

Scientific Program & Abstracts



Under
The Patronage of Minister of Health
Hashemite Kingdom of Jordan
H.E. Dr. Abdellatif Woreikat



5th Joint International Medical Conferences
DAAD summer school
«Advances in Contemporary Medicine»

Le Méridien Hotel, Amman- Jordan
30th Sept. – 6th Oct. 2012

DAAD

Deutscher Akademischer Austausch Dienst
German Academic Exchange Service



Annual Conferences 2008 – 2012

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

Sponsorship & Conference Partners

DAAD

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Under
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برعاية وزير الصحة في المملكة الأردنية الهاشمية
الدكتور عبد اللطيف وريكات
يعقد



المؤتمر الطبي الدولي المشترك الخامس عن
الجديد في الطب المعاصر
فندق الميريديان عمان
في الفترة ما بين 30 ايلول- 6 اكتوبر 2012

SCIENTIFIC PROGRAM & ABSTRACTS
НАУЧНАЯ ПРОГРАММА И ТЕЗИСЫ

البرنامج العلمي والملخصات

Welcome

Dear Colleagues,

Under the patronage of His Excellency the Minister of Health Dr. Abdellatif Woreikat of the Hashemite Kingdom of Jordan, the 5th Joint International Medical Conference and DAAD Summer School will be held from the 30th of September to the 6th of October, 2012 in Amman, Jordan. The scientific program will be held at Le Meridien Hotel in the capital, Amman.

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

This conference is multidisciplinary and open to all branches of medicine, in order to bring together many doctors from all over the world. The agenda of the scientific program and the workshops, which take place over three full days, were finalized according to applications to present received from speakers on the latest advances in contemporary medicine. During the remaining time, an exciting program of social and cultural events and entertainment has been scheduled.

The joint standing committee of the conference looks forward to welcoming a wide range of delegates from across Europe, the Middle East and Gulf States, Turkey, and the Russian Federation attending the 5th Joint International Medical Conference. The main theme of the conference will be on "Advances in Contemporary Medicine". This will include the latest advances made in heart disease, gastroenterology, obesity, ophthalmology, oncology, general and laparoscopic surgery, pediatrics and medical and pharmaceutical ethics.

ARABMED would like to acknowledge and thank all partners, sponsors, supporters and contributors for their generous support, financial contribution and participation in this significant conference. We are particularly honored by:

- The Patronage of His Excellency Dr. Abdellatif Woreikat; Minister of Health, Hashemite Kingdom of Jordan
- Dr. Abdelaziz Ziadat; Director of the Royal Medical Services, Amman
- Dr. Samir Quawasmi; Chair of Local Organization, Representative of ARABMED in Jordan
- Prof. Kodzokov Anatoly Kasimovich; Head of the Department for Foreign Relations
- Kabardino – Balkaria State University, Nalchik
- Mr. Samir Mohammad Ali Qardan; President of the Circassian Charity Association, Amman
- Prof. Rami J. Yaghan; Jordan University of Science and Technology

We would like to thank all members of the scientific and organizing committee for their endless and dedicated efforts. Last but not least, thanks are due to all the speakers and participants who have submitted their work, and to all our delegates who are behind the success of this scientific gathering. We sincerely hope that our scientific program meets your expectations, and lives up to the standard of the four preceding successful conferences. We look forward to a stimulating meeting and once again welcome all of you warmly to Amman.

Our best wishes for a rewarding scientific conference.

Yours faithfully,

Prof. Dr. Faidi Omar Mahmoud (AU)
President of the Meeting
President of ARABMED in Europe

Dr. Samir Quawasmi,
Chair of Local Organization
Representative of ARABMED in Jordan

welcome

Sehr geehrte Tagungsteilnehmerinnen und Tagungsteilnehmer,

Für die Einladung zur 5th International Joint Medical Conference in Amman möchte ich mich auf das herzlichste bei den Verantwortlichen und speziell bei Dr. Omar Mahmoud Faidi bedanken. Mein Name ist Christa Matschl. Seit 1998 bin ich als Abgeordnete im Bayerischen Landtag und bin dort unter anderem Mitglied im Ausschuss für Gesundheit und Umwelt. Daher liegt mir die Gesundheitspolitik ganz besonders am Herzen

Leider ist es mir aufgrund der zeitgleichen Festlichkeiten zum Tag der Deutschen Einheit, die in diesem Jahr in München stattfinden, nicht möglich an dieser sehr interessanten Fachtagung teilnehmen zu können.

In unserer globalisierten Welt von heute rückt alles näher zusammen. Für die Gesundheitspolitik und den medizinischen Fortschritt ist das eine große Chance wie gleichermaßen auch eine große Herausforderung. Der Wissensaustausch untereinander ist heute so einfach und schnell möglich wie nie zuvor. Neue Behandlungsmöglichkeiten, Versorgungssysteme und die Zusammenarbeit zwischen Universitäten, sowie Hochschulpartnerschaften werden durch den Prozess der weltweiten Vernetzung gestärkt oder erst möglich. Dieses enorme Potential gilt es zu nutzen ist.

Der Dialog verbindet und hilft uns die Herausforderungen der Zukunft zu meistern. Als Politikerin weiß ich, wie wichtig der gegenseitige Meinungs austausch ist.

Es ist daher großartig und nur zu begrüßen, dass es solche Veranstaltungen wie die nun zum fünften Mal ausgerichtete Joint International Medical Conference gibt. Sie ermöglicht einen Grenz- und sogar Kontinente überschreitenden Austausch und führt verschiedene Fachgebiete aus verschiedenen Ländern und Kulturen zusammenführen.

Ich wünsche allen Teilnehmerinnen und Teilnehmern einen regen Gedankenaustausch mit vielen interessanten Gesprächen rund um das Thema Gesundheit.

Mit freundlichen Grüßen

أعزائي المشاركين والمشاركين في المؤتمر،
في البداية اود ان اشكركم باسم البرلمان الألماني في ميونخ لتوجيه الدعوة وإعطاء الفرصة لي للإشتراك في مؤتمركم الطبي الدولي الخامس والذي سيعقد في عمان في اول اكتوبر 2012 وخاصة الى الدكتور فيضي عمر محمود رئيس المؤتمر , اسمحوا لي ان اعرف عن نفسي اسمي كريستا ماشل المسؤولة عن تدبير شؤون الصحة والبيئة في في البرلمان الألماني منذ عام 1998 ولدي إهتمام خاص كمثل هذه اللقاءات نظرا لتزامن مؤتمركم مع عيد الوحدة الألمانية في 3 اكتوبر والإضطراب لمشاركتي في هذه الإحتفالات الوطنية لا يمكنني ان اكون معكم في هذا المؤتمر الهام وأنا أتأسف على ذلك
في عالمنا الجديد عالم العولمة التي تتقارب كل شئى مع بعضها البعض ان مواكبة التقدم الطبي وتدبير الأمور الصحية لدى العاملين في السياسة تعتبر تحديا وفرصة كبيرة على حد سواء.

ان تبادل الخبرات و المعرفة في يومنا هذا سريع واسهل مما كان عليه سابقا, واصبحت تعزيز خيارات الطرق الجديدة للعلاج , ونظم الرعاية والتعاون بين الجامعات وبين المؤسسات الطبية من خلال عملية الربط الشبكي العالمي ممكن. هذا هو إمكانيات هائلة يجب أن تستغل.
الحوار يربط , ويساعدنا على مواجهة تحديات المستقبل. وأنا كسياسي أعرف وأقيم مدى أهمية تبادل الأفكار.
انه امر رائع ويستحق الثناء على انعقاد مثل هذه المؤتمرات الطبية الدولية المشتركة والتي تكرر للمرة الخامسة والتي تجمع وتسمح بتبادل الخبرات في الإختصاصات الطبية المختلفة والثقافات التي تتخطى حدود الدول وبالأحرى القارات
أتمنى للجميع بان تكون اللقاءات ناجحة والمناقشات مثمرة وحيوية في المواضيع الطبية والأمور الصحية متمنيا للمؤتمر النجاح والتوفيق

مع خالص التقدير لكم

Christa Matschl

Christa Matschl

Member of the Bavarian Parliament Germany



General Information

Organising Bodies and Partners

- Ministry of Health Jordan
- University Hospital of Erlangen (Germany)
- German Academic Exchange Service DAAD (Medical Program "PAGEL")
- AGMAN (Arab-German Medical Alumni Network)
- ARABMED in Europe with Jordan Branch
- Royal Medical Services Jordan
- Kabardino-Balkaria State University, Nalchik, Russian Federation
- Association of Arab Universities
- The Circassian Medical Professionals Network (CircasMed)
- Circassian Charity Associations in Jordan
- Jordan University of Science and Technology, Irbid, Jordan
- The University of Jordan
- Al Andalus University for Medical Sciences, Syria
- Cornea Specialized Clinic, Jordan

Under the patronage

- H.E. Dr. Abdellatif Woreikat Minister of Health, Hashemite Kingdom of Jordan

Honorary Guests

- H.E. Dr Abdul Salam Abbadi Minister of Awqaf
- H. E. Laila F. Negm Minister plenipotentiary Director of Health & Humantarin Aid Department official Technical Secretariat of the Council of Arab Health ministers
- Dr. Abdelaziz Ziadat, Director of Royal Medical Services Jordan
- Prof Sultan Abu-Orabi Secretary General Association of ARAB Universities Amman Jordan
- Mrs Christa Matschl Member of the Bavarian Parliament Germany
- Dr. Samir A. Mutawi, Former Minister of Information in the Jordanian Government, Former Jordan's Ambassador to the Kingdom of The Netherlands Former Media Advisor to His late Majesty King Hussein, author of the book " Jordan In The 1967 War
- Dr. Abdullah Al-Abbadi Chairman The Board of Trustees J US T
- Prof Abdulla Malkawi, President of Jordan University of Science and Technology
- Prof Sami Al-Khateeb: Head of the Pan-Arab Association against Cancer, Head of the Jordanian Cancer Association against Cancer.
- Prof Husein Al-Heis Chief of King Abdulla I Teaching Hospital-JUST
- Dr med. Ehsan Saleh Federation Circassian, Association in Europe
- Mr Samir Qardan President Circassian Charity Association, Amman
- Prof Anatoli K. Kodzokov, Head of the Department for Foreign Relations Kabardino - Balkaria State University, Nalchik
- Dr. Mohammad Khir Mamser. Former University President in Jordan. Former Minister for three times. Member of the Upper Jordanian Senator Council
- Dr. Abdullah Bashir, General Manager of Jordan Hospital
- Dr. Mohammad Yaghan, Dean of the School of Architecture and Built Environment. GJU
- Dr. Aly A. Mishal Executive Director of the World Federation (FIMA)
- Prof Günsel (Şurdum) Avcı, Memorial Sisli Hospital, Istanbul
- Left. Gen. (ME) Khalid Fouad Jamokha Former Special Assistant of the Chief of Staff for Defense Resources, Technology & Investments- Jordanian Army
- Dr Nermeen Harbi Senior Cardiologist, FACC
- Prof Azmi Mahafzah Dean Faculty of Medicine ,University of Jordan



General Information

President of the Conference

- Prof Faidi O. Mahmoud (UA), Head of Medical Programs German Academic Exchange Service (DAAD) and Arabian German Alumni Network (AGMAN) in University of Erlangen, President of ARABMED in Europe, Cardiac Surgeon, University Heart Centre Erlangen

Secretary General of the Conference

- Dr. Samir Quawasmi, Chair of Local Organization Representative of ARABMED in Jordan

Organisation Committee:

- Prof Dr. Faidi O. Mahmoud (UA), President of the Conference and ARABMED in Europe, University Heart Centre Erlangen, Germany DAAD Medical Program (PAGEL)
- Dr. Samir Quawasmi, Chair of Local Organization Represented of ARABMED in Jordan
- Dr. med. Martin Grauer (Germany) DAAD Medical Program (PAGEL)
- Prof Rami J Yaghan, Jordan University of science and technology- Jordan
- Mr Samir Qardan President Circassian Charity Association, Amman
- Prof Günsel (Şurdum) Avcı, Memorial Sisli Hospital, Istanbul
- Dr. Seyfullah Dagistanli MD, PhD, Hasfarm Pharmaceuticals, President of Turkish Pharmacovigilance Association
- Prof Anatoli K. Kodzokov, Head of the Department for Foreign Relations Kabardino – Balkaria State University, Nalchik
- Dr Nart Abedah: Senior Consultant Radiologist (Jordan)
- Prof Azmi Mahafzah Dean Faculty of Medicine ,University of Jordan (Jordan)

Scientific Committee and International Consultants

- Dr Samir Quawasmi (Jordan)
- Prof Rami Jalal Yaghan (Jordan)
- Associate professor Dr. Nada Yasein, Faculty of medicine / Jordan University
- Dr Nart Abida (Jordan)
- Prof Dr. Mahmoud Fathalla Vice president of Al Andalus University
- Prof Dr Feisal Alhafi (Syrian)
- Dr. med. Martin Grauer (Germany) DAAD Medical Program (PAGEL)
- Prof Zakhokhov Ruslan Maksidovich (Kabardino – Balkaria State)
- Associate Professor Florian Graepler MD, (Germany)
- Dr. med. Martin Grauer (Germany)
- Dr. Nader Al Khalili, Director of Istiklal Hospital (Jordan)
- Associate Professor Richard Feyrer MD, MBA (Germany)
- Dr. Seyfullah Dagistanli (Turkey)
- Prof Günsel (Shurdum) AVCI (Turkey)
- Dr. Sacid Karademir (Turkey)
- Prof Dr. med T. Fischlein (Austria)
- Dr. Samir Bloukh (United Arab Emirate)



General Information

Contacts

- Germany:** Prof Dr. Faidi Omar Mahmoud, Email: faidi.mahmoud@gmail.com
- Jordan:** Dr. Samir A. Quawasmi, E mail. drquawasmi@gmail.com
Prof Rami J Yaghan, Email: lamees32@yahoo.com
- Turkey:** Prof Dr. Günsel (Shurдум) Avci. E-mail: adige_lad@yahoo.com
Dr. Seyfullah Dagistanli MD, PhD, E-mail: seyfullah.dagistanli@gmail.com
- Kabardino-Balkaria State University, Russia**
Prof Kodzokov Anatoly Kasimovich, Email: kodzokov@kbsu.ru

Conference Location

Le Meridien Hotel Amman

Queen Nour St. Shmeisani, P.O. Box 950629 Amman 11195 Jordan Tel: +962 6 569 6511 Fax +962 6 520 1361

Email lemeridienamman.com

Accommodation

1. Le Meridien Hotel Amman*****

2. Amman Cham Palace****

Shmeisani Street, P.O Box 942275 Amman 11194 - Jordan

Tel: + (962-6) 5659270, Fax: + (962-6) 5659271

E-mail: reservation@ammanchamhotel.com

Le
MERIDIEN



Information for the Chairman's and speakers

- Time management of your presentation is of at most importance, please do not exceed the allocated time for your presentation, **Oral presentation only 15 Minutes**
- Please complete your preparations for your presentation before your session starts in the conference hall. This guarantees a fluent course of session
- Languages of the conference are **English** (Slide presentations in **English** only)
No simultaneous Translation
- Only presentation on, Floppy Disks or USB sticks can be processed. To use your own laptop is not possible. Slide and Video tapes projection, not possible
- All speakers are responsible for the content of their lecture

Cancellation charge

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

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

- 100% refund if cancelled before August 1, 2012
- 50% refund if cancelled between August 2 and September 15, 2012
- No Refund if cancelled after September 15, 2012

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



General Information

Conference Themes

Heart Diseases, Gastroenterology, Obesity, Ophthalmology, Oncology, General-Laparoscopic Surgery, Paediatrics and Medical Pharmaceutical Ethics

Accreditation Statement

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

A breakdown of the CME credits is as follows:

- Monday 1.Oct Full Day.Conference 8. credits
- Tuesday 2.Oct FullDay Conference. 8credits
- Wednesday 3.Oct Half Day Conference 6 credits

Conference Sponsors

1. German Academic Exchange Service DAAD (Medical Program "PAGEL")
2. F. Hoffmann LA Rosch
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P.O.Box 294, Amman 11118Tel: +962-6-582 654, Mobile: +962-79-624 1275
3. AMGEN Amman Drug and Trading CO.Mr Firas Zuaiter Amman Jordan
4. Jordan Hospital
5. Med Means Trading Company
6. Istiklal Hospital Amman Dr. Nader Al Khalili Directorof Istiklal Hospital

Organization Company

- Half Moon Travel Amman, Mr. Nidal Zannad Manager of the Company Tel: +962 796783083, Al bayader- Hosni Sober Str. - Building 39 2 nd floor Amman, Jordan
- Around the World for Conference CO



General Information

Patronage and Honorary Guests



H.E. Dr. Abdul Salam Abbadi, Minister of Awqaf



H.E. Dr. Abdellatif Woreikat Minister of Health, Hashemite Kingdom of Jordan



Mrs Christa Matschl Member of the Bavarian Parliament Germany



Dr. Abdelaziz Ziadat Director of Royal Medical Services Jordan



H.E. Laila F. Negr Minister plenipotentiary ARAB iaegc



H.E. Dr. Abdullah Al-Abadi, Chairman the Board of Trustees Jordan University of Science & Technology



Prof Abdulla Malkawi, President of Jordan University of Science and Technology



Dr. Samir A. Mutawi Former Minister of Information and the Author of Jordan



Prof Faiid O. Mahmood (UA), President of the Meeting, Germany



Prof Sami Al-Khateeb: Head of the Pan-Arab Association against Cancer



Prof Anatoli K. Kodzokov, Head of the Department for Foreign Relations KBSU, Nalchik



Mr Samir Moh'd Ali Qardan President Circassian Charity Association, Amman



Dr. Samir Quawamsi, Chair of LOrganization Representative of ARABMED in Jordan



Prof Husein Al-Heis Chief of King Abdulla Teaching Hospital- JUST



Dr. Mohammad Khir Mamsr. Former University President in Jordan. Former Minister for three times



Dr Nermeen Harbi Senior Cardiologist, Jordan



Prof Gonsel (Şurdum) Avcı, Memorial Sisli Hospital, Istanbul



Left. Gen. (ME) Khalid Fouad Jamokha



Prof Rami J Yaghan Head of Oncology Unit at Jordan University of Science & Technology



Prof Sultan Abu-Orabi Secretary General of ARAB Universities



Dr. Aly A. Mishal Executive Director of the World Federation (FIMA)



Dr. Mohammad Yaghan, Dean of the School of Architecture Built Environment. GU



Dr med. Ehsan Saleh Federation Circassian, Association in Europe



Prof Azmi Mahafzah Dean Faculty of Medicine, University of Jordan



Dr. Abdullah Bashir, General Manager of Jordan Hospital



General Information

Timetable

30th Sept. – 6th Oct. 2012

Sunday 30 September 2012 23:00 Arrival at Amman and transfer to the Hotel

Monday 1 October 2012 Conference Hotel Le Medidien /Amman

8:00 – 08:45 Registration

Time	Main Auditorium Grand Ball Room	
9:00 - 10:30	1- Opening ceremony	
10:30 – 11:00	Coffee Break	
11:00 -13:00	2- Surgery& laparoscopy 1	
13:00 – 14:00	Lunch Break	
14:00 – 15:30	3- Surgery& laparoscopic 2	
15:30 – 16:00	Coffee Break	
16:00 – 18:00	4- Hypertension & Medical Session	

20:30: Dinner

Tuesday 2 October 2012 Conference Hotel Le Medidien /Amman

Time	Main Auditorium Grand Ball Room	Fayrouz Room
9:00 - 10:30	5- Cardiovascular Session	
10:30 – 11:00	Coffee Break	
11:00 -13:00	6- Pediatric Session	
13:00 – 14:00	Lunch Break	
14:00 – 15:30	7- Esthetics Session	9- Cancer Session
15:30 – 16:00	Coffee Break	Coffee Break
16:00 – 18:00	8- Epidemiology	12- Alumnae Session

Tuesday 2 October 2012 Workshops Royal Medical Services /Amman

	ROOM 1 Endoscopy	ROOM 2 Laparoscopy
09:00 – 09:15	Welcome Speech	
09:15 – 09:30	Introduction to EASIE model	Introduction
09:30 – 11:00	Training Upper and Lower GI	basic Laparoscopic techniques
11:00 – 11:30	Coffee Break	Coffee Break
11:30 – 14:30	Hemostatic Techniques Upper and Lower GI	Laparoscopy Hands-on Training

20:30 Dinner

Wednesday 3 October workshops 2012 Royal Medical Services /Amman

09:00 – 09:30	Introduction to Endoscopic Hemostatic techniques (Clipping and Band ligation)	
09:30 – 11:00	Training Endoscopic Hemostatic Techniques	Laparoscopy Training
11:00 – 11:30	Coffee Break	Coffee Break
11:30 – 12:00	Introduction to the ESD techniques	Laparoscopic Training
12:00 – 14:00	Training (ESD Techniques).	Laparoscopy Training
14:00 – 14:30	Final Session and Certificates distribution	

18:00 - 22:30 Farewell Dinner for Faculty and Participants (Certificates of the conference will be given) at Circassian Association in Amman

4-5 Oct. 2012 Meet with German Alumni doctors and Trip to Petra (UNESCO Heritage)

Saturday, 6 Oct. 2012 Continue to Amman Transfer to the Queen Alia Airport for departure



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- Wednesday 3.Oct Half Day Conference 6 credits



BAYERISCHE
LANDESÄRZTEKAMMER

Bayerische Landesärztekammer - Mühlbauerstraße 16 - 81677 München

Uniklinik Erlangen
Herzchirurgie
Herr Dr. Mahmoud
Maximilianplatz 1
91054 Erlangen

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

Unser Zeichen: Wy
Ihr Zeichen:
Ihr Schreiben vom:

06.09.2012

Teilnahmebescheinigung

Stammmummer 407748 (Bei Anfragen oder Schriftwechsel bitte unbedingt angeben!)

Sehr geehrter Herr Dr. Mahmoud,

anbei erhalten Sie die Kopiervorlage der Teilnahmebescheinigung sowie eine Teilnehmerliste für die von Ihnen bei der Bayerischen Landesärztekammer gemeldete Fortbildungsveranstaltung.

Anbietersnummer ANR: 255

Stammmummer SNR: 407748

Veranstaltungstitel: 5th Joint International Medical Conferences
DAAD summer school - Advances in
Contemporary Medicine

Veranstaltungsort: Amman

Veranstaltungsleiter: Dr. med. F. Omar Mahmoud, Dr.
med. M. Grauer

VNR	Passwort	Datum/Zeit	Kat.	Punkte
2760909004077480011	6805	01.10.12 09:00 - 18:00	A	8
2760909004077480029	5374	02.10.12 09:00 - 18:00	A	8
2760909004077480037	2059	03.10.12 09:00 - 14:30	A	6

Mit der Entgegennahme der beiliegenden Teilnahmebescheinigung und Ausgabe derselben übernehmen Sie die Verantwortung für die korrekte Einhaltung der folgenden Bedingungen:

Die nur Ihnen persönlich übersandte Kopiervorlage der Teilnahmebescheinigung stellt ein offizielles Dokument dar, das nicht verändert werden darf.

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von 9.00 bis 15.30 Uhr und
freitags von 9.00 bis 12.00 Uhr.

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



General Information

Accompanying Persons Program

Sunday 30 Sept. 2012

Arrival to the Queen Alia International Airport Amman transfer to the hotel in Amman. Overnight in Amman Le Méridien Hotel

Monday 1 Oct. 2012

Opening Ceremony and Scientific Program
From 12 h City tour of Amman to visit the old town in Amman, ruins of the Amman amphitheater, the citadel and the Umayyad Palace, Dinner and overnight in Amman Le Méridien Hotel

Tuesday 2 Oct. 2012

Breakfast A whole day to explore the King's highway, which was once part of the ancient Silk Road. Visit the mosaic town of Madaba, and stop over at Mount Nebo Dinner and overnight in Amman Le Méridien Hotel

Wednesday 3 Oct. 2012

Trip to Graeco- Roman city of Jerash, Continues to um Qays overnight in Amman Le Méridien Hotel

Extra Program 18.00 – 22.30

Dinner, Dance and Music in Circassian Charity Associations in Amman

Thursday 4 Oct. 2012 Wadi Rum & Petra (Entrance fees per Person 50 JD)

Breakfast Start your tour of Jordan by taking a bus trip to Wadi Rum, Wadi Rum is a very spectacular desert resort that is situated in south of Jordan, Wadi Rum is very famous for its high mountains and pink sand. Actually, it's as famous as Petra, one of the world's seven wonders. It's a popular tourist attraction for those whom nature provokes them to explore it and its desert beauty.

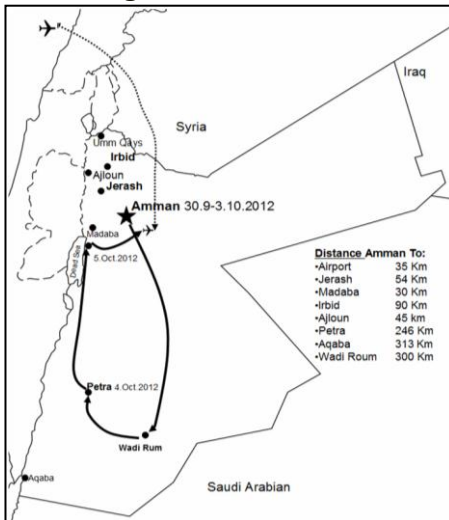
Followed by a jeep tour inside the Wadi until sunset Enjoy the view while drinking a cup of traditional Bedouin tea. Continue south to the enchanting desert of Petra, the Rose Red City of the Nabateans. Start your guided tour with a horse ride up to the Siq and proceed to explore this amazing world heritage site. The Rose Red City of Petra will surely surpass your wildest expectations. Visit the higher parts of the city. Dinner and overnight in Hotel Panorama in Petra)

Friday 5 Oct. 2012 Petra & Dead Sea

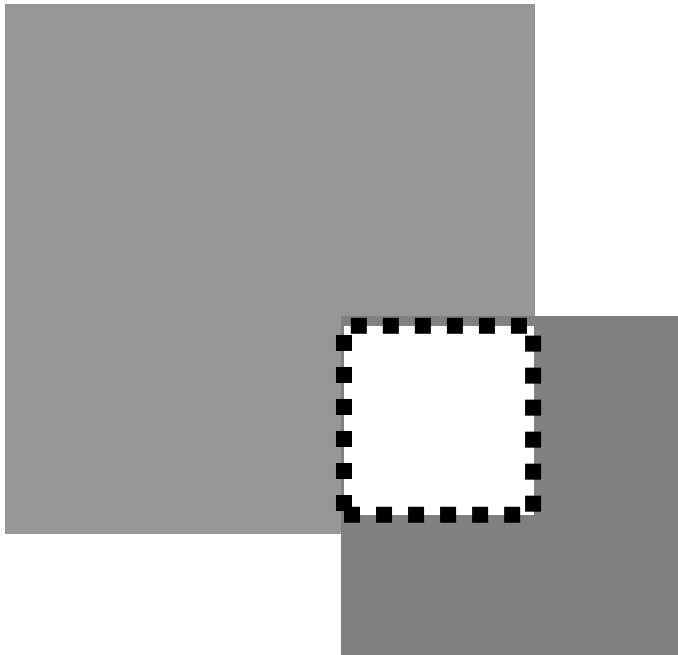
Transfer to the Dead Sea the lowest point on the surface of earth. Free time at leisure. Dinner and overnight. (in Dead Sea)

Saturday, 6 Oct. 2012

Dead Sea, Baptism Site (optional-18 USD per person entrance fees). Almaghtas (Bethany beyond Jordan). Continues to Amman you have 2 h free time in Amman, Dinner Transfer to the Queen Alia Airport for departure (**No Accommodation**)



5th Joint International Medical Conferences
DAAD summer school
«Advances in Contemporary Medicine»
Le Méridien Hotel, Amman- Jordan
30th Sept. – 6th Oct. 2012



Scientific Program



1- Opening Ceremony Plenary Session
DAAD summer school
5th Joint International Medical Conferences on
«Advances in Contemporary Medicine»
Le Méridien Hotel, Amman- Jordan
09:00-10:30 Grand Ball Room

Welcome Speeches

Moderator. Dr. Samir Quawasmi

- **H.E. Dr. Laila F. Negm**
Minister plenipotentiary Director of Health & Humantarin Aid Department official
Technical Secretariat of the Council of Arab Health monisters
- **Christa Matschl (Dr. Martin Grauer)**
Member of the Bavarian Parliament Germany
- **Dr. Abdelaziz Ziadat**
Director of Royal Medical Services Jordan
- **Prof Anatoli K. Kodzokov**
Head of the Department for Foreign Relations Kabardino – Balkaria State
University, Nalchik
- **Dr. Faidi O. Mahmoud**
President of the Conference, Germany
- **H.E. Dr.Abdellatif Woreikat**
Minister of Health, Hashemite Kingdom of Jordan

Special lectures on

The history and culture in Jordan

Dr. Samir A. Mutawi

Former Minister of Information in the Jordanian Government, Former Jordan's Ambassador to the Kingdom of The Netherlands Former Media Advisor to His late Majesty King Hussein, author of the book "Jordan In the 1967 War

Medical development in Jordan

Dr. Abdullah Al-Abbadi

Chairman the Board of Trustees Jordan University of Science and Technology

Refreshment Break 10:30 – 11:00



2- Surgery& laparoscopic surgery Session (1)

Grand Ball Room

11:00-13:00

Chair: Husein Al-Heis (Jordan)
Feisal Alhafi (Syria)
Miziev Ismail Alimovich (Nalchik, KBSU)

1. Hydatid cyst in Jordan: update on management

الوضع الحالي للكيسات المائية في الأردن وتديرها

Rami Jalal Yaghan

Department of General Surgery and Surgical Oncology at Jordan University of Science and Technology, Irbid-Jordan

2. Highlights of laparoscopic surgery in Syria

تطور الجراحة التنظيرية في سوريا

Feisal Alhafi

Assad University Hospital, Damascus, Syria

3. Laparoscopic Colo-Rectal Surgery, Our Experience in the North of Jordan.

جراحة الكولونات بالتنظير , خبرتنا في المرضى من شمال الأردن

Tagleb S Mazahreh

Department of General Surgery and Urology-Clinical faculty
Jordan University of Science and Technology Irbid, Jordan

4. The role of PET scan in oncology: where do we stand?

دور الفحص الطبقي بالبيزيترون في علم الأورام: اين نحن متواجدون؟

Kusai Al-Muqbel

Department of nuclear medicine, Jordan University of Science and Technology

5. Nasogastric Tube for Abdominal Surgery

الأنبوب الأنفي المعدي في جراحة البطن

Ahmad Uraiqat, Wasfi Salaitah, Amer Amireh, Mustafa Khalil, Areej Al-Taani

General and Colorectal Surgeon, Royal Medical Services, Amman Jordan

6. Is gastric plication a safe and effective procedure

هل تصغير المعدة بطريقة الطي إجراء آمن وفعال في معالجة السمنة

Sami Salem Ahmad, Sufian Ahmad, Ralf Matkowitz

Obesity Centre Stuttgart Germany

7. The role of Herceptin in the management of breast cancer

دور الهيرسبتين في تدبير سرطانات الثدي

Rami Jalal Yaghan

Department of General Surgery and Surgical Oncology at Jordan University of Science and Technology, Irbid-Jordan

Lunch Break 13:00 – 14:00



3- Surgery& laparoscopic surgery Session (2)

Grand Ball Room

14:00-15:30

Chair: Walid Masoud (Jordan)
Tahseen Mohajer (Jordan)
Zakhokhov Ruslan (Nalchik, KBSU)

8. Gastrointestinal Foreign Objects

دراسة عن تشخيص ومعالجة الأجسام الأجنبية في الجهاز الهضمي

Amer Hashim Al Ani *, Ali Suleiman Ghunmien **

Department of General Surgery *, Department of Pediatric Surgery **

Al-Bashir teaching Hospital, Amman, Jordan

9. History of Organ Transplant in Jordan My experience in Kidney transplant

تاريخ زراعة الأعضاء في الأردن وخبرتي في مجال زرع الكلية

Walid Masoud

Consultant Vascular Surgeon, Amman , Jordan

10. Technique and clinical applications of confocal laser endomicroscopy

التقنيات والتطبيقات السريعة للمنظار المجهرى الليزري المتعدد البؤر

Martin Grauer

Department of Gastroenterology, Medicine 1 University Hospital Erlangen, Germany

11. The method of preoperative prevention of hypothyroidism.

طريقة تحاشي قصور الدرق قبل إجراء العملية

Zakhokhov Ruslan Maksidovich

Department of General Surgery, the Dean of the Medical Faculty

Kabardino-Balkarian State University, Nalchik, Russia

12. Cecal enterogenous duplication cyst: case report in an adult

عرض حالة سريرية نادرة لكيسة مزدوجة في الأمعاء (الأعور)

Hani M.Kafaween, Lina A.Al-Nahar, Tamador S.Mohaidat

General Surgery, King Hussein Medical Centre (KHMC)

Amman-Jordan

13. Training Program of laparoscopic surgery in Alexandria /Egypt

البرنامج التعليمي للتدريب على العمليات التنظيرية في الإسكندرية في مصر

Moustafa Elshafei

Department of Medicine 1 Gastroenterology, Pneumatology, Endocrinology

University Hospital of Erlangen, Germany

Refreshment Break 15:30 – 16:00



4- Hypertension & Medical Session

Grand Ball Room

16.00-18.00

Chair: Florian Graepler (Germany)
Nada Yassin (Jordan)
Shugushev Khasan (Nalchik, KBSU)

14. Use of antihypertensive medications among elderly patients with metabolic syndrome

استخدام الأدوية الخافضة للضغط لمرضى كبار السن الذين يعانون من اضطراب الإستقلاب

Nada Yasein, Yacoub M. Irshaid , Farihan F. Barghouti , Wejdan A. Shroukh , Lana J. Halaseh
Faculty of medicine / Jordan University, Amman

15. Management of obscure gastrointestinal bleeding

تدبير نزوف الجهاز الهضمي العلوي

Florian Graepler

Department of Medicine, Division I University Hospital of Tubingen, Germany

16. Heparin induced thrombocytopenia

نقص الصفيحات الناشئة من إعطاء الهيبارين(مميع الدم)

Ghadeer Abdeen, King Hussein Cancer Centre, Amman, Jordan

17. The contemporary aspects of health condition of medical workers of the ambulance station

الجوانب المعاصرة للحالة الصحية للعاملين في المجال الطبي لمراكز الإسعاف والعيادات الخارجية

Liliya.V. Elgarova

Department of propedeutics of Internal Diseases of the Kabardino-Balkarian State University

18. The European Society of Cardiology (ESC) recommendations or consensus of experts to conduct patients with Atrial Fibrillation (AF) ?

توصيات جمعية القلب الأوروبية في تدبير الرجفان الأذيني

Khasan Kh. Shugushev

Kabardino-Balkaria State University, Nalchik

19. Evaluation of the microorganisms isolated from wound specimens and their antibiotic susceptibility

تقييم الجراثيم المعزولة من الجروح وإختيار المضاد الحيوي المناسب

Naz Cobanoglu, Hande Toptan, Efe Serkan Boz, Sebahat Aksaray

Haydarpasa Numune Training and Research Hospital, Dept. Of Clinical Microbiology,
Üsküdar, İstanbul

20. Some Aspects Apoptosis at Patients With Virus Hepatitis B And C

بعض الجوانب عن الإصابات الخلوية في التهاب الكبد الفيروسي B و C

M.R. Ivanova, R. H. Zhemuhova, H.H. Shakova

Kabardino-Balkarien State University, Nalchik



5- Cardiovascular Session

Grand Ball Room

09:00-10:30

Chair: Faidi Omar Mahmoud (Germany)
Gunsel Avci (Turkey)
Nermeen Harbi (Jordan)

21. Treatment for Patients with Severely Depressed Cardiac Function and Heart Failure

طرق معالجة مرضى قصور القلب النهائي

Gunsel (Shurdum) Avci

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

22. The Perceval suture less aortic valve bio prosthesis-a single-center experience

زراعة الصمام الأبهري دون غرز خيرة مركز جراحة القلب في نورنبرغ

Theodor Fischlein

Chair of Department of Cardiac Surgery in Nurnberg, Germany

23. Trans apical aortic valve implantation, initial Erlangen Heart Centre Experience

زرع الصمام الأبهري بالقسطار خيرة جامعة إيرلنغن الإستطباب

Faidi Omar Mahmoud, R. Fayer. Ludwig. M Weyand

Centre of Cardiac Surgery University Hospital of Erlangen-Nuremberg Germany

24. Trans apical vs. trans femoral valve implantation and modern techniques of conventional aortic valve replacement: patient selection, techniques and complications

مقارنة زرع الصمام الأبهري بالقسطار عبر قمة القلب او الشريان الفخذي التقنيات, اختيار المرضى والمضاعفات

Richard. Feyrer, M. Kondruweit, M. Weyand, M Arnold

Centre of Cardiac Surgery University Hospital of Erlangen-Nuremberg Germany

25. Trans-catheter Aortic Valve Implantation: New Approach in treating valvular heart disease

زرع الصمام الأبهري عبر القسطار طريقة جديدة في معالجة أمراض القلب الدسامية

Moh'd Albakri, & Imad A. Alhaddad

Department of the Cardiology, Jordan Hospital, Amman-Jordan

26. Cardiac CT in Jordan, State of the art in imaging the Heart

الأداء المثالي للتصوير الطبقي المحوري للقلب في الأردن

Nart Abida

Jordan Society of Radiology

Amman Jordan

Refreshment Break 10:30 – 11:00



6- Pediatric Session

Grand Ball Room

11.00-12.30

Chair: Eman F. Badran (Jordan)
Uzdenova Z.Kh (Nalchik, KBSU)
Samir Bloukh

27. Fetal intrauterine transfusion therapy; a neonatal prospect

نقل الدم في الجنين داخل الرحم ، أفاق في علم الخدج

Eman F. Badran *, Manar Al-lawama *, Amira Masri **, Iyad AL-Amouri ***, Fawaz Al Kazaleh ****

Department of Pediatrics, Neonatal division*, Neurology division**, Cardiology division***,
Department of Obstetrics and Gynaecology, Division of Maternal Fetal medicine****
University Hospital, Amman, Jordan

28. Analysis of the development of demographic trends in the Kabardino-Balkaria.

تحليل لتطور الاتجاهات الديموغرافية في قباددينو بالكاريا

Anaeva Lima Aslanbievna

Department of Pediatrics

Kabardino-Balkarian State University

29. Vacuum extraction surgery – the modern view on the problem

الطرق الجراحية الجديدة للولادة المتعسرة باستخدام طريقة الشفط

Uzdenova Z.Kh, Shogenova F.M., Zalihanova Z.M., Lepshokov R.D.

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

30. HNPCC (Lynch syndrome): a case study, from clinical observations to molecular biology test

تشخيص تناذر لينش (سرطان الكولون الوراثي) من خلال دراسة حالة سريرية في السودان

Omnia E. Yousif1, Suleiman H. Suleiman2 and Muntaser E. Ibrahim1

1. Department of molecular biology. Institute of Endemic Diseases. University of Khartoum, Khartoum- Sudan.

2. Soba University Hospital. Department of Surgery. Alamarat. Khartoum – Sudan.
National Cancer Registry, Federal Ministry of Health, Khartoum, SUDAN

Lunch Break 12:3 Samir Bloukh

0 – 14:00



7- Aesthetics Session

Grand Ball Room (Concurrent Session)

14.00-15.30

Chair: Samir Quawasmi (Jordan)
Sacid Karademir (Turkey)
Nart Abida (Jordan)

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

بضع القرنية الجزئي بدلا من البضع التام (دائري) في تصحيح القرنية المخروطية الدرجة الثالثة والرابعة
Samir Quawasmi
Cornea Specialized Clinic, Amman Jordan (London)

32. Central corneal thickness in glaucomatous Jordanian patients

دراسة عن سمك القرنية المركزي في المرضى المصابين بالزرق في الأردن
Mohannad Albdour
King Hussein Medical Centre, Amman Jordan

33. Arthroscopic Anterior Cruciate Ligament Reconstruction, Hamstring to Hybrid.

إعادة تصحيح تمزق الرباط المتصالب بالمنظار في الركبة باستخدام الوتر
Wael Abu Khalaf, (Orth)
Consultant Knee Surgeon Amman, Jordan

34. Custom made prosthesis for facial bone.

البدائل الإصطناعية لعظم الفك
Sacid Karademir
Plastic and Rec. Surgeon, Natures Medical Centre, Istanbul, Turkey

35. Hair reconstruction surgery

زراعة الشعر
Sacid Karademir
Plastic and Rec. Surgeon, Natures Medical Centre, Istanbul, Turkey

36. Mesotherapy – techniques, indications and results

المعالجة بالميزو (تحت الجلد) الطريقة الإستطباب والنتائج
Elisabeth Feyrer1, R. Weidhaus1, R. Feyrer2
1Group practice for general medicine and mesotherapy, Herzogenaurach, Germany
2University hospital of Erlangen Germany

Refreshment Break 15:30 – 16:00



8- Epidemiology

Grand Ball Room (Concurrent Session)

16.00-18.00

Chair: Aly A. Mishal (Jordan)
Seyfullah Dagistanli (Turkey)
Prof Azmi Mahafzah (Jordan)

37. Nosocomial infections(N.Is) (HOSPITAL ACQUIRED INFECTIONS H.A.Is)

التلوث المكتسب من جراثيم المستشفيات

Samir Bloukh

College of Pharmacy and Health Sciences

Ajman University of science and technology/ Ajman: United Arab Emirates

38. The scientific way of medical evidence: clinical trials

الطريق العلمي الى الدليل الطبي تجارب سريرية

Seyfullah Dagistanli MD, PhD Aytul PAPATYA KALEM, Isik PAPATYA

Hasfarma , Pharmaceutical and Clinical Toxicologist

Istanbul, Turkey.

39. Medical writing

الكتابة الطبية

Seyfullah DAGISTANLI MD, PhD Aytul PAPATYA KALEM, Isik PAPATYA

Hasfarma, Pharmaceutical and Clinical Toxicologist

Istanbul, Turkey.

40. Ethics Of Clinical Research: Contemporary Standards and Islamic Dimensions

أخلاقيات البحث السريري: المعايير المعاصرة والأبعاد الإسلامية

Aly A. Mishal

Chief of Medical Staff, Islamic Hospital

41. Institutional Review Board (IRB) 12 Years of Practical Experience At The Islamic Hospital, Amman-Jordan

12 عاما من الخبرة العملية في المستشفى الإسلامي، عمان، الأردن

Aly A. Mishal

Chief of Medical Staff, Islamic Hospital

42. Relation between blood groups (ABO) and risk of cardiac arrhythmias in cardiac patients exposed to general anesthesia with local adrenaline infiltration

العلاقة ما بين الزمرة الدموية وإضطرابات النظم في المرضى الخاضعين للتخدير العام عند إعطاء الأدرنالين الموضعي

Hazem Alkhaldi, MD, JBA*, Ahmad Atallah Alkhaldeh, RN, Sumaia Ahmad Alkhaldeh,

Khitam Deaf-Allah M.Al-zoubi, RN

Department of anesthesiology, intensive care and pain management, KHMC, Amman, Jordan



9- Cancer Session

Fayrouz Room (Concurrent Session)

14.00-15.30

Chair: Fareed Th Haddad (Jordan)
Abdelkarim A. Al-Abbadi (Jordan)
Zhigunov Askar Karalbiyevich (Nalchik, KBSU)

43. Conservative Surgical Treatment of Bronchial Carcinoid Tumors

العلاج الجراحي المحافظ لأورام القصبات الشبه السرطانية

Mazin Eljamal, Peter Goldstraw

Al Bashir Hospital, Amman, Jordan, Royal Brompton Hospital, London, UK

44. Dermatofibrosarcoma protuberance case study

حالة مرضية نادرة في الديرماتو فيبرو ساركوما

Moatassim Barham

General surgery dept., Al-zarqa Hosp. Jordan

45. Palliative therapy in patients with metastatic pancreatic cancer

المعالجة التلطيفية لسرطان البنكرياس المنتشر

Heinz Albrecht

Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1
Erlangen, Germany

46. Blood culture for pediatric patients with central line at hemato-oncology clinic in queen Rania hospital

دراسة لزرع الدم المأخوذ عن طريق الوريد المركزي في مستشفى الملكة رانياة للأورام

Fareed Th Haddad*, Maher Kh. Mustafa, Ikhlas J. Katamy

Queen Rania military hospital QRMH, Pediatric hemato/oncology Amman, Jordan

47. Polycystic ovarian syndrome: a Jordanian perspective: a study of 100 cases

تتأزر تكيس المبايض من المنظور الاردني دراسة ل 100 حالة

Wafa Al-Ghol, Khaldoun Khamaiseh, Waheeb Naser, Waleed Naji, Tareq Irtameh
King Hussein Medical Centre, Royal Medical services

48. Complex regional pain syndrome in Jordanian patients

دراسة عن تتأزر ألم المنطقة المعقد لدى المرضى الأردنيين

Abdelkarim Aloweidi Al-Abbadi⁽¹⁾, Mahmoud M Al-mustafa⁽¹⁾, Khaled R Alzaben⁽¹⁾, Sami A Abu-Halaweh⁽¹⁾, Shafer T El-Hadidi⁽²⁾, Jihad M Al-Ajlouni⁽²⁾, Mahmoud Ababneh⁽²⁾, Yousef Sarhan⁽²⁾, Akram O Shannak⁽²⁾, Ziad M Hawamdeh⁽³⁾

Department of Anesthesia and Intensive Care⁽¹⁾ Special surgery, Orthopedics Unite⁽²⁾,

Department of Physical Therapy, Faculty of Rehabilitation Sciences⁽³⁾

University of Jordan, Amman

Refreshment Break 15:30 – 16:00





11- Hands-on Endoscopy and Laparoscopy

Workshops (Day 1)

Royal Medical Services Amman

08:30-14, 30 h

Chair: Florian Graepler, Andreas Nägel, Martin Grauer
Imad Alghazzawi (Jordan)



49. Training course on endoscopic hemostasis using the compact Erlangen assistance in interventional endoscopy (EASIE) simulator for upper and lower Gastrointestinal (GI) Tract Concurrent Session

ورشة عمل للتنظير ودورة تدريبية على معدة الحيوان لإلقاء النزوف الهضمية طريقة إيرلنغن اليوم الأول

Martin Grauer*, Andreas Nägel, Heinz Albrecht, Mrs. Hiwot Diebel

Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1
Erlangen, Germany

**Associate professor Dr. med. Florian Graepler, Department of Gastroenterology,
Internal Medicine University Hospital of Tubingen, Germany

*** Dr. Mohamed Obeid, Kasr Alaini Hospital, Cairo University

Esam Neizamy, Cairo University, Egypt

Nabil El Nahas, Consultant of Internal Medicine; Cairo

50. Hands-on Laparoscopy Concurrent Session

ورشة عمل للتدريب العملي على موديل للعمليات التنظيرية للبطن اليوم الأول

Chair: Feisal Elhafli M.D Specialist in general & Laparoscopic surgery, Damascus
University, Syria

Moustafa Elshafei Research Physician of Department of, Internal Medicine 1 Erlangen,
Germany

Local Organisation

Dr. Imad Alghazzawi Email imadalghazzawi@yahoo.com





12- Hands-on Endoscopy and Laparoscopy

Workshops (Day 2)

Royal Medical Services Amman

09, 00-14, 30 h

Chair: Florian Graepler, Andreas Nägel, Martin Grauer
Imad Alghazzawi (Jordan)



51. Training course on endoscopic hemostasis using the compact Erlangen assistance in interventional endoscopy (EASIE) simulator for upper and lower Gastrointestinal (GI) Tract Concurrent Session

ورشة عمل للتدريب ودورة تدريبية على معدة الحيوان لإرقاء النزوف الهضمية طريقة إيرلنغن اليوم الثاني

* Martin Grauer, Andreas Nägel, Heinz Albrecht, Mrs. Hiwot Diebel

*Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1 Erlangen, Germany

**Associate professor Florian Graepler, Department of Gastroenterology, Internal Medicine University Hospital of Tubingen, Germany

*** Mohamed Obeid, Kasr Alaini Hospital, Cairo University

Esam Neizamy, Cairo University, Egypt

Nabil El Nahas, Consultant of Internal Medicine; Cairo

52. Hands-on Laparoscopy Concurrent Session

ورشة عمل للتدريب العملي على موديل للعمليات التنظيرية للبطن اليوم الثاني

Chair : Prof Dr.Feisal Alhafi M.D Specialist in general & Laparoscopic surgery, Damascus University, Syria

Moustafa Elshafei Research Physician of Department of, Internal Medicine 1 Erlangen, Germany

ورشة عمل الجراحة التنظيرية نظري في البدء ثم تدريب عملي على الموديلات الطبية يرجى من المهتمين

لهذه الورشة الإتصال مع أحد الزملاء الدكتور عماد غزاوي او الدكتور سمير القواسمي او د. مصطفى

الشافعي بالميل لأخذ المعلومات الدقيقة وهي دورة للأطباء الجدد وللمبتدئين للجراحة التنظيرية والتنظير

الباطني وذات أهمية العدد محدود , وستجرى في الخدمات الطبية الملكية في يومي 2 و3 اكتوبر 2012

Registration إستمارة التسجيل

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

آخر موعد للتسجيل هو (25 September 2012) Deadline for Registrations

ترسل استمارات التسجيل بالإللكتروني الى: Registration should be sent to:

Dr. Imad Alghazzawi Email imadalghazzawi@yahoo.com

Dr. Samir A. Quawasmi, E mail. drquawasmi@gmail.com



Dr. Moustfa Elshafei, Email: moustafa.elshafei@uk-erlangen.de



Trainer for Endoscopy Workshop

<p>Dr. med. Martin Grauer Specialist in Internal Medicine Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1 Erlangen, Germany DAAD AG Ärzteprogramm Erlangen</p>		<p>Associate professor Dr. med. Florian Graepler, Specialist in Internal Medicine Department of Gastroenterology, , Internal Medicine University Hospital of Tubingen, Germany</p>	
<p>Dr. med. Andreas Nägel Specialist in Internal Medicine Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1 Erlangen, Germany</p>		<p>Dr. med. Heinz Albrecht Research Physician, Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1 Erlangen, Germany</p>	
<p>Dr. Emad Ghazawi , King Hussein Medical Services-Gastroenterologist & Hepatologist Prof Esam Neizamy, Cairo University, Egypt</p>	<p>Mrs. Hiwot Diebel (MTA) Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1 Erlangen, Germany</p>		

Trainer for Laparoscopy workshop

<p>Prof Dr.FEISAL ALHAFI M.D Consultant surgeon, Specialist in general & Laparoscopic surgery Damascus University , Syria</p>		<p>Dr. Moustafa Elshafei Research Physician of Department of Internal Medicine 1 Erlangen, Germany</p>	
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Local Organisation

Dr. Imad Alghazzawi Email imadalghazzawi@yahoo.com



12- Closing Comments

Circassian Charity Associations in Amman
18:00 – 22:30



Moderators

Dr Awni Hamid Omar
Dr Omran Janbek

Speeches

- Mr Samir Qardan President of Circassian Charity Association, Amman
- Prof Rami J Yaghan, Jordan University of science and technology- Jordan
- Prof Anatoli K. Kodzokov, Head of the Department for Foreign Relations Kabardino Balkaria State University, Nalchik
- **Representative guests**
- Prof Dr. Gonsel (Shurdum) Avci Turkey (Turkey)
- Prof Dr. Mahmoud President of the Meeting (Germany)

The program may change قد يتغير البرنامج والتسلسل

**Farewell Dinner for Faculty and Participants with Music
(Certificates of the conference will be given)**



**10- 2ed joint meeting of the
AGMAN (Arab-German Medical Alumni Network) & ARABMED country
representatives (Alumni Session)**

Fayrouz Room 16.00-18.00 (Concurrent Session)

Chair: Faidi Omar Mahmoud (Germany)
Martin Grauer (Germany)



1. Short report about AGMAN & ARABMED conference in Paris

عرض نشاطات إتحاد الأطباء العرب في أوروبا والجديد في المؤتمر السنوي في باريس
Faidi Omar Mahmoud, DAAD Medical Program (PAGEL - Germany)
President of ARABMED in Europe, Erlangen, Germany

2. Short report about New Projects Cooperation with Arab university's

الجديد في مجال التعاون الأكاديمي الألماني مع الجامعات العربية
Martin Grauer DAAD Medical Program (PAGEL - Germany)

3. Experience with German - Jordanian University in Amman- Jordan

الخبرة الأكاديمية لأستاذ الماني في الجامعة الألمانية الأردنية في عمان
Anton Mangstl, Vice President German - Jordanian University

4. Short report about ARABMED in Jordan

عرض نشاطات الإتحاد في الأردن
Samir Quawasmi representative of ARABMED in Jordan Amman Jordan

5. Short report about Syrian alumni

عرض نشاطات الشبكة من خريجي الجامعات الألمانية في سوريا
Faisal AlHafi, Prof of Surgery, Damascus University, Syria

6. Short report about the Egyptian alumni

عرض نشاطات الشبكة من خريجي الجامعات الألمانية في مصر
Esam Neizamy, Cairo University, Egypt

7. Short Report About Alumni Potential In UAE

عرض نشاطات الشبكة من خريجي الجامعات الألمانية في الإمارات
Samir Bluhk, Ajman (UAE)

8. Short report about ARABMED in Europa

عرض نشاطات الإتحاد في ألمانيا و إيرلندا
Ghassan Elagha, Hesham Dahshan Arab Medical Union in Europa and Ireland

9. Short Report About Al Andalus University

المستشفيات التعليمية في سورية. تجربة الأندلس
Prof Mahmoud Fathalla, Mazen Fani, Prof A. Martini, Al Andalus University, Syria

10. Short report about AGMAN in Bahrain

عرض نشاطات الإتحاد في البحرين
Dr. Khalifa M. Bin Dayna representative of AGMAN in Bahrain



Culture Program

5 Oct. 2012

Meet with Alumni doctors and Trip to Petra & Dead Sea

Overnight in Hotel Panorama in Petra

Saturday, 6 Oct. 2012

Continues to Amman Transfer to the Queen Alia Airport for departure in the evening

(No Accommodation at Saturday, 6 Oct. 2012)



1. Hydatid cyst in Jordan: update on management

الوضع الحالي للكيسات المائية في الأردن وتدابيرها

Prof Rami Jalal Yaghan

Oncology and Surgical Oncology at Jordan University of Science and Technology
Irbid-Jordan

Objective: To elaborate on the epidemiology of hydatid disease in Jordan as a model for the Middle East, and highlight the obstacles that face disease control in the region

Methods: The clinical and epidemiological data for 65 patients with the diagnosis of hydatid cyst (who were treated in the Department of Surgery, Jordan University of Science and Technology, Irbid and its affiliated hospitals, between January 1994 through to September 2010) were analyzed. Fifty-five patients were interviewed for details of life style. Methods of treatment were also analysed. Results: Forty-six percent of patients were below 40-years of age. Fifty-seven percent were females. All interviewed patients gave history of contact with dogs and history of ingestion of raw vegetable food. The latter in addition to a high zoonotic infection rate and uncontrolled animal movement were factors contributing to the high prevalence.

Conclusion: Optimization of control programs in the Middle East requires the establishment of a regional center. Wide traveling has made it essential for physicians practicing in non-endemic areas to be aware of the diverse presentations of this disease when dealing with immigrants from endemic areas. Laparoscopic and percutaneous treatment is becoming more prevalent.

Abstracts

(CV) Prof Rami Jalal Yaghan

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

Department of General Surgery and Urology-Clinical faculty member

Phone: (+962)2-7201000 Ext, Tel. +962 799051217

Jordan University of Science and Technology

Irbid 22110, Jordan

Born in Amman in 1961 to an Abkhasian father and a Kabardian mother.

Married to a great Kabardian woman. Previous consultant surgeon at Ghasgow Royal Infirmary.

A lover of the Cacusos.

Main research interests include research on immediate breast reconstruction after mastectomy, and specific breast infections. Described the Yaghan breast hernia which was named after him. Published more than thirty international papers in addition to book chapters.

Education

JORDANIAN BOARD in General surgery, urology and anesthesia from Jordan Medical Council, 1992

BRITISH BOARD in General surgery, urology and anesthesia from The Royal College Of Surgeons Of Edinburgh, 1992

Bsc. in Medicine and Surgery from University Of Jordan, 1986

Experiences

Clinical faculty member, Department of General Surgery and Urology, Mar 2008 - Present

Acting chairperson of Department, Department of General and Pediatric Surgery, Urology and Anesthesia, Sep 2002 - Sep 2003

Assistant Dean, Faculty Of Medicine, Sep 2001 - Sep 2002

Technical Officer at the Princess Basma Hospital, Faculty of Medicine, Sep 2001 - Sep 2002

Assistant Dean, Faculty of Medicine, Sep 1999 - Sep 2000

Clinical faculty member, Department of General and Pediatric Surgery, Urology and Anesthesia, Feb 1996 - Mar 2008

Full time Clinical Lecturer, Department of General and Pediatric Surgery, Urology and Anesthesia, Nov 1992 - Feb 1994



2. Highlights of laparoscopic surgery in Syria

تطور الجراحة التنظيرية في سوريا

Prof Dr Feisal Alhafi

Assad University Hospital

Damascus, Syria

In 1991, at the time when laparoscopic surgery was widely adapted by surgeons in Europe and the United States, I traveled to Germany to attend an intensive course on this new technique under the supervision of both Professors Rokert and Cohouse to learn the basics of this newly introduced surgical practice.

In 1992 i formed the first laparoscopic service unit in Damascus and performed the first laparoscopic cholecystectomy at Al Assad university hospital.

Over the last two decades laparoscopic surgery are diffuse in all syria and we performed all abdominal laparoscopic procedures which linclude in my presentation with CD dimonstration.

Prof Dr Feisal Alhafi

Assad University Hospital

Damascus, Syria



Abstracts

(CV) Prof Dr.FEISAL ALHAFI M.D

Consultant surgeon, Specialist in general & Laparoscopic surgery

Date of Birth 20 January 1949 in Damascus, Syria

Qualification

1969 – 1976: MBBS from university of Milano – Italy with honors

1978 – 1984: FACHARZT in General surgery- from Germany

1991 – 2002: Masters in Laparoscopic surgery in Hamburg Germany.

Current Positions:

1988 up to date: consultant in the general surgery and Laparoscopic surgery Department in Al Assad university Hospital, Damascus University -

Syria In the Department following procedures were conducted: All Major and minor gastrointestinal Operation were performed and the intervention of Liver surgery, Mamma surgery, Thyroid Surgery, Abdominal wall surgery, Morbid obesity surgery, And All intervention of Laparoscopic surgery.

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

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

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

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

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

Achievements

2008: certificate from Association of Laparoscopic surgery, Spain.

2002: certificate from mediterranean and middel Estern Endoscopic Surgery Association – Greece.

2001: certificate from Italian Association of General surgery, Italy.

1998: certificate from Syrian Association of Laparoscopic Surgery.

1996: certificate from Pan-Arab Association of general Surgery, Egypt.

1994: certificate from higher Board of Education, Syria.

Member ships:

2007 up to date: Expert group – Agman-Erlangen University Hospital in Germany.

2000 up to date: the Board of Mediterranean and Middle East Laparoscopic surgery Association.

1997 up to date: Member of the European Association of Endoscopic surgery.



3. Laparoscopic Colo-Rectal Surgery, Our Experience In The North Of Jordan.

جراحة الكولونات بالتنظير , خبرتنا في المرضى من شمال الأردن

Assistant Professor Tagleb S Mazahreh

Department of General Surgery and Urology-Clinical faculty

Jordan University of Science and Technology Irbid, Jordan

The development of laparoscopic surgery over the last two decades was amazingly fast, its adoption was neither uniform nor universal. Some procedures, like laparoscopic cholecystectomy, rapidly became the standard of care throughout the surgical community. Laparoscopy for colorectal surgery gained much less acceptance. Factors such as technical complexity, cost, duration of surgery and concerns about oncologic safety influenced the hesitancy in performing this surgery, and it took the surgical community more than a decade to admit that the laparoscopic option is legitimate: it is safe, and it provides the patients with the advantages of minimally invasive surgery, without any surgical or oncologic compromise. This slow process of maturation had a significant advantage, as it allowed this kind of surgery to be thoroughly investigated. Its acceptance is now well based on multitude of data, available from many basic science and clinical studies. Not many procedures in the daily surgical practice are as evidence-based as laparoscopic colon surgery. The aim of my talk is to describe some general aspects of laparoscopic colorectal surgery and to show our experience in the north of Jordan



Abstracts

(CV) Dr Tagleb Mazahreh, MB BS, A.F.R.C.S.I, M.R.C.S.I

Assistant Professor in Jordan University of Science and Technology
Consultant of General Surgery/GI surgery and Advanced Laparoscopic surgery, King Abdullah University Hospital

Jordan University of Science and Technology (from 2010 till now)
University "G. d'Annunzio" Chieti.OspedaleClinicizzato "SS.Annunziata"
Chieti. Italy.(from 2007-2010).

Birth at 2 /10/ 1975 in Al Dammam Saudi Arabia

Nationality : Jordanian

Mailing address : Anjara –Ajlun –Jordan, PO. Box 4

Education

1992: General Secondary Education Certificate Examination Scientific Stream .Ministry of Education / Jordan with a rank of 4 at the directorate of Ajloun.

Education Certificate: Ajlun Secondary School For Male

1992-1998 M.B, B.S Jordan University of Science and Technology Jordan

Integrated pre-Medical and Medical program

1999 -2004 High specialization Degree/ General Surgery. Jordan University of Science and Technology/ Jordan

Licensure:

Unrestricted License to Practice Medicine and General surgery in Jordan

MEDICAL COURSES AND EXAMS

Fellowship in Advanced Laparoscopic and Thoracoscopic surgery Chieti-Pescara .Italy2010

A.F.R.C.S.I,M.R.C.S.I (Ireland) member and fellow of the royal collage of surgeon of Ireland 2007

Basic Surgical training course 2005

Jordanian Board of General Surgery 2005

High specialization Degree/ General Surgery. Jordan University of Science and Technology/ Jordan 2004

Arab board in General surgery (part 1)

The Arab Board of Medical Specialization 2001

USMLE (step II). 1999

Advanced Trauma Life Support Course, King Abdullah University Hospital.

MEMBERSHIPS

Membership of Jordanian Medical Council

Membership of Jordanian Surgical Council

LANGUAGES

Arabic Language (Mother Tongue)

English Language: Fluently spoken and written

Italian Language : Fluently spoken and written



4. The role of PET scan in oncology: where do we stand.

دور الفحص الطبقي بالبوريترون في علم الأورام: أين نحن متواجدون ؟

Kusai Al-Muqbel, MD

Head of the department of nuclear medicine

Jordan University of Science and Technology

PET scan (positron emission tomography) is a nuclear medicine scan in which the patient is injected with radioactive material targeting cancer cells (radioactive glucose). The scan which is also called metabolic or functional scan is fused with anatomical scan (CT scan) for better localization of the lesions. The scan is so helpful in cancer management. It is accurate in cancer staging and restaging, cancer response to chemotherapy, evaluation of residual cancer after surgery, prognosis in cancer patient, and evaluation of questionable lesions on CT scan. It is approved on lung cancer, lymphoma, colon cancer, breast cancer, esophageal cancer, ovarian cancer and others.

CONCLUSION: PET scan is a new imaging modality (10 years in practice) that changes the management of cancer patients non-invasively.

(CV) Kusai Al-Muqbel, MD

Head of the department of nuclear medicine

Department of Diagnostic Radiology and Nuclear Medicine

Faculty of medicine, Jordan University of Science and Technology

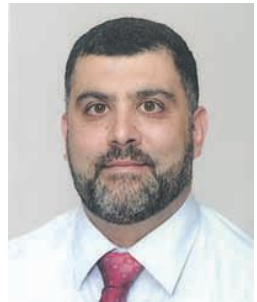
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Address: P. O. Box: 3030

Irbid 22110, Jordan

Education

- BSc. in Medicine and Surgery from Damascus University, 1995
- AMERICAN BOARD in Internal medicine from East Tennessee State University, 2002
- Full time Clinical Lecturer, Department of Diagnostic Radiology and Nuclear Medicine, Jan 2003 - May 2004
- Associate professor, Clinical faculty member , Department of Diagnostic Radiology and Nuclear Medicine, May 2004 - Present



5. Nasogastric Tube for Abdominal Surgery

الأنبوب الأنفي المعدي في جراحة البطن

Ahmad Uraiqat FRCS FACS, Wasfi Salaitah JBS, Amer Amireh FRCS FACS, Mustafa Khalil RSN, Areej Al-Taani RSN

General and Colorectal Surgeon, Royal Medical Services, Amman Jordan

Objective: The insertion of nasogastric tube (NGT) is a common practice in abdominal surgery. The necessity of its use has been questioned for several years. The aim of this study was to assess the need or otherwise for gastric decompression after elective colorectal surgery.

Methods: Between July 2010 and March 2012, 72 consecutive patients who underwent colorectal resection were enrolled in this study. Two cases were excluded because of incomplete data, leaving 70 patients. 41 patients had NGT and 29 patients had no NGT. All patients were observed regarding the development of complications like, post-operative nausea, vomiting, pulmonary and wound complications, abdominal distension, return of bowel sounds and bowel function.

Results: There were 43 (61.4%) males. The mean age was 56 (range 16-82) years. There were 35 colonic, 9 colorectal, 25 rectal and one total resections. 56 (83%) resections were for cancer and 14 (17%) for other different aetiologies. Abdominal distension was present in 18 patients (14 patients (78%) with no NGT), nausea in 22 patients (15 patients (68%) with no NGT), vomiting in 7 patients (5 patients (71%) with no NGT), and wound complications in 16 patients (11 patients (69%) with NGT). Postoperatively, 34 (64%) patients with NGT were feeling comfortable compared to 19 (35%) patients without NGT. Average postoperative stay was 8.4 days for patients with NGT and 7.9 days for patients without NGT, P=NS.

Conclusion: Although patients without NGT insertion were having more abdominal distension, nausea and vomiting, and they experienced less comfort, this does not associated with more postoperative complications and length of stay. We do not recommend routine postoperative NGT insertion in colorectal surgery.

Key Words: Nasogastric tube, colon, rectum.

Ahmad Uraiqat MD FRCS(I) FRCS(Eng) FACS MASCRS PgCert (MedEd)

General and Colorectal Surgeon

Royal Medical Services

(CV)Ahmad Uraiqat

- MD 1994, JBS 2003, FRCS(Ireland) 2002, FRCS(England) 2009, FACS
- Postgraduate Certificate in Medical Education 2011
- Trained in Coloproctology at St Marks Hospital, London, UK 2005-2006
- Member in:

Jordan Surgical Society 2003

Association of Coloproctology of Great Britain and Ireland 2006

Italian Society of Coloproctology 2006

American Society of Colorectal Surgeons 2009

Jordanian Society of Gastro- Enterology 2010

Currently: Senior specialist in General and Colorectal Surgery at King Hussein Medical City, Amman.



Abstracts

6. Is gastric plication a safe and effective procedure

هل تصغير المعدة بالطي إجراء آمن وفعال في معالجة السمنة

Sami Salem Ahmad, Sufian Ahmad, Ralf Matkowitz

Obesity Center Stuttgart Germany

Background: Sleeve Gastrectomy (SG) has become a standard restrictive procedure to treat morbid obese patients. However the postoperative leakage complication is forming a serious morbidity which can lead to death. The recently favoured procedure, gastric plication (GP) was thought to reduce this risk. We observed the results of our patients after gastric plication

Method: between Jan. 2010 and March 2012 we operated 30 patients with greater curvature gastric plication. This was performed over 36fr size tube. This was achieved by dividing the short gastric vessels and freeing the whole greater curvature which was folded inward in two layers of sutures to reduce the gastric capacity.

We observed postoperatively the results regarding weight loss and complication.

Results: All patients were available for follow up. Mean BMI was 43 kg/m². Mean age 35ys (22ys-44ys)

Excess weight loss was after 3, 6, 12, and 18 months was 20%, 30%, 45%, 48% respectively, postoperative nausea in 100%, vomiting in 60% of the patients. Leakage occurred by 1 case (3%). Gastric obstruction by 2 patients (6%).

Conclusion: The early results of gastric plication seem to be not superior to published results of the established procedure sleeve Gastrectomy and the complication rate is similar. Long-term results are still awaited

Dr. Sami Salem Ahmad

Obesity Center Stuttgart Germany

Gastriccenter Stuttgart

(CV) Dr. Sami Salem Ahmad

Consultant Surgeon, MD, FRCS, Facharzt, IFSO

1982-1988 Medical school / Hamburg, Germany

1988-2002 Surgical Training / Hamburg, Germany Specialist in General Surgery

Since 2003 Consultant Surgeon in Jordan Clinic for Gastrointestinal and Obesity Surgery Jordan Hospital - Amman

Since 2005 Consultant Surgeon Of Center For Morbid Obesity and Gastroesophageal Reflux Surgery, Roserklinik, Gastriccenter / Stuttgart, Germany

Specialized in Laparoscopic and Morbid obesity Surgery, General and Gastrointestinal Surgery. Performed a large number of Gastric Banding, Gastric Bypass, and Sleeve Gastrectomy and Fundoplication operations.

Membership: German Society for Surgery

Royal College of Surgeons, FRCS

Consultant Surgeon, registered in the Specialist Register U.K

IFSO, International Federation for the surgery of Obesity.

German Society for Morbid Obesity Surgery



7. The role of Herceptin in the management of breast cancer

دورال هيرسبتين في تدبير سرطانات الثدي

Prof Rami Jalal Yaghan

Oncology and Surgical Oncology at Jordan University of Science and Technology
Irbid-Jordan

Introduction: The classical treatment of breast cancer depends on surgery for loco-regional control to be followed by classical chemotherapeutic agents to control the systemic disease. This approach lacks specificity for the malignant cells. The introduction of monoclonal antibodies is revolutionizing the concept of cancer treatment

Aim: To highlight the role of herceptin in the management of Her II positive breast cancers . An overview of the situation in Jordan will also be presented.

Methodology:

The most recent literature regarding phase III trials about herceptin was reviewed. Jordanian data was also evaluated.

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

Results: Major recent international trials have emphasized the positive impact of using herceptin in the management of HER II positive breast cancer, both in the adjuvant and the metastatic setting.

Conclusion remarks: Herceptin is providing a specific targeted therapy for Her II positive breast cancer . The toxicity profile is far less than classical chemotherapy. Herceptin is cost-effective and its use should be implemented to all Her II positive Jordanian patient

(CV) Prof Rami Jalal Yaghan

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

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8. Gastrointestinal Foreign Objects

دراسة عن تشخيص ومعالجة الأجسام الأجنبية في الجهاز الهضمي

Amer Hashim Al Ani FRCS " Glasgow" *, Ali Suleiman Ghunmien MD**

Department of General Surgery *, Department of Pediatric Surgery ** Al-Bashir teaching Hospital, Amman, Jordan.

Introduction: Foreign bodies of the Gastrointestinal tract are either ingested (intentionally, accidentally) or inserted (rectally, iatrogenically). They may include a wide variety of foreign objects like coins, pins, coils. Glass balls, needles, fish bones, beads, brushes, aerosol caps, screws, metal blades, and batteries. Intentional gastrointestinal foreign-body ingestion and insertion are more common than accidental occurrence in the adult population. All age groups are included, children between 6 months and 6 years of age are more commonly involved, While those with psychiatric or behavioral problems are the more frequently suffered Adults group. Foreign-body ingestion may also occur accidentally in patients who have dental prostheses. In the United States, approximately 1,500-1,600 deaths occur annually due to foreign-body ingestion or insertion.

Materials and methods: From the 1st of July 2009 to the 1st of July 2011, 25 patients with history of GIT foreign bodies (ingested, or inserted) intentionally, or accidentally were selected. Their age was ranging from 1- 54 years. 15 of them were males, 10 were females. One of the foreign bodies was barium contrast causing small bowel obstruction, the other was a denture & the 3rd was a draining catheter (V-P) shunt penetrating the colon & passing through the anus. The diagnosis was clinical documented by imaging study.

Results: Some of the foreign bodies were left to be discarded with stool (non-operative intervention), other were removed by: laryngoscopy, esophagoscopy, through the rectum manually, by laparoscopy or by laparotomy after a period of observation (failure of spontaneous extraction). Post- operative period in all patients were smooth. No mortality was recorded.

Conclusion: Any esophageal foreign-body should be treated endoscopically within 24 hours. Gastric foreign-body larger than (2 cm) in circular diameter and/or more than (6 cm) long, must be removed endoscopically, as these are deemed unlikely to pass the pyloric channel. Sharp objects that remain in the stomach still carry a small but significant risk for complication if left untreated, and the recommendations are to remove them endoscopically. In case of inability to remove foreign bodies in the stomach, or the remaining parts of the GIT (small bowel, colon & rectum) due to technical difficulties or abstinence of an efficient endoscopist, laparoscopy, or even laparotomy is the proper answer.

Correspondence to: Dr. Amer Hashim Al Ani (MB ch B, CABS, FICMS "digestive surgery", FRCS " Glasgow") General & Digestive surgeon. Department of General Surgery, Al-Bashir Teaching Hospital, Amman, Jordan..P.O.Box: 510455 Amman. Al Ashrafya.

E mail ameralqadi2002@yahoo.com

Dr. Amer Hashim Al - Ani

GIT & General Surgeon MB.chB, CABS, FICMS (Digestive Surgery), FJCMS, FRCS(Glasgow)

P.O.Box: 510455 Amman, Jordan , Al-Bashir Teaching Hospital Amman Jordan



Abstracts

(CV) Dr.Amer Hashim Al - Ani

Date Of Birth 1962 .July .3rd

Nationality Iraqi

Professional qualification:

November 2011- Fellowship Of Royal College Of Surgeon (Glasgow)

August 2010 - Jordanian Board In General Surgery (Jordan).

Dec. 2005 - Iraqi Board In GIT Surgery (Baghdad - Iraq).

Jan. 2000 - Arab Board In General Surgery (Damascus).

June. 1986 - MB.ChB , Al Mustanserya Medical School(Baghdad – Iraq).



Current post:

August 2006 -Till present : Consultant General Surgeon,, Al-Bashir - Teaching Hospital, Amman Jordan.

August 2009 - Till present: Member of the International surgical society.

August 2006 -- Till present Member of the Jordanian surgical society.

Previous posts :

October 2002 - March 2006 :Specialist Surgeon, Trainee in Digestive Surgery Specialty, GIT teaching center ,Baghdad. Iraq.

January 2000 – October 2002 : Specialist Surgeon , Al- Mahaweel Hospital, Babylon. Iraq.

October 1994- January 2000 : Specialist registrar, Medical city Teaching Hospital ,Baghdad. Iraq

November 1992 - October 1994 : Senior House Officer, Al - Yarmouk Teaching Hospital ,Baghdad. Iraq

October 1991 - November 1992 : General Practitioner, in the periphery. Iraq

November 1987- October 1991: Medical Army Officer, Army Service

August 1986 - November 1987 : House Officer, Al-Ramadi Teaching Hospital. Iraq



9. History of Organ Transplant in Jordan My experience in Kidney transplant

تاريخ زراعة الأعضاء في الأردن وخبرتي في مجال زرع الكلية

Dr. Walid Masoud, MD, FRCS

Consultant Vascular Surgeon

Former Chief of Vascular surgery in Jordan University Hospital

Kidney transplant surgery in Jordan started in 1972 in Royal medical services, then as time passed by transplant surgery became more popular in many hospitals in the private sector.

I reviewed around five hundred cases of kidney transplants, which were done between the years 2002-2012, and were done in different hospitals here in Jordan. Most of our Patients came from neighboring countries and from abroad like from Sudan, Libya, Algeria, Palestine and others, we even had patients from the United States.

Transplant surgery consists of a team of specialist, a vascular surgeon; myself, a nephrologist (have worked with seventeen nephrologist) and a urologist (have worked with eleven urologist). Every one of us has his part in make the transplant a success.

I did a study of our patients, where I analysis the age, gender, hospital stay, relationship between the donors and the recipients and tissue matching issues, and of course other data concerning surgical techniques (mainly site of operation and site of anastomosis). I would also like to note that all our surgeries are life related donations, No cadavers were used.

Conclusion: We are proud to say that our success rate in our hospitals is above 95%.

Dr. Walid Masoud, MD, FRCS

Consultant Vascular Surgeon

Former Chief of Vascular surgery in Jordan University Hospital



Abstracts

(CV) Dr. Walid Masoud, MD, FRCS

1983 finished Medical school 1990 Jordanian Board in general surgery Spent 8 Years working and training in Glasgow Hospitals in the UK 1993 FRSC 1996 Certificate of Subspecialty in Vascular Surgery from Glasgow Royal Collage of surgeon 1997 Returned to Jordan and was appointed as Assistance Professor and Chief of the Vascular Unit in Jordan University Hospital 2000 Jordanian board in Vascular Surgery 2004 Examiner in Vascular Surgery in the Jordanian Medical Council 2009 Head of the Examiner Committee of Vascular Surgery in the Jordanian Medical Council From 2002 up until now He has been practicing Vascular Surgery in the Private sector

Mob. 0795686808, Tel. Clinic 5657601, Email: walmas@hotmail.com

Date of birth: 9th Nov 1957

Address: P.O.Box 926118 Amman, Jordan

Present post: Practicing vascular and kidney transplant surgery in private sector

Education:

Jordanian Board in Vascular Surgery, Jordan Medical Council, 2000.,,Diploma in Vascular Surgery, Royal College of Surgeons and Ph. of Glasgow, 1997.,,,FRCS, Royal College of Surgeons and Ph. of Glasgow, 1993.,,,Jordanian Board in General Surgery, Jordan Medical Council, 1990.,,Diploma of General Medicine and Surgery, Minsk State Medical Institute CIS, USSR, (Scholarship from Jordan Government), 1983.

Employments:

Chief Resident and then Specialist in general surgery, Al Bashir Hospital, 1989-1991.,,Training at Glasgow hospitals 1991-1997.,,Visiting Registrar, vascular surgery training, West of Scotland Higher Surgical Training Program, 1994-1997. ,,Supervisory SHO/Registrar, General / Vascular Surgery Training, Training scheme of the overseas committee in the Royal College of Surgeons of Glasgow, World Health Organization, 1992-1994.,,Assistant Professor in vascular surgery, Consultant Vascular & Transplant Surgeon & Head of Vascular and Transplant Surgery Unit, Medical Faculty, University of Jordan, 1997-2001.,,Consultant Vascular & Transplant Surgeon in private clinic, from 2002 and until present.

1983 finished Medical school

1990 Jordanian Board in general surgery

Spent 8 Years working and training in Glasgow Hospitals in the UK

1993 FRSC

1996 Certificate of Subspecialty in Vascular Surgery from Glasgow Royal Collage of surgeon

1997 Returned to Jordan and was appointed as Assistance Professor and Chief of the Vascular Unit in Jordan University Hospital

2000 Jordanian board in Vascular Surgery

2004 Examiner in Vascular Surgery in the Jordanian Medical Council

2009 Head of the Examiner Committee of Vascular Surgery in the Jordanian Medical Council

From 2002 up until now He has been practicing Vascular Surgery in the Private sector



10. Technique and clinical applications of confocal laser endomicroscopy

التقنيات والتطبيقات السريرية للمنظار المجهرى الليزرى المتعدد البؤر

Dr. med. Martin Grauer

Department of Gastroenterology, Medicine 1 University Hospital Erlangen, Germany

Since 2003, confocal laser endomicroscopy (CLE) has emerged as a valuable tool for gastrointestinal endoscopic imaging. CLE enables obtainment of in vivo histology during ongoing endoscopy in real time. To date, numerous studies have shown various applications of CLE, including in vivo diagnosis of Barrett's esophagus, celiac disease, bacterial infections, CED and colonic polyps. Moreover, recent data suggest the potential application of endomicroscopy in the field of molecular imaging. Additionally, new applications and developments in the field of confocal imaging were introduced including CLE of the liver, pancreatic, and bile ducts. This presentation focuses on the technical aspects of CLE and potential clinical applications.

Dr. med. Martin Grauer

Department of Gastroenterology, Medicine 1 University Hospital Erlangen, Germany



Abstracts

(CV) Martin Grauer, MD, PhD

Birth 03.10.1964

Married: Magdalena Grauer MD, general practitioner, two children

School: Primary school Pfrondorf, 1971-1975, Kepler Gymnasium, Tübingen 1974-1984

Civil service: Tropical Diseases Hospital, Tübingen 1984-1985 German Institute for Medical Mission & International Health

Course of studies Theology: United Methodist Theological School, Reutlingen 1986-1987

Medicine: Universities of Tübingen, Heidelberg, Dublin and Moshi, Tanzania

Approbation Heidelberg 1994

Promotion: Complement deficiencies and hearing loss in patients with meningococcal meningitis due to uncommon serogroups; Heidelberg 1994, Magna cum laude

Medical training: Dept. of Tropical Medicine, Dept. of Internal Medicine, Medical Mission Hospital Würzburg 1994-95

- University of Tübingen, Transfusion Medicine and Bloodbank 1996
- Dept. of Medicine, Krankenhaus Spitalfond, Waldshut 1997-2000
- Dept. of Medicine I, Friedrich-Alexander University Erlangen-Nuremberg
- Section of Clinical Infectiology, Tropical- and Travel Medicine 4/00 until to date

Specialization: Internal Medicine 4/03, Blood transfusion 01/97, Rescue Medicine 5/00, Travel Medicine (DTG) 10/00, Infectiology 4/05 Emergency Medicine 2009, Gastroenterology 2012

Topics of interest Tropical- and Travel medicine, Gastroenterology & Hepatology, International Health

Research: Enterohepatic Helicobacter infections in Egyptian patients with chronic Hepatitis C
Histologic examinations of the schistosoma induced immunosuppression in liver samples of HCV/HBV coinfecting patients in Egypt

International university cooperation in teaching & training

Specialist in Internal Medicine, Infectiology, Rescue Medicine, Blood transfusion

Official cooperation partner of the Robert Koch Institute, Berlin (SIMPID)

Official yellow fever vaccination center 10/01

Examiner of the Bayerische Landesärztekammer for Infectiology since 5/05

Official accreditation of the Dept. of Medicine I, Erlangen Center of Clinical Infectiology (DGI) 7/06

DAAD Consultant: Ärzteprogramm; Aufbaustudiengänge mit entwicklungsländerbezogener Thematik
Vaccination Ambulance

Membership and Activities

- German Tropical Society (DTG), German Society of Infectiology (DGI)
- European Society for the study of the liver (EASL)
- Member of the Paul-Ehrlich Society, Chapter for antiparasitic therapy
- German Society of Internal Medicine
- German Institute for Medical Mission (DIFÄM), Member assembly, Tübingen
- Medical Mission Institute, Würzburg since 1/96
- Founding member of the German-Egyptian Society of Gastroenterology and Hepatology e.V. 07/01
- Secretary of the German-Egyptian Society of Gastroenterology and Hepatology 07/03
- Representative of the DAAD funded German-Egyptian Medical Alumni Network (AGMAN) 02/04
- Project Manager of two DAAD funded projects in cooperation with Egyptian and syrian universities 2006



11. The method of preoperative prevention of hypothyroidism.

طريقة تحاشي قصور الدرق قبل إجراء العملية

Prof Zakhokhov Ruslan Maksidovich

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

(CV) Prof Zakhokhov Ruslan Maksidovich

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

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



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

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

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

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

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

12. Cecal Enterogenous Duplication Cyst: Case Report In An Adult

عرض حالة سريرية نادرة لكيسة مزدوجة في الأمعاء (الأعور)

Hani M.Kafaween MD **, Lina A.Al-Nahar MD*, Tamador S.Mohaidat MT

General Surgery, King Hussein Medical Center (KHMC), Amman-Jordan

Introduction: Duplication cysts of the intestinal tract are rare congenital anomalies which may occur in any part from esophagus to anus on the mesenteric side. We will discuss a case of an adult female who presented to the emergency room with abdominal pain and was diagnosed to have a cecal duplication cyst after that right hemicolectomy was performed.

Case report: A 16-year-old female presented to the emergency room complaining of right ileac fossa pain,, nausea and vomiting. No urinary symptoms or bowel motion changes. Vital signs were stable. Laboratory tests and urine analysis were normal. Abdominal and pelvic ultrasound reported a right ovarian cyst 6.9x4 cm with minimal free fluid. So she was referred to gynecology department for observation. Diagnostic laparoscopy revealed a Rt cecal mass. Exploratory laparotomy through lower midline incision and Rt hemicolectomy with end to end anastomosis was performed.

Histopathological examination revealed a 7cm submucosal cecal cyst covered by normal colonic mucosa and filled by yellowish mucinous contents, the cyst wall lined by variable epithelial lining ranging from tall columnar mucus-secreting cells to small intestinal-type epithelium with multiple lymphoid follicles in the submucosa with a well defined smooth muscle layer and hyalinized connective tissue. The appendix was normal. The Pathologic Diagnosis: Enterogenous Duplication cyst

Discussion: The clinical and radiologic preoperative diagnosis of ileocecal duplication cysts is difficult because the symptoms and signs may vary widely and many patients remain asymptomatic till the cyst cause serious complications as intestinal obstruction, hemorrhage, perforation or compressing other organs. The differential diagnosis includes acute appendicitis, ovarian cyst, urinary tract infection, ureteric colic, gastroenteritis, pelvic inflammatory disease and Crohn's disease.

Our patient was referred to the gynecology department as a case of Rt ovarian cyst but the diagnostic laparoscopy and histopathological exam confirmed the diagnosis of an Enterogenous duplication cyst of the cecum.

The most common imaging modalities used to diagnose duplication cysts are ultrasonography (US) and barium studies. Nowadays the diagnostic laparoscopy showed an important role in the diagnosis of these cases. However Pathologic evaluation of enteric cecal cysts is the mainstay method of diagnosis.

Conclusion: Duplication cysts of the cecum are very rare. The variability of the clinical presentation and the wide differential diagnosis makes it difficult to diagnose preoperatively, so the clinicians should always consider this diagnosis in any case presenting with abdominal pain, perforation, intestinal obstruction or hemorrhage. The diagnostic laparoscopy and the thorough histopathological exam are the best methods of diagnosis in such cases. Intestinal resection with end to end anastomosis is the treatment of choice.

Hani M.Kafaween MD

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13. Training Program of laparoscopic surgery in Alexandria /Egypt

البرنامج التعليمي للتدريب على العمليات التنظيرية في الإسكندرية في مصر

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University Hospital of Erlangen, Germany

Importance of Endoscopy Training: Gastrointestinal endoscopy is an essential part of modern clinical gastroenterology. Therefore, all gastroenterologists must be knowledgeable about endoscopic procedures. Gastroenterologists performing routine diagnostic and therapeutic endoscopy (e.g., control of gastrointestinal bleeding) require training to achieve basic and clinical knowledge, judgment skills, and the technical competence requisite for performing these studies. Furthermore, gastroenterologists who perform advanced endoscopic procedures, such as endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS), endoscopic mucosal resection (EMR), placement of enteral stents and endoscopic GERD therapy require additional training in therapeutic endoscopy as well as advanced training in hepatobiliary diseases, pancreatic diseases, and oncology. Not all trainees can or should be offered comprehensive training in advanced endoscopy. Furthermore, not all programs are capable of providing training in all advanced endoscopic procedures to all trainees.

The ABIM defines procedural skills as the learned manual skills (including supervision of technical aspects) necessary to perform certain diagnostic and therapeutic procedures in gastroenterology. Successful mastery of these skills includes technical proficiency; an understanding of their indications, contraindications, and complications; and the ability to interpret their results.

Goal of Training: The objective of endoscopic training programs is to provide trainees with critical, supervised instruction in gastrointestinal endoscopy to ensure quality care for patients with digestive diseases. Endoscopic procedures are not isolated technical activities but must be regarded by the instructors and trainees as integral aspects of clinical problem solving. Endoscopic decision making, technical proficiency, and patient management are equally important, and the interdependence of these skills must be emphasized repeatedly during the training period.

In addition, gastroenterologists should be skilled in the approach to the diagnosis and the endoscopic and/or medical management of patients with gastrointestinal hemorrhage, including acute upper gastrointestinal hemorrhage of both variceal and nonvariceal origin and lower gastrointestinal bleeding of either acute or chronic presentation.

Two levels of endoscopic training for two distinct types of gastroenterologists should be recognized. Level 1 includes gastroenterologists performing routine gastrointestinal endoscopic and nonendoscopic procedures as part of the practice of gastroenterology and gastroenterologists specializing in nonendoscopic aspects of gastroenterology, including, but not limited to, the study of liver diseases, motility, nutrition, and basic science research.

Level 2 includes gastroenterologists who, in addition to all or part of the above, perform some or all advanced (both diagnostic and therapeutic) gastrointestinal endoscopy procedures, including endoscopic retrograde cholangiopancreatography (with sphincterotomy, lithotripsy, stent placement, etc.), endoscopic ultrasound, endoscopic mucosal resection, endoscopic GERD therapy, and laparoscopy. Gastroenterologists who perform advanced endoscopic procedures should assume responsibility for teaching these advanced endoscopic procedures to designated trainees if appropriate, conduct endoscopic research, and critically assess and evaluate new and emerging endoscopic technology/ procedures for safety and efficacy.



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Zentrum Klinische Infektiologie (DGI) Friedrich-Alexander-Universität
Erlangen-Nürnberg, Ulmenweg 18 91054 Erlangen

Date of birth: 10th of February, 1985.

Nationality: Egyptian.

Place of birth: Paris, France.

Present position Research Physician at the Department of Internal Medicine 1
(Gastroenterology, Pneumology and Endocrinology), University of Erlangen

Work experience:

- Internship Doctor in Alexandria Univeristy Hospitals. 1/3/2010 –28/2/2011 .
- Medical Director of ALEXEA (Alexandria Endoscopy Association Training Center). 1/5/2010 till 06/2012
- Resident in General surgery department , Alexandria University Hospital 1/3/2011 till 05/2012.
- Resident in Internal Medicine department, Erlangen University, Germany from 07/2012 till now

Education:

University:

Faculty of Medicine – Alexandria University MB BCh 2009

School:

Egyptian General Secondary Education Certificate (GSEC), Riada Language School, Alexandria; 2003. (Grade: 98.5%)

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

Medical Director of ALEXEA (Alexandria Endoscopy Association Training Center). 1/5/2010 till 06/2012

Several Lparoscopic and endoscopic Courses in the field of General surgery, Colorectal seurgery, Plastic surgery, Pediatric surgery and Gynecology

Latest News: Founder and President of the (Alexandria Medical Student Research Association) AMSRA

Workshops Given:

-Research Methodology Series of workshops prepared and given for the Alexandria Medical Students to be qualified as co-researchers.

-Trainer in several basic and advanced Laparoscopic and Endoscopic workshops in ALEXEA (Alexandria Endoscopy Association Training Center)

Honors: “Best Medical Research Conducted by Students 2007”, awarded by the Faculty of Medicine in Alexandria, Egypt

Member in smouha sporting club.

Member in the Egyptian – Canadian Friendship Association.

Board member in Rotaract Racoda Alexandria District 2450, Fund-Raising Director, International Committee Director (2007 till now) and Interact Director. Active member in Alexandria student scientific association (ifmsa)



14. Use of antihypertensive medications among elderly patients with metabolic syndrome

استخدام الأدوية الخافضة للضغط لمرضى كبار السن الذين يعانون من اضطراب الإستقلاب

Associate professor Dr. Nada Yasein, Yacoub M. Irshaid , Farihan F. Barghouti , Wejdan A. Shroukh , Lana J. Halaseh

Faculty of medicine / Jordan University

Objective: to study the frequency of metabolic syndrome according to the ATPIII criteria among elderly people attending the family practice clinic at the Jordan University Hospital, and to investigate the pattern of antihypertensive medications used for patients with metabolic syndrome. Design: A total of 635 elderly people (298 males and 337 females) aged 60 years or more attending family practice clinic at Jordan University Hospital.

Materials and methods: Elderly patients included were studied regarding the frequency of metabolic syndrome and its individual components according to the ATPIII criteria. Antihypertensive medications used by elderly patients with metabolic syndrome were also investigated. Results: The frequency of metabolic syndrome among the study patients was found to be 46.6%. Hypertension was the most frequent risk factor among all patients including males and females (58% in the whole sample, 58.7% in males and 57.3% in females). All risk factors except hypertension were significantly more frequent among patient with metabolic syndrome compared to those with no metabolic syndrome. The most commonly used antihypertensive medications were the angiotensin converting enzyme inhibitors (41.5%), followed by beta blockers (34.6%), calcium channel blockers (33%), and finally angiotensin receptor blockers and thiazide diuretics (both 13.3%). Conclusion: The frequency of metabolic syndrome among elderly patients included in the study was relatively high, which highlights the need to take some action to combat the syndrome. Hypertension in particular showed the highest frequency among all risk factors. Optimum control of hypertension by following the guidelines is essential in this context to better achieve control without adversely affecting the metabolic syndrome outcome.

Key words: elderly, metabolic syndrome, hypertension, medications, control



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EDUCATION

- 1- Certificate in Family Practice: RCGP/ ku / UK equivalent to MRCGP (The Royal College of General Practitioners) May 1994, London, United Kingdom)
- 2- Jordanian Board in Family practice: Nov. 2001
- 3- Kuwaiti Board in Family Medicine. May 1995 (Kuwait Institute of Medical Specialties)
- 4- MD in Medicine and Surgery, , University of Damascus, 1983, Syria.
- 5- Postgraduate Diploma in Health sciences- University of Otago/New Zealand, 2000.
- 6- Including the following courses in New Zealand (1997-2000):
 - 1- Certificate of proficiency in community child health.1998.
 - 2- Certificate of proficiency in Gynaecology and family planning 1999
 - 3- A course in teaching and learning in practice (communication skills) for one year.
 - 4- Courses in Sports Medicine for one year:
 - A-Health and human performance
 - B-Exercise prescription

EXPERINCE AND POSITIONS

- December 2008 – 2012 I was promoted to an Associate Professor in University of Jordan- Faculty of Medicine, Department Family and Community Medicine
- March 2003-December 2008 I was promoted to an Assistant Professor in University of Jordan- Faculty of Medicine, Department Family and Community Medicine
- Sept. 2006-Sept2007 Assistant Dean of the medical school for Research and Developmental Affairs
- March 2002 – to 2012 I was appointed as a Consultant Family Physician/Jordan University Hospital, University of Jordan- Faculty of Medicine, Department Family and Community Medicine
- 1997- August 2001 Postgraduate Diploma in Health sciences- University of Otago/New Zealand, 2000.
- Fellow in Ashburton hospital / family medicine clinics (New Zealand)
- 1994-1997 Specialist family practitioner and potential trainer, teaching family medicine for postgraduate students in family medicine clinics in Kuwait.
- 1990-1994 Training RCGP/ ku / UK equivalent to MRCGP (The Royal College of General Practitioners).
- 1985-1989 Working as assistant registrar (resident, 2 years medical ward and 2 years pediatric ward) in Frwanya hospital, Kuwait.
- 1983-1985 Internship (6 months pediatrics, 6 months medicine, 6 months surgery and 6 months gynecology)



15. Diagnostic approach to obscure gastrointestinal bleeding

تدبير نزوف الجهاز الهضمي العلوي

Dr. Florian Graepler, Associate Professor, University Hospital Tuebingen, Germany

Associate professor Dr. med. Florian Graepler

Department of Medicine, Division I University Hospital of Tubingen, Germany

The search for the source of gastrointestinal (GI) bleeding, which can't be identified by conventional flexible upper and lower endoscopy, is often challenging. About 5% of GI bleeding derives from pathologies within the small bowel.

After defining terms such as obscure, occult, and overt GI bleeding, differential diagnoses and new diagnostic approaches to these patients will be discussed. Diagnostic strategies are modified by urgency, the patient's age, and the probability of GI stenosis. Modern endoscopic methods such as capsule endoscopy and device assisted endoscopy as well as radiological methods will be discussed and a practical algorithm to the diagnostic approach to patients with obscure GI bleeding will be presented. The talk will furthermore give an outlook onto the most recent developments in capsule endoscopy like steerable capsule endoscopes and new panoramic viewing devices.

(CV) Florian Graepler, Dr. med. habil., Associate Professor

Business address: University Hospital Tuebingen

Department of Internal Medicine

Gastroenterology, Hepatology, Infectious Diseases

Otfried-Mueller-Str. 10, 72076 Tuebingen, Germany

Professional career:

2011 Certification as Specialist in Infectious Diseases

2010 Member of the German Society for Infectious Diseases

2009 Habilitation (postdoctoral lecture qualification) – Associate Professor

Since 2007 Reviewer for Gastrointestinal Endoscopy, the journal of the American Society of Gastrointestinal Endoscopy

2007 Member of the European Society for Gastrointestinal Endoscopy

2006 Member of the American Society for Gastrointestinal Endoscopy

2005 Fellow of the European Board of Gastroenterology

2004 Certification as Specialist in Gastroenterology and Hepatology Senior consultant Endoscopy Department, University Hospital Tübingen

2002 Consultant (“Oberarzt”)

2001 Certification as Specialist in Internal Medicine

1994 MD thesis at the Free University Berlin

Since 1992 Physician at the University Hospital Tübingen, Medical Clinic, Department for Gastroenterology and Hepatology

1990-1991 Residency (“AIP”) at the Klinikum Steglitz, Free University Berlin

1989 Final State Examination, Berlin

1988/89 Medical student at King's College Hospital, London, Surgery, and Guy's Hospital, London, Internal Medicine/Gastroenterology

1985-1989 Medical student at the Free University, Berlin

1983-1985 Medical student at the Philipps-University, Marburg

Tübingen, 26th August 2012 PD Dr. F. Graepler



16. Heparin induced thrombocytopenia

نقص الصفيحات الناشئة من إعطاء الهيبارين (مميع الدم)

Ghadeer Abdeen M.D

Consultant Medical Oncologist

King Hussein Cancer Centre, Amman, Jordan

Heparin induced thrombocytopenia is an antibody mediated prothrombotic disorder and devastating complication of heparin therapy. The incidence ranges from 0.2%-5%.

over the last decade great advances in our understanding of the disease have elevated a mysterious syndrome to a well-recognized disorder.

The objective of the talk is to review the epidemiology, pathophysiology, diagnosis, management and recent guidelines for treatment and prevention.

(CV) Dr. GHADEER ABDEEN M.D

King Hussein Cancer Center, Amman, Jordan 11181, www.khcc.jo

Birth at : 29 July 1970 in Amman

Education:

1994: Bachelor degree in medicine/university of Jordan

1995-1999: Residency in Internal Medicine

1999: Jordanian Board in Internal Medicine

2006 till now : Clinical Fellow in hematology oncology/bone marrow transplant, Consultant Medical Oncologist in King Hussein Cancer Center

Licensure and Certification:

1999: Board Certification in Internal Medicine

1/2006: Educational Commission for Foreign Medical Graduates Certificate Jordanian board in medical oncology

European certificate in medical oncology

Hospital or Affiliated Institution Appointments:

2006 till now: Fellowship and training in hematology oncology and BMT

Head of Gynecological malignancies section in KHCC

Medical oncologist in the Breast oncology program in KHCC

Head of adult ocular tumors (in affiliation with Memphis cancer center in USA)

Clinical Activities

I am working as full time medical oncologist in King Hussein Cancer Center

In our center we have treat patients according to clinical practice guideline (CBG) that is in accordance to NCCN guidelines.

Before that, I was working as senior registrar and fellow, the center has been approved for fellowship program in July/2003.

During my training I gained experience in treating all types of solid tumors, hematological malignancies, and bone marrow transplant. I did lot of procedures including bone marrows, lumbar punctures, and central lines. I was responsible for in and outpatient.

I am participating in many ongoing research projects in King Hussein cancer center

Triple negative breast cancer characteristics in Jordanian females

Vitamin D deficiency in breast cancer patients



17. The contemporary aspects of health condition of medical workers of the ambulance station

الجوانب المعاصرة للحالة الصحية للعاملين في المجال الطبي لمراكز الاسعاف والعيادات الخارجية

Liliya.V. Elgarova

Kabardino-Balkarian State University, Nalchik, Russian Federation

The qualitative and effective activity of medical workers apart of their professionalism significantly depends on their health condition. Chronically ill doctors can hardly provide highly skilled medical assistance to the population. The investigations about the condition of health of various professional groups conducted in recent years identified a trend of increasing incidence. A similar situation is typical for the medical staff. Along with it one needs to consider, that statistics of the incidence of medical workers is not complete since the major part of the contingent does not apply for medical assistance in the event of illness. A low medical activity of medical workers can be explained by their professional preparation and widely practiced methods of self-medication. In spite of this the problem of incidence of doctors and nurses has not been studied sufficiently.

The aim of our investigation is to study the health condition of the medical workers of the ambulance station of Nalchik (KBR).

Methods and material. The clinical-epidemiological investigation of 101 employees of the mobile medical teams (47 doctors and 55 nurses and ambulance attendants) of which 48 men and 53 women was conducted. The mean age of surveyed is $39,7 \pm 1,1$ years, length of work $14,1 \pm 1,8$ years. The programme of investigation included an interview according to the standard epidemiological questionnaire, assessment of physical development, measurement of blood pressure, tonometry.

Results. According to the questionnaire, the overwhelming majority suggest that their work is connected with risk for their health and life. Among the most dangerous factors are psychological stress, infections, transmitted by airborne droplets, injuries and clashes with the criminal situations, frequent duties and departures 15-20 times a day, contacts with the socially unprotected segments of population. As a result of investigation the real frequency of the main chronic non-infectious diseases and separate risk factors in medical workers of the ambulance station of Nalchik was determined. The overweight was detected in 28.4%, obesity – in 17.9 %, underweight – in 4.2%. 11.0% of respondents smoke, 36.6% - drink alcohol, 16.0% - irregular nutrition, 37.9% suffer of hypokinesia. Only 26.1 % of respondents consider themselves healthy. Pretty often 27.4% has gastrointestinal disorders among medical workers of ambulance station, including in 24.3% - chronic gastritis, in 7.1% - peptic ulcer, y 9.5% - chronic cholecystitis, in 7.0% - chronic pancreatitis. One in four respondents complains periodic BP increase in past years, 62.1% have headaches, 22.4% - cordialgia, 2.7% - dysrhythmia. In spite of the complaints the majority of doctors has not been examined. During the examination high blood pressure was fixed in 16.4 %, high normal pressure- in 5.3 %, hypotention - in 7.4%. Among respondents 13.3% suffer of chronic bronchitis, 2.4% - bronchial asthma, in the past 12.0% had pneumonia, 61.8% - acute respiratory viral infections, 1.0% - pulmonary tuberculosis. 11.2% suffered of diabetes mellitus, renal disease – 7.6 %. Among 15.8% of medical workers had from 2 to 6 diseases. The obtained data testify about the unsatisfactory health condition of doctors and nurses and also about the need for changing the system of professional training and development of medical staff in matters of preserving and promotion of health, prevention of the most socially significant diseases and formation of the healthy



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lifestyle, and the need of implementing the targeted complex programs of social protection and improvement of the contingent.

(CV) Prof Elgarova Liliya

Vjacheslavovna – doctor of medical sciences, professor and chair of propedeutics of Internal Diseases of the Kabardino-Balkarian State University.

Experience:

1984-1985 –therapist of maternity clinic in Feodosiya (Ukraine)

1985-1989 – therapist of health resort policlinic in Nalchik (KBR)

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

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

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

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

Qualifications:

1977-1983 – Kabardino-Balkarian State University, medical faculty, double first

1983-1984 – internship training of Simferopol medical Institute (Ukraine),

1994 – Candidate of medical science

2008 – Doctor of medical science

Publications: 143, including monography and 22 – abroad

The main sphere of interest: epidemiology and prevention of chronic non-infectious diseases in children, adolescence and young people



18. The European Society of Cardiology (ESC) recommendations or consensus of experts to conduct patients with Atrial Fibrillation (AF)?

توصيات جمعية القلب الأوروبية في تدبير الرجفان الأذيني

Khasan Kh. Shugushev

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Atrial fibrillation (AF) - the most common type of adult patient's arrhythmia. Frequency its detection is doubling every 10 years, starting from the age of 55 the frequency of the most serious complications of AF - stroke is 5-7% per year. AF - not a fatal arrhythmia, a "benign" form of arrhythmia Among all the arrhythmias most often discussed problem of AF. This is due to the fact that about one in five strokes associated with atrial fibrillation. Undiagnosed "silent" (asymptomatic), the AF is likely to cause some cryptogenic strokes. Moreover, one third of all hospitalizations for arrhythmia accounts for AF (cause hospitalization: acute coronary syndrome, decompensated heart failure, thromboembolic complications, exacerbation of arrhythmia). Given all this, the European and the American Society of Cardiology periodically develops guidelines for the diagnosis and treatment of patients with AF. Thus, in recent European and American recommendations were published respectively in 2010 and 2011 years.

Despite the existence of these guidelines for the management of patients with AF, all the time, the search for ways to optimize the treatment and diagnosis of patients. With this goal 11-12 March, 2012 of the Royal College of Cardiology Edinburgh (United Kingdom) were invited 120 experts and related Cardiology conference was held to develop a consensus on the management of patients with AF The four key questions addressed by the conference were 1. How can we best detect atrial fibrillation (AF)? 2. Should the treatment of AF be targeted towards control of rhythm, rate or both? 3. What is the most effective and safest delivery of thromboprophylaxis in AF? 4. What are the differences between physician and patient expectations with regard to the management of AF? The key recommendations from the consensus conference were that detection of AF must be improved; a national screening programme should be introduced; uptake of oral anticoagulants must be increased and methods of engaging patients in their AF management should be improved; aspirin should not be used for stroke prevention in AF; and in relation to rate and rhythm control for AF, relief of symptoms should be the goal of treatment. A discussion of these and other issues is the subject of the communication



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(CV) Shugushev Khasan,

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



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

In 1979 Shugushev Kh. enrolled in graduate school All Union Cardiological Research Center in Moscow. Since 1992 Professor Shugushev has been the Head of the Department of Hospital Therapy of the Medical Faculty KBSU. From 1997 to 2008 he worked at the same time as the chief physician of Nalchik City Clinical Hospital

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

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

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



19. Evaluation Of The Microorganisms Isolated From Wound Specimens And Their Antibiotic Susceptibility

تقييم الجراثيم المعزولة من الجروح واختيار المضاد الحيوي المناسب

Naz Cobanoğlu, Hande Toptan, Efe Serkan Boz, Sebahat Aksaray

Haydarpaşa Numune Training and Research Hospital, Dept. of Clinical Microbiology, Üsküdar, İstanbul.

Bacterial skin and subcutaneous tissue infections is the most common infections in the community. In this retrospective study microorganisms isolated from wound site infections of patients in Haydarpaşa Numune Training and Research Hospital were evaluated. The samples were evaluated by the presence of leukocyte and bacteria with Gram staining. Culture streaking were made to 5% sheep blood agar and EMB agar. The identification of growing microorganisms were made by conventional methods and VITEK biomérieux. The antibiotic resistance of growing bacteria were detected by disc diffusion method and evaluated by CLSI criteria. 202 samples were evaluated. Pathogenic microorganisms were detected in 88 (43.5%) samples. Of the positive cultures 49.5% were Gram positive bacteria and 50.5% were Gram negative bacteria. The most commonly isolated microorganisms were *Staphylococcus aureus* 17.8%, *Pseudomonas aeruginosa* 15.9%, Coagulase negative staphylococci 14%, *Enterobacter* spp. 14%, *Enterococcus* spp. 10.3%, *Escherichia coli* 10.3%, *Klebsiella* spp. 4.6%. Imipenem was the most effective antibiotic for Enterobacteriaceae strains. 21% of *S.aureus* and 53.3 % of CNS strains were found as methicillin resistant. There was no resistance to vancomycin in Gram positive bacteria. The highest ratio of positive cultures were obtained from surgical services. By evaluating the culture and antibiogram to treat wound site infections, treatment success will be increased while total cost will be decreased.

NAZ COBANOĞLU, SEBAHAT AKSARAY

Haydarpaşa Numune Training and Research Hospital, Dept. of Clinical Microbiology, Üsküdar, İstanbul.

(CV) Dr. Naz Çobanoğlu

She was born in Ankara 22.10.1959. She was finished Medicine in Ankara University Medical School 1983, Present time she work in Haydarpaşa Numune Hospital/ İstanbul as a Medical Doctor Specialist of Infectious Disease and Clinical Microbiology



20. Some Aspects Apoptosis at Patients With Virus Hepatitis B And C

بعض الجوانب عن الإصابات الخلوية في التهاب الكبد الفيروسي B و C

Ivanova Marina, R. H. Zhemuhova, H.H. Shakova

Kabardino-Balkarian State University, Nalchik

Introduction: The aim of our study was to investigate the mechanisms of TNF-induced apoptosis in the serum of patients with chronic viral hepatitis. TNF - one of the main cytokines that can exert a direct damaging effects on target cells and lyse cells infected with the virus, is necessary and at the same time sufficient inducer of local and systemic inflammatory reactions.

Materials and Methods. Under observation of 113 patients with chronic viral hepatitis at the age of 18 to 76 years who were treated in Center for AIDS prevention and other infectious diseases, the Ministry of Health of KBR . Dominated by males (88%). Of them - 76 patients with chronic viral hepatitis B and 37 patients with chronic hepatitis C. In chronic hepatitis B disease duration at the time of admission was 7.8 years, with chronic hepatitis C - 11.2 years. 48% of all patients were parenteral drug users. In 75% of patients were no indications of acute hepatitis brought into history. All patients were distributed in terms of clinical and biochemical activity of 22 patients with minimal activity (0-2N ALT), 57 - with a moderate degree of activity (3-4N ALT) and 34 - with a high degree of activity (> 4N ALT). Patients received symptomatic treatment without the inclusion of antiviral drugs. The diagnosis was set on the basis of clinical and epidemiological and molecular-biochemical evaluation. All patients were markers of viral hepatitis by ELISA (test systems, "Vector-Best", Russia), HBV DNA, HCV RNA, the RNA-HDV by polymerase chain reaction using the test systems' AmpliSens "(CMD, Moscow) , genotyping of viruses by the method of restriction fragment length polymorphism.

Concentration of serum soluble Fas-receptor (sFas) was performed by enzyme-linked immunosorbent assay (ELISA) using a standard test-system human sAPO-1/Fas ELISA BMS245 (Bender MedSystems). Determining the level of TRAIL in the serum also was performed by ELISA using a standard test-system human TRAIL ELISA (Biosource). Studies of tumor necrosis factor α (TNF) in serum of patients was performed using a test system, "Protein contour" (St. Petersburg, Russia). All samples were studied within 7 days after admission to hospital and conducted one month after the treatment (acyclic nucleoside, drugs interferon).

Research results are processed with using the method of variation statistics, regression and correlation analysis.

Research results and discussion

In determining the genotype of 42 patients with chronic HCV-infection was obtained the following relation: 16 patients had genotype 1b, 21 patients - 3a and 5 people - 2 genotype. As evidenced by the data obtained in the territory of Kabardino-Balkaria prevalent genotype 3a, in descending order are found 1b and 2 genotypes. In the genotyping of 67 patients with chronic HBV-infection was found in 61% of infections occurred in genotype D and 39% - genotype A.

In the study of TNF-induced apoptosis in the way patients with viral hepatitis B were identified following patterns. On admission to hospital, where most were marked symptoms of intoxication, sometimes - jaundice, respectively, biochemical indices of cytolytic, mezinhimal-inflammatory and cholestatic syndromes, patients in this group there was a significant increase in the concentration sFAS. In the period reducing of clinical and biochemical changes on the 30th day after admission rates significantly decreased sFas, but did not return to normal. In patients with chronic hepatitis C were observed onedirectional changes in the concentration of sFas, as well as in patients with chronic hepatitis B. Upon admission to the hospital when



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patients have toxicity and biochemical changes, respectively, revealed elevated levels of sFas in the serum. In the period of relief of clinical and biochemical indicators of changes in FAS ligand significantly decreased, but did not return to normal. Table 1 shows that the hepatitis C revealed significantly higher concentrations of the studied indicators in comparison with those of viral hepatitis B. Moreover, it is worth noting that even after 30 days of the studied indicator in patients with chronic virus hepatitis C - the highest in the groups represented (Table 1).

In the study of the concentration of TNF in the serum of patients with hepatitis B were obtained comparable with the results of sFas. However, in contrast to the data on sFas, the best results of TNF in the serum were observed in patients with chronic viral hepatitis B was significantly different from that of the group with HCV. This result, apparently, is a consequence of expression of inflammatory processes in patients HVGV.

In contrast to the high rate obtained sFas and TNF in the serum of patients with chronic viral hepatitis, for indicators of TRAIL had the opposite trend. In all periods presented in the study groups of patients there was a significant decrease in the concentration of the test factor. Moreover, it should be noted that the lowest values of the presented recorded in patients with chronic hepatitis C, in contrast to the group of patients with chronic hepatitis B.

Interesting results were obtained in studies of serum markers of apoptosis depending on the degree of biochemical activity and in study groups of patients with chronic viral hepatitis. The most changes in the studied parameters were obtained in the group with a high degree of biochemical activity (Table 2). Significantly higher sFas concentrations were obtained in all periods of the disease in patients with chronic hepatitis C with moderate to high degree of biochemical activity, when compared with patients with chronic hepatitis B. On the other hand, this group of patients received significantly more low soluble TRAIL in all variants of biochemical activity. As in Table 1, the highest concentrations of TNF- α were detected in patients with chronic hepatitis B, compared with those in patients with chronic hepatitis C.

Discussion The system of programmed cell death - a significant factor in immunity, since the death of the infected cell can prevent the spread of infection throughout the body. Increasing concentrations of TNF- α in serum in viral hepatitis have been found in many studies as a marker of necrobiotic processes developing in the liver tissue. It is therefore logical that the highest rate obtained in patients with chronic viral hepatitis B. What seems to reflect the predominance of necrotic processes above apoptosis mechanisms in this group of patients, as indirectly evidenced by lower levels of sFas and higher level TRAIL in patients of this group. Reduction in the intensity of apoptosis may indirectly confirmed by a higher oncology potential risk of this virus.

On the other hand, a higher content of sFas and low - TRAIL in the serum of patients with chronic hepatitis C may reflect the intensity of formation of the death domain DR-5, which actively binds TRAIL, and therefore reduces its concentration in serum. Elevated levels of sFas, may indicate a decrease in the activity of apoptosis, but do not forget about the many immune system cells that are capable of forming a Fas-receptor, including hepatocytes too, which are involved in shaping the immune response in patients in this group. In the process of apoptosis occurs and death of these cells, and therefore, may increase the concentration of Fas-ligand, which once again proves the need for the study of apoptosis markers in various biological objects, beside serum. Therefore, the urgent task of the next stage in the investigation of liver disease, is the study of tissue markers of apoptosis.

The results of the distribution of patients according to the biochemical activity of the process



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show the parallelism between the intensity of cytolysis of hepatocytes on the one hand and apoptosis and necrosis in these cells, on the other side.

TNF- α dependent pathways activated antiviral protection in all groups of patients with chronic viral hepatitis, and the level of TNF- α is an indicator of inflammation activity and correlates with the severity of the infection, it can be used as a diagnostic criterion for latent infections.

Table 1: Indicators of the content of TNF- α , sFas and TRAIL in the serum of patients with chronic viral hepatitis (pg / ml)

Patient/s groups		indicators	On admission	in 30 days
Viral hepatitis	HVHB	Φ HO α (n=30; 17)	55,0 \pm 1,6 ^{1,3}	64,0 \pm 2,1 ^{1,2,3}
		sFas (n=46; 22)	1739,0 \pm 64,7 ^{1,3}	1652,0 \pm 123,5 ^{1,3}
		TRAIL (n=29;18)	119 \pm 13,0 ^{1,3}	107 \pm 16,2 ¹
	HVHC	Φ HO α (n=20;14)	41,0 \pm 3,3 ¹	35,0 \pm 1,2 ¹
		sFas (n=20;15)	2366,0 \pm 85,7 ¹	2317 \pm 74,6 ¹
		TRAIL (n=15;11)	55 \pm 19,6 ¹	78 \pm 22,4 ¹
Healthy donors (n=15)		Φ HO α	18,0 \pm 2,0	-
		sFas	1250.5 \pm 135.5	-
		TRAIL	199 \pm 5,3	-

Notes: 1 - reliability of differences with respect to that of the donor, $p < 0.001$, 2 - reliability of differences with respect to the previous period, $p < 0.001$, 3 - reliability of differences to that of patients with HCV, $p < 0.001$



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Table 2 Indicators of the content of TNF- α , sFas and TRAIL in the serum of patients with chronic viral hepatitis, depending on the degree of biochemical activity (pg / ml)

Patient/s groups		indicators	On admission	in 30 days
HVHB minimum level of activity		$\Phi\text{HO } \alpha$ (n=8; 7)	37,0 \pm 2,2 ^{1,3,4}	44,0 \pm 1,7 ^{1,3,4}
		sFas (n=8; 8)	1535,0 \pm 85,3 ³	1484,0 \pm 111,5
		TRAIL(n=7;7)	151 \pm 17,0 ^{1,3}	131 \pm 15,4 ¹
HVHC minimum level of activity		$\Phi\text{HO } \alpha$ (n=13;11)	26,0 \pm 2,3 ^{1,4}	31,0 \pm 1,9 ¹
		sFas(n=12;13)	1921,0 \pm 65,7 ^{1,4}	1746,0 \pm 71,3 ^{1,4}
		TRAIL(n=13;11)	72 \pm 21,4 ¹	94 \pm 18,2 ¹
HVHB moderate level of activity		$\Phi\text{HO } \alpha$ (n=49; 47)	52 \pm 0,9 ^{1,3}	61 \pm 0,7 ^{1,3}
		sFas (n=48; 38)	1723,0 \pm 42,3 ^{1,3}	1592 \pm 36,2 ^{1,3}
		TRAIL(n=47;37)	132 \pm 2,6 ^{1,3}	109 \pm 3,2 ^{1,2,3}
HVHC moderate level of activity		$\Phi\text{HO } \alpha$ (n=9; 7)	40 \pm 4,3 ¹	38 \pm 5,2 ¹
		sFas (n=8; 8)	2268,0 \pm 76,8 ¹	2367,0 \pm 74,9 ¹
		TRAIL(n=9;7)	54 \pm 5,9 ¹	79 \pm 4,6 ^{1,2}
HVHB high level of activity		$\Phi\text{HO } \alpha$ (n=19; 17)	63 \pm 1,3 ^{1,3,4}	78 \pm 1,5 ^{1,2,3,4}
		sFas (n=18; 17)	1874,0 \pm 64,1 ^{1,3}	1795 \pm 56,9 ^{1,3,4}
		TRAIL(n=17;19)	102 \pm 4,7 ^{1,3,4}	92 \pm 5,4 ^{1,3,4}
HVHC high level of activity		$\Phi\text{HO } \alpha$ (n=15; 13)	56 \pm 1,7 ^{1,4}	32 \pm 2,7 ^{1,2}
		sFas (n=14; 12)	2512,0 \pm 62,4 ¹	2722,0 \pm 69,4 ^{1,2,4}
		TRAIL(n=15;11)	45 \pm 3,2 ^{1,4}	63 \pm 2,8 ^{1,2,4}
Healthy donors (n=15)		$\Phi\text{HO}\alpha$	18,0 \pm 2,0	-
		sFAS	1250.5 \pm 135.5	-
		TRAIL	199 \pm 5,3	-

Notes: 1 - reliability of differences with respect to that of the donor, $p < 0.001$, 2 - reliability of differences with respect to the previous period, $p < 0.001$, 3 - reliability of differences to that of patients with HCV, $p < 0.001$, 4 - reliability differences with respect to the performance with a moderate degree of biochemical activity in each group.

(CV) Dr Ivanova Marina

Dr Ivanova Marina Ruslanovna was born in 1969. She graduated Kabardino-Balkarien State University in 1992. She has magistrate degree since 1996. The theme her scientific work was "Functional and metabolic activity of neutrophil granulocytes from patients with virus hepatitis B and A". In 2002 she has got degree Doctor of medicine with scientific work "Free radicals oxidation and immune aspects of pathogenesis from patients with virus hepatitis B, C, B+C". Since 2004 Dr Ivanova is professor of chare infections diseases of Kabardino-Balkarien State University. Now Dr Ivanova is a chef of this chare. Her scientific interests are infections diseases of hepar, immunology of infections diseases.



21. Treatment for Patients with Severely Depressed Cardiac Function and Heart Failure

طرق معالجة مرضى قصور القلب النهائي

Prof Günsel (Shurdum) AVCI

Consultant Cardiologist and Chief of EECF Treatment Unit,

Memorial Hospital, Istanbul, Turkey.

Heart failure is a principal complication of virtually all forms of heart disease, representing the **end-stage of the disease**, the major cause of morbidity and mortality worldwide, accounting for immense health-care costs.

The goals of treatment of heart failure are to reduce symptoms, to improve quality of life and to prolong survival.

Treatment Options for heart failure include:

1 - Medical treatment with lifestyle changes and a combination of medications are commonly used in conjunction with other treatment modalities.

2 –Interventonal and surgical treatment modalities including medical device implantation such as Cardiac Resynchronization Therapy (*CRT*) with or without an Implantable Cardioverter-Defibrillator (ICD), Ventricular Assist Devices (VAD), Total Artificial Heart (TAH) and Heart Transplantation are the worldwide preferred modalities in severely disabled patients with heart failure nowadays. But, these modalities are high cost, necessitate lifelong health care and anticoagulant or immunosuppressive therapy prone to serious complications and resulting in permanent disability and death.

3 - Cell therapies to stimulate cardiac regeneration are time-consuming and costly procedures and its potential is still under evaluation but holds great promise.

4 - Enhanced External Counter Pulsation (shortly EECF) is a non-invasive external circulatory support therapy, received FDA approval in 1995, produces hemodynamic effects similar to those of intra-aortic balloon pump (IABP) counter pulsation. Additional effects of EECF include **“Non-Invasive Revascularization Effect”** through enhancement of collateral circulation producing **“Natural Bypasses”**; **“Anti-atherosclerotic Effect”** through improving endothelial function; and **“Regenerative Effect”** through increasing naturally occurring stem cell activity. All those effects of EECF are obtained by only improving blood circulation in the body through a rhythmic massage-like procedure, without any intervention, device implantation and surgery. In other words, a **“self repair”** or **“natural healing”** occurs by EECF. No doubt, those effects of EECF can create favorable impacts on the course of coronary artery disease (CAD) and heart failure (HF) in long term. Similarly, we witnessed incredible and lasting improvements in our highly disabled and end-stage cardiac patients. We published 19 patients with CAD and HF, with functional capacity (FC) class 4 (according the NYHA classification) and LVEF lower than 25%; in 95 % of them FC improved by 1 or 2 classes after a mean of 36 hours EECF treatment course; mean well being duration has been 1.7 ± 1 years and mean survival was found 2.4 ± 1.2 years. Therefore, we believe and suggest that **EECF treatment can be** a non-invasive, no-risk, low-cost **alternative to**, at least, **Mechanical Implantable Circulatory Support Devices** for **“Bridge To Transplantation”**, **“Bridge To Recovery”** or **“Destination Treatment”** for patients with end-stage heart failure.

Prof Günsel (Shurdum) AVCI Consultant Cardiologist and Chief of EECF Treatment Unit,

Memorial Hospital, Istanbul, Turkey.



(CV) Professor Gonsel (Shurdum) Avci

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

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

She graduated from Istanbul University Medical Faculty in 1970, specialized in internal medicine and cardiology and became a professor in 1990.

She was elected to the board of Turkish Society of Cardiology for 12 years consecutively beginning from 1984 and took part in the organization of many scientific meetings and research.

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

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

She has great interest and spends generous effort to keep the unique Circassian culture alive. She has been in the board of Caucassian Cultural Assosiasion of Istanbul for 12 years, being the president for 5 years; she was the chair of organization during the foundation of **The Federation of Caucassian Associations** in Turkey. In January 2, 2012, she re-founded the historical “Çerkes Kadınları Teavün Cemiyeti” which was a **Circassian Women Association** realizing higly honorable activities between 1919 and 1923. She is married and grateful to her husband for his devoted supports to her professional and social activities. She has a son educated as genetical engineer.



22. The Perceval Sutureless Aortic Valve Bioprosthesis-A Single-Center Experience

زراعة الصمام الأبهرى دون غرز خبرة مركز جراحة القلب في نورنبرغ

Prof Dr. med T. Fischlein

Chair of Department of Cardiac Surgery in Nurnberg, Germany

OBJECTIVE: Sutureless aortic bioprostheses offer the potential of easy implantation, reduced ischemic time and -surgical trauma in aortic valve replacement (AVR). Aim of this study is to report our clinical results after 112 implants with a new sutureless bioprosthesis.

METHODS: Since March 2010, 112 patients have received a Sorin Perceval S pericardial aortic prosthesis, a sutureless valve assembled in a superelastic alloy stent. It is implanted interannularly without the need of suturing. Perioperative and follow up data were recorded.

RESULTS: Patients received a 21mm-S(6), 23mm-M(51) or 25mm-L(55) prosthesis, either as isolated (51) or combined (45) or redo procedures (16). Isolated AVR was performed via a “J” mini-sternotomy (48) or a right mini-thoracotomy (3). Mean log Euroscore was 11.3±9%, mean aortic cross-clamp time was 45.4±20.1min (range: 20–125) overall, 31.5±9min for isolated AVR. In-hospital mortality was 1.8%, all patients were discharged after a mean of 12.3±4.5days (range: 2–28). We recorded 4 neurological events (3.6%) and 7 pacemaker implantations (6.2%). At follow-up (mean 12.5±6.7months), we had 3 deaths (1 cardiac and 2 non-cardiac), mean gradients were 11.6±5.1, 9.1±3.3, 8.3±4.4mmHg at discharge, at 6-months and at 1-year, respectively; a significant reduction in LVmass (261±90g preoperatively to 221±71g at follow up, p=0.001) was recorded.

CONCLUSIONS: Perceval™ S shows excellent clinical and hemodynamic results inducing ventricular reverse remodeling. It is easy, fast and safe to implant and could be a step forward for minimally invasive procedures.

Prof Dr. med T. Fischlein

Head, Department of Cardiac Surgery, Klinikum Nürnberg Süd

Breslauer Straße 201, 90471 Nürnberg



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(CV) Prof Dr. med T. Fischlein

Date and Place of Birth: 2nd of June 1959 in Vienna, Austrian citizen.

ACADEMIC EDUCATION

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

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

SURGICAL TRAINING AND EXPERIENCE:

1983 until 1985: Demonstrator (Tutor and Assistant) at the Institute of Anatomy II, University of Vienna;

Special Education in Anatomy

1985 until 1991: Training for Specialization in Surgery

01.12.1985 - 28.02.1987 Fellow at the Military Hospital Vienna

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

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

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

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

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

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

and Univ. of Harare, Zimbabwe, Veterinary School;

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

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

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

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

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

01.05.2000

Since 01.03.2007 Appointment as Professor of Cardiac Surgery (C3-Extraordinariat) at the Friedrich-Alexander-University Erlangen-Nuremberg (Head: Prof Dr. M. Weyand), Assistant Director

Head, Department of Cardiac Surgery, Klinikum Nuremberg



Nuremberg, July 2012



23. Transapical aortic valve implantation, initial Erlangen Heart Centre Experience

زرع الصمام الأبهري بالقسطار خيرة جامعة إيرلنغن الإستطباب

Dr. Faidi Omar Mahmoud, Prof S. Ensminger. PD R. Fayrer. Prof Ludwig Pro. M Weyand
Center of Cardiac Surgery University Hospital of Erlangen-Nuremberg Germany

Background Aortic valve replacement with cardiopulmonary bypass is currently the treatment of choice for symptomatic aortic stenosis but carries a significant risk of morbidity and mortality, particularly in patients with comorbidities. Recently, percutaneous transapical aortic valve implantation has been proposed as a viable alternative in selected patients. We describe our experience with a new, minimally invasive, catheter-based approach to aortic valve implantation via left ventricular apical puncture without cardiopulmonary bypass or sternotomy.

Methods and Results A left anterolateral intercostal incision is used to expose the left ventricular apex. Direct needle puncture of the apex allows introduction of a hemostatic sheath into the left ventricle. The valve prosthesis, constructed from a stainless steel stent with an attached trileaflet equine pericardial valve, is crimped onto a valvuloplasty balloon. The prosthetic valve and balloon catheter are passed over a wire into the left ventricle. Positioning within the aortic annulus is confirmed by fluoroscopy, aortography, and echocardiography. Rapid ventricular pacing is used to reduce cardiac output while the balloon is inflated, deploying the prosthesis within the annulus. Transapical aortic valve implantation was successfully performed in 30 patients in whom surgical risk was deemed excessive because of comorbidities.. There were 1 Pat. intraprocedural deaths. I.Pat endocddaitis
Category N=30 Pat.12 Male, 18 Female-Age:median 80 ± 5 YEUSCORE 31 ±9 %EF45%AV-Block0Cerebral infarction (stroke)0Acute Myokardinfarction OOP-Time139 minRadiation time18,2 minMittleres Dosis-Flächen-Produkt8256 cGycm2Mittlerer CM:90 mlOperative death due to ventricular rapture (Bleeding)1Late death due to Herpes Pneumonia1Reoperation due to (Endocarditis1

Conclusions This initial experience suggests that transapical aortic valve implantation without cardiopulmonary bypass is feasible in selected patients with aortic stenosis

The femoral arterial and the left ventricular apical approaches are currently favored. Initial skepticism has to some degree given way to acceptance that the procedure might be a reasonable alternative for selected patients who might be at high risk with conventional thoracotomy and cardiopulmonary bypass. Uncertainty remains about outcomes, implications, durability, and the appropriate role for this new therapy. It appears likely that transcatheter valve implantation will become a more widely available and accepted therapeutic option



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(CV) Prof Dr. Faidi Omar Mahmoud (AU)

Heart Centre of the University of Erlangen-Nuremberg
Maximiliansplatz 1, 91023 Erlangen, Germany



Position

- President of (ARABMED) in Europe since 2009
- Consultant for cardiac surgery. University Hospital in Erlangen Germany
- Head of Medical Programs German Academic Exchange Service (DAAD) and Arabian German Alumni Network (AGMAN) in University of Erlangen in Germany since 2006
- Prof and President of the Board of Trustees Al Andalus University in Syria since 2004-2012

Prof Faidi Omar Mahmoud (AU) Adyge /Abzaik, was born in Birajam /Golan-sud of Syrian He is a member of Barsbay family, He graduated from Damascus Medical School in 1972, since 1976 in Germany, and had cardiac surgery training in the Centre of the University of Erlangen-Nuremberg in. Germany

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

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

He has regularly organize and participate in cardiac surgery courses and meetings



24. Transapical vs. transfemoral valve implantation and modern techniques of conventional aortic valve replacement: patient selection, techniques and complications

مقارنة زرع الصمام الأبهري بالقسطار عبر قمة القلب أو الشريان الفخذي التقنيات, اختيار المرضى والمضاعفات

Associate professor Dr. med. R. Feyrer, M. Kondruweit, M. Weyand, M Arnold

Heart centre, University of Erlangen, Germany

Increase of life expectancy is followed by an increasing prevalence of significant degenerative aortic valve stenosis. Conventional aortic valve replacement (AVR) is performed since 1961. Ten years ago a new therapeutic concept has developed, a catheter based minimal invasive technique of valve implantation Germany is the leading nation in transcatheter aortic valve implantation (TAVI).

Conventional AVR is the “gold standard” in valve replacement with excellent long-term results.

Postoperative mean survival period even in octogenarians is more than 6 years.

Nevertheless 32% of symptomatic patients with severe aortic valve stenosis receive no surgical therapy.

Minimal invasive and catheter based procedures are an excellent option for these patients.

Formation of a “heart team” consisting of cardiac surgeons, cardiologists, anaesthesiologists, perfusionists and nurses is a crucial pre-condition for a successful implementation of these techniques. Patient selection and correct indication are a sine qua non.

Pro and cons of transapical vs. transfemoral valve implantation were represented. In contrast minimal invasive AVR via ministernotomy combined with new types of stentless valves as well as results and complications were discussed.

Associate professor. Dr. med. Richard Feyrer, MBA

Center of Cardiac Surgery University of Erlangen-Nuremberg Krankenhausstr. 12, 91054 Erlangen, Germany,

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(CV) Richard Feyrer, MD, MBA

Date of Birth April 21, 1962 in Neuricht, Germany

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

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

Doctoral Thesis

1988 Final Medical Licensure Examination (Erlangen)

February, 23 1989: Prof Dr. E.Zeitler, Center for Radiology, Nuremberg Hospitals "Signal Properties in Magnetic Resonance Tomography: Evaluation of Lung Cancer and Healthy Organs"

Clinical Training/Career

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

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

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

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

April 1, 1996 – June 30, 1999 Cardiac surgical resident, Erlangen-Nuremberg

University Cardiac Surgical Center (Department Heads: Prof von der Emde/Prof Weyand)

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

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

Advanced Training

Prof Alfieri, Mailand (Mitral Valve-Reconstruction),

Prof Charpentier, Paris (Mitral Valve-Reconstruction),

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

Board Certification

General Surgical Boards: July 11, 1996

Cardiac Surgical Boards: March 4, 1999

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

Supplementary Training

Special Qualification Emergency Medicine

Special Qualification Radiation Safety

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

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

Richard Feyrer, MD, MBA



22. February 2012



25. Trans-catheter Aortic Valve Implantation: New Approach in treating valvular heart disease

زرع الصمام الأبهري عبر القسطار طريقة جديدة في معالجة أمراض القلب الدسامية

Moh'd Albakri, MD & **Imad A. Alhaddad**, MD, FACC, FACP

Department of Cardiology, Jordan Hospital. Amman-Jordan

Aortic stenosis is the most common valvular heart disease and is the third most prevalent cardiovascular condition. Acquired aortic stenosis primarily affects the elderly and causes debilitating signs and symptoms and decreased quality of life and death. With low operative mortality and good long-term results, surgery is the mainstay for aortic valve replacement. Many patients with severe aortic stenosis and coexisting conditions are not candidates for surgical replacement of the aortic valve. Recently, trans-catheter aortic-valve implantation (TAVI) has become a less invasive treatment for high-risk patients with aortic stenosis. Promising results may lead to a gradual shift towards less-invasive intervention (TAVI) in moderate-risk patients who are amenable to surgery.

(CV) **Imad A. Alhaddad, MD, FACC, FACP**

After completing medical school with honors at Jordan University, Dr. Alhaddad moved to the USA where he completed residency in Internal Medicine followed by fellowship in Cardiovascular Diseases at the State University of New York at Stony Brook, New York. Next, he finished fellowship training in Vascular Medicine and Interventions at Tufts University School of Medicine, Boston-Massachusetts. At Johns Hopkins University, Baltimore-Maryland, he concluded a fellowship in Interventional Cardiology as well as a degree in the Business of Medicine. He is currently board certified by the American Board of Internal Medicine, Cardiovascular Diseases, Interventional Cardiology and Nuclear Cardiology. He maintains fellow rank at the American College of Physician and the American College of Cardiology.



His last appointment in the USA was the director of Cardiology Vascular Services and assistant professor of medicine at the Johns Hopkins University School of Medicine, Baltimore-Maryland. He is a recipient of many prestigious academic awards like the best teacher award from Albert Einstein College of Medicine and research awards from the American College of Physicians.

In 2004, Dr. Alhaddad moved back to Jordan and established the Jordan Cardiovascular Center. Dr. Alhaddad's major research interests include acute coronary syndrome, left ventricular remodeling, complex percutaneous coronary interventions and peripheral vascular interventions. He participated in many national and international multicenter clinical trial studies and has published in many prestigious medical journals.

Imad A. Alhaddad, MD, FACC, FACP

The Cardiovascular Center

Jordan Hospital

Amman-Jordan

26. Cardiac CT in Jordan, State of the art in imaging the Heart

الأداء المثالي للتصوير الطبقي للقلب في الأردن

Dr Nart Abida

President of Jordan Society of Radiology

Amman Jordan

Name: Dr.Nart Abida.

Nationality:Jordanian.

Qualification :

- Graduate of Medical School of Aristotelian University of Thessaloniki-Greece (1979).
- Jordanian Board in Radiology (1985) .
- Fellowship training in Dublin-Ireland (1987-1989).
- Consultant radiologist since 1998 in Royal Medical Services (Jordanian army) .
- Head of radiology department in the Royal Medical Services (2010-2011).
- Retired General since Nov.2011.
- Senior consultant radiologist in the Specialty Hospital in Amman with special interest in Cardiac radiology and interventional CT and interventional U/S since Nov.2011-till now.



27. Fetal intrauterine transfusion therapy; a neonatal prospect

نقل الدم في الجنين داخل الرحم ، أفاق في علم الخدج

Associate professor Eman F. Badran MD MRCPCH a, Manar Al-lawama MD a, Amira Masri MD b, Iyad AL-Amouri MD FAAP FACC c, Fawaz Al Kazaleh MD d

a University of Jordan, Faculty of medicine, Department of Pediatrics, Neonatal division, Jordan University Hospital, Amman, Jordan.

b University of Jordan, Faculty of medicine, Department of Pediatrics, Neurology division, Jordan University Hospital, Amman, Jordan.

c University of Jordan, Faculty of medicine, Department of Pediatrics, Cardiology division, Jordan University Hospital, Amman, Jordan.

d University of Jordan, Faculty of medicine, Department of Obstetrics and Gynecology, Division of Maternal Fetal medicine, Jordan University Hospital, Amman, Jordan. Corresponding Author

Intrauterine blood transfusion (IUT) performed for fetal anemia may be associated with adverse neonatal outcome. **Objective:** To describe the clinical outcome of surviving neonates treated with intrauterine red blood transfusion in an area were detailed outcome neonatal data are sparse. **Method:** A prospective study including all living newborns treated with IUT during the period March 2004 to February 2011. Results: Thirty newborns were admitted due to several respiratory, hematological and gastrointestinal morbidities. The Survival rate on discharge was 93%. Severe fetal anemia was significantly associated with the need for respiratory support after birth. The number of IUTs was significantly correlated with the duration of admission and the presence of hypogenerative late anemia ($p<.05$) but not significantly correlated to other neonatal outcomes. Low reticulocyte count at birth was not significantly associated with the number of IUTs and the neonatal outcome variables. Use of immunoglobulin was significantly associated with the increase rate of top-ups for late anemia and decrease duration of admission with no added positive effects.

Conclusion: This study give evidence based counseling information about the risk factors and the types of potential neonatal morbidities after intrauterine transfusion therapy.

Keywords: Neonatal outcome, intrauterine transfusion, fetal anemia, intravenous immunoglobulin, late anemia.

Short title: Neonatal outcome after intrauterine transfusion

Associate professor Eman Badran MD. MRCPCH

University of Jordan, Faculty of Medicine, Pediatric department, Neonatal –perinatal division



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(CV) Eman Farouk Abdul Halim Badran. MD. MRCPCH

Birth date: April, 1964.in Amman, Jordan.

Associate professor of paediatrics

Director of the Neonatal Unit at Jordan University Hospital

University of Jordan, Faculty of Medicine, Pediatric department,
Neonatal –perinatal division

P. O. Box 961915, Amman, 11196, Jordan



Education:

- Neonatology Training: Leeds General Infirmary, Leeds, UK September 1995
- General Pediatrics: Jordan University Hospital & University of Jordan June 1993
- Internship: Jordan University Hospital, Amman, Jordan June 1989
- University: Faculty of Medicine, University of Jordan, Amman, Jordan 1988
- General secondary education certificate, Amman- Jordan, 1982.

Certification:

- Fellowship in Neonatology: United Leeds Teaching Hospitals, Leeds General infirmary September 1995
- MRCPCH: Member of Royal College of physician and child health in London September 1995
- Master’s Degree: Master’s degree in Pediatrics, University of Jordan June 1993
- MBBS Bachelor of Medicine & Surgery, Faculty of Medicine, University of Jordan, June 1988

MEMBERSHIP

1. Jordan Medical Council
2. Jordan Pediatric Association
3. Pan Arab Neonatal society
4. Jordan Neonatal Society
5. British General Medical Council
6. Royal college of physician and child health in London
7. Member of Jordanian liaison committee with the Royal college of physician and child health since 2005 till now
8. Member of ethical committee for research at higher population council. 2010



Transient Renal Tubular Acidosis And Dehydration

الحماض الأنبوبي الكلوي والجفاف عند الأطفال

Prof Dr. Mahmoud Fathalla

Vice president of Al Andalus University

Qadmous Syria

Renal tubular acidosis is characterized by hyperchloremic Metabolic acidosis in the presence of high urinary PH.

we have observed clinically that some children with acute diarrhea and severe dehydration will continue to have clinical signs of dehydration when they have no more diarrhea in spite of taking the appropriate fluids requirement, this condition is accompanied with low serum bicarbonate and urinary PH. of 6.0 and more.

These findings raised the possibility of renal tubular acidosis. Oral therapy with potassium citrate and sodium citrate was used and the condition recovered within two weeks of treatment. Going through the files of all diarrheal cases in 8 years we have found that:

1. 7% of acute diarrheal cases with severe dehydration had the same findings
2. All these cases were seen under one year of age.
3. 90% of these cases were seen under six months of age.
4. The younger the age the more severe the condition.
5. The incidence was higher in infants on artificial milk.

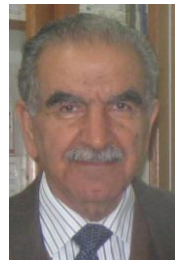
From these observations we could conclude that severe dehydration may cause some type of acquired renal tubular acidosis by affecting the function of the renal tubules. This effect is probably a transitory type since all our patients recovered completely after two weeks of treatment

Therefore such complications should be considered in young infants with acute diarrhea and severe dehydration.

The condition will be discussed in details during the presentation

Prof Dr. Mahmoud Fathalla

Vice president of Al Andalus University



28. Analysis of the development of demographic trends in the Kabardino-Balkaria.

تحليل لتطور الاتجاهات الديموغرافية في قباددينو بالكاريا

Anaeva Lima Aslanbievna

Department of Pediatrics

Kabardino-Balkarian State University



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

29. VACUUM-EXTRACTION OF THE FETUS – A MODERN LOOK AT THE PROBLEM ISSUE

الطرق الجراحية الجديدة للولادة المتعسرة باستخدام طريقة الشفط

Prof Uzdenova Z.Kh, Shogenova F.M., Zalihanova Z.M., Lepshokov R.D.

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

The main task of obstetrics is to make optimal conditions for a woman to give birth to healthy kids, having saved mother's health.

In modern obstetrics to decrease the risks of traumatism of mother and fetus an improvement of vacuum-extraction is hold. It is used widely enough in the USA, England, Sweden and Netherlands and makes up 3.0; 3.5; 4.4; 14.8% accordingly. Due to the improvement of calycles models of vacuum-extraction and the appearance of the modern "KIWI" system, aimed to provide this operation, the interest in vacuum-extraction operations in the last years has increased.

The aim of investigation: to study the outcomes of vacuum-extraction operation for mother and kid.

Material and methods of the research. We studied the peculiarities of pregnancy and labor courses and their outcomes for mother and the newborn of 210 women, 110 patients among them were delivered by vacuum-extraction (group I) and 100 women were delivered naturally without surgical operation (group II). In the structure of extragenital diseases every sixth patient was diagnosed to have anaemia, every tenth – diseases of excretory system. A high frequency of acute respiratory diseases took place in the anamnesis of pregnant women in both groups.

While comparing women's frequency of gynecological morbidity in the anamnesis it was noted, that 16.4% of women in group I had inflammatory diseases of uterus and epoophorons, genital infections – 11%, endometriosis – 13.6%, pathology of cervix of the uterus – 10.9%, in group 2 – 12%, 8%, 11%, 10% accordingly.

In group I early gestosis complicated the course of pregnancy in 15. 2% of cases, late gestosis – in 18.2%, threat of termination of pregnancy in 17.3% cases, in group II – 10%, 14.3%, and 14.8% accordingly. 8.1% of patients of group I by the data of ultrasonic research had fetal hydrops, oligohydramnios – 4.3%, in group II – 8.6% and 2.4% accordingly. The analysis of cardiotocograms revealed, that fetal hypoxemia in group I was observed in 13.8% of cases, in group II – 12.9%.

In group I of women anomalies of moving of amniotic fluid away were observed in 27% of cases, anomalies of labor activity – in 68.2%, in group II 10% and 11% accordingly. The weakness of bearing-down, which withstands the medicamental therapy among 32.7% parturients, the started fetus hypoxia – 21.8%, the combination of indications – 26.4%, the shortening of the second period of labor – 16.3% and other indications – 2.8% were the symptoms for making a vacuum-extraction operation.

During the labor of 21.8% of patients an epidural analgesia was held, with 62.7% the operation was made under infiltration and pudendal anaesthesia, episiotomy was held with 74.7% parturients in group I, perineotomy – with 6.4%, in group II – with 69% and 4% accordingly. 12.7% women from the first group of parturients had cervical ruptures of the first degree, of the second degree – 7%, colporrhexis – 9.5%; in the second group – 10%, 3%, 8% accordingly. 6.4% of parturients in group I had obstetrical bleedings, hand examination of uterine cavity had 20%, hemotransfusion – 1%, in the second group –2%, 3% and 0% accordingly. 12.8% of parturients in the group I in the postpartum period were diagnosed to have subinvolution of uterus and lochiomentra, endometritis – 2.9%, in group II – 1% and 0.5% accordingly.

210 kids were born in general. The average body weight of kids at the birth in group one made up 3438,33±361,88 gr., in group 2 – 3243,74±359,56 gr. The average body length of girls in group I made up 50,6±1,4sm, in group II – 50,9±1,3sm. In group I 41% of infants were born in a satisfactory condition, 56.3% in a moderate asphyxia, 2.7% – in a severe asphyxia, in group II – 93%, 7%



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and 0% accordingly. 12.7% of kids, born by vacuum extraction operations, had cephalohematomas, scratches of head soft tissues – 9.3%, labor tumor on the head – in 16.2% of cases, fractures of collarbone – 2.5%.

The grave condition of 2.5% of kids, born by vacuum extraction operations, was observed in cases of protracted labor with prolonged anhydrous space, repeated augmentations of labor, chorioamnionitis and endometritis in labor. Lesions of CNS, lead to complications in the following neuropsychic development, had kids, whose mothers had severe forms of late gestosis. Aspiration pneumonia was developed among newborn kids born with tight cord entanglement around the neck and fetal hydrops. On the second period of nursing 9.5% of kids were transferred.

Conclusions:

- 1- The frequency of operative labor in modern obstetrics went through considerable changes: the frequency of Caesarean section operations have increased by 21% in 2010, vacuum-extraction of the fetus has decreased from 8.4% in 1985 to 0.03% in 2000 with the consequent tendency to increase to 0.5% in 2010.
- 2- The main symptoms for making a vacuum-extraction operation were: the weakness of bearing-down – in 32.7% of cases, hypoxia of fetus – in 21.7%, combination of weakness of the bearing-down and fetus hypoxia – 26.4%, shortening of the second period of labor – in 16.3%, other symptoms – in 2.8%.
- 3- In group I 41% of neonates were born in a satisfactory condition, 56,3% – in a moderate asphyxia, 2.7% – in the condition of severe asphyxia, in group II – 93%, 7% and 0% accordingly.
- 4- Episiotomy in labor was held among 74.7% of parturients in group I, perineotomy – among 6.4%, in group II – among 69% and 4% accordingly. 12.7% women from the first group of parturients had cervical ruptures of the first degree, of the second degree – 7%.

(CV) Prof Uzdenova Zukhra

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

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

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



30. HNPCC (Lynch syndrome): a case study, from clinical observations to molecular biology test

تشخيص تناذر لينش (سرطان الكولون الوراثي) من خلال دراسة حالة سريرية في السودان

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2. Soba University Hospital. Department of Surgery. Alamarat. P.O. Box 8081. Khartoum – Sudan.

National Cancer Registry, Federal Ministry of Health, Khartoum, SUDAN

Hereditary non polyposis colorectal cancer syndrome (HNPCC; Lynch Syndrome) is the most common form of hereditary colorectal cancers. Predisposed individuals have increased lifetime risk of developing colorectal, endometrial and other cancers. The syndrome is primarily due to heterozygous germline mutations in one of the mismatch repair genes; mainly MLH1, MSH2, MSH6 and PMS2. The resulting mismatch repair deficiency leads to microsatellite instability which is the hallmark of tumours arising within this syndrome, as well as a variable proportion of sporadic tumours. This study aimed to establish a genetic test for HNPCC in Sudan. One nuclear HNPCC family were screened after clinical observation.

Preliminary result shows MSI in BAT26 marker. Positive cases will be sending for sequencing of MLH1 and MSH2 genes. Establishing genetic test is possible in Sudan in which many inherited CRC syndromes were observed by physicians.



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P.O. Box: 102,

Nationality Sudanese

Birth at 22/02/77 in Khartoum

Languages: Arabic, English, France

Education

- July. - October 2009 Researcher, National Cancer Registry, Federal Ministry of Health
- Feb 2008- Feb 2011 PhD candidate ,Institute of Endemic Diseases, Department of Molecular Biology, University of Khartoum, Khartoum, Sudan
- July. 2005-July. 2007: Master Degree, Institute of Endemic Diseases, Department of Molecular Biology, University of Khartoum, Khartoum, Sudan
- Apr. 2001-May 2002 High Diploma Molecular Biology and Immune Genetics Institute of Endemic Diseases
- Khartoum, Sudan
- Apr.1995- Apr.2000 B.Sc. Honors, Faculty of science El-Neelin University Khartoum, Sudan
- Apr.2001: High diploma: Computer Programming MS Office, PowerPoint, Excel, SPSS, Lynx
- Jun. 1993-Jun. 1995: High School Diploma, 21 Secondary School, Jeddah, KSA
- Jun.2001: Genetics as a part of series of laboratory trainings in genetics, molecular biology and recombinant DNA technology
- Sep.2005 Basic statistics and data analysis, IEND

Publications

Papers submitted to be publishing:

1. Microsatellite and Microarray Analysis of Sudanese Colorectal Cancer.
2. Mutation Analysis of APC Gene in Sudanese Colorectal Cancer
3. The Role of Apoptosis Pathway in Sudanese Colorectal and Breast Cancer.

9/8/2012



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

بضع القرنية الجزئي بدلا من بضع القرنية التام (دائري) في علاج القرنية المخروطية الدرجة الثالثة والرابعة

Samir Quawasmi

Cornea Specialized Clinic

Amman Jordan (London, UK)

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

keratotomy was performed on 24 eyes of 14 patients diagnosed with Stage III or Stage IV keratoconus at a single center by a single surgeon as an outpatient procedure with local anesthetic in a minor surgery room. Modified circular keratotomy was performed 7 mm from the pupillary center using incisions ranging in depth between 70% and 90% of corneal thickness. Arcuate keratotomy was performed 2.5 mm from the pupillary center with the depth of incision at 90% of corneal thickness. Angular length of the arcs ranged between 60° and 120° depending on the astigmatic power of the cornea. Astigmatism decreased in 87.5% of the 24 eyes, increased in 8.33%, and did not change in 4.17%.

Corneal volume increased in 91.66% of the 24 eyes and decreased in 8.34%. Visual acuity improved in 100% of the eyes; there was a mean improvement of 59% from preoperative visual acuity, 8.34% of the treated eyes reaching a visual acuity of 1.0 (20/20) with assistance. No complications occurred during or after surgery. No suturing was performed and there was no rupturing at incision sites. Paired arcuate keratotomy coupled with modified circular keratotomy should be considered as an additional treatment procedure before performing keratoplasty.

Keywords: keratoconus, arcuate keratotomy, circular keratotomy

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Abstracts

(CV) Dr Samir Quawasmi

Personal Details

Name: Dr. Samir Asaad Quawasmi

Date and place of birth: Ramaleh (1948).

Nationality: Jordanian.

Present status: Senior Ophthalmic Consultant.

Address: P.O.Box: 926609 Amman – Jordan.

Professional Qualifications

MBBCH: Al-Azhar University, Cairo (1972)

DORCSI: Royal College of Surgeons, Dublin (1981)

DORCPI: Royal College of Physicians, Dublin (1981)

Honory Fellow of R.C. of Surgeons - Dublin



Professional experience:

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

Memberships

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



32. Central corneal thickness in glaucomatous Jordanian patients

دراسة عن سمك القرنية المركزي في المرضى المصابين بالزرق في الأردن

Mohannad Albdour, M.D, JBO, AGF

King Hussein Medical Center, Amman Jordan

Purpose: To determine the central corneal thickness (CCT) in Jordanian patients with glaucoma and its effect on applanation tonometry and any misclassification of normal individual ocular hypertension or glaucoma.

Method: The central corneal thickness was measured using the pachymeter in 100 normal subjects, 75 glaucoma and 25 ocular hypertensive patients at king Hussein medical center. The student's "t" test was used to determine any significant difference in CCT between the three groups.

Results: There was a statistically significant difference in the mean CCT of the ocular hypertensive patients ($0.562 \pm 0.021\text{mm}$) as compared to the glaucoma patients ($0.584 \pm 0.031\text{mm}$) and normal individuals ($0.537 \pm 0.034\text{mm}$). Applying the described correction factor for corneal thickness and intraocular pressure, 40.5% of eyes with ocular hypertension were found to have a corrected IOP of 21mmHg or less.

Conclusions: decreased corneal thickness in ocular hypertension may lead to an underestimation of IOP in 39% of cases. Measurement of central corneal thickness is advisable when the clinical findings do not correlate with the applanation IOP.

Keywords: Open-Angle Glaucoma, ocular hypertension, applanation tonometry.

Mohannad albdour, M.D, JBO

King Hussein Medical Center, And Glaucoma Specialist

American fellowship in Glaucoma



33. Arthroscopic Anterior Cruciate Ligament Reconstruction, Hamstring to Hybrid.

إعادة تصحيح تمزق الرباط المتصالب بالمنظار في الركبة باستخدام الوتر

Prof Wael Abu Khalaf, FRCS (Orth)..

Consultant Knee Surgeon Amman, Jordan.

Introduction:

Depending on the type of acl tear and the stump, the Hamstring tendons, augmented with the Lars artificial ligament, (Hybrid), is used. Sufficient, strong isometric graft, and rigid fixation, with the least morbidity, encouraged early return to pre-injury level of activity.

Patients and methodology:

Two hundred and forty eight patients were reviewed 12-60 months after surgery. Most of our patients were males, involved in sports injuries, as football, basketball, and taekwondo. 15% were involved in non-sports accidents.

A routine arthroscopy, and the necessary meniscectomy, debridement, and notchplasty are performed. Type of acl tears, I-iv is determined, when partial I, intrasynovial ii, or good stump is present iii, then lars ligament is used. If the notch is empty of any acl fibers, then the hamstring tendons are prepared accordingly. In 26% of cases, hamstring graft is not sufficient, and then augmentation with the artificial ligament is mandatory scaffolding device. With emphasis on isometric and anatomic placement, utilizing the antero-medial portal to femoral site. Morbidity following previous Autologous harvesting sites procedures motivated us to use other means to reconstruct the anterior Cruciate ligaments,

A modified technique to fix the femoral site, using the cross- pins, by MITEK, is demonstrated. The tibial site is fixed with both, an interference screw (8x40mm), and a staple.

RESULTS:-

Assessment was made by the knee osteoarthritis outcome score (KOOS) for patient satisfaction. This demonstrated over 90% satisfaction, with 85% excellent to good functional results and stability. There was no harvesting site morbidity, and a return to previous activities including sports, within 3 months.

Complications assessed at interview and were minimal. Loosening at tibial attachment was revised in 3 cases, and the cross-pins, at the femoral site was revised in two cases.

It is concluded that the lars artificial ligament is a safe scaffolding device to reconstruct an acl tear, when remnants of torn acl can be preserved, or Autologous graft is insufficient. It also can be recommended in professional athletes, revision cases.

Keywords: Arthroscopic Artificial ACL Reconstruction; hybrid, Lars, modified fixation

Prof Wael Abu Khalaf, FRCS (Orth). England.

CONSULTANT KNEE SURGEON Amman, Jordan.



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(CV) Prof Dr Wael Abu Khalaf,

Consultant orthopaedic and knee surgeon.

Born in 1956, and obtained secondary high school education at Hussein College in Amman, Jordan.

Started his surgical and orthopaedic training in England, from 1982, and obtained the Fellowship of the ROYAL COLLEGE OF SURGEONS, in 1986, and through to the MCh(Orth). Degree in orthopaedic surgery, LIVERPOOL UNIVERSITY, in 1990. Continued to work in different UK hospitals, mainly in Liverpool and Manchester, as a registrar. Then became a consultant in orthopaedic and trauma surgery.

Knee surgery and arthroscopy in particular is his main professional interest, since that time.

He is an active member of the British association of knee surgeons, BASK, LONDON, ENGLAND.

Currently, is running the “Knee Speciality centre” a recognized TEACHING CENTER, at the SPECIALTY HOSPITAL, approved by the ISAKOS, for the training of the orthopaedic surgeons interested in knee surgery as a subspecialty.

Dr Khalaf is a full member of the International Society for Arthroplasty, Knee Orthopaedic and Sport medicine. Hence, he is heavily engaged in the national sport injuries and the assigned knee surgeon for the al Faisly football club, and the taekwondo association. Knee arthroplasty and knee arthroscopy procedures are part of his daily procedures Also, is in charge of the ORTHOPEDIC RESIDENCY teaching programme, part of the active continued medical education at the Specialty Hospital.

He has so many publications, research and lectures, for example:-

1. Interlaminar Spinal Fusion for Chronic Low Back Pain, Thesis for the MCh Degree. LIVERPOOL UNIVERSITY, 1990.
2. Leeds-Keio Artificial Ligament Arthroscopic Reconstruction.
3. The Conservative Management of the Early Knee Arthritis, a Study of 218 Cases in Jordan.
4. Derotation Tibial Tubercle Osteotomy in Patello-Femoral Conflict.
5. Arthroscopic LARS ACL LIGAMENT reconstruction, a JORDANIAN modified technique.
6. Management of acute knee pain.
7. Plasma rich platelets in the management of tendinopathy, and early knee arthritis in athletes.



34. Custom made prosthesis for facial bone.

35. Hair reconstruction surgery

Op. Dr. Sacid Karademir

Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey

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

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

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

(CV) Op. Dr. Sacid Karademir

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

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

He is married and has one daughter.



36. Mesotherapy – techniques, indications and results

المعالجة بالميزو (تحت الجلد) الطريقة الإستطباب والنتائج

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¹Group practice for general medicine and mesotherapy, Herzogenaurach

²University hospital of Erlangen Germany

Herzogenaurach, Germany

Pioneered by the French physician Dr. Michel Pistor in 1952, Mesotherapy is a minimally invasive procedure that is widely used in Europe and elsewhere to treat various injuries and medical conditions. This medical specialty targets problem areas with microinjections of conventional or homeopathic medicines, vitamins, minerals and amino acids. Tiny "medicinal bullets" are delivered directly into the mesoderm (middle layer of skin) that are highly specific to the condition being treated.

The basic premise of mesotherapy:

Little few medications

Smallest dose know how to space the sessions,

Right site know where to inject

Mesotherapy treat several indications:

- Vascular Pathologies - Functional syndrome of venous failure, Arthritic pain, Migrains et Headaches Raynaud's syndrome, Venous and arterial ulcers .
- Infectious Pathologies -Chronic Sinusitus, Child Rhinopharyngitis, Chronic Infections in general Shingles and Herpes
- Functional Pathologies -Mild Depression and Anxiety, Sleep disorders, Stress in general, Functional Syndromes in Gastro Enterology.
- Dermatological Pathologies - Acne, Flat warts, Certain Eczemas, Cutaneous Atrophy, Vascular Pathologies.
- Aesthetic Medicine - Hydrolipodystrophy (cellulite), Lipolysis, Prevention and treatment of cutaneous aging and wrinkle and Androgenic Alopecia.
- Rheumatology and sports traumatology

In mesotherapy, good technique is required for a good outcome, a good outcome is going to be dependant on several elements. Of course proper diagnosis is paramount, but equally the choice of technique used and the depth of injection, as well the choice of medication drawn into the syringe.

Clinical trials concerning the results of Mesotherapy are rare and results are discussed controversial. Successful therapy is documented in chronic low back pain, body contouring and skin rejuvenation.

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Date of Birth January 14, 1963 in Amberg, Germany

Current position General practitioner

Group practice for general medicine and mesotherapy,
Herzogenaurach Germany

Personal

University Training

1982-1984 Regensburg University Medical School (Preclinical Courses)

1984-1988 Erlangen University Medical School (Clinical Courses)

1988 Final Medical Licensure Examination (Erlangen)

Doctoral Thesis: March, 02 1989: Prof Dr. E.Zeitler, Center for Radiology, Nuremberg Hospitals
"Lung cancer in MR-Tomography with and without Gadolinium DTPA"

Clinical Training/Career

January 1, 1989 – June 1, 1990: Resident in Internal Medicine, Nuremberg Hospitals (Head: Dr. Helmut Koch)

July 1, 1990 – January 28, 1992: Surgical Resident, Hersbruck Regional Hospitals (Head: Dr. H. Lauterbach)

Nov. 1, 1999 – Oct. 31, 1993: Practice assistant in General medicine, Practice Drs. Schmidlein/Ewald GP, Amberg

1994 – Today: Deputyship General Practitioner

1996 – Today: Consultant in Social medicine Deutsche Rentenversicherung Knappschaft-Bahn-See

Since 2008: Private practice for GM and Health Medicine Herzogenaurach

Since 2012: Group practice for general medicine and mesotherapy Herzogenaurach Germany

Board Certification

General Practitioner Boards: December 14, 1995

Supplementary Training

Special Qualification Emergency Medicine

Special Qualification Radiation Safety



37. Nosocomial infections (N.Is) (HOSPITAL ACQUIRED INFECTIONS: H.A.Is)

التلوث المكتسب من جراثيم المستشفيات

Dr. Samir Bloukh

College of Pharmacy and Health Sciences

Ajman University of science and technology/ Ajman: United Arab Emirates

Nosocomial infections are infection that originates from a health care setting, such as a hospital, health care centre, or doctor's office. Nosocomial infections can cause many serious health problems and can also result in longer hospital stays and expensive treatments. In USA: N.Is is causing 80,000 deaths annually. Nosocomial infections are typically caused by opportunistic infections. One of the main ways in which opportunistic infections get into the body is through breaks in the skin, which can happen due to surgery or the use of certain medical devices, such as catheters. Common opportunistic bacteria that cause Nosocomial infections include Staphylococcus aureus, E. coli, Pseudomonas aeruginosa and members of the Enterococcus family. Nosocomial infections, are more commonly affecting the following sites: The urinary tract, due to catheter use. Surgical sites, due to the sometimes large incisions made in the skin. The skin, due to burns or other wounds, as well as the respiratory system are also common sites for a nosocomial infection. Less frequently, the blood, gastrointestinal system and central nervous system may also be affected. There are three factors that allow them to spread in health care setting, from patient to patient, very easily. First, weakness of the immune system of most hospitalized patients due to their medical condition, Second, hospitals are places that have large amounts of germs due the presence of patients suffering from infectious disease. Finally, health care team members are representing an effective mode of transportation for the germs from patient to another. Multi-drug resistant bacteria is a major problem with nosocomial infections due to Rampant antibiotic use in hospitals which will select such resistant strains of microorganisms.

The following practices can help keep bacteria from being spread from patient to patient: Medical staff should wear gloves whenever possible and wash their hands frequently. All medical instruments should be thoroughly sterilized and otherwise decontaminated to keep bacteria from gaining access to patients via medical equipment. keep all operating rooms as sterile and germ-free as possible.

Dr. Samir Bloukh

College of Pharmacy and Health Sciences

Ajman University of science and technology/ Ajman: United Arab Emirates



Abstracts

(CV) Assistant Professor Dr. Samir Issa Mahmoud Ismail Bloukh

College of Pharmacy & Health Sciences

Coordinator of research teams of Ajman University of Science and Technology

Academic Rank: Assistant Professor

Degrees: Ph.D in Microbiology, University of Manchester, U..K. 1991

Post Graduate Diploma in Bacteriology, University of Manchester, U.K, 1985

D.V.M University of Agriculture, Pakistan, 1977

Research field: Microbiology

Publications (Recent)

Scientific Journals and Conferences

Courses Taught (Last three years)

1998/ 99 (course of microbiology and immunology) College of Pharmacy and Health Sciences and College of Dentistry: Ajman University of Science and Technology.

Number of Years of Service in this Faculty

Lecturer 1998/1999

Dean 2000/2001 – 2009

Lecturer 2009-present

Experience

Lecturer at Amman University for one year's 1994/95

Lecturer at different colleges in Jordan two years 1980/82

Administrative Committee work

- National Committee of AIDS control in Jordan (1995-1998)
- Committee of standardization of laboratory services, ministry of health, Jordan, 1998
- Member of External Affairs Committee, AUSTN 2001/2002 - present
- Dean, Faculty of Pharmacy & Health Sciences 2000/2001 – 2009.
- Head of research teams of Ajman University of Science and Technology
- Academic Council Affairs committee, AUST.

Honors and Awards

- Ph.D. Research scholarship awarded by proteuos company/ U.K.
- Training course – International public health management, 1998, USA.



38. MEDICAL WRITING

الكتابة الطبية

Seyfullah DAGISTANLI MD, PhD Aytul PAPATYA KALEM, Isik PAPATYA
Pharmaceutical and Clinical Toxicologist, President of Turkish
Pharmacovigilance Society, Local Chair of ISOP 2011 Meeting, Acting
President of Hasfarma, Writer at VATAN Newspaper, Istanbul, Turkey.

Medical writing is the scientific way of sharing scientific information. All prestigious medical journals has strict rules for acceptance of an article on research or a review on a medical topic. In this presentation, a summary of the tips for succesfull medical writing and acceptance will be discussed.

39. The Scientific Way Of Medical Evidence: Clinical Trials

الطريق العلمي الى الدليل الطبي تجارب سريرية

Seyfullah DAGISTANLI MD, PhD Aytul PAPATYA KALEM, Isik PAPATYA
Pharmaceutical and Clinical Toxicologist, President of Turkish
Pharmacovigilance Society, Local Chair of ISOP 2011 Meeting, Acting
President of Hasfarma, Writer at VATAN Newspaper, Istanbul, Turkey.

Clinical trials are the main tool for collecting medical information. That's how a new medicine, new device, new technology or new operation technique are being analysed and approved by Health Authorities.

During the recent years, the need of medical industry for entering their products as early as possible before the patent expiration opened an opportunity for developing countries. The clinical trials started to be arranged multicentral, multinational. This means one single clinical trial started to be conducted in many countries at the same time. This is to reach the sufficient patient number at short time and get approval from governmental authorities as soon as possible. From the scientific point, this brang a valuable oppportunity for developing country researchers to make/join research and to publish their studies at most respective medical journals.

By the years one problem existed: Local ethic committees who analyse and approve the design of the clinical trials started to ask for some changes of the clinical trial's protocol, willing to add some more lab studies etc. While from the local cultures and rules point sometimes these change requests are meaningfull, many times these interventions may cause delay, increase the budgets and even may destruct the homogeneity of the findings.

We will present a simulation to discuss the difference of neutral, positive, and negative impacts of such an interventions of local ethic committees.

Abstracts

(CV) Dr. Seyfullah Dagistanli

MD, PhD, Pharmaceutical and Clinical Toxicologist, Acting President and Partner of Hasfarma Pharmaceuticals, President of Turkish Pharmacovigilance Association

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



He had positions at Dr. F. Frik Pharmaceuticals, Deputy GM (CTO), Schering Plough Corporation, Firstline Manager, Medical Director & Consultant for EUCAN II, AESCA Corporation (Vienna-AUSTRIA), Scientific Director & Consultant for Pharmacovigilance and Clinical Trials, and also official positions at Ministry of Health, DG of Pharmaceutical Affairs Head of Department, Head of Registration Department: (Drug, Pharmacy and Cosmetic Departments), Head of Quality Control Department (GMP, GLP, GCP, GDP, Ethics Committee, Clinical Trials, Pharmacovigilance Division & Committee, Off-label prescription, Consumer Protection, Pharmacopeae. Also, he had worked in the past for ten years beginning 1990 at Refik Saydam Hygiene Institute as. As. Director at Poison Research Directorate, as chief at Laboratory of Genetic Toxicology and as information officer at Poison Information Center.

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

He is the founder and first member of Clinical Research Association

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

Dr Dagistanli is married and has 2 sons



40. ETHICS OF CLINICAL RESEARCH: Contemporary Standards and Islamic Dimensions

أخلاقيات البحث السريري: المعايير المعاصرة والأبعاد الإسلامية

Dr. Aly A. Mishal

Chief of Medical Staff, Islamic Hospital

Clinical research applications of contemporary bioethics are based on internationally adopted codes and guidelines: the Declaration of Helsinki, the World Medical Association (WMA), and the Council for International Organizations of Medical Sciences (CIOMS).

Over the past several decades, the human experience in areas of research involving human subject, suffered proliferation of unethical practices that resulted in significant legal, religious and ethical implications.

Although there are general aspects of agreement between contemporary Western and Islamic bioethical standards, there are differences related to the faith-based and philosophical concepts.

Unlike the Western bioethical model, Islamic Jurisprudence provides a holistic ethical system. This presentation will outline areas of conformity and differences in the two bioethical concepts, at this time and age where humanity faces newer challenges, developments and innovations.

Dr. Aly A. Mishal MD, FACP

Chief of Medical Staff, Islamic Hospital, P.O. Box 2414 Amman 11181 Jordan

41. INSTITUTIONAL REVIEW BOARD (IRB) 12 Years of Practical Experience At The Islamic Hospital, Amman-Jordan

12 عاما من الخبرة العملية في المستشفى الإسلامي، عمان، الأردن

Dr. Aly A. Mishal

Chief of Medical Staff

Islamic Hospital

This is an analytical study of a practical experience of the IRB at a community teaching hospital in Jordan, which is now 12 years old. The IRB was formed to monitor compliance of all medical practice and research with the internationally recognized codes of biomedical ethics, with due consideration to local values and culture.

The IRB has another scope of function of motoring contemporary biomedical issues in light of Islamic Jurisprudence ethical standards.

This presentation will outline this practical experience in three dimensions, namely: Drug studies conducted by drug manufacturers, clinical research performed by the hospitals' medical professional and students of higher medical studies, and medical issues/procedures that require Islamic ethical Jurisprudence standards of conduct.

The challenges encountered in this practical experience with also be outlined.

Dr. Aly A. Mishal MD, FACP

Chief of Medical Staff, Islamic Hospital, P.O. Box 2414 Amman 11181 Jordan



42. Relation between blood groups (ABO) and risk of cardiac arrhythmias in cardiac patients exposed to general anesthesia with local adrenaline infiltration

العلاقة ما بين الزمرة الدموية وإضطرابات النظم في المرضى الخاضعين للتخدير العام عند إعطاء الأدرنالين الموضعي

Hazem Alkhalidi, MD, JBA*, Ahmad Atallah Alkhalwaldeh, RN, Sumaia Ahmad Alkhalwaldeh, Khitam Deaf-Allah M.AI-zoubi, RN

Department of anesthesiology, intensive care and pain management, KHMC, Amman, Jordan

ObjectiveTo evaluate and assess the relation between different blood groups and risk of heart dysrhythmias in cardiac subjects scheduled for general anesthesia for ear-nose and throat surgical interventions.

MethodsOur prospective observational investigation included 72 patients, of both genders, aged 53-72 years, classified as class III (medical or surgical cardiac problems) by the scale of the American society of anesthesiologists (ASA) and allocated for various ear-nose and throat surgical procedures at King Hussein hospital-King Hussein medical centre-Amman-Jordan, during the period Feb 2010-July 2012.

Subjects were screened for blood grouping (ABO) preoperatively .All patients were anesthetized using intravenous general endotracheal anesthesia induction by Fentanyl 3 mcg/kg,Sodium thiopentone 4 mg/kg and Atracurium 0.5 mg/kg.Oxygen:Nitrous Oxide 30%:70% mixed with Sevoflurane 2% were delivered via the endotracheal tube. Local infiltration solution (10 ml) using Adrenaline 1/100000 mixed with Lignocaine 50 mg was used by the surgeon.

Cardiac arrhythmias were monitored on the screen immediately during and after Adrenaline infiltration.

For statistical significance, ANOVA test was used in all subjects with regard to blood groups and arrhythmias.

Results Cardiac arrhythmias were found to be 25%, 14.3%, 6.9% and 3.1% in AB, B, A and O groups, respectively. The difference was significant between the groups. There was no life threatening arrhythmia in all groups.

ConclusionThere is a significant relation between blood groups and cardiac arrhythmias in cardiac subjects exposed to general anesthesia during and after Adrenaline infiltration in ear-nose and throat surgical operations.

Key words: Adrenaline; infiltration, Anesthesia; general, Blood; groups, Cardiac; arrhythmias.

Hazem Alkhalidi, MD, JBA*

Department of anesthesiology, intensive care and pain management, KHMC, Amman,



43. Conservative Surgical Treatment of Bronchial Carcinoid Tumours

العلاج الجراحي والمحافظة للأورام الشبيهة السرطانية للقصبات

Mazin Eljamal, MD, FACS, Peter Goldstraw, FRCS

Al Bashir Hospital, Amman, Jordan, Royal Brompton Hospital, London, UK

Objectives. To assess the feasibility of conservative resection for bronchial carcinoids, to validate this by a study of recurrence and survival, and to assess those factors which might affect such a policy.

Methods. Within a period of 25 years 130 patients were treated with a diagnosis of bronchial carcinoid tumour. Patients underwent complete assessment for surgical treatment. We performed conservative resection with preservation of functional pulmonary parenchyma.

Results. Mean age of patients was 52 years. Symptoms were present in 65% of patients, 62% were central in position. Surgical resection was performed in 115 patients. Five did not undergo surgery because of multiple foci, severe comorbid cardiac pathology or patient's refusal. Three patients underwent pneumonectomy for severe distal lung damage, wrong initial pathologic interpretation as a lung cancer, or for recurrence, Lymph node involvement was present in 21 patients (N1 - 17, N2 - 4), of which 14 were found in 93 with typical feature, and 17 with atypical feature. During a 15-year follow-up period 97% of patients were free of recurrence. There were three deaths (refusal of surgery, recurrence, or distant mets).

Conclusion. Bronchial carcinoid tumour is a low-grade tumour. Conservative resection is feasible and safe, and results are not influenced by the lymph node involvement, and therefore should not extend the surgical procedure as for no small cell lung cancer. Typical carcinoid to be considered benign rather than malignant tumour.

Key words. Typical carcinoid, atypical carcinoid, conservative lung resection

Mazin Eljamal, MD, FACS, Peter Goldstraw, FRCS

Al Bashir Hospital, Amman, Jordan, Royal Brompton Hospital, London, UK



44. Dermatofibrosarcoma Protuberansa Case Study

حالة مرضية نادرة في الديرما توفايرو ساركوما

Moatassim Barham, MBBS, MS, FMAS, DMAS.

General surgery dept, Al-zarqa Hosp. Jordan

Dermatofibrosarcoma protuberans is a very rare tumor. It is a neoplasm of the dermis of the skin, and is classified as a fibrosarcoma, more precisely a cutaneous soft tissue sarcoma. It accounts for approximately 2-6% of soft tissue sarcomas. It occurs most often in adults in their thirties, although it has been described congenitally, in children, and the elderly. In many respects, the disease behaves as a benign tumor, but in 2-5% of cases it can metastasize, so it should be considered to have a malignant potential. Metastasis is a late clinical outcome and typically occurs only after several local recurrences. It tends to grow in a more infiltrative manner. Historically, recurrence rates have been high, ranging from 11% - 53%. Accordingly, wide local excision with enough safety margins is the pivot of the management of this disease entity as in our presented case.

Moatassim barham, mbbs, ms, fmas, dmas.

General surgery dept, Al-zarqa hosp.



Abstracts

(CV) Moatassim b. El-barham

Birth place & date: kuwait 02.02.1971

Nationality: Jordanian



Certifications

- General secondary degree – Kuwait. May, 89
- Medical bachelor & bachelor of surgery (mbbs), university of Jordan – Jordan. Jun, 96
- Jordanian board in general surgery – Jordan mar, 05
- Fellowship in minimal access surgery (f.mas), wals, sages, tgo university – india dec, 10
- Diploma in minimal access surgery (d.mas), wals, sages, tgo university – india dec, 10

Licenses

- Jordan (permit for practicing the profession of medicine). Jun, 97
- Usa (ecfmg, usmle) aug, 98
- Jordan (board in general surgery) mar, 05

Memberships

- Jordan medical association (jma jun, 97
- Jordanian surgical society (jss). Apr, 07
- World association of laparoscopic surgeons (wals). Dec, 10
- Society of American gastrointestinal & endoscopic surgeons (sages). Mar, 11
- European association for endoscopic surgery (eaes) mar, 11

Experiences

- Internship, lozmella & al-basheer hospital – Jordan. Jul, 96
- General practitioner, ministry of health – Jordan. Feb, 98
- Residency in general surgery, al-basheer hospital – Jordan. May, 99
- Specialist in general surgery, al-yarmook hospital – Jordan. Mar, 05
- Specialist in general surgery, al-zarqa hospital – Jordan. Nov, 06

Academies

- Instructor & examiner for the 4th & 6th year general surgical courses, Hashemite University, faculty of medicine – Jordan. Jun, 11

Commissions

- District committee for sick leaves – zarqa health area feb, 10
- Committee of interns, g. Surgery dept. – zarqa hospital oct, 10
- Committee of pharmacies & therapies – zarqa hospital mar, 11
- Committee of family protection – zarqa hospital. Oct, 11
- Special tendering committee of g. Surgical & gynecological laparoscopic & hystroscopic devices for zarqa new hospital – ministry of health. Nov, 11
- Committee of emergency situations – zarqa health area. Mar,12
- Infection control committee – zarqa hospital. Jun, 12



45. Palliative therapy in patients with metastatic pancreatic cancer

المعالجة التلطيفية لسرطان البنكرياس المنتشر

Dr. med. Heinz Albrecht

Department of Gastroenterology, Pneumology and Endocrinology, Internal Medicine 1
Erlangen, Germany

Patients with advanced pancreatic cancer have a poor prognosis and for many years there have been no improvements in survival since the introduction of gemcitabine in 1996. 5-year-OS is 1,8 %. By adding erlotinib to gemcitabine a statistically improved survival in advanced pancreatic could be demonstrated. The recommended dose of with gemcitabine for this indication is 100 mg/d. Skin Rash is one of the most common side effects. But the presence of a rash (> grade 2) is associated with a higher likelihood of achieving disease control. In 2011 the combination chemotherapy regimen consisting of oxaliplatin, irinotecan, fluorouracil, and leucovorin (FOLFIRINOX) has demonstrated a median overall survival of 11.1 months compared with gemcitabine as first-line therapy in patients with metastatic pancreatic. But there were more adverse events, especially (febrile) neutropenia. Thus FOLFIRINOX is an option for the treatment of patients with metastatic pancreatic cancer and good performance status. Second line therapy consists of oxaliplatin, folinic acid and 5-fluorouracil (OFF-scheme). This scheme provides at first time evidence for the benefit of second-line chemotherapy as compared to BSC in patients with advanced pancreatic cancer.

(CV) Dr. Heinz Albrecht

Medizinische Klinik 1, Ulmenweg 18, 91054 Erlangen, Germany

Date of birth 16. December 1977

Nationality German

Present position Research Physician at the Department of Internal Medicine 1 (Gastroenterology, Pneumology and Endocrinology), University of Erlangen since 2005

Medical Education

Medical school 1998 – 2005 at Erlangen University (Friedrich-Alexander University Erlangen-Nurnberg) and Lyon, France, (University Claude Bernard Lyon)

Thesis in medicine (Promotion): 2007 Friedrich- Alexander- University Erlangen- Nurnberg)

License to practice of medicine: 2005 Friedrich-Alexander- University Erlangen- Nurnberg)

Board certification: 2011 Specialist in internal medicine



46. Blood culture for pediatric patients with central line at hemato-oncology clinic in queen Rania hospital

دراسة لزرع الدم المأخوذ عن طريق الوريد المركزي في مستشفى الملكة رانيا للأورام

Fareed Th Haddad*, MD, Maher Kh. Mustafa, MD, Ikhlas J. Katamy, SN.

Queen Rania military hospital QRMH, Pediatric hemato/oncology Amman, Jordan

Objective: To estimate the blood culture yield in immunocompromised patients, during their therapy in our pediatric hematology/oncology clinic, and while they have central lines as venous access.

Method: This is a retrospective study took place in pediatric hemato/oncology clinic in queen Rania hospital for children at the period from 1st of February 2011 to 31st January 2012. A total of 103 patients, 67 patients were males and 36 patients were females. With male to female ratio of 1: 1.86 who are immuno compromised during therapy at hematology / oncology clinic. We prospectively follow their cultures. Clinical finding and positive C - reactive protein were our guides to do blood cultures. Samples were taken from central venous line as well as peripheral culture for each patient. Hickman line or portal-catheter was used in patients with malignancy for chemotherapy, and for those with frequent visits and blood products transfusion like aplastic anemia.

Results: Our 103 patients, with male to female ratio of 1: 1.86 were immuno compromised, either due to chemotherapy as found in 88patients, or due to their diseases status; like seen in aplastic anemia (seven patients) and post bone marrow transplantation patients. Out of all 76 patients arrived with ill looking, 91 patients were feverish, 94 were either ill in their looking or fever. Cough was a complaint in 36 patients and Mucositis seen in 8 patients. Lab showed positive C - reactive protein in 84 patients and anemia according to its definition detected in 67 patients; while sever anemia that needs blood transfusion in 37 patients. One positive blood culture (either central or peripheral sample) was found in 19 patient represents 18.4%. All of them were C - reactive protein positive.

Recommendations: although septic work up is mandatory for this group of pts but:

1. Not all feverish and/or ill looking pts give positive blood culture.
2. Anemic specially sever one may aggravate looking of our pts.
3. All pts with positive blood culture has positive C- reactive protein

Keywords: Central line, Blood culture, Sepsis in immunocompromised

Correspondence Address: Dr Fareed Thalji Haddad, QRMH, Pediatric hemato/oncology.

P.O. Box Amman 11941 AL-Jubaha 1992



47. Polycystic ovarian syndrome: a Jordanian perspective: a study of 100 cases

تناذر تكيس المبيض من المنظور الاردني دراسة ل 100 حالة

Dr Wafa Al-Ghol MD, Dr Khaldoun Khamaiseh FRCOG, Dr Waheeb Naser MRCOG, Dr Waleed Naji MD, Dr Tareq Irtaimah MD.

King Hussein Medical Centre, Royal Medical services

PCOS is a common endocrine disorder with geographical and ethnic differences in its manifestations

This presentation focuses on PCOS from a Jordanian perspective. One hundred consecutive women with this condition are studied. Symptomatology, endocrinology and influence of body weight are all illustrated.

Dr Khaldoun Khamaiseh FRCOG MRCP

Consultant in Obstetrics and Gynaecology and Reproductive Endocrinology

King Hussein Medical Centre, Royal Medical services

48. Complex Regional Pain Syndrome In Jordanian Patients

دراسة عن تناذر ألم المنطقة المعقد لدى المرضى الأردنيين

Dr Abdelkarim Aloweidi Al-Abbadi⁽¹⁾, Mahmoud M Al-mustafa⁽¹⁾, Khaled R Alzaben⁽¹⁾, Sami A Abu-Halaweh⁽¹⁾, Shaher T El-Hadidi⁽²⁾, Jihad M Al-Ajlouni⁽²⁾, Mahmoud Ababneh⁽²⁾, Yousef Sarhan⁽²⁾, Akram O Shannak⁽²⁾, Ziad M Hawamdeh⁽³⁾

1. Department of Anesthesia and Intensive Care
2. Department of Special surgery, Orthopedics Unite
3. Department of Physical Therapy, Faculty of Rehabilitation Sciences
University of Jordan, Amman-Jordan

Complex Regional Pain Syndrome is a chronic painful disease. No data, about this disease, is available in Jordan. In our study, we surveyed Jordanian patients with characteristics of Complex Regional Pain Syndrome. This retrospective survey consisted of 100 patients in the Jordan University Hospital between 2002 and 2007, with the diagnosis of CRPS Type I and II, according to the International Association for the study of pain (IASP) diagnostic criteria. All the patients had standard treatment protocol; a combination of pharmacological drugs, intravenous regional anaesthesia and Stellate ganglion blockade. Information was obtained regarding patients' demographics, characteristics of CRPS, co-morbidities of the patients during treatments, signs and symptoms before starting treatment and complications during and after the treatment procedures. Only 62 patients were included in the data analysis. In 58 patients, the trauma was the cause of this disease, Type I in 44 cases and Type II in 18 patients. The average number of blocks was 8.9 blocks and the range was 1-24 session (course). Limitation of range of movement was the common complaint from patients. Complications from treatment modalities were treatable and no significant morbidity was recorded. Complex Regional Pain Syndrome is a painful disease and needs an early diagnosis and management. Our protocol in treatment was effective and most of the patients were satisfied. More data collection is needed about patients, documenting the epidemiological characteristics of this disease in our area.

Keywords: Complex Regional Pain Syndromes; Survey; Stellate ganglion blockade.
PUBLISHED IN EUROPEAN JOURNAL OF SCIENTIFIC RESEARCH 2009 Feb;20(1):31-7.

Abdelkarim S Al Oweidi AL ABBADI,
Department of Anesthesia and Intensive Care, Faculty of Medicine, University of Jordan,



Hands-on Endoscopy and Laparoscopy workshop



DAAD Summer School in Amman
Royal Medical Services Amman
2-3 October 2012, 09, 00-14, 30 h



1. Training course on endoscopic hemostasis using the compact Erlangen assistance in interventional endoscopy (EASIE) simulator for upper and lower Gastrointestinal (GI) Tract

ورشة عمل للتنظير ودورة تدريبية على معدة الحيوان لإلقاء النزوف الهضمية طريقة إيرلنغن

2 October 2012 Day 1

08:30 - 9:00 Registration

	ROOM 1 Endoscopy	ROOM 2 Laparoscopy
09:00 – 09:15	Welcome Speech Dr. Martin Grauer	
09:15 – 09:30	Introduction to EASIE model	Introduction
09:30 – 11:00	Training Upper and Lower GI	basic Laparoscopic techniques
11:00 – 11:30	Coffee Break	Coffee Break
11:30 – 14:30	Haemostatic Techniques Upper and Lower GI	Laparoscopy Hands-on Training

3. October 2012 Day 2

	ROOM 1 Endoscopy	ROOM 2 Laparoscopy
09:00 – 09:30	Introduction to Endoscopic Haemostatic techniques (Clipping and Band ligation)	
09:30 – 11:00	Training Endoscopic Haemostatic Techniques	Laparoscopy Training
11:00 – 11:30	Coffee Break	Coffee Break
11:30 – 12:00	Introduction to the ESD techniques	Laparoscopic Training
12:00 – 14:00	Training (ESD Techniques).	Laparoscopy Training
14:00 – 14:30	Final Session and Certificates distribution	



Abstracts

(CV) Prof. Zhigunov Askar Karalbiyevich

Head of the Republic Clinical Hospital, Nalchik, Russia.

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



(CV) Prof. Miziev Ismail Alimovich

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

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

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



1. Antimicrobial susceptibility and esbl production of escherichia coli strains isolated from various clinical materials (Poster)

دراسة جراثيمية عن الإشريشيا كولونية لمرضى من عدة فروع طبية

Cihan Tasmemir, Naz Cobanoglu, Melike Yesiller Bedir, Sebahat Aksaray

Haydarpara Numune Training and Research Hospital, Dept. Of Clinical Microbiology, Uskudar, Istanbul, Turkey

Escherichia coli is one of the most frequent causes of bacterial infections in the world. The aim of this study was to determine antimicrobial resistance rates of E.coli strains that isolated from various clinical specimens. Totally 278 strains of E.coli were included in this study.

Identification of strains were done by conventional methods and BBL Crystal Enteric/Nonfermenter systems. Antimicrobial resistance profiles were investigated with disc diffusion Kirby-Bauer method as recommended by CLSI and presence of ESBL were investigated with double disc synergy methods. Sixty one percent of E.coli strains were isolated as infectious agent from outpatient clinics, whereas 39 % of strains belong to inpatient clinics.

Distribution of samples were; urology (26%), internal medicine (21%) general surgery (12%) and nephrology (11%) and most of them were from urine samples (82%). Resistance ratio for all strains were; ampicillin 73%, ciprofloxacin 47%, trimethoprim/sulfamethoxazole 45% and amoxicillin/clavulonic acid 36%. ESBL ratio of outpatient strains were 21%, whereas inpatient strains were 41%. All strains were detected susceptible to meropenem and imipenem.

The determination of antimicrobial sensitivity of E. coli, which is common type of infectious agent in our country and in our hospital, is essential in order to determine ampirical therapy protocols.

Cihan Tasmemir, Naz Cobanoglu, Melike Yesiller Bedir, Sebahat Aksaray

Haydarpara Numune Training and Research Hospital, Dept.of Clinical Microbiology, Uskudar, Istanbul, Türkiye.



2. Place of immunologic tests in diagnostic of myocarditis

مكانة الاختبارات المناعية في تشخيص التهاب عضلة القلب

Nakatseva Elena

Cardiologist, Republican Cardiology Centre, Nalchik; Almazov's Federal Centre of Heart, Blood and Endocrinology, Saint-Petersburg, Russia

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

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She was born in South Caucasus. She was finished Kabardino-Balkarian State University in 2003. Her postgraduate study was in Pavlov's Sain-Petersburg Medical University and Federal Centre of Heart, Blood and Endocrinology named by Almazov on cardiology. PhD work was about predictors of postpericardiotomy syndrome after open-heart surgery. She applies EchoCG, CPET.

She has 20 publications. She is a member of Society of Cardiology of the Russian Federation and European Association of Echocardiography

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Education

1997-2003 Kabardino-Balkarian State University named by H.M. Berbekov, Nalchik

Postgraduate education

1997-2004 Pavlov's Saint-Petersburg State Medical University, Saint-Petersburg

2004-2006 Almazov's Research Institute, Saint-Petersburg



Abstracts

2006-2007 Medical Academy of Postgraduate Education, Saint-Petersburg Clinical echocardiology

2008 Almazov's Federal Centre of Heart, Blood and Endocrinology, Saint-Petersburg, Good clinical practice

Pavlov's Saint-Petersburg State Medical University, Saint-Petersburg Functional diagnostics

2009 Pavlov's Saint-Petersburg State Medical University, Saint-Petersburg, Clinical physiology of the breathing

2007-2009 Almazov's Federal Centre of Heart, Blood and Endocrinology, Saint-Petersburg PhD study (aspirantura)

Current position

2008-2010: Almazov's Federal Centre of Heart, Blood and Endocrinology, Saint-Petersburg as a Researcher, Functionalist and as a Cardiologist of department of cardiac surgery

2007- 2010: Medical Center «Leka-pharm» as a Cardiologist

2010- Present time: Republican Cardiac Center as a Cardiologist

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SIGNIFY-III: 2009-2010: Cardiology, IHD, Angina Pectoris

LINCORT-III: 2011- 2012: Cardiology, IHD, angina pectoris

Date: 30.07.2012 Nakatseva

3. The Hemodynamics of Visual Analyzer of Glaucoma

التحليل البصري لدينامية الزرق

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With the aim of revealing of the peculiarities of hemodynamics in the vessels of eye and orbit in patients with the of the glaucoma there was carved on ultrasound dopplerography of the internal carotid artery, ophthalmic artery (OA), supratrochlear artery (STA) in 28 patients and in 20 healthy persons (control group of comparison) (KG), graphic investigations of the cerebral cortex, electroencephalography (EEG) was performed in 48 patients. The age of all examined was 50-75 years old. The reliable differences of hemodynamics indices were revealed in STA and OA in CG persons and patients with glaucoma. Rate indices of blood flow (Vs, Vd, Vave) and resistance index (RI) in the ophthalmic artery were decreased while glaucoma, that shows the decrease of choroids blood supply and significant difficulty of blood flow in the eye coat of patients with glaucoma. With the progress of the disease the blood flow parameters became worse. In the majority of patients (2/3) blood supply of brain worsening is accompanied by the moderate decrease of permanent potentials amplitudes in the frontal, occipital and the right temporal arcus.



4. Surgical Treatment Of Stenosis Of The Trachea And Bronchi

المعالجات الجراحية لتضيقات القصبات والبرغمات

Khasan Mukhamed Kheyr Adil, Tutukov A.B

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Tracheal stenosis - a life threatening disease, the outcome of which is the painful death by suffocation. Treatment of stenosis of the trachea, despite some advances in this field of theoretical and clinical medicine, are an important issue. Beau Moreover, according to numerous publications in national and foreign press, The amount of patients with persistent tracheal stenosis increases. The need to develop this section of surgery caused by the growing number of patients with communicable and post intubation and posttraheostomic stenosis. According to the literature cicatricial stenosis developed in 0.2-2.5% of endotracheal intubation and tracheostomy and in patients for a long time on mechanical ventilation and 25% of cases. The constant growth of injury, the criminalization of society can predict a further increase in the number of patients with cicatricial stenosis of the trachea.

In this paper we analyzed the experience of treating 38 patients in the Department of Thoracic Surgery GOOSE RCH MOH clinic of the KBR and endoscopic surgery faculty of Medicine KBSU with stenosis of the trachea between the ages of 19 to 79 years. The mean age was 41.3 years. Men was 31 (81,6,2%), women - 7 (18.4%).

In most patients cicatricial stenosis of the trachea developed after long an artificial lung ventilation - in 14 (36.8%), while 5 patients (35.7%) originated esophageal-tracheal fistula. The main methods of diagnosis were EFBS, X-ray examination. With suspected esophageal-tracheal fistula performed EFGDS, radiopaque study of the esophagus.

Traumatic injuries and neck injuries with damage to the trachea were the cause in 10 (26.3%) patients. Tumors in 8 (21.8%) patients. Of these, cancer of the trachea was in 3 patients, the larynx - 3, thyroid cancer - 1, lung cancer - 1. Patients with tumors of the trachea came to the clinic, as well, in a serious condition due to severe stenosis, respiratory failure and related tracheobronchitis or pneumonia. Retrosternal goiter with compression of the trachea from the outside was the cause in 2 (5.3%) patients. In 3 (7.9%) patients, the cause of tracheal stenosis was a foreign body. In 1 patient burn esophageal complications developed esophageal-tracheal fistula. Of the 38 patients operated on 27 (71.1%) patients.

Of the 14 patients with cicatricial stenosis of the trachea, emerged after prolonged intubation and mechanical ventilation, operated seven people, three of them came and operated not once single. Plastic tracheal prosthesis made in 4 cases, the selection of the trachea of scar formation with prosthetics in one case. 2 tracheostomy patients. As for the esophageal-tracheal fistula, 2 patients were operated on. One patient in order to avoid casting the contents of the digestive tract to the respiratory tract in the first stage performed Nissen fundoplication, pyloroplasty on Geyneke-Mikulicz, gastrostomy by Witzel. After six months of operation is performed suturing gubovidnogo fistula back of the neck part of the esophagus to the gastrostomy tube removal and restoration of the natural diet. One patient for ischemic stroke performed ezofagofundoplication Nissen, gastrostomy by Kader. 1 patient with esophageal burns, complicated, esophageal-tracheal fistula, I made Toreka phase of the operation.

All patients with a wound to the neck and trachea trauma operated. Conduct initial debridement neck revision. 4 patients after revision imposed tracheostomy-ma, one patient was tracheal prosthesis. Wound closure of the trachea made three patients. Two



Abstracts

patients with blunt trauma to the neck, the neck incision was carried out in order to evacuate gases from subcutaneous emphysema.

2 patients with tumors of the trachea, pharynx, esophagus, with spread to manufactured gastrostomy by Witzel. For cancer of the thyroid gland with invasion and occlusion of the trachea was operated on one patient, resection of the isthmus of the right lobe thyroid gland. Strumectomy performed in patients with retrosternal goitre and events tracheomalacia. As for the foreign body were operated two patients. Removal of foreign bodies produced endoscopic method.

Died 9 (23.7%) patients. Cause of death in 4 patients were entangled-generalized form of cancer of the trachea, thyroid gland. Multiple stab wounds penetrating abdominal injury with tracheal - 2, **burns** of the esophagus with the development of esophageal-tracheal fistula, 1 patient with intoxication. From asphyxiation as a result of progression of stenosis of the trachea - 1 from ischemic stroke - 1 patient.

Conclusions:

1. The vast majority of patients with stenosis of the trachea enter the emergency order. With favorable outcome as a consequence of the patients developed rumen-st stenosis mainly in the cervical trachea or in the main bronchi, often with complete occlusion of the lumen of the trachea. Only a set of urgent measures, including emergency surgery, can prevent death.
2. Treatment of patients with cicatricial stenosis and tumors of the trachea to implementation should be monitored as specialized centers where high professional and technological energy levels will be held landmark medical-diagnostic equipment, including a includes examination, preoperative preparation, surgical, combined-plated and radiation treatment .
3. Bedsores prevention trachea in ventilation by monitoring the pressure in the cuff every 2-3 hours with push data sheet and systematic surveillance every 3-4 hours deflating the cuff to the movement along the axis of the trachea tube and bloating cuff in a new place.
4. Transition to long-term respiratory support in the intensive care unit intubation tubes with low pressure cuff.
5. Inadmissibility of permanent location nasogastric tube in patients which are located on the ventilator, the introduction of its best just before it is needed, it is possible by the substitution for the day and his mandatory removal after the evening feeding.
6. During prolonged respiratory resuscitation needed replacement for sterile tracheal tubes every 2-3 days, conducting remedial FBS and adequate antibiotic therapy for the prevention of nosocomial endotraheobronhitis and respirator-associated pneumonia.

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In 1998-2001r. - specialization in Surgery in Kabardino-Balkar State University.

From 2000 till present University Teacher of the first category at the Medical College at KBSU.

Currently a post-graduate student of the Chair of Endoscopy and Faculty Surgery.

Sphere of Scientific and Research interests: Thoracic surgery, Oncology.



Abstracts

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VI International Medical Congress, Practical Seminars, Damascus, Syria.

Participant to the First Incorporated Practical Seminar at the Central Hospital of the Boor,
Khama, Syria.

5. Mucoviszidose-Kasuistik (Poster)

حالة نادرة في الموكوسيدوزة لدى طفل

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6. Foreign bodies of the esophagus

الأجسام الأجنبية في المري

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Esophageal foreign bodies - one of the most common forms of esophageal lesions. Foreign bodies get into the esophagus under different circumstances, often with ill-profitteer bathroom food for avoiding hasty meal. Contributing aspect is the lack of teeth and wearing dentures that cover the hard palate, so that removed his control. It has also reduced the value of reflexes, such as intoxication. Half of all esophageal foreign bodies occur in people over the age of 40 years, about one-quarter - for children up to 10 years, the last quarter is distributed almost equally between the people of the second, third and fourth decades of life.

The nature of foreign bodies most diverse. Most of the bones - fish, meat, bird. Next are the meat debris, dentures, coins, and buttons.

Foreign bodies in the esophagus stops in places physiological restrictions, most of them (50-60%) is stuck at the entrance or in the neck. The reason is that Shane is a narrowing of the first significant obstacle to the foreign body. Powerful striated muscles causes are strong reflections reflex reduction of the esophagus. Second in frequency jamming of foreign bodies is thoracic and, finally, the third - Cardiac (10-15%). This applies to people with unchanged esophagus. If there is narrowing of the esophagus, such as scar contraction, after burns, in different parts of it in place restrictions can get stuck even small items (cherry pits, etc.).

In the department of thoracic GOOSE RCH MH CBD department faculty and endoscopic surgery KBSU from 1996 to 2008. there were 41 patients treated at the foreign-national body of the esophagus. There were 26 men (63.4%), 15 women (36.6%). Age ranged from 19 to 90 years, the average age was 40.9 years. In 28 (68%) patients revealed a foreign body in the cervical esophagus, in the middle third in 9 (22%), 4 patients (10%) in the lower third of the esophagus. Foreign body in the neck scarring of the esophagus was in 4 patients (10%).

Complications were 7 patients: perforation of the esophagus with the development of mediastinitis 6 patients (14.6%), abscess, submandibular region 1 (2.4%). Died 3 (7.3%) patients.

The main method of removing foreign esophageal endoscopy was - 28 (68.3%) patients. When removing a foreign body should be adequate analgesia. With insufficient analgesia used intubation using muscle relaxants. In 11 patients the foreign body sent down into the stomach. Cannot be deleted (meat obstruction, herniation) foreign body, foreign body in the esophagus were pathologically changed the indication for surgical treatment. Esophagotomy cervical access left to remove the foreign body was performed in 6 (14.6%) patients. Retrograde removal of foreign body in the distal esophagus in the scar-neck of the method followed by the imposition gastrotomy gastrostomy was performed in 2 patients. In 3 patients as a result of esophageal perforation and mediastinitis, the first stage of the operation Toreka. Opening the submandibular abscess, tracheostomy performed per patient. In one patient, the foreign body of thoracic esophageal perforation and mediastinitis removed left-handed blunt thoracic dos.

Thus, the delay of a foreign body in the esophagus is not a rare phenomenon, is fraught with the development of life-threatening complications of the patient, which requires serious attention from the doctor. Herniation of the foreign body, foreign bodies in the esophagus are pathologically altered indication for esophagoscopy under anesthetic using relaxants.



7. Echinococcus lung

إصابة الرئة بالإيشريشيايات

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Surgical treatment of echinococcosis lungs is the main method of treating the disease. Numerous publications in the last decade by echinococcosis suggest that the interest in this issue is not quenched until now. In a place with the recurrence of the disease and multiple complications continue to pose diagnostic, tactical and technical difficulties, which demonstrates the importance and urgency of the problem. According to the literature of complications of pulmonary hydatid cyst 13-40%. Most common suppuration (19-35%), a breakthrough in the bronchus cysts (38-63%), pleural cavity (5-26%), calcification (3-17%)

Materials and methods. The work is based on a study of the results of surgical treatment of 49 patients with pulmonary hydatid cyst observed in the thoracic compartment GOOSE RCH MOH clinic of the CBD and endoscopic surgery from 2003 to 2008. Age of patients ranged from 15 to 71 years. Most of the patients were younger and more able-bodied. The median age was 32 years. Males were 31 (63.2%), women - 18 (36.8%). Single cysts were in 40 (81.6%) patients. The combination of echinococcus in the lung and liver were in 5 (10.2%), bilateral in 2 (4.1%). Of the 49 patients for one reason or another are not operated on 11 (22.4%), opera-plated 38 (77.6%). In 15 (30.6%) patients had complicated forms of Echinococcus easily anyone as abscess formation, perforation into the pleural cavity, bronchial tree, the iris. Suppuration of hydatid cysts were observed in 6 (40%), a breakthrough in the pleural cavity in 2 (13.3%), pleural cavity and the bronchus in 1 patient (6.7%) in the bronchus - 1 (6.7%), bleeding - 2 (13.3%), plevrotoracals fistula - 1 (6.7%). Multiple hydatid left pleural cavity, the intercostal muscles, the diaphragm, the pericardium, the lower lobe of the left lung in 2 (13.3%).

The range of diagnostic x-rays were necessary, including computed tomography, ultrasonography of the abdomen, EFBS.

Standard access to surgery was lateral thoracotomy in the fifth to seventh intercostal space, depending on the location of the cyst with separate intubation tube with a double barreled off from ventilation of the affected lung. With a combination of cysts in the lung and liver stage their surgical intervention. Physical methods of treatment after the removal of the fibrous capsule of the parasite used in all patients. Half a capsule necessarily processed chemicals (povidone iodine, chlorhexidine, formaldehyde). Bronchial fistula sutured. Half a fibrous capsule usually liquidated by kapitonazh Delbe. Atypical and anatomic lung resections were performed in complicated hydatid cyst of the lung. The nature of surgical interventions is presented in the table.



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The nature of surgical interventions

Transaction type	Nr of patients	%
Echinococcectomy with kapitonazh on Delbe	16	42.1
Atypical lung resection	7	18.4
Lobectomy	5	13.2
Lobectomy	2	5.3
Bilobectomy	1	2.6
Pneumonectomy. thoracoplasty	1	2.6
Echinococcectomy with kapitonazh on Delbe and subperiosteal costectomy	1	2.6
Echinococcectomy on Delbe and lung decortication	1	2.6
Echinococcectomy with kapitonazh on Delbe and decortication easily whom	1	2.6
Echinococcectomy and removing large lipomas cardiadiafragmum angle.	1	2,6
Removal of hydatid cysts of the intercostal muscles, diaphragm, we pericardium, the lower lobe of the left lung decortication easily anyone.	1	2,6
Removal of subcutaneous cyst located before it surfaces, the chest wall.	1	2,6
TOTAL	38	100

In the postoperative period in patients with complications as seen pleuropneumonia (11), pleural empyema limited (1), pleural effusion (6). Deaths were not.

Conclusions:

- 1) The main view of the surgical intervention is easily echinococcectomy lung, public or private way.
- 2) The lung resection should be resorted to in complicated echinococcus lung.
- 3) Methods of physical treatment of the fibrous capsule are highly effective and prevents recurrence of disease and infection.



8. Study of clinical value of markers of apoptosis in patients diagnosed with HPV infection High risk, with precancerous cervical disease and cervical cancer

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Kabardino-Balkarien State University named H.M.Berbekova, Nalchik, Russia

Despite the widespread use of modern diagnostic methods, the problem of mortality from cervical cancer remains relevant. Cervical cancer is the second highest prevalence of cancer in the world and the leading cause of female cancer deaths in developing countries. Cervical cancer - a disease that is largely associated with the viral infection. Of particular importance is the discovery of integrative viruses that cause chronic infections (herpes and HPV infection). The most significant role in cancer development is connected with the human papillomavirus (HPV, HPV) serotypes 16 and 18. Virus infection of HPV 16 and 18 types is probably the cause of cervical cancer in 41% and 16%. Long-term persistence of HPV contributes to its ability to evade immune surveillance. One of the important mechanisms of cleansing the body of cells is apoptosis. The aim of the study was to investigate the clinical significance of markers of apoptosis in patients diagnosed with HPV infection High risk, with precancerous cervical disease and cervical cancer

Three groups of patients were investigated: 1) diagnosed with HPV infection High risk (control group - women with HPV low risk), 2) with precancerous cervical disease (dysplasia (CIN) I-II degree, leukoplakia with cellular atypia, erythroplakia, adenomatosis), 3) cervical cancer (CIN III). The control group included 30 healthy volunteers who do not have antibodies to HPV, HSV-1, HSV-2, CMV in the blood and not containing HPV, HSV, CMV and other sexually transmitted infections in the genital tract. Indicators of apoptosis (sFAS, TRAIL) were measured in serum and cervical fluid by ELISA. Statistical processing was performed using the software package Statistica for Windows.

There are several mechanisms through the apoptosis immunocytokines receptor (TNF- α) and a specific "death receptors." sFas is able to run in the cell apoptosis by interacting with Fas-ligand (FasL). In blood and cervical fluid of patients with HPV-16, 18 type sFas reduced by 22% compared with the donor's group. Reduced amount of sFas decreases opportunities to apoptosis of infected cells and, thus, increase the persistence of integrative viruses. Significant decrease performance sFas in patients with precancerous and cancerous cervical disease, the level sFAS reduced by 34% and 45% ($p < 0.01$).

TRAIL (Apo2L) (tumor necrosis factor-related apoptosis-inducing ligand), - this ligand of DR3 and DR5 receptors. As well as CD95L, Apo2L activates apoptosis in many cancer cell lines. Serum concentrations of TRAIL in the studied groups of patients were close to normal values only in the group of patients with low risk HPV. Noteworthy was a tendency to a decrease in serum TRAIL in cases with more severe cancer process. Sharp decline in patients with high risk HPV lead to the conclusion that the absence of TRAIL-receptor apoptosis may be one reason for tumorigenesis, as further evidenced by more than 6-7 times reduced rates TRAIL in patients with precancerous cervical disease and cervical cancer



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General Information Jordan

Jordan officially The Hashemite Kingdom of Jordan

Ruler: His Majesty King Abdullah II (1999)

Land area: 34,286 sq mi (88,802 sq km)

Population (2012 est.): 6,508,887 (growth rate: -0.965%); birth rate: 26.52/1000; infant mortality rate: 15.83/1000; life expectancy: 80.18

Capital and largest city (2009 est.): Amman, 1.088 million

Monetary unit: Jordanian dinar

Is an Arab kingdom in Western Asia, on the East Bank of the River Jordan. The country borders Saudi Arabia to the east and south-east, Iraq to the north-east, Syria to the north and the West Bank and Palestine to the west, sharing control of the Dead Sea with the latter. Jordan's only port is at its south-western tip, at the Gulf of Aqaba, which is shared with Palestine, Egypt, and Saudi Arabia. Over half of Jordan is covered by the Arabian Desert. However, the western part of Jordan is arable land and forests. Jordan is part of the Fertile Crescent. The capital city is Amman. According to the CIA World Factbook, Jordan has the second highest life expectancy in the Middle East. The average life expectancy is one position behind the United Kingdom, although the age remains exactly the same (80.05 years).

The precursor to modern Jordan was founded in 1921 as the Hashemite Emirate, and it was recognized by the League of Nations as a state under the British Mandate for Palestine in 1922 known as The Emirate of TransJordan.

Transportation: Railways: total: 507 km (2010). Highways: total: 7,891 km; paved: 7,891 km; unpaved: 0 km (2009). Ports and harbors: Al 'Aqabah. Airports: 16 (2010).

Medical tourism

Jordan has been a medical tourism destination in the Middle East since the 1970s. A study conducted by Jordan's Private Hospitals Association (PHA) found that 250,000 patients from 102 countries received treatment in the kingdom in 2010, compared to 190,000 in 2007, bringing over \$1 billion in revenue. It is the region's top medical tourism destination as rated by the World Bank, and fifth in the world overall

2011 and 2012 saw an influx of Arab patients from Libya entering the kingdom for treatment. It is estimated that Jordan received 50,000 Libyan patients' refugees, who also sought treatment in Jordanian hospitals, in the last six months

There are about 60 private health care institutions in the kingdom, four of which have been accredited by US-based Joint Commission International, which is considered the gold standard for international accreditation in the healthcare industry. Most of Jordan's doctors speak proficient English and many have been trained or are affiliated with top US hospitals. The main barrier to medical tourism is visa restrictions placed on some countries due to the fear of illegal settlement in Jordan. Jordan's main focus of attention in its marketing effort are the ex-Soviet states, Europe, and America Top institutions that work in this industry include JORDICURE for medical tourism, King Hussein Cancer Center, Khalidi Hospital, Jordan Hospital and the Specialty Hospital among others. Most common medical procedures on Arab and foreign patients included organ transplants, open heart surgeries, infertility treatment, laser vision corrections, bone operations and cancer treatment.

The University Hospitals, Army Hospitals, Ministry of Health Hospitals are among the best in the region

إنه لمن دواعي سرورنا أن ندعوكم في هذا البرنامج إلى حضور جلسات المؤتمر الطبي الدولي الخامس في فندق الميريديان برعاية من وزارة الصحة في المملكة الأردنية الهاشمية وورشات العمل المزمع عقدها في الخدمات الطبية الملكية في الفترة ما بين 30 أيلول وحتى 6 أكتوبر 2012 تحت شعار "الجديد في الطب المعاصر"، وبشرافنا ان يعقد هذا المؤتمر في عمان لتوفر المعايير المعتمدة للاختيار من تراث علمي وعمراني ورصيد ثقافي وفني ودور اقتصادي، إن هذا المؤتمر يعد امتدادا لمؤتمرات سابقة، حيث تمثل نوعا هاما من تواصل الجهود المشتركة للأطباء العرب في أوروبا وسعيًا مخلصًا نحو تحقيق هدف من أهدافها، كأحد الرموز المضئبة لتجسيد العمل العربي المشترك، وإنجاز أكبر قدر ممكن من التواصل العلمي والتفاعل الفكري بين الزملاء والأطباء العرب في المهجر مع أوطانهم.

ويتم تنظيم هذا المؤتمر من قبل جامعة إيرلغن، بالاشتراك مع عدة جامعات أردنية أوروبية وعربية ومع الشبكة الألمانية العربية للمترجمين من الجامعات الألمانية AGMAN ومع اتحاد الأطباء العرب في أوروبا (فرع الأردن) وبدعم اتحاد الجامعات العربية ومن الهيئة الألمانية للتبادل الأكاديمي DAAD الهدف من هذا المؤتمر هو جمع العديد من الأطباء والخبراء من جميع أنحاء العالم وتوفير الفرصة لتبادل الخبرات في المجال الطبي والأبحاث العلمية في مختلف التخصصات. وسوف يركز المؤتمر على سبيل المثال على أمراض القلب السامية والسرطان حيث طرأت في السنوات الأخيرة تغييرات كبيرة بفضل التقنيات والأساليب الجديدة على معالجة الأمراض القلبية والسرطان، والتي فتحت الأبواب لإمكانيات جديدة لمعالجة المرضى. نتوقع أن البرنامج العلمي مثيرة للاهتمام لجميع المشاركين. ونأمل الانخراط في مناقشات حيوية لتتعلم من بعضنا البعض. سوف يقدم في هذا المؤتمر أكثر من 50 ورقة علمية موزعة في 12 جلسة علمية من محاضرين من 12 دولة منها ألمانيا والنمسا تركيا كبادينو بلكاريا في الاتحاد الروسي وسوريا والإمارات العربية المتحدة الأردن مصر والسودان والمملكة المتحدة.

لقد شارك اتحاد الأطباء العرب في أوروبا هذا المؤتمر في السنوات الأربع الماضية ولها علاقات أكاديمية جيدة مع المؤسسات الطبية في الدول العربية، تركيا ومع جامعة كبادينو بلكاريا الحكومية على سياق التوسع الأفقي في القارة الأوروبية نأمل أن برنامجنا العلمي تحظى توقعاتكم. وإننا نتطلع إلى لقاء علمي مثير سنحاول معكم في أيام المؤتمر، تقديم الجديد في الجراحة التنظيرية والأمراض القلبية والهضمية والأطفال، والمناقشة مع الخبراء والأخصائيين، سواء من أوروبا أو من الأردن لنحقق الأهداف التي نسعى إليها وإننا نأمل من الأطباء الجدد ان يحضروا هذه الجلسات بأعداد كبيرة. لكي يأخذوا فكرة عن الممارسة العملية للطب في أوروبا، سواء في المشافي أو العيادات الخارجية وما هي الإمكانيات الموجودة للاستفادة من هذه الخبرات ومجالات التخصص في الدول الأوروبية ستجرى الجلسات العملية في الخدمات الطبية الملكية بالتوازي مع المحاضرات النظرية في فندق الميريديان عمان، حيث سنحاول التعمق في هذه المواضيع الطبية المطروحة. إننا سنحاول بقدر المستطاع نقل البرامج العملية القابلة للتنفيذ على أرض الواقع وسنفتح المجال للمناقشة مع الخبراء لإيجاد علاقات تعاون جماعية بين المفكرين والمنفذين.

وإننا باسم الاتحاد وأسم جامعة إيرلغن والداد نتوجه بالشكر الجزيل والمسبق الى راعي المؤتمر السيد الدكتور عبد اللطيف وريكات وزير الصحة على رعايته الكريمة، والى ضيوف الشرف والهيئات الرسمية المشاركة للمؤتمر، والى لجان المؤتمر وإخواننا في الجامعات الأردنية والجمعية الشريسية والمحاضرين والى الضيوف والمشاركين والى الشركات الطبية والى كل الذين قدموا وسيقدمون المساعدة والدعم المعنوي والمادي في إنجاح هذه التظاهرة العلمية

فإننا نأمل حضوركم وفقا للبرنامج المرفق. وسوف تكون مسرورين عندما نراكم ونحييكم في عمان، فبالى اللقاء معكم، في جو علمي مفيد ومثمر. دتمت بخير والسلام عليكم ورحمة الله وبركاته
المؤتمر يمنح المشتركين في كل الجلسات 22 نقطة تعليمية من جامعة إيرلغن ومن نقابة الأطباء في ألمانيا

الدكتور سمير القواسمي
ممثل اتحاد الأطباء العرب في الأردن
السكرتير العام للمؤتمر

الدكتور فيضي عمر محمود
رئيس المؤتمر
رئيس اتحاد الأطباء العرب في أوروبا

**The Patronage of Minister of Health
Hashemite Kingdom of Jordan
H.E. Dr.Abdellatif Woreikat
5th Joint International Medical Conferences
DAAD summer school
Le Méridien Hotel, Amman- Jordan
30th Sept. – 6th Oct. 2012**

برعاية وزير الصحة في المملكة الأردنية الهاشمية
الدكتور عبد اللطيف وريكات
يعقد



المؤتمر الطبي الدولي المشترك الخامس عن
الجديد في الطب المعاصر
فندق الميريديان عمان
في الفترة ما بين 30 أيلول- 6 اكتوبر 2012

**SCIENTIFIC PROGRAM & ABSTRACTS
НАУЧНАЯ ПРОГРАММА И ТЕЗИСЫ
البرنامج العلمي والملخصات**

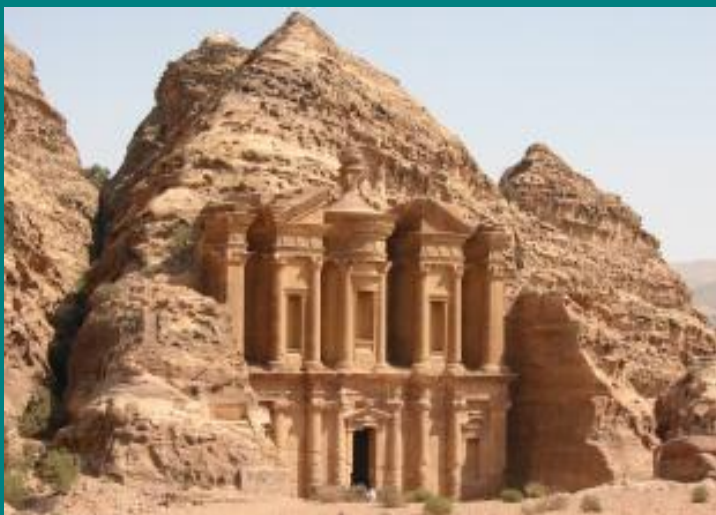


Distance from Amman to

Airport	35 Km
Jerash	54 Km
Madaba	30 Km
Irbid	90 Km
Ajloun	45 km
Petra	246 Km
Aqaba	313 Km
Wadi Roum	300 Km



برعاية
وزير الصحة في المملكة الأردنية الهاشمية
الدكتور عبداللطيف وريكات
يعقد
المؤتمر الطبي الدولي المشترك الخامس عن
الجديد في الطب المعاصر



البرنامج العلمي والملخصات

5th Joint International Medical Conferences

DAAD summer school

«Advances in Contemporary Medicine»

LeMérïdien Hotel, Amman-Jordan

30th Sept.-6th Oct. 2012

فندق الميريديان عمان

في الفترة ما بين 30 أيلول-6 اكتوبر 2012

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