals

**38. Experiences of Starting and Running a Private University in Syria**

خبرة جامعة الأندلس الخاصة للعلوم الطبية في سوريا منذ البدء بالتعليم

Prof. Dr. A.K. Martini, Prof. Dr. Faidi Omar Mahmoud
Al Andalus University, Qadmus, Syria

Al Andalus University was founded 6 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, 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



Abstracts**CV Prof.Dr.med.Abdul MARTINI**

- Born in 1942 in Idleb / Syria
- School and School in Idleb
- 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:

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 AI ANDALUS UNIVERSITY for Medical Sciences in Syria



39. Roles of Arab Migrant Health Professionals in reinforcing the health sectors in the Arab States Al Andalus University internation

ادوار المهنيين الصحيين المهاجرين العرب في تعزيز القطاعات الصحية في الدول العربية مثال جامعة الأندلس للعلوم الطبية في سوريا

Dr. Faidi Omar Mahmoud

Consultant for cardiac surgery. Erlangen Germany Al Andalus University

Proposed projects

- Building universities and teaching hospitals in high level with the participation of expatriates in more than 50% of the medical and Hospital staff
- Partnerships with universities that works with expatriates and take advantage of international support with the development of medical programs
- Establishment of a specialized Medical conferences with medical exhibition under the banner of the Arab League
- Formation of a conference committee and Conference budget
- The involvement of the private sector and medical companies

جامعة الأندلس للعلوم الطبية في سوريا
Al-Andalus University For Medical Sciences

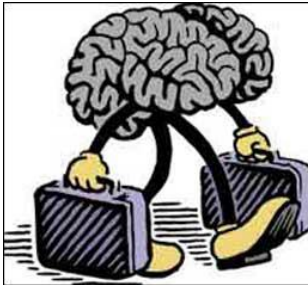
Studies Begin Oct./2007
Planned for 5000 Student





Faculty of Dentistry WS 2007 كلية طب الأسنان
Faculty of Pharmacy WS 2007 كلية الصيدلة
Faculty of Medicine WS 2011 كلية الطب البشري
Faculty Nursing WS 2011 التمريض
Faculty of Bio-Medical Engineering WS 2011 الهندسة الطبية
Faculty of Hospital Management إدارة المشافي **B.SC**

مشروع العشرون بند للإستفادة من المهنيين الصحيين المهاجرين العرب في تعزيز القطاعات الصحية في الدول العربية الإجراءات المطلوبة للحد من هجرة الأدمغة



1. وضع البرامج الوطنية لمواجهة هجرة العقول وإنشاء مراكز للبحوث التنموية والعلمية والتعاون مع الهيئات الدولية والإقليمية المعنية لإصدار الوثائق والأنظمة التي تنظم أوضاع المهاجرين من العلماء أصحاب الكفاءات إعادة الإندماج Re-integration
2. إنشاء مركز لإدارة الكفاءات على مستوى الدول العربية على أساس تكامل القوى العاملة العربية لتتيح للبلدان العربية الأخرى التي تواجه عجزاً في هذا الميدان من سد العجز لديها.
3. إجراء مسح شامل لأعداد الكفاءات العربية المهاجرة بهدف التعرف إلى حجمها ومواقعها وميادين اختصاصاتها وارتباطاتها وظروف عملها. وتحديد الإختصاصات التي تحتاجها الدول العربية من قبل لجان متخصصة بطريقة تقنية كرة الثلج Snowballing technique
4. إختيار المهاجرين الذين لديهم الإستعداد التعامل مع هذه المشاريع من الدول العربية بعد ارسال استمارات خاصة اليهم ورسالة مرافقة مشروع فيها الأهداف وماذا تقدمه بلده او البلد المضيف
5. تنظيم مؤتمرات للمغتربين العرب ، وطلب مساعداتهم والاستفادة من خبراتهم سواء في ميادين نقل التكنولوجيا أم المشاركة في تنفيذ المشروعات .
6. احترام الحريات الأكاديمية وحقوق الإنسان وصيانتها وخضوع الدولة والأفراد للقانون ، وذلك بإعطاء أعضاء الهيئات الأكاديمية والعلمية حرية الوصول إلى مختلف علوم المعرفة والتطورات العلمية وتبادل



- المعلومات والأفكار والدراسات والبحوث والنتائج والتأليف والمحاضرات وفي استعمال مختلف وسائل التطور الحديثة دون حواجز
7. إعادة النظر جذرياً في سلم الأجور والرواتب للكفاءات العلمية العربية ، وتقديم حوافز مادية ترتبط بالبحث والنتاج والتسهيلات الضريبية والجمركية للوفاء بالاحتياجات الأساسية، توفير السكن المناسب وتقديم الخدمات اللازمة لقيامهم بأعمالهم بصورة مرضية
 8. الاستفادة من خبرات البلدان السابقة والمعايير الدولية في التقييم مثال (القاط البحثية العالمية)
 9. تشييك الجامعات العربية مع جامعات يعمل فيها المغتربون ومكافأة المتفوقين وفتح المجال لهم
 10. إنشاء بيئة الإبداع الطبي المشتركة للمغتربين ولعلماء الوطن مع برامج تخصصية سنوية وفعاليات مشتركة (الندوات والمؤتمرات) بشكل متناوب ضمن برامج مخططة ومتفقة عليه وطبعا الإتصالات بالاستالايات للمشاورات السريعة
 11. تشجيع الزوجات والأولاد للمرافقة وتأمين المدارس واللغة للأولاد وسهولة لتعادل الشهادات مع الدعم المادي في البدء ولربما في السكن ومراعاة التواجد في الحضارات الأخرى
 12. حث السفارات في بلد المضيف للاهتمام بمغتربين الوطن وتسهيل التواصل مع الوطن
 13. إشراك ممثلي كل الفئات العاملة في القطاع الصحي في مثل هذه المشاريع على سبيل المثال: الأطباء الإستشاريين , الأطباء المساعدين, الممرضات , التقنيون الإداريون العمال وتطبيق الأنظمة الناجحة والقوانين في المشافي كما هي دون تغييرات جذرية الدوام والمناوبات والإجازات ووضع القوائم المرجعية
 14. جلسات التوعية في المجتمعات العربية وإظهار الثقة والكفاءات للأطباء العرب , حيث الطبيب الأجنبي لدى بعض الدول العربية هو الطبيب الأفضل بشكل اوتوماتيكي لشكله ولهويته مع العلم الأطباء الماهرون في الدول الأوروبية لا يغادرون أوطانهم
 15. التأمين الصحي للشعوب
 16. أختيار النخب التي يمكن ان تستفيد بشكل مبكر ولربما في المرحلة الثانوية
 17. التهيئة الجيدة قبل السفر الى البلد المضيف اللغة والثقافة
 18. الخدمة الإلزامية لربما التكبير بالخدمات المدنية بنفس الوقت
 19. تخصيص الميزانية السنوية ولربما من الشركات الخاصة للمراكز البحثية
 20. تشجيع اطباء الجيل الثاني لزيارة الوطن للتعرف على بلد الأب ومؤسساتها و تشجيع الأطباء المتقاعدين برواتب رمزية الى الجامعات للإستفادة من خبراتهم في دول الإغتراب

الدكتور فيضي عمر محمود (AU) Faidi Omar Mahmoud (CV)

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Faidi Omar Mahmoud was born in Birajam /Golan-sud of Syria , He graduated from Damascus Medical School in 1972, since 1976 in Germany, and had cardiac surgery training in the Centre of the University of Erlangen-Nuremberg in. Germany

Position

- President of (ARABMED) in Europe since 2009
- Consultant for cardiac surgery. Erlangen Germany
- Head of Medical Programs German Academic Exchange Service (DAAD) and Arabian German Alumni Network (AGMAN) in University of Erlangen in Germany since 2006
- Prof and member of the Board of Trustees Al Andalus University in Syria since 2004



Abstracts**Education**

- 1972: Graduation from Damascus University as a M.D. with a good rating
- 1976 Specialist in Ophthalmology from University Hospital and Medical College Damascus, Syria
- 1982: Specialist in General Surgery (German Board), Medical Association of Lower Saxon, Germany
- 1990: Specialist in Sports Medicine (German Board), Medical Association of Bavaria, Germany
- 1995: Specialist in Cardiac Surgery (German Board),

Memberships/Fellowships

1. Medical Association of Bavaria, Germany
2. German Society of Thoracic and Cardiovascular Surgery
3. Syrian Society of Thoracic and Cardiovascular Surgery
4. Saudi Heart Friends Charitable Society
5. Arab Medical Union in Europe
6. German Eritrea Training Partnership e.v
7. Erlangen hilft e.V.
8. AGMAN (Arab-German Medical Alumni Network)
9. The Circassian Medical Professionals Network (CircasMed)

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

40. Upper extremity – lower class Hand surgery in the 3rd World

خبرتنا في جراحة اليد في العالم الثالث

Prof. Dr. A.K. Martini

Al Andalus University, Qadmus, Syria

For the past several years, a group based in the Orthopaedic University Hospital Heidelberg (Germany) has been conducting humanitarian projects in various 3rd world countries, supporting several charity organizations. The presentation will reflect on these projects, critically discussing advantages and disadvantages. Projects typically focus on children. The group comprises members trained in anesthesiology, hand- and microsurgery, orthopaedic surgery, and physical therapy. Unfortunately, long-term improvements of local conditions often remain insufficient, but these interventions and activities are of absolute necessity nonetheless.

Arm und Arm Handchirurgie in der dritten Welt

Seit vielen Jahren führt eine Mannschaft aus der Orthopädischen Uni-Klinik Heidelberg Einsätze in diverse Länder der dritten Welt mit verschiedenen Hilfsorganisationen durch. Ein Überblick über diese Tätigkeit wird gegeben; dabei werden Vor- und Nachteile solcher Einsätze kritisch diskutiert. Die Kinder stehen bei dieser Aktivität im Vordergrund. Unsere Einsatz-Gruppe deckt folgende Bereiche ab: Anästhesie, Hand-, und Mikrochirurgie, Orthopädie und Physiotherapie. Die Nachhaltigkeit bleibt oft unbefriedigend, die Notwendigkeit solcher Einsätze ist trotzdem absolut gegeben.

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



41. Treatment options for traumatic and postoperative scars and pigmentation disorders

الإمكانيات المتوفرة في معالجة الندبات والتغيرات الجلدية بعد الجراحة

Dr. Raniah Bogari, MD; T.C. Fischer, MD

Skin and Laser Center Berlin-Grunewald, Berlin, Germany

Scars and pigmentation disorders may occur as results of traumatic wounds or surgical procedures. Here we give an overview on the treatment options for keloids, hypertrophic, hypotrophic or atrophic scars and on posttraumatic hypo- and hyperpigmentations. Excessive yet insufficient tissue repair in keloids and hypertrophic scars may be addressed by pharmacological interventions or by chemical or mechanical tissue abrogation. In particular, ablative laser treatment modalities offer novel therapeutic potentials. The issue of tissue hypervascularization may be addressed by vascular lasers. Conversely, tissue deficiency in hypertrophic or atrophic scars can be treated by collagen induction through pharmacologically, chemical or physical stimuli. Again novel laser procedures have expanded the therapeutic options enormously. Furthermore, volume loss may be addressed directly by implantation of injectable filler products. Similarly, excessive or deficient melanin production resulting in hyper- or hypopigmentation may be treated by pharmacological as well as chemical or physical interventions including innovative laser treatments. When these treatment options are efficiently combined, functional and aesthetic outcomes of scar and pigmentation disorder treatments can be improved tremendously.

CV Dr. Raniah Bogari

- 1998–2003 Medizinstudium an der Freien Universität zu Berlin
- 2004–2008 Assistenzärztin in der Klinik für Allgemein- und Visceral Chirurgie Klinikum Oldenburg, Lehrkrankenhaus der Universität Göttingen.
- 2008–2010 Assistenzärztin auf dem Gebiet Dermatologie, Venerologie und Allergologie in der Hautarztpraxis und im Laserzentrum in Oldenburg.
- 2010–2012 Assistenzärztin auf dem Gebiet Dermatologie, Venerologie und Allergologie, Klinikum Oldenburg, Lehrkrankenhaus der Universität Göttingen.



Dr. Raniah Bogari, MD, Skin and Laser Center Berlin-Grunewald, Richard-Strauss 27, 14193 Berlin, Germany



42. In Vitro versus Conventional Type I Allergy Diagnostic: Molecular Allergology As You Have Never Seen It

مقارنة نتائج اختبارات الحساسية في المخبر وفي الواقع

Prof. Dr. med. Ahmad Hamwi

Vinna, Austria



Schule 7/1979 französisches Reifezeugnis „Diplôme de Baccalauréat - Serie C“ des Lycée français de Vienne
Studium

- 1980-1988 Medizinstudium an der Universität Wien
- 27. Mai 1988 Promotion zum Doktor der gesamten Heilkunde

Ausbildung

- 12/1988 Beginn der Ausbildung am Klinischen Institut für Medizinische und Chemische Labordiagnostik (KIMCL) der Universität Wien
- März 1995 Facharzt für Medizinische und Chemische Labordiagnostik
- April 2000 Absolvierung des Lehrganges „Blutdepotbeauftragter“ des Ministeriums für soziale Sicherheit und Generationen
- November 2000 Absolvierung des Postgraduellen Universitätslehrganges für Medizinische Führungskräfte (Managementlehrgang mit 200 Stunden) an der Universität Salzburg
- November 2002 Verleihung der Lehrbefugnis als Universitätsdozent für Medizinische und Chemische Labordiagnostik an der Medizinischen Fakultät der Universität Wien
- März 2003 Verleihung des Amtstitels „Aussenordentlicher Universitätsprofessor“
- 16. Februar 2005 Facharzt für Medizinische und Chemische Labordiagnostik Zusatzfach: Humangenetik
- Berufliche Tätigkeiten (als Facharzt für Medizinische und Chemische Labordiagnostik)
- 3/1996 Umwandlung des zeitlich begrenzten Dienstverhältnis als Universitätsassistent in ein provisorisches Dienstverhältnis am KIMCL/ Universität Wien: Stellvertreter des Bereichleiters für den Bereich Klinische Chemie, eigenverantwortliche Leitung des Notfalllabors während der Nacht- und Wochenenddienste, maßgeblicher Beitrag zur Implementierung des QM Systems nach ISO9001/2000
- 2/1999- 12/2000 Ärztlicher Leiter des Laboratorium Bruckneudorf für medizinisch-chemische bakteriologisch-serologische Labordiagnostik
- Juli 2001 Überleitung in ein definitives Dienstverhältnis am KIMCL/Universität Wien
- Ab 4/2002 eigenverantwortliche fachärztliche Vertretungen im medizinisch-chemischen Laboratorium Dr. Rocchetti in Linz
- 10/2002- 6/2003 Wahlarztpraxis in Linz
- 01. Juli 2006 Gründung der Gruppenpraxis „Labor Dr. Rocchetti & Univ.-Prof. Dr. Hamwi OEG“ in Linz



43. Diabetic Retinopathy

استحالة الشبكية السكري

Dr.Tammam Kelani 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.



الدكتور تمام كيلاني . حاصل على الدكتوراه في الطب البشري وأخصائي واستشاري وأمراض العيون وجراحاتها

- مواليد .حماة في سوريا متزوج وله ثلاثة أولاد.
 - الدراسة الابتدائية والإعدادية والثانوية في مدينة حماة بسوريا
 - دراسة الطب البشري في كلية الطب بجامعة حلب والحصول على لقب دكتور في الطب البشري
 - اختصاص في طب العيون في مشفى حلب الجامعي الكبير منذ بداية 1979 وحتى نهاية 1982
 - دبلوم في طب العيون عند الأطفال وجراحة الحول من الجمعية الأمريكية لطب العيون 1983
 - شهادة زمالة في طب العيون من الجمعية الأمريكية لطب العيون 1985
 - دكتوراه واختصاص في طب العيون وجراحاتها من جامعة فيينا عام 1989
 - افتتاح عيادة خاصة في طب العيون منذ أيلول 1989
 - تحول العيادة إلى مركز تخصصي منذ عام 1999
 - الحصول على ثلاث شهادات عليا لما بعد الاختصاص من نقابة الأطباء الاتحادية النمساوية في أعوام 2007 و2010 و2013
 - الحصول على الاستحقاق الطبي من الدرجة الأولى مقدم من رئيس الجمهورية النمساوية في عام 2012
 - الحصول على درجة مستشار طبي من الدرجة الأولى مقدم من وزير الصحة النمساوية 2012
- عضو في الجمعيات الطبية:**
- الجمعية العينية السورية
 - الجمعية العينية في مدينة فيينا
 - الجمعية العينية النمساوية
- المؤسسات الطبية والمدنية:**
- رئيس اتحاد الأطباء والصيادلة العرب النمساويين
 - نائب رئيس اتحاد الأطباء العرب في اوربا
 - أمين سر رابطة الأطباء السوربيين النمساويين منذ علم



1989

- الأمين العام لاتحاد العرب النمساويين

الأعمال الطبية و الخيرية و الاغاثية :

- تنظيم عشرين مؤتمرا طبيا في البلاد العربية والإسلامية
- إرسال 28 سيارة إسعاف إلى المناطق النائية في سوريا
- إقامة عدد كبير من الحفلات الخيرية لمساعدة الأطفال في العراق وفلسطين والمعوقين في سوريا والأطفال الفلسطينيين على الحدود العراقية السورية
- إرسال سبعة سيارات إسعاف إلى لبنان عام 2007
- إرسال ثمانية سيارات إسعاف إلى غزة ومساعدات طبية وإنسانية عام 2009 إرسال مساعدات طبية وإنسانية واغذية إلى المتضررين في سوريا

Dr.Tammam Kelani, Vienna, Austria
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الجمعية العينية لراحة العيون في النمسا
الجمعية العينية للعدسات اللاصقة في النمسا
الجمعية العينية للعدسات اللاصقة الدولية
الجمعية العينية الألمانية
الجمعية العينية للبلاد الناطقة بالألمانية
الجمعية العينية الأمريكية

الأوراق العلمية والمحاضرات:

1. الزرق وتأثيره على العين
2. مقارنة بين أسباب العمى في سوريا والنمسا
3. مقارنة بين الأمراض العينية الولادية في العالم العربي وأوروبا
4. الداء السكري وتأثيره على العين
5. البصر نعمة الله فكيف نحافظ عليه
6. مراحل خلق الجنين في القران والطب
7. اعتلال اللطخة الصفراء
8. العلاج الحديث لاعتلال اللطخة الصفراء
9. العين والأمراض الجهازية

44. Causes of headaches from the viewpoint of ophthalmologists

اسباب الصداع من وجهة نظر اطباء العيون

Dr. med. N. Sradj, M.A., Regensburg

Kopfschmerzen können sowohl dem Patienten als auch dem Arzt Probleme bereiten. Hier versagen die konventionellen Messmethoden. Während EKG-Befunde objektive Daten über die Herztätigkeit liefern, kann ein EEG-Befund die Ursache von Kopfschmerzen nicht feststellen. Die gültige Hirntheorie, nach der das Gehirn wie eine Input-Output-Maschinerie im Sinne der Pawlow'schen Reflexlehre (Pawlow: 1849-1936) arbeiten soll, funktioniert als Erklärung nicht. Wir gehen demgegenüber davon aus, dass das Gehirn autonom und evolutiv im Sinne der Theorie der Selbstorganisation arbeitet. Kopfschmerzen verlaufen nämlich oft irregulär, diffus und chaotisch. Aus Sicht der strukturalen Ophthalmologie kann das oculo-cervicale Syndrom insbesondere bei Menschen, die viel und angestrengt im Nahbereich arbeiten, die Ursache ihrer Beschwerden sein. Immerhin sind beim Nahsehen 7 von 12 Hirnnerven involviert. Diagnostik und Therapie dieser Art von Kopfschmerz werden vorgestellt.

Curriculum Vitae Dr. med. Nadim Sradj, M.A.

Prüfeninger Str. 40, 93049 Regensburg, Germany
Ophthalmologist and philosopher

1937 born in Aleppo, Syria,
1956 arrived in Germany,
1963 medical diploma university of Mainz
1966 M.D. University of Tübingen, Germany
1968 M.A. in philosophy, Univ. of Mainz



Abstracts

1968-1969 scientific assistant and lecturer, University of Frankfurt/Main and Univ. of Giessen,

Since 1979 private clinic

Research in neuro-ophthalmology and strabismology, biological medicine, basic research and scientific strategy; introduction of French structuralism and physics of thermodynamics into ophthalmology. Invention of instruments (Torticollometer and Cyclometer) for measurement of cyclo- and head-deviation.

More than 100 scientific publications and lectures in German, English, French and Arabic.

Among them books:

1. "Rollungsschielen" (Cyclodeviation) 1979,
2. "Systemtherapie der Maculadegeneration" (4th edition 2004), English edition: "System Therapy of Macular Degeneration" 2008.
3. "Dynamik des Sehens" (dynamics of vision, perception and malperception, theory of operational aesthetics and its application in art) 2005.
4. "Theorie und Praxis des Augentrainings bei Arbeiten im Nahbereich und am PC" (2009)

Sradj is member of several European and international ophthalmological organizations. Scientific activities in Arabic countries, Argentina, Luxemburg and Russia.

Since 1995: consultant ophthalmologist of the Macular Degeneration Association /Germany (Selbsthilfegruppe Macula-Degeneration e.V.) see: www.macula-degeneration.de

Since 1995: in "Who's who in the world" and "Dictionary of International Biography".

2000: Member of the American Association of the Advancement of Science (AAAS)

2000-2001: in "Who's who in Medicine and Healthcare".

Active member of Arabmed (Union of Arabic Physicians in Europe), responsible for cultural affairs and science policy.

Since 2009 vice president of Arabmed

45. Cataract and uveitis**التهاب القرنية والساد**

Eiman Abd El-Latif Assistant lecturer

Faculty of medicine, Alexandria University, Egypt

Introduction: Uveitis is a major cause of complicated cataract. Moreover the diagnosis of the specific aetiology of uveitis is often a challenge. So if we could know the characteristics of cataract complicating each cause of uveitis, this could serve as a clue to the cause of uveitis when the latter is unknown.

Aim: The aim of the work was to explore whether different aetiologies of uveitis lead to different morphologies of cataract.

Methodology: An observational case series study was carried out on 15 eyes of 11 patients with cataract and uveitis, presenting to the out patient clinic of the main university hospital in Alexandria. The patients were examined using the slit lamp biomicroscope.

Analysis: Some features characterised the cataract complicating each of the following causes of uveitis: Fuchs' uveitis syndrome, toxocariasis, and juvenile idiopathic arthritis.

Results: The cataract complicating Fuchs' uveitis syndrome tended to be nuclear, and without posterior synechiae. The cataract complicating toxocariasis tended to be localised to the inferior pole of the lens. The cataract complicating uveitis of juvenile



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idiopathic arthritis tended to be associated with extensive posterior synechiae and iris bombé

Concluding remarks: The various aetiologies of uveitis tend to lead to cataract of varying morphology.

Eiman Abd El-Latif, Faculty of medicine, Alexandria University, Egypt, Cleopatra Alexandria, Egypt, Faculty of Medicine, Alexandria University, Egypt

46. Paired arcuate keratotomy coupled with modified circular keratotomy for the treatment of Stage III and IV keratoconus

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

Dr. Samir Quawasmi

Cornea Specialized Clinic

Amman Jordan (London, UK)

A study was made of the outcome of paired arcuate keratotomy coupled with a modified form of circular keratotomy in a single surgical procedure in eyes with Stage III and IV keratoconus with the aims of reducing astigmatism, increasing corneal volume, and improving visual acuity. Paired arcuate keratotomy coupled with modified circular

keratotomy was performed on 24 eyes of 14 patients diagnosed with Stage III or Stage IV keratoconus at a single center by a single surgeon as an outpatient procedure with local anesthetic in a minor surgery room. Modified circular keratotomy was performed 7 mm from the pupillary center using incisions ranging in depth 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. Astigmatism decreased in 87.5% of the 24 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 assistance. No complications occurred during or after surgery. No suturing was performed and there was no rupturing at incision sites. Paired arcuate keratotomy coupled with modified circular keratotomy should be considered as an additional treatment procedure before performing keratoplasty.

Keywords: keratoconus, arcuate keratotomy, circular keratotomy

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Abstracts

MBBCH: Al-Azhar University, Cairo (1972)
 DORCSI: Royal College of Surgeons, Dublin (1981)
 DORCPI: Royal College of Physicians, Dublin (1981)
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Professional experience:

- Treatment of Keratoconus without Graft or Intacs (Bader Procedure First in the World 2005).
- New technique to correct Cornea, irregular Astigmatism.
- Implantation of artificial pupil.
- Implantation of Artificial Eyes.
- General 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 on intraocular lenses in Jordan (First operation in Jordan of its kind 1982).

Memberships

- The Asipacific 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
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47. Case Presentation of Acanthamoeba keratitis

عرض حالة خاصة عن التهاب القرنية الغير وصفي

Dr. Rasha Abdou

Alex Eye Center, Alexandria, Egypt

Case Description: 48-year-old female contact lens wearer with cloudy vision, photophobia, and a red, painful right eye 2 weeks ago. Examination: 4x4 mm patchy greyish white infiltrates in the anterior stroma in a semicircular pattern. Management : Early diagnosis(corneal scraping for culture and sensitivity) , D.D.: (Bacterial Keratitis



Viral Keratitis Fungal Keratitis, Toxic keratopathy) , epithelial debridement, antiameoba agent (Therapeutic scheme:Loading dose, intensive treatment phase, maintenance phase) , penetrating keratoplasty.

Discussion: Acanthamoebae are free-living, ubiquitous pathogenic protozoa. As a human pathogen, Acanthamoeba is responsible for chronic granulomatous encephalitis and cutaneous amoebiasis in immunosuppressed patients, and for severe, painful, keratitis in otherwise healthy individuals. The most prevalent risk factors are soft C.L. wear, poor hygiene, and a compromised corneal barrier. Early diagnosis of acanthamoeba keratitis is challenging and usually mistaken for Herpes Simplex Keratitis or fungal keratitis. Early diagnosis a prognostic factor of a successful outcome (high degree of suspicion is a key to diagnosis) . Prognosis depends greatly on how early in the course of the disease the infection is diagnosed and therapy is instituted. If caught early, medical cures are usual. However, if it progresses to the ring infiltrate stage, which typically takes about 6 weeks, a medical cure is quite difficult and surgery may be required.

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48. Nefropatia diabetica.

السكر وأمراض الكلى

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Arab Medical Union in Europe

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



Members and several specialized committees meet regularly and have contacts to more than two thousand doctors in Europe. All ARABMED members including the administrative body are volunteers and do not receive any payments from ARABMED. Funding for activities comes from annual member fees and donations. ARABMED is headquartered in Germany and has branches in Ireland, Austria, France, Poland, the Gulf States and Jordan. The ARABMED National Office is committed to aiding the establishment of chapters in various states. The chapters must subscribe to the highest ethical standards and principles advocated by ARABMED and those in the medical profession. In addition to educational, cultural and charitable events organized by the individual chapters, ARABMED sponsors national and international medical conventions every year. International conventions have been held in, various European countries, Egypt, Jordan, Syria, the United Arab Emirates and Turkey in cooperation with local health officials and medical institutions. National conventions have been held in a variety of cities in Germany and Europe. The conventions feature a unique blend of educational, cultural, social and humanitarian activities..

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

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



Aims and purposes of ARABMED in Europe

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

More specifically, the aims of ARABMED are as follows:

Professional and educational aims

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

Cultural aims

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



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قد يكون كل الأسماء غير موجودة في هذا الفهرس نظرا لعدم إرسال الزملاء بعناوينهم او بالانشاطات التي قد يقومون بها



معلومات عن برلين العاصمة الألمانية

تعدّ المؤتمر في مكان يطل على ساحة بوتسدام (Potsdamer Platz) وهي ساحة ونقطة تقاطع مهمة تقع في وسط برلين، تقع على بعد كيلومتر واحد عن بوابة براندنبورغ ومبنى الرايخستاغ (مبنى البرلمان الألماني). سميت الساحة بهذا الاسم نسبة لمدينة بوتسدام التي تبعد عن الساحة بحوالي 25 كيلومتر في جنوب الغرب. والساحة تمثل النقطة التي كان يمر من خلالها الطريق القديم عبر جدار برلين في بوابة بوتسدام. خربت الساحة أثناء الحرب العالمية الثانية، وتركت مهجورة أثناء الحرب الباردة حينما شطر جدار برلين الساحة نصفين، ولكن مع سقوط الجدار نهضت المنطقة وأصبحت القلب النابض للمدينة.

برلين هي عاصمة جمهورية ألمانيا الاتحادية، وإحدى ولايات ألمانيا الست عشرة، كما أنها أكبر مدن ألمانيا من حيث عدد السكان. وتعتبر برلين إحدى "الولايات المدن" الثلاث بجمهورية ألمانيا الاتحادية (إلى جانب بريمن وهامبورغ)، وتأتي هذه التسمية من كون حدود المدينة هي نفسها حدود الولاية. وبرلين هي أيضاً ثاني أكبر مدن الاتحاد الأوروبي بعد العاصمة البريطانية لندن. وخلال فترة الحرب الباردة وتحديداً في عام 1961، قامت حكومة ألمانيا الشرقية بتشييد ما كان يعرف بجدار برلين. هكذا أصبحت برلين مدينة مُقسمة إلى جزئين: جزء غربي يتبع ألمانيا الغربية والآخر شرقي يتبع ألمانيا الشرقية. وبقي الحال في برلين على هذا النحو إلى حين سقوط الجدار في عام 1989 وتوحيد الألمانيّين في عام 1990، واختيرت برلين بعدها عاصمة جمهورية ألمانيا الاتحادية ومركز حكومتها والبرلمان، وإحدى أهم المدن الأوروبية.



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بلغ تعداد سكان برلين 800.000 نسمة إبان تأسيس الإمبراطورية الألمانية في عام 1871م. وبعد تتويج فيلهلم الأول (Wilhelm I) في روسيا (1861 - 1888م) إمبراطوراً على ألمانيا، أصبحت برلين عاصمة الإمبراطورية الألمانية الجديدة. وبحلول عام 1895م وصل تعداد سكان المدينة إلى ما يزيد عن 1.5 مليون نسمة. وعقب هزيمة ألمانيا في الحرب العالمية الأولى، أرسل آخر إمبراطور لألمانيا، وهو فيلهلم الثاني (1918 - 1888) (Wilhelm II)، إلى المنفى.

تسببت الهزيمة الثقيلة التي منيت بها ألمانيا في الحرب العالمية الأولى في اندلاع أزمة خطيرة لكل من ألمانيا وبرلين، كما نتج عنها تأسيس أول جمهورية ألمانية. وعلى الرغم من الصعوبات الاقتصادية والاضطرابات التي شهدتها ألمانيا في حقبة العشرينات، ازدهرت برلين على جميع الأصعدة وأصبحت عاصمة للثقافة في أوروبا. وعندما تلقى أدولف هتلر منصب المستشار الألماني في عام 1933م، شهدت برلين حملة من الاعتقالات لليهود والشويعيين والشواذ جنسياً والمعارضين السياسيين وغيرهم، وبذلك فإن أسوأ الفصول في تاريخ برلين تكون قد بدأت. ومع إدراك القليل بأوهم العظمة التي انتابت هتلر آنذاك، انطلقت فعاليات الألعاب الأولمبية الصيفية في برلين في عام 1936م. وعندما بدأت الحرب العالمية الثانية في الأول من سبتمبر 1939م، ازداد عدد سكان برلين إلى 4.5 مليون نسمة. وقد تسبب القصف بالقنابل الذي شهدته برلين في عام 1943م والذي أدى إلى سقوطها في يد الحلفاء في الثامن من مايو 1945م، إلى تدمير ما لا يقل عن ثلث المباني والمعالم التاريخية للمدينة.



بعد انتهاء الحرب العالمية الثانية، قسمت برلين إلى أربعة قطاعات. وقع القطاع الشرقي من المدينة تحت سيطرة السوفييت، بينما خضع القطاع الجنوبي الغربي للمدينة تحت سيطرة الأمريكيين، في حين سيطرت بريطانيا على الجزء الغربي وفرنسا على الجزء الشمالي الغربي للمدينة. وعندما تأسست الجمهورية الألمانية الديمقراطية في السابع من أكتوبر عام 1949م، أصبحت برلين الشرقية عاصمة لجمهورية ألمانيا الديمقراطية، وقامت الحكومة في حينها بنقل موقعها إلى النصف الشرقي للمدينة.

وفي الثالث عشر من أغسطس عام 1961م، قررت الجمهورية الألمانية الديمقراطية بتشديد سور حول المدينة لمنع المقيمين في المناطق الخاضعة لها من الانتقال إلى المناطق الألمانية الأخرى، وقد أطلق على ذلك السور تسمية "جدار برلين". ومنذ ذلك الحين، أصبح مستحلباً على المقيمين في برلين الشرقية زيارة أقربائهم أو أصدقائهم القاطنين في ألمانيا الغربية. تعالت في حينها الكثير من الأصوات المناهضة لإنشاء الجدار. وبعد زيارة قام بها الرئيس الأمريكي جون ف. كينيدي لبرلين في عام 1963م، سمحت حكومة ألمانيا الديمقراطية بإدخال برنامج محدود لمنح الإذن بالسفر، وبانت منطقة الانتظار الفسيحة في محطة القطار الرئيسية ب (Friedrichstraße) تعرف باسم "قصر الدموغ (Tränenpalast)"



معلومات عن برلين العاصمة الألمانية

في ليلة التاسع من نوفمبر عام 1989م، تم هدم جدار برلين على نحو غير متوقع بعد عدة أشهر من تسلل مواطني الجمهورية الألمانية الديمقراطية إلى الغرب عبر المجر والاتحاد السوفيتي. احتفلت برلين وباقي المدن الألمانية بهذا الحدث، ومنذ تلك اللحظة أصبح بإمكان مواطني ما كانت تعرف بالجمهورية الألمانية الديمقراطية السفر من جديد .



عقب التوحيد الرسمي لألمانيا في الثالث من أكتوبر 1990م، اختيرت برلين لتكون عاصمة جمهورية ألمانيا الاتحادية. ومنذ سنة 1999م، أصبحت برلين من جديد مقراً للحكومة الفيدرالية ومركز السياسة الألمانية. وقد قام البرلمان، اعتباراً من التاسع عشر من أبريل 1999، بعقد اجتماعاته في مبنى الرايخستاغ (Reichstag) القديم والذي قام بتصميمه المهندس نورمان فوستر، وأصبحت القبة الزجاجية التي ابتكرها إحدى أهم معالم الجذب السياحي للمدينة. تقع برلين إلى الشرق من ألمانيا في وسط أوروبا على بعد حوالي 70 كم غربي الحدود مع بولندا. حيث تقع على الخط العرضي ال

52 درجة والخط الطولي ال 13 درجة، بين سهول بارنيم وتيلتوف. نهر السبري (بالألمانية Spree): يخترق وسط المدينة التاريخي، وفي غرب برلين يصب في نهر الهافل، الذي بدوره يُشكل بحيرة تيغيل وبحيرة الفان الكبيرة. ولاية براندنبورغ تحيط ببرلين من كل الجهات. أعلى مرتفعات المدينة تصل إلى 115 متر فوق سطح البحر. تتكون برلين من 12 منطقة ويوجد فيها 95 رمز بريدي.

تتميز برلين بعدد كبير من المنشآت الثقافية، والتي يتمتع العديد منها بشهرة واسعة في أرجاء العالم. إن الحيوية والتنوع الذين تتمتع بهما هذه الحاضرة قاد إلى مكانة دائمة التطور والتميز بين المدن بين المدن الرئيسية الأخرى. المشهد الفني في المدينة متنوع كثيراً، فبرلين موطن لأكثر من 420 صالة عرض؛ وهذا جعل الكثيرين من الألمانيين الشباب والفنانين العالميين يختارون برلين مكاناً ليستقروا فيه بعلى نحو دائم. فقد برزت برلين في أوروبا كمركز للشباب والثقافات الراقية. ومن العلامات البارزة لهذا الدور الدائم التطور هو الإعلان الذي تم في العام 2003م، وفيه أن مؤتمر البوبكوم Popkomm السنوي، المؤتمر الأكبر في مجال صناعة الموسيقى، سوف ينتقل إلى برلين بعد بقاءه 15 عاماً في كولونيا. وبعد هذا بفترة قصيرة قرر كل من المجموعة العالمية للموسيقى Universal Music Group وإم تي في MTV نقل مراكزهم الرئيسية

والاستوديو الرئيسي إلى ضفاف نهر السبري. Spree في العام 2005م، حازت مدينة برلين على جائزة "مدينة التصميم" من قبل اليونسكو



برلين المدينة الثقافية تحدث عن وجهها الآخر وهو الترفيه. حيث يمكن استكشاف برلين باستخدام الدرجات الهوائية المتوفرة في أنحائها والتجول بها في الأسواق والحانات والطرقات. توفر المدينة الدرجات المدنية والدرجات الرياضية والقوارب المائية من الساعة العاشرة صباحاً إلى العاشرة مساءً. وإذا كنت من هواة السير على الأقدام سنتجح برلين لك الفرصة للتعرف على تاريخ المدينة وهناك جولات السيارات للتعرف على شوارع المدينة وللتعرف على السياح الآخرين. ولكن جولات السير تتيح لك الفرصة للتعرف على

الكثير من المعالم التاريخية التي تجتمع في مناطق صغيرة. ومن يرغب بالجولات الخاصة يوجد الكثير من الاختيارات التي يمكن طلبها قبل الوصول إلى برلين من الفنادق ومكاتب السياحة.

وتستطيع أيضاً أن تحلق في سماء برلين بارتفاع 150 متر عن سطح الأرض لرؤية المدينة بأكملها والتقاط الصور من البالونات الهوائية. بالإضافة إلى سوق فلي "flea market" الواقع على ضفاف نهر سبري "spree" الذي يعرض أفضل المنتجات وأرخص الأسعار في نهاية كل أسبوع من الساعة الخامسة إلى العاشرة ويمكن المساومة بالأسعار للحصول على أرخص الصفقات



رسم المؤتمر لا تشمل الإقامة

يرجى من الراغبين بالاشتراك التقدم باستمارات التسجيل وتسديد رسوم التسجيل باليورو حسب القائمة التالية.

Registratation Form and date	Member	No Member
Early Registration Until 30.June 2013	150,00	200,00
Late Registration 1 July- 20 Sept. 2013	180,00	230,00
Registration at 4-6 Oct 2013	200,00	250,00

- يغطي رسم التسجيل المشاركة في المحاضرات وورشات العمل و حفل الافتتاح والختام والحصول على وثائق المؤتمر والجلسات العلمية والعشاء لمرتئين مع البرنامج الصباحي في برلين يوم الأحد. أما المرافقين و الراغبين في المشاركة في العشاء الأول والثاني عليهم دفع 80 يورو لكل شخص؛ وللحفلة الختامية فقط دون الحصول على شهادة المؤتمر 80 يورو الرجاء إحضار قسيمة تحويل البنك للمقارنة مع جداول البنك للمؤتمر تقبل التحويلات التي وصلت بتاريخ 20 ايلول 2013 فقط لاتقبل التحويلات بعد هذا التاريخ. بعد وصول تحويلة رسم البنك يؤكد التسجيل ويوضع الاسم مع القائمة الرسمية
- المقصدون بتاريخ التسجيل هو تاريخ دفع الرسوم ليست التسجيل فقط دون دفع الرسوم
 - طلاب الطب في اوربا (بحسب بطاقات الجامعة) مدعوون لحضور المحاضرات النظرية دون الوثائق وفي حال الرغبة للإشتراك في الوجبات وباقي النشاطات 100 Euro
 - أعضاء اتحاد العرب في اوربا الدافعين لرسوم الاتحاد(150€) لعام 2013 لهم تخفيضات واضحة في الجدول السابق والمتوافقة مع التواريخ
 - الزملاء القادمين عن طريق الاتحاد من فلسطين وسوريا يعفون من 50% من رسم المؤتمر لا تشمل الإقامة الرجاء من كل الزملاء الذين يودون ان يستضيفوا أحدا ان يضعوا بعين الاعتبار كل التكاليف من (الرسوم وتكاليف الإقامة) لكي لا نخرج أحدا
 - نعتذر عن عدم قبول التسديد ببطاقات البنوك (فيزا كارت او غيره) لعدم توفر التقنيات اللازمة أثناء انعقاد المؤتمر

الغاء التسجيل للمؤتمر

قبل 15 / سبتمبر/ 2013 سيخصم(25%)	Befor 15 Sept.2013 will be deducted 25%
بعد 15 سبتمبر2013 سيخصم(100%)	After 15 Sept.2013 will be deducted 100%

إن قبول المحاضرة أو البوسر في البرنامج العلمي لا يعني التزام الجهة المنظمة بتغطية تكاليف المحاضر (السفر والإقامة) من أية دولة كانت

عنوان البنك للحالات المصرفية Bank Transfer for ARABMED in Europe (Germany)

بنك اتحاد أطباء العرب في اوربا المسجلة في إيرلنغن الألمانية

Union Arabischer Mediziner in Europa Germany(ARABMED)

Sparkasse Erlangen, Konto- Nr.: 60025142, Bankleitzahl 76350000

BIC-/SWIFT-Code: BYLADEM1ERH

IBAN-Nummer: DE22 76350000060025142

الأعضاء الجدد سيعفون من الرسم السنوي للاتحاد لعام 2013 في حالة الإشتراك في المؤتمر وفي حالة تقديم استمارة تسجيل العضوية للاتحاد، للراغبين بالإنتساب الى اتحاد أطباء العرب في أوروبا والإستفادة من الرسوم المخفضة للمؤتمر يمكنهم تحويل رسم المؤتمر فقط الى رقم حساب الاتحاد في المانيا

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 يجيز 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 محتوى محاضرتة

- نأمل من المشتركين حضور الجلسات العلمية بأعداد كبيرة والمساهمة الفعالة في المناقشات مع ذكر الأسم وبلد الإقامة في حالي 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



الهيئات المنظمة

- إتحاد أطباء العرب في أوروبا وفروعها
- الهيئة الألمانية للتبادل الأكاديمي برنامج الـداد
- جامعة إيرلنغن الألمانية والأندلس وجامعة كاردينا بالقاريا في نالجيك

رئيس اتحاد أطباء العرب في أوروبا

الدكتور فيضي عمر محمود (ألمانيا - جامعة إيرلنغن مركز جراحة القلب) Email: faidi.mahmoud@gmail.com
رئيس المؤتمر : الدكتور هشام دهشان (ألمانيا): dr.dahshan@dahshan.de

موضوع المؤتمر

التأهيل الصحي والجراحة التصحيحية والمشاكل الصحية ذات المدى البعيد ومعالجة الألم بعد الكوارث
لجان المؤتمر

- اللجنة العلمية للمؤتمر

الدكتور فيضي عمر محمود (ألمانيا)؛الدكتور تمام كيلاني (النمسا) الدكتور سمير قواسمة (الأردن) الدكتور نديم سراج (ألمانيا) الدكتور هشام دهشان (ألمانيا) , الدكتور سيد ترامسي (ألمانيا) , الدكتور أسامة البابيبي (الإمارات), الدكتور خليل إيبي (إيرلندا) الدكتور محمّد هيثم صواف (فرنسا), الدكتور مصطفى عبد الرحمن (فرنسا), الدكتور فيصل الحافي (ألمانيا)

- اللجنة التنظيمية للمؤتمر

الدكتور تمام كيلاني (النمسا)
الدكتور غسان أغا(إيرلندا)
الدكتور سيد ترامسي (ألمانيا)
كتور مارتين غراور ألمانيا
الدكتور سمير قواسمي الأردن

- البرنامج السياحي للمؤتمر

ان زملاننا في برلين في اللجنة التنظيمية هم أخبر الناس لهذه المدينة ذلك خصصنا وقتا كافيا للمرافقين وللمشاركين في يوم الأحد للإطلاع على أهم المعالم السياحية فيه ومنها المتحف والبرلمان من الخارج فقط مع رحلة في المدينة بالباص لمدة ساعتين مع استقبال في السفارة السعودية بفضل البقاء في برلين نهار الأحد لكي لا تفوت عليكم البرنامج الإجتماعي
توقيت المؤتمر 4-6 أكتوبر 2013
وثائق المؤتمر

سيزود المشتركون على وثائق المؤتمر: البرنامج العلمي والبطاقة الأسمية بالإضافة الى قسائم الطعام وشهادات الحضور يرجى من المشتركين وضع البطاقة الأسمية في جميع المناسبات والجلسات

(A) مكان المؤتمر في برلين Conference Venne

Otto Bock Science Center, Ebertstraße 15a, 10117 Berlin

Berlin Marriott Hotel Inge-Beisheim-Platz 1 Berlin

تعقد المؤتمر في مكان يطل على ساحة بوتسدام (Potsdamer Platz) وهي ساحة ونقطة تقاطع مهمة تقع في وسط برلين. تقع على بعد كيلومتر واحد عن بوابة براندنبورغ ومبنى الرايخستاغ (مبنى البرلمان الألماني). سميت الساحة بهذا الاسم نسبة لمدينة بوتسدام التي تبعد عن الساحة بحوالي 25 كيلومتر في جنوب الغرب. والساحة تمثل النقطة التي كان يمر من خلالها الطريق القديم عبر جدار برلين في بوابة بوتسدام. خربت الساحة أثناء الحرب العالمية الثانية، وتركت مهجورة أثناء الحرب الباردة حينما شطر جدار برلين الساحة نصفين، ولكن مع سقوط الجدار نهضت المنطقة وأصبحت القلب النابض للمدينة.

الدول المشاركة

ألمانيا، فرنسا، النمسا، العراق، إيرلندا، بولندا، سوريا، إيطاليا الأردن، فلسطين والإمارات المتحدة السعودية مصر تونس الولايات المتحدة الأمريكية تركيا الإتحاد السوفيتي، البحرين

مكان الإقامة

الحجوزات الفندقية إجراء شخصي لا علاقة للهيئة المنظمة به الأسعار المذكورة هي الأسعار الحالية قد تتغير حسب توقيت الحجز يرجى للمهتمين الإتصال بالشركة المنظمة للحجوزات والمذكورة في الأسفل

الشركة المنظمة في برلين

Media AGENT Conact Dipl. Kfm Houssam Maarouf General Manager Media AGENT,
Hahhesches Ufer 28 ,10963 Berlin E Mail maarouf@mediaagent.net



الزميلات والزملاء الكرام

تحية طيبة وبعد

باسم اتحاد الأطباء العرب في أوروبا والهيئة الألمانية للتبادل الأكاديمي وشبكة الأطباء العرب المتخرجين من ألمانيا ندعوكم الى العاصمة الألمانية في برلين للمشاركة في فعاليات المؤتمر الـ 29 لإتحاد الأطباء العرب في أوروبا والمؤتمر الطبي الدولي السابع للجامعات الأوروبية والعربية في الفترة ما بين 4-5 اكتوبر 2013 ، في مركز الأوتو بوك للعلوم بالقرب من فندق ماريوت في ميدان بوتسدام في برلين،

ويفرنا ان ينعقد هذا المؤتمر للمرة الثانية في برلين، لتوفر المعايير المعتمدة للاختيار من تراث عمراني ورصيد ثقافي وعلمي وفني ودور اقتصادي وفي مكان يطل على ساحة بوتسدام (Potsdamer Platz) في وسط برلين، تقع على بعد كيلومتر واحد عن بوابة براندنبورغ ومبنى الرايخستاغ (مبنى البرلمان الألماني). والساحة تمثل النقطة التي كان يمر من خلالها الطريق القديم عبر جدار برلين في بوابة بوتسدام. خربت الساحة أثناء الحرب العالمية الثانية، وتركت مهجورة أثناء الحرب الباردة حينما شطر جدار برلين الساحة نصفين، ولكن مع سقوط الجدار نهضت المنطقة وأصبحت القلب النابض للمدينة. سيشكل هذا المؤتمر مناسبة طيبة لجميع المشاركين للتعرف على الزملاء من الدول العربية والعاملين في أوروبا وأمريكا من خلال استقطاب وإشراك أكثر النخب من العلماء، كما أنها فرصة مواتية للالتقاء بزملاء المهنة الطبية من النخبة المهاجرة في الدول الأوروبية يتم خلالها التعرف على أحدث ما توصلت إليه العلوم الطبية من تقدم

إن وجودكم معنا بنشاط علمي في هذا المحفل ومساهمتمكم ومدخلتكم الفاعلة بجلسات المؤتمر سيكون لها اثرا طيبا في إثراء نشاطنا العلمي وسيمنحه زخما قويا يحقق مانهدهم له من تقدم في مجال العلم والمعرفة هذا المؤتمر هو متعدد التخصصات ، موزعة الى 10 جلسات علمية للمحاضرات وورش العمل وتتركز في إعادة التأهيل الصحي والجراحة التصحيحية بعد الكوارث والمشاكل الصحية الحالية وذات المدى البعيد ومعالجة الألم ونقاش مقومات البحث العلمي وكيفية الاستفادة من العلماء في المهجر في تحسين القطاع الصحي في الدول العربية والطرق التشخيصية الجديدة والأمراض الهضمية والعينية والإستقلابية بالإضافة الى ورشة عمل في الجراحة التظهيرية يشارك المؤتمر خبراء وأخصائيين من 18 دولة من أوروبا والبلدان العربية ودول الخليج ومن جامعة قياردينو بلقاريا من نالتشيك روسيا ومن الشرق الأوسط

وإننا باسم الاتحاد نتوجه بالشكر الجزيل الى المشرفين والمنظمين لهذا المؤتمر في برلين على جهودهم والى عميد السلك الدبلوماسي العربي معالي سفير المملكة العربية السعودية في ألمانيا البروفسور الدكتور أسامة بن عبد المجيد شبكشي على دعمه اللا متناهي للمؤتمر والسادة السفراء وضيوف الشرف والهيئات الرسمية المشاركة للمؤتمر، والى لجان المؤتمر وإخواننا في الهيئة الإدارية وممثلي فروع الإتحاد في أوروبا والدول العربية والمحاضرين و الضيوف والمسؤولين في مركز أوتو بوك للعلوم في برلين، كما نودّ أن نخص بالشكر السيد حسام معروف رئيس شركة ميديا أجننت على تنظيم هذا المؤتمر والى جميع المشاركين والى كل الذين قدموا وسيقدمون المساعدة والدعم المعنوي والمادي في إنجاح هذه التظاهرة العلمية

فإننا نأمل حضوركم وفقا للبرنامج العلمي. و سوف نكون مسرورين عندما نراكم ونحييكم في برلين ،فإلى اللقاء معكم ، في جو علمي أخوي مفيد ومثمر. وتفضلوا بقبول فائق الاحترام والتقدير أهلا وسهلا بكم في برلين قلب ألمانيا النابض

الدكتور فيضي عمر محمود

الدكتور. هشام الدهشان

المؤتمر يمنح المشاركين في يومي الجمعة والسبت 15 نقطة تعليمية من نقابة أطباء برلين في ألمانيا



إتحاد الأطباء العرب في أوروبا منظمة داعية للسلام





ARABMED in EUROPE
إتحاد أطباء العرب في أوروبا
عضو في هيئة الأمم المتحدة
Un Member (NGO since 1996)



29th Annual Meeting of ARABMED in Europe
7th Joint International Medical Conference
for European and Arabian Universities
DAAD Summer School Medical Program (PAGEL)



Scientific Program & Abstracts
البرنامج العلمي والملخصات

المؤتمر الطبي السنوي التاسع والعشرون لاتحاد أطباء العرب في أوروبا
المؤتمر الطبي الدولي السابع للجامعات العربية والأوروبية

برلين - ألمانيا

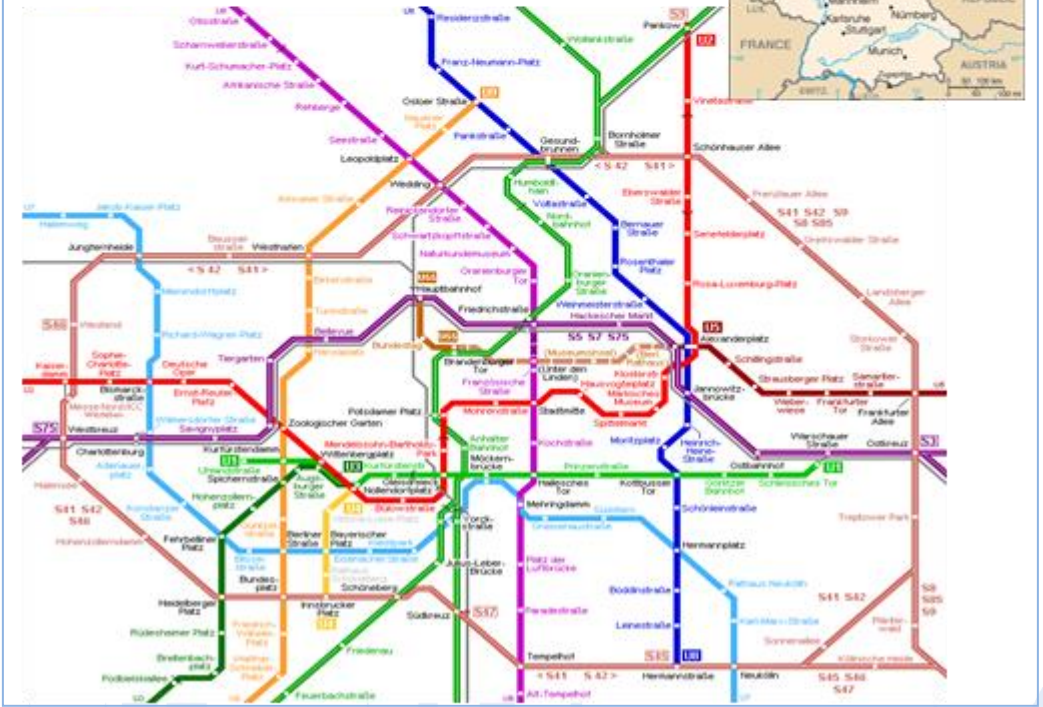
3 - 6 October 2013
Berlin- Germany



Conference Venue مكان المؤتمر في برلين

Otto Bock Science Center, Ebertstraße 15a, 10117 Berlin

Berlin Marriott Hotel Inge-Beisheim-Platz 1 Berlin (A)



29th Annual Meeting of ARABMED In Europe in Berlin 3- 7 Oct. 2013
7th Joint International Medical Conferences for European and Arabian Universities
DAAD Summer School Medical Program (PAGEL)





Arab Medical Union in Europe
ARAMED in Europe
Un Member (NGO since 1996)



29th Annual Meeting of ARAMED in Europe
7th Joint International Medical Conference
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Scientific Program & Abstracts
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المؤتمر السنوي التاسع والعشرون لاتحاد أطباء العرب في أوروبا
المؤتمر الطبي الدولي السابع للجامعات العربية والأوروبية

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