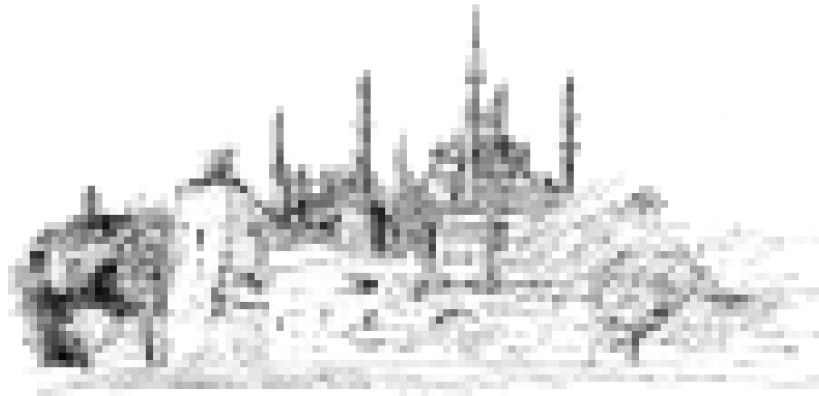




ARABMED
UN Member (NGO)



in cooperation with
**World Health
Organisation**
Regional Office for the
Eastern Mediterranean



Programme and Abstracts
21st Annual Meeting of ARABMED in Europe

President of the Meeting: Dr Faidi O. Mahmoud
Training, Planning and Development Chair: Dr Amer Hosin
President of Arab Medical Union in Europe: Dr Hassan Naggar
Vice President of the Meeting: Dr A. Elamir

6 – 12 August 2004
Istanbul – Turkey
Grand Cevahir Hotel Istanbul

Welcome

Dear colleagues, delegates and guests of honour,

on behalf of the scientific committee, I welcome all our delegates who are attending the 21st Annual Conference of the Arab Medical Union in Europe in Istanbul. It is a great pleasure for us to have invited you to attend and contribute to our scientific symposiums this year. We all at ARABMED are honoured to see this year's conference being conducted under the patronage of Prof. Dr. Hussein Al Gezairy, Regional Director of the World Health Organization for the Eastern Mediterranean.

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.

Delegates representing 10 countries are expected to attend this year conference. They come from the Arab World, Europe and beyond. Keynote speakers and over 44 research papers will be discussed. This year, our programme will focus on geriatrics medicine. However, we are expecting delegates with a wider range of expertise and with all aspects of medical and health sciences.

We will do our utmost to communicate the main recommendations of this conference to you in the forthcoming issue of the ARABMED journal.

I am extremely grateful to all of those who have supported our efforts, assisted us and worked very hard to make this conference possible and successful. For the future of these scientific gatherings and meetings, we hope you continue supporting us. I also want to thank the host country, Turkey, which has always served as a bridge between Orient and Occident thus making it the perfect location of our annual meeting.

In addition, I express my deepest gratitude towards the WHO's Regional Office for the Eastern Mediterranean which enabled us to invite so many colleagues from Iraq. I honestly hope that this step will bring us closer to each other and help to rebuild a new Iraq.

Finally, I would like to use this opportunity to thank you all very much for attending the conference and to wish you an enjoyable stay in Istanbul.

Best wishes,



Dr. F.O. Mahmoud

Chair of Conference and Scientific Committee of ARABMED

Welcome

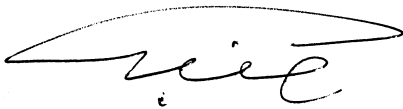
Dear Delegates and Colleagues,

The 21st annual conference of the Arab Medical union is taking place this year in Istanbul, Turkey. Turkey is non Arabic speaking country. You may ask why Turkey? Turkey was chosen as a venue for the conference and endorsed by the Governing Council and Consultative Board of the Arab Medical Union in Europe due to several reasons. Perhaps first of these reasons is the fact that Turkey has strong, solid and historical ties with the Arab World. Indeed, throughout history there was a tremendous amount of cooperation between Turkey and the Arab World. Further, Turkey is also regarded as one of our closest neighbour which shares with us not only a great deal of history and aspirations but regional developmental hope. Regionally Turkey is one of the member states represented at WHO Eastern Mediterranean Office, EMRO. And hence also share with us mutual interests. We very much hope therefore that this particular links and relationship with this unique country would lead us to a stronger cooperation and perhaps consolidate this tie particularly with health and higher education training.

However, Istanbul is a very beautiful cosmopolitan city with unique history and position where both East and West traditions meet. The city is famous for its museums, shopping experience, entertainment centres, warm people and charming archaeological sites and minarets.

I am really grateful to all those who contributed and made this scientific gathering possible. Namely, all ArabMed members, The WHO Eastern Mediterranean Regional Office EMRO, Ajman University of Science and Technology and all our delegates including those who arrived from Iraq. Last and not least I am also grateful to our host (the Tour Company, Samaha) whose effort and dedication in findings the conference host venue was immeasurable.

I wish you all an enjoyable time in Istanbul, many thanks.



Dr Hassan Naggari
President of Arab Medical Union in Europe

Welcome

Dear delegate colleagues

Sincere and warm welcome to you all for attending the 21st annual conference of the ArabMed in Istanbul. It is our utmost pleasure in the ArbMed to see colleagues attending the conference from various parts of the globe and the Arab World. Indeed, overwhelming responses were made to our early announcement and calls for submissions. This year conference however attracted so many papers far more than those delivered in our previous conferences such as Bonn or London. The scientific programme and the training workshops this year are exceptionally rich, stimulating and covered a wide range of topics. We very much hope that your presence, contribution and involvement in the training workshops and/or the actual panels highlighted in the scientific programme will be productive, beneficial and above all else professionally rewarding. We also hope that all the discussed topics would communicate rich knowledge and enhance long-term co-operation between colleagues. Many thanks for attending this year conference, and we would like you to continue supporting us to make these scientific gatherings and /or training programmes possible.

Finally, I hope that your visit to Istanbul would be a memorable and an enjoyable event. Best wishes

Dr Amer Hosin
Training, Planning and Development Committee Chair, ArabMed

Grußwort

Es ist mir eine große Ehre, eine Grußadresse an die Teilnehmerinnen und Teilnehmer des 21. ARABMED-Kongresses in Istanbul richten zu dürfen. Mit dem Kongressort verbindet Erlangen seit kurzem eine von großer Freundschaft getragene Partnerschaft. Am 28. September 2003 unterzeichneten der Bezirk Besiktas und die Stadt Erlangen ein Partnerschaftsabkommen mit dem Ziel, die Beziehungen beider Städte auf kultureller, schulischer, sportlicher, wissenschaftlicher und wirtschaftlicher Ebene zu fördern.

Ich darf die Gelegenheit nutzen, den Kongressteilnehmerinnen und -teilnehmern Erlangen und seinen besonderen Bezug zur Medizin und Medizintechnik kurz vorzustellen. Wenn Sie unsere 100.000-Einwohner-Stadt auf der Weltkarte suchen, werden Sie Erlangen kaum finden, und dennoch möchte ich von einer Metropolstadt sprechen. Denn wir dürfen ohne Übertreibung sagen, Erlangen ist eine internationale Metropole für Medizintechnik. Erlangen zählt heute mit der Friedrich-Alexander-Universität, Siemens Medical Solutions und über 100 mittelständischen Unternehmen zu den wichtigsten Kompetenzzentren für Medizintechnik in Europa. Beinahe jeder vierte Arbeitsplatz ist in den Bereichen medizinische Forschung, Produktion und Dienstleistung angesiedelt.

Exellente Forschungseinrichtungen – ob an der Friedrich-Alexander-Universität oder in der Wirtschaft – und erstklassige medizinische Versorgung in Universitätskliniken und modernen ambulanten und stationären Einrichtungen machen die gesamte Region zu einem der internationalen Top-Standorte für Medizin, Pharma und Gesundheit. Mit dem neuen Innovationszentrum Medizintechnik und Pharma verfügen wir zudem über einen leistungsstarken Inkubator, der jungen Spin-offs den Raum gibt, ihre Ideen erfolgreich zu verwirklichen. Die positiven Unternehmensgeschichten und die zahlreichen hochrangigen Auszeichnungen, die Firmen und Forscher in jüngster Zeit nach Erlangen holten, zeigten, dass das Herz des Medical Valley ein idealer Standort ist, um von hier aus Europa und die Weltmärkte zu erobern.

„Offen aus Tradition“ lautet das Leitmotiv Erlangens. Ich freue mich sehr, dass Erlanger Wissenschaftler über starke internationale Kontakte verfügen. Der internationale wissenschaftliche Austausch ist nicht nur fruchtbringend, sondern geradezu unerlässlich. In diesem Sinne wünsche ich dem ARABMED-Kongress viel Erfolg und würde mich freuen, Sie auch mal in der Medizinstadt Erlangen begrüßen zu dürfen.



Dr. Siegfried Balleis
Oberbürgermeister

Organisatig bodies and Partners

ARABMED in Europe, in cooperation with WHO/EMRO (Egypt)

Committees of Organisation

ARABMED, World Health Organisation's Regional Office for the Eastern Mediterranean

Under the Patronage of

Prof. Dr. Hussein Al Gezairy

Regional Director of the World Health Organization for the Eastern Mediterranean

President of ARABMED, Permanent Office of the Society

Dr. Hassan Naggar, Myliusstr. 2, D-71638 Ludwigsburg, Germany

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President of the Meeting & Scientific Committee Chair

Dr. med. Faidi Omar Mahmoud, Consultant of Cardiac Surgery,

Chair of Scientific Committee, the Arab Medical Union in Europe

Center of Cardiac Surgery, University Hospital of Erlangen-Nuremberg,

Erlangen, Germany

Vice President of the Meeting

Dr. A Elamir (Germany), Consultant in Neurologzm Pszchoth.

Erlangen, Germanz E-mail: a.elamir@t-online.de

Mail Address for Registration and Accommodation

Dr. Mahmoud Sultan, Ritterstr 43 B, D-10969 Berlin, Germany

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Chair Policy Planning & Development (ARABMED)

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Tel.: 0044 207 2265899, Fax: 0044 207 6881556, Amerhosin@aol.com

Supervising Committee

Dr. Hassan Naggar

President of ARABMED

Dr. Faidi O. Mahmoud

President of the Meeting

Dr. Amer Hosin

ARABMED/UK Branch

Dr. A Elamir

Vice President of the Meeting

Dr. Mahmoud Sultan

Organisation of the Meeting

Scientific Committee

Dr. Faidi O. Mahmoud (Germany)

Prof. Dr. Martini (Germany)

Dr. Amer Hosin (UK)

Dr. Abdulrahman Bassatini (France)

Dr. A Elamir (Germany)

Dr Mousa Al-Kurdi (UK)

Dr. N. Y. Haboubi (UK)

Prof. Z. Fahmy (Germany)

Dr. Mahmoud Sultan (Germany)

Dr. Ossama Al-Babbili (UAE)

Organising Committee

Dr. Mahmoud Sultan (Germany) Dr. Mazen Kabbani (Germany)
Dr. Nadim Habubi (UK) Dr. Naif Shynyien (UK)
Dr. Usama Al Sibai (Germany) Toman O. Mahmoud (Germany)
Dipl.-Ing. Mahmoud Zain (Germany) Dr Issam Al-Khhouri (Germany)
Nael Hawi (Germany)

Conference Secretary and IT

Dipl.-Ing. Mahmoud Zain, Fax: +49-71412980865, Dr. Mahmoud Sultan

Conference Hotel

Grand Cevahir Hotel, Darulaceze Cad, Sisli/ Istanbul, Turkey
Tel.: +90 212 314 42 42, Fax: +90 212 314 42 44
www.grandcevahirhotel.com

Guests of Honour

Dr Al Alwan Alaaddin, Minister of Health, Iraq
Dr. Bouthaina Shaaban, Minister of Expatriates in Syria
Dr. Said Abdullah Salman, President of Ajman University of Science & Technology Network
Prof. Dr. Hamdi Alsyed, President of the Egyptian Medical Association
His Excellency Salem Kaoatin, Ambassador of the Arab League in Berlin
Prof Dr A Sheiban, Ministry of Public Health & Population, Yemen
Dr. S. Balleis, Mayor of Erlangen, Germany

Fees

Conference fee: 100 €, Workshop Fee (Ozone Therapy): 100 €

Participating Countries

Germany, France, Great Britain, Jordan, Egypt, UAE, Iraq, Poland, Turkey, Syria, Qatar, Yemen, Palestine, USA

Price for Accommodation (1 Person for six days)

Member (ARABMED)	DR 520 €	SR 750 €
Non Member	DR 600 €	SR 800 €

Bank Transfer

Dresdner Bank Ludwigsburg
Konto-Nr.: 0503738400, BLZ: 60480008
(ARABMED – 21st Annual Meeting in Istanbul)
Deutsche Bank Ludwigsburg, Konto-Nr.: 00111195, BLZ: 60470024
(Workshop Fahmy / Viehbahn)

Official Travel Agency in Istanbul

Samaha Tour, Fevzi cd.Ferah Ap. No: 58/3 34260 Fatih-Istanbul, Turkey
Tel.: 0090 212.531 60 91(pbx), Fax: 0090 212 531 98 52
www.samaha.com, E-mail: samahatourism@samaha.com.tr

Social Program

Monday: River Trip in Phosphorus Canal € 35 per Person
Tuesday: visit to Princess island € 35 per Person
Wednesday: Guided tour at the Museum in Istanbul € 50 per Person

Information for speakers

- Presenters are allowed 10 minutes for each presentation followed by a discussion of 5 minutes. Discussants should introduce themselves by name and institute. All speakers are responsible for the content of their speech
- Language of conference Arabic, English, German and Turkish (However some delegates prefer their presentation in English)
- Slide and Video tapes projection, not possible, An Overhead can be provided on request
- Please bring your presentation on the evening before to the conference Secretary Room. This guarantees a fluent course of session in the morning
By 31 July 2004 all presentations should be sent by e-mail to:
issam.al-khouri@mik.imed.uni-erlangen.de
- Only presentation on CD-ROMs, Floppy Disks or USB sticks can be processed. Please note that the use of your own laptop will not be possible.
- The date and room of your presentation can be found in the conference program which will be available on ARABMED's homepage
(www.arabmed.de or <http://www.herzchirurgie.med.uni-erlangen.de/arab/meetings/meeting.htm>) soon.

Information for the Poster Exhibition

- Poster will be exhibited at Turkuaz Hall
- You will have 3 minutes for the presentation and 2 minutes for discussion of your poster
- Poster-Size: 120x90 cm
- Please clearly put the indicated number of your poster on the upper right of the poster
- Please remove your poster quickly after the session to make place for the next presentations

Participating Universities

Germany

- University of Erlangen- Nuremberg, Heart Surgery
- University of Heidelberg, Hand Surgery
- University of Tübingen, Department of Laboratory

United Kingdom

- London Metropolitan University
- Ajman University of Science & Technology Network

Iraq

- Ministry of Health and High Education in Iraq
- University of Mosul, University of Baghdad, University of Kufa, Babylon University, Al-Mustansriya University, University of Basra, University of Tikrit

USA

- University of Missouri, Columbia

Profile & History of Istanbul

According to legend, the city was founded by Byzas the Megarian in 667 BC. But before forming this settlement, Byzas visited the Oracle of Delphi, requesting advice as to where would be a good location. The Oracle predicted that he would settle his town 'opposite blind men'. Byzas went off to find this area and presently arrived at the vacant point of the Golden Horn peninsula, where Topkapi Palace presently stands. He was soon fascinated by the beauty of the area. Hearing of a civilization living on the opposite Asian side, named Chalcedon (Kadikoy), he felt them to be ill-sighted. How could they have not found and appreciated the wonderfully convenient location just opposite them on the European peninsula? So, the Oracle's prediction was confirmed, and he so he built his town on the peninsula.

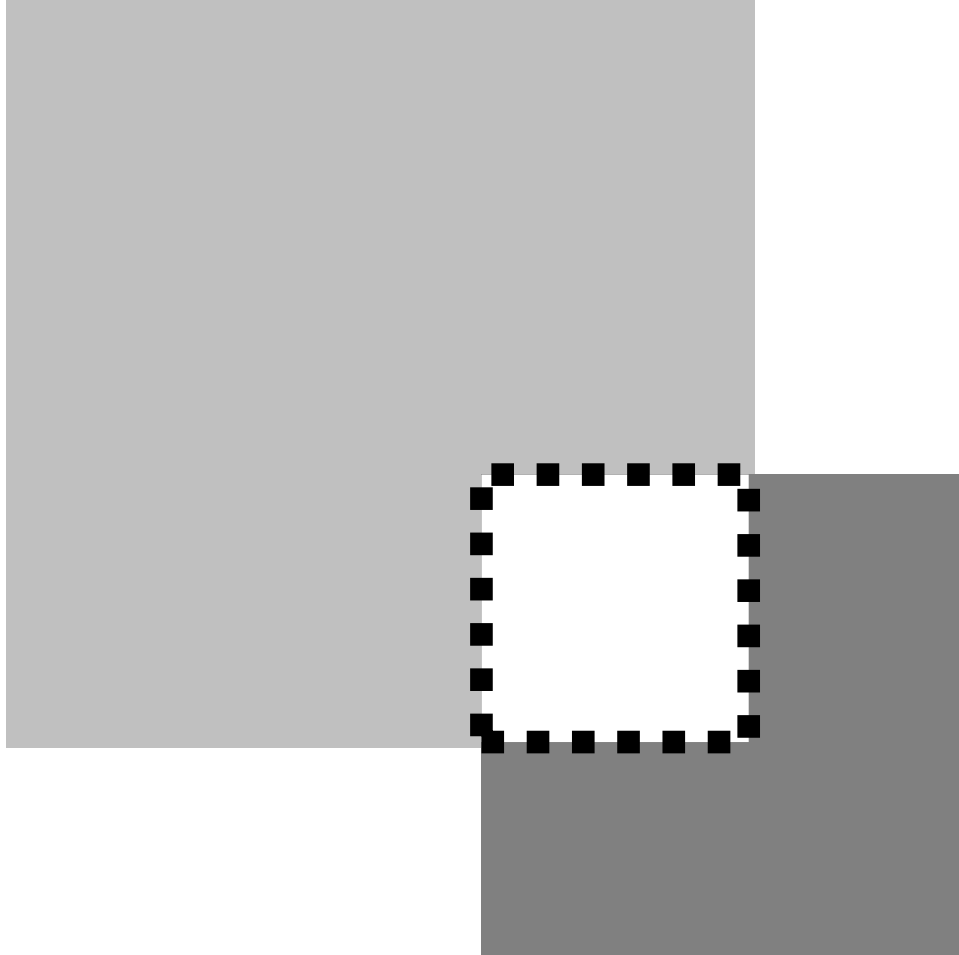
In 512 BC, the city was conquered by the Persian Emperor Darius, until 479 BC, when it was captured by the Spartan king Pausinias. Later, it passed into the hands of Athenian rule. It wasn't long before the city came under siege again, this time by Philip of Macedon in 340 BC, but the strong fight put up by the Byzantines allowed them to defeat the Macedonians. However, not long after, the son of Philip, Alexander the Great, went on to capture the city in 334 BC. Following his death, the city came under the power of the Romans.

In the year 179 BC, the city was captured by the Rhodian, Pergamonian and Bithinian forces, followed by a brief takeover by Mithritades, the king of Pontus, before returning again to Roman domination. It was the Roman Emperor Septimius Severus who first built the city walls. In 324 AD, Constantine rose to power and during his reign the city was enhanced and new city walls were added, further beautified and enlarged by his successor, Theodosius the Great.

The year 395 saw the Roman Empire split in two - to western and eastern Rome, although the Western Roman Empire quickly declined within a hundred years. The powerful Eastern Roman Empire, or Byzantine Empire, choose Istanbul as its capital. However, it came under Arab and Bulgarian rule for a short time, although the city always remained the capital of the Byzantine Empire during these periods. It also suffered from the crusades.

Finally, in 1453, the Ottomans lead by Mehmet II conquered the city and made it their capital, from 1453 until 1922. When the Turkish Republic was established in 1923 by Ataturk, Ankara became the capital. Nevertheless, Istanbul remains the commercial and tourist center of the country today. Today, it gives home to around eleven million of people.

Source: <http://www.istanbultravelguide.net/history.htm>



Scientific Programme

البرنامج العلمي

Timetable

البرنامج الزمني للمؤتمر الطبي السنوي الواحد والعشرون

Friday, 6 August 2004 الجمعة

16.00-19.00	Registration للتسجيل للمؤتمر
20.30	Dinner طعام العشاء
	Board Meeting اجتماع الهيئة التنظيمية

Saturday, 7 August 2004 السبت

09.15-11.00	Opening Ceremony افتتاح المؤتمر	Cevahir Auditorium
11.00-11.30	Break استراحة	
11.30-13.30	Geriatric Session I جلسة أمراض الشيخوخة ١	Safir Hall
11.30-13.30	Posters Evolution ١ جلسة البوستر ١	Turkuaz Hall
13.30-14.30	Lunch Break استراحة الغذاء	
14.30-16.30	Geriatric Session II جلسة أمراض الشيخوخة 2	Safir Hall
14.30-16.30	Posters Evolution II ٢ جلسة البوستر ٢	Turkuaz Hall
16.30-17.00	Break استراحة	
17.00-19.30	Surgery and Orthopedics جلسة الجراحة والعظمية	Safir Hall
17.00-19.30	Workshops Heart and Vessel ورشة عمل القلب والدوران	Turkuaz Hall
20.30	Dinner طعام العشاء	
	Board Meeting اجتماع الهيئة التنظيمية	

Sunday, 8 August 2004 الأحد

08.30-11.00	Geriatric Session III جلسة العصبية والنفسية	Safir Hall
08.30-11.00	Gynecology جلسة النسائية	Turkuaz Hall
11.00-11.30	Break استراحة	
11.30-13.30	The Arab Academy of Medical Science المناهج التطويرية والعلاقات الأكاديمية للاتحاد	Cevahir Auditorium or Safir Hall
13.30-14.30	Lunch Break استراحة الغذاء	
14.30-16.30	Internal Medicine جلسة الداخلية	Safir Hall
14.30-16.30	Posters Evolution III ٣ جلسة البوستر ٣	Turkuaz Hall
16.30-17.00	Break استراحة	
17.00-19.30	Free Topics مواضيع حرة	Safir Hall
17.00-19.30	Workshops (Gynecology) ورشة عمل النسائية	Turkuaz Hall
20.30	Dinner طعام العشاء	
	Board Meeting اجتماع الهيئة التنظيمية	

Monday, 9 August 2004 الاثنين

08.00-19.30	Workshops ورشات عمل مختلفة	Turkuaz Hall
20.30	Dinner and Conference Resolutions and Closing Speech الجلسة الختامية	Safir Hall

Tuesday, 10 August 2004 الثلاثاء

08.00-17.00	Workshop Ozone in Practice ورشة عمل عن تطبيق الأوزون	Turkuaz Hall
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افتتاح المؤتمر Opening Ceremony

09.15-11.00 Cevahir Auditorium

كلمات الترحيب

- كلمة رئيس المؤتمر الأستاذ الدكتور فيضي عمر محمود
- كلمة الاتحاد الدكتور حسان نجار رئيس اتحاد أطباء العرب في أوروبا
- كلمة راعي المؤتمر الأستاذ الدكتور حسين عبد الرزاق الجزائري المدير الإقليمي لمنظمة الصحة العالمية في الشرق الأوسط

ضيوف المؤتمر

- كلمة وزير الصحة العراقي الدكتور علاء الدين العلوان
- كلمة الدكتورة بثينة شعبان وزيرة المغتربين في الجمهورية العربية السورية
- الأستاذ الدكتور سعيد عبد الله سلمان رئيس شبكة جامعة عجمان للعلوم والتكنولوجيا (الإمارات العربية المتحدة)
- السيد السفير سالم قواطين كلمة ممثل الجامعة العربية
- الأستاذ الدكتور حمدي السيد كلمة نقيب أطباء مصر
- كلمة الممثل التركي
- الأستاذ الدكتور شيبان كلمة وزارة الصحة اليمنية
- الدكتور بالاييز محافظ مدينة إيرلنغن

Welcome Greetings and Speech

- Dr. Faidi Omar Mahmoud, President of Conference, Germany
- Dr. Hassan Naggar, President of ARABMED, Germany
- Prof. Dr. Hussein Al Gezairy, Patron of Conference and Regional Director of the WHO for the Eastern Mediterranean, Egypt
- Dr Al Alwan Alaaddin, Minister of Health, Iraq
- Dr. Bouthaina Shaaban, Minister of Expatriates in Syria
- Dr. Said Abdullah Salman, President of Ajman University of Science & Technology Network (UAE)
- His Excellency Salem Kaoatin, Ambassador of the Arab League in Berlin
- Prof. Dr. Hamdi Alsyed, President of the Egyptian Medical Association
- Turkey Delegation
- Prof Dr A Sheiban, Ministry of Public Health & Populatation Yemen
- Dr. Siegfried Balleis, Mayor of Erlangen, Twinning City of Istanbul

Geriatrics I الجلسة الأولى لأمراض الشيخوخة

11.30-13.30 Safir Hall

Chair: Dr. Faidi Omar Mahmoud (germany)
Prof. Dr. Farhan Baker (Iraq)

1. The Old Age

الشيخوخة بمفاهيمها المختلفة

Dr Maha Al Attar
Damascus, Syria

2. Positive Aspects of the Health of Old People

صحة المسنين من منظور إيجابي

Prof Dr Muhammad Haytham Al Khayat, WHO, Eastern Mediterranean
Regional Office, Cairo, Egypt

3. Clinical Chemical analysis of modified nucleosides and their diagnostic value in Tumor disease

دراسة سريرية كيميائية في تشخيص الأورام مخبريا

Prof Dr Hartmut Liebich, Müller Hagedorn, S., Klaus, F., Dietrerle, F.
University of Tübingen , Germany

4. The Lung and gut

الرئة والجهاز الهضمي

Prof Dr Farhan Baker
Baghdad Al Mansour City Iraq

5. Cardiac Operations in Patients Aged 70 Years and Over: Mortality, Length of Stay and Hospital Charge

نتائج العمليات القلبية للمرضى الذين تجاوزوا ال ٧٠ سنة

Dr. Faidi Omar Mahmoud
Center of Cardiac Surgery, University Hospital of Erlangen, Erlangen
Germany

6. Heart Failure in elderly, Causes, Riskfaktors , Complications Preventions, Treatment

قصور القلب عند المسنين

Dr Salameh Fathi
Stadtklinik Werdohl , Department of Cardiology , Essen, Germany

7. System-Therapy of Age-Related Macular Degeneration

المعالجة المركبة لمرض اللطخة الصفراء في العين بالشيخوخة

Dr. Med N. Sradj , Regensburg, Germany

Geriatrics II الجلسة الثانية لأمراض الشيخوخة

14.30-16.30 Safir Hall

Chair: Prof Dr. Aly A. Mishal (Jordan)
Dr. Mahmoud Sultan (Germany)

8. Some Laboratory Changes During Elderly

بعض التغييرات البايوكيميائية في كبار السن

Dr. Akram J. Ahmad, Dr. S.B. Aziz, Luma S. Al-Nori
College of Medicine, University of Mosul, Iraq

9. Radiology Information Systems (RIS) and Picture Archiving and Communication Systems (PACS) – one major step for the improvement of health care

نظم المعلومات الشعاعية (RIS / PACS) خطوة أساسية في عملية تطوير الرعاية الصحية

Al-Khoury I, Kauer T, Prokosch HU

Chair of Medical Informatics, University of Erlangen-Nuremberg

10. Residential Care of the Elderly

السكن المثالي عند المسنين

Dr Adul Fatah Fansa , UK

11. The efficiency of single drug therapy in comparison of combination therapy in the treatment of active rheumatoid arthritis.

دراسة عن المعالجة الدوائية المفردة او المشتركة في معالجة الرثية

Dr.Mohammed A. Abdul-Hussain

Medical College, Kufa University. Iraq

12. Osteoporosis

ترقق العظام

Prof Dr. Aly A. Mishal

Islamic Hospital, Chief of Medical Staff, Amman Jordan

13. What's the Risk Factors by Pts. with Coronary Heart Disease <40 Y?

مدى عوامل الخطورة للمرضى المصابين بمتلازمة قصور الشرايين الإكليلية الحادة بين الفئات الشابة

Dr Jasem Al Haiali

Ibn Sina Teaching Hospital, MOSUL IRAQ

14. Lipid profile and the effect of some metabolic hormones on diabetic elderlies

الشحوم الدموية وتأثير بعض الإستقلابات الهرمونية عند السكريين المتقدمين في السن

Dr. H.D. El-Yassin, Dr. H. A. Al-Rubayi,. Raia Halabia

University of Baghdad, Baghdad, Iraq

Surgery and Orthopaedics **جلسة الجراحة والعظمية**

17.00-19.30 Safir Hall

Chair: Prof. Dr. med. A. K. Martini (Germany)
Prof. T. A. Hamdan (Iraq)

15. Management of fractures of the thoraco-lumbar vertebra

تدبير كسور العمود الظهري القطني

Dr. Maen Al- Zaim , Aleppo Hospital, Syria

16. The surgery of the osteoarthritis of the fingerjoints

تبدلات مفاصل اليد التنكسية ومعالجتها الجراحية

Prof. Dr. med. A. K. Martini, Hand-und Mikrochirurgie, Orthopädische Universitätsklinik, Heidelberg Germany

17. Does Athletes Foot infection play role in Superficial thrombophlebitis –new finding

هل يلعب التهاب الأنسجة الرخوة في القدم في حدوث التهاب الوريد الخثري

A.Q. Aldouri, R.A.Linforth and M.I.Aldoori

Department of Surgery , Huddersfield Royal Infirmary, UK

18. Limb Salvage Procedures for the Treatment of primary Malignant Bone Tumour

إجراءات إنقاذ الطرف المصاب بالأورام العظمية الخبيثة

Prof. T. A. Hamdan, Orth. Surgery - Dean, Medical College - Basrah , Iraq.

19. Hip Fracture, an Epidemiological Study in Al-Najaf

دراسة وبائية عن كسور الورك في النجف

Dr. Mohammad H. Alobaidi Orth. department, University of Kufa, Iraq

20. Hirschsprung's Disease, 10 Years Experience With Soave and Modified Soave, Endo-Rectal Pull Through Procedure

تضخم القولون الولادي تجربة عشر سنوات في عملية سحب القولون باستعمال طريقتي سويف وبولي

Dr. Abdul Rahman Abdul Aziz Silaiman

Pediatric Surgery Center ,AL - KHANSAA HOSPITAL - MOSUL - IRAQ

21. Laparoscopic Subtotal Cholecystectomy

إستئصال المرارة الجزئي بالمنظار

Prof Dr. Hisham A. Al-Atrakchi, Muzahim K. Al-Khayatt, Samir I. Al-Saffar, Endoscopic Surgery Unit, Mosul Teaching Hospital (Al-Zahrawi), Department of Surgery, University of Mosul, Mosul, Iraq.

22. Flexor Tendon Injuries of The Hand at Zone II ,Early or Delayed Suture?

المعالجة المبكرة أو المتأخرة في أذيات أوتار اليد والأصابع (منطقة ٢)

Dr Mohammed Ali Fathel AL-BAYATTI ,Madhat Abid THEDAN Baghdad,IRAQ

الجلسة الأولى للبوستر Poster Session I

11.30-13.30 Turkuaz Hall

Chair: Prof. Z. Fahmy (Germany), Dr Ahmed Hawi (Germany)

Dr. Nadim. Haboubi (UK)

23. Comparison between three therapeutic regimes in treatment of infected diabetic foot ulcers.

مقارنة لثلاث طرق مختلفة لمعالجة التقرحات الالتهابية في القدم عند السكريين

Dr. Kkabi

24. The Effect of Hibiscus Sabdariffa on Serum Lipid Profile

Jabar y. Al-mayah , Abdarazaq Abdalatif **, Laith M. Abass *

*Dept. of Pharmacology, College of Medicine, Kufa University .

**Dept. of Pharmacology , College of Medicine , Babylon University, Iraq

25. Candesartan improves left ventricular diastolic function and left ventricular hypertrophy in patients with essential hypertension .

كاندسارتان يحسن وظيفة البطين الأيسر الأنبساطي في مرضى ارتفاع التوتر الشرياني

Najah R. Hadi

College of Medicine Kufa , Iraq

26. Effect of upright tilting on Cardiovascular reflexes – using Echocardiographic method For estimating cardiac output

Yesar MH. Al-Shamma , Sameer A. M. Al- Khawaga , Jassim M.R. Al-Abidy

Dept of physiologyL Kufa College of Medicine

Dept of Medicine / Teaching Hospital in Najaf., Iraq

27. Oral nifedipine in the treatment of chronic fissure in ano

المعالجة الفموية بالنيفيديين في معالجة التشققات المزمنة

Dr . Safaa H. Al- Ameedy

28. Lipid profile and lipid peroxidation before and after exercise a possible marker for myocardial infarction in patients with ischaemic heart disease.

شكل الشحوم الدموية وأكسدتها لربما هي علامة مميزة في حدوث الإحتشاء لدى مرضى الداء الإكليلي

Nabil M. A. Hasso* , Hassan A. Al-Rubayi** Hedef D. El-Yassin***

*Ibn-Albitar Cardiac Center, **Department of Physiology , ***Department of Physiological Chemistry, , University of Baghdad, Baghdad, Iraq.

29. Treadmill exercise testing and its effect on some antioxidant serum levels of myocardial ischemia markers in patients with ischemic heart disease.

اختبار الجهد تكشف بعض تغيرات الأوكسدة في الدم عند مرضى الداء الإكليلي

Nabil M. A. Hasso*, Hassan A. Al-Rubayi**, Hedef D. El-Yassin***

*Ibn-Albitar Cardiac Center, **Department of Physiology,

***Department of Physiological Chemistry, University of Baghdad, Baghdad, Iraq

30. Mulitdrug-Resistance of Recent Clinical Nosocomial Pathogens Isolates Against Aminoglycoside

الأمينوغلوكوزيد في معالجة الإلتانات المعنفة في المشافي

Aseel R Aboud

Department of Anatomy, Baghdad University, Baghdad, Iraq

31. Quality of life in Iraqi patients with chronic myelocytic leukemia: Effects of gender and age

نوعية الحياة عند المرضى العراقيين المصابين بابيضاض الدم النقي المزمن: تأثيرات الجنس والعمر

Mohamed T. Al-Karkhi , Marwan S.M. Al-Nimer

Department of Medicine, Al-Mustansiriya University, Baghdad – Iraq.

32. Epidemiological Study of Skin Disease that Associated With Scabies and Sexual Transmitted Diseases in Hilla City, Iraq

دراسة وبائية عن أمراض الجلدية المرافقة للجرب والعلاقات الجنسية

Dr. H.N.M.AL- Sharifi

Department of Surgery, College of Medicine

Kufa University, Iraq.

33. Epidemiological Study of Chlamydial Infection Among a Groupd of Women in Najaf (Governorte, Iraq)

دراسة وبائية عن الإلتانات المسببة بالكلاموديا

Dr. Baqur A. Sultan

Department of Microbiology, College of Medicine, Kufa University, Iraq.

34. Family Planing and Birth Control , a contemporary Islamic and medical vision

تنظيم النسل وتحديده، رؤية شرعية وطبية معاصرة .

Layth Yahya Ibrahim Al-Hussainie , Mosul Medical College and

Oncology and Nuclear Medicine Teaching Hospital , Mosul , Iraq

35. New technology in Quit Smoking By SEWAKING

نظرية السواك لربما يفيدك في توقيف التدخين

Dr Rami Mohammed Sami Diabi , Doha Qatar

36. Malaria in Iraq : current situation

الوضع الحالي لمرض الملاريا في العراق

Dr. Ahmed Akram

College of Medicine, University of Mosul, Mosul – Iraq

37. Silent Myocardial ischemia in diabetic patients in Mosul

نقص التروية الصامت عند مرضى السكري في الموصل

Dr. Jasim Al Hayali

Mosul Medical College & Ibn Sina Teaching Hospital- Mosul _ IRAQ

38. Calculation Anthropometrics Indices in Relation with Plasma, Glucose Level among Diabetic Patients

حساب مؤشرات مقاسات الجسم البشري بالنسبة لمستوى سكر الدم

Haifa I. Tawfeek (1), Hanna I. Sanwey (2) & Ammer Z. Hasan (2)

College of Medicine & Health Technology, Baghdad.

College of Engineering, Baghdad.

39. Treatment of Baghdad Boil with an oral imidazole compound: randomized clinical study.

علاج حبة بغداد في عقاقير مركب أميدازول دراسة سريرية

Hashem R. Tarish

Dep. of Medical microbiology , college of Medicine, Kufa University, Iraq.

40. Carbon Dioxide Laser Treatment of Viral Warts, a New Approach

ليزر ثاني أوكسيد الكربون لعلاج الثآليل الفيروسية أسلوب جديد

Dr. Muhsin A. Aldhalimi

Department of Dermatology , Kufa college of medicine-Iraq, Najaf - Iraq

41. Skin manifestation of HIV/AIDS cases in Baghdad city

الظواهر الجلدية لمرض الإيدز في بغداد

DR. Wadah Hamed Abood

Direction of AIDS Research Center / Iraq

42. Passive immunization with Candida albicans Proteinase as prophylactic tool against the candidiasis

دراسة عن التلقيح المناعي ضد الالتهابات الفطرية (الكانديدا)

A. Ibrahim , Rassool Dabbagh , E. Al – Jumaily

DEPT. OF MICROBIOLOGY , COLLEGE OF MEDICINE , BAGHDAD

UNIVERSITY, Iraq

43. The Anthropometrics and Dietary Intake of Elderly People in Baghdad City

Haifa Tawfeek, Ameen Hikmat, Anawr Mohammed Ali

College Of Medical and Health Technology, Baghdad, Iraq.

جلسة البوستر II Poster Session II

14.30-16.30 Turkuaz Hall

Chair: Dr. A. Elamir (Germany)
Prof. Dr. Martini (Germany)

44. Epidemiological characteristics of stroke

السمات الوبائية للسكتة الدماغية في العراق
Ass Prof. Dr. Abid Ahmad Salman
Community Medicine / College of Medicine / Tikrit

45. Spinal Epidural Lymphoma., Review of 13 Cases

الورم اللمفاوي فوق الجافية الشوكية، استعراض ١٣ حالة
Dr. Estabrak m. Alyouzbaki
College of medicine Mosul –Iraq

46. Development of the Human spinal cord white matter During Different Stages of Human Fetal Life.

دراسة تشريحية مرضية عن تطور النخاع الشوكي وعلاقة اللمعة مع الحياة اليومية
Abdul-Jabar Y. Al-Hubaity , Basem. I. Thanoon.
Dep. of Anatomy, College of Medicine, University of Mosul, Mosul–Iraq.

47. Deliberate Self–Poisoning in the Emergency Unit, Al-Yarmok Teaching Hospital, Baghdad, Iraq.

دراسة حول حوادث التسمم الذاتي في مستشفى اليرموك التعليمي-بغداد-العراق
Mohamed T. Al-Karkhi*, Akram M. Al-Mahdawi, Mohamed M. Al-Ani
Department of Medicine, AL-Mustansriya University, Baghdad, Iraq.

48. Juvenile Delinquency in Babylon A Socio-demographic and Psychiatric study

الجريمة (الجنة) عند الشباب في بابل دراسة نفسية وديموغرافية اجتماعية
Dr. Wisam Ibrahim Al-Admawi
Ibn-Rushd Teaching Hospital, Baghdad, Iraq

49. The Quality of Life in elderly patients with Psoriasis , Vitiligo and Eczema

مستوى حياة المرضى المصابين بالصدف والأكزيما والتبقعات الجلدية
Kathem Kassim Al Rubaiy
Department of Dermatologym University of Basra, Iraq

50. Purification of Colonization Factor Antigen (CFA/I) and preparation its antibody

تنقية عامل الالتصاق الهديي CFA/I وتحضيره ضده
Shayma Jamal Ahmad, Mohammad Ibraheem Al Taai
Uni. Collage of Medicine , Anatomy-Dep., Baghdad, Iraq

51. Total Antioxidants and Serum Uric Acid in Diabetic Patients

قياس المواد المضادة للتأكسد الكلي مع حامض البوليك في المرضى المصابين بداء السكري

Dr. Raad Y. Al-Hamdani

Departments of * Biochemistry and ** Medicine, College of Medicine ,
University of Mosul, Mosul, Iraq

52. Perils and pitiful in lumbar disk surgery

Prof. T. A. Hamdan,

Orth. Surgery - Dean, Medical College - Basrah – Iraq.

53. Profile of patients with headache In Basrah/Iraq

خصائص المرضى المصابين بالصداع في البصرة

Dr. Sadik Sharif

Dep. Medicine, University of Basrah, Basrah, Iraq

54. Discectomy syndrome. (A report on 70 cases)

تناذر عملية الديسك القطني عرض ل ٧٠ حالة

Prof. T. A. Hamdan,

Orth. Surgery, Dean, Medical College, Basrah – Iraq.

55. Mental Disorders of Iraqi Children

الاضطرابات النفسية لدى أطفال العراق الوافدين لمستشفى اليرموك التعليمي

Mohamed T. Al-Karkhi *, Riyadh AL-Azzawi

*Department of Medicine, Al-Mustansriya University, Baghdad, Iraq

56. The Epidemiological and Clinical Pattern of EPI-Targeted Diseases in Iraq During 1991-2001.

النمط الوبائي و السريري للأمراض المستهدفة من قبل برنامج التحصين الموسع في العراق

Al_Abbasi A.M.*, Ibrahim B.M.A **, Al-Hadithy T**

* Prof. Of infectious diseases Dept. of Med., Univ. of Baghdad ** Dept
of community Med., Univ. of Baghdad, Baghdad- Iraq.

57. Determination of Enzyme Activity, DHFR from volunteers

قياس الفعالية الإنزيمية لإنزيم ال DHFR للأشخاص المتطوعين

Shayma Jamal Ahmad

Uni.Collage of Medicine ,Anatomy-Dep., Baghdad, Iraq

58. Centre Metaphyseal Edge Angle: a New Measurement for Determination HIP Subluxation and Dysplasia

دراسة عن تشخيص التشوهات الخلقية وانخلاع مفصل الورك بقياس حواف المفصل

* HISHAM A AL- KATTAN** MAHMOOD A AL- JUMAILY *** GHALIB SHAKLER

Ibn Sina Teaching Hospital MOSUL IRAQ

59. Familial And Recurrent Bell's palsy

شلل العصب الوجهي العائلي المتكرر من نمط (بل)

Dr. Estabrak m. Alyouzbaki

college of medicine mosul –Iraq

60. Thrombophilia guidelines

الخطوط العريضة في تناذر فرط التخثر

Dr. Susan Halimeh, Prof: Trobisch

Institut für Transfusionsmedizin und Labormedizin

Duisburg, Germany

61. Cryptosporidiosis in patients undergoing immunosuppressive therapy.

داء البوغيات الخفية عند المرضى المعالجين بمثبطات المناعة

Prof. Nadham K. Mahdi, Dr. Naeel H. Ali

Department of Microbiology, College of Medicine, University of Basrah, Basrah, Iraq.

Geriatrics III Neuropsychogeriatrics جلسة العصبية

08.30-11.00 Safir Hall

Chair: Dr. A. Elamir, Germany
Dr. Sluiman Jawad UK

62. Depression in Elderly

الاكتئاب الشيخي

Dr Saad Al Khalaf , UK.

63. Alzheimer,s disease among the paramount neuro – psychiatric conditions in elderly :an update

الجديد في مرض ألزهايمر: واحد بين أهم الاضطرابات العصبية النفسية في الشيخوخة

Dr. A. Elamir, Erlangen, Germany, Prof. Dr. S. Sharif, Dept. of Pharmacology. Faculty of Pharmacy, Ajman University, UAE

64. QTc Prolongation In Patients On Antipsychotic Drugs

تغيرات وصلة QT_c لدى المرضى المتعاطين لأدوية الأمراض النفسية

Dr. Haidar Noori, Dr. Makki Muhamedsalih
Medical City Teaching, Dept. of Medicine, Baghdad IRAQ

65. Management of Spasticity and Shoulder Pain After Stroke

تدبير التشنج وألم الكتف عند المريض المصاب بالسكتة الدماغية

Dr. Sluiman Jawad, 1 Merlin Close, Croydon, Surrey, UK

66. Diabetes and Depression The Impact of Fluoxetine on Glycemic Control

العلاقة ما بين السكري والاكتئاب تأثير الفلوكسيتين على مراقبة سكر الدم

Dr. Mahir KH. Jallo, Dr. Nada KH. Amin
Al Waffaa Diabetic Center & IBN Sina Teaching Hospital, Mosul, Iraq

67. Wars and Mental Health in Iraq

الحروب والصحة النفسية في العراق

Dr Monaf Aljadiry , Chair of Psychiatric Department, Medical City Teaching Hospital, Baghdad

68. Mental Health Services in Iraq The future

خدمات الصحة النفسية في عراق المستقبل

Dr. Sabah Fakhurdin , Minstry of Health, Iraq

68 P Encephalopathies with special reference to a case report with mitochondrial encephalopathy diagnosed as MELAS disease.

اعتلال الدماغ مع عرض حالة مرضية مطابقة لمرض ميلاس

* Dr Shath Janabi S.; *H. Mierzewska H, J . Piechota

*Institute of Psychiatry and Neurology,
Department of Genetics, Warsaw University, Warsaw, Poland.

Gynaecology والتوليد النسائية

08.30-11.00 Turkuaz Hall

Chair: Dr. Mousa Al-Kurdi
Dr Nuha Haboubi

69. Diagnostic and Therapeutic Value Of Dilatation & Curettage In Abnormal Uterine Bleeding

تشخيص ومعالجة توسع المهبل ، التجريف في معالجة النزف الرحم الغير إعتيادي
Dr. Azhar Mosa Al-Toraihi
Department of Gyn.& Obst., Kufa University Kufa, Iraq

70. Female Infertility: A Comparative Study between Hystero/salpingography and Laparoscopy in Evaluating Tubal Pathology.

مقارنة التنظير والتصوير في تشخيص و متابعة الحمل الأنبوبي
Dr. Abdul Razak H. Al-Nakash,
Dep. Obstet.& Gyn, Al-Kindy Medical College, Baghdad University, Iraq

71. Management of Menorrhagia is D&C or Hysterectomy necessary, the evidence and the alternative.

ماهي المعالجة المثالية للنزوف النسائية المستمرة في سن اليأس
Dr. Mousa Al-Kurdi
Lead Endoscopist, Lead Colposcopist and Lead Gyn Oncologist.UK

72. Prevalence of Polycystic Ovary Disease in Women Seeking Obstetrical and Gynecological Advice

الحماية من كيسات المبيض عند النساء
Dr. Ghada S. Al-Sakkal, Dr. Thamer K. Yousif*
Azadi General Hospital in Kirkuk, *Department of Community
Medicine. Tikrit University College of Medicine , Iraq

73. Infertility Polycystic Ovary Syndrome

تناذر تعدد الكيسات في النساء والعقم
Dr Nuha Haboubi, Consultant Chemical Pathologist West Wales
General Hospital, Carmarthen, U.K

74. Lipid Profile and Menopausal Status

تأثير الشحوم الدموية في سن اليأس عند النساء
Dr. Fouad Hamad Al-Dahhan* ; Dr. Lamia M. Al-Na'ama ** Dr Ahlam Disher *
*Dept. Gynaecology., **Dept. Biochemistry, Teaching Hospital, Basra, Iraq

75. Immunohistochemical Study of P53 Onco- suppressor gene in correlation to Age , sex and stage of breast cancer patients in Iraq.

دراسة مناعية و كيميائية نسيجية لسرطان الثدي في العراق المتعلق بالعمر ودرجة السرطان
Dr Asad Aljanabi, Medical Collge , Kufa, Iraq

ARABMED

The Strategic Plans: Professional Bodies, Medical Governance,
House of Elites and the Arab Academy of Medical Science

المناهج التطويرية والعلاقات الأكاديمية للاتحاد

11.30-13.30 Safir Hall, Or Cevahir Auditorium

Moderation: Dr. Faidi Omar Mahmoud

76. ARABMED Annual REPORT, The Arab Medical Journal

اتحاد أطباء العرب منظمة طبية علمية وإغاثية

Dr. Hassan Naggar, Germany

President of the Arab Medical Union in Europe

77. Arab Medical Union in Europe & the Cooperation with Ajman University of Science and Technology

العلاقات الأكاديمية بين الاتحاد وشبكة جامعة عجمان

Dr. Faidi Omar Mahmoud Germany

Chair of Scientific Committee, the Arab Medical Union in Europe

78. The role of Arabmed in europa in development and implementation of strategic plan of Arab Academy of Medical Science

دور اتحاد اطباء العرب في أوروبا في الإسهام في الخدمات الفكرية والأكاديمية العربية للعلوم الطبية

Dr. Amer A Hosin

Chair, Policy Planning Development, and ARABMED NGOs Affairs Committee

79. Annual report and presentation of the Innovative Medical Environment Committee of Ajman University

العلاقات القائمة بين اتحاد أطباء العرب في أوروبا وشبكة جامعة عجمان والتعريف عن بيئة الإبداع الطبية

Delegation of Innovative Medical Environment Committee, Ajman University, UAE

80. National framework for introducing and maintaining Evidence Based Practice in The Middle East

المشروع الوطني لتطوير الخدمات الصحية، والتعليم الطبي في الشرق الأوسط حسب الدليل العلمي

Dr. Mousa Al-Kurdi

President, British Arab Medical Association in UK

Internal Medicine جلسة الأمراض الداخلية

14.30-16.30 Safir Hall

Chair: Dr. Edmond Homsey
Dr. Nadim Y. Haboubi

81. PEG Clinic Audit

الخبرة السريرية لمستشفى نيفل هول في التغذية الإصطناعية
Dr Nadim Y Haboubi , Nevill Hall Hospital, Wales , UK

82. Regression of left ventricular hypertrophy by telmisartan in patients with essential hypertension

تراجع ضخامة البطين الأيسر عند مرضى ارتفاع التوتر الشرياني باستعمال تيلمسارتان (دراسة سريرية)
Najah R. Hadi
College of Medicine Kufa, Iraq

83. The Detection and Management of Early Gastric Cancer in Northern Iraq, Twenty Years Experience

اكتشاف و معالجة سرطان المعدة المبكر في شمال العراق . خبرة عشرين عاما
Prof Dr. Hisham A. Al-Atrakchi
Department of Surgery, College of Medicine, Mosul –Iraq

84. Hyperlipidemia in Renal Transplant Recipients

فرط الشحوم في المرضى زارعي الكلية
Raad Y. Al-Hamdani ،*Bassam. K. Alchi ،**Hussain Y. Abdullah**
Departments of * Biochemistry and ** Medicine, College of Medicine ،
University of Mosul, Mosul, Iraq

85. Performance Indicators and Validity of Serum Fructosamine Assay As a Diagnostic Test in a Screening Programme for Diabetes Mellitus

صلاحية تحليل امين الفركتوز لمصل الدم كاختبار تشخيصي في برنامج عملي للكشف عن الداء السكري
Waad-Allah Shareef Mula-Abed* Amjad Hazem Al-Naemi
Department of Biochemistry, College of Medicine, University of Mosul, Mosul, Iraq

86. Selenium in Patients With Dilated Cardiomyopathy, a Possible Etiological Factor

مستوى السيلينيوم في الدم وعلاقته في الآلية المرضية لإعتلال العضلة القلبية التوسعي
Dr. Abdul Raheem H. Dawood Al-Humrani
Head of Department of Medicine, Faculty of Medicine, Basrah
University, Iraq

87. Serum Calcium Level in Type II Diabetes Mellitus

مستوى الكالسيوم في مصل دم مرضى السكري من النوع الثاني
Baybeen K. Al-Selevany
Dept. of Medical Physiology , College of Medicine , University of Mosul
Mosul – Iraq

جلسة البوستر Poster Evolution III

14.30-16.30 Turkuaz Hall

Chair: Dr. Ossama Al-Babbili(UAE)

Dr Munther Aldoori (UK), Dr. Abdulrahman Bassatini (France)

88. Primary colonic non-Hodgkin's lymphoma, Case report and review of literature

دراسة عن الورم اللمفاوي البدني مع عرض حالة سريرية

Dr. Layth Qassid Al-Harbawi

University of Mosul, Iraq

89. Breast Feeding, Circumcision and Urinary Tract Infection in Children

مميزات الرضاعة في وقاية التهاب المجاري البولية عند الأطفال؟

Dr Faris B Al Sawaf

College of Medicine Mousel, Iraq

90. The effect of chloroquine phosphate as a disease-modifying agent in osteoarthritis

تأثير فوسفات الكلوروكوين كعامل محور للمرض في الفصال العظمي

Dr.Haidar M.Jawad, assist.prof in college of medicine-University of

Baghdad , Baghdad, Iraq

91. The effect of different anti-hypertensive drugs on the the pulmonary artery systolic pressure

تأثير المعالجات الدوائية المختلفة في إرتفاع التوتر الرئوي

Dr Mohammed Saeed , Iraq

92. Pulmonary manifestations in active rheumatoid disease.

التغيرات الرئوية في الأمراض النظير الرئوية الفعالة

Dr.Mohammed A. Abdul-Hussain

medicine,Medical College ,Kufa University.Iraq

93. Mydriasis insufficiency in pseudoexfoliation syndrome.

تناذر توسع الحدقة بعد عمليات الساد (التثبيت الكاذب)

Dr.Alya`a A. Kareem

Department of ophthalmology, Medical College, Al-Nahrain

University.Iraq

94. Arthroscopy of knees

تنظير الركبة دراسة عن ١٠٠ حالة

Dr. Maen Al- Zaim

Aleppo Hospital, Syria

95. Preparation of Enzyme Linked Immuno Sorbent Assay (ELISA) kit for the Determination of Rheumatoid Factor (RF-IgM)

تحضير عدة التحليل المناعي الأنزيمي للكشف عن العامل الرثيائي (RF-IgM)
Dr.Falah.H.A.AL-Dafae*, A.M.AL-Hassnawy* , R.I.AL-Baiaty**
Ministry of Science & Technology-Medical kits Department
AL-Mustansirya University- College of Science, Baghdad, Iraq

96. Changes of serum uric acid in anaerobic exercise, a case series study

تغيرات حمض البول في مصل الدم في الإستقلاب اللاهوائي اثناء التمارين
Dr. Faiz Ibraheem Al – Humidy,, Dr. Mohammed Taher Razor
Medical college / Mosul University, Iraq

97. The epidemiological and Clinical Pattern of EPI-Targeted Diseases in Iraq During 1991-2001

Prof. Dr. Al-Abbasi A.M.

98. Using Yogurt as a part of Mixed Part in Preventing Diarrhea Among Children Under 5 Years Age

استعمال اللبن تحمي الأطفال الصغار من الإسهال
Prof. Dr. Haifa I. Tawfeek

99. Iron deficiency anemia as a sole presentation of gluten - sensitive enteropathy

فقر الدم بعوّز الحديد بوصفه العرض الوحيد للاعتلال المعوي الغلوبييني (مرض سيلياك)
Dr. Ali R.Hashim, Dr. Rafid Abed Al-Wahed
Basra Medical College, Department of Medicine, IRAQ

100. Associate infections in Iraqi HIV seropositive individuelles diagnosed By labmethodes

الطرق المخبرية المختلفة لتشخيص مرض الأيدز والالتهابات المرافقة
Dr.Mustafa Akram

101. Skin Manifestations among adults HIV/AIDS attending Ibn Zuhur Hospital / Baghdad During August, September / 2002

المظاهر الجلدية للأيدز في مشفى ابن زهور
Dr. Wsdah Hamed , Dr. Hadeer Naem , Dr.Talal Ismael
Ibn Zuhur Hospital / Baghdad , Iraq

102. Therapeutic Breastfeeding

الرضاعة العلاجية (نظرية في الطب الوراثي للتطبيق)
Dr.Mohammed Jamil Al-Habbal
Mosul-Iraq

103. Estimation of Acetyl Cholinesterase activity in patients with diabetic neuropathy

تقدير فعالية الأسيتيل كولين سترأز في اعتلال العصب السكري

Younis Aswad Alobydi ; Sakena Rasheed and Laylas Farhan Bedoy
Alwaffa Diabetic Centre, Ibn Sinna Hospital , Mousal, Iraq**104. Lines of Treatment of Tuberculous Pleural Effusion. Which one is better?**

الطرق المختلفة لمعالجة انصباب السل الجنبي

Abbas Ali Mansour

Department of Medicine, Basrah College of Medicine . Iraq

105. SEROEPIDEMIOLOGY OF HUMAN HYDATIDOSIS IN KIRKUK AND TIKRIT/ IRAQ.

دراسة مصلية وبائية للإصابة بالأكياس العدرية في مدينتي كركوك وتكريت

MOHAMMED ABDUL-AZIZ KADIR, SUZAN ADIL AL-NAKEEB,

*SUHEILA SHAMS-EI-DEN TAHIR

College of Medicine, Tikrit University, *Directory of Health, Kirkuk,
Tikrit, Iraq.**106. Rhinocerebral Muccormycosis: 22 patients' series with challenging diagnosis and treatment**

المعالجة الدوائية والميكانيكية في الإصابات الفطرية في الأنف

Dr. Abdul muhsen Y Saleem , Abdul Wahab Al-Allaf, Emad Khalil,
Muna MuneerDept. of Otolaryngology, Mosul General Teaching Hospital.
Mosul, Iraq

جلسة المواضيع الحرة Free Topics

17.00-19.30 Safir Hall

Chair: Prof. Z. Fahmy (Germany), Dr. Abdul Kareem Salman (Iraq)
Dr. Akeel Yaseen (Iraq)

107. The effect of the American war against Iraq On The increase of the number of deaths due to High velocity missiles in north of Iraq.

الوفيات في شمال العراق تحت تأثير الصواريخ خارقة السرعة التي استخدمت في الحرب الأمريكي
Dr. Yamman Zain AL-Abeeden, Consultant orthopedic surgeon,
Al_Zahrrawy teaching hospital, Mosul Iraq

108. Carcinoma of the Urinary Bladder, Clinicopathological Study at Mosul

دراسة سريرية عن أورام المثانة في مستشفى الزهراوي في الموصل
Dr. Abdul-Ghafoor Sulaiman Abdul-kareem
Dept. of Urology, Mosul medical college, Mosul university, Iraq

109. Cancer of unknown primary

السرطان غير معروف الموضع الأولي
Dr. Ali Raheem Hashim, Dr. Ahmed Al-Quryni
Basra Medical College, IRAQ

110. Hearing loss in elderly in Mosul City - Iraq

اعتلال السمع عند الكبار في مدينة الموصل
Dr Abdul Muhsen Y Saleem, Dr Ajieb Ali Maho, Dr Muna Mounier
Dept. of Otolaryngology, Mosul General Teaching Hospital., Mosul, Iraq

111. The Intensive therapy for Tue II Diabetes

العلاج المكثف للسكري من النوع الثاني
Dr Aswad Yonis Alwaffa Center for diabetes, Mosul, Iraq

112. The Health Situation in Basra

الوضع الصحي الحالي في البصرة
Dr Muhsin Al-Sabbak; Dr Fouad Hamed Al-Dahhan; Dr Moad Kahdum;
Dr Mazin Al-Hawaz ; Dr Husham Al-Barrak
Basra University ,Basra, Irak

113. Research Laboratories and Laboratory Tests of Arab and Moslem Doctors

المختبرات البحثية والتحليلات المخبرية عند الأطباء العرب والمسلمين
Dr. Mahmood AL-Haj Kasim Mohammed
College of Medicine, University of Mosul, Mosul – Iraq

Saturday, 7 August 2004 السبت

17.00-19.30 جلسة عملية للقلب والدوران

Turkuaz Hall

114. Coronary Revascularization: Trends and Strategies

الاستراتيجية المفضلة في معالجة القصور الإكليلي جراحيا

Dr. Faidi Omar Mahmoud, Center of Cardiac Surgery, University Hospital of Erlangen, Erlangen, Germany

115. Management of Intermittent Claudication

تدبير تضيق او انسداد الشرايين الوركية في الحوض

Dr Munther Aldoori, Huddersfield Hospital, UK

Sunday, 8 August 2004 الأحد

17.00-19.30 جلسة عملية للأمراض النسائية

Turkuaz Hall

Dr. Dr Mousa Al-Kurdi, Dr Nuha Haboubi, Dr. Ossama Al-Babbili

116. Some RCOG Guidelines in Gynaecology (Early pregnancy failure, Endometriosis, Ectopic pregnancy and Infertility)

القواعد والخطوط العريضة لقصور الحمل المبكر والحمل خارج الرحم والعقم

Dr Mousa Al-Kurdi

Lead Endoscopist, Lead Colposcopist and Lead Gyn Oncologist
UK**117. Study of Down's Syndrome Risk During Pregnancy: Using Blood Samples of Pregnant Ladies**

ورشة عمل حول دراسة احتمالات إصابة الجنين بالمنغولية من دم المرأة الحامل

Dr. Ossama Al-Babbili

Dubai Medical Laboratory, Dubai, U.A.E.

Monday, 9 August 2004 الاثنين

08.00-11.00 ورشة عمل الأمراض العصبية

Turkuaz Hall

118. AN UPDATE ON THE MANAGMENT OF PATIENTS WITH ACUTE ISCHEMIC SROKE

الجديد في تدبير مرضى احتشاء الدماغ الحاد

Dr. A. Elamir, Erlangen, Germany

119. Management of Spasticity and Shoulder Pain After Stroke

تدبير التشنج وألم الكتف عند المريض المصاب بالسكتة الدماغية

Dr. Sluiman Jawad, 1 Merlin Close, Croydon, Surrey, UK

Monday, 9 August 2004 الاثنين

11.30-14.00	ورشة عمل النفسية	Turkuaz Hall
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120. Child Psychiatry and Psychosocial Trauma Rehabilitation

ورشة عمل حول تأهيل الأطفال المصابين بالتغيرات النفسية بعد حوادث العنف

Prof. Arshad Husain, Director of International Centre for Psychosocial Trauma, The University of Missouri, Columbia, USA

Dr. Amer Hosin, UK

15.00-17.00	ورشة عمل حول معالجة المصابين والمتأذين بالحروب	Turkuaz Hall
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121. Management of severely injured patients, recent views

معالجة المصابين والمتأذين بالحروب في الجهاز الحركي

Prof. Dr. med. A. K. Martini, Heidelberg, Germany

Dr Ahmed Hawi, Braunschweig, Germany

122. Spine fixation

تثبيت النخاع الشوكي

Dr Samir Kazkaz (Germany)

17.30-19.30	ورشة عمل الربو والأمراض التنفسية	Turkuaz Hall
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123. New Aspects in Treating Asthma, COPD

ورشة عمل حول الجديد في معالجة الربو والقصور التنفسي المزمن

Dr. Salah edin Maktabi, Bamberg, Germany

Dr Faidi Omar Mahmoud Erlangen Germany

Dr. Majied Jawad, Surrey, UK

124. IMMUNOTHERAPY OF BRONCHIAL ASTHMA: A DOUBLE BLIND PLACEBO CONTROLLED CLINICAL TRIAL

دراسة سريرية تطبيقية في معالجة الربو القصبي بمثبطات المناعة

Dr Mohamed Sharef Abdulla

Department of Medicine, Tikrit University, Tikrit, Iraq.

Tuesday, 10 August 2004 الثلاثاء

08.00-17.00	تطبيق الأوزون في الطب	Turkuaz Hall
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125. The Use of Ozone in Medicine, Basic Scientifics Aspects of Medical Ozone, Ozone in Practice

تطبيق الأوزون في الطب، المبادئ الأساسية والتطبيق السريري

Prof. Dr. Z. Fahmy, Dr. Renate Viebahn

Bad Kreuznach, Germany

رسم الإشتراك في ورشة العمل 100€ Workshop Fee

13.00-14.00	استراحة الغذاء Lunch Break	
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Closing Speech

الجلسة الختامية و توصيات المؤتمر

20.30. Safir Hall

CONFERENCE RESOLUTIONS AND CLOSING SPEECH

Dr Hassan Naggar

Dr. Faidi Mahmoud

Dr. Amer Hosin

Dr Mahmoud Sultan

إلى اللقاء في السنة القادمة في اليمن
إنشاء الله

The 22 Annual Meeting of the ARABMED 2005 will take place
in Sana'a in Yemen

مجلة الطبيب العربي في أوروبا منكم واليكم

ساهموا فيها بأرائكم وخبراتكم

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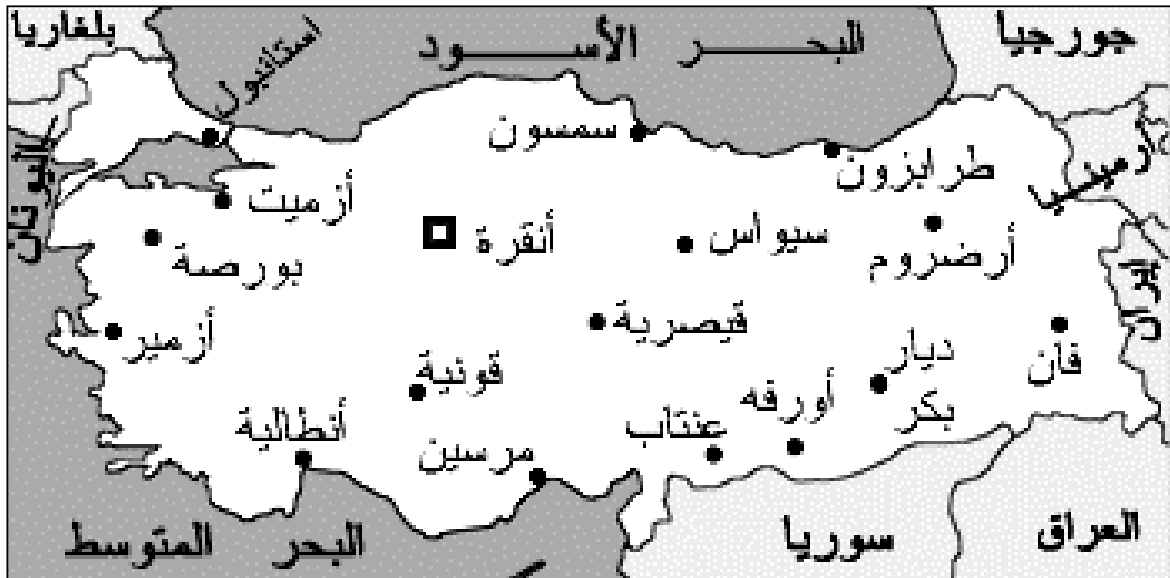
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تاريخ المؤتمرات العلمية السنوية
لاتحاد أطباء العرب في أوروبا

01 st Meeting	26.-28.08.1984	Cologne / Germany
02 nd Meeting	05.-07.09.1985	Stuttgart / Germany
03 rd Meeting	28.-30.08.1986	Wiesbaden / Germany
04 th Meeting	04.-06.09.1987	Frankfurt / Germany
05 th Meeting	09.-11.09.1988	Wiesbaden / Germany
06 th Meeting	07.-09.09.1989	Frankfurt / Germany
07 th Meeting	01.-03.09.1990	Frankfurt / Germany
08 th Meeting	31.08-01.09.1991	Wiesbaden / Germany
09 th Meeting	22.-23.08.1992	Manchester / G.B.
10 th Meeting	27.-29.08.1993	Hamburg / Germany
11 th Meeting	02.-04.09.1994	Paris / France
12 th Meeting	22.-24.09.1995	Berlin / Germany
13 th Meeting	30.08-01.09.1996	Frankfurt / Germany
14 th Meeting	28.-30.08.1997	Rome / Italy
15 th Meeting	28.-30.08.1998	Munich / Germany
16 th Meeting	17.-19.09.1999	Düsseldorf / Germany
17 th Meeting	29.12.2000-05.01.2001	Dubai / UAE
18 th Meeting	07.-09.09.2001	Hanover / Germany
19 th Meeting	27.-29.09.2002	London / G.B.
20 th Meeting	05.-07.09.2003	Bonn / Germany
21 th Meeting	06.-12.08.2004	Istanbul / Turkey
22 th Meeting	00.-00.00.2005	Sana'a / Yemen



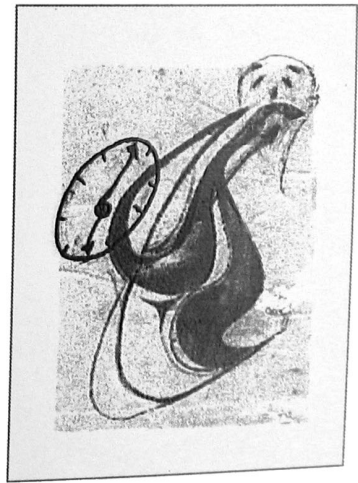
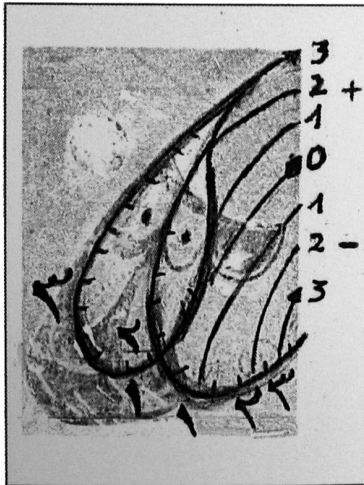
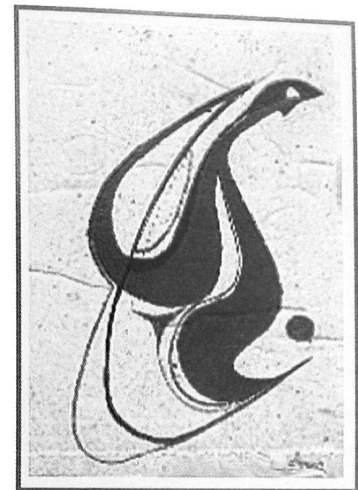
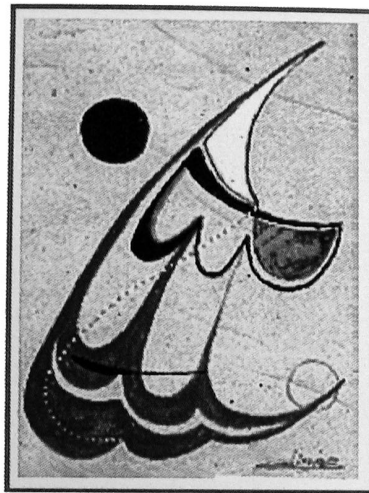
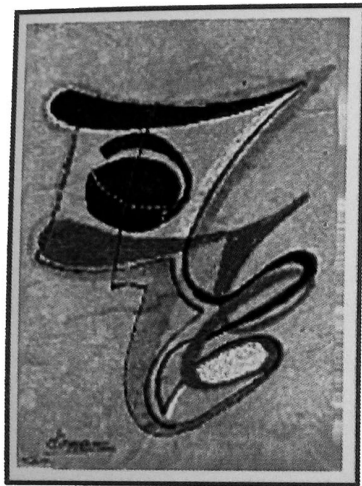
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<http://www.urlaub.de/tuerkei-istanbul-1.0.html> (English front page)

Drawing

http://easyweb.easynet.co.uk/~iany/paintings/paintings_welcome.htm



Surmounting conventional forms

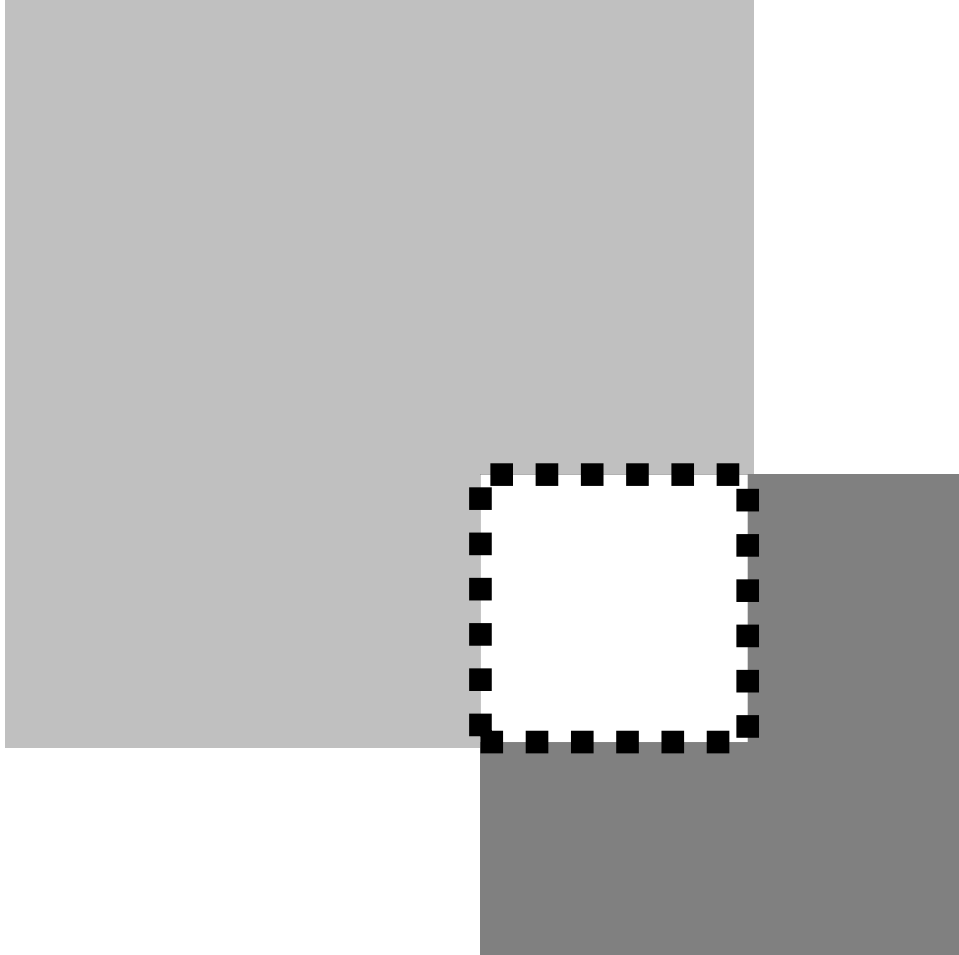
Almost everywhere, we are surrounded by rectangular rooms and exact lines. The strict Euclid geometry narrows down fantasy. The preconditions of our everyday perception are axioms. The aim of operational aesthetics is to reflect these axioms and to surmount them. In this exhibition, we present meta-geometrical transformations of simple forms like a triangle and of well-known buildings, like the cathedral of Regensburg and the citadel of Aleppo which inspire us for new structures in architecture.

For the dimension of time, it is similar: the analysis of different kinds of time (from kinesis = movement to metabole = change), lead us to variations about poly-axial chronometry. By this we find orientation in present time and in future. Six pictures about the elements of the spirit of age imply the political philosophy of the 20th century and historical events. In the focus of this study, we put the relationship between human being, nature and technology.

على هامش المؤتمر تجرى في الصالة عرضا فنيا لبعض الصور المميزة من قبل

الدكتور نديم سراج Dr. Nadim Sradj

للمزيد من المعلومات زوروا الصفحة الإلكترونية الخاصة بهم www.dinnes.net



Abstracts

الملخصات

Geriatrics I الجلسة الأولى لأمراض الشيخوخة

1. The Old age

الشيخوخة بمفاهيمها المختلفة

Dr Maha Al Attar

Damascus, Syria

The Arabic dictionary explained the meaning of oldness: The oldness begins with the fiftieth till the end of life, or from the fifty one till the end of life, or from the fiftieth till the eighty

The Koran said that illness of oldness is: The first one is the weakness of fertility, The second one is the weakness of bones and the third one is doting dot-age (feebleness of mind, esp. as a result of old age). Prophet Mohamed said that he was afraid of the badness of old age.

The Arabian poets of the pre Islamic age, Islamic age and the modern age also described their feelings in their oldness.

2. Positive Aspects of Health of Older People

صحة المسنين من منظور إيجابي

Prof Dr Muhammad Haytham Al Khayat ,WHO, Eastern Mediterranean Regional Office, ,Cairo, Egypt

3. Clinical Chemical analysis of modified nucleosides and their diagnostic value in Tumor disease

دراسة سريرية كيميائية في تشخيص الأورام مخبريا

Prof Dr Hartmut Liebich, Müller Hagedorn, S., Klaus, F.,Dietrerle,F. Medizinische Universitätsklinik, Tübingen , Germany

RNA in particular t-RNA, contains a large number of modified nucleosides, in addition to the normal ribonucleosides adenosine, guanosin, cytidine and uridine . They are formed Posttranscriptionally within the RNA molecule by the action of various modification enzymes, especially methyltransferases and ligasis. During RNA turnover free modified nucleosides are formed which circulate in the blood steam and are excreted in the urine, for example 1-methylguanosine, 2-methylguanosine and pseudouridine. The levels and the patterns of the nucleosides are altered in several malignant diseases.

The analytical procedure includes the isolation of the nucleosides from the urine by phenylboronate gel chromatography and the separation and quantitation bz high performance liquid chromatography. In two clinical studies the diagnostic value of urinary modifiede nucleosides was in vestigated, in a study on women with breast cancer and a study on children with leukaemia and othe malignant disease. As compared to healthy women and age related healthy children, statistically significant elevations of various nucleosides are observed as well as changes in the relative patterns. With diagnostic sensitivity and specificity of more than 80% the patterns have considerably better tumor marker characteristics for breast cancer than the conventional markes CEA and CA 15-3

4. The Lung and gut

الرئة والجهاز الهضمي

Prof Dr Farhan Baker

Baghdad Al Mansour City Iraq

Abnormalities of the gastro- intestinal tract (GI) may affect the lungs adversely. Aspiration pneumonia may occur in Patients with nasogastric or even direct gastric intubation, and in esophageal dysmotility from neurological disease or Scleroderma. Importantly, asthma chronic cough or hoarseness is often associated with gastro esophageal reflux disease (GERD). In such patients treatment with high doses of proton pump inhibitors (PPI) for upwards of Six months often causes a dramatic improvement of the asthma chronic cough. Or the hoarseness. In refractory cases, Surgical approach may achieve good results or complete cure

5. Cardiac Operations in Patients aged 70 years and Over: Mortality, length of stay and Hospital charge

نتائج العمليات القلبية للمرضى الذين تجاوزوا ال ٧٠ سنة

Dr. Faidi Omar Mahmoud

Center of Cardiac Surgery, University Hospital of Erlangen

Erlangen, Germany

Summary: In consequence of longer life expectancy and improved surgical results, patients aged over 70 years now account for 20-35% of patients undergoing surgery on the heart. such patients do, however, make greater demands on peri-operative management, the adaptability of the cardiopulmonary and renal functions to stress is reduced, homeostasis is fragile, and the diseases that commonly accompany old age represent an additional risk. Furthermore, greater demands are also made on the operating skills of the surgeon. Nevertheless, no patient should be considered inoperable merely on account of advanced age. However, the indications for surgery must always be established on an individual basis, and against the background of the expected risk/benefit ratio. The biological rather than the chronological age is always decisive. The main aim of surgical treatment is to achieve an improvement in the patients quality of life.

Modern cardiac surgical techniques and clinical practices have reduced the importance of the age factor.

Keywords: Cardiac surgery in the aged- aims-results-complications-prospects

6. Heart Failure in elderly,Cuases,Risikfaktors , Complications Preventions, Treatment

قصور القلب عند المسنين

Dr Salameh Fathi

Stadtklinik Werdohl , Department of Cardiology , Essen, Germany

No Abstract

7. System-Therapy of Age-Related Macular Degeneration

N. Sradj, Regensburg / Germany

The demographic development leads to an increasing number of old people. Nowadays, 25 millions world-wide are affected by macular degeneration. Even young patients suffering from metabolic diseases, like diabetes mellitus, are also concerned. Pathophysiologically, MD is primarily a cortical neuropathy and secondary a vasculopathy, since 1987, we treat MD and other forms of retinal diseases by our System-Therapy: dry MD is stimulated by Proteines, Coenzymes (as catalysts), Folic acid, and Lymph remedies; humid MD by Cortisone, Rutosides, and radio-therapy. Sensoric functions can be improved by Novocaine subcutaneously, acupuncture, training of the eye-muscles and colour training. By this, visual acuity and the orientation in space can be improved. Statistical results and the procedure of treatment will be demonstrated.

الجلسة الثانية لأمراض الشيخوخة Geriatrics II

8. Some Laboratory Changes During Elderly

بعض التغييرات البايوكيميائية في كبار السن

Dr. Akram J. Ahmad, Dr. S.B. Aziz, Luma S. Al-Nori

College of Medicine, University of Mosul, Mosul – Iraq

Some laboratory changes were studied in 75 elderly, compared to that of 15 apparently healthy individual matched with age. The study indicated that there is a significant correlation between the two groups $P < 0.0001$ including all the biochemical parameters which has been studied and also the haemoglobin concentration, this reflect the tendency tot he changes in these laboratory tests. With the advance in aging careful watch up of these elderly is very necessary as for as some of those biochemical tests are concerned particularly, calcium, phosphorous, alkaline phosphatase were a possible treatment needed.

تمت دراسة ٧٥ حالة من كبار العمر (٥٢-٦٦) سنة المعدل (٣,٣٤+٥٩) سنة وقورنت هذه الدراسة مع ١٥ حالة من كبار العمر من الأصحاء (٥٥-٦١) سنة المعدل (١,٢٥ + ٣٧,٦١) سنة ووجدت الدراسة أن هنالك فروق معنوية بين عدد من الفحوصات المخبرية أقل من ٠,٠٠١ ونظرا لأهمية قسم من هذه الفحوصات فإن من الضروري مقارنة هذه الحالات وخاصة فيما يتعلق بالكالسيوم والفسفور وأنزيم الفوسفات القاعدي (**Alkaline phosphatase**) حيث إن قسم من هذه الحالات تحتاج إلى علاج.

9. Radiological Information Systems (RIS) and Picture Archiving and Communication Systems (PACS) – one major step for the improvement of health care

نظم المعلومات الشعاعية (RIS / PACS) خطوة أساسية في عملية تطوير الرعاية الصحية

Al-Khoury I, Kauer T, Prokosch HU

Chair of Medical Informatics, University of Erlangen-Nuremberg

Radiological centers support the diagnostic process in the periphery by providing physical examinations of particularly complicated cases. For emergency cases such centers partly take over primary diagnostics. These services are often offered by the

radiological departments of university hospitals. There the necessary technical and organizational prerequisites are found in order to be able to offer these services.

Radiological Information Systems (RIS) are widely-used to support the medical - technical and administrative tasks within a radiology department and especially the departmental workflow. They are either individual systems or integrated with a Hospital Information System (HIS).

In imaging departments, as for example a radiological department, image handling and reading is the fundamental issue. The imaging information generated by the various imaging modalities such as X-ray, computed tomography (CT) or magnetic resonance imaging (MRI) systems must be acquired from the modalities, interpreted on screen by the radiologist, digitally archived and finally electronically brought to the clinician. This is the domain of Picture Archiving a Communication Systems (PACS).

RIS and similarly other departmental information systems, e.g. in nuclear medicine, radiotherapy and endoscopy, as well as PACS systems should be procured, implemented and operated as cross-departmental, hospital-wide image management systems.

The introduction of RIS and PACS can improve patient care and research and facilitates administrative tasks by interacting with the overall Hospital Information System. At the same time they improve the process efficiency within and across the radiological department and shorten the patient turnaround time within the imaging department and the hospital as a whole.

نظم المعلومات الشعاعية (RIS / PACS) خطوة أساسية في عملية تطوير الرعاية الصحية

تدعم المراكز الإشعاعية عملية التشخيص أثناء الفحوص الطبية في الحالات المعقدة جدا. وفي الحالات الإسعافية (الطوارئ) تسيطر مثل هذه المراكز جزئيا على عملية التشخيص الأساسي. هذه الخدمات تقدم في أغلب الأحيان من خلال أقسام الإشعاع في المشافي الجامعية، حيث تتوفر هناك الشروط التقنية والتنظيمية (الموارد البشرية والتقنية) الضرورية لكي تكون قادرة على تقديم مثل هذه الخدمات.

تستخدم أنظمة المعلومات الإشعاعية (RIS) بشكل واسع لدعم المهام التقنية والإدارية الطبية ضمن أقسام التصوير الشعاعي وخصوصا ضمن إدارة إيسياوية العمل الإدارية. وتكون مثل هذه الأنظمة إما أنظمة فردية أو متكاملة ضمن نظام المعلومات وإدارة المستشفى (HIS).

ففي أقسام التصوير، مثال: أقسام التصوير الشعاعي، تكون معالجة وقراءة الصور الشعاعية هي القضية الأساسية. حيث لا بد أن تكتسب أولاً بيانات الصور الناتجة عن أجهزة التصوير المختلفة، مثل أجهزة الأشعة السينية X-Ray، أو التصوير المحوري الطبقي (CT) أو التصوير بالرنين المغناطيسي (MRI) من هذه الأجهزة، ثم تارشف إلكترونيا وبعدها ترسل بشكل إلكتروني إلى الطبيب المعالج. حيث تسيطر في هذه الأقسام أنظمة أرشفة الصور والاتصالات (PACS).

لذا يجب إدخال مثل هذه الأنظمة الشعاعية (RIS) وكذلك الأنظمة المعلوماتية للأقسام الأخرى المشابهة، مثلا: - في الطب النووي (nuclear medicine)، المعالجة الشعاعية (radiotherapy) وأقسام التنظير (endoscopy)، بالإضافة إلى أنظمة أرشفة الصور والاتصالات (PACS) وكذلك وتشغيلها والعمل بها كأنظمة علاج الصور الطبية في كافة أنحاء المستشفى بمختلف أقسامه.

إن إدخال أنظمة المعلومات الشعاعية وأرشفة الصور الطبية والاتصالات (RIS / PACS) تساعد في تحسين وتطوير العناية بالمرضى، البحوث العلمية وتسهيل القيام بالمهام الإدارية بمساعدة العملية التفاعلية مع النظام العام للمعلومات المطبق في المشفى. في نفس الوقت تحسن مثل هذه الأنظمة كفاءة الإجراءات المطبقة ضمن وعبر الأقسام الشعاعية وبالتالي تقصر الدورة الزمنية اللازمة لمعالجة المريض ضمن أقسام التصوير وفي المشفى ككل.

10. Residential Care of the Elderly

السكن المثالي عند المسنين

Dr Adul Fatah Fansa , UK

No Abstract

11. The efficiency of single drug therapy in comparison of combination therapy in the treatment of active rheumatoid arthritis.

دراسة عن المعالجة الدوائية المفردة او المشتركة في معالجة الرثية

Dr.Mohammed A. Abdul-Hussain

medicine,Medical College ,Kufa University.Iraq

The present study was undertaken to assess the efficacy and tolerability of combination therapy (sulphasalazine ,methotrexate and prednisolone) in comparison with single disease modifying antireumatic drug (DMARD) sulphasalazine and prednisolone. One hundred patients with definite active rheumatoid arthritis were studied prospectively, 46 received combination therapy and 54 single drug therapy. The use of nonsteroidal anti-inflammatory drugs was allowed in both treatment groups. After one year remission was allowed in 19 (41%) out of 46 patient with combination therapy and 10(18%) out of 54 patient with single drug therapy. From this study the combination therapy was found to be better than single drug therapy in the induction of remission in active rheumatoid arthritis.

12. Osteoporosis

ترقق العظام

Prof. Dr. Aly A. Mishal

Islamic Hospital, Chief of Medical Staff

Amman Jordan

No Abstract

13. What's the Risk Factors by Pts. with Coronary Heart Disease <40 Y?

مدى عوامل الخطورة للمرضى المصابين بمتلازمة قصور عمل الشرايين الإكليلية الحادة بين الفئات الشابة

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الغرض : دراسة أسباب حدوث قصور عمل الشرايين الإكليلية و العوامل المؤثرة عليها تحت سن الأربعين عاماً .
معرفة أنواع التغيرات في تخطيط القلب الكهربائي لدى مرضى قصور عمل شرايين القلب تحت سن الأربعين عام .
الطريقة : متابعة سلسلة حالات .

الموقع : وحدة العناية القلبية المركزة في مستشفى ابن سينا التعليمي في مدينة الموصل .
المشركون : اشتملت الدراسة ٨٠ مريض مصاب بقصور شرايين القلب تحت سن الأربعين عام ، و ٨٠ شخص غير مصاب و بصحة جيدة .

التدخلات : تضمنت الدراسة مجموعة من الأسئلة شملت عوامل الخطورة بصورة عامة لدى مرضى القلب الناقل من أربعين عام (ارتفاع ضغط الدم ، داء السكر ، السمنة ، التدخين ، تناول الكحول ، نوع الشخصية ، الكآبة ، ارتفاع نسبة الكوليسترول و الأنواع الأخرى من الدهون في الدم ، ممارسة الرياضة ، تاريخ العائلة الصحي) . تم اخذ تخطيط القلب الكهربائي لكل مصاب . الفحوصات المخبرية تمثلت بفحص نسبة السكر مع فحص نسبة الدهون في الدم .

الاستنتاج : أظهرت الدراسة أن كل من السمنة ، ارتفاع ضغط الدم ، داء السكر ، التدخين ، تناول الكحول نوع الشخصية أو الكآبة لها علاقة كبيرة في حدوث مرض قصور شرايين القلب لدى الأشخاص الأقل من أربعين عام

بينما ارتفاع نسبة الدهون في الدم لم تكن المسبب الأساسي لحدوث قصور الشرايين حيث كانت العلاقة ضعيفة . كما أظهرت الدراسة ان احتشام الجزء الامامي من عضلة القلب هو الاكثر شيوعاً في تغييرات تخطيط القلب الكهربائي .

14. Lipid profile and the effect of some metabolic hormones on diabetic elderlies

الشحوم الدموية وتأثير بعض الإستقلابات الهرمونية عند السكريين المتقدمين في السن

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background: Diabetes , the most common metabolic disease, is responsible for the deaths of thousands of people annually. Some glucoregulatory hormones such as cortisol, and thyroid hormones may contribute to the aberration of carbohydrate metabolism. the aim of this study is to investigate the effect of diabetes on metabolic hormones in elderly people in order to improve status of patients with the various metabolic defects of diabetes.

Subjects and methods : this study was performed on 60 elderly subjects (30 diabetics and 30 control). About 5 mls. of venous blood were taken from each subject. Samples were collected between (5-8 P.M.) after 12 hours fast. the tests included : blood sugar ,lipid profile total T3, total T4 and cortisol.

Results: thyroid hormones were less in patients than control, while cortisol was higher. there was a difference between lipid profile in both groups and genders.

Conclusion: environmental factors including stress, and diet may contribute to the disease. and may improve glucose control without wight loss. And thus lifestyle changes can reduce the incidence of diabetes (type 2 diabetes).

جلسة الجراحة والعظمية Surgery and Orthopaedics

15. Management of fractures of the thoraco-lumbar vertebra

تدبير كسور العمود الفقري القطني

Dr. Maen Al- Zaim

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The management of Thoraco Lumbar Vertebopnal Fractures Consider as a big challenge face all the spinall surgeons due to its neurological complication and the accureate management enable the patient to retun to normal life.

This retrospective study of 50 cases treatd surgicallz and looked for patients age sex level of lesion, neurological status , method of treatment , follow up for 18 months.

يعتبر تدبير كسور الفقرات الظهرية والقطنية من التحديات التي تواجه أطباء العمود الفقري، نظرا لكون الإصابات العصبية المرافقة تسبب تغير فجائي في حياة المصابين، وان التدبير الجراحي الصحيح قد يكون سببا لإعادة المصاب الى حياة طبيعية او شبه طبيعية. الهدف من دراساتنا تقييم ٥٠ حالة كسر فقرات تم تدبيرها جراحيا وتوبعت لفترة ١٨ شهر على الأقل من حيث عمر المريض، مستوى الأصابة ، الأصابة العصبية، طريقة التثبيت و تحسن الحالة العصبية

16. The surgery of the osteoarthritis of the fingerjoints

تبدلات مفاصل اليد التنكسية ومعالجتها الجراحية

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No Abstract

17. Does Athletes Foot infection play role in Superficial thrombophlebitis –new finding

هل يلعب التهاب الأوعية الرخوة في القدم في حدوث التهاب الوريد الخثري

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OBJECTIVES: Cellulitis of lower extremities is a known complication of tinea pedis (1). We studied the association between the presence of tinea pedis and development of superficial thrombophlebitis in patients with primary varicose veins.

METHODS: Seventy nine consecutive patients (32 men and 47 women) with a mean age of 46 years (17- 66) referred for assessment of primary varicose veins were recruited to the study. All Patients with skin disease, lipodermatosclerosis and venous ulceration were excluded from the study. All patients examined for the presence of Tinea pedis infection and superficial thrombophlebitis (STP). Tinea pedis infection diagnosed clinically by presence of scaling, fissures or maceration between the toes, and STP was defined as pain and erythema along the distribution of the superficial lower limb veins. Duplex scanning of the superficial and deep venous systems was performed in all patients and none had deep venous thrombosis. Those who had SPT were treated with anti-inflammatory and systemic antibiotic. Tinea pedis infection was treated with antifungal cream (clotrimazole). And varicose vein surgery were deferred for 6 weeks until inflammation subsided.

RESULTS: Of the 79 patients 11 had SPT, and 8 of them had Tinea pedis infection (72.7%), whilst 3 out of the remaining 68 patients had Tinea pedis infection without SPT. This significant difference ($p < 0.01$) implies that there is association between the presence of ipsilateral interdigital Tinea pedis infection and the development of SPT.

All 11 patients had SPT along the distribution of long saphenous vein, and in one patient duplex scanning showed extension of the clot up to the sapheno-femoral junction, which was confirmed at surgery.

CONCLUSION: this study suggests that there is an association between ipsilateral interdigital Tinea pedis infection and development of SPT in patients with primary varicose veins.

Reference

Mardon R Day et al. Cellulitis secondary to web space dermatophytosis. Clinics in Podiatric Medicine and Surgery. 13(4):759-66, 1996 Oct

18. Limb Salvage Procedures for the Treatment of primary Malignant Bone Tumour

إجراءات إنقاذ الطرف المصاب بالأورام العظمية الخبيثة

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Primary malignant bone tumors are highly malignant and usually treated by amputation of the limb but experience showed that amputation is a big price for a little gain, it has been proved that the morality rate is higher with amputation than with limbs salvage procedures. Twenty-five limbs with primary malignant bone tumors in Basrah province (IRAQ) were treated by wide local bone resection, (extra-lesion) followed by reconstructive procedures according to the site and the size of the bone group. The histopathological examination reveals giant cell in 8 patients, osteogenic sarcoma in 7 patients, fibrosarcoma in 2 patients, chondrosarcoma in 4 patients, and chondromyoid fibroma in 4 patients. The common site was improper end tibia and lower end femur. Six patients showed local recurrence within six months, again three were treated by wide local resection while three patients end up with amputation, only 14 patients were alive after three years, while 11 patients died within the first three years because of pulmonary metastases.

19. Hip Fracture – an Epidemiological Study in Al-Najaf

دراسة وبائية عن كسور الورك في النجف

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The objective of this work is to study the epidemiology of the proximal femoral fracture (hip fracture), which is regarded as a big public health problem especially in elderly. Patient and method: the study was conducted in the teaching hospital in Najaf between Feb.1999 till Feb.2002, for all hospitalized patients who they had hip fracture. Results: there were 272 patient divided into two groups: The first aged 0-49 years, and the second aged 50 years and over. The first group included 40 patients: 30 male and 10 female, the mean age was 23 year. The causes of the fracture were fall from height 50%, road traffic accident 30%, and fall in 20% of the cases.

The second group included 232 patients: 156 women and 76 men. Female to male ratio was 2:1. The mean age for this group was 68 years. The causes of the fracture were fall in 83%, fall from height in 11%, and road traffic accident in 6%. The incidence of the fracture in the second group was 86/100,000 inhabitant/year in Al-Najaf. Conclusion: Hip fracture occurs more commonly in elderly especially women. Fall is the main cause of the fracture in elderly. New strategy is needed to face this health problem aiming to decrease its rate of occurrence.

20. Hirschsprung's Disease, 10 Years Experience With Soave and Modified Soave, Endorectal Pull Through Procedure

تضخم القولون الولادي تجربة عشر سنوات في عملية سحب القولون باستعمال طريقتي سويف وبولي

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AIM: To assess the outcome of both technique and to choose the proper method in dealing with Hirschsprung's Disease .

METHODS : 38 Patients with (Hirschsprung's Disease) were admitted to pediatric Surgery Center at AL - Khansaa Hospital and dealt with by one pediatric Surgeon using the original Soave techqnic from the period 1992 - 1998 and then the modified Soave (Boley) Techqnic from the period 1998-june 2002 .

RESULTS : 38 patients (30 males and 8 females) , their age ranged from 3 days to 12 years . 5 patients had positive family history . The main presenting symptoms where classical constipation and abdominal distention in 26, Neonatal intestinal obstruction or perforation in 8 patient . Faecal impaction with constipation in 4 older children .

38 cases had initial colostomy except one who had colostomy at the time of pull through . 5 of them had subsequent iliostomy for total colonic involvement the length of the segment involved were 3 (ultra short segment) 21 case with classical rectosegmoid (short segment) . 9 cases involving the transverse and descending colon (long segment) . and there is 5 cases with total colonic involvement , (2 of them involving the terminal ileum) . both of them were from the familial types.

Soave operation was performed in 20 cases in the first group. Boley technique was performed in 18 cases in the second group. There were 2 deaths in the first group with complications such as stricture (6 cases) 3 of them required re - operation, enterocolitis (4 cases) . Incontinence (2 cases). While in the second group there was no death, no stricture and all then are continent except 3 cases below 2 years still young to evaluate the bowel function. But there is (2 case) having enterocolitis.

Conclusion: Boley technique has less complications rate than the original soave and it is easily learned by junior surgeons. It is recommended technique in pediatric surgery centers.

Key words : Hirschsprung's Disease, Endo- Rectal pull though procedure. Save, Boley

تضخم القولون الولادي تجربة عشر سنوات في عملية سحب القولون باستعمال طريقتي سوفيف وبولي

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الهدف : تقييم نتائج الطرق الجراحية المستعملة في سحب القولون واختيار الأفضل في

علاج تضخم القولون الولادي

الطرق المتبعة : دراسة 38 حالة مرضية أدخلت إلى مركز جراحة الأطفال في مستشفى الخنساء بالموصل وعولجت من قبل جراح واحد للفترة من 1992-1998 بطريقة سوفيف ومن 1998 إلى حزيران 2002 بطريقة بولي لسحب القولون.

النتائج 8 : إناث و 30 ذكر تراوحت أعمارهم من ثلاث أيام إلى 12 سنة ووجد خمس

حالات لديها حالات مشابهة في العائلة) تاريخ عائلي موجب.

العلامات السريرية تراوحت بين 26 حالة لديها إمساك شديد ز 8 حالات انسداد أمعاء بعضها مصاحب بانتقاب في الأمعاء . و 4 حالات كانت تعاني من إمساك مزمن من تكثف الخروج في المستقيم والقولون . عولجت هذه الحالات جميعاً ب ثلاث مراحل : المرحلة الأولى عملية تقوية القولون) كولستوني (المرحلة الثانية: استئصال جزء من القولون أو معضمه باستعمال طريقتي سوفيف أو بولي.

المرحلة الثالثة غلق فتحة الكولستومي.

أكثر الإصابات شيوماً كانت إصابة المستقيم والقولون السيني 26 حالة (55.2%) يليها إصابة القولون النازل والمستعرض 9 حالات (23.6%) وهناك خمس حالات كانت إصابة كاملة لكل القولون (13%) وتبين وجود 3 حالات لإصابة الجزء النهائي من المستقيم . (7.8%) العمليات الجراحية المستعملة لسحب القولون (20) حالة أجريت لها عملية بطريقة سوفيف (18) حالة أجريت لها العملية بطريقة بولي .حصلت مضاعفات عديدة في الطريقة الأولى مع حالتها وفاة بينما كانت المضاعفات الجراحية قليلة بالطريقة الثانية ولم تحص حالة وفاة.

الخلاصة : نستنتج من هذه الدراسة بان طريقة بولي لسحب القولون هي الأفضل والأقل مضاعفات والأسهل تعلماً من قبل الأطباء الجراحين الجدد ويمكن الاعتماد عليها في علاج تضخم القولون الولادي.

21. Laparoscopic Subtotal Cholecystectomy

إستئصال المرارة الجزئي بالمنظار

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Background: The difficult laparoscopic cholecystectomy is more likely to be converted to open cholecystectomy with loss of the advantages of laparoscopic surgery and more complications. The main difficulty is in the dissection at Calot's triangle where inflammation, adhesions ,and fibrosis make it unsafe ,risking damage to important nearby structures . The alternative to conversion is laparoscopic subtotal cholecystectomy (LSC).

Objective: To assess the feasibility, safety ,and efficiency of LSC ,and to present our experience with this operation.

Design: Prospective case series.

Setting :Endoscopic Surgery Unit ,Mosul Teaching Hospital .

Patients and Methods :Thirty three patients who had (LSC) out of 3006 patients operated on for laparoscopic cholecystectomy (LC) by the authors in the period (from 1,January 1995 to 1, July 2002). Data were collected from the patients (by a pre-arranged form) regarding: history, examination , investigations , operative findings and technique, postoperative complications, and follow up .

Results : LSC was attempted in 39 patients (1.3% of the total LC), but in 6 patients, it was converted to open subtotal cholecystectomy (0.2% of the total LC and 15.4% of the LSC). In 33 patients LSC was successful (1.1%) of all LC. Acute laparoscopic cholecystectomy constituted 22.5% of the total , and included 23 attempted LSC, 6 of them converted to OSC .Non acute cases were 77.5% and included 16 cases of LSC (0.7%) .LSC was 3.6 times frequent in acute cholecystitis ,which was,along with Mirizzi's syndrome the most common indication for LSC (23/33,70%).Anterior subtotal cholecystectomy was the commonest technique, leaving the posterior wall partially or completely in all patients . Minor wound sepsis was the commonest complication. Two patients with left stones had abdominal wall abscess 8months and subhepatic abscess 10 months after operation, both drained and stones removed. Operative time ranged 75-150 minutes, mean :105 minutes.Hospital stay was 2-3 days ,mean :2days.

Conclusion: LSC is safe, feasible, effective operation and may help prevent conversion to open surgery in selected patients with difficult cholecystectomies.

إستئصال المرارة الجزئي بالمنظار

إن استخدام الجراحة التنظيرية في عمليات استئصال المرارة لها مزايا و فوائد كبيرة للمريض و لكن تحويل العملية من منظاره إلى اعتيادية و ذلك في الحالات الصعبة يؤدي إلى فقدان هذه المزايا و الفوائد و ربما حدوث مضاعفات . و أهم أسباب الصعوبة في عمليات استئصال المرارة هي الالتهابات الحادة و الالتصاقات و التليفات في المنطقة المسماة (مثلث كالوت) وهي المنطقة المهمة و الحساسة في عمليات استئصال المرارة مما قد يعرض إلى الخطر الأعضاء المهمة في هذه المنطقة .

وهنا يأتي دور عملية استئصال المرارة الجزئي أو " تحت الكلي " حيث عند إجراءها يمكن إن تجنب المريض تحويل العملية إلى مفتوحة وما قد ينتج عن ذلك من مضاعفات و أضرار .

هدف البحث : لتقييم سلامة و كفاءة هذه العملية و لعرض خبرتنا في إجراءاتها و نتائجها .
محل إجراء البحث : وحدة الجراحة المنظارية _مستشفى الزهراوي التعليمي بالموصل .
الطريقة : تم إجراء ٣٣ عملية استئصال المرارة الجزئي من مجموع ٣٠٠٦ عملية استئصال مرارة بالمنظار خلال فترة سبع سنوات و نصف (١٩٩٥/١/١ – ٢٠٠٢/٧/١) . نظمت كافة المعلومات المتعلقة بكل مريض أجريت له هذه العملية في استمارات خاصة بهذا البحث ، ثم تم جمع المعلومات و التوصل إلى الاستنتاجات .
النتائج : تم تجنب تحويل عملية استئصال المرارة بالمنظار إلى مفتوحة و ذلك في ٣٣ مريضاً بإجراء عملية قص المرارة الجزئي بالمنظار إلى مفتوحة ٠,٢ % من المجموع الكلي . و على الرغم من أن التهاب المرارة الحاد شكل ٢٢,٥ % من المجموع الكلي للعمليات إلا أنه كان الدافع الرئيسي لإجراء عمليات قص المرارة الجزئي (١٧ عملية) و ذلك لكثرة الالتهابات و الالتصاقات و التليفات في منطقة إجراء العملية ، و كانت الحاجة إلى إجراء عملية القص الجزئي في الحالات الحادة ٣,٦ مرة أكثر من الحالات غير الحادة . وفي تقنية إجراء العملية: تم رفع معظم المرارة و الإبقاء على الجدار الخلفي الملاصق للكبد جزئياً أو كلياً في جميع المرضى لتجنب النزف أو قص قنوات أو شرايين مهمة قريبة . كانت أكثر المضاعفات شيوعاً هي الالتهابات في فتحة البطن في محل رفع المرارة . و حدثت مشكلتان في مريضين و هي تكون خراجات في جدار البطن، و في الآخر داخل البطن و تحت الكبد (بعد ٨ و ١٠ اشهر بعد العملية) نتيجة فقدان بعض الحصى أثناء استئصال المرارة، و قد تم فتح الخراجين و رفع الحصى . كان معدل زمن إجراء العمليات ١٠٥ دقائق . وكان معدل بقاء المريض في المستشفى بعد العملية يومين فقط .
الاستنتاجات : قص المرارة الجزئي هي عملية آمنة و ذات كفاءة عالية ، و فائدتها الرئيسية هي في منع تحويل عمليات استئصال المرارة (الصعبة) من الجراحة المنظارية و فوائدها إلى الجراحة المفتوحة العادية ، و ما قد ينجم عن ذلك من أعباء و مضاعفات للمرضى .

الأستاذ الدكتور هشام احمد محمد الأطرقي ، جراح اختصاصي استشاري كلية الطب / جامعة الموصل

22. Flexor Tendon Injuries of The Hand at Zone II, Early or Delayed Suture?

المعالجة المبكرة أو المتأخرة في أذيات أوتار اليد والأصابع (منطقة ٢)

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Introduction: The healing of a sutured tendon in the hand usually occurs with an unwanted amount of scarring that defeats good results . Many variables have been studied over the last few decades; in which the timing of repair was a matter of debate .Zone II is the area where those variables mostly affect the results of treatment.

Aims: To study and evaluate the results of early or delayed repair under the effects of our local variables

Methodology: The prospective study included 85 patients diagnosed with flexor tendon injuries of the hand in zone II .The patients were divided into three groups according to their time of surgical intervention post injury . Group A (early) had their tendon repair within 48 hours , group B (delayed) had their tendon repair within three weeks , and group C who arrived late and had tendon graft procedure .

Results: Results showed that primary repair , group A , ended with better functional results than those with delayed repair and than those with tendon graft . In group A excellent plus good results were 83.7% versus 43.8% in group B& C .These results are statistically significant with a $P < 0.0002$.

These results can be explained as follows, in acute injury the wound is fresh, tendon are not retracted yet .Main while , in the delayed patients results are inferior because of the need for more dissection , and even more with tendon graft

and using siliastic rod as temporary spacer to create a fibro-fascial canal for the second stage tendon graft .

Conclusion : It was concluded that early suture of a tendon is better than delayed repair, and encourage casualty doctors to refer patients to hand surgery units to have improved end results in this difficult area of treatment

الجلسة الأولى للبوستر | Poster Session I

23. Comparison between three therapeutic regimes in treatment of infected diabetic foot ulcers.

مقارنة لثلاث طرق مختلفة لمعالجة التقرحات الالتهابية في الطرف السفلي عند السكريين

Ninty five diabetic foot ulcers, matched in their Wagner grades and other relevant parameters were divided into three groups for the purpose of therapy.

Group 1 ulcers recieved antibiotic therapy according to the result of the antibiogram of their causative microorganisms in addition to surgical debridement of the ulcers.

Group 2 ulcers recieved the same therapy as for group 1 in addition to Low Level Laser Therapy (LLLT).

Group 3 ulcers also treated the same as in group 1 in addition to Vacuum Assisted Closure therapy. It was found that the ulcers treated by laser and those treated by vacuum healed significantly more than those treated by antibiotic only.

24. The Effect of Hibiscus Sabdariffa on Serum Lipid Profile

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The objective of this study is to investigate the effects of H.S extract on serum lipid profile in hyperlipidemic patients. Twenty five patients with mixed hyperlipidemia were entered into this study. These patients were give H.S water extract 3 times daily (5mg /kg) for 4 weeks. At the end of the study H.S extract decreased significantly (p.0.01) TC , LDL and TG levels in hyperlipidemic patients more over HDL levels were increased significantly (p0.01) in these patients

25. Candesartan improves left ventricular diastolic function and left ventricular hypertrophy in patients with essential hypertension .

كاندسارتان يحسن وظيفة البطين الأيسر الأنبساطي في مرضى ارتفاع التوتر الشرياني

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Background: Left ventricular hypertrophy (LVH) represents an independent risk factor in patients with essential hypertension.

Objectives: Reversal of LVH and improvement of LV diastolic function may be associated with an improvement of prognosis so the effects of new

antihypertensive drugs such as AT1 receptor blockers on LVH and LV diastolic function should be determined .

Methods and Results: Forty hypertensive patients were randomized to receive candesartan cilexetil (n = 18) or atenolol (n=22) for 6 months. They had LVH (interventricular septal thickness (IVSTd) ≥ 12 mm) and diastolic dysfunction (E/A ratio less than 1 and deceleration time (DT) greater than 250 ms) were evaluated by echo Doppler studies .After 6 months of candesrtan treatment IVSTd decreased from 16 ± 104 to 14 ± 103 ($p < 0.01$) , LVMI decremed from 162 ± 21 g/m² to 140 ± 20 g /m² ($p < 0.01$),E / A ratio increased from 0.90 ± 0.8 to 1.2 ± 0.7 ($p < 0.05$),DT was reduced from 270 ± 20 to 235 ± 18 ($p < 0.01$). Under atenolol IVSTd decreased from 15 ± 1.2 to 914 ± 1.4 ($p < 0.01$), LVMI decreased from 160 ± 20 g/m² to 138 ± 21 g/m² ($p < 0.01$),E/A ratio increased from 0.95 ± 1.3 ($p < 0.05$), DT was reduced from 260 ± 15 to 240 ± 12 ($p < 0.01$) Conclusions : Candesartan and atenolol treatment caused significant regression of LVH and a significant improvement of LV diastolic function.

26. Effect of upright tilting on Cardiovascular reflexes using Echocardiographic method For estimating cardiac output

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Dept of physiologyL Kufa College of Medicine

Dept of Medicine / Teaching Hospital in Najaf., Iraq

This study was carried out on 85 subjects (41males and 44 females), they divided into two groups, young age group from 20-40 years, and old age group 41-60 years. The study of the Cardiovascular reflexes in response to changing of posture from the supine to the upright position using tilting table. The blood pressure measured by sphygmomanometer. Cardiac output by Echocardiography was used. The results indicated that there were significant differences of the cardiovascular reflexes between the two age groups.

27. Oral nifedipine in the treatment of chronic fissure in ano

المعالجة الفموية بالنيفيديين في معالجة التشققات المزمنة

Dr. Safaa H. Al- Ameedy

The main objective of this study was to investigate the efficacy of oral nifedipine in the treatment of chronic anal fissure. Thirty patients with chronic anal fissure were treated with nifedipine 10 mg orally twice daily for six weeks compared with 25 patients on placebo. Patients were reviewed at 3 weeks , 6 and 12 weeks to assess symptoms, side effects and fissure healing . At 6 weeks , 76.6% of patients on nifedipine therapy had no fissures compared to 32% in the placebo group . Nifedipine was significantly better than placebo in fissure healing rate ($p < 0.0001$). At 12 weeks follow up there was no early recurrence in the nifedipine treated group.

28. Lipid profile and lipid peroxidation before and after exercise a possible marker for myocardial infarction in patients with ischaemic heart disease.

شكل الشحوم الدموية وأكسدتها لربما هي علامة مميزة في حدوث الإحتشاء لدى مرضى الداء الإكليلي

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Background increased aerobic metabolism during exercise is a potential source of oxidative stress, which is an important role in the development of arteriosclerotic disease, but antioxidants delay or prevent various steps in arteriosclerosis. The aim of this study was to identify the effect of oxidative stress through using the TMT and the lipid peroxidation level as well as lipid profile in blood, which may help in confirming the diagnosis of CAD in borderline cases of TMT results. This may help in future for early detection and possible prevention of arteriosclerosis especially in people with family history of CAD.

Subjects and Methods Forty-two cases were selected (22 males and 20 females) with ages ranging from 35 years-65years. The control group consisted of 20 subjects. Measuring the maximal exercise capacity was done by using motor driven treadmill or bicycle ergometer in the upright position. 5ml of venous blood were withdrawn from each subject just before the exercise test and another 5ml. Sample half an hour after finishing the test. the biochemical tests included: Total Cholesterol, Triglycerides, HDL, VLDL, LDL-cholesterols, and MDA

Results There were a drop in LDL post-exercise level as well as a decrease in the levels of TG, Tot-Cholesterol, and VLDL. HDL was only slightly increased in post-exercise state. MDA had higher levels in females than in male patients. All results were discussed thoroughly.

Conclusion: Restoring the antioxidant status of the body may have a preventive role in the formation of arteriosclerosis and in the management of Myocardial complications of ischaemic heart disease.

29. Treadmill exercise testing and its effect on some antioxidant serum levels of myocardial ischemia markers in patients with ischemic heart disease.

اختبار الجهد تكشف بعض تغيرات الأوكسدة في الدم عند مرضى الداء الإكليلي

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Background: Exercise leads to an increase in metabolic rate, increased production of reactive oxygen species, and compromised antioxidant defense systems. Myocardial ischemia is generally considered to result from mainly arteriosclerosis and thromboembolism or as a result of surgical interventions. The development of treadmill

exercise testing, allowed early and better evaluation of ECG results, during and after exercise testing for the detection of ischemic changes. For early detection and possible prevention of coronary artery diseases, the present study was undertaken in order to help in confirming the diagnosis of coronary artery diseases in borderline cases of Treadmill exercise testing results.

Subjects and methods: Sixty-two subjects were selected (42 patients and 20 control). All patients were positively diagnosed having coronary artery disease. All subjects were instructed not to take any cholesterol lowering drugs and stop taking β -blockers or calcium channel blocker 3 days before doing the exercise test. Blood sample were taken immediately before and half an hour after finishing the exercise test. The Bruce protocol was applied in the exercise testing. After all parameters return to recovery the patient is asked to hyperventilate for 2 minutes and 12 lead ECG is taken which may reproduce the ST-depression in suspicious positive cases. The biochemical tests included: Lipid profile, lipid peroxidation, Uric acid, Creatin kinase and Albumin.

Results: The treadmill exercise testing was positive in 35 cases out of the total 42 cases studied (83.3%). Most of the positive cases had the ECG changes of ischemia recorded in the bipolar leads. There was a rise in malondialdehyde production. While serum levels of albumin and uric acid showed less elevation in the patient group than in the control group post exercise. A decrease in the levels of lipid profile was also detected after exercise.

Conclusion: Treadmill exercise testing is a very valuable aid in predicting and following cases of ischemic heart disease. The state of lipid peroxidation and antioxidants level could give as a clue to the diagnosis of cases at risk, especially when combined with treadmill exercise testing, and may influence the prognosis and prevention of coronary artery disease

30. Multidrug-Resistance of Recent Clinical Nosocomial Pathogens Isolates Against Aminoglycoside

الأمينوغلوكوزيد في معالجة الإلتانات المعنفة في المشافي

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Background: Aminoglycoside confer resistance to wide variety of aminoglycoside drugs and that may thereby create serious therapeutic problems.

Material and Method: we studied a total of 280 consecutive, non-repeat isolates of species included: Klebsiella pneumoniae, Escherichia coli, Proteus mirabilis, and multidrug-resistance gene observed in Pseudomonas aeruginosa.

Results: we found that, overall, 95% gentamicin zone diameter less than 16 mm (screen positive). Based on the species, of Klebsiella pneumoniae, Escherichia coli, Proteus mirabilis, and multidrug-resistance gene observed in Pseudomonas aeruginosa, respectively, demonstrated decreased zone diameters. Gentamicin resistance was transferred for all but streptomycin resistance and not transferred in many strains.

Conclusion: These data confirm that Klebsiella pneumoniae, Escherichia coli, Proteus mirabilis, and multidrug-resistance gene observed in Pseudomonas aeruginosa, harbor plasmid-mediated gentamicin resistance.

31. Quality of life in Iraqi patients with chronic myelocytic leukemia: Effects of gender and age

نوعية الحياة عند المرضى العراقيين المصابين بابيضاض الدم النقي المزمن: تأثيرات الجنس والعمر

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Introduction: Quality of Life (QOL) is a phrase which was first used shortly after the second World War and has, since then, been overused and infrequently defined. Assessment of QOL is becoming increasingly important, particularly as an outcome variable in assessing the impact of haematological disorders.

Aims: This study is designed to compare Quality of Life (QOL) in terms of physical, psychological, environmental and social domains between males and females with chronic myelocytic leukemia.

Methodology: Quality of Life (QOL) was investigated in 40 Iraqi patients with chronic myelocytic leukemia. The questionnaire of WHOQOL-BREF was used to evaluate QOL as perceived by the patients.

Analysis: All statistical analysis were carried out using Minitab for MS windows

Results: Our results showed that insignificant differences between males and females with regard to mean scores of QOL domains. Significant differences were identified on the domains of physical and environmental with relation to age in females (Spearman's coefficients: -0.809 and -0.570 respectively) but not in males (Spearman's coefficients: -0.026 and +0.125 respectively). Inter-relations between the WHOQOL-BREF domains in females were showed only significant correlation between physical and psychological, and , physical and environmental while in males all domains score were significantly inter-related.

Concluding remarks: We suggest that there should be more considerations on age and gender to improve the QOL in chronic myelocytic leukemia.

نوعية الحياة عند المرضى العراقيين المصابين بابيضاض الدم النقي المزمن: تأثيرات الجنس والعمر
المقدمة: استخدم مصطلح نوعية الحياة لأول مرة بعد فترة وجيزة من الحرب العلمية الثانية ومنذ تلك الفترة ولغاية يومنا هذا شاع استعماله وتدنى تعريفه. وقد ازدادت اهميته في تقييم امراض الدم وعلى الأخص كنتيجة متغير في تقييم تلك الأمراض.
الأهداف: صممت هذه الدراسة لمقارنة نوعية الحياة بالميادين البدنية، والنفسانية، والبيئية، والأجتماعية بين الذكور والإناث مع الأخذ بنظر الاعتبار عامل العمر في المرضى المصابين بابيضاض الدم المزمن.
العمل: تم التقصى على نوعية الحياة في 40 مريضا مصابا بابيضاض الدم المزمن. وقد استخدم استبيان منظمة الصحة العالمية-نوعية الحياة نمط BREF كما يشعر به ويمليه المريض.
التحليل: تم عمل جميع التحليل الأحصائية باستخدام برنامج احصائي.
النتائج: اظهرت النتائج عن وجود اختلافات ذات دلالات نوعية غير متميزة بين الذكور والإناث في جميع ميادين نوعية الحياة. وقد وجد اختلافات ذات دلالات نوعية متميزة في الميادين البدنية والبيئية عند الإناث (معامل سبيرمان: -0.809 و -0.570) وليس عند الذكور (معامل سبيرمان: -0.026 و +0.125). اما العلاقات ما بين ميادين نوعية الحياة لأستبيان منظمة الصحة العالمية في الإناث كانت ذات دلالات نوعية متميزة ما بين الميادين البدنية والنفسانية وكذلك ما بين الميادين البدنية والبيئية، اما في الذكور فقد كانت العلاقات بين جميع الميادين ذات دلالات نوعية متميزة.

الاستنتاج: يعتقد الباحثين حتمية الاهتمام بعامل الجنس والعمر لتحسين نوعية الحياة عند مرضى ابيضاض الدم المزمن.

محمد الكرخي و مروان صالح النمر

فرع الطب الباطني، كلية الطب، الجامعة المستنصرية، بغداد – العراق

32. Epidemiological Study of Skin Disease That Associated Scabies and Sexual Transmitted Diseases in Hilla City, Iraq

دراسة وبائية للأمراض الجلدية المرافقة للجرب والعلاقة الجنسية

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Objective. To take idea about epidemiological pattern of these diseases and made comparison the incidence found in age groups. Design A total of 122 patients of different ages and sexes was diagnosed to have scabies Depending on good history and full clinical examination .Setting In Mirjan Teaching Hospital- Hill- department of dermatology and also in out- patient and consultant .

Materials and methods Out of a total 7500 patients complaining of skin disease, 122 patient were diagnosed to have scabies after taken a good history and full clinical examination depending on:

1. presence of natural itching .
2. presence of burrows .
3. presence of papule –vesicular skin rash.
4. Sever pruritis with few papules on genitalia or round umbilicus .
5. Secondary . bacterial infection.
6. extraction of the mites from the end of burrows .
7. Patients per were also asked about the size of family, number of patients perroom ,
8. history of admission to the prision and about the level of education

Result The overall prevalence of scabied cases per total number of patients complaining of skin disease was 1.6% while the percentage of sexually transmitted disease (STD) with and without scabies was 1.97% and 0.3% repetitively .Burrows were seen in all cases (100%) Secondary bacterial was found in 25.4%of infection . Conclusion Male to female was equal in this study which was similar to previous study conducted in Iraq5 .Infants and children were found to be more affected than adults .The fequeny of the scabies was decreasing with advances of ages.

33. Epidemiological Study of Chlamydial Infection Among a Group of Women in Najaf, Governorte Iraq

دراسة وبائية عن الإلتانات المسببة بالكلاموديا

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Kufa University, Iraq

Objective. To identify the chlamydial infection in female patients with abnormal vaginal discharge .Design A cross –sectional study was done on two hundred (200) women who were enrolled in this study , complaining of abnormal vaginal discharge .Setting department of gynecology/ Obstetric at the maternity and child teaching Hospital and some private clinics in Najaf Governorate.

Materials and methods Chlamydia trachomatis was detected here by Immunochromatographic test ,this test was performed by a special kit “ biorapid chlamydia antigen –Biokit –Spain“ it was used to detect C.trachomatis antigens from endocervical specimens by employing a monoclonal antibodies to selectively identify lipopolysaccharide antigen of the microorganism . In addition to the isolation of other STD pathogens by using different cultural and biochemical techniques .

Result Forty eight (48) patients give positive result for chlamydial infection which is corresponding to 24% of the total patients, the peak occurrence of it was in the age group 20-29 years .Of those 22 (46%) positive patients are divorced ,18(37%) are married patients and 8(17%) are widowed .It was found that 28(85%) of positive patients are from Urban while 20(42%)are from Rural residency ($P > 0.05$) .The majority of cases with chlamydial infection were single infection, 30(62%), followed by co-infection with Gonorrhoea 7(15%),Bacterial vaginosis 5(10%), Trichomoniasis 3(6%) , and Candidiasis 2(4%) .

Conclusion Chlamydial infection was found to play an important role in the causing of vaginal discharge through its high prevalence rate 48(24%) , also it was appeared to play a significant role in the causing infertility ($P < 0.05$, Odds ratio 2.8) and a risk factor for ectopic pregnancy (Odds ratio 1.88).

34. Family Planning and Birth Control, a contemporary Islamic and medical vision.

تنظيم النسل وتحديده ، رؤية شرعية وطبية معاصرة .

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Aim of the Research : Demonstrating the contemporary Islamic view of birth organizing and limiting matters.

Research Justifications : The faults committed by people , physicians and perhaps specialists in Islamic affairs due to misunderstanding , lack of knowledge , non-faith , non-recognition of contemporary situation .

Research Method : An analytical and theoretical study of techniques of the contraceptive devices , Islamic evidence and principles of the matter and its relevancies of giving life to the fetus or aborting it , etc..

Research Review : After a short acknowledgement and a brief introduction , some terms , of much relevance to the topic , such as family planning , birth control and abortion have been presented .It is followed by an indication of some of the Islamic points and the drawing of some conclusions . In the section on the Muslim family between delivery , its organizing and control , we have outlined that the search for offspring is the source in marriage and that there are exceptions which demand the postponement of pregnancy and organizing delivery . We have then categorized the contraceptive means , from medical perspective and on the basis of the ways they work , into eight groups , and from Islamic perspective into three groups on the bases of their work and Sharee'a rules .

Research Findings :

Islam has interest in reproduction and its increasing.

Birth can be organized for both spouses without limiting it due to some specific circumstances and by an Islamicly acceptable means .

No general policy for organizing and controlling birth is allowed to be adopted so as to be imposed on Muslims.

Contraceptive devices are categorized according to the techniques of work of the contraceptives and Sharee'a principles in terms of what is allowed , what is forbidden , and what raises doubts .

Any contraceptive that prevents the fertilization of the ovum by the sperm can be Islamicly used within its specific demands unless it is a change in His Almighty's creation.

The time of giving life into the body is a controversial matter without consensus . The researcher has the opinion that it can be after the first forty days on the basis of conformity between Quranic and prophetic testimonies of the new facts of embryology .

The source in abortion is forbidding . Scholars have unanimously agreed on that after giving life and disagreed before it , yet the opinion adopted is also that of forbidding because abortion is damaging of something that is already there and ready to receive spirit after some time. It is forbidden without a demanding necessity .

His Almighty's advice to women to postpone pregnancy for two years for the sake of organization not control by calling for full breast feeding in the two years. His Almighty know.

Key Words: Organizing and Controlling Birth, Contraceptive devices, abortion , Islamic Jurisprudence.

تنظيم النسل وتحديده ، رؤية شرعية وطبية معاصرة .

ليث يحيى إبراهيم الحسيني ، طبيب أورام في كلية طب الموصل والمستشفى التعليمي للأورام والطب النووي ، سكرتير عام الجمعية الطبية الإسلامية في العراق ، ص.ب.(٣٢٢) ، الموصل، هدف البحث:- بيان النظرة الشرعية المعاصرة لمسائل تنظيم النسل وتحديده .

مبررات البحث:- الأخطاء التي ترتكب من قبل الناس ، الأطباء ، وربما العلماء الشرعيين أيضا ، بسبب سوء الفهم ،*عدم المعرفة ،*ضعف الإيمان ،*عدم إدراك الواقع المعاصر.

طريقة البحث:- دراسة نظرية تحليلية لآليات وسائل منع الحمل، وللأدلة والأصول الشرعية للمسألة وما يتعلق بها من قضية نفخ الروح في الجنين وإجهاضه وغير ذلك.

استعراض البحث:- بعد توطئة سبيرة ومقدمة موجزة ، تم إستعراض بعض المصطلحات ذات العلاقة بالموضوع كتتنظيم النسل وتحديده والإجهاض . تلا ذلك بيان لبعض المؤشرات الفقهية واستنتاج لبعض النتائج . ثم في فقرة الأسرة المسلمة بين الإنجاب وتنظيمه وتحديده ، وضحا أن طلب الذرية هو الأصل في الزواج وأن هناك بعض الإستثناءات التي تتطلب تأجيل الحمل وتنظيم الإنجاب ، بعدها صنفنا وسائل منع الحمل في المنظور الطبي إعتقادا على آليات عملها إلى ثمانية أصناف ، وصنفنا هذه الوسائل أيضا في المنظور الشرعي إلى ثلاثة أصناف إعتقادا على أسس عملها ووضوابط الشرعية

نتائج البحث:- ١- إن الإسلام رغب في زيادة النسل وتكثيره. ٢- يجوز تنظيم النسل للزوجين دون تحديده استجابة لبعض الظروف الخاصة بهما وبالوسائل المقبولة شرعاً. ٣- لا يجوز تبني سياسة عامة للتنظيم أو للتحديد تقرض على المسلمين. ٤- وسائل منع الحمل تصنف اعتماداً على الآليات عمل الموانع ووضوابط الشرعية الى ما يجوز وما يحرم وما هو واقع في دائرة الشبهات. ٥- أي مانع يحول دون تخصيب الحيمين للبيضة يباح استعماله شرعاً ضمن دواعيه الخاصة ما لم يكن تغييراً لخلق الله تعالى. ٦- وقت نفخ الروح في البدن قضية خلافية لا إجماع فيها ، والرأي الذي يميل إليه الباحث انه يكون بعد الاربعين يوماً الاولى اعتماداً على مطابقة الدلالات القرآنية والنبوية لحقائق علم الاجنة الحديث. ٧- الاصل في الاجهاض الحرمة ، والعلماء اجمعوا على ذلك بعد نفخ الروح واختلفوا قبل نفخها ، إلا أن الرأي المعتمد يتجه نحو الحرمة ايضاً لأن الاجهاض افسادٌ واتلافٌ لشيء منعقد وموهل لاستقبال الروح بعد فترة من الزمن وهو بغير ضرورة معتبرة يحرم. ٨- توسيع الباري عز وجل لنسائنا بتأجيل الحمل في الحولين تنظيمياً لا تحديداً من خلال ندبه الى الرضاة التامة في الحولين والله اعلم .

كلمات البحث:- تنظيم النسل وتحديده ، وسائل منع الحمل ، الإجهاض ، الفقه الإسلامي.

35. New technology in Quit Smoking By SEWAKING

نظرية السواك لربما يفيدك في توقيف التدخين

Dr Rami Mohammed Sami Diabi

Qatar- Doha

No Abstract

36. Malaria in Iraq: current situation

الوضع الحالي لمرض الملاريا في العراق

Dr. Ahmed Akram

No Abstract

37. Silent Myocardial ischemia in diabetic patients in Mosul

نقص التروية الصامت عند مرضى السكري في الموصل

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Background: Silent Myocardial ischemia was a focus of interest in the last decades. In diabetic patients autonomic neuropathy was blamed for absent anginal pain during ischemic episodes.

Aim: This study was planned to investigate the frequency of silent myocardial ischemia in diabetic patients with autonomic neuropathy and without. Testing the correlation between silent myocardial ischemia and diabetic autonomic neuropathy.

Methods: Five standard autonomic functions tests and resting electrocardiography were performed for 82 type 2 diabetic patients, 45 of them had performed exercise electrocardiography and considered in finding the frequency of silent myocardial ischemia among diabetic patients and its correlation with diabetic autonomic neuropathy.

Results: Autonomic neuropathy found in 34(41.4%) patients of the total among 82 patients. And in 17(37.7%) among patients who had performed exercise electrocardiography.

Resting electrocardiographic changes suggestive of silent ischemia were found in 9(11%) of all diabetic patients, 7(77.7%) of them had autonomic neuropathy.

Silent Myocardial ischemia as detected by exercise electrocardiography was shown in 12(26.6%) of diabetic patients in general, 66.7% of them had autonomic neuropathy.

A statistically significant correlation was found between silent myocardial ischemia (whether detected by resting or exercise electrocardiography) and diabetic autonomic neuropathy ($p = 0.019, 0.016$) respectively.

Conclusions: These results are consistent with the concept that autonomic neuropathy (which is fairly common in diabetics) may mask the development of anginal pain and thus obscure the presence of ischemic heart disease.

Diabetic patients with autonomic neuropathy are at risk to have silent ischemic event(s), so screening with resting and / or exercise electrocardiography is needed.

38. Calculation Anthropometrics Indices in Relation with Plasma, Glucose Level among Diabetic Patients

حساب مؤشرات مقاسات الجسم البشري بالنسبة لمستوى سكر الدم

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College of Engineering, Baghdad.

Background: Body mass index (BMI) has been widely used to indicate risks of overweight related morbidity and mortality.

Objective: To examine the association between BMI and plasma glucose levels in Iraqi population.

Design and Setting: Nine hundred and ten patients with diabetes mellitus disease (DM) were included in this study for period from August to October; 2001. They were attendant to Saddam Center for Endocrinology and Diabetes, Baghdad, Iraq.

Intervention: the diagnosis of DM and classifications of BMI were based on the criteria of the World Health Organization.

Results: The results showed that the majority (46.25%) of the patients having high fasting plasma glucose levels (FPG) (over 160mg /dl). Fasting plasma glucose higher than 160 mg/dl was reported among patients with BMI higher than 30Kg/m². of 910 patients, 464 (51%) were having BM> 30.00 kg/m² with FPG > 160 mg/dl. The correlation coefficients between weight, height and FPG were lower than the correlation between BMI and FPG (r=0.36, r=0.35VS r=0.51).The regression analysis showed a linear correlation of FPG with BMI equal to $y=5.1 + 6.0 x$.

Conclusion: There was a close association between BMI and plasma glucose levels among patients with diabetes mellitus. These findings emphasize also that the importance of normal weight.

Recommendations: Changing lifestyle is one of the recommendations for management of obesity and T2 diabetes.

Keywords: Type 2 diabetes; body mass index, plasma glucose, and Iraqi population.

39. Treatment of Baghdad Boil with an oral imidazole compound: randomized clinical study.

علاج حبة بغداد في عقاقير مركب أميدازول دراسة سريرية

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The present study was done to assess the effectiveness of oral Ketoconazole in the treatment of Baghdad boil comparing it with the Sodium antimony gluconate. Sixty patient with Baghdad boil were entered into this study, 30 patients each group. At the end of the study, ketoconazole (40 mg daily for 30 days) had Succeeded in curing 25/30 patients (83.3%) where as Sodium antimony gluconate (20 mg /kg body weight for 20 days) had cured only 14/26 patients (53.5%).The cure rate in the Ketoconazole treated group is significantly higher than the sodium antimony gluconate treated group. Both drug regimens appeared to be safe and only few, transient side affects we. Treatment of Baghdad Boil with an oral imidazole compound: randomized clinical study.

40. Carbon Dioxide Laser Treatment of Viral Warts, a New Approach

ليزر ثاني أوكسيد الكربون لعلاج الثآليل الفيروسية أسلوب جديد

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Najaf - Iraq

Objective: Verrucae vulgares are commonly encountered. The present work is designed in an attempt to build a systematic procedure for treating warts by carbon dioxide laser regarding dose parameters, application parameters and laser safety.

Patients and Methods: The study done in the department of dermatology in Al-Najaf Teaching Hospital in Najaf- Iraq during the period 1st September 2003 to 1st February 2004. Forty-two patients completed the study and follow up period for 3 months. Recalcitrant and extensive warts were selected to enter the study.

The first group of patients consisted of 60 lesions (6groups) in whom we use different outputs and two modes of application to assess the optimal power density and the best mode of application.

The second group consisted of 75 lesions treated with output of 10 watts continuous mode using helical mode of application.

Results: The optimal power density found to be 10 watts. In the second group of patients, After 1-6 passes of laser (median 2.8 pass), Complete clearance of the lesion was noticed in 56 lesions with a cure rate of 74.6%. The main complications were scarring in 17(22.5%) lesions and hyperpigmentation in 7 (12.5%) lesions. Post-operative infection was noticed in 4 (6%) lesions that were larger than 2 Cm in diameter.

Conclusion: Carbon dioxide laser therapy of recalcitrant and extensive viral warts should be considered as a viable alternative to other more traditional techniques .This treatment can offers good results in eliminating the verrucae and minimizing the squeals of recurrence, scarring and the post-operative pain

41. Skin manifestation of HIV/AIDS cases in Baghdad city

الظواهر الجلدية لمرض الإيدز في بغداد

DR. Wadah Hamed Abood

Direction of AIDS Research Center / Iraq

No Abstract

42. Passive immunization with Candida albicans Proteinase as prophylactic tool against the candidiasis

دراسة عن التلقيح المناعي ضد الأنتهابات الفطرية (الكانديدا)

A . Ibrahim , Rassool Dabbagh , E . AL – Jumaily

Introduction: Candida infection has risen throughout the era of antibiotics and immunosuppressive drugs . patient , suffering from Leukaemia , Lymphoma , Hodgkin's and Aids diseases have Predilection to candida infection . Usually 40 % develop candidiasis . Aim of the work : -Experiments , designed to find a method to protect human that are liable to develop candidiasis .

Methodology:- Groups of rabbits were injected with 12.5 mg / ml of candida aspartyl Proteinase . Four weeks later sera collected from these animals, which contained anti-aspartyl Proteinase , were given to rabbits . These rabbits were challenged with 2.8×10^7 / CFU / Kg of C . albicans

Results:The challenged animals were completely Protected from infective compared to control animals which developed cutaneous , mucotaneous , Paronychia and onychomycosis

Conclusion: - Antiaspartyl Proteinase of C . albicans is effective completely in Protection of the disease in rabbits . Applicatim of the idea in human is in process.

تم حقن أرانب بأنزيم البروتينيس من المبيضات تحت الجلد مع فرون المساعد . جمعت المضادات من هذه الأرانب بعد (٢٨) يوماً من حقنها . حقنت ثلاثة مجموعات من الأرانب ، الأولى بكمية ٠,٢ ملم من المصل الحاوي على المضادات بالوريد في اليوم الأول ثم بكمية ٠,١ ملم من المصل يومياً لمدة يومين آخرين . حقنت المجموعة الثانية بنفس الجرعة من المصل الحاوي على المضادات ثم حقنت بعد ساعتين من آخر جرعة المضادات ٢ ملم ٣ من الماء الملح الفسيولوجي حاوياً على **X 107 / Kg 2.8** من فطر الكانديدا ولمدة ثلاثة أيام متتالية . أما المجموعة الثالثة فقد حقنت ٢ ملم ٣ من الماء الملح الفسيولوجي حاوياً على **X 107 / Kg 2.8** فقط تم تشريح الحيوانات بعد مدة الحضانة (٦ أسابيع) وفحص الكبد والكلى والطحال أظهر الفحص النسيجي والمباشر لهذه الأعضاء خمج شديد وتضخم في هذه الأعضاء من المجموعة الثالثة وعدم وجود أي أثر مرضي في المجموعة الثانية . يظهر من هذا البحث أن مضاد البروتينيس في المبيضات لها فعالية تامة في تحصين الأرانب ضد المرض . بما إن مرضى سرطان الدم يصابون بمرض المبيضات بنسبة ٤٠ % مما يؤدي إلى موتهم السريع . نعتقد أن تحصين هؤلاء المرضى بالمضادات هذه يؤدي إلى تحسين وضعية المرض على الأقل لمدة معينة

43. The Anthropometrics and Dietary Intake of Elderly People in Baghdad City

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The objective of this study is to evaluate the nutritional status of elderly people living in institutional government care centers in Baghdad City. Data on 820 subjects were collected during year 1997-2001.

The results revealed that the mean age was 67.24 SD 6.19 year and 70.7 SD9.63 year for men and women respectively. In each group, the weights of men and women were higher in young age group than the older one. Variables such as height, weight and arm circumference were statistically different between genders. Men had a higher body weight and were taller than women. There is a tendency for mid-arm circumference, to decline with age over the whole age span, in both men and women. This difference was statistically not significant ($P>0.05$). Waist circumferences were related to age and this increased with increasing the age in both men and women until the age 75 years after that it was declined. The highest value was reported for men and women in the age group at 70-74 years. We recommend further studies should be carried out on different anthropometrics indices such as skin fold thickness. This study was carried out on 85 subjects (41males and 44 females), they divided into two groups, young age group from 20-40 years, and old age group 41-60 years. The study of the Cardiovascular reflexes in response to changing of posture from the supine to the upright position using tilting table. The blood pressure measured

جلسة البوستر II Poster Session II

44. Epidemiological characteristics of stroke

السمات الوبائية للسكتة الدماغية في العراق

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Community Medicine / College of Medicine / Tikrit

This study was planned to determine epidemiological characteristics of stroke patients who were admitted to Saddam's Medical City between February - 1st and June - 30th of 1996. A total of 120 patients (50 males, 70 females) were included in this study. The mean age \pm SD is = 58.72 ± 12.35 years. The frequency of patients increased with advancing age reaching a peak at age 55-64 years and then declined. 81.67% of stroke cases were from urban area, 63.34% illiterate, 80% married.

The frequency of risk factors among stroke patients was as follow, hypertension (72.5%), cardiac disease (46.6%), cigarette smoking (35%), previous TIA (28.4%), diabetes mellitus (27.5%), family history of stroke (25.83%), history of previous stroke (23.3%), low physical activity (18.33%), alcohol drinkers (5.83%) and oral contraceptive user (8.57%) of female stroke cases. The peak onset of stroke was at mid-night-6.00 AM (35.84%), followed by those occurred at mid-day-6.00 PM (28.33%).

About 60% of stroke cases presented with coma, 12.5% semicomatosed, and 28.33% conscious at acute phase of the disease. The comatosed patients were more frequent among those with right-sided hemiplegia and with those with hemorrhagic stroke sub-type. Hemiplegia was the most frequent neurological deficit among stroke cases (88%). (48% Rt.-sided, and 40% left-sided). Stroke patients with right-sided hemiplegia were more frequent with those with hemorrhagic stroke sub-type. Most of stroke patients had speech disturbance (75%). All dysphasic patients were among those with right-sided hemiplegia.

Computed tomography (CT) was available only for 100 patients, and according to CT scan we identified the stroke subtypes. Cerebral infarction was reported in 77%, intracranial hemorrhage in 22%, and undetermined stroke sub-type in 1% of stroke cases. About 17% of stroke cases ended with death in the hospital during acute phase of the disease, and about 82.5% survived. The dead cases were more frequent among those with hemorrhagic stroke sub-type.

We conclude from this study that most of the stroke patients were from urban area, illiterate and married. Hypertension was the commonest disease among stroke patients. The high peak onset of stroke occupancy was at midnight-6.00 AM. The majority of stroke cases were with infarction stroke sub-type.

45. Spinal Epidural Lymphoma.,Review of 13 Cases

الورم اللمفاوي فوق الجافية الشوكية، استعراض ١٣ حالة

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Aim: To review the main clinical aspects and to study the out come after surgical treatment of spinal epidural lymphoma.

Design: Retrospective study using the medical records.

Setting: Neurology, oncology and neurosurgical units in Mosul Teaching Hospital.

All patients were subjected to full clinical, laboratory and neurological evaluation.

Subject: Thirteen patients with spinal epidural lymphoma studied from 1995-2000.

Their ages ranged 4 to 36 years.

Results: There were 4 males and 9 females. Myelography and MRI examinations were abnormal in all patients. Non- Hodgkin's lymphoma (NHL) was diagnosed in 9 patients, six of them had localized epidural lymphoma. Hodgkin's lymphoma was noticed in 4 patients. Of these, only one had primary localized epidural tumour.

Conclusion: spinal lymphoma presented as a localized primary tumour without evidence of systemic disease was relatively higher (54%) than the secondary cases. Also high rate of neurological changes with extensive vertebral involvement characterized the clinical picture in these patients. It seems likely that the functional recovery of the neurological deficits after surgery depends mainly on the severity of the initial neurological status and the presence of systemic lymphoma. Also no correlation could be found between the outcome and the histological subtypes. Surgery is indicated in cases with primary lymphoma whereas other treatment modalities, including chemotherapy and radiotherapy could be considered as a primary mode of treatment in patients with secondary lymphoma.

Nine Poisonings (one of which was fatal). From one family caused by amatoxin mushroom in mosul city were reported.

They all had gastrointestinal symptoms and one of patients died of acute hepatic insufficiency.

The clinical Course of the intoxication , the treatment used, the medical management reported in Literature have been out Lined.

46. Development of the Human spinal cord white matter During Different Stages of Human Fetal Life.

دراسة تشريحية مرضية عن تطور النخاع الشوكي وعلاقة اللمعة مع الحياة اليومية

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Introduction: since no information's are available on the development of the white matter in the human spinal cord during different stages of fetal life, so the present work has been conducted as part of a Ph.D thesis done by one candidate.

Aims: To collect information's about the development of the human spinal cord white matter during fetal periods.

Material and Method: 120 aborted dead human fetuses 9 – 40 wks of gestation from both sexes were used in this study. Segments from different levels of the spinal cord were taken and prepared for histological examination and measurements.

Analysis: was done by using student t-test and ANOVA test.

Results: 1.The transverse diameter of the white matter increases gradually due to the increase in the nerve fibers with the advance in the fetal age.2.The transverse diameter of the white matter in the right half of the spinal cord is wider than that of the left half.

Conclusions:

1. The bulk of the white matter increases gradually as pregnancy progresses.
2. The right half of the spinal cord is more bulky with regard to white matter compared to the left half in about two thirds of the specimens which probably goes with the preparation for dominance of the left hemisphere after birth.

47. Deliberate Self-Poisoning in the Emergency Unit, Al-Yarmok Teaching Hospital, Baghdad, Iraq.

دراسة حول حوادث التسمم الذاتي في مستشفى اليرموك التعليمي-بغداد-العراق

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Objectives: In this study we aim to document that self poisoning is serious problem and to find out the precipitating factors and type of drugs which is more likely used by the patients.

Methods: In a cross sectional study, we carried out at Al-Yarmouk Teaching Hospital, Baghdad, Iraq. Out of 12452 patients attended the emergency department, 140 patients were admitted with self poisoning during a period of 3 months (1st July-1st Oct.2001) and exposed to a semi-structural interview, of them 42 patients were referred for psychiatric assessment. The psychiatrist to assess the patients used ICD-10 criteria. Data were analyzed and the literatures were reviewed to compare the results.

Results: Out of the patients attending the emergency department (N=12452), 140 had self-poisoning given an incidence of 1.12%. The patients were mainly young

(64.3%), unmarried (78.6%) and female (71.4%). The main contributing factors were life stress (57%) and depressive illness (21.8%). Minor tranquilizers were the drugs most commonly used (57%). 88.1% self-poisoners were the first attempt.

Conclusion: Our present study has found out that self-poisoning is a problem. The findings focus on the high-risk group (young age group) and main drug used by the victim (Minor tranquilizers). A liaison between psychiatrist & other medical specialty is necessary to reduce the impact of this problem on society.

Keywords: Deliberated, self-harm, parasuicide, attempt suicide, Self-poisoning.

محاولات إيذاء النفس بالتسمم الذاتي / مستشفى اليرموك التعليمي-بغداد-العراق
محمد الكرخي، أكرم المهداوي، محمد العاني

تمهيد: تعتبر محاولات إيذاء النفس بالتسمم الذاتي مشكلة اجتماعية وطبية.
الهدف: دراسة حالات التسمم الذاتي في قسم طوارئ الباطنية-مستشفى اليرموك التعليمي-بغداد-العراق
الطرق: دراسة ل(٤٢) حالة تسمم ذاتي من اصل (١٤٠) حالة تسمم ذاتي من مجموع (١٢٤٥٢) مريض، راجعوا قسم الطوارئ للفترة من الأول من تموز لغاية الأول من شهر تشرين الأول ٢٠٠١ (بقية مرضى التسمم الذاتي اخرجوا أنفسهم من الطوارئ على مسؤولياتهم لأسباب إدارية و نفسية).
النتائج:

١. وجد معدل حالات التسمم الذاتي ١١,٢٤ مريض لكل ١٠٠٠ مريض راجع قسم الطوارئ
٢. معظم المرضى إناث (٧١,٤%) شابات (٦٤,٣%) غير متزوجات (٧٦,٢%) ذات تعليم ثانوي (٥٠%).
٣. كانت الشدائد الحياتية (٥٧%) ومرض الكآبة (٢١,٨%) اكثر العوامل المسببة للتسمم الذاتي، وان الأدوية المهدئة (٥٧%) هي الأكثر شيوعاً.
الخاتمة:

١. جرت مقارنة النتائج بدراسات أخرى محلية و عالمية.
٢. بينت الدراسة أهمية هذه الفئة من المرضى كمشكلة للصحة العامة، تحتاج عناية فائقة، كذلك أهمية الإدارة الطبية في تداول المرضى، و سهولة الحصول على الأدوية، و إيذاء المشاورات الطبية النفسية في جميع الفروع الطبية الأخرى.

48. Juvenile Delinquency in Babylon: A Socio-demographic and Psychiatric study

الجريمة (الجنة) عند الشباب في بابل دراسة نفسية وديموغرافية اجتماعية

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A descriptive study of 100 juvenile delinquents, who were referred by the court for psychiatric evaluation, were studied to identify their socio-demographic characteristics and psychiatric morbidity. The aim was to determine the role of the various socio-demographic characteristics and psychiatric abnormalities on the causation of delinquent behaviour. A semi-structured psychiatric interview based on DSM IV was used to confirm the diagnosis of conduct and other mental disorders.

The results revealed that 30% of the sample had psychiatric abnormalities, namely conduct disorder. Most of them were males, who come from poor families and areas with excessive social disadvantages.

Most of the participants in this study had low level of education, left the school because of financial hardships. Some of them worked as unskilled worker. The role of substance abuse in determining abnormal behavior was low in this group.

These results were compared with many others studies carried out in developed countries.

49. The Quality of Life in elderly patients with Psoriasis ,Vitiligo and Eczema

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Skin diseases have impacts on the quality of life in elderly patients. The Dermatology Life Quality Index (DLQI) is a new tool to measure the effect of skin diseases on the daily activities of the patients in form of physical discomfort and symptoms ,Psychological well being ,social and self care activities ,performance in work , self perception and so on .However ,little is known about the comparison of quality of life among different skin diseases in the elderly .The purpose of this study is to use (DLQI) for assessing the quality of life among patients with psoriasis ,vitiligo and eczema with a control group having other skin diseases .One hundred and three patients were enrolled in this study .Of them ,fifty one(49.5%) were males and fifty two(50.5%) were females in which psoriasis constitute twenty eight ,vitiligo thirty and eczema forty five patients .The control consisted of ninety five patients complaining from other skin diseases ,males were 45(47.4.%) while females were 50 (52.6%).All patients were recruited from out patients department of Dermatology of Basra General Hospital and private clinic .All were asked about the impact of their skin diseases on their life through completion of questionnaire forms. The results showed that the mean scores of the answers for psoriasis ,vitiligo and eczemna were 13.05 , 5.70 and 9.35 respectively .While the mean score for the control group was 4.20 .

This study confirm that psoriasis ,eczema and vitiligo have greater impacts on the quality of life than control group .It also showed that the more frequent reported impact for psoriasis was 2.33 due to embarrassment and social dysfunction while for vitiligo 1.50 due to embarrassment and for eczema 2.00 because of symptoms For control it was 1.00 due to embarrassment .We conclude that Psoriasis has a more impact on the quality of life than eczema ,vitiligo and the control group in the elderly .

50. Purification of Colonization Factor Antigen (CFA/I) and preparation its antibody

تنقية عامل الالتصاق الهديبي\CAF وتحصيره ضده

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Colonization Factor Antigen is one of virulence factor in the enteric bacteria which is named Colonization Factor –CF and enable the bacteria to adhere on the surface of duodenum epithelium only in the Eukaryotic cells which caused diarrhea .Because of importance of this factor it was puified on Sepharose –4B Column by uses of high level of hydrophobic which on the cell wall bacteria which formed the CFA, this method which used in this research is easy ,saved and gave partial purified protein can used for future immunology experiment

51. Total Antioxidants and Serum Uric Acid in Diabetic Patients

قياس المواد المضادة للتأكسد الكلبي مع حامض البوليك في المرضى المصابين بداء السكري

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Objective :To measure serum total antioxidants status (TAS) in type (1) and type (2) diabetics and to find if there is a relation between TAS and serum uric acid.

Design: Prospective study.

Setting: The study was conducted in the Department of Biochemistry. College of Medicine, Mosul University, from October 2000 to December 2001.

Participants: Twenty patients with type 1 diabetes, 30 patients with type 2 diabetes and 30 apparently healthy persons (control group) were included in the study.

Intervention: Clinical data including age, sex, duration of diabetes and type of therapy.

Methods: TAS, serum uric acid, fasting serum glucose and urine for protein / creatinine ratio were measured in diabetic patients and in the control group. Unpaired t-test, one way analysis of variance (ANOVA) and simple correlation analysis were applied to study the relation between TAS and serum uric acid. Multiple regression analysis was also applied to assess the effect of various anthropometric and metabolic variables on TAS and serum uric acid.

Results: TAS was significantly lower in type 1 diabetic patients in comparison with type 2 diabetes and the control group ($P < 0.01$) with a significant decrease in serum uric acid levels in both male and female patients with type 1 diabetes compared with gender matched patients with type 2 diabetes and healthy control. Simple correlation analysis revealed a significant positive relationship between serum uric acid and TAS ($r = 0.85$ $P < 0.001$).

Conclusion :Diabetic patients undergo an important oxidative stress particularly in type 1 diabetics that was presented as a reduced TAS. Serum uric acid can act as a potent antioxidant determinant in vivo.

Keywords :Diabetes mellitus, antioxidants, uric acid

قياس المواد المضادة للتأكسد الكلي مع حامض البوليك في المرضى المصابين بداء السكري
 الهدف : قياس تركيز المواد المضادة للتأكسد في مصل الدم للسكريين نوع ١ ، ٢ والتحرري عن وجود علاقة بين
 هذه المواد وحامض البوليك في مصل الدم.
 نوع الدراسة : دراسة مستقبلية.
 مكان إجراء الدراسة والإطار الزمني : نفذت الدراسة في قسم الكيمياء الحياتية / كلية الطب / جامعة الموصل للفترة
 بين تشرين الأول / ٢٠٠٠ - كانون الأول / ٢٠٠١.
 المشاركون : شملت الدراسة ٢٠ مريضاً من السكريين من النمط ١ و ٣٠ مريض من السكريين نمط ٢ و ٣٠ من
 الأصحاء ظاهرياً (عينة سيطرة).
 المداخلات الإجرائية: تم جمع المعلومات السريرية كالعمر، الجنس، الفترة الزمنية لمرض السكر ونوع العلاج .
 الطرق : تم قياس تركيز المواد المضادة للتأكسد ، حامض البوليك ، الكلوكوز في حالة الصيام في مصل الدم إضافة
 الى قياس نسبة تركيز البروتين والكرياتين في البول في الأشخاص المذكورين أعلاه. تم تحليل التباين إحصائياً
 باستخدام فحص (t) غير المزدوج، جدول تحليل التباين ومعادلة الخط المستقيم لتقدير التأثيرات الأيضية المتغيرة
 على المواد المضادة للتأكسد وحامض البوليك.
 النتائج : لوحظ انخفاض ملموس في تركيز المواد المضادة للتأكسد عند السكريين نمط ١ مقارنة بكل من السكريين
 نمط ٢ وعينة السيطرة (ب . ٠,٠١) مع نقصان في حامض البوليك في كلا الجنسين لمرضى السكريين نمط ١. كما
 وأثبتت معادلة الخط المستقيم وجود علاقة إيجابية مهمة بين تركيز المواد المضادة للتأكسد وحامض البوليك في
 مصل الدم (ر=٠,٨٥ و ب . ٠,٠٠١).
 الاستنتاج : إن مرضى السكريين نمط ١ يعانون من زيادة في ضغط التأكسد والتي يمكن تحديدها بنقصان في تركيز
 المواد المضادة للتأكسد. كما لوحظ إن حامض البوليك في مصل الدم يمكن إن يعمل كأحد المواد المضادة للتأكسد
 الفعالة في الجسم.
 مفتاح الكلمات: داء السكري، المواد المضادة للتأكسد، حامض البوليك .

52. Perils and pitfalls in lumbar disk surgery

صعوبات ومخاطر عملية الديسك القطني

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Morbidity as a result of complication in spine surgery is a in special and complicated problem, unfortunately it is increasing in Number. Luckily this problem can be reduced to a great extent if the standard remains the goal, in all the stage of spine surgery. Confrontation, pre-operative evaluation and investigation may reduce the problem of failed back surgery to a great extent.. high index of clinical awareness will certainly help in identifying the mix up problems in the back, limbs or other site in the body. The co-morbidity also participate in increasing the chance of failure. Keeping in mind the gold standard of operative technique in spine surgery is very vital too. Usually the problems are multifactorial, spine surgeons are blameless in one occasion, but they are guilty on so many occasions. To reduce this notorious problem, surgeon should realize and understand all the possible complication and he should guard against it. He should be familiar with the nature of spine surgery as a specific entity on its own. Precision, accuracy and decision making is very vital, the patient should be analysed as one block, because the spine is part of a human body. Keeping in mind the post-operative care and when to go back to normal activities should be given a serious consideration. But despite all these precaution, still the stormy and formidable complications has a definite place in spine surgery. Finally if the surgeon miss the avoidance of complication he should not miss its early detection which can help in minimizing the bad outcome of spine surgery.

Bone defects can be classified into minor and major defect depending on the degree of bone loss, obvious difference was noticed in the natural power of fracture healing and hence filling gaps, so it is possible to say that some patients are good callus former while other are not.

Because of the severity of injuries in war wounded some degree of disabilities is always expected. The surgeon is either blameless and disability is unavoidable because of injury pattern or the surgeon is guilty by the sin of omission or commission.

53. Profile of patients with headache In Basrah/Iraq

خصائص المرضى المصابين بالصداع في البصرة

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This is a cross-sectional study, carried out to study the profile of patients with headache who had attended the outpatient clinic in Al-Sader Teaching Hospital in Basrah Governor ate for the period 1st. Jan. 2003 – 31st. Dec. 2003. The study included 300 patients attended the out-patient clinic with main complaint of headache, the study showed that females constituted 56% of patients and 44% were males, with Female/Male ratio of 1.6. Females' patients were younger than males. Tension type headache consisted 20% compared to 15% had migraine headache, and 4(1.3%) had brain tumor. Majority of migraineurs was illiterate & the reverse was true for tension type headache. In migraineurs headache started below the age of 30 years, the reverse was true for tension type headache. The majority (70.2%) was on irregular, self –prescribed treatment(on the counter drugs). The study recommended clinical evaluation of patients & provision of proper treatment regimen & follow up of patient, cranial scan or MRI may be needed to exclude any abnormalities.

54. Discectomy syndrome. (A report on 70 cases)

تناذر عملية الديسك القطني عرض ل ٧٠ حالة

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Kramer (1986) described discectomy syndrome as a specific entity related to the complications following lumbar disc surgery. It is a variant of the failed back surgery syndrome. This article describe the details and the reasons behind 70 case of discectomy syndrome, which gave rise to 14.28% failure rate. Although the cause were dominantly of the expected complications like disk space infection (18 cases), perineural fibrosis (18 cases), recurrence (10 cases). But special emphasis was given to the unexpected (unusual) complication like death due to intracerebral haemorrhage (one case), acute psychosis (two cases), pseudo tabetic pain (two cases), archnoiditis (4 cases) sacrospinalis insertion pain (2 cases) and vague ill defined suffering in five cases. Dual tear was noticed in 16 cases (3.2%) but only 3 patients end up with pseudo meningacele. Certainly the common complications are well known to every body, but the rare and usual complications are easily missed. So a high index of suspicions is

mandatory for the unexpected complications. This article discusses some points that may help in reducing the occurrence of this notorious syndrome. Lucky most of the cases are avoidable if the gold standard rule in selecting the right patient for surgery and in applying the standard technique during surgery.

55. Mental Disorders of Iraqi Children

الاضطرابات النفسية لدى أطفال العراق الوافدين لمستشفى اليرموك التعليمي

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Background: Research in the past 15 years has shown that life events are associated with an increased psychiatric morbidity among children. Assessment of mental health of Iraqi children is becoming increasing important, particularly after the destruction of wars and sanctions.

Objectives : To describe the impact and pattern of psychiatric morbidity of Iraqi children.

Methods : This is an outpatient-based study. It was carried out in Al-Yarmouk Teaching Hospital/ Baghdad/ Iraq, during a period of 2 years (1st July 2001-1st July 2003). 11452 psychiatric patients attended the outpatient in psychiatric department. 108 children aged 4-12 years out of the 945 patients (below 18 years) were studied.

All children were exposed to a semi-structural interview and assessed by social worker (social assessment) and by psychiatrist (psychiatric assessment), Diagnostic and Statistical Manual of mental disorders-fourth edition (DSM-IV) criteria were used to assess the patients.

Results: 108 children aged 4-12 years (11.4%), 62 boys (57%) and 46 girls (43%) out of the 945 patients (below 18 years) were assessed.

Emotional disorders were the most common mental disorders (30%), followed by epilepsy (18%) and depression (13%).

Conclusion : The findings suggest that mental health of Iraqi children is a problem and need to be carefully assessing among psychiatric patients in general hospital. Child psychiatric centers are required.

Keywords : Emotion, DMS-IV, and Mental disorders.

الاضطرابات النفسية لدى أطفال العراق الوافدين لمستشفى اليرموك التعليمي

الهدف : لوصف شكل وأثر العلل النفسية لدى أطفال العراق

الطريقة : قمنا بدراسة كل الأطفال دون سن ١٢ سنة الوافدين للعيادة الخارجية / مستشفى اليرموك التعليمي/ بغداد ، خلال الفترة من تموز ٢٠٠١ إلى تموز ٢٠٠٣ . من مجموع ١١٤٥٢ مريض نفسي وفد إلى العيادة الخارجية ، كان ٩٤٥ مريض نفسي دون سن ١٨ سنة من بينهم ١٠٨ طفل تتراوح أعمارهم ٤-١٢ سنة. ملئت استبيانات لكل الأطفال من خلال القابلة الشخصية لاختصاص الطب النفسي و الباحث الإجماعي. شخصت الأمراض النفسية وفق التصنيف الأمريكي – الطبعة الرابعة للأمراض النفسية.

النتائج : ١٠٨ طفل (١١,٤%) من بين ٩٤٥ مريض دون ١٨ سنة الذين أجريت عليهم الدراسة، كان عدد الأولاد ٦٢ (٥٧%) وعدد البنات ٤٦ (٤٣%).

كانت الاضطرابات العاطفية (٣٠%) هي بالمرتبة الأولى يليها الصرع (١٨%) ثم مرض الاكتئاب (١٣%).
الخاتمة : النتائج تشير إلى إن الصحة النفسية لأطفال العراق تمثل مشكلة تحتاج للتقييم الجاد والسريع في المستشفيات العامة. توصي الدراسة إلى إنشاء مراكز للطب النفسي للأطفال.

مفتاح الكلمات : الإضرابات العاطفية ،التصنيف الأمريكي للأمراض النفسية-الطبعة الرابعة.

محمد الكرخي ،رياض العزاوي (الجامعة المستنصرية \ كلية الطب \ بغداد)

56. The Epidemiological and Clinical Pattern of EPI-Targeted Diseases in Iraq During 1991-2001.

النمط الوبائي و السريري للأمراض المستهدفة من قبل برنامج التحصين الموسع في العراق للفترة بين ١٩٩١-٢٠٠١

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Introduction: Although advances in medical sciences have made us less vulnerable to some infectious diseases epidemics and pandemics, however, they continue to occur as they have throughout human history. As recently as the late 1960s, it was suggested by leading medical authorities, including the Surgeon General, that it was the time “to close the book on infectious diseases” However; infectious diseases remain the leading cause of death worldwide. The world’s human and animal populations continue to struggle against an increasingly recognized number of viral, bacterial, protozoal, helminthics and fungal agents. Infection result from an encounter with a potentially pathogenic agent with susceptible human host in conjunction with a suitable portal of entry. The source of most human infections occurs outside the individual human host, thus, exposure to the environment or other infected host is a key factor. Disease is one of the possible outcomes of infection, and its development is related to factors of both the host and the agent. There are three characteristics of agents in terms of their epidemiological importance:

1) Characteristics of agents that are involved in their spread or transport through environment.

2) The agent characteristics that are involved in their production of infection.

3) These characteristics that are involved in the production of disease.

(Michael T. Osterholm et. al. 1997)

Thus, the clinician must be alert to infections prevalent in the community as a whole. Knowledge of the relationship between specific risk factors and disease allows the physician to influence a patient’s health even before the development of infection by modification of these risk factors and- when a vaccine is available-by immunization. (Lawrence C et al.1998) “An ounce of prevention is worth a pound of cure” as the ancient words say “.

Aims:To determine the epidemiological characteristics of the EPI –Target diseases for the last decade (concerning time, sex, age, season and outcome variables).

To make an outlook for the trend of these diseases, and to find if there is any special trend for them.

To detect if there is oscillation in the vaccination outcome.

To make a base line for further studies.

5-May help in giving future view in expecting an epidemic.

Patients and Methods

A hospital-based study on cases of EPI-Targeted diseases admitted to Ibn-El-Khateeb teaching hospital in Baghdad during Jan 1991 through December 2001. Ibn-El-Khateeb Hospital is the only hospital for infectious diseases in Baghdad. The EPI-targeted diseases are Diphtheria, Tetanus, Pertusis, Poliomyelitis, Measles and Tuberculous

meningitis as reflective mirror for tuberculosis. The data concerning these diseases all over the country were obtained from the CDC of Iraqi Ministry of Health.

Analysis: Analysis was done through using data base computer program EPI. Info.6 for standard statistics.

Results: This included 3678 cases admitted to the hospital during the study period. The EPI target diseases percentage to the total admission was 9.9% and measles recorded the highest frequency among diseases (2125 cases) with a percentage of 57.80% of admitted EPI cases., The male to female ratio was 1.13:1., The CFR of measles was 2.04%, The age group 1-4 years old recorded the highest frequency of admission 1147 cases (53.97%) of total measles cases. While the CFR in the age group <1 year of age (4.6%) recorded it's highest level. Pertussis with a total of 677 cases admitted to the hospital during the period of study. The CFR was 4.1%. The CFR was highest in the age group <1 year of age (6%)., Tuberculous meningitis had a total of 287 admitted cases The CFR of TBM during the period of study was 15.8% ., Diphtheria recorded a total 223 cases The CFR was 4.5%. , Tetanus neonatorum had 154 cases , Male to female ratio was 2:1. with CFR was 52.6%., Tetanus has 128 cases of different ages admitted to the hospital during the study period. The CFR of tetanus was 25%., Poliomyelitis has 84 cases admitted to the hospital during the period of the study, in which the year 1992 recorded the highest rate of admission of 30 cases (35.7%). There were no cases during the years 1996, 1997, 1998, 2000 and 2001. The CFR of poliomyelitis was 3.6%, The CFR in males was 5.9%, and CFR among females was zero. The number of recorded cases in Iraq for the eleven years of study for measles, diphtheria, tetanus neonatorum, tetanus, pertusis and poliomyelitis were the following: 103217, 2299, 1804, 437, 9488, and 625 cases respectively. The recorded pulmonary and different extra-pulmonary cases of tuberculosis in Iraq during the study period of eleven years were 222809 and 37308 cases respectively.

Conclusion The infectious diseases are still most important in both morbidity and mortality especially for the age group 1-4 years with high CFR among infants, Measles was in the first rank followed by Pertusis, TBM, Diphtheria, Neonatal tetanus then Poliomyelitis which is now in the stage of it's eradication .The period after the second Gulf war 1991 showed great interruption in the vaccination program with a resurgence of EPI-targeted diseases.

Recommendations: Increase health awareness and health education about the EPI-targeted diseases and increase coverage of vaccination.

Improvement of health status of the community.

More studies concerning the EPI-targeted diseases to perform immunization for the high-risk groups.

أجريت هذه الدراسة موضوعاً في مستشفى ابن الخطيب في بغداد من الفترة ١-كانون ثاني ١٩٩١ الى ٣٠-كانون اول ٢٠٠١، و التي تدرس الخصائص الوبائية للأمراض المستهدفة من قبل برنامج التحصين الموسع (و التي هي التهاب السحايا التدرني، الخناق، السعال الديكي، الكزاز و الكزاز الولادي، شلل الاطفال، و الحصبة) و قد شملت ٣٦٧٨ حالة أدخلت الى المستشفى خلال فترة الدراسة لقد كانت نسبة الأمراض المستهدفة الى الدخول الكلي ٩،٩% خلال فترة الدراسة، سجلت الحصبة اعلى المعدلات ٥٧،٨%.

لقد كان مجموع الدخول الكلي للحصبة ٢١٢٥ حالة، كانت نسبة اصابات الذكور الى الاناث ١،١٣:١. معدل الوفيات في الحصبة كان ٢،٤%، سجلت المجموعة العمرية ١-٤ سنوات أعلى معدلات الدخول ٥٣،٩٧%، بينما كان معدل الوفيات أعلى في المجموعة العمرية أقل من سنة. كان مجموع الكلي لمرضى السعال الديكي ٦٧٧ حالة، كان معدل الوفيات للسعال الديكي ٤،١%، سجلت المجموعة العمرية ١-٤ سنوات أعلى معدلات الدخول ب ٢٩٧ حالة (٤٣،٨٧%)، بينما سجلت المجموعة العمرية أقل من سنة أعلى معدل للوفيات ٦% . كان مجموع الدخول الكلي لمرضى التهاب السحايا التدرني ٢٨٧ حالة، كان معدل الوفيات للالتهاب السحايا التدرني ١٥،٨% ولقد كان

مجموع الدخول الكلي لمرضى الخناق ٢٢٣ حالة ، كان معدل الوفيات في الخناق ٤,٥% كان مجموع الدخول الكلي لمرضى الكزاز الولادي ١٥٤ حالة خلال فترة ، كانت نسبة الذكور الى الاناث ١:٢ . ، كان معدل الوفيات في الكزاز الولادي ٥٢٠٦ ، سجل الكزاز ١٢٨ حالة ادخلت الى المستشفى لمختلف الاعمار خلال فترة الدراسة ، معدل الوفيات في الكزاز ٢٥% . سجل شلل الاطفال ٨٤ حالة ادخلت الى المستشفى خلال فترة الدراسة ، حيث سجلت سنة ١٩٩٢ اعلى معدل الدخول بـ ٣٠ حالة (٣٥,٧%) . لم تكن هنالك حالات داخل الى المستشفى خلال السنين ١٩٩٦ ، ١٩٩٧ ، ١٩٩٨ ، ٢٠٠٠ ، ٢٠٠١ . ، معدل الوفيات في شلل الاطفال كان ٣,٦% ، وكان معدل الوفيات في الذكور ٥,٩% ولم تكن هناك وفيات في الاناث . ، كان عدد الحالات المرضية المسجلة في العراق للسنوات الحادية عشرة المذكورة في الدراسة لامراض الحصبة، الخناق، الكزاز الولادي، الكزاز، السعال الديكي وشلل الاطفال كالتالي: ١٠٣٢١٧ ، ٢٢٩٩ ، ٤٣٧ ، ١٨٠٤ ، ٩٤٨٨ ، ٦٢٥٠ ، على التوالي. وكانت حالات التدرن الرئوي و الحالات المختلفة للتدرن اللارئوي خلال الاحد عشرة سنة المذكورة هي ٢٢٢٨٠٩ و ٣٧٣٠٨ حالة على التوالي.

57. Determination of Enzyme Activity, DHFR from volunteers

للأشخاص المتطوعين DHFR قياس الفعالية الإنزيمية لإنزيم ال

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It was determined of Dihydrofolate Reductase (DHFR) in (90) sample of blood serum from volunteers and visitors for private laboratories which they were in three groups :the first one include (15) males &(15) females which get anticancer drugs (methoterxate & its derivatives) ,the second group is (15) males &(15) females which are infertile for (2-13) years (previously detected from physicians) and the last group is control which was (15) males &(15) females are healthy.

It was found that the higher enzyme activity was in first group then the second group compromised with the control group.

The importance of this enzyme is analog of many drugs such as methprim and methoterxate which used for suppresser of immune response for treatment of cancer, autoimmune diseases and protasis inherence of its correlation with fertility factor.

58. Centre Metaphysical Edge Angle a New Measurement For Determination Hip Subluxatoin and Dysplasia

دراسة عن تشخيص التشوهات الخلقية وانخلاع مفصل الورك بقياس حواف المفصل

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The aim of the present study is to determine the benefits of the centre metaphyseal edge angle measurement in the diagnosis of developmental dysplasia of the hip.

A case series study design was adopted where 146 D DH cases admitted to AL Zahrawi and AL – khansaa teaching hospital, during the period April 2000 – August 2001. X–ray of their hips was taken. Comparisons measurements were carried between Wiberg angle (CE) and new angle (CEM).

A Wiberg angle measurement is not the only methods that can be depended upon; the new CME angle measurement is also helpful for determination of hip subluxation and dysplasia.

59. Familial And Recurrent Bells palsy

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Objective: Recurrent and familial Bells palsy to be reported for the first time from Iraq.

Design: Case report.

Setting: Out patient neurology clinic. **Patients:** A family of three children with recurrent attacks of Bells palsy. Bells palsy is defined as a unilateral lower motor neuron facial nerve paralysis of sudden onset, unrelated to disease elsewhere in the body. It is often stated that the face is more frequently paralysed than any other parts. There are few reports on familial 1 and recurrent Bells palsy in the literature, A small number of patients have more than one attack of Bells palsy on the same or opposite side of face. We have a family of three children with recurrent attacks of Bells palsy; all occurring on the right side, the parents are first cousins but with out such condition on either side of the family.

Spinal Epidural Lymphoma.,Review of 13 Cases

Aim: To review the main clinical aspects and to study the out come after surgical treatment of spinal epidural lymphoma.

Design: Retrospective study using the medical records.

Setting: Neurology, oncology and neurosurgical units in Mosul Teaching Hospital. All patients were subjected to full clinical, laboratory and neurological evaluation.

Subject: Thirteen patients with spinal epidural lymphoma studied from 1995-2000. Their ages ranged 4 to 36 years.

Results: There were 4 males and 9 females. Myelography and MRI examinations were abnormal in all patients. Non- Hodgkin's lymphoma (NHL) was diagnosed in 9 patients; six of them had localized epidural lymphoma. Hodgkin's lymphoma was noticed in 4 patients. Of these, only one had primary localized epidural tumour.

Conclusion: spinal lymphoma presented as a localized primary tumour without evidence of systemic disease was relatively higher (54%) than the secondary cases. Also high rate of neurological changes with extensive vertebral involvement characterized the clinical picture in these patients. It seems likely that the functional recovery of the neurological deficits after surgery depends mainly on the severity of the initial neurological status and the presence of systemic lymphoma. Also no correlation could be found between the outcome and the histological subtypes. Surgery is indicated in cases with primary lymphoma whereas other treatment modalities, including chemotherapy and radiotherapy could be considered as a primary mode of treatment in patients with secondary lymphoma.

Nine Poisonings (one of which was fatal). From one family caused by amatoxin mushroom in Mosul city were reported.

They all had gastrointestinal symptoms and one of patients died of acute hepatic insufficiency.

The clinical Course of the intoxication, the treatment used, the medical management reported in Literature have been out Lined.

60. Thrombophilia guidelines

الخطوط العريضة في تناذر فرط التخثر

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Thrombophilia, or hypercoagulability, means increased risk for thrombosis. Thrombophilia may be congenital or acquired. Thrombosis may be cardiovascular, including angina, myocardial infarction (MI), and peripheral vascular disease (PVD); cerebrovascular disease, including transient ischemic attack (TIA) and stroke, or venous thromboembolic disease, including deep venous thrombosis (DVT) or pulmonary embolism (PE).

Cardiovascular and cerebrovascular diseases are often related to may be related to coagulation system abnormalities. Diseases- Related Thrombophilic Risk Factors.

61. Cryptosporidiosis in patients undergoing immunosuppressive therapy.

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Stool samples were collected from 110 patients receiving immunosuppressive therapy in Basrah, Iraq. Cryptosporidium oocysts (acid-fast protozoa) were found to be excreted in 10 (9.09%) patients. The infection rate among corticosteroids receiving patients was 8.33% (5/60) and 10% (5/50) among cytotoxic given patients in comparing to 1.14% (2/175) among the apparently health control group (SND=3.42; $P < 0.01$). Most patients with cryptosporidiosis complain from abdominal cramping (90%), watery diarrhoea (60%) and weight loss (70%). The associated symptoms were fever (40%) and vomiting (30%). Out of 110 patients, 38 (34.5%) were found to be positive for intestinal parasitic infections including cryptosporidiosis in comparing to the control group 38 (14.8%) (SND=5.58; $P < 0.01$). Cryptosporidium alone was isolated from 70% (7/10) as a single infection and 30% (3/10) as a mixed infection with others mainly Blastocystis hominis. Experimentally, immunosuppressed laboratory mice found to positive for Cryptosporidium at a rate of 37.5%.

Management of complications, including infections, will improve the quality of life of patients receiving immunosuppressive therapy.

Geriatric III Neuropsychogeriatrics جلسة العصبية

62. Depression in Elderly

الاكتئاب الشيخي

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PREV.UNERESTIMATED.OFTEN BIASED BY JUSTIFIED CIRCUMSTANCES.
AETIOLOGY. REASONS FOR UNDERDX. REASONS FOR UNDERTREATMENT
SIGNIFICANT FEATURES IN ELDERLY. MANAGEMENT.SPEC.ISSUES
PROGNOSIS

63. Alzheimer's Disease Among the Paramount Neuro-Psychiatric Conditions in the Elderly: An Update

الجديد في مرض ألزهايمر: واحد بين أهم الاضطرابات العصبية النفسية في الشيخوخة

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Objective: This paper examines the current literature pertaining to Alzheimer disease. The Aim of this review is to provide an updated overview of the pathophysiology, the clinical features, the differential diagnosis, and discuss the pharmacological treatment of AD including promising drugs that are under investigation.

Methods: A MEDLINE search was conducted for each area of interest. A selective review was undertaken of relevant articles.

Results: Because of the discrepancy between traditional and geriatric medical usages of syndromes, a new, more accurate, alternative terminology has to be created. Until then, the term "conditions" seems more appropriate in the geriatrics. Delirium, dementia, depression, dizziness, emesis, falls, gait disorders, hearing loss, insomnia, urinary incontinence, language disorders, functional dependence, lower extremity problems, oral and dental problems, malnutrition, osteoporosis, pain, pressure ulcers, silent angina pectoris, sexual dysfunction, syncope, and vision loss, are examples of the neuropsychiatric and other conditions in the geriatrics. Dementia is one of the paramount neuropsychiatric conditions in the elderly. Not many diseases have attracted the attention of both the scientific and public world as Alzheimer's disease (AD), not only because it is the most prevalent form of dementia in mid-to-late life and accompanied by memory loss, personality changes and impairment in the performance of activities of daily living, but also because of its devastating impact on public health and the whole society. Alzheimer's disease is a chronic neurodegenerative disease and affects 7-10% of persons over age 65, and nearly 40% of individuals over 80 years in the United States. The annual health care cost in the United States due to AD is estimated to be about \$100 billion. The number of Americans with AD could reach 14 million by the year 2050.

Conclusion: Recently, there have been numerous advances in our understanding of the molecular biology and pathogenesis of Alzheimer disease (AD). Although to date no pharmacological therapies have been shown to change the pathology of AD, several medications, particularly Cholinesterase Inhibitors, have been proven

to offer symptomatic improvement and to delay the progression of cognitive, behavioural and functional deficits.

Keywords: Geriatric syndromes, neuropsychiatry, dementia, Alzheimer disease, Pharmacotherapy

يفضل في طب الشيخوخة استخدام مصطلح "الحالات المرضية" على تعبير "المتلازمات"، وذلك بسبب اختلاف المعنى الذي تستخدم فيه كلمة "متلازمة" عن معناها التقليدي المتعارف عليه في الطب. أهم الحالات المرضية العصبية - النفسية في طب الشيخوخة هي الخرف والاكتئاب والهذيان أما الحالات الأخرى فتضم أمراض القلب والأوعية وترقق العظام وأمراض سوء التغذية واضطراب البصر والسمع وغيرها.

يمثل الخرف أهم الحالات العصبية - النفسية المعروفة في طب الشيخوخة ويشكل مرض ألزهايمر أهم أشكاله وأكثرها شيوعاً. سنتناقش الدراسة أسباب هذا المرض وأعراضه والجديد في طرق علاجه.

Neuropsychopharmacology of Alzheimer's Disease and of Geriatric Depression: Cholinesterase Inhibitors and Serotonin Reuptake Inhibitors as Examples

الدوائيات العصبية - النفسية لمرض ألزهايمر ومرض الاكتئاب الشيخوي:

مثال مثبطات الكولينيستراز ومثبطات إعادة إمتصاص السيروتونين

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Objective: This paper explores the present literature relating to the Cholinesterase inhibitors (ChEIs) and the Single-receptor selective Serotonin reuptake inhibitors (SSRIs) in treatment of Alzheimer's disease and depression. The Aim of this review is to present an updated overview of the neuropsychopharmacology of the currently most important drugs for the therapy of these two diseases.

Methods: A MEDLINE search was conducted for each area of interest. A selective review was undertaken of relevant articles.

Results: Alzheimer's disease and depression are the most prevalent disorders in the elderly. From neurobiological point of view, both conditions are characterized by dysfunctional monoaminergic signalling and neurotransmission in several brain areas, which closely are associated with specific disease-related clinical symptoms: In patients with Alzheimer's disease there is a close and specific association between the deficiency in central cholinergic neurotransmission and the functional and cognitive impairments characteristic of the condition. Depression is thought to be linked to impaired central serotonergic and noradrenergic systems, and perhaps to a less disturbed dopaminergic system. Consequently, efforts to find a palliative drug treatment for both diseases have concentrated on agents which stimulate central cholinergic and serotonergic neurotransmission. Within this context, inhibitors of acetylcholinesterase and of serotonin reuptake are the most advanced clinically. A steadily increasing number of such compounds have come to prominence during the last decade. Cholinesterase inhibitors (ChEIs), including the first-generation drug tacrine and the second-generation compounds donepezil, rivastigmine, and galantamine, are currently the only pharmacological agents shown to be effective and registered worldwide for the treatment of patients with Alzheimer's disease. Single-receptor selective Serotonin reuptake inhibitors (SSRIs) are the most widely prescribed antidepressants because of their more favourable safety and tolerability profiles, making them a suitable treatment option for older patients.

Conclusion: Our understanding of the central monoaminergic dysfunction associated with both depression and Alzheimer's disease is rapidly gaining in sophistication and

complexity. Differences exist among various ChEI which can be explained with pharmacodynamic and pharmacokinetic properties. (SSRIs) have more favourable safety and tolerability profiles, making them a suitable treatment option for older patients. In selecting an SSRI for treating late-life depression, its pharmacokinetic profile and effects on coexisting illnesses that are prevalent in the elderly also need to be considered.

Keywords: Treatment of Alzheimer's disease with ChEI, pharmacotherapy of old-aged depression with SSRIs, neuropharmacology, cholinesterase inhibitors, serotonin reuptake inhibitors.

ستتحدث هذه الدراسة حول آلية التأثير الدوائي لمثبطات الكولينيستراز ومثبطات إعادة إمتصاص السيروتونين في معالجة أهم مرضين عصبيين - نفسيين في طب الشيخوخة؛ مرض ألزهايمر ومرض الاكتئاب الشيخخي.

64. Neuro Geriatric QTc Prolongation In Patients On Antipsychotic Drugs

تغيرات وصلة QT_c لدى المرضى المتعاطين لأدوية الأمراض النفسية

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Medical City Teaching, Dept. of Medicine, Baghdad IRAQ

Background : There is a recognized association between prolongation of the heart rate corrected QT interval (QTc) and antipsychotic drugs. QTc prolongation may increase the risk of ventricular tachyarrhythmias, especially torsade de pointes, and therefore, sudden cardiac death.

Patients and methods: QT interval measured in lead II in electrocardiogram for 198 patients with psychiatric diseases who were admitted to the hospital and from outpatient at Baghdad Teaching Hospital and AL – Rashad Teaching hospital from July to October 2001. Bazett formula was used in calculation the interval (dividing the measured QT interval—in seconds—by the square root of the RR interval—in seconds). The calculated QT interval was corrected for heart rate).

Patients with atrial fibrillation and bundle branch block were excluded. By application of the chi – square test "x²" to see the association of QTc prolongation with cigarette smoking, age, sex, heart rate, cardiovascular disease.

Results Abnormal QTc was defined as interval more than 440 ms (0.44 second) and was present in 21.7% (43 patients of 198). Benzhexol (-0.333 – 0.051 second), Fluphenazine (-0.046 – 0.671) were robust predictors of QTc lengthening, also the high antipsychotic dose and combination of antipsychotics and antidepressants were associated with higher incidence of QTc lengthening.

Conclusion: Antipsychotic drugs cause QTc lengthening in a dose – related manner. Risks are substantially higher for Benzhexol and Fluphenazine. These drugs may therefore confer an increased risk of drugs – induced arrhythmia.

أجريت هذه الدراسة في مستشفى بغداد التعليمي و مستشفى الرشاد التعليمي للأمراض النفسية للفترة من شهر تموز و لغاية شهر تشرين الأول ٢٠٠١ حيث تم اخذ عينه مؤلفة من ١٩٨ مريضاً مصابين بأحد الأمراض النفسية و الذين يتعاطون ادوية الأمراض النفسية لفترة لاتقل عن اسبوع واحد بالنسبة للادوية التي تؤخذ عن طريق الفم و لفترة لاتقل عن شهرين بالنسبة للادوية التي تؤخذ عن طريق الحقن بواسطة معادلة (بازت) تم حساب فترة QT مصححة لدقات القلب. تم استثناء المرضى المصابين بالارتجاج الالذيني و المصابين بحصر الحزمة القلبية اليمنى و اليسرى من الدراسة. ثم اجريت الاختبارات الاحصائية على النتائج و قد اثبتت هذه الدراسة النتائج التالية:

هنالك علاقة بين استئطالة QTc وتناول الادوية النفسيه و هذه العلاقه تزداد مع زياده جرعة هذه الادوية. وجد ان Fluphenazine, Benzhexol ذات دلالة إحصائية مهمة في علاقتها مع استئطالة QTc. لم تثبت الدراسة وجود علاقة إحصائية مهمة أخرى مع بقية الادوية النفسية أو عمر المريض أو جنسه أو التدخين أو إصابته باحد امراض القلب و الاوعيه الدمويه أو ازدياد النبض (اكثر من ٩٩ نبض بالدقيقه) على الرغم من أن هذه العوامل محددة لدرجات عالية من احتمالية الإصابه باستئطالة في QTc حالة وجودها

65. Management of Spasticity and Shoulder Pain After Stroke

تدبير التشنج وألم الكتف عند المريض المصاب بالسكتة الدماغية

Dr. Sluiman Jawad, 1 Merlin Close, Croydon, Surrey, UK

No Abstract

66. Diabetes and Depression The Impact of Fluoxetine on Glycemic Control

العلاقة ما بين السكري والإكتئاب تأثير الفلوكسيتين على مراقبة سكر الدم

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The coexistence of depression and diabetes, up to three times than the general populations, has serious implications for self care and long term outcomes. The severity of the mood state correlating with the physical symptoms of illness and the degree of hyperglycemia. Fluoxetine a SSRI antidepressant has a hypoglycemic and anorectic effects and potentially cause weight loss proportional to the degree of initial obesity as measured by the BMI. The OBJECTIVE was to study the prevalence and severity of depression, and the impact of its treatment with Fluoxetine on weight and glycemic control in poorly controlled type 2 diabetics with depression in an outpatient private clinic setting

In Mosul. The SAMPLE & METHOD of the study was 48 type 2 diabetic adult patients with minor to major depression (based on DSM IV criteria) from a total of 180 diabetic patients seen from Jan/2003 -Sep/2003. Collected data included (age, sex, residence, weight pre and three months post treatment & height to calculate BMI, smoking, socioeconomic status, depression criteria, duration of diabetes since first diagnosis, diabetic medications, fasting blood glucose values three months pre-treatment and the two and three months values post treatment) . All patients were treated with Fluoxetine 20-40 mg daily for 3 months. Statistical analysis was done using SPSS for window version 10.0. The RESULTS are: The prevalence of depression in type 2 diabetics is 58/180 (32.22%). Ten patients were excluded from the study for non adherence, pregnancy, and loss of follow up. The remaining 48 patients were included, 12 Male (25%) & 36 female (75%), M/F ratio of 1/3. Criteria for major depression was met in 16 patients (3 male & 13 female), and the remaining 32 patients (9 male & 23 female) for minor depression, (33.33%) & (66.66%) respectively. Mean age (50.45 +/- 8.22), range (35 – 65) years . Residence 35/48 urban, 13/48 rural, (73.4%) & (26.6%) respectively. Smokers constitute 20/48 (40.9 %) of patients . Concerning socioeconomic status it was good in 18/48 (37.5%), moderate in 18/48 (37.5%) and poor in 12/48 (25%) of patients. Mean duration of diabetes since first diagnosis (6.73 +/- 3.83), range (

0.5– 15) years. Regarding diabetic medications, 40/48 patients on oral hypoglycemic drugs alone (18/ On Metformin, 16/ on Sulfonylurea, and 6/ on Both), 8/48 patients on Insulin (3/ on Insulin alone, 2/ on Insulin + Sulfonylurea, 3/ on Insulin + Metformin) . Mean BMI (28.32 +/- 3.28), range (22.46 – 34.25) at starting . We found a significant difference between the mean weight pre and three months post Fluoxetine (84.45 +/- 10.13 versus 81.42 +/- 9.08) Kg, and between mean fasting blood glucose values three months pre-treatment and the two and three months values post treatment (11.98 +/- 2.89 versus 10.03 +/- 1.88) mmol/dl, for both $P < 0.001$. The CONCLUSIONS are: Depression is common in diabetics and should be treated, preferably with SSRIs. This small study adds to the body of evidence supporting the link between depression and poor glycemic control. Clinicians should have a high index of suspicion of depression in all diabetics and consider it among the features that contributed to poor control. The future diabetic management guidelines should include routine screening for, and treatment, of depression. Further larger study seems worthwhile.

67. Wars and Mental Health in Iraq

الحروب والصحة النفسية في العراق

Dr Monaf Aljadiry

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Baghdad

No Abstract

68. Mental Health Services in Iraq The future

خدمات الصحة النفسية في عراق المستقبل

Dr. Sabah Fakhurldin

Ministry of Health, Iraq

No Abstract

86 P Encephalopathies with special reference to a case report with mitochondrial encephalopathy diagnosed as MELAS disease.

اعتلال الدماغ مع عرض حالة مرضية مطابقة لمرض ميلاس

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Encephalopathy is a term used to describe a generalized disorder of cerebral functions which maybe acute or chronic, progressive or static.

MELAS: is a multisystem disorder with onset typically in childhood. Patients with MELAS maybe normal for the first several years of life, but gradually they display delayed motor and cognitive development milestones associated with short stature. The most common initial symptoms are generalized tonic-clonic seizures, recurrent headaches, anorexia and vomiting. Often these symptoms are associated with stroke-like episodes in the form of transient hemiparesis or cortical blindness and altered consciousness; moreover sensorineural hearing loss is common.

We report 27 years old male referred to our genetic counselling unit because of his progressive hearing loss, diabetes mellitus and preexcitation syndrome due to recurrent stroke episodes. He was admitted to our Institute to do certain diagnostic tests in the direction of mitochondrial disease MELAS. Results of molecular genetic analysis confirmed the diagnosis of MELAS disease; the type of mutation was (3243 A-G). This mitochondria disease may present clinically in different forms (variable expression).

اعتلال الدماغ هو مصطلح لوصف تنكس **Degeneration** في وظائف الدماغ عامة قد يكون حاداً أو مزمناً، متعاضداً أو مستقراً. ميلاس: مرض يصيب في آن واحد أجهزة متعددة من الجسم و يحدث في فترة الطفولة. قد يكون المصاب بهذا المرض طبيعياً في السنوات الأولى من عمره، و بعد ذلك تتدهور حالته الصحية تدريجياً بشكل عام، فعندئذ يعاني من تأخر في تطوره الحركي والعقلي المتصاحب مع قصر القامة. أهم الأعراض الأولية لهذا المرض هي: نوبات الصرع التشنجية والصداع المتكرر مع القيء، و هذه الأعراض تتزامن مع نوبات تشبه أعراض السكتة الدماغية و التي تؤدي الى الضعف والشلل النصفي بالإضافة إلى العمى الدماغى وفقدان الوعي. وهناك أعراض أخرى مثل فقدان السمع و تضخم القلب و السكر.

نقدم هذه الحالة التي هي لشاب في عمر ٢٧ سنة قد راجع وحدة الاستشارات الوراثية عندنا في مؤسسة الأمراض النفسية والعصبية بسبب فقدان السمع المتقدم و مرض السكر مع تدهور عام في حالته الصحية والنفسية بعد نوبات الجلطة الدماغية الم

النسائية والتوليد Gynaecology

69. Diagnostic and Therapeutic Value Of Dilatation & Curettage In Abnormal Uterine Bleeding

تشخيص ومعالجة توسع المهبل ، التجريف في معالجة النزف الرحم الغير إعتيادي

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Department of Gyn.& Obst., Kufa University

Kufa, Iraq

Objective: To assess the value of D&C and histopathological results in the diagnosis of uterine pathology in A.U.B. and it's value as therapeutic method.

Design: Cross sectional study.

Setting: Department of obstetric and gynecology in Kufa Medical College and Najaf maternity and paediatric teaching hospital.

Subjects: 200 patients, their ages ranged between 18 and 70 years, were presented with different clinical varieties of A.U.B.

Main out come measures:

D&C were done under G.A or sedation and an endometrial biopsy was sent for histopathological examination to find the cause of A.U.B.

Results: Out of 200 patients with A.U.B.

102 patients (51%) were found to have different varieties of organic causes and D&C was effective as diagnostic procedure in malignancy and both as diagnostic and therapeutic procedure in e.g. retained products of gestation, endometrial polyp, I.U.C.D with bleeding and endometritis.

97 patients (48.5%) were found to have D.U.B. and D&C in this group was also effective as diagnostic and therapeutic in some cases.

One patient was found to have blood disease (acute leukemia).

Conclusion:

When hysteroscopy is not available D&C and histopathological results still play a golden role in the management of A.U.B.

70. Female Infertility: A Comparative Study between Hysterosalpingography and Laparoscopy in Evaluating Tubal Pathology.

مقارنة التنظير والتصوير في تشخيص و متابعة الحمل الأنبوبي

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Iraq

Objective To compare the diagnostic accuracy of the Hysterosalpingography (HSG) and Laparoscopy in assessing the tubal condition and to determine the value of laparoscopy in infertile women with normal HSG.

Design :Prospective study on infertile women undergoing tubal patency test.

Setting: Saddam Maternity Teaching Hospital

Patients and Methods: 100 infertile women with primary and secondary infertility had undergone tubal patency assessment by both HSG and Laparoscopic Chromotubation.

Results :Consistent results between the two methods are found in 68% of the patients.HSG has 63.13% predictive value in diagnosing tubal pathology & 70.96% predictive value in detecting normal tubes. It has false positive and false negative rates of about 24.2% and 42.8% respectively in diagnosing abnormal tubes when compared with laparoscopy., HSG is good in diagnosing patent and blocked tubes but unreliable in diagnosing peritubal adhesions. In the presence of normal HSG, Laparoscopy can diagnose pelvic pathology in 48.5% of the women that complain of infertility.

Conclusion: Both HSG and Laparoscopy should remain as integral part of infertility workup using the first as a screening test for tubal patency and the second, which is more invasive procedure, for those with abnormal HSG and for selected patients with normal HSG.

71. Management of Menorrhagia is D&C or Hysterectomy necessary, the evidence and the alternative.

ما هي المعالجة المثالية للنزوف النسائية المستمرة في سن اليأس

Dr. Mousa Al-Kurdi MD FRCOG
Lead Endoscopist, Lead Colposcopist and Lead Gyn Oncologist
President, British Arab Medical Association in UK

No Abstract

72. Prevalence of Polycystic Ovary Disease in Women Seeking Obstetrical and Gynecological Advice

كيفية الوقاية من كيسات المبيض عند النساء

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Department of Obstetrics and Gynecology. Azadi General Hospital in Kirkuk, *Department of Community Medicine. Tikrit University College of Medicine , Iraq

Background:- Polycystic ovary disease (PCO) appear to be one of the most common endocrine disorder of women of reproductive age group . It's characterized by, menstrual dysfunction, hyperandrogenism and polycystic ovaries . These patients usually have oligomenorrhoea, hirsutism, obesity and infertility.

Objective:- To determine the prevalence of PCO disease in women of reproductive age group, complaining of different gynecological illnesses or seeking obstetrical advice and to elicit the mode of presentation.

Design:-Cross sectional study.

Setting:-Private clinic in Kirkuk city. North of Iraq.

Patients and Methods:-This study includes women who visited a private clinic for six months duration, from 26th April till 26th October 2002., The age group of the patients studied ranged between 17-45 years. After full interrogation for every patient a number of patients were diagnosed as having PCO disease, depending on clinical manifestations, vaginal ultra sound appearance of ovaries and hormonal assay. The criteria used in our study to diagnose PCO disease is the presence of at least two of the following criteria:- Clinical hyperandrogenism , Anovulation, polycystic ovaries

Results:-The prevalence of PCO disease in this sample is 9.84%., The most common age group affected was between 21-30 years (64%)., The most common complaints in patients with PCO disease were menstrual abnormalities (33.8%), primary infertility (31.2%), secondary infertility (11.7%).. Menstrual history for all PCO disease patients revealed oligomenorrhoea in (85%), amenorrhoea in (5.9%), menometrorrhagia in (26%) of patients while (11.7%) have history of hypomenorrhoea., 53% of PCO disease patients were obese., 74% of PCO disease patients were having clinical hyperandrogenism

Conclusion:-These data suggest that PCO disease is one of the most common reproductive endocrinological disorder in women. As this disease has current, remote morbidity and complications, any women in the reproductive age group with one of the symptoms and signs mentioned above should be screened for PCO disease, managed and followed properly to treat the symptoms and prevent complications.

73. Infertility Polycystic Ovary Syndrome

تناذر تعدد الكيسات في النساء والعقم

Dr Nuha Haboubi, Consultant Chemical Pathologist West Wales General Hospital, Carmarthen, U.K

No Abstract

74. Lipid Profile and Menopausal Status

تأثير الشحوم الدموية في سن اليأس عند النساء

Dr. Fouad Hamad Al-Dahhan* ; Dr. Lamia M. Al-Na'ama ** Dr Ahlam Disher*

*Dept. Obstetrics & Gynaecology.,**Dept. Biochemistry,Medical College SADDAM TEACHING HOSPITAL; BASRAH; IRAQ.

Objective :Dyslipidemia is a major cause of cardiovascular disease, which in turn, is the most common cause of female morbidity & mortality.

Postmenopausal women (natural & surgical) are at higher risk of developing cardiovascular disease, especially coronary artery atherosclerosis.

Design: A prospective, cross-sectional study, which includes 279 women age range from 35-55 years agreed to participate in the study of the relationship between lipids Triglyceride, LDL-cholesterol, HDL-cholesterol, Total cholesterol, VLDL, LDL/HDL-cholesterol ratio) and menopausal status, and to determine the co-factors the may explain this relationship.Women understudy were divided into 4 groups according to their menopausal status.These are pre-, peri-, natural post and surgical postmenopausal. Data were collectedFrom the participants in a pre-coded questionnaire & an overnight fasting blood sample Was collected for biochemical analysis.

Results: Postmenopausal women have higher levels of lipids than pre or perimenopausal., No significant inter-group differences were found in the levels of HDL-cholesterol,LDL-cholesterol and total cholesterol levels. LDL/HDL-cholesterol ratio was higher in natural and surgical menopause than in pre and peri-menopausal women.,No significant differences were demonstrated in pre-, peri-, and natural menopausal women with regard to Triglyceride and VLDL levels.,Total cholesterol, Triglyceride, and VLDL levels were higher in surgical menopause group than in both pre- and peri-menopause groups.LDL-cholesterol levels and LDL/HDL-cholesterol were higher in the surgical postmenopausal women than in pre-menopausal group.

Conclusion :Dyslipidemia is more frequent among women with natural and surgical menopause groups than in the other groups.Certain co factors appear to have direct associations with lipid levels in each group like waist/hip ratio, blood pressure, income, family size, BMI, multiparty, duration of menopause and duration of irregular cycles. HRT may improve lipid profile in women in an attempt to decrease the risk of cardiovascular disease. This will require a further study.

75. Immunohistochemical Study of P53 Onco- supressor gene in correlation to Age , sex and stage of breast cancer patients in Iraq.

دراسة مناعية و كيميائية نسيجية لسرطان الثدي في العراق المتعلق بالعمر ودرجة السرطان

Dr Asad Aljanabi

Medical Collge , Kufa, Iraq

P53 tumor supressor gene is encountered in in about 50% of breast cancer patients. One hundered thirty one breast cancer patients (2 males and 129 females) ranging from 27 to 90 years were included in this study. P53 immunohistochemical overexpression was reported more frequently in age groups 41-60 and it looks that the prevalance was increasing with age but no significant

difference was recorded in comparison with advanced age group 81-90. Also P53 immunohistochemical overexpression has been reported in both sexes without any significant differences between them. We conclude that P53 mutation can occur at early stages and play a role in pathogenesis of breast cancer independent to age factor.

ARABMED

The Strategic Plans: Professional Bodies, Medical Governance,
House of Elites and the Arab Academy of Medical Science

المناهج التطويرية والعلاقات الأكاديمية للاتحاد

76. ARABMED Annual REPORT

Dr. Hassan Naggar, Germany
President of the Arab Medical Union in Europe

77. Arab Medical Union in Europe on the Arab Academy of Medical Science

دور اتحاد اطباء العرب في أوروبا في الإسهام في الخدمات الفكرية والأكاديمية في العالم العربي
Dr. Faidi Omar Mahmoud Germany
Chair of Scientific Committee, the Arab Medical Union in Europe

78. The role of Arabmed in europa in development and implementation of current and future projects in the Arab world

Dr. Amer A Hosin
Chair, Policy Planning Development, and ARABMED NGOs Affairs
Committee

Profile, 2004 Annual Report & Strategic Plans

1. This brief report aims to highlight the Arab Medical Union's profile and its major recent work. However, the Arab Medical Union was first founded in Germany 1983 and has now branches in several European Countries including France, Italy, Germany and the UK with over 2000 members. Proposals and plan are underway to have branches in other European countries to accommodate the needs of our members who work in main land Europe and beyond.

The aims of this professional organisation - which is open to all Arab doctors and other professionals working in the allied fields to medicine- are two fold. That is first to promote training, knowledge, links and enhance cooperative scientific activities including joint medical research work among its members and others colleagues who work in the same fields in Europe and elsewhere in the Arab World. The second major task of this professional body is to contribute and engage in the medical relief efforts which might be needed in various disaster regions including war, famine and areas hit by ethnic conflict etc. The ArabMed union relief efforts team particularly in the last decade made some vital contributions and used its medical expertise in the training of local professionals and treatment of patients in many disaster regions. For examples in Bosnia, Kosovo, Palestine, Afghanistan, Iraq, Somali and Sudan. Medical supplies

were also covered and included in many of the relief efforts conducted by the ArabMed in the recent past including Iraq and Palestine.

On the other hand, the Arab Medical Union in Europe publishes and for several years now (since 1991, three times a year) our widely circulated Arab Medical Journal (ArabMed). The journal tends to promote medical, scientific and ethical knowledge and publish highly authoritative medical papers in three language English, German and Arabic. Research in progress, UN initiatives, scientific meetings and relief activities are also highlighted in the journal. Furthermore, the ArabMed Scientific Committee annually takes the task of organising the AraMed annual conferences which are often held in a chosen European city or elsewhere. Here are few examples of our recent annual conferences: Munich 1998, Dusseldorf 1999, Dubai 2000, and Hannover 2001. **London** is chosen to be the host and the venue of 2002 conference, i.e., the ArabMed 19th annual conference, Churchill Inter-Continental Hotel, September 27th-29th, 2002. Meanwhile, our 20th annual conference was held in September 2003 in Bonn, Germany. The venue of our forthcoming conference will be held in Istanbul Turkey 6th - 12th.8.2004. It is worth noting however, that these conferences often are well attended and hence we are expecting that this year conference to attract a considerable number of delegates coming from the entire Arab Middle East Region, Europe and beyond. Almost all our delegates who attended previous conferences with their families so far provided very positive feedback comments on the scientific programme and the social events which take place during these annual conferences. The Royal College of Physicians (England) and The Royal College of Surgeons recently awarded our last scientific conference programme held in London 10 CPD credit points. And we hope that our rich scientific programme for this year will be awarded 15 CPD credit points as we have received so far over 90 submissions. Additionally, the Arab Medical Union in Europe web site on the internet is now fully functional. Thus, our web site (www.arabmed.de) tends to promote our main activities (mentioned above) in three languages (Arabic, English & German), and perhaps to a larger audience including a wide range of professionals who may be interested in our activities including the main users of the health services. That is to the public at large whose well-being is also our main concern.

Focusing on cooperation and links, the Arab Medical union has co-operated and maintained good relationships and throughout the years with several international and professionals bodies such as the World Health Organisation (Regional Office for the Eastern Mediterranean); Department of Health and Medical Services in the Arab World; the Medical Associations in the region; Federation of Islamic Medical Association as well as with the Red Cross, Red Crescent Societies and other European Medical agencies.

Finally, our future and strategic plan which approved (in a meeting in Frankfurt on April 7th, 2002 by both the elected ArabMed Governing Council and ArabMed Consultative Board) included the establishment of the Arab Academy of Medical Science (HQ in London) and the European & Emirates School of Medicine in UAE. These two grand initiatives have been proposed as strategic plan for the future. Though the WHO (ie, the Regional Office for the Eastern Mediterranean) has been informed and promised to lend us with some technical support to achieve these tasks which will certainly benefit the whole population in the region. Other short-term plans are highlighted below. Many thanks

2. Arab Medical Union in Europe (Annual Report, May 2004)

Indicated below some general scientific activities and relief efforts conducted by the Arab Medical Union in Europe recently. These activities have been summarised as follows:

1. The 20th Annual Conference of the Arab Medical Union in Europe held in Bonn, Germany, September 7th-9th, 2003. Other previous conference included the 19th annual conference which was conducted in London. Meanwhile, the 21st Annual conference will be held in Istanbul, Turkey August 6th-12th, 2004.
2. The ArabMed Journal (the official journal of the Arab Medical Union in Europe) continued to be published for 15 years now. New arrangement was recently made to increase the publication circulation to 15000 copies to include Egypt, Syria, Lebanon Jordan, Libya, Sudan and the Gulf States.
3. Signing memorandum of cooperation with Ajman University of Science and Technology in which both parties (the ArabMed and Ajman University of Science and Technology) will cooperate on various scientific projects in areas of medicine and other professional initiatives allied to health and medical sciences.
4. In association with WHO regional office (the Eastern Mediterranean Regional Office, EMRO) the Arab Medical Union in Europe has initiated a project to provide workshop training programmes to Iraqi Doctors and Academic Staff working in various medical schools in Iraq. These workshop training programmes will be held in Jordan and in Istanbul and perhaps elsewhere. All these workshop training programmes for the Iraqi doctors will be completed by October 2004.

2.1 Relief efforts; The ArabMed relief effort programmes included the followings:

- i) The Arab Medical Union in Europe managed to send three medical teams to Palestinian. Members of these various medical teams conducted various orthopaedic, neurosurgery and general surgical operations in various hospitals in Ram Allah and Gaza strip.
- ii) The ArabMed is sending cardio surgery equipments (costing Euro 39000) as well incubators for maternity hospitals in Palestine (costing Euro 90000), as well as donation of glasses frames for Palestinians school children.
- iii) The ArabMed has sent around 2 tons of medication through Kuwait to Iraq, and provided donation to other colleagues to assist them to provide treatment to Iraqi children who were brought for such treatment in German Hospitals.
- iv) The Arab Medical Union is liasing with various colleagues in Iraq to send medical teams to work for specific period in Iraq, and to provide teaching cover at various medical schools in Iraq. These issues were discussed with various presidents of Iraqi universities and directors of hospitals in Iraq.
- v) The ArabMed made a contribution to the Annual Conference of teaching hospitals in Egypt and the series medical workshops held at various teaching hospitals in Egypt during April 2003.
- vi) Participation through paper presentations to the Iraq Medical Association Conference held in London, October 2003.
- vii) Contribution to the various medical conferences organised by ArabMed (France Branch) held on Medical Ethics, Euthanasia, Addiction, Organs Transplant and Child Psychiatry.
- viii) Our members have also been invited and contributed a series of talks on the Health Programme shown on the ANN satellite channel . These series of talks covered various aspects medicines and health care.

3. ARABMED in Europe: Future Plan (Short-term Plans) 2004-2006

	Planned Projects
Year 2004	<ol style="list-style-type: none"> 1. To hold two main parallel conferences (three days conference) for medical students and junior doctors. The two conferences will be held in Europe. The Arab Medical Union in Europe will invite medical students, Arab junior doctors practicing in Europe to attend the conference. The ArabMed will contribute to the cost of delegates and key note speakers who will be attending these two conferences. 2. Provide a bursary (fellowship) contribution (\$200 a month) to three recipients (Arab candidates) studying medicine in a credited university in Europe. Some of such fund might be utilised as hardship fund and offered to candidates who experience financial hardship.
Year 2005	<ol style="list-style-type: none"> 1. A bursary (fellowship) contribution (\$200 a month) to three recipients (Arab candidates) studying medicine in a credited university in Europe. Some of such fund might be utilised as hardship fund and offered to candidates who experience financial hardship. 2. Make a contribution to our annual conference and funding delegates who attend our conference from developing countries (delegates and speakers) 3. Make a contribution to support the proposed Arab Medical Conference on Alcoholism and Drug Misuse and Abuse, France 4. Provide training fund to support 3 doctors to attend short workshop training programme in major clinics in Europe. The contribution will be toward travel expenses and cost of living (maximum \$2000 per a person)
Year 2006	<ol style="list-style-type: none"> 1. Make contribution toward the cost of the Arab Medical Union Symposium on Alcoholism and Drug Misuse and Abuse, Germany 2. Make a bursary contribution (fellowship contribution) of \$200 a month to three recipients (Arab candidates) studying medicine in a credited university in Europe. Some of such fund might be utilised as hardship fund and offered to candidates who experience financial hardship. 3. Continue the publication of the Arab Medical Union Journal to be widely circulated in the Arab World 4. Continue to conduct our annual and mid year conferences in Europe and the Arab World. The proposed venues will be discussed in the General Meeting at the Annual Conference, August 2004

79. Annual report and presentation of the Innovative Medical Environment Committee of Ajman University

العلاقات القائمة بين اتحاد أطباء العرب في أوروبا و شبكة جامعة عجمان والتعريف عن بيئة الإبداع الطبية

Delegation of Innovative Medical Environment Committee, Ajman University, UAE

80. National framework for introducing and maintaining Evidence Based Practice in The Middle East

المشروع الوطني لتطوير الخدمات الصحية، والتعليم الطبي في الشرق الأوسط حسب الدليل العلمي

Dr Mousa Al-Kurdi MD FRCOG

President, British Arab Medical Association in UK

This is a plenary lecture about how could we as British Arab Medical Association and ARABMED contribute to improving medical and health services in our mother countries by changing the practice from being personal based (without proper scientific bases) to become evidence based and adopt international guidelines, protocols and clinical pathways. This will save a lot of complications and mortalities in addition to rationing and saving millions of Dollars. This project has been presented to Egypt, Syria and Dubai. We have held conferences in Syria and Egypt for this purpose. Our next conference will be in Khartoum on 26th. Dec. 2004.

جلسة الأمراض الداخلية Internal Medicine

81. PEG Clinic Audit

الخبرة السريرية لمستشفى نيفل هول في التغذية الإصطناعية

Dr Nadim Y Haboubi

Nevill Hall Hospital, Wales, UK

It is widely recognised that the number of patients being discharged into the community on enteral tube feeding is increasing. Monitoring of these patients is frequently a problem due to lack of time, funding and resources. In order to try and address the issues relating to inconsistent, fragmented and time consuming follow up a PEG clinic was set up at Nevill Hall Hospital in May 2001. To assess the outcomes/efficacy of the clinic, medical notes of 30 consecutive patients attending PEG clinic between May 2001 and May 2003 were made by the Trust Audit Department. The data from this Audit will be presented.

82. Regression of left ventricular hypertrophy by telmisartan in patients with essential hypertension

تراجع ضخامة البطين الأيسر عند مرضى ارتفاع التوتر الشرياني باستعمال تيلميسارتان (دراسة سريرية)

Najah R. Hadi

College of Medicine Kufa, Iraq

Background: Left ventricular hypertrophy (LVH) represents an independent risk factor in patients with essential hypertension.

Objectives: Reversal of LVH may be associated with an improvement of prognosis so the effects of new antihypertensive drugs such as AT1 receptor blockers on LVH should be determined .

Methods and Results : In a randomized double blind trial, 62 previously untreated hypertensive patients with echo-cardiographically proven LVH, ie, left ventricular mass index (LVMI) >134 g/m² in men and >110 g/m² in women and or end-diastolic septal thickness >12 mm, received either telmisartan or enalapril for 6 months. After 6 months of telmisartan treatment (n=30), LVMI decreased from 148 ± 20 to 105 ± 21 g/m² (p<0.01 versus baseline). Under enalapril (n=32), LVMI decreased from 145 ± 25 to 108 ± 22 (p<0.01 versus baseline). No significant differences were found between the effects of telmisartan and enalapril on LVMI .

Conclusions: Telmisartan treatment for 6 months produced a significant regression of LVH in patients with essential hypertension and as effective as enalapril in decreasing LVMI .

83. The Detection and Management of Early Gastric Cancer in Northern Iraq, Twenty Years Experience

اكتشاف و معالجة سرطان المعدة المبكر في شمال العراق . خبرة عشرين عاما

Prof Dr. Hisham A. Al-Atrakchi

Department of Surgery, College of Medicine, Mosul –Iraq

Background: Early gastric cancer (EGC) is a distinct form of gastric cancer that have an excellent prognosis, compared to the poor prognosis of gastric cancer; but it is rarely diagnosed. The present study presents our efforts in the diagnosis and management of (EGC), and ways of improving the diagnosis of this form of cancer.

Patients and Methods: Between 1982 – 2002 (20 Years), 224 patients with gastric cancer were diagnosed, 11 of them had (EGC) diagnosed by endoscopy and biopsy. All were studied and operated on. Data collected regarding: previous treatment and endoscopy, clinical features, investigations, types of surgery, operative findings, histopathology, and follow up.

Results: Eleven cases of (EGC) diagnosed from 224 cases of gastric cancers during the period of 20 years: 4.9%.

Dyspepsia was the most common symptom present in 100% of patients, followed by nausea and vomiting in 36% of patients.

72.7% of (EGC) were located distally in the stomach, and 63.6% were of the depressed type (type III). 45.5% were intramucosal, 54.5 were submucosal, and lymph node infiltration was presents in 18.2%.

Two patients had segmental gastric resection (RS), or pylorus preserving gastrectomy (PPG). Five-year survival was 88.9%.

Conclusions: (EGC) does exist in Iraq, and is the same as in other parts of the World. The incidence of the diagnosis is 4.9% which is low like the rest of the World, except Japan. It has an excellent prognosis.

High index of suspicion, and the frequent use of endoscopy and biopsy are important factors to help improve the diagnosis.

84. Hyperlipidemia in Renal Transplant Recipients

فرط الشحوم في المرضى زارعي الكلية

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Context :Hyperlipidemia is frequently common in uremia and persists after successful renal transplantation (RT). It is one of the risk factor for the development of atherosclerosis in RT recipient and has a deleterious effect on graft function.

Objective :To assess the prevalence of hyperlipidemia in RT in Mosul and to determine its types.

Design :Prospective study of hyperlipidemia in RT using clinical and laboratory investigation of their lipid profile, renal function, serum glucose, proteinuria and immunosuppressive therapy.

Setting :The study was conducted in the out patient nephrology clinic at Ibn Sina teaching hospital between June 2000 – November 2001 who had RT.

Participants :Seventy eight of RT patients, (44) males and (34) females, with a mean age of (38) years and age range of (11-55) years transplanted within a period of 3 months – 17 years were included. Fifty apparently healthy subjects, (26) males and (24) females, of normolipidemic state were taken as a control group.

Results :Different types of hyperlipidemia were detected, hypercholesterolemia in 58.9%, combined hyperlipidemia in 62.8%; i.e., increase in both total cholesterol (TC) and triglycerides (TG). Higher total cholesterol ،low-density lipoprotein cholesterol (LDL-C), very low-density lipoprotein (VLDL-C) and serum triglycerides were encountered in patients with RT less than one year compared with those with RT more than one year. Higher TC, VLDL-C, TG seen in those receiving triple immunosuppressive therapy (cyclosporine, corticosteroid and azathioprine) than those on dual therapy (corticosteroid and azathioprine). The effect of acute rejection on serum lipid variable of RT patients is well established. The causes and the explanation were discussed.

Conclusion :Hyperlipidemia is prevalent after RT, further investigations are needed to determine whether graft losses and late graft failure can be prevented or ameliorated by treating hyperlipidemia.

Keywords :Hyperlipidemia, renal transplantation, lipid profile, immunosuppressive therapy.

فرط الشحوم في المرضى زارعي الكلية

سياق البحث : إن زيادة الشحوم في الدم تكون مألوفة وترافق مرضى عجز الكلى المزمن وتستمر هذه الزيادة بعد عمليات زرع الكلى الناجحة. وتعتبر هذه الزيادة في الشحوم من أحد عوامل الخطورة التي تؤدي إلى تصلب الشرايين في المرضى المذكورين مما له تأثير سلبي على وظائف الكلية المزروعة.

أهداف البحث : لمعرفة نسبة الانتشار في حدوث الزيادة في الشحوم في المرضى الزارعين للكلية في مدينة الموصل ولتحديد أنواعها.

التصميم : دراسة مستقبلية لمعرفة زيادة الشحوم في الدم في المرضى الزارعين للكلية مستخدمة الفحوصات المخبرية والمعلومات السريرية لمعرفة نوعية الدهون، والدهون البروتينية، ووظائف الكلية، مصال الكلوكوز، كمية الزلال في الإدرار والأدوية المثبطة للمناعة.

مكان إجراء الدراسة والإطار الزمني لها : أجريت هذه الدراسة على المرضى الزارعين للكلية المراجعين للعيادة الاستشارية لمرضى الكلية في مستشفى ابن سينا التعليمي للفترة الزمنية من حزيران ٢٠٠٠ - تشرين الثاني ٢٠٠١.

المشاركون : شملت الدراسة ثمان وسبعين مريضاً أجريت لهم عمليات زرع الكلية، (٤٤) من الذكور و (٤٣) من الإناث وكان معدل الأعمار (٣٨) سنة وتتراوح أعمارهم ما بين (١١-٥٥) سنة ومضى على إجراء عملية زرع الكلية ما بين ثلاثة أشهر - ١٧ سنة كما وشملت الدراسة خمسين شخصاً من الأصحاء (٢٦) من الذكور و (٢٤) من الإناث تم استخدامهم كعينة ضابطة من نفس الجنس والفئة العمرية ويملكون معدلات طبيعية للشحوم.

النتائج : تم إيجاد أنواع مختلفة من زيادة الدهون في هذه الدراسة، كانت زيادة الكوليسترول في الدم هي (٥٨,٩%)، وفرط الشحوم المزدوج هو (٦٢,٨%) كما لوحظ زيادة ملحوظة في الكوليسترول الكلي والشحوم البروتينية واطئة الكثافة، الشحوم البروتينية ذات الكثافة الواطئة جدا والشحوم الثلاثية في المرضى زارعي الكلية للفترة الزمنية التي تقل عن سنة مقارنة بأقرانهم ممن مضى عليهم أكثر من سنة كما لوحظ نفس الزيادات في المرضى الزراعين الذين يخضعون للعلاج بثلاثة أنواع من العقاقير المثبطة للمناعة مقارنة بأقرانهم ممن يستعملون عقارين فقط. ولوحظ وجود تأثير لحالات الرفض الحاد للزرع على مستويات الدهون والشحوم والبروتين في الدم ونوقشت الأسباب والتفسيرات المطلوبة.

الاستنتاج : تعتبر زيادة الدهون من الأمراض شائعة بعد عمليات زرع الكلية وهذه الحقيقة تحتاج إلى مزيد من الدراسات لتحديد إمكانية وجود علاقة بين رفض الزرع والفشل النهائي للزرع مع زيادة الدهون وهل أن الرفض الحاصل بالإمكان تقاويه أو التخفيف منه في حالة معالجة الزيادات في دهون الدم. قياس المواد المضادة للتأكسد الكلي مع حامض البوليك في المرضى المصابين بداء السكري

85. Performance Indicators and Validity of Serum Fructosamine Assay As a Diagnostic Test in a Screening Programme For Diabetes Mellitus

صلاحية تحليل امين الفركتوز لمصل الدم كاختبار تشخيصي في برنامج عملي للكشف عن الداء السكري

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Objectives: To evaluate the performance indicators and validity of fructosamine assay as a diagnostic tool in screening for diabetes mellitus (DM).

Methods: Fasting plasma glucose (FPG) and serum fructosamine (FA) were compared in 1015 subjects aged ≥ 25 years from different urban and rural areas in Mosul city in northern Iraq. The subjects were classified into 5 groups: Group 1: Subjects with FPG < 6.1 mmol/L (n= 883), Group 2: Subjects with impaired FPG 6.1-6.9 mmol/L (n= 29), Group 3: New diabetics diagnosed solely by new 1997 American Diabetes Association (ADA) criteria with FPG 7.0-7.7 mmol/L (n= 20), Group 4: New diabetics diagnosed according to old 1980-1985 World Health Organization (WHO) criteria with FPG ≥ 7.8 mmol/L (n= 23), and Group 5: Known diabetics (n= 60). Subjects in groups 2 and 3 underwent a standard 75 gm oral glucose tolerance test (OGTT) as recommended by the WHO. Reclassification of subjects into 3 groups according to FPG or/and 2hPG was done for all subjects. Group A (non-diabetics): Subjects with FPG < 6.1 mmol/L and/or 2hPG < 7.8 mmol/L (n= 910). Group B (Diabetics): Subjects with FPG ≥ 7.8 mmol/L and/ or 2hPG ≥ 11.1 mmol/L (n= 92) including 60 known diabetics in group 5 and 23 new diabetics in group 4 in addition to 2 subjects in group 2 and 7 subjects in group 3. Group C (impaired glucose tolerance, IGT): Subjects with 2hPG between 7.8-11.1 mmol/L (n= 13).

Results: Having all subjects had their serum FA being measured, the Receiver Operator Characteristic (ROC) curve was constructed on the data to determine the trade-off between sensitivity and specificity of the FA test in the diagnosis of DM. This construction decided that serum FA value of 2.65 mmol/L would be the cut-off point or the positivity criterion in the calculation of the validity parameters of FA test. Of 910 non-diabetics, 886 subjects had measured FA values within the 95th percentile, while 24 had FA higher than the cut-off point. Consequently, FA in non-diabetics yielded 886

(true negatives) and 24 (false positives). Of the 92 diabetics, 30 subjects had normal FA values, while 62 diabetics showed FA higher than the cut-off point. Consequently, FA in diabetics yielded 30 (false negatives) and 62 (true positives). Accordingly, the sensitivity, specificity, positive predictive value, negative predictive value, accuracy rate, positive likelihood ratio and negative likelihood ratio were 67.3%, 97.3%, 72.3%, 96.7%, 94.6%, 26 and 2.99 respectively. A highly significant correlation was observed between FPG and measured FA in non-diabetics ($r= 0.85$, $p< 0.0001$) and diabetics ($r= 0.92$, $p<0.0001$). No significant correlation was observed between serum FA and albumin in non-diabetics ($r= 0.14$, $p> 0.05$) and diabetics ($r= 0.08$, $p>0.05$).

Conclusion: Fructosamine test shows a moderate sensitivity with a high specificity as a diagnostic test for diabetes mellitus. The considerable overlap between diabetics and non-diabetics limit its usefulness. It is recommended that fructosamine test is not a suitable screening test for the disease. Measurement of plasma glucose (fasting or post-OGTT) remains the corner stone as a diagnostic test.

Keywords: Diabetes mellitus, fructosamine, screening, diagnosis

صلاحية تحليل امين الفركتوز لمصل الدم كاختبار تشخيصي في برنامج عملي للكشف عن الداء السكري

الاهداف: تقييم صلاحية تحليل امين الفركتوز كاداة تشخيصية للداء السكري .
الطريقة: تمت مقارنة تراكيز كل من سكر العنب في البلازما حال الصوم ، وامين الفركتوز في مصل الدم لدى ١٠١٥ شخصا تجاوزت اعمارهم سن الخامسة والعشرين في مناطق مدنية وريفية في مدينة الموصل بشمال العراق ، تم تصنيف الاشخاص إلى خمس مجاميع ؛ الاولى : كان تركيز سكر العنب حال الصوم عندهم اقل من ٦,١ مليمول /ليتر (العدد ٨٨٣) ، الثانية : تراوح تركيز سكر العنب عندهم بين ٦,١-٦,٩ مليمول /ليتر (العدد ٢٩) ، الثالثة : السكريون المشخصون حديثا وفق المعايير الجديدة لرابطة الداء السكري الامريكية لعام ١٩٩٧ حصرا (سكر العنب حال الصوم بين ٧,٠-٧,٧ مليمول /ليتر) (العدد ٢٠) ، الرابعة : السكريون المشخصون حديثا ايضا وفق المعايير القديمة لمنظمة الصحة العالمية لعام ١٩٨٠-١٩٨٥ (سكر العنب حال الصوم $\leq ٧,٨$ مليمول /ليتر) (العدد ٢٣) ، والخامسة : المصابون (المشخصون) سابقا (العدد ٦٠) . خضع الاشخاص في المجموعتين ٢ و ٣ لفحص تحمل ٧٥ غم من سكر العنب فمويا حسب معايير منظمة الصحة العالمية ، تم بعدها قياس تركيز السكر بالبلازما بعد ساعتين . صنف الاشخاص بعد ذلك إلى ثلاث مجاميع وهي ؛ المجموعة (أ) (غير السكريين): كان تركيز سكر العنب لديهم حال الصوم اقل من ٦,١ مليمول /ليتر مع / أو بعد ساعتين من فحص التحمل اقل من ٧,٨ مليمول /ليتر (العدد ٩١٠) ، المجموعة (ب) (السكريون) : كان تركيز سكر العنب في البلازما حال الصوم $\leq ٧,٨$ مليمول /ليتر مع / أو بعد ساعتين $\leq ١١,١$ مليمول /ليتر اضافة إلى ٦٠ سكرياً مشخصين سابقا (العدد ٩٢) ، والمجموعة (ج) (اعتلال تحمل سكر العنب): كان تركيز سكر العنب في البلازما بعد ساعتين من الفحص الفموي عندهم بين ٧,٨-١١,١ مليمول /ليتر (العدد ١٣).

النتائج: تم اجراء تحليل (منحني خصائص المشغل المستلم) لاختبار امين الفركتوز على السكريين وغير السكريين لغرض تحديد دالة الفصل التشخيصي والتي بلغت ٢,٦٥ مليمول /ليتر لتكون الحد الفاصل في تقرير اشارات صلاحية الفحص في التشخيص. لقد تم احتساب مؤشرات الصلاحية من خلال الجدول الرباعي (٢×٢) حيث كانت قيم هذه الاشارات والتي تشمل (الحساسية ، الخصوصية ، القيمة المتنبئة الموجبة ، القيمة المتنبئة السالبة ، الدقة، نسبة الاحتمالية الموجبة، نسبه الاحتماليه السالبه) كالاتي: ٦٧,٣% ، ٩٧,٣% ، ٧٢,٣% ، ٩٦,٧% ، ٩٣,٤% ، ٢٦ و ٢٩٩ (بالتعاقب) .

لقد اظهرت الدراسة ترابطاً معتداً شديداً (ب $> ٠,٠٠٠١$) بين تركيز سكر العنب وامين الفركتوز لدى غير السكريين (ر = ٠,٨٥) والسكريين (ر = ٠,٩٢) بينما اظهرت ترابطاً غير معتد (ب $< ٠,٠٥$) بين امين الفركتوز وزلال مصل الدم لدى غير السكريين (ر = ٠,١٤) والسكريين (ر = ٠,٠٨) ايضا. لوحظ ايضا وجود ترابط معتد شديد (ب $> ٠,٠٠٠١$) بين امين الفركتوز المقاس والمصحح لدى غير السكريين (ر = ٠,٩٠) والسكريين (ر = ٠,٩٧) .

الخاتمة: ان تحليل امين الفركتوز لمصل الدم ذو حساسية متوسطة وخصوصية عالية في تشخيص الداء السكري ولكن بالنظر لتداخل النتائج بين الاشخاص السكريين والاصحاء فان الفحص لا يعتبر مناسباً للتشخيص وليس بديلاً عن قياس سكر العنب في البلازما.

مفتاح الكلمات: الداء السكري، أمين الفركتوز، تشخيص.

86. (Selenium Level in Patients With Dilated Cardiomyopathy: A Possible Etiological Factor

مستوى السيلينيوم في الدم وعلاقته في الآلية المرضية لإعتلال العضلة القلبية التوسعي

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Introduction: Selenium is essential micronutrients for development and growth as well as being necessary for the immune system and as an antioxidant defense.

The best-known biochemical role of selenium is through its selenocysteine residue, which is an essential element of an enzyme glutathione peroxidase, involved in the removal of hydrogen peroxide molecules, produced during the lipid oxidation process in the cell, thereby protecting proteins and unsaturated phospholipids from the deleterious effects of free radicals.

The aim of this study was to determine the level of selenium in patients with dilated cardiomyopathy.

Patients and methods: Estimation of serum selenium was done for Sixteen patients (eight males, eight females) who had dilated cardiomyopathy and in 16 age and sex matched healthy control group. Hydride generation atomic absorption spectrophotometric method was used.

Their ages range from 35 to 68 years with an average of 50 ± 11 years).

Results: The serum selenium level was markedly lower in pts group ($40 \pm 10.4 \text{ mcg/l}$) Vs ($87 \pm 11 \text{ mcg/l}$) in control group. This was statistically highly significant (P value less than 0.0001).

Serum selenium was lower in pt groups than in controlled group in both sexes.

Conclusion: This study shows a significant reduction in serum concentration of selenium in pts with dilated cardiomyopathy.

We recommend to supply those pts with selenium, and to study its effect on cardiac function.

87. Serum Calcium Level in Type II Diabetes Mellitus

مستوى الكالسيوم في مصل دم مرضى السكري من النوع الثاني

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Introduction: Calcium is shown to play an important role in the biosynthesis, storage, release and activity of insulin in human beings. Evidence for a disturbance of mineral metabolism in diabetes has been accumulated in recent years Type II-DM results in altered cellular calcium regulation, metabolism, and transport.

Aim: the aim of the present study is to see if the serum calcium level is influenced by type II - diabetes mellitus.

Methodology: The study comprised 120 subjects of both sexes. Sixty patients of newly diagnosed type II - diabetes mellitus with an average age of 47.6 ± 11.6 years were attending Al – Wafa Diabetic Clinic in Mosul, and 60 non-diabetic healthy

controls with a mean age of 35.2+14.3 years were studied. Serum calcium and serum glucose levels in fasting blood samples were measured by enzymatic colorimetric assay.

Analysis: Z-test and Pearson's correlation coefficient (r) processed the data. The accepted level of significance was at $P < 0.05$.

Results: the results indicate that serum calcium and blood glucose levels were significantly higher in newly diagnosed type II – diabetes mellitus as compared to healthy controls (Table 1 and figure 1).

Table (1) Mean, SD for S CaL and SBG in type II-DM compared to the healthy non-diabetic controls.

Variables (mg/dl)	Mean \pm SD	
	Control (n=60)	Type II-DM (n=60)
SCaL	8.69 \pm 1.08	12.45 \pm 1.81*
SBG	93.20 \pm 15.33	227.30 \pm 77.99*

*Significantly different from the respective control value, $P < 0.0001$

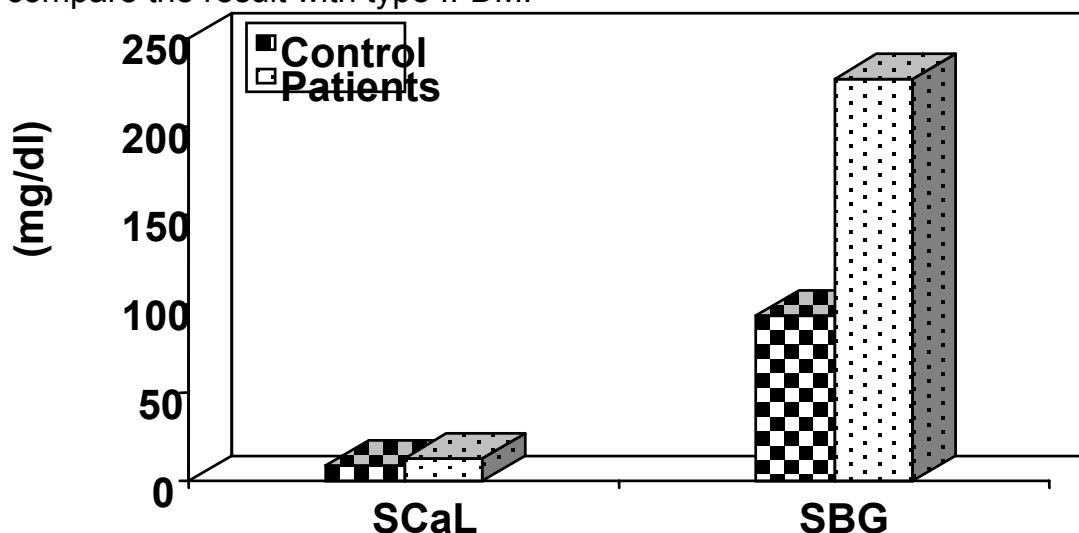
* Significant difference at $p < 0.0001$

Figure (1) Comparison between S CaL and SBG in control and type II-DM.

Furthermore there was no significant correlation between hypercalcemia and hyperglycemia in diabetic patients.

Conclusion: it's concluded that hypercalcemia may be a result of other factors in diabetes mellitus rather than hyperglycemia.

Recommendation: Since there was no relation between serum calcium and blood glucose levels in type II-DM. It is suggested to measure calcium level in type I-DM, to compare the result with type II-DM.



مستوى الكالسيوم في مصل دم مرضى السكري من النوع الثاني

المقدمة: إن عنصر الكالسيوم يلعب دوراً مهماً في التركيب الخلوي، خزن، إفراز وحيوية هرمون الأنسولين. وقد أشارت الدلائل في السنوات الأخيرة حول تأثير مرض السكري على أيض المعادن في الإنسان. كما وجد إن مرض السكري من النوع الثاني له تأثير واضح على نشاط، التنظيم الخلوي، أيض وانتقال الكالسيوم في الدم. الهدف: يهدف البحث لمعرفة فيما إذا كان داء السكري من النوع الثاني له تأثير على مستوى الكالسيوم في مصل الدم.

طرق الدراسة: شملت الدراسة ١٢٠ شخصاً من كلا الجنسين . ستون مريضاً من المصابين بداء السكري من النوع الثاني المشخصون حديثاً معدل أعمارهم ٦٠،٦+٤٧،٦ سنة حضروا عيادة الوفاء لداء السكر في الموصل و ٦٠ شخصاً أصحاء كمجموعة سيطرة معدل أعمارهم ٢،٣٥+٣٠،٢ سنة. تم قياس تركيز الكالسيوم والكلوكوز في مصد الدم .

التحليل: حلت النتائج إحصائياً باستعمال **z-test** ومعامل الارتباط. (الاحتمالية > 0.05) .
النتائج: أظهرت النتائج ارتفاعاً معنوياً في مستوى الكالسيوم والكلوكوز في مرضى داء السكري من النوع الثاني مقارنة مع الأصحاء ، بالإضافة إلى عدم وجود علاقة بين زيادة الكالسيوم والكلوكوز في مرضى داء السكري .
الاستنتاجات: نستنتج من هذا إن زيادة الكالسيوم في مصد دم مرضى داء السكري من النوع الثاني يعزى إلى عوامل أخرى وليس زيادة الكلوكوز .

الافتراضات : لكون لا توجد علاقة بين مستوى الكالسيوم والكلوكوز في مصد الدم في مرضى السكري من النوع الثاني . اقترحت بقياس مستوى الكالسيوم في مرضى السكري من النوع الأول لمقارنة النتائج مع النوع الثاني .

جلسة البوستر III Poster Evolution

88. Primary colonic non-hodgkin's lymphoma

Case report and review of literature

دراسة عن الورم اللمفاوي البدني مع عرض حالة سريرية

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Primary lymphoma of the colon is rare in clinical practice & sometimes difficult to diagnose. The author here described a case of non-Hodgkin's lymphoma of the large bowel , who presented with a palpable abdominal mass without clinical evidence of obstruction , ultrasound diagnosed a solid mass in the right iliac fossa. Laparotomy revealed a big mass extending from the caecum to the whole ascending colon & partially fixed to the posterior abdominal wall. Right hemicolectomy performed with iliotransverse anastomosis. The diagnosis of low grade B-cell lymphoma was established by histopathological examination.

Case report

A 28 years old patient presented with right iliac fossa pain of three weeks duration colicky in nature radiating to the epigastric region , severity of pain increases at the night , it was associated with nausea & vomiting.

Keywords : primary lymphoma of the colon , colonic neoplasms , non-Hodgkin's.

الورم اللمفاوي في القولون من الحالات النادرة وفي بعض الأحيان صعبة التشخيص سريرياً . سجلت حالة لمريض مصاب بالورم اللمفاوي في الأمعاء الغليظة وعند فحصه سريرياً كان هناك ورم محسوس في البطن ولكن بدون أي أعراض سريرية لانسداد الأمعاء ، وقد أظهر فحص الأشعة فوق الصوتية وجود ورم في منطقة الأعور ، أجريت للمريض عملية استئصال البطن ووجد ورم كبير يمتد من الأعور إلى القولون الصاعد مع وجود التصاقات على جدار البطن الخلفي. تم استئصال النصف الأيمن من القولون ثم إيصال الجزء المتبقي منه مع الأمعاء الدقيقة و أرسلت الأجزاء المستأصلة للفحص النسيجي للتأكد من التشخيص .

مفتاح الكلمات : الورم اللمفاوي الاولي في القولون ، اورام القولون ، اللا هودجكين

Primary colonic non-hodgkin's lymphoma

Case report and review of literature

Introduction :Although gastrointestinal (GI) tract is the most common organ involved in extranodal lymphoma, primary lymphoma of the colon is relatively rare among colon malignancies (1,2), it comprises 10% of all GI lymphomas and probably less than 1% of malignancies in colorectum. By definition , primary gastrointestinal lymphomas exhibit no evidence of liver , spleen , or bone marrow involvement at the time of diagnosis ; regional lymph nodes involvement may be present. Sporadic lymphomas are the most common from in the western hemisphere and appear to arise from the B cells of the mucosa associated lymphoid tissue(MALT). This type of lymphoma usually affects adults , lacks a sex predilection , and may arise anywhere in the gut (2,3). Endoscopic finding of the primary lymphoma of the colon are sometimes difficult to differentiate from inflammatory bowel disease (IBD) or carcinoma of the colon. Diagnosis of the lymphoma is based on routine histological examinations, including traditional morphological , immunohistochemical (IHC) study and / or newly developed gene rearrangement analysis (7,10).

Case report

A 28 years old patient presented with right iliac fossa pain of three weeks duration colicky in nature radiating to the epigastric region , severity of pain increases at the night , it was associated with nausea & vomiting.

The history started two years ago as recurrent abdominal pain with malaise , loss of appetite and weight loss , no hematemesis , no bleeding per-rectum , no jaundice. Systemic review was unremarkable.

On physical examination : patient looks ill, conscious , pale , pulse rate 100 /min regular , blood pressure 100/60 mmHg , Temp 38oC. local examination of the abdomen revealed a palpable mass with tenderness & guarding in the right iliac fossa without clinical evidence of obstruction , no palpable liver or spleen. Ultrasound examination revealed the presence of 5X7 cm mass with mixed echogenicity. The mass showed no pulsation or peristalsis. Other laboratory investigations including GUE, stool examination , blood routine tests and bone marrow aspirate were all within normal. Laparotomy performed through right para-median incision, revealed a big caecal mass extending to the ascending colon with adhesions to the posterior abdominal wall & inferior vena cava , liver was normal. Right hemicolectomy performed with excision of part of the terminal ilium , mesentery & local LNs. Resected tissue were all sent for histopathological examination which showed low grade B-cell lymphoma of colonic mucosa , while the tissue from the terminal ileum was free from the tumour. (see the slide on page 5). The post operative period was uneventful. The patient was send to the local oncologist who started chemotherapy treatment, he was given four courses of (COP) regimens (cyclophosphamide vincristin and prednisolone). He was followed up for 18 months , he is symptoms free and increasing in weight.

Discussion :Primary gastro intestinal (GI) tract lymphoma is a rare disorder accounting for only 1-4 % of all GI malignancies (1-3) Although GI tract is the most common extranodal location for the development of non- Hodgkin's lymphoma , the colon and rectum are uncommonly involved as compared with the stomach and small bowel which account for (55-60%) and (25-30 %) respectively (2,11) . For most gastrointestinal tract lymphomas , no specific association with a preexisting disease or pathological lesion have been reported (5). However it has been proposed that lymphoma of mucosa – associated – lymphoid – tissue (MALT) arise in the setting of mucosal lymphoid activities as may result from helicobacter associated chronic gastritis (2) beside the increased risk of colorectal cancer among patients with inflammatory bowel diseases like crohn's disease and ulcerative colitis is well established (6). The

diagnostic criteria for primary intestinal lymphoma , as previously established by Dawson et al (7) , include : The absence of a palpable superficial lymphadenopathy . Absence of a palpable mediastinal lymphadenopathy by chest X-ray or by imaging. Absence of hepatic or splenic involvement or distant lymphadenopathy by laparoscopy or laparotomy. Normal peripheral blood count and uninvolved bone marrow . Recently ultrasound and CT scan examination of the chest and abdomen have largely replaced laparoscopic examination and were commonly used in the evaluation of organ involvement in patients with malignant lymphoma (8). Our patient fulfilled all the criteria of primary colonic lymphoma but regional lymphadenopathy over the mesentery was noted at the time of laparotomy. Colonic lymphoma may develop in patients with long standing inflammatory bowel disease or both diseases may present simultaneously(9). Thus , the differentiation between these two diseases clinically may be even more difficult , the modern immuno histo chemical (IHC) studies on tissue sections not only help to distinguish between these two conditions but also allow the immunological classification of lymphoma into either B – or T - cell lineage (10)., Our case was manifested and treated as inflammatory bowel disease (IBD) clinically for about two years until confirmed by histopathological examination of low grade lymphoma of B- cell type which has good prognosis due to its less progressive nature , and has longer median survival when compared with high grade lymphoma.

Conclusion : This case has drawn our attention that primary colonic lymphoma may clinically simulate inflammatory bowel disease and the physician must have high suspicion of this disease.

89. Breast Feeding, Circumcision and Urinary Infection in Children

مميزات الرضاعة في وقاية التهاب المجاري البولية عند الأطفال؟

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Objectives: (1) to test whether breast feeding has a protective property against urinary tract infection (UTI) in children.

(2) To confirm the role of circumcision in decreasing the risk of UTI in children .

Design: A case control study.

Setting: The study was conducted in Al-Khansa Maternity and Children Teaching Hospital in Mosul during the period from 1st January 2001 to 31st August 2001.

Participants: One hundred and fifty four children aged 1 day –2 years admitted to the hospital with symptoms and signs consistent with UTI during the study period, and other 154 patients from the same hospital complaining from other diseases were used as a control group.

Main outcome measures: Information was taken from their mother including (age, sex, feeding pattern, circumcision, complaint), and urine sample was sent for urinalysis and culture, and abdominal ultrasound was done to all of them. Feeding pattern and circumcision state were taken from other 154 children from the same hospital suffering from problems other than UTI as proved by their normal urinalysis were used as a control group.

Results: The majority of the patients were used under 1 year of age (74.6%). Forty four patients (28.5%) were breast fed while 72 (46.7%) from the control group were breast fed ($P < 0.0001$) which may mean that breast feeding is protective against UTI in children. Sixty two patients (72.1%) were uncircumcised while only 40

patients (51.3%) from the control group were uncircumcised ($p < 0.006$), this also indicates that circumcision is beneficial in reducing the risk of UTI in males.

Conclusion: Breast feeding and circumcision are valuable against UTI in children who causes a lot of morbidity in them.

أهداف البحث:

١_ لاختبار هل أن الرضاعة الطبيعية لها ميزات وقائية ضد التهاب المجاري البولية عند الأطفال. ٢_ للتأكد من أن الختان عند الذكور يقلل من مخاطر الإصابة بالتهاب المجاري البولية عند الأطفال. النتائج: غالبية الأطفال كانوا دون السنة من العمر ٧٤,٦%, كان هناك ٤٤ طفلاً يرضعون طبيعياً ٢٨,٥% في حين كان عدد الأطفال الذين يرضعون طبيعياً ٧٢ (٤٦,٧%) في العينة الشاهدة (ب.٠,٠٠٠١) وهذا قد يعني بأن الرضاعة الطبيعية هي وقائية ضد حدوث التهاب المجاري البولية عند الأطفال. وكان هناك ٦٢ طفلاً (٧٢,١%) غير مختون في عينة الدراسة في حين كان هناك ٤٠ طفلاً (٥١,٣%) من العينة الشاهدة غير مختون (ب.٠,٠٠٠٦) وهذا يؤكد بأن عملية الختان هي مفيدة للتقليل من مخاطر الإصابة بالتهاب المجاري البولية عند الأطفال الاستنتاج: الرضاعة الطبيعية والختان هما حقا مفيدان ضد حدوث التهاب المجاري البولية عند الأطفال والذي يسبب الكثير من المشاكل لهم .

90. The effect of chloroquine phosphate as a disease-modifying agent in osteoarthritis

تأثير فوسفات الكلوروكوين كعامل محور للمرض في الفصال العظمي

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The effects of the specific drug chloroquine phosphate on the progression of osteoarthritis joint structure changes and symptoms were assessed. A randomized, double-blind placebo controlled trial was done from July 2002 to August 2003, in which 235 patients with primary knee osteoarthritis diagnosed according to the American College of Rheumatology were randomly assigned 250 mg oral chloroquine phosphate or placebo twice daily for one month and then once daily for two months. Patients were permitted to continue their usual treatment with nonsteroidal anti-inflammatory drugs. Symptoms were scored by the Lequesne and Samson osteoarthritis index at enrolment and every month. Weightbearing, anteroposterior radiographs of the signal knee in full extension were taken and C-reactive protein levels were determined, at enrolment and after 3 months. Joint-space width of the medial compartment of the tibiofemoral joint was measured by visual inspection. Only 83 patients completed the 3-month trial, 40 in the chloroquine phosphate group and 43 in the placebo group.

As assessed by the Lequesne and Samson scores, symptoms showed a significantly higher improvement in patients treated with chloroquine phosphate for 2 and 3 months compared with the improvement observed in patients on placebo. A significant proportion of patients in the chloroquine group withdrew their nonsteroidal anti-inflammatory drugs in contrast to the placebo group. There was a significant improvement in joint-space narrowing in the 40 patients on chloroquine phosphate after 3 months. However, the 43 patients on placebo had no significant change in joint-space width. Final differences in joint-space width change between groups were significant ($0.62 + 0.07$ mm vs $0.06 + 0.04$ mm in the placebo group, $p=0.020$). The two treatment groups showed essentially no significant differences in the C-reactive protein level. There were also no differences in safety or dropout rates.

It is concluded that the combined symptom-modifying and structure-modifying effects of chloroquine phosphate suggest that it might serve as a disease-modifying agent in osteoarthritis.

تأثير فوسفات الكلوروكوين كعامل محور للمرض في الفصال العظمي

لقد تم تقييم تأثيرات عقار فوسفات الكلوروكوين على تقدم التغييرات التركيبية المفصالية والأعراض للفصال العظمي . أجريت تجربة عشوائية ذات تعمية مزدوجة وغفل مسيطرة للفترة من تموز ٢٠٠٢ إلى آب ٢٠٠٣ على ٢٣٥ مريضا بالفصال العظمي والمشخصين باستعمال طريقة الكلية الأمريكية لمبحث الرثية بإعطائهم عشوائياً ٢٥٠ ملغم فوسفات الكلوروكوين أو علاج غفل فمويًا مرتين باليوم لمدة شهر ثم مرة يومياً لمدة شهرين . تم السماح للمرضى بالاستمرار بأخذ العلاج الدارج من العقاقير ضد الالتهاب الالاستيرويدية . تم تحريز الأعراض بواسطة مؤشر (لوكين وسامسون) للفصال العظمي عند إدراج المرضى وعند كل شهر. أخذت صور شعاعية أمامية خلفية لمفصل الركبة الدليل والحامل للوزن وحدد مستوى البروتين C - التفاعلي ، عند إدراج المرضى وبعد ثلاثة اشهر. تم قياس عرض الحيز الانسي للمفصل الظنبوبي الفخذي بالتأمل البصري. لقد اكمل ٨٣ مريضاً فقط تجربة الثلاثة اشهر، ٤٠ مريضاً من مجموعة فوسفات الكلوروكوين و ٤٣ مريضاً من مجموعة العلاج الغفل.

عند تقييمهم بواسطة مؤشر (لوكين وسامسون) أظهرت الأعراض تحسناً أعلى بشكل معتد عند المرضى المعالجين بفوسفات الكلوروكوين لمدة شهرين وثلاثة اشهر عند المقارنة بالتحسين الطفيف الملاحظ عند مرضى العلاج الغفل . لقد انقطعت نسبة معتدة من المرضى في مجموعة فوسفات الكلوروكوين عن العقاقير ضد الالتهاب الالاستيرويدية بعكس مرضى مجموعة العلاج الغفل . اظهر الـ ٤٠ مريضاً على علاج فوسفات الكلوروكوين تحسناً معتداً في تضيق حيز المفصل بعد ثلاثة اشهر . ومع ذلك فإن الـ ٤٣ مريضاً على العلاج الغفل لم يظهروا أي تغيير معتد في عرض حيز المفصل . كانت الاختلافات النهائية في تغيير عرض حيز المفصل معتدة (٠,٠٧ + ٠,٠٦ ملم ضد ٠,٠٤ + ٠,٠٦ ملم في مجموعة الغفل) . ولم تظهر أي اختلافات معتدة في مستوى البروتين C- التفاعلي عند مجموعتي العلاج . كذلك لم يكن هناك أي اختلافات في الأمان أو في معدل انسحاب المرضى . يستنتج أن اتحاد التأثيرات المحورة للأعراض مع التأثيرات المحورة للتركيب لفوسفات الكلوروكوين يشير إلى انه يصلح في الفصال العظمي كمحور للمرض.

91. The effect of different anti-hypertensive drugs on the the pulmonary artery systolic pressure

تأثير المعالجات الدوائية المختلفة في ارتفاع التوتر الرئوي

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A study of the effect of different anti-hypertensive drugs on the the pulmonary artery systolic pressure(PASP) taken by two methods. Firstly by the trans-tricuspid pressure gradient and secondly by the acceleration time of the pulmonary blood flow. The drugs are the AT1 receptors blockers (TELMISARTAN),beta1-receptor blocker(ATENOLOL),ACE-I(ENALAPRIL) and CCB(AMLODIPINE).

A total of 160 patients with mild to moderate hypertension were studied . Each group which comprises 40 patients receives either telmisartan or atenolol or enalapril or amlodipine.

Pulmonary artery systolic pressure measured by the trans-tricuspid pressure gradient showed no significant change ($P > 0.05$) by any drug. In contrast PASP measured by the pulmonary acceleration time was significantly reduced after 3 months treatment with telmisartan, enalapril, & amlodipine ($P < 0.0001$) for all, however the values of PASP remained with normal reference range. The effect of atenolol on PASP was not significant ($P > 0.05$).

PASP measured by either method was not changed significantly ($P > 0.05$) in the normotensive control group.

92. Pulmonary manifestations in active rheumatoid disease.

التغيرات الرئوية في في الأمراض النظير الرئوية الفعالة

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To assess the prevalence and spectrum of pulmonary manifestations in patients with active rheumatoid disease one hundred patients were studied prospectively,32% had pulmonary manifestations clinically and 18% had evidence of one or more of the following pulmonary abnormalities radiologically:11 had diffuse pulmonary infiltrate,5 had basal pulmonary infiltrate,2 had pleural effusion ,1 had healed tuberculosis and 1 had fine reticulonodular shadowing consistent with fibrosing alveolitis.

93. Mydriasis insufficiency in pseudoexfoliation syndrome.

تناذر توسع الحدقة بعد عمليات الساد (التثبيت الكاذب)

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The pseudoexfoliation syndrome is a common age related ocular disease which is considered as a risk factor during extracapsular cataract extraction.One of its manifestations is poor pupillary dilatation.

Purpose:to compare pupillary dilatation in eyes with and without pseudoexfoliation syndrome.

Setting:Ibn Al-Haitham Eye Hospital,Baghdad,Iraq.

Patients and method: 259 patients admitted consecutively for extracapsular cataract extraction in one year period where subjected to full mydriatic regimen and maximum pupillary dilatation was noticed.79 patients had pseudoexfoliation and 180 did not.

Results:Mean pupillary dilatation in pseudoexfoliative eyes was 7.2mm and in pseudoexfoliation-free eyes was 9 mm ($p<0.001$).

Conclusion:In pseudoexfoliation the pupil dilates poorly and less than normal eyes.

94. Arthroscopy of knees

تنظير الركبة دراسة عن ١٠٠ حالة

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Knee Arthroscopy changed the management of Knee pathologies since 1980 as it is superior the other methods of treatment in Diagnosis accurancz, easy surgical access to the knee and quicker rehabilitation. In Aleppo Syrien this method of treatment started during early 1990 to replace the open surgical methods. This retrospective study of 100 cases in Aleppo Hospital treated with Arthroscopy and preoperative compared with the intra operative finding with the result and complications through one year follow up

يعتبر تنظير المفصل من الطرق التي غيرت تدبير أمراض الركبة منذ ١٩٨٠ وذلك بسبب دقة التشخيص وسهولة المناورة الجراحية وسرعة إعادة التأهيل للمريض، في بداية التسعينات بدأ استخدام تنظير المفصل في مدينة حلب وتدرجياً حل محل التداخل الجراحي الواسع، الهدف من هذه الدراسة تقييم نتائج ١٠٠ حالة تنظير أجريت في مدينة حلب بمقارنة التشخيص السريري والتشخيص داخل غرفة العمليات ومتابعة المرضى لمدة سنة على الأقل مع دراسة الاختلاطات

95. Preparation of Enzyme Linked Immuno Sorbent Assay (ELISA) kit for the Determination of Rheumatoid Factor (RF-IgM)

تحضير عدة التحليل المناعي الأنزيمي للكشف عن العامل الرثيائي (RF-IgM)

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Introduction: In serum of patients with rheumatoid arthritis (RA) commonly rheumatoid factor (RF) can be detected .RF are antibodies directed to the Fc part of antibodies of the human IgG class. Testing for IgM-RF has a high diagnostic value, as their detection or exclusion can support or place doubt on a tentative diagnosis based on history data and clinical finding.

Aims: Numerous methods for the measurement of RF have been used, the majority of routine laboratory tests have been based on the ability of RF to agglutinate latex or other particles coated with immunoglobulin. These tests are semi-quantitative and in order to achieve accurate, sensitive and specific RF quantification test we have been prepared and developed the Enzyme Linked Immuno Sorbent Assay (ELISA).

Methodology: The principle of the assay was that the auto-antibodies in serum of patients with rheumatoid arthritis (RA) commonly rheumatoid factor (RF) are in most cases belong to the IgM class. The wells of micrometer plate are coated with antigen (purified human-IgG-) and auto-antibodies (Human-IgM) binding to immobilized antigen is detected by adding enzyme conjugate (Anti-Human-IgM-HRP conjugate) to the wells, substrate was used for color reaction.

Analysis: On a semilogarithmic graph paper the concentration of the standards are plotted against their corresponding optical density. The concentration of the samples can be read directly from this standard curve by using their average optical density.

Results: The lowest detectable concentration of rheumatoid factor IgM that can be detected was 0.83IU/ml (define as 2xstandard deviation of zero standards). The coefficient of variation of intra and inter assay was 2.4 and 4.6 % respectively, the linearity was ranging from 86 to 121% and the recovery for three different sera was ranging from 94 to 116%. In order to determine the clinical specificity and sensitivity of the rheumatoid factor-IgM-ELISA kit we compared it with another commercially available ELISA kit (IBL-Immuno-Biological Laboratories) and latex agglutination kit (Biomagrab kits).84 samples (from blood donors and from patients with various autoimmune conditions) were measured . the test correlation coefficient between the ELISA tests was(98.6%). We also found the ELISA detects more infected patients than the agglutination test because of their higher analytical sensitivity. The values for specificity and sensitivity for these samples were 96% and 98.9%, respectively.

Concluding remarks: (1) the prepared reagents are satisfactory in their quantitative and qualitative parameters for ELISA-RF-IgM in which high sensitivity of determination is required. (2) The data presented in this study indicated that the IgM –RF-ELISA could be battering accurate, sensitive and quantified as compared with agglutination latex method

تحضير عدة التحليل المناعي الأنزيمي للكشف عن العامل الرثياني (RF-IgM)

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المقدمة: إن العامل الرثياني يتواجد في أمصال دم المرضى المصابين بالالتهاب الروماتزمي والذي هو عبارة عن أجسام مضادة ذاتية ينتجها الجهاز المناعي داخل الجسم ضد جزء محدد من الكلوبولين المناعي نوع **IgG**. أن قياس العامل الرثياني من نوع **RF-IgM** له قيمة تشخيصية عالية مع الكشف السريري وتاريخ الحالة المرضية المدروسة **الهدف:** هناك العديد من الطري الروتينية المستخدمة في الكشف عن العامل الرثياني وإن أغلب هذه الطرق تعتمد على قابلية العامل الرثياني على تجميع جزيئات اللاتكس المغطاة بالامينوكلوبولين البشري نوع **IgG**. أن هذه الفحوصات تكون شبة كمية وذات حساسية وخصوصية قليلة ومن أجل الحصول على اختبار دقيق وحساس ومتخصص بنوع العامل الرثياني من نوع **RF-IgM** فقد تم تحضير وتطوير عدة التحليل المناعي الأنزيمي للكشف عن العامل الرثياني نوع **RF-IgM**

طرائق العمل: أن مبدأ عمل التحليل المناعي الأنزيمي للكشف عن العامل الرثياني والذي تم تحضيره بالعدة بموجبة هو أن الأجسام المضادة الذاتية من النوع **RF-IgM** الموجودة في مصل دم المريض سوف ترتبط بالامينوكلوبولين نوع **IgG** والذي تم تثقيته وربطه بالصفحة البلاستيكية الخاصة بفحص الايلايزا والتي يتم الكشف عنها بإضافة الأجسام المضادة لنوع الامينوكلوبولين المرتبطة بالأنزيم يضاف إلى حفر الصفحة ثم تستخدم مادة الأساس في الكشف عن كمية الأنزيم المرتبط والتي تتناسب طردي مع مقدار العامل الرثياني في نموذج مصل الدم. التحاليل: ترسم العلاقة بين تركيز المحاليل القياسية ومعدل الكثافة الضوئية باستخدام ورقة لوجارنمية تركيز العامل الرثياني في النموذج تتم معرفته من خلال معدل كثافته الضوئية.

النتائج: أن حساسية التحليل والتي هي أقل كمية يمكن قياسها كانت **0.8** وحدة دولية/ ملليمتر. أن معامل الاختلاف في ما بين التحاليل وداخل التحليل كان **2.4** و **4.6**% على التوالي. وأن معدل العلاقة الخطية (**Linearity**) كان من **86** إلى **121** % وأن النسبة المئوية للاسترجاع كانت من **94** إلى **116** % . ومن أجل قياس الخصوصية والحساسية للتحليل المناعي الأنزيمي لقياس العامل الرثياني فقد تم مقارنة نتائج التحليل باستخدام العدة المحضرة لأربعة وثمانون نموذج دم لمتبرعي دم وحالات مرضية متعددة مع نتائج عدة تحليل مناعي أنزيمي تجارية فقد وجد أن معامل الارتباط بينهما كان (**98.6** %). وعند مقارنة نتائج العدة المحضرة مع عدة تعتمد على تالازن جزيئات اللاتكس وجد أن التحليل المناعي الأنزيمي قد شخص عدد أكبر من النماذج الموجبة مقارنة بالتحليل بطريقة اللاتكس وذلك بسبب الحساسية العالية للتحليل المناعي الأنزيمي.

الاستنتاجات: (1) أن المحاليل التي تم تحضيرها كانت بالمواصفات الكمية والنوعية المطلوبة لقياس العامل الرثياني والتي يحتاج إلى الخصوصية والحساسية العالية. (2) دلت النتائج المستحصلة على أن التحليل المناعي الأنزيمي أفضل من اختبار التالازن من حيث الدقة والحساسية والقياس الكمي للعامل الرثياني.

96. Changes of serum uric acid in anaerobic exercise – A case series study

تغيرات حمض البول في مصل الدم في الإستقلاب اللاهوائي أثناء التمارين

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The changes of serum uric acid in anaerobic exercise were studied, using a case – series study design in which serum uric acid was estimated before (at rest), immediately after and one week after anaerobic exercise, in (34) male athletes below the age of 40 years. Serum uric acid was also estimated at rest only in (25)

athletes and in (25) non athlete males whose age is above 40 years. The non athletes group was regarded as a control group.

The baseline serum uric acid among currently anaerobic athletes whose age below 40 years was $215.5 \pm 35.9 \mu\text{mol} / \text{L}$. there was no significant difference in serum uric acid immediately after anaerobic exercise, but its level raised after one week to $254.3 \pm 51.9 \mu\text{mol} / \text{L}$. which was a statistically significant increment (P value < 0.01). In the above 40 years age group, serum uric acid was higher among anaerobic athletes ($406.6 \pm 61.75 \mu\text{mol} / \text{L}$.) than non athletes ($317 \pm 66.5 \mu\text{mol} / \text{L}$.) and the difference was statistically significant (P value < 0.01).

From the result of the study one can conclude that anaerobic exercises of hyperuricemia and may in increase the risk of gout.

97. The epidemiological and Clinical Pattern of EPI-Targeted Diseases in Iraq During 1991-2001

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No Abstract

98. Using Yogurt as a part of Mixed Part in Preventing Diarrhea Among Children Under 5 Years Age

استعمال اللبن تجمي الأطفال الصغار من الإسهال

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No Abstract

99. Iron deficiency anemia as a sole presentation of gluten - sensitive enteropathy

فقر الدم بعوز الحديد بوصفه العرض الوحيد للاعتلال المعوي الغلوبييني (مرض سيلياك)

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The prevalence of celiac disease has been increased recently due to a greater diagnostic awareness and the wide availability of auto antibodies screening test in many countries, and so diagnostic improvement of celiac disease with wide spectrum of manifestation. Atypical presentation and monosymptomatic forms of celiac disease are common particularly in adult age group; iron-deficiency anemia is one of these. In this study, we aimed to describe those cases of celiac disease who presented solely as an iron deficiency anemia and to find if there was any correlation between the histopathological damage of intestinal epithelium and the degree of anemia and whether gross endoscopic appearance of the duodenum was a sensitive enough for the diagnosis of celiac disease. The study was conducted on 25 patients; 19 females and 6 males, admitted to Basra General Hospital over a period of 12 months from September 2000 to September 2001. All were having iron deficiency anemia without clinical evidences of the underlying

cause. Twenty-two out of 25 were celiac cases responded to gluten free diet. The degree of histological damage correlated with the extent of anemia and is lowest in case of damaged epithelium. Gross endoscopic findings had a sensitivity of 63% and specificity of 100%.

Conclusion: Celiac disease was the major underlying cause of iron deficiency anemia of the unexplained nature. The severity of the latter was related to extent of histological damage. Gross endoscopic findings had a specificity of 100% and a sensitivity of 63%.

فقر الدم بعوز الحديد بوصفه العرض الوحيد للاعتلال المعوي الغلوبييني (مرض سيلياك)

الدكتور علي رحيم هاشم / استشاري في الطب الباطني / أستاذ مساعد فرع الطب / كلية طب البصرة . العراق
الدكتور . رافد عبد الواحد - أخصائي باطنية - مستشفى البصرة العام.

لقد ازداد انتشار مرض سيلياك حديثاً نتيجة زيادة الانتباه التشخيصي والوفرة الواسعة لاختبار الأضداد الذاتية في دول عدّة مما أدى إلى تحسن تشخيص مرض سيلياك بأعراضه المختلفة. إن الظهور غير النموذجي لمرض السيلياك كان شائعاً خاصة عند البالغين ويعد فقر الدم بعوز الحديد أحد هذه الأشكال. وهذه الدراسة تهدف إلى وصف حالات مرض السيلياك التي ظهرت بشكل رئيس كفقر دم بعوز لحديد، ولتحديد فيما إذا كان هناك ارتباطاً بين التخریب النسجي المرضي لظهارة الأمعاء وبين درجة فقر الدم. وكذلك هل أن مظهر الأنتي عشر في التنظير الداخلي حساساً بدرجة كافية لتشخيص مرض السيلياك. تم إجراء الدراسة على 25 مريضاً، 19 منهم إناثاً و 6 ذكوراً أدخلوا إلى مستشفى البصرة العام على مدى اثني عشر شهراً من تشرين أول 2000 إلى أيلول 2001. وكان جميعهم مصابين بفقر الدم بعوز الحديد بدون دليل سريري للسبب المباشر. واستجاب 22 من 25 مريضاً مصاباً بمرض السيلياك للطعام الخالي من الغلوبيين. وكان هناك ارتباطاً بين التخریب النسجي ودرجة فقر الدم وهذا الترابط في أقل مستوى في حالة تخریب الظهارة. وكانت حساسية علامات التنظير الداخلي 63% ومناوعتها 100% الاستنتاج: يُعدّ مرض سيلياك السبب الرئيس لفقر الدم بعوز الحديد الذي لا يمكن تفسيره. وإن شدة فقر الدم تتعلق بدرجة التخریب النسجي.

100. Associate infections in Iraqi HIV seropositive individuals diagnosed By labmethodes

الطرق المخبرية المختلفة لتشخيص مرض الأيدز والالتهابات المرافقة

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No Abstract

101. Skin Manifestations among adults HIV/AIDS attending Ibn Zuhur Hospital / Baghdad During August, September / 2002

المظاهر الجلدية للأيدز في مشفى ابن زهير

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Skin disease is an extremely common complication of HIV infection , affecting up to 90% of HIV/AIDS patients . Some of the skin conditions are also seen commonly in infected persons . Other skin diseases are relatively unique to HIV infection (e.g., Kaposi's sarcoma) .

In many patients, HIV- associated skin disease may be the first manifestation of immuno-deficiency . The spectrum of skin manifestations ranges from wide spread fulminating muco-cutaneous eruption to a very mild localized skin lesion .

OBJECTIVES: To create a baseline data for prevalence of dermatoses among those group according to the age , sex and type of the disease . To find the most common dermatosis . To suggest a preventive program in the future for early detection allowing proper handling & effective treatment.

METHODS: Thirty four proved HIV/AIDS cases attending the care & counseling AIDS center were included in a two months period study to review the susceptibility of having skin manifestations . Examination & interview were made according to age , sex , relation to HIV status , severity and type of dermatosis and effectiveness of treatment . The results were demonstrated as percentage (%) .

RESULTS: - 50% of the cases were having skin disorders, Acne vulgaris was the commonest type & constitute of 23% male sex predominate in a ratio of 7:1 . The commonest age group was (15-49) years old .Two of the cases were severely affected and resistant to treatment, and were associated with full blond AIDS . None of them was having Kaposi sarcoma. Two of the cases were having more than two types of dermatoses of different causative pathogens, 50% of Acne cases were resistant to treatment and one case of recurrent candidiasis was over 50 years of age.

CONCLUSION:- Most of the dermatoses were within the usual distribution values except some of them which were not obeying the ordinary epidemiologic frequency. The effect of having HIV infection with dermatoses is not certain either in changing the usual picture of dermatoses by low immunity or by the effect of the antigenicity of the virus itself. The climatic effect on the occurrence of the dermatoses in comparison with other areas in the world is not studies, so the obtained results can not be compared as well .

102. Therapeutic Breastfeeding

الرضاعة العلاجية (نظرية في الطب الوراثي للتطبيق)

Dr.Mohammed Jamil Al-Habbal

Mosul-Iraq

Lactation during the first two years of life leads to brotherhood effects between the infant and unrelated infant fed by the same breast . This brotherhood is presumably based on biological changes generated by breast feeding . This paper aims at investigating some biological changes which make non related infants brothers in lactation , a fact which was first founded on the Islamic principles (Quran and Sunnah) .

This can be explained by either genetic or/and immunological changes induced by the breast milk of unrelated lactating mother . Application of this hypothesis may improve our methods of prevention and treatment of certain diseases , mainly hereditary disorders of single gene defect .

(الرضاعة العلاجية (نظرية في الطب الوراثي للتطبيق)

إن القرآن الكريم فضلاً عن كونه كتاب عقيدة وهداية ومنهاج حياة فإنه كذلك كنز للعلوم يهدي العلماء كلاً حسب اختصاصه الدقيق الى ابحاث جديدة ويحقق في حالة توظيف اشاراته العلمية بصورة صحيحة خدمة للمعرفة والتقدم العلمي وصولاً لخير البشرية وسعادتها، قال تعالى: ﴿إِنَّ هَذَا الْقُرْآنَ يَهْدِي لِلَّتِي هِيَ أَقْوَمُ﴾ الإسراء/٩ وتطبيقاً لذلك فإننا نستطيع استعمال الرضاعة الطبيعية من غير الأم (الرضاعة العلاجية) كعلاج لبعض الأمراض استنباطاً من النصوص الآتية: قال تعالى: ﴿حُرِّمَتْ عَلَيْكُمْ أُمَّهَاتُكُمْ وَبَنَاتُكُمْ وَأَخْوَالُكُمْ وَعَمَّاتُكُمْ وَخَالَاتُكُمْ وَبَنَاتُ الْأَخِ وَبَنَاتُ الْأَخْتِ وَأُمَّهَاتُكُمْ اللَّاتِي أَرْضَعْتَكُمْ وَأَخْوَالُكُمْ مِنَ الرَّضَاعَةِ﴾ النساء/٢٣ وقال الرسول الكريم محمد ﷺ: (يحرم من

الرضاعة ما يحرم من النسب) رواه مسلم. وقال سيدنا علي بن ابي طالب (رضي الله عنه وكرّم الله وجهه) : (تخيروا للرضاع كما تخيروا للنكاح فإن الرضاع يغلب الطباع) . أن قرابة الرضاعة سببها في نظريتنا هو انتقال العوامل الوراثية والمناعية (**Genetic and Immunity Factors**) من حليب الأم أو المرشعة الى الطفل الرضيع من خلال اختراقها لخلاياه واندماجها مع سلسلة الجينات عنده علما أن الجهاز المناعي عند الرضيع قد يتقبل الجينات الغريبة لأنه غير ناضج حاله مثل حال عدة أجهزة في الجسم لا يتم نضجها الا بعد أشهر وسنوات من الولادة . وقد ثبت علمياً أن الأطفال الذين يتغذون على الحليب الصناعي او البقري يتعرضون للإصابة بأمراض كثيرة مقارنة بالأطفال الذين يرضعون من امهاتهم مثلاً داء السكر من نوع الأول والتهاب والقولون المتفتح ومرض كرونز والتي تكثر عادة بين الأقرباء الذين لديهم نوع خاص من التركيبة الجينية- النسيجية (**HLA- system**) ، فإن حصولها عند الذين يتغذون على الحليب البقري في طفولتهم بنسبة اكثر دليل على اختراق مكونات الحليب البقري للمنظومة الجينية والمناعية للطفل الرضيع والتأثير عليها سلباً . وفي هذه الحالة نستطيع استعمال الرضاعة الطبيعية من غير الأم كوسيلة علاجية لبعض الأمراض للتأثير على المنظومة الجينية المناعية المعطوبة ولكن ايجابياً في هذه الحالات عن طريق اصلاحها او التقليل من تأثيرها السلبي (المرضي) كحد ادنى . وسنذكر أدناه بعضاً من التطبيقات العلاجية الهامة والمفيدة لهذه النظرية :-

أولاً: في حالة زرع الأعضاء : كزرع الكليه مثلاً حيث يفضل أن يكون المتبرع للمريض المصاب بالعجز الكلوي النهائي من القرابة الصلبيين (خاصة من الدرجة الأولى). وفي حالة تعذر ذلك يفضل اختيار الأخوة من الرضاعة إن وجدوا قبل اللجوء إلى المتبرع الغريب .

ثانياً: في علاج بعض الأمراض الوراثية : والتي اكتشف الطب أن انواعها تزيد على ثلاثة آلاف مرض وراثي تنتقل من الوالدين أو أحدهما إلى الذرية عن طريق وجود عيب في مورثه واحدة (**Abnormal Gene**) يتوارثها الابناء عن الابهاء . وقد توصل الطب من خلال استعمال التقنيات الحديثة من تشخيص هذه الأمراض الوراثية في خلال الحياة الجنينية (في بطن الأم) فضلاً عن تشخيصها بعد الولادة . وفي تشخيص حالة كهذه قبل الولادة يمكن معالجتها من خلال إرضاع الطفل المصاب من مرضعة أخرى من غير أقاربه تملك بنية سليمة وصحة جيدة نلحقه بها مباشرة بعد ولادته بدلاً من أمه في السنة أشهر الأولى من عمره على الأقل (يستطيع الطفل خلالها الاعتماد على الرضاعة الطبيعية فقط) ، حيث نفترض أن الحليب من المرضعة الصحيحة سيزيح أو ينحي أو يتغلب على الصفة الوراثية المرضية التي إكتسبها من والديه وذلك من خلال اختراقه للجهاز المناعي والوراثي للرضيع وهو تطبيق لقوله تعالى: ﴿وَإِنْ تَعَسَّرَ لُمْ فَسَرِّعْ لَهُ أُخْرَى﴾ الطلاق/6. وقد قال المفسرون في تفسير هذه الآية:(ليستأجر للطفل مرضعة غير أمه البائنة منه في حالة وقوع الخلاف بينهما في اجر الرضاع) .

والتعاسر هنا ليس بخصوص اللفظ وإنما هو بعمومية السبب ، كما قال الراغب الأصفهاني: (العسر نقيض اليسر والعسر استعماله القرآن لضيق النفقة واستعمله القرآن في كل أمر صعب كقولك يومٌ عسرٌ أي يوم يتصعب فيه الأمر والعسر عام يشمل كل ما يضيق على الإنسان). فكل مشكل بين الزوجين عسرة ووجود مرض عضوي وراثي في الوالدين أو احدهما ينتقل إلى الأولاد سيكون أمراً عسرياً . وهذه إشارة طبية دقيقة من كتاب الله تعالى تدفعنا إلى استعمال الطرق العملية الفطرية السليمة للعلاج (كالرضاعة الطبيعية) بدلاً من الطرق المعقدة الباهضة الثمن غير مؤمونة النتائج كالعلاج بنقل الجينات(**GeneTherapy**) أو زرع نخاع العظم (**Bone Marrow Transplantation**) أو بإجراء عملية الأجهاض للتخلص من الجنين المصاب (كما يحدث في بلاد الغرب) والتي تحمل بحد ذاتها مضاعفات طبية ناهيك عن حرمتها الشرعية ! وبالطبع فإن تطبيق هذه الطريقة (الرضاعة العلاجية) تحتاج إلى تحقيق وأبحاث مستفيضة لمعرفة ذلك وفي حالة نجاحها فإنها ستحقق فتحاً طبياً كبيراً وفائدة عظيمة للبشرية.

103. Estimation of Acetyl Cholinesterase activity in patients with diabetic neuropathy

تقدير فعالية الأسيتيل كولين ستراز في اعتلال العصب السكري

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Introduction

The goal of treating type II diabetes is above all to prevent complication. When there is sulphanylurea inadequacy, despite maximal sulphanylurea therapy and when near normal FPG levels cannot be achieved with a combination of

sulphonelurea and metformin, improved glycemc control can often be achieved by along – acting insulin preparation such as ultralente

Aim: In patient with type 2 diabetes, the aim of the intensive approach for glucose controle with metformen sulphonyurea of Insulin theraples in addition to a dietary advice was to obtain near normal fasting plasma glucose ie < 7mmol/L (126 mg/dl) Patient were kept on allocated mono – therapy alone until marked hyperglycemia developed then a combination therapy could be started, so that the clinical effect of each therapy could be assessed

Methods:

Of 2663 patient consult our center (Al – Waffa diabetic center) for the last year 2385 were type II diabetes. Main age 59 year had raised fasting plasma glucose with or with out hyperglycemic symptoms, after followed up for 3 months on diet alone or with mono – therapy, then started our Intensive approach for plasma glucose control with a combination therapy by Metformin with sulphonylurea or with insulin or with both if needed, or we combined sulphonylurea with insulin, so we can survey which method of therapy was the best in reaching near normal plasma glucose level.

Analysis and results We divided the patient in a 2 groups

Group 1 : On monotherapy. The result after intensive therapy 47,1% had FPG below 126ml/dl were on diet alone, 34,8% had FPG below 126 ml / dl, were Insulin, 27% were on Glucophage and 20,1% on Sulphonylurea

Group 2 : On combination therapy: 28,6% had FPG below 126ml/dl were on with Insulin 18,4% were Sulphomylurea with Insulin at the bed time. 12,5% were on sulphonylurea. Glucophage and Insulin. 15,6% were on sulphonyurea with Glucophage

Conclusion: By the comparison of the validity of combination therapy for type II diabetes we obtain the best glycemc control in the group receiving Insulin at the bed time with Glucophage. On the other hand the group treated by diet alone show the best glycemc control.

104. Lines of Treatment of Tuberculous Pleural Effusion, Which One Is Better?

الطرق المختلفة لمعالجة انصباب السل الجنبى

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Background: Pleural fluid aspiration until dryness and the use of corticosteroids are recommended by some as useful in the management of tuberculous(TB) pleural effusion together with anti TB drugs ,in decreasing adhesion and aid in absorption of fluid . Aim of this study is to see the effect of adjunct therapy (corticosteroids and paracentesis) for tuberculous pleural effusion on the symptoms, size of pleural effusion and pleural thickening (scarring).

Methods: This was a prospective cohort study of patients with tuberculous pleural effusion (all biopsy and biochemically proven) from May ,2003 to April 2004, The total number of patients was 190. The age range 17-45 year, 185 males and 5 females. They were divided in to 3 groups. Group one (n 66), treated with anti TB drugs for 6 months according to WHO recommendations. Group two (n 46) given

anti TB drugs with corticosteroids in a form of prednisolone 30 mg/day for 10 days. Group three (n 78), were treated with anti TB drugs and one or more paracentesis to remove as much as possible from the fluid until near dryness. All patients were treated in hospital for at least 10 days.

Results : The time of disappearance of fever and constitutional symptoms in the corticosteroids group was 1-7 days versus 1-2 weeks in the other two groups. As far as pleural thickening is concerned there were no difference in the treatment group, but after 10 days, there were more than 50% reduction in the size of pleural effusion in the corticosteroids treated group, versus 25% in the other groups. After 6 months there were no statistically significant difference between the three groups. No significant relation between size of effusion and later pleural scarring.

Conclusion: corticosteroids and therapeutics paracentesis are not necessary in the management of TB pleural effusion, although corticosteroids shorten the duration of ill health, but it has no thing to do with pleural thickening after 6 months of treatment with anti TB drugs.

Key word: Tuberculosis, Glucocorticoids, pleura

105. Seroepidemiology of Human Hydatidosis in Kirkuk and Tikrit /Iraq

دراسة مصلية وبائية للإصابة بالأكياس العدرية في مدينتي كركوك وتكريت

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Introduction: Hydatid disease in man is a serious condition and the surgical removal of cysts remains the mainstay of treatment because the initial phase of primary infection is always asymptomatic, where they do not induce major pathology, may remain asymptomatic for many years, but it is assumed that some may become symptomatic with the time. Serological tests are important in the diagnosis of hydatid disease.

Aim: The study was planned to show the prevalence of hydatid cysts among different groups of population.

Methodology: The retrospective hospital based and seroepidemiological studies were carried out in Kirkuk and Tikrit cities, during the period from beginning of January 2000 until the end of October 2003.

The hospital based study included 125-hydatid cyst operations in hospitals of Kirkuk (82) and Tikrit (43).

The seroepidemiological study included 288 individuals from different groups of populations: veterinarians (42), animal breeders (36), butchers (78), housewives (45), children (30) and other occupations (57). The serological tests used for detection of hydatid cysts antibody were latex agglutination test (LA) and enzyme linked immunosorbent assay (ELISA).

Analysis: Chi-square test was performed to determine the significant difference between groups.

Results: The rate of hydatid cysts operation in males (41.6%) was lower than females (58.4%). The highest rate of operation was at the age group between 21-

30 years old (26.4%) and the lowest was among 51-60 years (12.8%). The highest rate of operation was sited in liver 91 (72.8%) followed by lung 19 (15.2%) and other sites 15 (12%). The serological tests used for detection of hydatid cysts antibody were latex agglutination test (LA) and enzyme linked immunosorbent assay (ELISA). The rate of seropositivity among different groups of occupation by using ELISA and LA tests were as follows: veterinarians (78.5% & 57.14%), animal breeders (58.3% & 22.22%), butchers (57.6% & 43.58%), housewives (60.0% & 48.8%), children (60.0% & 33.33%) and other occupations (38.6%) and (21.05%) respectively. The rate of seropositivity in females was higher than males in both tests. In ELISA the rate in females and males was 74.1% and 51.20%, while in LA test the rate in females and males was 49.38% and 33.8 % respectively. The distribution of seropositivity varied in different age groups. The highest rate was among the age group 31-40 years in both ELISA (74.07%) and LA (55.5%) tests.

Conclusion: The prevalence of hydatid disease in man is high in both Kirkuk and Tikrit city. The highest rate of seropositivity was among veterinarians and among 31-40 years old groups of population. The ELISA was more sensitive than LA for detection of seropositive cases of hydatid di

دراسة مصلية وبائية للإصابة بالأكياس العدرية في مدينتي كركوك وتكريت
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د. سهيلة شمس الدين طاهر / دائرة صحة كركوك

المقدمة: يعتبر مرض الأكياس المائية من الأمراض المهمة والخطيرة في الإنسان وأن العلاج لهذا المرض هي العملية الجراحية و أن الاختبارات المصلية مهمة لتشخيص المرض.

الهدف: إن الهدف من هذه الدراسة هي معرفة مدى انتشار المرض لدى شرائح مختلفة من المجتمع. طرائق العمل: أجريت دراسة استرجاعية ومصلية وبائية لسجلات مستشفيات كركوك وتكريت للأعوام ٢٠٠٠-٢٠٠٣، وقد شملت الدراسة ١٢٥ شخص أجريت لهم عملية استئصال الأكياس المائية (٨٢شخصاً) في مدينة كركوك و ٤٣شخصاً في مدينة تكريت). حيث إن الفحوصات السيرولوجية شملت ٢٨٨ شخصاً من مجاميع مختلفة من شرائح المجتمع، الأطباء البيطريين (٤٢)، مربي الحيوانات (٣٦)، القصابين (٧٨)، ربات البيوت (٤٥)، الأطفال (٣٠) وبقية المهن الأخرى المختلفة (٥٧) وكانت الفحوصات السيرولوجية لإيجاد مستضدات الأكياس المائية هي **ELISA, LAT**.

النتائج: وقد وجد إن نسبة العمليات في الذكور حوالي (٤١,٦%) وهي كانت أقل من الإناث (٥٨,٤%) وكانت أعلى نسبة لعمليات إزالة الكيس المائي للأعمار ما بين ٢١-٣٠ سنة بنسبة (٢٦,٤%) بينما كانت ما بين ٥١-٦٠ سنة أقل بنسبة (١٢,٨%) وكانت أكثر الأعضاء تعرضاً للعمليات هي الكبد حيث أعطت نسبة ٩١ (٧٢,٨%) أما في الرئة ١٩ (١٥,٢%) وباقي الأعضاء ١٥ (١٢%).

الفئات العمرية، حيث بلغت أعلى نسبة إصابة بين الفئات ٣١-٤٠ سنة في كلا الفحصين **ELISA** بنسبة (٧٤,٠٧%) و **Latex** بنسبة (٥٥,٥%) كانت نسبة إيجابية الفحص بـ **ELISA** و **Latex** مختلفة حسب المجاميع المفحوصة حيث كانت كالتالي: الأطباء البيطريين (٧٨,٥% و ٥٧,١٤%)، مربي الحيوانات (٥٨,٣% و ٢٢,٢٢%)، القصابين (٥٧,٦% و ٤٣,٥٨%)، ربات البيوت (٦٠,٠٠% و ٤٨,٨%)، الأطفال (٦٠,٠٠% و ٣٣,٣٣%) والمهن الأخرى (٣٨,٦% و ٢١,٠٥%) على التوالي.

نسبة إيجابية الفحص في الإناث كانت أعلى من الذكور في كلا الفحصين، في فحص **ELISA** كانت نسبة الإصابة في الإناث والذكور (٧٤,١%) و (٥١,٢٠%)، بينما في فحص **Latex** كانت النسبة في الإناث والذكور (٤٩,٣٨%) و (٣٣,٨%) على التوالي.

الاستنتاج: نستنتج من الدراسة إن الشبوع مرض الأكياس المائية كان عالي في الإنسان في مدينتي كركوك وتكريت وإن أعلى نسبة سيرولوجية موجبة كان بين الأطباء البيطريين والذين تراوحت أعمارهم من ٣١-٤٠ سنة وكان طريقة **ELISA** ذو حساسية عالية من طريقة **LA** لإيجاد حالات سيرولوجية موجبة.

106. Rhinocerebral Mucormycosis: 22 Patients's Series With Challenging Diagnosis and Treatment

المعالجة الدوائية والميكانيكية في الإصابات الفطرية في الأنف

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Background: To evaluate the effectiveness of oral systemic antifungal (fluconazol) with nasal antifungal wash (clotrimazol in alkaline base) and aggressive surgical debridement in treatment of rhinocerebral mucormycosis.

Patients and Methods: In a prospective hospital based study, we reviewed the management of 22 patients with rhinocerebral mucormycosis in Mosul, over a period of 5 years (Jan 1995 - Dec 1999).

Results: The majority of patients with rhinocerebral mucormycosis were adults with mean age of 45.3 years, Diabetes mellitus was the main underlying diagnosis in our patients. The main causative agent was Mucor species. The mortality rate was 52.7%.

Conclusions: Treatment of rhinocerebral mucormycosis by oral systemic antifungal (fluconazol) with nasal antifungal wash (clotrimazol in alkaline base) and aggressive surgical debridement after the control of the underlying disease, seems to be effective.

Keywords: Rhinocerebral, mucormycosis, antifungal

الهدف من البحث: لتقييم فعالية أحد مضادات الفطار البدني الذي يأخذ عن طريق الفم الفلاكونوزول مع غسول الأنف المضاد للفطار بالكلوتريموز مع النظر الجراحي لمنطقة الإصابة للمرضى المصابين بمرض الفطار المخيخي الأنفي.

المرضى وطريقة البحث: دراسة مستقبلية اعتمدت أساسا على إعادة النظر في علاج ٢٢ مصابا بداء الفطار المخيخي الأنفي تمت معالجتهم للفترة من كانون الثاني ١٩٩٥ ولغاية كانون الأول ١٩٩٩ في مستشفيات مدينة الموصل. **النتائج:** تبين أن اغلبه المصابين بداء الفطار المخيخي الأنفي هم بالغين وتتجاوز أعمارهم الـ ٢٥ سنة وكان داء السكر هو المرض الأساسي الرئيسي الذي تم تشخيصه في هؤلاء المرضى وكان فطر صنف الميوكر هو المسبب الرئيسي للمرض.

الاستنتاج: معالجة المصابين بمرض الفطار المخيخي الأنفي بواسطة عقار الفلاكونوزول أحد مضادات الفطار البدني مع غسول الأنف بالكلوتريموز الذي هو مضاد موضعي للفطار مع النظر الجراحي للمنطقة المصابة وبعد السيطرة على المرض الأساسي عند المريض، لوحظ أنها طريقة فعالة. **مفتاح الكلمات:** مخيخي انفي، داء الفطار البدني، مضادات الفطار

جلسة المواضيع الحرة Free Topics

107. The effect of the American war against Iraq On The increase of the number of deaths due to High velocity missiles in north of Iraq.

الوفيات في شمال العراق تحت تأثير الصواريخ خارقة السرعة التي استخدمت في الحرب الأمريكي
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This is a retrospective study done on 572 victims who were presented to forensic medicine department in AL- Zahrawy teaching hospital in Mosul city in north of Iraq during the year 2003 whose deaths was due to bullet , Blast or mine injuries. They were studied regarding age, sex residence and site, cause of injury .the distribution over the year and percent of death due to these injuries were compared to the number of death due other causes like road Traffic accidents , fall from height and severe Burns. This study concludes that there is a very High increase in the number of deaths due to High velocity missile Weapons after the invasion of Iraq in April 2003 . this study settles a new type of pollution in the Iraqi community and that is pollution with high Velocity missiles .

108. Carcinoma of the Urinary Bladder, Clinicopathological Study at Mosul

دراسة سريرية عن أورام المثانة في مستشفى الزهراوي في الموصل
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A prospective clinicopathological study of (69) patient with bladder cancer diagnosed and treated at Al-zahrawi teaching hospital from September 1998 to June 2000. There were (56) male. And (13) female, male to female ratio (4.3:1), and mean age was (59) years.

Although hematuria was present in (88.4%) of patients, painless hematuria was the main single presenting symptom in (59.4%).

Ultrasound examination showed higher sensitivity rate (88.4%) over IVU (80.6%) and urine cytology (59.6%). Urine cytology sensitivity increases directly with the grade of the tumor differentiation. Cystoscopy and biopsy was the diagnostic investigation in all patients (100%).

The growths involve the lateral walls more frequently (40.5%) than other sites.

Transitional cell carcinoma was the main histopathological type (84%) of primary bladder cancer, undifferentiated type (8.6%), while adenocarcinoma (4.3%) and squamous cell carcinoma (2.8%) was the main secondary histopathological type.

Sessile growth pattern directly related with the grade and type of the tumor while papillary type inversely related, and ulcerative type seen more with secondary bladder tumor.

All patients examined under anesthesia proved to have invasive type of bladder cancer, while negative result doesn't exclude invasive one.

A direct relation found between the grade and stage of bladder cancer. All bladder cancer patients with evidence ureteric obstruction found too be of invasive type and directly related with the grade, stage and type of bladder cancer. Complete TURT is curable for most patients with single accessible T1 or early T2 tumors while more aggressive methods of treatment required for inaccessible, multifocal or advanced tumors.

109. Cancer of unknown primary

السرطان غير معروف الموضع الأولي

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Cancer of unknown primary site (CUP) is one of which a biopsy reveals a metastatic neoplasm and no primary site has been identified by clinical examination, radiologic study or blood tests (1). A total of 60 patients (27 males and 33 females), (mean age 58.8 ± 11.1 years) who had fulfilled the criteria for carcinoma of unknown primary site, were studied. 41 patients were with one site of metastasis and 19 patients were with multiple site of metastasis. Liver and bone were the commonest site of metastasis (in single site group), 42% and 22% of patients, respectively. The mean age of male patients were higher than female patients (62.1 Vs 55.0 years). 23/33 female patients were < 60 years old (70%), while 10/27 male patients were < 60 years (30%) (statistically significant). Adenocarcinoma were the commonest histopathological type (63% of cases), while squamous cell carcinoma were the least (13%). 50% of patients were smokers. Weight loss was the commonest presentation (37% of cases). 48 patients (20 males and 28 females) were followed. The mean survival was 2.4 ± 1.8 months. Age ≥ 60 , smoking, adenocarcinoma type and multiple site of metastasis were bad prognostic factors for out come (statistically significant).

السرطان غير معروف الموضع الأولي

الدكتور علي رحيم هاشم / استشاري في الطب الباطني / استاذ مساعد، فرع الطب / كلية طب البصرة. العراق
الدكتور أحمد القريني - بكلوريوس طب وجراحة / مستشفى البصرة العام.

إن السرطان غير معروف الموضع الأولي هو الذي تظهر الخزعة أن السرطان نقيلي ولا يمكن تحديد الموضع الأولي له عن طريق الفحص السريري، والدراسة الشعاعية واختبارات الدم. تمت دراسة ما مجموعه ستين مريضاً (27 من الذكور و 33 من الإناث) معدل أعمارهم $58,8 + 11,1$ سنة (والذين أوفوا بالمعايير الخاصة بتشخيص السرطان غير معروف الموضع الأولي. وكان (41) مريضاً منهم بموضع واحد من النقيلة و 19 مريضاً بمواضع متعددة. وكان الكبد والعظم الموضعين الشائعين للنقيلات في مجموعة الموضع الواحد 42% (و 22% من المرضى على التوالي. وظهر أن معدل عمر المرضى من الذكور أعلى من المرضى الإناث 62,1 مقابل 55 سنة). وكان عمر 23 / 33 مريضاً من الإناث أقل من 60 سنة (70%) بينما كان عمر 10/27 مريضاً من الذكور أقل من 60 سنة (30%) وهو فرق معنئ إحصائياً. (إن النوع التشريحي المرضي النسيجي الأكثر شيوعاً هو السرطانة الغدية 63% من الحالات. (بينما كانت سرطانة الخلية الصدفية الأقل حدوثاً (13%). وكان 50% من المرضى هم من المدخنين. إن فقدان الوزن هو أكثر الأعراض حدوثاً 37% من الحالات تمت متابعة 48 مريضاً 20 من الذكور و 28 من الإناث. وكان معدل البقاء على الحياة $2,4 + 1,8$ شهراً. وظهر أن العمر الستين فما فوق، والتدخين ونوع السرطانة الغدية والمواضع المتعددة للنقيلة هي من عوامل الإنذار غير الجيد لنتيجة المرضى

110. Hearing loss in elderly in Mosul City - Iraq

اعتلال السمع عند الكبار في مدينة الموصل

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Objective : This investigation was aimed to determine the current status of hearing loss prevalence in elderly in Mosul and to report on those with who is in need for hearing aid.

Methods : A comprehensive survey of 2540 Mosul old age people visiting the different consultation clinics in two major teaching hospitals in Mosul in the period between July 2001 to January 2003. The main objective was to screen these people for hearing impairment. A survey team included an ear, nose and throat specialist, a nurse, social worker and an audiologist. A questionnaire was completed; clinical examination and audiological assessment was performed.

Results : The over all prevalence of hearing impairment in elderly was (55%), 60% of them with bilateral hearing loss more than 35 dB in the good ear, and those who is in need for some sort of hearing aid.

Conclusion: The prevalence rate of hearing loss is high in our country compared to developed countries. There is definitely a requirement for hearing and speech centers and the need for early detection of hearing loss, and the need for elderly medical center.

Keywords: hearing loss prevalence, hearing aid, elderly.

اعتلال السمع عند الكبار في مدينة الموصل

الأهداف: يهدف البحث إلى معرفة معدل الإصابة الحالي باعتلال السمع لدى كبار السن في مدينة الموصل - جمهورية العراق وذلك لعدم توفر إحصائية دقيقة حول الموضوع.

الطرق المتبعة: تم إجراء المسح العشوائي على ٢٥٤٠ من المراجعين (كبار السن) للعيادات الاستشارية في المستشفيات التعليمية في مدينة الموصل للفترة من تموز ٢٠٠١ ولغاية كانون الثاني ٢٠٠٣، وقد اختير كبار السن بصورة عشوائية. وكان الهدف الأساسي من ذلك هو فحص هؤلاء المراجعين لاكتشاف أي خلل في السمع. وتالف فريق المسح من: طبيب اختصاصي أذن وانف وحنجرة وباحثة اجتماعية واختصاصي بالسمع والتخاطب وكان هناك أسئلة معدة مسبقاً للمشمولين بالمسح بالإضافة إلى الفحص السريري، والفحص الخاص بالسمع .

النتائج: بلغت نسبة كبار السن الذين ظهر لديهم اعتلال سمعي ٥٥% من المجموع الكلي للمراجعين الذين اجري عليهم المسح منهم ٦٠% لديهم فقدان سمع اكثر من خمسة وثلاثون وحدة سمع قياسية بالجانبين .

الاستنتاج: إن نسبة معدل الإصابة باعتلال السمع لكبار السن هي نسبة عالية في المنطقة التي اجري فيها الفحص بالمقارنة مع معدل الإصابة في البلدان المتقدمة مما أبرز الحاجة إلى أهمية زيادة الوعي الصحي ومراكز الرعاية الصحية الأولية وعدد مراكز السمع والتخاطب وتوفير المعينات السمعية لهذا العدد الكبير منهم.

مفتاح الكلمات: اعتلال السمع، مراكز السمع والتخاطب، المعينات السمعية

111. The Intensive therapy for Tue II Diabetes

العلاج المكثف للسكري من النوع الثاني

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Introduction

The goal of treating type II diabetes is above all to prevent complication. When there is sulphanylurea inadequacy, despite maximal sulphonylurea therapy and when near normal FPG levels cannot be achieved with a combination of sulphonelurea and metformin, improved glycemc control can often be achieved by along – acting insulin preparation such as ultralente

Aim: In patient with type 2 diabetes, the aim of the intensive approach for glucose controle with metformen sulphonyurea of Insulin theraples in addition to a dietary advice was to obtain near normal fasting plasma glucose ie < 7mmol/L (126 mg/dl) Patient were kept on allocated mono – therapy alone until marked hyperglycemia developed then a combination therapy could be started, so that the clinical effect of each therapy could be assessed

Methods:

Of 2663 patient consult our center (Al – Waffa diabetic center) for the last year 2385 were type II diabetes. Main age 59 year had raised fasting plasma glucose with or with out hyperglycemic symptoms, after followed up for 3 months on diet alone or with mono – therapy, then started our Intensive approach for plasma glucose control with a combination therapy by Metformin with sulphonylurea or with insulin or with both if needed, or we combined sulphonylurea with insulin, so we can survey which method of therapy was the best in reaching near normal plasma glucose level.

Analysis and results We divided the patient in a 2 groups

Group 1 : On monotherapy. The result after intensive therapy 47,1% had FPG below 126ml/dl were on diet alone, 34,8% had FPG below 126 ml / dl, were Insulin, 27% were on Glucophage and 20,1% on Sulphonylurea

Group 2 : On combination therapy: 28,6% had FPG below 126ml/dl were on with Insulin 18,4% were Sulphomylurea with Insulin at the bed time. 12,5% were on sulphonylurea. Glucophage and Insulin. 15,6% were on sulphonyurea with Glucophage

Conclusion: By the comparison of the validity of combination therapy for type II diabetes we obtain the best glycemc control in the group receiving Insulin at the bed time with Glucophage. On the other hand the group treated by diet alone show the best glycemc control.

112. The Health Situation in Basra

الوضع الصحي الحالي في البصرة

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No Abstract

113. Research Laboratories and Laboratory Tests of Arab and Moslem Doctors

المختبرات البحثية والتحليلات المختبرية عند الأطباء العرب والمسلمين

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Arab Moslems are considered to be the first ones who followed the experimental method in studying sciences and Jabir Ibn Hayan was the first one who called for doing so.

Aims of the Study:

To show up the contributions of Arab and Moslem doctors and scientists in the fields of research laboratories and laboratory tests.

Methodology:

Studying the contributions of Arab and Moslem doctors in these fields by reviewing their sayings and applications in the following situations:

PART ONE: Research Laboratories: The rules and recommendations of Arab and Moslem doctors to those who work in laboratories were as follows (1- To put a plan and an introduction to the case under study, 2- To use sensitive balances, 3- Inventing laboratory tools and devices).

PART TWO: Laboratory tests carried out by Arabic doctors are as follows:

- 1- Observing vomiting and its contents
- 2- Observing feces and its changes
- 3- Observing urine and its changes
- 4- Observing sweat and its kinds).

PART THREE: Reviewing the most important creations of Arabs and Moslems in the fields of research and experiment, such as, chemical operations, scientific devices (e.g., the delicate scientific device created by AL-Bairunie in the field of balances) as well as the physiological issues (e.g., the optical theory reached at by Ibn AL-Haitham).

Conclusions: Arab and Moslem doctors and scientists were pioneers in the fields of research laboratories and laboratory tests. They have many contributions and creations in these two fields.

ورشات العمل Workshops

114. Child Psychiatry and Psychosocial trauma rehabilitation

ورشة عمل حول تأهيل الأطفال المصابين بالتغيرات النفسية بعد حوادث العنف

Professor Arshad Husain

Director of International Centre for Psychosocial Trauma

The University of Missouri - Columbia, USA

115. Management of Spasticity and sholder pain after stroke

ورشة عمل حول تدبير التشنج وألم الكتف عند المريض المصاب بالسكتة الدماغية

Dr Sluiman Jawad

1 Merlin Close, Croydon, Surrey CRO 5UQ UK

116. An Update on the Management of Patients With Acute Ischemic Stroke

الجدید فی تدبیر مرضی احتشاء الدماغ الحاد

Elamir A., Erlangen Germany

Background: The stroke has a high incidence (about 0.2% of the population every year) that extremely depends on age (3 in 100,000 in the third and fourth decade of life and 3,000 in 100,000 in the eighth and ninth decades). In developed countries, stroke is the third most common cause of death after heart diseases and cancer. In addition, stroke is the leading cause of severe handicap, dependency, and loss of social competence.

In the last decade, there have been considerable advances in the diagnosing and treatment management of stroke: Establishing Stroke Units in different countries and introducing new drugs (thrombolytic agents "rtPA"), surgical, and interventional treatments

Stroke units provide optimal and timely care by a specialized team for patients in the acute phase of stroke and have the advantage of offering greater diagnostic accuracy a standardized approach to stroke, and appropriate monitoring and therapy.

Aim: The goal of this workshop is to provide updated guidelines, based on the recommendations of the American Stroke Association (ASA) and the European Stroke Initiative (EUSI). These guidelines can be used to manage the acute stroke care from admission to an emergency department through the first 24 to 48 hours of hospitalization.

Conclusion: An appropriate management of patients with acute stroke includes the immediate diagnosis and evaluation (brain CT, brain vessels imaging, Transcranial Doppler ultrasonography, cardiac tests incl. ECG, Blood tests such as glucose, electrolytes), the general supportive care (airway support and ventilatory assistance, treatment of fever and arterial hypertension, management of hypo/hyperglycemia, cardiac monitoring etc.), the medical treatment (thrombolytic therapy with rtPA and other therapy options), surgical interventions such as Carotid Endarterectomy, Extracranial-Intracranial Arterial Bypass, treatment of acute

neurological complications, such as cerebral edema / increased intracranial pressure, seizures and hemorrhagic transformation of the infarction.

Keywrds: Acute ischemic stroke, treatment management guidelines, stroke unit, rtPA.

تشكل السكتة الدماغية واحداً من أهم أسباب الوفيات والإعاقة الجسدية والنفسية في المجتمعات الصناعية. يصاب بها سنوياً شخصان تقريباً من كل ألف من السكان ويرتفع معدل الإصابة بشكل كبير مع تقدم السن. شهد العقد الأخير تقدماً ملحوظاً في التدبير التشخيصي والعلاجي للسكتة الدماغية الحادة، أهمها انشاء وحدات للسكتة الدماغية في بلدان مختلفة من العالم وتطوير طرق علاجية جديدة. مثل حالات الترومبين.

تهدف ورشة عمل السكتة الدماغية الى تقديم طريقة عمل ممنهجة لتدبير مرضى احتشاء الدماغ الحاد تقوم على أسس آخر توصيات الجمعية الأمريكية والمبادرة الأوربية للسكتة الدماغية، وذلك طموحاً منها في المساهمة من خلال ذلك بتحسين انذار هذا المرض ورفع جودة الحياة عند المصابين به.

117. Workshop for Study of Down`s Syndrome risk during pregnancy using blood samples of pregnant ladies

ورشة عمل حول دراسة احتمالات إصابة الجنين بالمنغولية من دم المرأة الحامل

DR. OSSAMA AL-BABBILI

Dubai Medical Laboratory, Dubai – U.A.E.

Down`s Syndrome risk is subject to increased by the age of the pregnant woman.

High risk has been founded by older pregnant rather than younger ladies.

The best method to diagnose Down`s Syndrome cases during pregnancy is Chromosomal Studies, which can show us if there is any Tresomy 21 present or not.

To avoid unpleasant Amniocentesis method, we prefer do the Down`s Syndrome risk study using blood sample of the pregnant lady. This test can be performed between 14 and 21 weeks of gestation.

This workshop consist of:

1. When and how to be order this test?
2. Laboratory tests methods.
3. Demonstration of the specialized software related to this study.
4. Way of using this software and evaluation there information.
5. Drawing the final carve, which indicates the risk of Down`s Syndrome.
6. Relationship between the increasing Dwon`s risk and different factors.
7. Evaluation of the corrects and mistakes by this studies.
8. Additional important notes to be add to the final report.
9. Scientific evaluation of the report.
10. Summary of more than 1000 case study of Down`s Syndrome risk and there indications.
11. Reply any questions related to this workshop.

ورشة عمل حول دراسة احتمالات إصابة الجنين بالمنغولية من دم المرأة الحامل

تزداد احتمالات إصابة الجنين بالمنغولية بازدياد عمر المرأة الحامل و الطريقة الدقيقة لتحديد الإصابة هو فحص السائل الجنيني جينياً و تحديد فيما إذا كان الصبغي ٢١ قد تحول إلى ثلاثي التكوين أم لا. ولتجنب

إجراء الفحص الجيني للسائل الجنيني نقوم بدراسة احتمال الإصابة بالمنغولية من دم المرأة الحامل ما بين الأسبوع ١٤ و ٢١ من الحمل.
تتضمن ورشة العمل هذه :

١. متى و كيف يتم طلب هذا الفحص؟
٢. طرق التحليل المختلفة
٣. عرض لبرنامج الكمبيوتر المخصص لهذه الدراسة
٤. طريقة إدخال المعلومات و تقييمها أثناء العمل
٥. رسم الخط البياني الدال على مدى احتمال الإصابة بالمنغولية
٦. علاقة زيادة أو نقص احتمالات الإصابة بالمنغولية بالعوامل المختلفة.
٧. تقييم احتمالات الخطأ و الصواب في هذه الدراسة.
٨. الملاحظات الهامة التي يمكن إضافتها على التقرير النهائي
٩. القراءة العلمية للتقرير النهائي
١٠. ملخص دراسة تمت على عن يزيد عن ١٠٠٠ حالة لتقييم أهمية هذه الدراسة.
١١. الإجابة عن الأسئلة المرتبطة في ورشة العمل هذه.

الدكتور أسامة الببيلي، دكتوراه في التحاليل الطبية - جامعة توبنجن - ألمانيا، المدير العام لمختبر دبي للتحاليل الطبية

118. Coronary Revascularization Trends and Strategies

معالجة القصور الإكليلي

Dr. Faidi Omar Mahmoud

Center of Cardiac Surgery, University Hospital of Erlangen, Germany

The Profile of patients with ischemic heart disease and Surgical techniques have considerably changed in recent years. The patients condition is progressively worsening since the introduction of Percutaneous transluminal coronary angioplasty (PTCA), improved surgical techniques and normothermic myocardial protection allow successful operation of more advanced disease. The use of arterial conduits has lead to improved results as compared to vein grafts.

With the further development of new surgical techniques, that allow for the performance of a variety of standard diagnostic and therapeutic procedures in a less invasive fashion, it is instructive to look at the complications related to these new techniques, in order to define their role for Cardiac surgery. Median Sternotomy as Standard incision for Cardiac surgical procedures has been associated with peri and postoperative morbidity

Minimally invasive coronary artery Surgery Construction of a internal mammary Artery (IMA) - LAD Anastomosis without Cardiopulmonary bypass by means of a left anterior small thorakotomy, is effective, reduces Intensive Care Unit(ICU) time, hospital stay, morbidity, and costs. Suitable patient are those with severe LAD disease in whom (PTCA) is not feasible or in whom a palliative Operation is preferable due to underlying illnesses (Cancer, severe renal, cerebro vascular or respiratory disease).

Minimally Invasive Video - Assisted Saphenectomy

A technique of greater Saphenus vein harvesting for coronary artery revascularization using an endoscopic approach is herein detailed. The saphenous vein is directly identified at the knee through a single incision. An endoscopic dissector is advanced proximally and distally along the course of vein, Ligating side branches with clips. The vein is divided at the ends of dissection, dependent on patient anatomy, by either a counter incision, endoscopic clips, or ligation with an Endo-Loop.

The great spectrum of surgical techniques allows an optimal treatment for almost every patient by individualizing the Surgical strategy.

119. Management of Intermittent Claudication

تدبير تضيق او انسداد الشرايين الوركية في الحوض

Dr Munther Aldoori

Huddersfield Hospital ,UK

120. Management of severely injured patients, recent views

ورشة عمل حول معالجة المصابين والمتأدين بالحروب في الجهاز العصبي والحركي

Prof. Dr. med. A. K. Martini, Heidelberg, Germany

Dr Ahmed Hawi Braunschweig, Germany

121. (Workshop) New Aspects in Treating Asthma and COPD (Novolizer Viatris)

الجديد في معالجة الربو والقصور التنفسي المزمن

Dr Salah edin Maktabi, Bamberg Germany

Dr. Faidi Omar Mahmoud Erlangen Germany

Dr Majied Jawad , Surrey, UK

ان الربو القصبي هي من أكثر الأمراض المزمنة في الدول الصناعية، في المانيا على سبيل المثال يعاني حوالي 7 ملايين شخص بهذا المرض وتسبب حوالي 4000- 5000 حالة وفاة في المانيا، وتقدر التكاليف المباشرة او غير المباشرة لهذا المرض حوالي 5 مليار اويرو سنويا ، سنحاول في هذه الجلسة العملية Workshop ان نعطي خطة عملية للمعالجات المختلفة والحديثة و التي تتطابق مع كل حالة سريرية والإجابة على بعض الإستفسارات

122. Immunotherapy of Bronchial Asthma: A Double Blind Placebo Controlled Clinical Trial

دراسة سريرية تطبيقية في معالجة الربو القصبي بمثبطات المناعة

Ass.Prof. Mohamed Sharef Abdulla

Department of Medicine, Tikrit University, College of medicine,

Tikrit., PO BOX 45, Iraq.

Background: The prevalence of allergic diseases has increased significantly during the past twenty years. Although, the factors responsible for the rise remain only partly elucidated, it is certain that allergens content in our environment plays a determining role. In order to fight against these allergic components, two complementary methods are available, allergen avoidance and specific immunotherapy.

Objectives: To asses the efficacy of immunotherapy with standardized allergenic extracts in the treatment of asthma.

Design: Double blind placebo controlled clinical trial carried out at Allergy and Asthma Center, Baghdad.

Patients: Hundred patients with moderate and moderate to severe asthma ranging in their age from 7 to 30 years were included in the study. They were divided in two groups, one receiving active treatment while the other receive placebo treatment.

Main outcome measures: Symptoms, medication scores- Pulmonary function test, and patients self evaluation.

Results: The actively treated group shows a marked reduction in days and nights time without asthma symptoms, reduction in asthma attack ($P < 0.001$), also a reduction in medication usage ($P = 0.001$). The percentage of partial and complete remissions in active group was 75% and this correlated with the percentage of patients self evaluation (75%). In addition- the patients in the active group exhibited greater improvement in the pulmonary function tests, such as FEV ($P < 0.001$), FVC ($P < 0.001$) and improvement in quality of life.

In contrast the placebo treated group shows non significant changes in asthma symptoms ($P > 0.05$), and medication use ($P > 0.05$), The percentage of patients with partial and complete remission was 28.5% and this correlated with percentage of patients self evaluation (30%). In addition the patients in the placebo treated group do not demonstrate any significant changes in pulmonary function tests and quality of life.

الدكتور محمد شريف عبدالله
المعاون العلمي / كلية الطب / جامعة تكريت
أختصاص باطنية وقلبية

123. Some RCOG Guidelines in Gynaecology (Early pregnancy failure, Endometriosis, Ectopic pregnancy and Infertility)

المبادئ الأساسية لقصور الحمل المبكر والحمل خارج الرحم والعقم

Dr Mousa Al-Kurdi MD FRCOG

Lead Endoscopist, Lead Colposcopist and Lead Gyn Oncologist

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124. Ozone in Practice, Pain therapy in rheumatic disease and Myofacial Syndrom

تطبيق الأوزون في معالجة الآلام الرثوية

Prof. Dr. Med. Z. Fahmy, Dr. Renate Viebahn

Bad Kreuznach, Germany

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مما لا شك فيه أن "جامع آيا صوفيا" الموجود في مدينة استنبول التركية يمثل أحد العجائب البنائية، ونتيجة للأهمية التاريخية والدينية للجامع فقد أصبح بمثابة نقطة جذب للملايين من زوار تركيا على مدار السنة، وعلى وجه الخصوص المسيحيون الأرثوذكس، فلقد شهدت آيا صوفيا أحداثاً ووقائع هامة في تاريخها، من بينها انعقاد أربعة مجامع كونية مسيحية من أجل توحيد الكنيسة، كان آخرها في عام ٨٦٩-٨٧٠م، ثم تحولت لجامع في عام ١٤٥٣م بعد الفتح الإسلامي للقسطنطينية، وظلّ الجامع يحظى باهتمام العثمانيين حتى نهاية دولتهم في عام ١٩٢٦م، ثم تحول لمتحف في عام ١٩٣٥م خلال العصر الجمهوري بقرار من أتاتورك

احتل جامع آيا صوفيا مكانة بارزة طوال عصور الدولة العثمانية وأولى السلاطين كل الاهتمام والرعاية به خصوصاً أن السلطان محمد الفاتح كان قد صلى ركعتين شكراً خارج الكنيسة، وتم تحويلها لجامع خلال ثلاثة أيام وأقيمت أول صلاة جمعة داخله، وما زال جامع آيا صوفيا لليوم محلاً للجدل والنقاش الدائم على جميع الأصعدة داخل تركيا وخارجها، سواء من ناحية فتوى تحويله لجامع بدلاً من كنيسة أو من زاوية تأثيره على العمارة الدينية التركية. وتشير كل مصادر التاريخ والروايات المتناقضة بين السنة الأتراك المسلمين حتى اليوم، إلى أن تحويل الكنيسة لجامع قد تم في نفس يوم فتح مدينة القسطنطينية (مايو ١٤٥٣م)، وأضيف لها منبر ومئذنة من الخشب وبنيت من شيخ الإسلام وعلماء الإفتاء في الدولة العثمانية، حين واجه المسلمون مشكلة في أداء صلاة يوم الجمعة والصلوات الجامعة، كما تؤكد الروايات ومصادر التاريخ العثماني أن الأهالي المسيحيين قد تركوا المدينة وهذه الكنيسة خاوية، وانتقلوا إلى مناطق في اتجاه الغرب - اليونان وقبرص - على إثر الفتح الإسلامي العثماني، وهو الأمر الذي جعل من الكنيسة الضخمة مرتعاً للحشرات والزواحف السامة والحيوانات الضالة. الخ، ومع ظهور حاجة شديدة لأداء الصلاة الجماعية لدى المسلمين الفاتحين في منطقة أو مدينة مسيحية تخلو تماماً من المساجد أو الجوامع، والوضع في الاعتبار الظروف الطبيعية للمدينة من حيث الطقس البارد والمطر طوال السنة وتلوج موسم الشتاء، كل تلك الظروف كانت وراء صدور فتوى جواز تحويلها لجامع والاستفادة منها بدلاً من تركها على حالها المهجور. فقام السلطان الفاتح بإصدار أوامره السلطانية بإزالة الصليب من أعلى القبة أو تلك الموجودة في أماكن بارزة، وبنيت مئذنة في جدار الكنيسة من الخارج، ووضع منبر خشبي في الجانب الأيمن من رواق الصلاة، وتركت الزخارف والنقوش والرموز المسيحية - صور عيسى ومريم عليهما السلام - على الجدران والسقف دون تغيير وحتى يومنا هذا. كما أضاف السلطان الفاتح مئذنة ثانية في الطرف الجنوبي الشرقي من المبنى، وبنيت المئذنة الشمالية الشرقية في زمن السلطان بايزيد الثاني، أما المئذنة الغربية فقد أنشأها المعماري سنان باشا بتعليمات من السلطان سليم الثاني، بحيث أصبح للجامع أربع مآذن مثلما هو الحال مع جامع السلطان الفاتح الذي بني في عام ١٩١٤. وفيما يخص دكة المبلغ الواقعة في داخل صحن الجامع فقد أنشأها السلطان مراد الثالث، والمكتبة أنشئت بين أعوام ١٧٣٩-١٧٤٢م، والميضة الواقعة في مدخل الجامع بنيت في عام ١٧٤٠م، والمدرسة في عام ١٧٤٢م في زمن السلطان محمود الأول، وتقع مجموعة من مقابر السلاطين الأتراك في فناءها.

آيا صوفيا في العصر الجمهوري والمعاصر

أن كنيسة آيا صوفيا قد تحولت لجامع ورمز إسلامي طوال عصور الحكم العثماني، على أن الجمهورية العلمانية التي أعلنت في تركيا عام ١٩٢٣م على يد أتاتورك، قد اتخذت من الجامع التاريخي موقفاً مختلفاً عن موقف العثمانيين. هذا الموقف تمثل في صدور قرار من أتاتورك وحكومته - بعد رفض البرلمان التركي التصديق على مشروع قانون رقم ٢/١٥٨٩ الذي قدم له بتاريخ ٢٤ نوفمبر ١٩٣٤م - بتجميد أداء العبادات بالجامع وتحويله لمتحف ولمزار سياحي ابتداء من عام ١٩٣٥م، ومثلما وجد هذا القرار ارتياحاً في العالم الغربي وخاصة جمهوريتي اليونان وقبرص، فإنه لاقى رفضاً ومقاومة من الأتراك المسلمين، حيث اعتبروا هذا القرار إرضاء لأوروبا - يرى الكثير من الشعب التركي أن غلق آيا صوفيا في وجه المصلين المسلمين منذ عام ١٩٣٥ وحتى لحظة كتابة هذا التقرير، عبارة عن بند سري ورد في الاتفاقيات التي وقعها أتاتورك مع الدول المنتصرة في الحرب العالمية الأولى ١٤-١٩١٨م - وهدرأ وإهانة لرمز كبير من رموز الإسلام في تركيا. ولكن رجال الجمهورية التركية العلمانية لم يبالوا بالاعتراضات الشعبية على قرار غلق الجامع واعتقلوا وسجنوا كل من قاوم تطبيق القرار، وعلى الرغم من وجود جوامع تركية كثيرة وضخمة في استنبول، فإن الشعب التركي ما زال يتوق لإعادة الصلاة في هذا الجامع الذي يرون فيه رمزاً هاماً في تاريخ مدينة استنبول وفي إسلامهم. وبعد الانقلاب العسكري الذي وقع في عام ١٩٨٠م، سمحت الحكومة التركية بفتح قسم صغير من الجامع لأداء الصلاة، ثم ما لبثت أن عادت وأغلقت - شنت اليونان وقبرص حملات إعلامية دولية لم تهدأ حتى اليوم ضد تركيا لإعادة الصلاة في الجامع، وطالبت المجتمع الدولي بالتدخل لإعادة الجامع ككنيسة كما كان من قبل وتسليمه للبطريرك الأرثوذكسي المقيم في بطريركية استنبول - بعد فترة قصيرة بحجة إجراء ترميمات في القبة المعرضة للسقوط، ورغم مرور حوالي ٢٠ عاماً على بدء تلك الترميمات ووضع جسم معدني وخشبي ضخيم ويرتفع حتى بطن القبة واحتل وسط الجامع بأكمله، فإن تلك الترميمات متوقفة ولم تنته حيث لا وجود لها في الأصل، ولكن تبدو وكأنها مجرد حجة مستمرة لغلق ساحة الصلاة - بشكل مؤقت - لمنع أي محاولة جماهيرية لإقامة الصلاة في الجامع،

سعد عبد المجيد ١٦ يولي ٢٠٠١

عنوان البنك للحالات المصرفية في ألمانيا

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سيزود المشتركون على وثائق المؤتمر: البرنامج العلمي والبطاقة الأسمية بالإضافة الى شهادات الحضور

البطاقات الأسمية: يرجى من المشتركين وضع هذه البطاقات في جميع المناسبات والجلسات

اللجنة التنظيمية: أصفر، المحاضرون: أزرق، المشتركون: أبيض

الدول المشاركة

المانيا، فرنسا، بريطانيا، الأردن، مصر، الإمارات العربية المتحدة، اليمن، العراق، تركيا، سوريا، بولندا،

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٣. الامارات العربية المتحدة: جامعة شبكة عجمان

٤. العراق: جامعة بغداد، جامعة الموصل، جامعة الكوفة، جامعة البصرة

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الغرفة المزدوجة للشخص الواحد ٥٢٠ € ٦٠٠ €

الغرفة المفردة لشخص واحد ٧٥٠ € ٨٠٠ €

- يتضمن هذا المبلغ رسم التسجيل والاشتراك في المؤتمر مع الإقامة في الفندق لمدة ٦ ليالي والرحلات السياحية مع وجبة طعام يومية و وثائق المؤتمر دون المشروبات والمكالمات الهاتفية وكذلك أجار موقف السيارات. الأطفال حتى السادسة في سرير الوالدين مجانا ، من ٦-١٢ سنة ٥٠% من رسم الإشتراك

- نرجو من كل المشتركين تسديد كل المصاريف الإضافية في الغرف قبل المغادرة

- إن قبول المحاضرة او البوستر في البرنامج العلمي لا يعنى التزام الاتحاد بتغطية تكاليف المحاضر

(السفر والإقامة) من أية دولة كانت

البرنامج السياحي

سنقوم اللجنة التنظيمية للمؤتمر بتنظيم رحلات سياحية للمؤتمرين والمرافقين في كل من مضيق البوسفور وجزيرة الأميرات ومدينة استنبول ستكون النفقات إضافية للضيوف الغير مسجلين عن طريق اللجنة التنظيمية

- الأثنين : رحلة ليوم كامل في باخرة خاصة على ضفاف البوسفور وحتى شواطئ البحر الأسود مع

استراحة في أحد مطاعم السمك السعر ٣٥ €

- الثلاثاء يوم كامل لجزيرة الأميرات السعر ٣٥ €

- الأربعاء زيارة مدينة أستنبول و المتاحف السعر ٥٠ € (تكاليف رسوم الدخول)

للاغبين في الإشتراك يرجى منهم الإستفسار عن المواعيد في سكرتارية المؤتمر وللحصول على البطاقات

الهيئة المنظمة

إتحاد أطباء العرب في أوروبا بالتعاون مع منظمة الصحة العالمية للشرق الأوسط

راعي المؤتمر

الأستاذ الدكتور حسين عبد الرزاق الجزائري المدير الإقليمي لمنظمة الصحة العالمية للشرق الأوسط
رئيس اتحاد أطباء العرب في أوروبا الدكتور حسان نجار

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نائب رئيس المؤتمر: الدكتور علي الأمير أحمد إيرلنغن، ألمانيا
اللجنة الإعلامية و المسؤولة عن المؤتمر

الدكتور حسان نجار، الدكتور فيضي عمر محمود، الدكتور عامر حسين، الدكتور محمود سلطان
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المسؤول عن الزملاء العراقيين وورشات العمل الدكتور عامر حسين

Dr. Amer Hosin, School of Community Health, Psychology and Social Work,
University of North London, Ladbroke House
62-66 Highbury Grove, London N5 2AD), E-Mail: Amerhosin@aol.com

ضيوف الشرف

الدكتور علاء الدين العلوان وزير الصحة العراقي
الدكتورة بثينة شعبان وزيرة المغتربين في الجمهورية العربية السورية
الدكتور سعيد عبد الله سلمان رئيس شبكة جامعة عجمان
الأستاذ الدكتور حمدي السيد ، نقيب أطباء مصر
الأستاذ الدكتور عبد الكريم علي شيبان وكيل وزارة الصحة العامة والسكان في اليمن
السيد السفير سالم قواطين رئيس بعثة الجامعة العربية في برلين
الدكتور بالايذ محافظ مدينة إيرلنغن

أعضاء اللجنة العلمية

الدكتور فيضي عمر محمود (ألمانيا)
الدكتور عامر حسين (إنكلترا)
الدكتورة نهى حبوبي (إنكلترا)
الدكتور علي الأمير أحمد (ألمانيا)
الدكتور محمود سلطان (ألمانيا)
الأستاذ زياد فهمي (ألمانيا)
الأستاذ عبد القادر مارتيني (ألمانيا)
الدكتور مصطفى عبد الرحمن البستاني (فرنسا)
الدكتور موسى الكردي (إنكلترا)
الدكتور أسامة البابلي (دولة الإمارات المتحدة)

أعضاء اللجنة التنظيمية

الدكتور محمود سلطان (ألمانيا)، الدكتور مازن قباني (ألمانيا)، الدكتور نايف شنين (إنكلترا) ،
الدكتور نديم حبوبي (إنكلترا)، المهندس محمود الزين (ألمانيا)، الدكتور أسامة السباعي (ألمانيا)
السيد. توماس محمود (ألمانيا)، السيد نائل حاوي (ألمانيا)، السيد عصام الخوري

لجنة السكرتارية

المهندس محمود زين (0049-71412980865 الفاكس) الدكتور محمود سلطان (ألمانيا)

ضيوفنا الأفاضل سيداتي وسادتي أعضاء مؤتمرنا الكرام

نرحب بكم جميعا ونشكر حضوركم معنا في مؤتمرنا الواحد والعشرين والذي سعت فيه اللجنة العلمية لأن يكون تظاهرة مشرقة فيها يواكب المؤتمرين مسيرة العلم والمعرفة ويشارك بعض البعض انتاجهم العلمي الغزير لتعزيز أواصر التعاون فيما بيننا.

جلسات مؤتمرنا وورشات العمل هذا العام مختلفة ومتنوعة شملت معظم التخصصات الطبية . أن البرنامج الذي بين ايديكم دليل على أهتمام الأتحاد بالتدريب والتطوير النوعي والذي يضطلع به أتحادكم ويسعي دائما لأن يتواجد أعضائه في مثل هذه المحافل العلمية والتي من دونها لا ترتقي الأمم. ان الحضور الدائم بمثل هذه الندوات والمؤتمرات العلمية هو المنبع الرئيسي للمعارف والمهارت المهنية والتي تركز عليها معايير الجودة والأداء الأمتثل بالعمل.

مرة أخرى أكرر شكري الجزيل لراعي المؤتمر ولضيوف الشرف وللحضور الكرام ولأعضاء اللجنة العلمية التي سهرت على متابعة البحوث وتبويبها وعلى كل من ساهم بدعم ودفع وانجاح المسيرة العلمية للأتحاد خلال الحقبة المنصرمة .

أمل أن يكون حضوركم ومشاركتكم معنا دائمة وان يستمر عطائكم العلمي لما فيه خير الأتسانية .
دمتم بخير والسلام عليكم ورحم الله وبركاته.

الدكتور عامر حسين
رئيس لجنة التدريب والتطوير والتخطيط
رئيس فرع الأتحاد- بريطانيا

زملائي زميلاتي أعزائي الأكارم

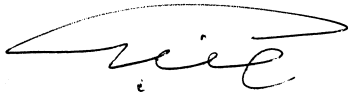
ها نحن في مؤتمرنا الحالي نكون قد بدأنا خطوة جديدة بإقامة مؤتمرنا في دولة غير عربية، لكن لماذا تركيا بالذات ؟

أولا لأن تركيا لها علاقات وجذور تاريخية قوية مع الوطن العربي، ودولة جارة لنا تتشابه معنا في حاضرها ومستقبلها ومصيرها، كما ان لدينا مصالح مشتركة في المجالات الصحية ضمن منظمة الصحة العالمية لشرق المتوسط، ولهذا فإن أول نشاط قام به الإتحاد بالتعاون مع منظمة الصحة العالمية هو استضافة أساتذة وأطباء من العراق بقصد المساعدة في التأهيل الى جانب بناء الجسور لتنسيق مشترك بين الجامعات الأوروبية و التركية والعراقية التي هي بأمس الحاجة الى مثل هذا التعاون .

وفي الوقت نفسه فإن مدينة أستانبول تعتبر من أجمل مدن العالم بما حباها الله من مناظر جميلة خلابة وتاريخ عريق وملتقى الحضارات الأصيلة، علاوة على ان شعبها ودود ولطيف ومضياف

إن تضافر الجهود من أعضاء الإتحاد ومنظمة الصحة العالمية وشبكة جامعة عجمان والأساتذة والزملاء العراقيين ، بالإضافة إلى الشركة السياحية التركية (سماحا) ستجعل من مؤتمرنا هذا تظاهرة علمية وعالمية في مجال العلم والبحث والإثراء والتعارف فإليهم جميعا أتوجه بجزيل شكري وتقديري

أتمنى لمشاركينا الأعزاء فائدة مرجوة ومتعة طيبة وإقامة هنيئة.



الدكتور حسان نجار

رئيس اتحاد الأطباء العرب في أوروبا

زملائي وإخواني الأعزاء

أنه لمن دواعي سروري أن أدعوكم مع هذا البرنامج إلي المؤتمر الواحد والعشرون لاتحاد أطباء العرب في أوروبا والذي سينعقد في استنبول في تركيا في الفترة ما بين ٦ - ١٢ أيار ٢٠٠٤ ، لقد درج اتحاد الأطباء العرب في مؤتمراته السنوية على إظهار القيمة العلمية لأطبائنا و علمائنا في المهجر ، وتمكننا خلال العشرين سنة الماضية إثبات قوة وجدارة زملائنا العرب في أوروبا سواء في المؤتمرات السنوية والدورية أو المؤتمرات الاستثنائية والزيارات الميدانية إلي المناطق المنكوبة وكذلك من خلال مجلتنا العلمية مجلة الطبيب العربي في أوروبا

وكما ترون في صفحات هذا البرنامج إننا ركزنا في هذه السنة على موضوع أمراض الشيخوخة بشكل عام من الناحية الطبية والاجتماعية وما هي حدود الأطباء و الإجراءات الطبية لدى المسن المريض؟، إن إطالة العمر مسألة مرغوب فيها، إذا زادت أمد الشباب لا أمد الشيخوخة، لان إطالة فترة الشيخوخة ستكون كارثة ، وان الفرد الطاعن في السن حينما يعجز الإنفاق على نفسه وخدمة نفسه سيكون عبئا ثقيلا على الأسرة والمجتمع ، فلو أن جميع الناس عاشوا حتى المائة من أعمارهم لما استطاع أعضاء المجتمع من الشبان أن ينفقوا على هذا الحمل الثقيل. فقبل أن نحاول إطالة الحياة يجب أن نكشف وسائل لحفظ النشاط العضوي والعقلي حتى اليوم السابق للوفاة، وهذه مسؤولية الأطباء والمؤسسات الصحية ، أن الإنسان لن يصيبه التعب في البحث عن الخلود ولكنه لن يظفر به، لأنه مرتبط بقوانين معينة لتركيبه العضوي و قد ينجح في تأخيرها، وربما في التأثير على التقدم الذي يفرضه الزمن الفيزيولوجي ولكن آلي حد ما، إلا أن الإنسان لن يستطيع بحال من الأحوال أن يتغلب على الموت. وسنحاول في هذا المؤتمر الإجابة على بعض الاستفهامات المتعلقة بهذا الموضوع، بالإضافة إلي ذلك سنعالج في هذا المؤتمر مواضيع طبية مختلفة، وسنقدم عددا من ورشات العمل باختصاصات متعددة

سنفتح المجال بقدر المستطاع لإخواننا وزملائنا من العراق في تقديم بحوثهم العلمية والسماع إلي الصعوبات التي يعانونها في الحياة اليومية في ممارسة الطب في الجامعات و العيادات والمؤسسات الصحية والمشافي في ظل الاحتلال حاليا والحصار سابقا، لقد تم تقديم أكثر من ١٢٠ بحث علمي و كان بوجدنا قبول جميع الأوراق والبحوث التي قدمت إلينا ولكن لكثرة الأوراق التي أرسلت إلينا ولضيق الوقت لقد اقتصرنا فقط على ١٠٠ ورقة علمية، سيقدم نصفها بشكل محاضرات والنصف الآخر بشكل بوستر، يشاركنا في هذا المؤتمر زملاء من جامعات أوروبية وعربية من أكثر ١٣ دولة منها ألمانيا، فرنسا، بريطانيا، الأردن، مصر، الإمارات العربية المتحدة، العراق، تركيا، سوريا، بولندا، أمريكا، فلسطين و قطر

يسعدني أن أحيي القيمين على المؤتمر، وإنني باسم الاتحاد وباسم اللجنة العلمية أتوجه بالشكر الجزيل إلي راعي المؤتمر الأستاذ الدكتور حسين عبد الرزاق الجزائري المدير الإقليمي لمنظمة الصحة العالمية لشرق الأوسط على دعمه الكبير لهذا المؤتمر وتوفير الإمكانيات لحضور هذا العدد الكبير من الاخوة والزملاء العراقيين، والى إخواننا القادمين من شبكة جامعة عجمان والى ضيوف المؤتمر والمحاضرين والى إخواننا الأتراك في استنبول لتعاونهم المطلق معنا في جميع النواحي والى كل الذين قدموا المساعدة والدعم المعنوي والعلمي في إنجاح هذه التظاهرة العلمية في استنبول.

سوف نكون مسرورين عندما نراكم ونحييكم في استنبول ،فالى اللقاء معكم ، زملائي الأفاضل في جو علمي أخوي مفيد ومثمر .

والسلام عليكم ورحمة الله وبركاته



الدكتور فيضي عمر محمود

رئيس المؤتمر ورئيس اللجنة العلمية لاتحاد أطباء العرب في أوروبا



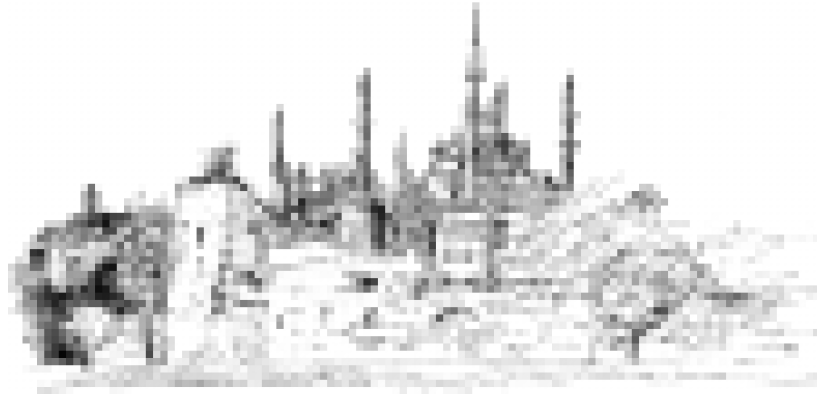
اتحاد أطباء العرب في أوروبا
ARABMED
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المكتب الإقليمي شرق المتوسط

تقيم

21st Annual Meeting of ARABMED in Europe
المؤتمر الطبي السنوي الواحد والعشرون لاتحاد أطباء العرب في أوروبا



Programme and Abstracts
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6 – 12 August 2004

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استنبول – تركيا

Grand Cevahir Hotel Istanbul