Preliminary Program & Abstracts

31st Annual Meeting of Arabmed in Europe - Fujairah

Advances in Contemporary Medicine

24 - 28 October 2015
Novotel Hotel - Fujairah
United Arab Emirates
### ARABMED in Europe
### Annual Conferences 1984 – 2015

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<th>Meeting</th>
<th>Date</th>
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<tr>
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<td>26.-28.08.1984</td>
<td>Cologne / Germany</td>
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<td>11&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
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<td>Paris / France</td>
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<td>12&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>22.-24.09.1995</td>
<td>Berlin / Germany</td>
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<tr>
<td>13&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>30.08-01.09.1996</td>
<td>Frankfurt / Germany</td>
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<tr>
<td>14&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>28.-30.08.1997</td>
<td>Rome / Italy</td>
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<td>15&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>28.-30.08.1998</td>
<td>Munich / Germany</td>
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<td>16&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>17.-19.09.1999</td>
<td>Düsseldorf / Germany</td>
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<tr>
<td>17&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>29.12.2000-05.01.2001</td>
<td>Dubai / UAE</td>
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<tr>
<td>18&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>07.-09.09.2001</td>
<td>Hanover / Germany</td>
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<tr>
<td>19&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>27.-29.09.2002</td>
<td>London / G.B.</td>
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<td>20&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>05.-07.09.2003</td>
<td>Bonn / Germany</td>
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<td>06.-12.08.2004</td>
<td>Istanbul / Turkey</td>
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<tr>
<td>22&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>25.-31.03.2005</td>
<td>Ajman / UAE</td>
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<tr>
<td>23&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>28.10-4.11.2006</td>
<td>Aleppo- Syria</td>
</tr>
<tr>
<td>24&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>31.10.-2.11.2008</td>
<td>Berlin / Germany</td>
</tr>
<tr>
<td>25&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>30.10-1.11.2009</td>
<td>Vienna – Austria</td>
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<tr>
<td>26&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>29. - 31.10. 2010</td>
<td>Dublin -. Ireland</td>
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<tr>
<td>27&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>28.-30. 10.2011</td>
<td>Madrid - Spain</td>
</tr>
<tr>
<td>28&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>26.-28. 10.2012</td>
<td>Paris - France</td>
</tr>
<tr>
<td>29&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>4.-6. 10.2013</td>
<td>Berlin / Germany</td>
</tr>
<tr>
<td>30&lt;sup&gt;th&lt;/sup&gt; Meeting</td>
<td>17.-19 10.2014</td>
<td>Rome / Italy</td>
</tr>
<tr>
<td>31&lt;sup&gt;st&lt;/sup&gt; Meeting</td>
<td>24 - 28.10.2015</td>
<td>Fujairah/ UAE</td>
</tr>
</tbody>
</table>
31st Annual Meeting of ARABMED in Europe
The 8th Joint International Medical Conferences for
European and Arabian Universities
«Advances in Contemporary Medicine»
24 - 28 October 2015
Fujairah - United Arab Emirates (UAE)
Scientific Program & Abstracts
| Conference No. | Date | Location \\n|---------------|------|-----------------|
| 01st          | 02.-08.Oct. 2008 | Nalchik/ Kabardino-Balkaria |
| 02nd          | 28.-30.Sep. 2009  | Nalchik/ Kabardino-Balkaria |
| 03rd          | 20.-23.Sept. 2010 | Nalchik/ Kabardino-Balkaria |
| 04th          | 07.-08.Oct. 2011  | Istanbul / Turkey |
| 06th          | 03-07 June 2013  | Alexandria / Egypt |
| 07th          | 03 -06.Oct. 2013  | Berlin / Germany. |
| 08th          | 24-28 Oct 2015   | Fujairah / UAE |

**ARABMED Partners**

[http://arabmedconference.ae](http://arabmedconference.ae)

[WWW.Arabmed.de](http://WWW.Arabmed.de)
His Excellency SKH Hamad bin Mohammed Al Sharqi ruler of the Emirate of Fujairah in the United Arab Emirates (UAE)
Welcome Letter

Dear Colleagues,

On behalf of the ARABMED in Europe, AGMAN (Arab-German Medical Alumni Network) and the Organizing Committee of the 31st Congress of ARABMED, to welcome you here in Fujairah from 24 - 28 October, 2015.

The scientific program will be held at the Novotel Hotel

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

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

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

- Must be good medicine expensive?
- What criteria should meet a fair distribution of scarce resources?
- What is actually good medicine?
- Can planned by the coalition Quality Institute fulfill the hopes?

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

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

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

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

Sincerely

Dr. Faidi Omar Mahmoud
President of ARABMED in Europe and Conference
Dear Colleagues,
Looking back at the union year of 1972, the United Arab Emirates have become a well know and a pronounced leader in the innovation and development in a way no other country have achieved in such a short period.
Such outstanding pace of development and growth was witnessed in all various sectors in the country and especially that of the healthcare represented by the great advancement in the quality of the services and facilities provide to the community.
As I am honored to have been a witness and a part of this development progress since I was the head of the laboratory Department in the Ministry of Health in the late 70s as well as establishing the first specialized clinical laboratory in Dubai in 1982.
To tell you the truth, the medical services provided at that time were very primitive and as an example, medical laboratories where not equipped with sophisticated instruments, adequate setups as well as the proper reagents and engineering support. Never the less, the technical personnel were barely available.
Now, as we have come through the huge leap in the advancement of medical laboratories, government as well as private sectors laboratories have become highly ranked on the international level. This would have not been possible without the continuous improvement and strict regulation of the Ministry of health as well as the health departments across the country as no specific medical laboratory is allowed to operate before meeting international quality standards and to be awarded a ranked accreditation like ISO 15189, CAP, JCI or others.
With the high caliber platforms in healthcare sectors across the Emirates, it’s a known fact that the community is catered the highest quality medical services. Because of this outstanding reputation, the Emirates are becoming a destination for treatment and health tourism from other countries around the world.
As a part of our dear intention to strengthen the medical and educational training between the ARABMED and the healthcare institution in the Emirates, the suggestion to hold the 31st ARABMED conference in the Emirate of Fujairah came to exist. This arrangement was most welcomed by the ARABMED executive board members as well as the Alsharq Healthcare Group a part of Fujairah National Group.
It was agreed that this 31st ARABMED conference to be held in the Emirate of Fujairah under the patronage of His Highness Sheikh Hamad bin Mohammed Al Sharqi, Supreme Council Member and Ruler of Fujairah.
I need to emphasize that the cooperation between the ARABMED and Alsharq Healthcare Group won’t be limited to this event but it will be a stepping stone for a long route of collaboration in academic as well as clinical fields in addition to the exchange of medical expertise.
On this occasion and on behalf of ARABMED, I would like to express our great gratitude to His Highness Sheikh Hamad bin Mohammed Al Sharqi, Supreme Council Member and Ruler of Fujairah for agreeing to host this conference and I thank all the teams from ARABMED and Alsharq Healthcare Group who have worked hard to make this a successful event. We ask Allah almighty to bless us all and guide us to deliver what we strive.

Dir. Ossama Al Babbili
Secretary General of the Conference
General Information

Organizing Bodies and Partners

الهيئات المنظمة

Arab Medical Union in Europe (ARABMED) http://www.arabmed.de
Al Sharq Healthcare Fujairah UAE

Under the Patronage of

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

Honorary Hosts

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

President of ARABMED in Europe and Conference

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

Deputy Chair of the Conference

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

Secretary General of the Conference

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

Consultative Advisory Committee

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

Title of the conference

«Advances in Contemporary Medicine»

Associated Partners

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

Conference Venue

Novotel Fujairah, Hamad Bin Abdullah Road, P.o. Box 2751, Fujairah, UAE
Tel:+971922399999, Email:h6822@accor.com, www.Novotel.com

Contact & E Mail Address for Registration

ARABMED in Europe

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

Al Sharq Healthcare Fujairah UAE

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

Scientific Committee:

ARABMED: Dr. Samir Quawsmie, Ophthalmologist, Head of the Committee (Jordan)
General Information

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

Scientific Committee: Al Sharq Healthcare Fujairah UAE

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

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

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

Registration Fees http://arabmedconference.ae

Registration Fee for physicians

<table>
<thead>
<tr>
<th>Registration Form</th>
<th>Fees in Euro</th>
<th>Remarks</th>
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</thead>
</table>
| Early Registration Until 30 Jun 2015 | No Member 130,00  
Member (110,00 ) | التسجيل المبكر حتى 30 حزيران (يونيو) 2015 |
| Late Registration 1 July- 20 Oct. 2015 | No Member 140,00  
Member 120,00 | التسجيل المتاخر 1 تموز (يولي) وحتى 20 تموز (يولي) 2015 |
| Registration At 24-28 Oct 2015 | No Member 150,00  
Member 130,00 | التسجيل أثناء المؤتمر 24-28 تموز (يولي) 2015 |
| Fee for regional physicians | 500,00(AED) | رسم المؤتمر للأطباء المحليين |

Registration Fee for Non physicians

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<th>Fees in Euro per Person</th>
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<tr>
<td>Fee for nurses and technicians</td>
</tr>
<tr>
<td>Fee for Partner or Companion per day</td>
</tr>
<tr>
<td>Fee for Partner or Companion for 2 days</td>
</tr>
</tbody>
</table>

Registration fees will cover

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

Registration Form for physicians:

- The registration fee includes participation in the opening ceremony and dinner on 25 October 2015, refreshments, and the social dinner on 26 October 2015. The service does not include travel and accommodation in the UAE.
- Members of the Arab League of Arab Physicians who paid the union fee for 2015 (150€) will receive a discount in the table above, in accordance with the dates.

- Participants in the medical profession and anyone interested in attending the conference and contributing to the scientific sessions are entitled to registration fees.

- Accommodation and transportation of the delegates will be handled by the organizing committee.

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

**Pre Program**

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

- Registrants will need to register all attendees to keep the count accurate and avoid any surprises during the meals and transportation.
- New members will be exempt from the annual membership fee for the year 2015 if they register for the conference and provide the membership registration form. The registration fee can be transferred to the account in Germany.
- The registration fee for local doctors in the UAE is 500 dirhams, and for nurses and technicians it is 300 dirhams. Medical students (with a university card) are invited to attend the theoretical sessions. In case of preference for meals and conference materials, the required fees must be paid (100 dirhams per day).
- It is recommended that all employees who wish to accommodate someone consider all costs, including registration fees and meals, to prevent any inconvenience.

**Bank Transfer for ARABMED in Europe (Germany)**

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

**Union Arabischer Mediziner in Europa Germany (ARABMED)**

Sparkasse Erlangen, BIC-/SWIFT-Code: BYLDEM1ERH
IBAN-Number: DE22 763500000060025142

**Participating Countries**

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

**Liability:**

The Union Arab Medicals in Europe does not bear any responsibility for any loss, accident or damage occurring during the conference or travel.

Participants and accompanying persons participate at their own responsibility in the Congress and all accompanying events.

**Information for the Chairman’s and speakers**

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

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

**Visa Procedures**

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

Andorra, Australia, Austria, Belgium, Brunei, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, San Marino, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden.
General Information

Switzerland, United Kingdom, United States of America, Vatican City. GCC (Gulf Cooperation Council) Nationals do not require a visa.

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

Conference Invitation Letter with Passport copy

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

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

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

Ms. Maha Abdalla Marketing – SHF Email mark5.shc@fng.ae
Ms. Eman Karam, Conference Secretary, Tel: 0097192244474 (214) Email: eman.karam@fng.ae

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

Accreditation Statement
This Event has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation council for continuing Medical Education through Ministry of Health, Support Services Sector, Training and Development Center, UAE
A breakdown of the CME credits is as follows:
- Monday 26.Oct 2015 Full Day Conference. 8 credits

CME certificates will be issued according to the number of DAYS you attended
All CME certificates will be delivered to you within 1 week after the conference
Daily Sign in and sign out sheets will be available at 9am and 5pm at the registration desk.
Absence of one of two signatures will be considered as non-attendance.
General Information

Accommodation Venue

Novotel, Ibis Hotel Fujairah and Adagio apart hotel

Hamad Bin Abdullah Road, P.O. Box 2751, Fujairah, UAE,
Tel: +971922399999, Email: h6822@accor.com, www.Novotel.com

Contact for Hotel Reservation:

Djaja Marie S. Pastor, Sales and Marketing Coordinator
E-mail: H6822-SL4@accor.com
Tel: +971 (9) 203 4808, Fax: +971 (9) 203 4900

-For the Hotel reservation, please contact the title mentioned above or directly with the hotel in Fujairah, or booking through the Internet

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

التجمع الفندقي بإقسامه الثلاثة (نوفوتيل Novotel, إيبز هوتيل Ibis Hotel والشقق المفروشة Adagio apart hotel) في Fujairah, الإمارات العربية المتحدة، ملائم جداً لهذا الحدث لسهولة التواصل وتسهيل الانتقال بين المواقع. وتشمل الخدمات الفردية في هذه الفنادق متصلة مع بعضها البعض في البناء، الفرق بينهم هو التفاوت في الأسعار ومساحة الغرف، التجهيزات والمرافق لكل منها مشتركة وكذلك المسبح واحد ومشترك.

الخدمات المتاحة في الفنادق. الإنترنت، زجاجتا ماء يومياً، الجريدة المحلية، ومكانية تحضير الشاي والقهوة في الغرف. يرجى من الراغبين في الإقامة في فندق المؤتمر مع وجبة الفطور الاتصال بالعنوان المذكور أو الحجز بالأسعار المذكورة حسب الخيارات المرغوبة أو الحجز عن طريق الإنترنت.

اللجنة المنظمة لا تتولى تنظيم الطيران والإقامة في الإمارات العربية المتحدة، يرجى تصفية حساب الإقامة والوجبات مع الفندق مباشرة في حالة القدوم المبكر أو المغادرة المتأخرة.

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

<table>
<thead>
<tr>
<th>Rate for 1x Nights bed and breakfast</th>
<th>Novotel</th>
<th>Ibis Hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td>400 (AED)</td>
<td>338 (AED)</td>
</tr>
<tr>
<td>Double room</td>
<td>480 (AED)</td>
<td>388 (AED)</td>
</tr>
<tr>
<td>Extra cost for Dinner or lunch for 1xAdult</td>
<td>100 (AED)</td>
<td>90-100 (AED)</td>
</tr>
</tbody>
</table>

Free Privileges & Service

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

من الممكن حجز شقق عائلية أو شقق خاصة بالمجموعات في أبارت هوتيل في البناء المجاور في حالة الرغبة في الاستثمار على ذلك.

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

<table>
<thead>
<tr>
<th>Rate for 1x Nights bed (AED)</th>
<th>Adagio Apart hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studio 40 m²</td>
<td>350 (AED)</td>
</tr>
<tr>
<td>One Bedroom Apartment 56 m²</td>
<td>510 (AED)</td>
</tr>
<tr>
<td>Two Bedroom Apartment 85 m²</td>
<td>720 (AED)</td>
</tr>
</tbody>
</table>

Note: Self-service meals

Cancellation of registration

- Before 1 Sept.2015 will be deducted 25%
- After 1 Sept.2015 will be deducted 50%
- After 1 Oct.2015 will be deducted 100%
General Information

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

Your destination

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


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

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

Currency: US Dollars and Euros are readily accepted by most major businesses in Emirate hotels and banks will provide currency exchange services. The Arab Emirate Dirham (AED) is Emirates currency and currently trades at approximately US$ 1.00=3.67 AED or Euro 1.00=4.03 AED stand 3.8.2015

Distance between Dubai International Airport and Fujairah is 107 Km
Abu Dhabi is 133. Km
General Information

Timetable Scientific program
http://arabmedconference.ae

Day 1 Saturday 24 October 2015 Novotel /Fujairah

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

Day 2 Sunday 25 October 2015 Novotel /Fujairah

8:30 – Registration in the First floor

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<th>Timing</th>
<th>Dibba Hall C Ground Floor</th>
<th>Dibba Hall A Ground Floor</th>
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<tr>
<td>09:00 – 11:30</td>
<td></td>
<td>1 Obesity Session</td>
</tr>
<tr>
<td>12:00 -13:00</td>
<td>Opening ceremony</td>
<td></td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch break</td>
<td>Lunch break</td>
</tr>
<tr>
<td>14:00 – 16:00</td>
<td>2 Surgery Session</td>
<td>4 Gynecology and Urology</td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Coffee break</td>
<td>Coffee break</td>
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<tr>
<td>16:30 – 18:30</td>
<td>3 Oncology Session</td>
<td>5 Pain Management</td>
</tr>
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20:30 – 22:30 Dinner at conference hotel

Day 3 Monday 26 October 2015 Novotel /Fujairah

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<th>Timing</th>
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<tbody>
<tr>
<td>09:00 – 11:00</td>
<td>6 Ophthalmology</td>
<td>9 Heart &amp; circulatory system</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:30 – 13:00</td>
<td>7 Radiology Session</td>
<td>10 Aesthetic and plastic surgery</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch break</td>
<td>Lunch break</td>
</tr>
<tr>
<td>14:00 – 16:00</td>
<td>8 Pediatric Sessions</td>
<td>11 Nephrology and Nutrition</td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Coffee break</td>
<td>Coffee break</td>
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<tr>
<td>16:00 – 18:00</td>
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<td>12 Academic Session</td>
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<tr>
<td>09:00 – 11:00</td>
<td>13 Poster session</td>
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<tr>
<td>11:00 – 11:30</td>
<td>Coffee break</td>
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<tr>
<td>11:30 – 13:00</td>
<td>14 Workshop Cardiology</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch break</td>
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</table>

20:30 – 22:30 Gala Dinner

Day 4 Tuesday 27 October 2015 Novotel Hotel/Fujairah

Social Program Go together in Fujairah

Day 5 Wednesday 28 October 2015 Departure from Fujairah to Dubai Airport
Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24- 28 Oct. 2015

Scientific Program

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

24 - 28 October 2015
http://arabmedconference.ae

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

24 - 28 October 2015
http://arabmedconference.ae
Opening Ceremony Plenary Session  
31st Annual Meeting of ARABMED in Europe  
The 8th Joint International Medical Conferences for European and Arabian Universities  
25 October 2015  
12.00-13.00  
DIBBA HALL - C, Ground Floor  
صلاة دبا الرئيسي في الطابق الأرضي في النوفوتيل  
برنامج الإفتتاح

I. Welcome Speeches

الترحيب
1- كلمة مستشفى الشرق
2- كلمة رئيس المؤتمر و رئيس اتحاد أطباء العرب في أوروبا

II. Opening the Medical Exhibition Pre-function areas

Refreshment Break 13:00-14:00
1- Obesity Session

09.00-11.00
DIBBA HALL -A, Ground Floor

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

1- Obesity the Disease

Prof Nadim Haboubi
Nevill Hall Hospital, Abergavenny
Wales UK

2- GENETIC INFLUENCES ON OBESITY AND METABOLIC DISORDERS

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

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

Dr. Hojouj Mohammad
M1 Bondarenko IN, 2Chebanov K.O, 1Zavizion VF, 1El Hajj MH,
1Prokhach AV 2 Artemenko MV. 1Dmytrenko 2 Pidpala j
Department of oncology and medical radiology, SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovs’k, Ukraine

4- Alkaline diet, Anti-angiogenesis and Mistletoe subcutaneous injection therapy proved to increase survival rate in patients.

Dr. Fateh Srajeldin BSc, ND
Director of Naturopathic and Allergy Clinic Toronto Canada
Toronto Ontario, Canada

... (Discussion)...
11:00 – 11:30 Coffee break
2- Surgery Session
الجراحة
14.00-16.00
DIBBA HALL - C, Ground Floor

Chair: Prof Dr. Arzu Oezcelik (Turkey)
Dr. Rami Abu Shamsiya (Ukraine)
Dr. Abdul Hamid Sinan

5- Advantages and disadvantages of laparoscopic interventions in emergency abdominal surgery
مزایا و عیوب التداخلات بالمنظار في جراحة البطن في حالات الطوارئ
Dr. Rami Abu Shamsiya, Hojouj Mohammad, Dr. AL-Dababsekh Islam
Department of Surgery №1 National Medical University O.O.Bogomolets
Kiev. Ukraine.

6- Optimization of anesthetic management of peri- and postoperative period in patients under surgical treatment of colorectal cancer
التحضير الجيد للمريض قبل وبعد العمل الجراحي وطريقة التخدير وتأثيره في نتائج جراحة سرطان الكولون والمستقيم
Dr. Viktor Zavizion, Chebanov K., Bondarenko I.N, Baranovl.V., Novikov S.P., Olefir'I.I.,
GrishkoS.A, VasilishinA.V, Karas R.K, Hojouj M.I
Department of oncology and medical radiology, SE "Dnipropetrovs’k medical academy of Health Ministry of Ukraine"
Dnipropetrovs’k, Ukraine.

7- Endolaparoscopic Surgery and role of Endoscopy in Surgery
دور التنظير الباطني في الجراحة التنظيرية
Dr. Moustafa Elshafei
General Surgery, GIT and Bariatric Surgery Department, Schön Klinik Nürnberg-Fürth
Fürth, Germany

8- Principle of Preoperative Anesthesia in the Surgical Treatment of Breast Cancer
اساسيات التخدير في جراحة سرطان الثدي
Chebanov K, Bondarenko IN, Novikov S. 1Zavizion V, 1Hojouj M, 2Borodina I.,
Bilozorova G. 1Elhajj M
SE "Dnipropetrovs’k medical academy of Health Ministry of Ukraine „Department of oncology and medical radiology
Dnipropetrovs’k, Ukraine
3 - Oncology Session

جلسة الأورام

16:30 – 18:30
DIBBA HALL - C, Ground Floor

Chair: Prof. Dr. med. Abbas Agaimy (Germany)
Dr. Mamoun Mobayed (Qatar)
Dr. Wagdi Kamal (UAE)

9- "Emerging roles of pathology in the era of personalized oncological medicine"
دور التشريح المرضي المستجد في عهد طب الأورام الشخصي
Prof. Dr. med. Abbas Agaimy
Deputy Director of the Institute of Pathology University Hospital Erlangen
Erlangen Germany

10- How to Break Bad Medical News.
كيف تخبر بخبر طبيّ سيئ
Dir. Mamoun Mobayed.
Consultant Psychiatrist. Director of Treatment and Rehabilitation Dept., Behavioral
Healthcare Center, Qatar

11- Lung Cancer Surgery And Molimodality Treatment
المعالجات الجراحية المختلفة لسرطان الرئة
Prof Riad Younes, MD, PhD
Medical Doctor Coordinator Surgical Oncology
Hospital SÃO JOSE, Brazil

12- The Method Of Complex Treatment And Individualization Of Prognosis For Advanced Forms Of Non-Small Cell Lung Cancer
طريقة العلاج المركبة والتوقعات التشخيص لأشكال متقدمة من الخلايا غير الصغيرة سرطان الرئة
Prof. Oleksandr Sukhoversha, Hojouj Mohammad MD, MSo, Zavyzyon VF PhD, MD.,
البروفيسور أولكسندر سوخافيرش، دكتور محمد عيسى حجوج, البروفيسور زافيزيون فيكتور
SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovs’k, Ukraine

13- An update on lung transplantation
الوضع الحالي في زرع الرئة
Dr. Med Abdul Monem Hamid
Pneumologue/Hopital Universitaire Foch
Universite De Paris /Maitre Es Sciences Medicales
Paris.France

...(Discussion)
Sunday 25 October 2015

4 - Gynecology and Urology
النسائية والبولية
14:00 – 16:00
DIBBA HALL - A, Ground Floor

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

14- Incontinence of urine etiology, investigations, & Management
أسباب سلس البول ومعالجتها
Dr. Ismail Abbara, Consultant Urologist & General Surgeon
Dubai, UAE

15- Female expectation in Fertility
أسباب العقم عند النساء
Dr. Amal Al Mulla, MBBS, MS, MRCOG, MRCPI, ABOG, IBCLE
Consultant Obs/Gyn, Latifa Hospital & DGFC, Dubai, UAE

16- Accuracy of Colposcopy and Pap smear compared to histology on LLETZ Audit
دقة نتائج نظائر عنق الرحم والبروسيس المولد للتشريح المريض لخزعات عنق الرحم الحلقية في
Prof Dr. Mousa Al-Kurdi, MD, FRCOG
Senior Consultant Gynecologist Oncologist, Damascus & Cambridge Universities
President, Arab Institute for Clinical Excellence
Hannover Medical Centre, Dubai, UAE

17- A New Novel Technique To Treat Women’s Unexplained Infertility, The Evidence & The Technique audit
إنزال البويضتين والمبيضين إلى أسفل الحوض عملية جديدة لمعالجة العقم مجهول السبب بدلا من طفل الأنبوب - الدليل والتكنيك
Prof Dr. Mousa Al-Kurdi, MD, FRCOG
Senior Consultant Gynecologist Oncologist, Damascus & Cambridge Universities
President, Arab Institute for Clinical Excellence
Hannover Medical Centre, Dubai, UAE

...(Discussion)
5 - Pain Management

16:00 – 18:00
DIBBA HALL - A, Ground Floor

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

18- Pain and pain genesis

اسباب الألم ومعالجته
Dr. med. Sayed Tarmassi
Braunschweig, Germany

19- Muscular Syndrome

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

...(Discussion)...
Monday 26 October 2015

6 - Ophthalmology Session

جلسة العينية

09.00-11.00

DIBBA HALL - C, Ground Floor

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

20- differential diagnosis of keratoconus

التشخيص التفريقي للقرنية المخروطية

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

21- Paired arcuate and modified circular keratotomy in Keratoconus

بضع القرنية الهلالي والدائري لعلاج القرنية المخروطية

(طريقة بدر لعلاج القرنية المخروطية)

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

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

عرض حالات سريرية لفحص العين بالتصوير الطبقي البصري

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

23- Diabetic Retinopathy

استحالة الشبكية السكري

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

24- Update in Vitreoretinal Surgery

الوضع الحالي في جراحة الشبكية و الجسم الزجاجي

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

...(Discussion)...

11:00 – 11:30 Coffee break
7 - Radiology Session
11:30 – 13:00
DIBBA HALL - C, Ground Floor

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

25 - Imaging of Jaundice
تدبير وتشخيص الإصابات الكبد الإصفرارية (اليرقان) من الناحية الشعاعية
Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)
Senior consultant Radiologist
Head of Dept. of Radiology, Naas Hospital, Dublin Ireland

26 - Imaging of acute abdomen
تدبير وتشخيص البطن الحاد شعاعيا
Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)
Senior consultant Radiologist
Head of Dept. of Radiology, Naas Hospital, Dublin Ireland

27 - Clinical trials (CT) as an innovative way of medical institution development
دور الخبرات والتجارب السريرية في التصوير الطبقي في تطوير المؤسسات الطبية
Prof Igor Bondarenko, MD, PhD, 2Chebanovk.O 1Hojouj MI, 1Zavizion VF, 1Balakin IA,
1Bondarenko Al, 1Yarosh YV, 1Domanskiy IP
Head of Oncology and Medical Radiology Dept. Dnepropetrovsk Medical Academy,
Dnepropetrovsk, Ukraine

28 - Accredited Medical Laboratories & impact on health services
المختبرات الطبية المعتمدة وتأثيرها على الخدمات الصحية
Dr. Mohamad (Jay) Al Khatib
York Diagnostic Laboratories
Dubai, UAE

29 - Evaluation of service quality and patient’s satisfaction in patients screened for Colorectal Cancer at Al Rahba Hospital in 2014
تقييم جودة الخدمة ورضا المرضى في مرضى سرطان القولون والمستقيم في مستشفى الرحبة 2014
Dr. Wieslaw Koterla,
Head of Gastroenterology & Hepatology Department, and Endoscopy Service-
At Al Sharq Hospital; Fujairah, UAE

...(Discussion)...
13:00 – 14:00 Lunch break
8 - Pediatric Session

جلسة الأطفال

14.00-16.00

DIBBA HALL - C, Ground Floor

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

30- Growth Hormone Therapy in Children

العلاج بهرمون النمو عند الأطفال
Dr. Ahed TAJILDIN-ASFARY
Pediatric departement, Centre Hospitalier Mémorial Saint-lô, FRANCE
Pediatric Endocrinologist

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

دراسة لحالة سريرية لطفل مصاب بالربى معالج بالطب البديل
Dr. Tabassum Inamdar
Consulting Homeopath cum Clinic Manager
Sultan Al Olama Medical centre, Dubai

32- Oral Infection influencing systemic condition

تأثير الإنتان الفموي على أجهزة الجسم
Dr. Sivan Padma Priya
Ajman university of Science and Technology- Fujairah Campus
Fujairah, UAE

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

تقييم معالجة نقص اليود لدى الأعمار الفتية في منطقة قباردينا بالقاريا
Prof Zakhohov Ruslan, M, Uzdenova Z.KH, Uzdenova A.A.
Senior Consultant of General Surgery Surgical, Dean of the Medical Faculty Kabardino-Balkarian State University after KH.M.Berbekov, Nalchik, Russia

34- Medical and demographic situation in Kabardino-Balkaria.

الإحتياجات الطبية التي تفرضها التغيرات السكانية في منطقة قباردينا بالقاريا
Kardangusheva A.M., Elgarova L.V.
Kabardino-Balkarian State University named after KH.M.Berbekov. Nalchik, Russia

35- Iron deficiency and iron deficiency anemia in infants.

نقص الحديد وفقر الدم بسبب نقص الحديد عند الرضع.
Dr. Diana Arkhestova, Prof. Rashid Zheishev, Dr. Irina Zhetisheva
Medical Faculty, Pediatrics Department
Kabardino- Balkarian State University
Nalchik, Russia

...(Discussion)...

16:00 – 16:30 Coffee break
9- Heart & circulatory system

09:00 – 11:00

DIBBA HALL - A, Ground Floor

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

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

مزایا زراعة الصمام الأبهری بالجراحة ذات الحد الأدنی للبضع للمرضی خبرة مركز جراحة القلب في نورنبرغ

Prof Dr. med Theodor Fischlein
Chair of Department of Cardiac Surgery in Nurnberg, Germany
Paracelsus Medical University (PMU)

37- Early atrial Fibrillation Detection and stroke prevention using telemedicine

تشخيص الرجفان الأذیني المبكر والوقاية من الجلطة الدماغیة باستخدام التطبيب عن بعد

Dr. Wadea Tarhuni
President and CEO, Windsor Cardiac Centre
Windsor, Canada

38- Mechanical Circulatory Support Devices

الدعم الالي للقلب (القلب الصناعی)

Prof. Dr. med. Mahdi Kadry
Consultant of Vascular, Thoracic and Cardiac Surgery, KMG Klinikum
Pritzwalk, Germany

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

جراحة الشرايين الاکلیلیة بالمشاركة مع جراحة الشرايين السبایاتیة : الاستراتیجیة المتبعة

Dr. Majed Othman
Consultant of Cardiac Surgery
Damascus, Syria.

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

لماذا وكيف تزرع الصمامات الأبهریة بالقصرط ؟ من وجهة نظر جراح القلب

Professor Dr. med. R. Feyrer
Department of Cardiac Surgery, University Hospital of Erlangen, Germany

41- Clinical Cost Management by Sutureless Aortic Valve Implantation

المزايا الاقتصادية والعلاجیة لاستخدام الصمام الأبهری الخالی من الخيوط

Dr. med.(univ. Aleppo) Fahed Husri
Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany
Paracelsus Medical University (PMU)

...(Discussion)...

11:00 – 11:30 Coffee break
10 - Aesthetic and plastic surgery
الجراحات التصحيحية
11:30 – 13:00
DIBBA HALL - A, Ground Floor

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

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| 42- | Custom made prosthesis for facial bone, due to accident. | عمليات التصحيحية والتجميلية للوجه بعد الحوادث
Op. Dr. Sacid Karademir
Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey |
| 43- | eyebrow surgery | الجراحة التجميلية للحواجب
Op. Dr. Sacid Karademir
Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey |
| 44- | Hair reconstruction surgery | زراعة الشعر جراحيا
Op. Dr. Sacid Karademir
Plastic and Rec. Surgeon, Natures Medical Centre
Istanbul, Turkey |
| 45- | New dimensions in the Foot & Ankle surgery as subspecialty of orthopedic surgery | أبعاد جديدة في جراحة القدم والكاحل كاختصاص فرعي لجراحة العظام
Dr. Maan Taba MD
Consultant Orthopedic Foot & ankle Surgeon
Medcare Orthopaedic & Spine Hospital. Dubai |
| 46- | Indication of Fractional Micro needling (Dermapen) in the aesthetic field | استطبابات المعالجة بالتنقيب المجهرى على الجلد في مجال تجميل البشرة
Belkais Marwan, MSc, MD Dermatologist
Dubai, UAE |

**(Discussion)**

13:00 – 14:00 Lunch break
11 - Nephrology and Nutrition

14:00 – 16:00

DIBBA HALL - A, Ground Floor

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

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

Hojouj Mohammad I N. Bondarenko, El Hahaj MH, Zavyzyon VF, Sukhaversha OA
Prokhach AV, Artemenko MV, Abu Shamsia R
Department of oncology and medical radiology, SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovs’k, Ukraine

48- Diabetic Nephropathy

Dr. Belquis Khaled
Tor Vergata University
Rome Italy

49- Chronic Renal Insufficiency Secondary Anemia

Prof. Sabri Shamsan Hassan
Director Nephrology Villa Sandra
Rome, Italy

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

Dr. Mohamed Haysam Sawaf
Parodontologie-Implantologie
Paris, France

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

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

...(Discussion)...

16:00 – 16:30 Coffee break
12- Final & Academic Session  
الجلسة الأكاديمية

DIBBA HALL - A, Ground Floor  
16:30 – 18:30

Chair:  
Prof. Dr. Faidi Omar Mahmoud (ARABMED)  
Dr. Ambassador Said Alhadi (Arab League)  
Dr. Mohamed Medhat S. AbdelRahman Fath (UAE)

52- Experience of scientific research at Andalus University in Syria  
تجربة البحث العلمي في جامعة الأندلس

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

53- News about the activities of international medical associations  
أخبار الجمعيات الطبية العربية في المهجر

Speeches

1.  Representative of Arab League  
   - Ambassador Said Alhadi director of the Department of Health Arab League  
   - Mr. Hatem El-Ruby Member of the Technical Secretariat of the Council of Arab Health Ministers

2.  Dr. Abdul Hamid Sinan Representative of Sharq Hospital

3.  Dr. Samir Quawsmie Representative of ARABMED in Jordan

4.  Prof Dr. Wadea Tarhuni Representative of Canada

5.  Dir. Ossama Al Babbili Representative of ARABMED in UAE and Gulf Region

6.  Dr. Dr. Tammam Kelani President of ARABMED in Austria

7.  Dr. Ghassan Elaghe President of ARABMED in Ireland

8.  Prof Sabri Shamsan Hasan of ARABMED in Italy

9.  Rami N Abu Shamsiya President of Association of Arab physicians in Ukraine

10. Representative of International Islamic Youth League, African Youth Development Centre  
    Dr. Hamid Ahamed Kanneh (PHD) Chairman and Chief Executive Officer
13 - Poster Session
09:00 – 11:00
Dhadna Hall First Floor

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

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

*Study about the impact of dietary adherence on blood L-phenylalanine levels among children aged 6-18 years with phenylketonuria in the Gaza Strip.*

Assistant Professor Abdalraziq Salama
Faculty of Pharmacy Al-Azhar University – Gaza, Palestine

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

*Study about the impact of Spirulina on nutritional status, hematological profile and anaemia status in malnourished children in the Gaza Strip.*

Mr. Mahmoud Al Sheikh Ali
Faculty of Pharmacy, Al-Azhar University Gaza, Palestine

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

*Study about the impact of fiber concentrate on insulin sensitivity and other metabolic control among diabetic type 2 patients.*

Dr. Ihab A. Naser, Ayman S. Abu Tair, Amin T. Hamid
Al Azhar University, Gaza

57- **Intelligent Computer Vision System For Sprague Dawley Rat Sperm Classification**

*Intelligent computer vision system for classifying Sprague Dawley rat sperm.*

Samy A.M. Salamah
Palestine Technical College, Gaza, Palestine

58- **Venomous Snakes In Oman**

*Study about venomous snakes in Oman.*

Dr. Al Rashdi Yahya Abdullah Armed
Director of medical service of Royal Army in Oman
Sultanate of Oman

11:00 – 11:30 Coffee break
14 Workshop Cardiology
ورشة عمل القلبية
11:30 – 13:00
Dhadna Hall First Floor

Chair: Prof Dr. Wadea Tarhuni (Canada)

59- Prevention and early detection of cardiovascular disease.
الوقاية والكشف المبكر عن أمراض القلب والأوعية الدموية
Prof Dr. Wadea Tarhuni
President and CEO, Windsor Cardiac Centre
Windsor, Canada,

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

...(Discussion)...

13:00 – 14:00 Lunch break
Social Program Go together in Fujairah

البرنامج السياحي
تكاليف البرنامج السياحي ستكون إضافية حوالي 200 درهم مثل سفاري والعشاء لمدة 8-9 ساعات أو زيارة أماكن سياحية

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

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

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

Prof Nadim Haboubi
Nevill Hall Hospital, Abergavenny
Wales UK

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

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

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

(CV) Prof Nadim Haboubi MBChB MRCPI MD FRCP FRCPE SCOPE (Fellow)
Professor of Clinical Nutrition and Obesity, University of South Wales
Chair of the Wales National Obesity Forum
Consultant Physician in Adult Medicine and Gastroenterology
Nevill Hall Hospital, Abergavenny, Wales UK
MD Birmingham, FRCP Edinburgh and London
Professor of Clinical Nutrition and Obesity University of South Wales
PACES Examiner for the Royal College of Physicians
Chairman of the National Obesity Forum Wales
Obesity, Advisor to Welsh Government on the Obesity Pathway
Chairman of the Special Interest Group in Gastroenterology and Nutrition/British Geriatric Society
Honorary Professor of Medicine, Basra Medical School, Iraq
Consultant Physician with an Interest in Gastroenterology, Nutrition and Obesity
Consultant Physician in Nevill Hall Hospital, Abergavenny, South Wales, 1991 to date
Founder member of the British Association of Parenteral and Enteral Nutrition – Medical
Member of the European Society of Parenteral and Enteral Nutrition
Has a Special Interest in Irritable Bowel Syndrome, Coeliac Disease.
Several national and international presentations and Chairmanship of symposia
Over 60 publications and 2 chapters
MD thesis entitled ‘Small Bowel Bacterial Overgrowth’, achieved 1989, University of Birmingham
Reviewer to the Journals of Human Nutrition and Dietetics, Age and Ageing and the Journal of Obstetrics and Gynaecology (Gastroenterology related articles)
I run the only NHS Multi-disciplinary Specialist Weight Management Clinic (Level 3) in Wales established 2001 to date
National and International Fellow of Specialist Certification of Obesity Professional Education (SCOPE) 2015
Member of Association of Physicians for the Study of Obesity (APSO UK)
Current member of the Working Group of the Royal College of Physicians London – (Action on Obesity).
Chairman of the Bariatric Physician’s Group – Wales.
Led a British Multi-disciplinary Bariatric Team to establish a Bariatric Centre, Baghdad Medical School, Iraq 2012. (Level 3 and Level 4).
2- GENETIC INFLUENCES ON OBESITY AND METABOLIC DISORDERS
التاثيرات الوراثية في السمنة واضطراب الاستقلاب

Mrs Alison Thompson
Senior Product Specialist – Immunology and Genetics
BSc Nutrition Science

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

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

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

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

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

CV Mrs Alison Thompson, BSc Nutrition Science
Senior Product Specialist & Nutritionist
BSc Nutrition Science
PO.Box 391842, Al-Barshaa South - Arjan - Dubai, UAE

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

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

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

Clinical Nutritionist & Health Writer
Relish Nutrition, UK
Personalised nutritional programmes, specialising in allergies, auto-immune disease, autism, diabetes, digestive health, skin health, hormonal health, fertility and weight management.
Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24- 28 Oct. 2015

SERVICES:
Nutrition consultations, personalised dietary plans & body composition analysis
Nutrition workshops and seminars
Training programmes for hospitality trade in respect of regulatory allergy labelling on menus
Consultancy service for small food producers including NPD and regulatory labelling requirements
Nutritional analysis and menu planning for children’s day nurseries, schools and care homes
Workplace nutrition programmes to help increase employee retention and productivity. Includes running healthy eating seminars and holding on-site nutrition clinics
Recipe development and nutritional analysis for small food companies
Health writer
Weight management workshops and group Sessions for Patrick Holford’s Zest for Life programme

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

تأثير مؤشر كتلة الجسم على نتائج علاج سرطان الثدي

Dr.Hojouj Mohammad MI1Bondarenko IN, 2ChebanovK.O , 1Zavizion VF, 1El Hajj MH, 1Prokhach AV 2Artemenko MV. 1Dmytrenko 2Pidpala j
Department of oncology and medical radiology, SE "Dnipropetrovsk medical academy of Health Ministry of Ukraine" Dnipropetrovsk, Ukraine
Position: Associate Professor Dr.Hojouj Mohammad, MD, MSo,Phd researcher.

Background:
The effect of body mass index (BMI) on the prognosis of metastatic breast cancer (MBC) has not been explored so far.
The aim of this retrospective study is to evaluate the relation between patients’ Breast cancer (BC) to BMI and the prognosis of treatment.

Materials and Methods
The study included 108 patients with MBC between the ages of 30 and 76 (57,6 ± 1) years of age who were treated according to our clinic from 2006-2013. The main condition for selection was the treatment of MBC at the time of analysis. All patients were evaluated according to the following data: stage of the disease, age and BMI at the time of diagnosis, the size, histological type and degree of differentiation of the tumor and the presence of regional lymph nodes (RLN) metastases. Tumor size was evaluated after measuring its maximal diameter and distributed in accordance with the International TNM-classification (7th edition, 2014). To evaluate metastatic lesions of postoperative RLN material macroscopically selected 10 for the presence of suspicious lymph nodes metastases, of which known histological specimens and evaluated microscopically. The absence of menstruation in patients over 1 year up to the moment of diagnosis was regarded as menopause. The histological type and degree of differentiation of the tumor was evaluated respectively by the National Standards of diagnostics and treatment of malignant neoplasms, reflecting the recommendations of leading international organizations. BMI is calculated by the formula: I = m h^2, where m - body weight (kg); h - height (m). According to these calculations the patients were divided in accordance with the WHO criteria into the following groups: those with a BMI <25 kg / m² - normal or underweight; from 25 to 29.9 kg / m² - overweight; ≥ 30 kg / m² - obese. The material for the histopathological study was obtained during surgery.
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Results:
1. In this retrospective study, among 108 patients with breast cancer, 44% were identified with excess body weight, and 31% - of various obesity degree. 25 % Patients with normal BMI.
2. Patients with a BMI <25 kg / m2 34 % were significantly more diagnosed with stage I BC triple negative.
3. BMI> 30 kg / m2, 11 % more often associated with metastatic RLN, which is an indirect sign of a higher metastatic potentials.
4. Patients with normal BMI had significantly longer overall survival (OS) and disease-free survival (DFS) than patients with intermediate or obese BMI in pairwise comparisons adjusted for other factors ,But this fact is preliminary and requires further study..

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

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

Associate Professor Hojouj MI.N.
Department of oncology and medical radiology, SE
"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovsk, Ukraine

(CV)DR.Hojouj Mohammad, MD, MSo,
Date of Birth: 20th Of June 1987 in HEBRON
Nationality: Ukrainian
Contact Address: Krasnaiapresninskaia 127, Dnepropetrovsk
Dept Oncology and Medical Radiology. Dnepropetrovsk Medical Academy,
31, Blyzhnya Str., Dnepropetrovsk, 49102, Ukraine

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

Academic Qualifications (most current date first)

<table>
<thead>
<tr>
<th>Degree/Certification</th>
<th>Date (Y)</th>
<th>Institution, Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD researcher</td>
<td>2014 going on 2017</td>
<td>Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine</td>
</tr>
<tr>
<td>Master of since of oncology</td>
<td>2014</td>
<td>Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine</td>
</tr>
<tr>
<td>MD</td>
<td>2012</td>
<td>SE «Dnipropetrovsk Medical Academy of Health Ministry of Ukraine»,</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start and End Dates</th>
<th>Title</th>
<th>Institution, State/Province/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since 2014 till present</td>
<td>Assistant of Professor</td>
<td>Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine</td>
</tr>
</tbody>
</table>

Abstracts

2013 till present  
Senior Research Associate  
MI «Dnipropetrovsk City Multidiscipline Clinical Hospital #4» of the Dnipropetrovsk Regional Council, Chemotherapy department; Dnipropetrovsk, Ukraine

2012 – 2014  
clinical resident, master research  
MI «Dnipropetrovsk City Multidiscipline Clinical Hospital #4» of the Dnipropetrovsk Regional Council, Chemotherapy department

More than 10 publications. International more than 2 publications

4- Alkaline diet, Anti-angiogenesis and Mistletoe subcutaneous injection therapy proved to increase survival rate in patients.

Patients undergoing chemotherapy and / or radiotherapy will benefit from an additional anemia prevention nutritional and alternative therapeutic add-ons that would create an unfavorable environment for cancer cells division or survival. Integrative oncology could be enhanced by:

1. Establishing an alkaline environment, which creates an unfavorable environment
2. Establishing an anti-angiogenesis state
3. Mistletoe (SC) injection as an immune modulator to activate immune cells (neutrophils, eosinophils, macrophages, granulocytes and lymphocytes)
4. Avoid GMO products (Fruits and Vegetables) helps in (ptosis) of arterial supply to malignant tumor, which help the patient to tolerate the side effects of classical and traditional cancer treatments- chemotherapy and radiation.
5. Discontinue white sugar in diet.

In order to receive the most benefit of integrative oncology additional treatments, the physician in charge must place cancer patients on an alkaline diet.

- Taylor an alkaline diet with foods specifically known to increase pH levels (alkaline) in the body.
- Increase raw fresh vegetables and fruits that are known to produces anti-angiogenesis effects on cancer cells.
- Remove all GMO food and drinks including acid food and drinks, carbonated and alcoholic drinks, foods (fast food and GMO food) social habits (smoking and stress) that are known to increase acidity in the body.
- Remove sugar from the diet completely for two reasons
  - Cancer cells strive on sugar for its survival,
  - Sugar generates an acidic environment in the body.

Cancer thrives in an acidic environment. The body needs to be alkaline to stall the activities and fight this disease.

This abstract proposes several steps in malignancy treatment to enhance the efficacy of chemo and radio therapy.

integrative oncology therapy outcome may be enhanced to:
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- improve survival rate,
- stimulate bone marrow activities,
- reduce tumor pain,
- reduce tumor growth and
Prevent recurrence of malignancies.

Alkaline diet, Anti-angiogenesis and Mistletoe subcutaneous injection therapy proved to increase survival rate in patients.

Cancer blood marker values on CEA, Ca19-9, Ca 125, Ca 15-3, AFP, Ferritin, liver enzymes and CBC plus differentials, were monitored and reflected on level of improvement.

Integrative oncology add-on enhances better outcome and less anemia and lethargy side effects

(CV) Dr. Fateh Srajeldin N.D.
Naturopathic and Allergy Clinic, 5468 Dundas Street West Suite 101
Toronto Ontario Canada M9B 3E3, (Dundas West & Kipling Subway)

Fateh Srajeldin, a Naturopathic Doctor, N.D., in the city of Toronto for the past twenty years. I am also the director of the Naturopathic and Allergy Clinic in the city of Toronto.

After finishing my pre-medical studies at the University of Toronto, I joined the Canadian College of Naturopathic Medicine in 1985. I graduated from the college.

Over the years, I developed a treatment strategy that is reasonably fast which is summarized in the following points:

1. I developed an advanced approach to enhance cellular detoxification and organic revitalization simultaneously which had earned me a world-wide recognition in the field of naturopathic medicine.
2. I treated all ailments bearing in mind that optimum health is reached when the cells and their corresponding organs must be brought to interact at the same wavelength to achieve health.
3. While most allergy sufferers were informed that they have genuine allergies for life,
4. I proved that the difference between the treatment of false allergies and the treatments of true allergies lies in the medical history of the patients, not in the symptoms.

Over the years I have earned certificates and/or membership with the following organizations:

- The Ontario Association of Acupuncture and Traditional Chinese Medicine (Ont)
- The Canadian Association of Homeopathy (Que)
- The American Academy of Pain Management (USA)
- The American Back Society (USA)
- The American Academy of Alternative Medicine (USA)
- Medical Education Group Learning System, Skin Endpoint Titration (USA)
- European Medical Doctors Association (Germany)
- American College for Advancement in Medicine (USA)
- Bradford Research Institute, Live Cell Microscopy (USA)
- The Laboratory Arts Institute (USA)
- The Board of Directors of Drugless Therapy, Naturopathy (ON)
- The Canadian Professional Naturopath and Naturopathic Therapies Association (Que)
- The Canadian Federation of Massage and Massage Therapies (Que)
Abstracts
- The Cranio-sacral Therapy Institute Florida (USA)
- European Ozone Association (Germany)
Dr. Fateh Srajeldin Bsc., ND
Director of Naturopathic and Allergy Clinic Toronto Canada
Toronto Ontario, Canada
5468 Dundas Street West, Suite 101, M9B 6E3, Toronto Ontario, Canada
Comorbidity Score As A Selection Criteria For living donor liver transplantation (LDLT) In Elderly Patients

Prof Dr. Arzu Oezcelik
Sisli Florence Nightingale Hospital
Istanbul, Turkey

Introductions: Previous published data have shown that age alone is not a contraindication for living donor liver transplantation (LDLT). However a careful evaluation of the co-morbidities, in order to differentiate which patient benefit from LDLT, is essential for the survival in elderly patients. The aim of this study was to define a co-morbidity score as selection criteria for the decision whether a patient is suitable for LDLT.

Patients and Methods: Between October 2005 and June 2011, 280 patients underwent a LDLT. Out of this group, all recipients who were 60 years old or older, at the time of LT, were indentified. The clinical characteristics, pre-, intra- and postoperative data, co-morbidities, graft and patients survival of these patients were retrospectively reviewed. The co-morbidity score was calculated for each patient according to the Charlson Co-morbidity score. The results were statistically analyzed.

Results: There were 94 patients (37%) in the age of 60 years or older. All patients received the right lobe of their donor in a standard technique. The donor and graft characteristics and the postoperative complications are shown in the table. The median co-morbidity score of all patients was three (IQR 2-3). Out of these patients 17 patients (18%) died in the median time of four month (IQR 1-12). The remaining 77 patients (82%) are alive and have a median survival of 33 month (IQR 16-52). The co-morbidity score of these 77 patients was significantly lower compared to the other 17 patients (2 vs. 5; p=0.0001). There were no other significant differences. None of the patients with a co-morbidity score above five survived longer than 12 month.

Donor and Recipient criteria

| Donor Age | 34 (IQR 29-40) |
| MELD score | 15 (IQR 11-18) |
| Graft-to-recipient weight ratio | 1.1 (IQR 1.1-1.3) |
| Graft ischemic time | 105 Min. (IQR 89-120) |
| Post-LT biliary complication | 27 patients (28%) |

Conclusion: It is known that the co-morbidity score gains on importance in elderly patients. Based on the results of our study we can conclude that the co-morbidity score of elderly patients should be below five in order to be selected as suitable for LDLT.
Abstracts

(CV) Prof. Dr. Arzu Oezcelik MD
Consultant surgeon, Specialist in general α liver transplantation surgery
Deputy Director Department of General and Transplantation Surgery, Sisli Florence Nightingale Hospital
University Hospital of the Istanbul Science University/ Turkey
Associate Professor Medical School of the University of Duisburg-Essen/ Germany
ADDRESS: Abide-i Hurriyet Cad. No:164, Sisli 34381 Istanbul, Turkey
Phone: +90-212-224-0356, +90-553-2353424
İstanbul Florence Nightingale Hastanesi

EDUCATION:
- 2012 – 2013 Department of General, Visceral and Transplantation Surgery, University Hospital of Essen, Associate Professor Chairman: Professor Dr. Andreas Paul
- 2009 – 2012 Department of General, Visceral and Transplantation Surgery, University Hospital of Essen, General Surgeon Acting Director: Professor Dr. Andreas Paul
- 2007 – 2009: Department of Surgery, University of Southern California / USA, Research Fellow Chairman: Professor Dr. Tom R DeMeester
- 2004 – 2007: Department of General, Visceral and Transplantation Surgery, University of Essen, Surgical Resident Chairman: Professor Dr. Christoph E. Broelsch
- 1998 – 2003: Medical School, University of Essen/ Germany
- 1996 – 1998: Medical School, University of Bochum/ Germany

FACULTY MEMBER: 2012: Licence to teach Surgery at the University of Essen
BOARD CERTIFICATION: 2011: German Board of General Surgery

Doctoral Degree: 2006: Doctor of Medicine

Medical Licence: 2003: Licence to practice Medicine

Postdoctoral Research Fellowship
2007 - 2009:
- Identification of prognostic factors for esophageal cancer, especially for progression of Barrett’s esophagus to esophageal adenocarcinome
- Identification of DNA methylation profile for large cell lung cancer
- Clinical studies to esophageal manometry and gastroesophageal reflux disease
- Clinical studies for new surgical techniques to improve the oncological aspects of an esophagectomy for esophageal cancer

Doctoral Thesis:
2002 – 2006 Effects of thromboembolic stroke, fibrinolytic therapy with t-pa and homocysteine on the brain parenchyma of the rat.

AWARDS:
2010 Wiley-Blackwell Young Investigator Award of the International Society For Diseases Of The Esophagus
2009 Travel Award of the Society of Gastroenterology in Nordrhein Westfalen

MEMBERSHIP:
- American College Of Surgeons (Trainee)
- Society for Surgery of the Alimentary Tract
- German Society of Surgery
- German Society of Visceral Surgery
- The Transplant Society
Abstracts

Native Language: German
Forgien Language: English, Turkish, French (limited)

Dr. Arzu Oezcelik was born 1977 in Germany. Her education, including the medical school, was completed also in Germany. She graduated 2003 from the medical school of the University of Duisburg-Essen. After the medical school she started 2004 with the surgical residency program at the department of General, Visceral and Transplantation Surgery of the University Hospital in Essen. From 2007 to 2009 she was a fellow at the surgical department of the University of Southern California in Los Angeles/ USA, one of the worldwide larges esophageal centers. She was trained there for esophageal surgery. After returning to Germany she specialized in gastrointestinal surgery with main emphasis in surgical oncology. During this time she worked on several research projects, which were published in international journals. Between 2011 and 2013 she was the chief of the division for upper gastrointestinal surgery. She became 2012 an associate professor of surgery and a faculty member of the University of Duisburg-Essen. In this timeframe she performed a large number of operations especially in patients with esophageal and gastric cancer following a multidisciplinary therapy protocol. Since January 2013 she continues her professional work in Istanbul/ Turkey and is currently at the Florence Nightingale Hospital.

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

Associate Professor Rami N Abu Shamsiya MD,Phd .Hojouj Mohammad MD,MSo AL-Dababsekh Islam MD. Phd
Department of Surgery №1 National Medical University O.O.Bogomolets Kiev. Ukraine.

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

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

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

Conclusions. 1. laparoscopic interventions technology is an effective, safe, pathogenetically substantiated method of diagnosis and treatment of acute surgical diseases of the abdominal cavity, because of a combination of diagnostic and therapeutic procedures. 2. The widespread introduction of video laparoscopic technologies in emergency surgery allows for
Abstracts

Reducing the time of the diagnostic phase and reducing surgical trauma that promotes rapid postoperative rehabilitation of patients and reduce the number of complications.

Key words: laparoscopic cholecystostomy, diagnostic video laparoscopy.

Dr. Med Rami N. Abu Shamsiya
President Association Of Arabic Physicians In Ukraine
Department of Surgery №1 National Medical University A.A. Bogomolets. Kiev. Ukraine.

(CV) Abu Shamsieh Rami, M.D., Ph. D
Specialist General Surgery and laparoscopic Surgery

Personal dataials:
134, apart., 206 Borshchegovskaya str., 05058 Kyiv, Ukraine
telephone number: mobile +380504844418. +380674441848
Date of birth: 20/may/1973
Webpage (protfolio) : http://abushamsieh.webs.com/
Marital Statuts Married.
nationaily: Ukrainian

Education
- 2002- 2006 Specialization Laparoscopic Surgery (Ph.D.), (excellent), September 2005, O.O. Bogomolets National Medical University (NMU) Ukraine, Kiev.
- 1992-1999 student of Bogomolets National Medical University (NMU), Ukraine, Kiev

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

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

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

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

Clinical Experience:
Abstracts


7- Budd chiari syndrome

تناذر بود شياري (تناذر إنسدار الأوردة فوق الكبد)

Dr. ATHAR KHAN
Department of General Surgery Al Sharq Hospital
Fujairah UAE

(CV) Dr. ATHAR KHAN, MS. MRCS (Edin.) FMAS
Specialist General Surgeon Al Sharq Hospital, FUJAIRAH UAE. P.O box no, 2766

Summary of Qualifications:
Surgeon with more than nine years of experience in general and laparoscopic surgery.
Member of Royal College of Surgeons, (Edinburgh) and Fellow in Minimal Access surgery.

SKILLS:
Minimal invasive surgery, Thyroid, Breast, Henia, Hepatobiliary and Gastrointestinal surgery

Responsible for the supervision, check up, advise and diagnosis of the patient.
Maintain safety, quality and take precaution measures to avoid the infection.
In-depth knowledge of advance and current principles, polices, procedures and methods.
Presently involved with JCI accreditation process, heading ACC chapter

Sound knowledge of ethical standards, laws for delivering medical care.
Great ability of demonstration about the drugs and prescriptions.
Strong ability to hire and train the new professionals and students.
Excellent communication skills both verbally and written with good interpersonal skills

Summary of Experience:
• Presently working as Specialist A in the department of General and laparoscopic Surgery at Al- Sharq Hospital Fujairah, UAE, since September 2011.
• Specialist in the Department of General Surgery at Qassim University Hospital, Saudi Arabia since Nov. 2008.
• Specialist in the Department of General Surgery at Guru Ram Rai Institute of Health and Medical Sciences, Dehardun, Uttarakhand, INDIA from 15.12.2006 to 04.09.2008.
• SGRRMHS is a 350 bedded multispecialty hospital and medical college.
• Clinical registrar in Cardiothoracic surgery from 15 April 2006 to Nov. 2006, at Max Devki Devi Heart and Vascular institute Saket, New Delhi India, MDDHVI is a JCI accredited hospital.
• Clinical registrar in General Surgery (2003-2006), University College of Medical Sciences & GTB Hospital, Shahdara Delhi-95. GTB hospital is a 1500 bedded tertiary care hospital under Ministry of Health Govt. of Delhi, catering to whole of east Delhi & neighboring states including U.P. Haryana, Punjab & Rajasthan. During registrar ship, had a good training of laparoscopic and minimally invasive urological procedures.

Research Studies
- Clinical and histopathologic characteristics of skin malignancies in Qassim Region,
Abstracts

Abdullateef A. Alzolibani, Hani A. Al Shobaili, Ahmad Al Robaee, Athar Khan, Imran ul Haque,, Nagendra Seethapathi Rao,, Abdulaziz Alrejaie, Saudi Arabia (sent for publication ANNALS OF SAUDI MEDICINE, ref no ASM_44_09.

- “A comparative study of various treatment modalities in the management of mandibular fractures in adults” Dept. of Surgery and Dental College AMU Aligarh under supervision of Prof. L. M. Bariar M.Ch. -Plastic Surgery.

Courses and Workshops

- Basic Life Support -BLS, (American Heart Association) at Al Sharq hospital September 2011,Qassim University Qassim KSA 2009, Indraprastha Apollo Hospital, New Delhi, India, 2003 & 2005 ,
- Masters Course in Minimally Invasive Procedure for Prolapse, Johnson & Johnson Institute, New Delhi, India, 2008
- Interactive Live Laparoscopic Surgery Workshop Kanpur, India, 2008
- Advance Cardiac Life Support- ACLS, (American Heart Association), Indraprastha Apollo Hospital, New Delhi, India, 2005
- Basic Surgical Techniques by Ethicon Institute of Surgical Education (Approved by Association of Surgeons of India), New Delhi India 2005.
- 36th National Trauma Management, Academy of Traumatologists (India) and International Association for Surgeons of Trauma and Surgical Intensive Care , New Delhi, India, 2006.
- 10th Basic Instructional Course in Colo-Proctology, Association of Colon & Rectal surgeons of India, Kodiaanal-April 2006
- 10th Advanced Instructional Course of Colo-Proctology, Association of Colon & Rectal surgeons of India, Pune -April 2006
- Fifth Annual Rapid Review & Revision Course SRMC Chennai.2003
- XII National conference of Indian Association of Surgical Gastroenterology Hyderabad, India, 2002
- 28th Annual Conference of UPASICON Jhansi, India, 2001
- Xth Annual Conference of UP Neuroscience Society. AMU Aligarh,India,2001

Member:

- Specialist A General Surgeon, Moh, Uae, License Number D7719
- World Association Of Laparoscopic Surgeons (Wals)
- Royal College Of Surgeons Of Edinburgh, Uk. 2008
- Saudi Council For Health Specialities-Ksa, No11-Bm-0000640
- Medical Council Of India, Reg. No: 19419, Dated 27/08/99, New Delhi
- Delhi Medical Council, Reg. No: 19468. Dated 10/06/2003, New Delhi
- Association Of Surgeons Of India-No.FI 15366, Dated 22.01.2007.
- Association Of Colon And Rectal Surgeons Of India

(Dr Athar Khan)
8- Optimization of anesthetic management of peri- and postoperative period in patients under surgical treatment of colorectal cancer

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

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

Background At the present stage of medical development, colorectal cancer is an actual medical and socio-economic problem. Since surgical method is the primary method of treatment, it becomes relevant to question the effect of the method of anesthesia and postoperative analgesia influence as well as the processes of metastasis and survival of cancer patients.

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

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

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

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

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

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

CV Associate Professor Viktor Zavizion MD, PhD
Municipal Institution "Dnipropreprovsk' City Multifield Hospital #4" provincial board of Dnipropreprovsk, State Institution "Dnipropetrovsk Medical Academy of Ministry of Health of Ukraine".31, Blyzhnia
Abstracts

Education and Training :

<table>
<thead>
<tr>
<th>Degree and Year Awarded</th>
<th>Name and Location of Institution (City, State or Province and Country)</th>
<th>Area of Study</th>
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<tbody>
<tr>
<td>PhD, 1998</td>
<td>Donetsk State Medical University, Donetsk, Ukraine</td>
<td>Oncology</td>
</tr>
<tr>
<td>MD, Advanced Course, 1992</td>
<td>Kharkiv Medical Academy of Postgraduate Education, Kharkiv, Ukraine</td>
<td>Oncological Surgery</td>
</tr>
<tr>
<td>MD, Advanced Course, 1986</td>
<td>Zaporizhzhya Medical Institute, Zaporizhzhya, USSR</td>
<td>Oncology</td>
</tr>
<tr>
<td>MD, Internship, 1986</td>
<td>Dnipropetrovsk Medical Institute, Dnipropetrovsk, USSR</td>
<td>Surgery</td>
</tr>
<tr>
<td>MD, 1985</td>
<td>Dnipropetrovsk Medical Institute, Dnipropetrovsk, USSR</td>
<td>General Medicine</td>
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Professional Experience

<table>
<thead>
<tr>
<th>Dates</th>
<th>Position/Title</th>
<th>Name and Location of Institution (City, State or Province and Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991 - ongoing</td>
<td>Current Associate Professor</td>
<td>Municipal Institution &quot;Dnipropreprovsk City Multifield Hospital #4&quot; provincial board of Dnipropreprovsk, Department of Chemotherapy. State Institution Dnipropetrovsk Medical Academy of MoH of Ukraine, Chair of Oncology and Medical Radiology. 31, Blyzhnia St., Dnipropetrovsk, 49102, Ukraine.</td>
</tr>
<tr>
<td>1986-1991</td>
<td>Previous Surgeon</td>
<td>Novomoskovsk Central Regional Hospital, Dnipropetrovsk Region, Ukraine</td>
</tr>
<tr>
<td>1985-1986</td>
<td>Intern</td>
<td>Dnipropetrovsk Regional Hospital, Dnipropetrovsk, USSR</td>
</tr>
</tbody>
</table>

Signature (if required) Date 26.08.2015

9- Endolaparoscopic Surgery and role of Endoscopy in Surgery

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

(CV) Dr. Moustafa Elshafei

Schön Klinik Nürnberg- Fürth, Steigerwaldstr. 45, 90409, Nürnberg, Germany,
Date of Birth / Place: 10.02.1985 in Paris, France
Family status: Married, 1 Child, Nationality: Egyptian

Studies / Qualifications:
09.2003 – 10.2009 Faculty of Medicine, Alexandria University, Akademischer Grad: Bachelor of Medicine and Surgery MB BCh
03/2014 German Medical Nutrition Specialist
03/2015 German Approbation

Work Experience:
- 01.03.2010 – 17.05.2010 Universitätsklinikum Erlangen, Funktion: Guest Doctor. Abteilung: Medizinische Klinik 1 Direktor: Prof. Dr. med. Markus Neurath.
- 07.2010 – 03.2011 OBAGI Medical Center, Funktion: Assistentzarzt für Dr. Emad Michel, Alexandria, Ägypten, Abteilung: Plastische Chirurgie
- 04.07.2012 - 01.06.2013 Universitätsklinikum Erlangen, Assistent Manager for the DAAD Doctors Trainings Program. Abteilung: Medizinische Klinik 1
- 01.06.2013 - 01.09.2014 Schwabach Hospital, Surgery Department, Obesity Surgery Center, Erlangen University Hospitals, Funktion: Assistentzarzt
- 01.09.2014 – till now Schön Klinik Nürnberg-Fürth Funktion: Assistentzarzt

Research Work:
"Levels and Predictors of stress among medical students in Alexandria University"
- Published in the official Journal of the Faculty of Medicine, University of Alexandria (ISSN 1110-0834)
- The paper was presented at the AMEE (association for medical Education in Europe) and ranked the first in Middle East and Africa.
- President of the (Alexandria Medical Student Research Association) www.alexresearch.org

Moustafa Elshafei

Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24-28 Oct. 2015
Oncology Session 3

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

Prof. Dr. med. Abbas Agaimy
Deputy Director of the Institute of Pathology University Hospital Erlangen
Erlangen Germany

(CV) Prof. Dr. med. Abbas Agaimy:
Deputy Director of the Institute of Pathology University Hospital
Erlangen
Erlangen Germany, Krankenhausstraße 8-10, 91054 Erlangen

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

BERUFLICHER WERDEGANG
01.06.97-30.11.98 Arzt im Praktikum, Institut für Pathologie, Klinikum Nürnberg
01.01.99-31.01.2000 Assistenzarzt, Institut für Pathologie, Klinikum Amberg/Opf.
01.04.00-31.12.01 Assistenzarzt, Institut für Pathologie, Klinikum-Buch, Berlin.
01.01.02-29.11.04 Assistenzarzt, Institut für Pathologie, Klinikum Nürnberg.
30.11.04-31.05.08 Oberarzt und Leiter des Immunhistologielabors, Institut für Pathologie, Klinikum Nürnberg.
01.06.08-31.03.10 Oberarzt, Pathologisches Institut, Universitätsklinikum Erlangen
Seit 01.04.2010 leitender Oberarzt und Stellvertreter des Institutsdirektors, Pathologisches Institut, Universitätsklinikum Erlangen.

2002 Approbation
2006 Promotion
„Kleine sklerosierende gastrointestinale Stromatumoren (GIST-Tumorlets) des proximalen Magens: potentielle Vorläufer-Läsionen klinisch manifester GIST“. Institut für Pathologie (Prof. Dr. Arndt Hartmann), Universität Regensburg.

April 2008 Habilitation
„Pathomorphologische und molekulargenetische Untersuchungen zur Charakterisierung gastrointestinaler Stromatumore (GIST) und ihrer prä-klinischen Vorstufen“. Institut für Pathologie (Prof. Dr. F. Hofstädter), Universität Regensburg.

September 2008 Umhabilitation
Erteilung der Lehrbefugnis und Ernennung zum Privatdozent für das Fach Pathologie an der Friedrich-Alexander-Universität, Erlangen-Nürnberg.

Oktober 2012
Ernennung zum außerplanmäßigen Professor an der Friedrich-Alexander-Universität, Erlangen-Nürnberg.
Communication with patients is crucially important for the medical and nursing staff. Breaking bad news is one of the most difficult tasks a physician or any other member of the health care team has to do. It is not something that most medical professionals are eager to do. There are many stories about how unskilled physicians blundered their way through an important conversation, sometimes resulting in serious harm to the patient. Many patients with critical medical conditions can recall in detail how their diagnosis was disclosed, even if they remember little of the conversation that followed. They report that physician competence in these situations is critical to establishing trust. This paper will attempt to present how to break such medical bad news in a companionate but direct way.

(CV) Dr. Mamoun Mobayed, MD, DPM, MSc
Consultant Psychiatrist, Director of Treatment and Rehabilitation Dept.
Behavioral Healthcare Center, Qatar
born in Damascus, Syria, (Irish nationality), and graduated from the Medical School of Damascus University in 1978.
moved with three sons, worked as a psychiatric specialist in Dublin, Ireland, from 1981 to 1990. Since 1990, he has worked as an Associate Specialist Psychiatrist in Belfast, Northern Ireland. He is also an honorary lecturer at Queens University, Belfast. Since 2010 Consultant Psychiatrist, and Director of Programs Dept, Previously Director of Research and Studies Dept, Social Rehabilitation Centre, Doha, Qatar

Experience in psychological support in times of crisis issues:
Abstracts

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

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

12- Lung Cancer Surgery And Multimodality Treatment

المعالجات الجراحية المختلفة لسرطان الرئة
Prof Riad Younes, MD, PhD
Medical Doctor Coordinator Surgical Oncology
Hospital SÃO JOSE, Brazil

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

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

طريقة العلاج المركبة والتوقعات التشخيص لأشكال متقدمة من الخلايا غير الصغيرة سرطان الرئة
Prof. Oleksandr Sukhoversha, Hojouj Mohammad MD,MSo, , Zavyzyon VF Phd, MD.,
البروفيسور أولكسندر سوخافيرش ، دكتور محمد عيسى حجوج, البروفيسور زافيزيون فيكتور
SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovsk, Ukraine

Body: The method of prognosis and treatment strategy individualization for IIIA st. non-small cell lung cancer (NSCLC) is based on complex assessment of clinical, pathomorphological and molecular-biological prognostic factors (PF). Radical tumor removal, as well as organs-saving operations has been proved to be positive clinical PF (p<0,001), which doubly improves the chance for patients' survival. Negative PF for operability is the oncoprocess local spreading, for radically operated patients survival is N2-status and adenogenic histotype. The necessity of the platinum-based induction chemotherapy (ICT) has been proved. The ICT allows to improve the resectability from 63,7%+3,8% to 73,4%+4,3% (p<0,001, as of criteria 2), and 5-year survival rate of the radically operated patients from 13,5% (6,2%-20,8%) to 30,1% (18,0%-42,3%; p<0,05), at the same time triple the survival chance (HR = 3,1; C 1,2-7,8). The therapeutic pathomorphosis (TP) of NSCLC features have been studied and the special method for assessment has been elaborated. The correlation between survival rate and stage has been defined. As negative molecular-
biological PF for NSCLC has been defined the expression (>10%) of oncoprotein p53 and epidermal growth factor Her-2/neu 2+/3+ and low expression (<10%) of oncoprotein bcl-2. The new approach to forming therapy strategy for IIIA st. NSCLC patients has been worked out. This method forecasts the mathematical formulas creation, based on authentic PF for defining the necessity of operation conduction and adjuvant therapy, forming the patients' groups with increased risk of relapse development and strategy for more accurate observation

Prof. Oleksandr Sukhoversha, Phd
Oncology and Medical Radiology Dept., Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine.

(CV) Prof Oleksandr A. Sukhoversha, MD, PhD
- Professor, Department of Oncology and Medical Radiology in the State Medical Academy, Dnipropetrovs’k, Ukraine
- Senior Surgeon, Oncothoracic Department in the Municipal Multifield Clinical Hospital # 4, Dnipropetrovs’k, Ukraine

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

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

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

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

14- An update on lung transplantation

Over the last 25 years, lung transplantation has developed into a well-established treatment option for selected patients with very advanced lung disease. In 2010, over a 12-month period, more than 3500 new lung transplant procedures were reported to the International Society of Heart and Lung Transplantation (ISHLT) Registry. In 2011, 1830 lung transplants were performed in the USA. In 2012, 690 were performed in the “Eurotransplant” region. New transplant programmes are now being established around Europe. Due to a shortage of donor organs, time on the waiting list is increasing in most transplant programmes and, hence, the timing of referral and listing is crucial. This presentation discusses the different aspects that should be considered when advising potential lung transplant recipients. Particular focus is given to the appropriate time of referral, matters of medical care whilst on the waiting list, post-transplant prognosis and quality of life issues. Furthermore, a meticulous approach to posttransplant management in the immediate post-operative period, in the early and long-term has contributed to continually improving long-term survival after lung transplantation.

Dr. Med Abdul Monem Hamid
Pneumologue/Hopital Universitaire Foch
Universite De Paris /Maitre Es Sciences Medicales
Paris, France

(CV) Abdul Monem HAMID, MD
Professional address:
Department of Pulmonary and Critical Care Medicine
Pulmonary Transplant Unit
1-Hôpital Foch, 40 rue Worth, 92150 Suresnes, France
2- American hospital of paris

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

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

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

MEMBERSHIPS
- Member of the French Society of Pulmonary Medicine (Société de Pneumologie de Langue Française)
- Member of the French Society of Critical Care Medicine (Société de Réanimation de Langue Française)
- Member of the European Respiratory Society
- Vice president of association franco-medeteranien de pneumologie
- Member of scientific commetie of euro medeteranien lung transplant group
- Member of ARABMED Board
15- Incontinence of urine aetiology, investigations, & Management

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

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

2. Disease Management
   - Conservative management.
     - Simple medical interventions.
       - Correction of undergoing disease
       - Adjustment of medication
       - Constipation
       - Containment (pads etc.)
     - Life style changes.
   - Behavioural and Physical Therapies
   - Pharmacological management.
   - Surgical Management
     - Female
     - Male
Abstracts

CV Dr. Ismail Abbara

Professional Experience
Medical Director qwne abbara polyclinic, Consultant Urologist, Andrologist, General Surgery,
German Board Certified, 35 Years’ Experience
- Former Lecturer of Urology at Dubai Medical College
- Member of American Urological Association (AUA)
- Member of Society International of Urology (ICU)
- Member of European Urological Association (EUA)
- Member of German Urological Association (DGU)
- Member of International Continence Society (ICS)
- Member at Large of International Society of Sexual Medicine (ISSM)
- Member of Arab Urological Association
- Member of Mens Health Society
- Member of American Endourology Society
- Board member of Pan Arab Continence Society (PACS)
- Member of Emirate Medical Association
- Chaired different international urological conferences & published articles in urological medical journals

Special Expertise:
- Treatment: Medical, open surgical, endoscopy, laparoscopy, Laser, urooncologoy & extra corporeal shockwave lithotripsy.
- Andrology Problems: Erectile dysfunction, human sexuality, infertility, venereology.
- Treatment: Medical, microsurgical, penile prosthesis implantation, vascular surgery of venous leak, vasovasostomy, varicocele.
- Continence (males, females & pediatrics) Treatment: Urogynecology TVT, TOT, Endoscopy & artificial sphincter implantation.
- Renal Transplant
- Abdominal surgery
- Expert in urodynamics, 2, 3 & 4D ultrasound

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

16- Female expectation in Fertility

اسباب العقم عند النساء

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

Infertility is a major reproductive health problem that is under recognized and under resourced by health foundation.
Children brings happiness and love and can assist in domestic and subsistence-related tasks, and children provide the long-term insurance for parents in societies that offer litter or no social support.
Increased cost of living, 2 to 3 ---- living standard increases life expectancy – all this are secondary--- in late marriage – low total fertility rate and increase in the elderly population.
In this review will --- the exact literature in the ---- putting into consideration age, antral follicle count, unexpected embryonic factor, endometrial factor, faith etc. Only one in four were treated by IVF, will become pregnant according to the latest data reported by the European Society of Human Reproductive and Embryology (ESHRE)

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

(CV) Dr. Amal Al Mulla, MBBS, MS, MRCOG, MRCPI, ABOG, IBCLE
Consultant Obs/Gyn, Latifa Hospital & DGFC, Dubai, UAE
P.O. Box: 9115 I Dubai, UAE I Tel: +971 4 2193931/3926 I www.dha.gov.ae

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

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

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

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

Awards
3. Certificate of Appreciation for Outstanding Effory, Commitment, Cooperation & Team Work as a Member in JCL Committee – 2013.
Abstracts

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

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

This is an Audit of the first 80 patients who had Large Loop Excision of Transformation Zone (LLETZ) carried out in Dubai since my arrival from Cambridge in Feb. 2014 to July 2015. All patients complaining of abnormal signs or symptoms had colposcopy performed. Of those who had abnormal colposcopy suggesting High grade Squamous Intraepithelial Lesion (H SIL) or CIN2-3 / pre-malignancy of cervix, eighty patients opted to have treatment by LLETZ. Among these 80 patients, Pap smear and HPV Screening were positive in only 7/80 (9%). In 73 women of 80 (91%) had either normal smears 50/80 (62%) or opted to have no smears 23/80 (29%). In the seven women who had abnormal Pap smear, histology confirmed the abnormal Pap smear in 6 of them (86%). In the 73 women who had normal or no Pap smear, abnormal colposcopy was confirmed by the presence of pre-malignancy (mostly high grade) on histology of LLETZ in 60 of 73 women (82%). In women who had abnormal colposcopy but normal Pap smear, we found histology confirming pre-malignancy of cervix (mostly high grades) in 43 out the 50 patients (86%). In this group 43 out of 80 women (54%) the Pap smear has been found FALS NEGATIVE which is extremely high compared to 5-10% in UK. The implications for practicing gynecologists, cyto-pathologists, cyto-pathology labs, health insurance providers, DHA, MOH and more importantly patients will be discussed according to these findings and Evidence Based Guidelines in Colposcopy and cervical screening. Further, discussion about the role of HPV Vaccine in women and men will be discussed.

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

18- A New Novel Technique To Treat Women’s Unexplained Infertility, The Evidence & The Technique

Unexplained infertility, accounts for 25% of infertility, is often mismanaged by moving to IVF without assessing tubes (1). The role of laparoscopy and dye insufflations in the investigations...
of unexplained infertility is often completely ignored or occasionally limited to women who are known to have comorbidities (such as pelvic inflammatory disease, previous ectopic pregnancy or endometriosis) (1).

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

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

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

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

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

The procedure will be presented through video recordings.

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

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

- Commissioned (2009-2011) by the Council of Arab Ministers of Health to prompt reform of training and exams of Arab Boards for Health Specialisations to be according to Evidence Based Medicine (EBM). Presented AICE Project and met all Arab Boards and Arab Board - Higher Council.

- Presented Reforming Healthcare and Teaching According to Evidence Based Principles & AICE Project to The Council of Arab Ministers of Health and to the Councils of Pan Arab Medical, Dental and pharmacists unions and the the Medical unions and Medical Societies of Egypt, Syria, Iraq, Lebanon, Jordan, Saudi Arabia, United arab Emirates, WHO and the European Union204-2011.


- Published one of the biggest series of Primary Vaginal Malignancies and their best treatments. And many papers in infertility, Colposcopy & Minimal Access Surgeries in infertility and recurrent miscarriages.

- Member & fellow, the Royal College of Obstetricians & Gynaecologists. Member & trainer, British Colposcopy and Cervical Pathology Society (BSCCP), British Society for Gynaecological Endoscopy, British Fertility Society and the East Anglican Society of Obstetricians and Gynaecologists.

References:
1. Assessment and treatment for people with fertility problems Issued: February (2013)
   NICE Clinical guideline 156
19- Pain and pain genesis

Dr. med. Sayed Tarmassi
Braunschweig, Germany

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

1.2 How does pain originate?
The nervous system owns so-called Noizeptoren, these are free Nervenendigungen which are responsible for the absorption and processing of pain. Noizeptoren can react to different stimuli:
- mechanical stimuli (strong pressure, dissection or loss of a part of the body)
- thermal stimuli (cold, heat)
- chemical stimuli (cauterisations).
Sleeping receptors can be activated by allergization (inflammation medium gates, like potassium ions, Arachidonsäure, oxygen radicals, prostaglandins, histamine, Bradykinin, Leukotine, Phospholipasse and other).
The Noizeptoren own Nervenendigungen of the classes C and A-delta:
- A delta fibers lead the pain information because of her Myelinschicht very fast (mechanical stimuli, like pressure, thermal stimuli, how cold.
- C phases lead the pain information slowly (mechanical, thermal, chemical stimuli). The Noizeptorenerregung can be strengthened by repeated pain stimuli, because:
  - it comes to degradation of the stimulus threshold.
  - it comes to an increased pain sensibility,
  - Extended and reinforced pain answer
  - it can come to the spontaneous activity (pain).
  - The pain stimulus thereby becomes stronger and becomes discernible.

1.3 Forwarding and pain treatment
If a stimulus in the body appears, the forwarding and pain treatment occurs as follows:
The pain irritation is processed in the spinal cord. From here the stimulus is further escorted to the brain cortex or an escape reflex is brought on (e.g., Move while touching one were called of object)
or it a radiation occurs in other body areas, (e.g., heart pains shine in the left arm).
In the brain cortex pain is perceived and worked on in the Limbischen system and is analysed.
That is every stimulus must not be processed in central nervous system.
With the viscera, like stomach, cholecyst, another Reflexvorschaltung takes place: About the
so-called Viszerokutanreflex pain can be perceived in other body areas. Thus pain can emit
with heart trouble in the neck area and the left arm, with bile pains pain can be felt in the right
arm and in the back.
The central allergization and forwarding of pain occurs about the C fibers and A beta fibers.
By constant peripheral stimulus and without adequate and quick treatment of pain form in the
central nervous system so-called memory pain cells which lead to the Chronifizierung of pain
and thereby complicate the treatment of pain.

2 How does the pain diagnosis occur with back pains?
Belongs to the diagnostics:
- Pain anamnesis
- Additional discomforts
- Physical examination

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

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

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

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

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

3.2.4 Scintigraphy with back pains
- This is up an unspecific searching procedure with suspicion
- Metastases
Abstracts

- Fracture differentiation (freshly or old)
- Tumour.

4 Therapy measures
We divide the treatment one in:
1. Base therapy
2. Enlarged measures.
4.1 Treatment of back pains
4.2 Treatment of back pains
Belong to it
- Physiotherapy, like physiotherapy, therapeutic exercises, thermo therapy, hydropathy, Balneotherapie
- Enlarged procedures
- E.g., ultrasound treatment
- TENS device (transcutane electric nerve stimulation)
- Acupuncture
- Psychotherapeutics
- Hypnosis
- Biofeedback
- Initiatives:
  - E.g., sport, muscle stamina training, back school etc.
4.2.1 Medicinal pain therapy with back pains
Analogesics to WHO – degree pattern

Degree 1
- Acetylsalicylsäure, e.g., aspirin
- Ibuprofen, e.g., Imbun
- Paracetamol, e.g., ben U ron
- Metamizol, e.g., Novalgin
- Diclofenac, e.g., to volt ares
- Eticlocoxib, e.g., Arcoxia
- Celecoxib, e.g., Celebrix

Degree 2
- Tilidin and Naloxan, e.g., Valoron N
- Tramadol, e.g., Tramal long
- Dydrocodein, e.g., DHC

Degree 3
- Hydromorphon, e.g. Junista (Valeron), Palladon
- Fentanyl, e.g., Durogesic
- Morphine, M-long. MST, Kapanol, Capros,
- Oxycordon, e.g., Oxygesic
- Buprenophin, e.g., Temgesic, trans-tic

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

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

Dr. med. Sayed Tarmassi
Abstracts

Praktischer Arzt, Naturheilverfahren, Chirotherapie, Akupunktur, Rettungsmedizin
Fellersleber Str.41, 38100 Braunschweig, Germany

(CV) Dr. Sayed Tarmassi
Doctor of the medicine, Dr.-med-tarmassi@t-online.de
Name: Dr. Sayed Tarmassi
Date of birth: 1961/07/10
Birthplace: Beach camp
Marital status: Marries and father of five children

School education
Elementary school
Secondary school
High school Final
1979 Visit the School of Nursing for the operating room in Nasser Hospital in Gaza

Arrival to Germany 03.12.1981
Learning German from 1982-1983

Study of the human medicine of 1983-1989 at the university Erlangen-Nuremberg in Bavaria with the main city Munich
End of the human medicine study with the mark very well

Occupational ways:
In different departments to different hospitals I have collected my experiences.
From 1990 to 1997 I have worked on these medicine departments:
Surgery, Internal medicine, Gynecology and surgical gynecology, Intensive medicine, Anesthesia

Emergency medicine and disaster medicine

1995 obtaining the doctorate of medicine
The promotional theme: Clinical results of primary ligament suture with augmentation and plastic cruciate ligament reconstruction after modified belong Brückner
Since October 1997 I am also a GP in their own practice and treat all diseases with a focus on pain management, such as back pain, headaches, migraines, joint pain, and others.

20- Muscular Syndrom

الداء العضلي الخارجي
Dr. TERTAG LAMOURI
Diplome of Echographie University of Montpellier, France
MASCARA, ALGERIA

The work remained for more than 10 years, I reached thought that the diseases that affect the muscles can cause internal organic diseases or psychological illnesses, this means the diseases that we are suffering from can be treated with the treatment of external reason and the internal symptoms that show us.
The detoxified disease muscular disease because it moves by tracks and muscle points through study it was identified and it must determine the presence of muscle disease so can vouch of the best patient and because heal internal symptoms is not enough.
Studies managed to identify the tracks and the diseases that can have.
Also identified the reasons leading to muscle to muscle injury.
And it found a new examination of diagnosis and treatment including the particular method of therapeutics with dry needles, is a method devised by according to the tracks and are different from the Chinese way, and tracks based on different paths taken in Chinese medicine.

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

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

الداء العضلي الخارجي: الدراسة استمرت لأكثر من 10 سنوات، توصلت من خلاله إلى أن الأمراض التي تمس العضلات يمكن أن تسبب امراض داخلية عضوية، أو كذلك أمراض نفسية، أي أن الأمراض التي نعاني منها يمكن دواعيها بمداواة السبب الخارجي، والأعراض الداخلية التي تظهر لنا نداء اسمته الداء العضلي الخارجي، لأن الداء ينتقل حسب المسارات و نقاط عضلية توصلت الدراسة إلى تحديدها، ومنه يجب تحديد وجود الداء العضلي حتى يمكن التكفل احسن بالمريض، لأن مداواة الأعراض الداخلية غير كاف.

تمكنت الدراسة من تحديد المسارات، والأمراض التي يمكن أن ترتب عليها. حددت كذلك الآسباب المقدمة إلى الإصابة العضلية.

و من جهة أخرى، وجدت طريقه معينة للفحص و التشخيص و للمداواة، منها بالخصوص طريقه التداوي بالإبر الجافة، وهي طريقه ابتكرتها واستعملها حسب المسارات، وهي تختلف على الطريقة الصينية، و المسارات اساسها مختلف عن المسارات المتخصصة في الطب الصيني.

هذا اثبت أن الحجامة تستعمل كدواء من خلال أساس الداء.

فعل يحتوي كذلك بعض الإشارات في التصوير الصيدلي الذي يمكن أن تشكل عنصر للتشخيص.

قدمت بعض الحالات المرضية من مات الحالات، والتي تم مداواتها والعلاجات العلمية ووجدت الدراسة إيات أين تأتي تحدد أساس الداء و اساس التداوي. كما وجدت أحداث نبوية في نفس الأساس، مما اعتبرتها إعجازا قرآنيا و نبويا. وكذا استجابة الداء لقراءة القرآن، حتى الآن.

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

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Diplome Of Echographie University of Montpellier, France

الدكتور طرطاق لعموري
معسكر- الجزائر

Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24- 28 Oct. 2015
Abstracts
(CV) Tertaglamouri
Birth on 17 09 1962 in Sour El Ghozlane willaya of Bouira Algeria. Instead of Residance Street Rih Essafie City Mascara Algeria

Married and father of five children
Certificate Doctor of Medicine in 1991 Diplome of Echographie University of Montpellier France in 2003 Author of several publication in Arabic (Sensitization against smoking Title هدية لمدخن Gift for Smoker).
Experience in Public sector 12 years in several medical service.
And in private sector 11 years. (in My clinic for examination and follow-up (president of medical advises (1998 to 2001))
21- differential diagnosis of keratoconus

التشخيص التفريقي للقرنية المخروطية

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

22- Paired arcuate and modified circular keratotomy in Keratoconus

بضع القرنية الهلالي والدائري لعلاج القرنية المخروطية

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

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

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

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

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

Keywords: keratoconus, arcuate keratotomy, circular keratotomy
Abstracts

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Cornea Specialized Clinic, Representative of ARABMED in Jordan, Amman
Date and place of birth: Ramleh (1948). Jordanian. Nationality British
Present status: Senior Ophthalmic Consultant.

Professional Qualifications
MBBCH: Al-Azhar University, Cairo (1972)
DORCSI: Royal College of Surgeons, Dublin (1981)
DORCPI: Royal College of Physicians, Dublin (1981)
Honorary Fellow of R.C. of Surgeons - Dublin

Professional experience:
- Treatment of Keratoconus without Graft or Intacs (Bader Procedure First in the World 2005).
- New technique to correct Cornea, irregular Astigmatism.
- Implantation of artificial pupil and Eyes.
- Iris Claw Implant Artisan Lens above the iris.
- Eye Tumors Diagnosis and Treatment.
- Eye genetic Disorders.
- Intraocular Lens, Implant.
- Implantation of Contact Lenses for Pathological Myopia (1997).
- Implantation of Intracorneal Rings (INTACS), (1996).
- Keratoprosthesis (First Opreation in Jordan of its kind 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

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Telephone: +962-79-9199155 Fax: +962-6-5936337
23- The Use of Optical Coherence Tomography (OCT) in Ophthalmology, Presentation of cases

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

Optical coherence tomography (OCT) is an optical acquisition method to examine biological tissues. In recent years, OCT has become an important imaging technology used in diagnosing and following macular pathologies. Further development enabled application of optical coherence tomography in evaluation of the integrity of the nerve fiber layer, optic nerve cupping, anterior chamber angle, or corneal topography. (OCT) is a non-invasive imaging test that uses light waves to take cross-section pictures of your retina, the light-sensitive tissue lining the back of the eye. With OCT, each of the retina’s distinctive layers can be seen, to map and measure their thickness. These measurements help with early detection, diagnosis and treatment guidance for retinal diseases and conditions.

What conditions can OCT help to diagnose?

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

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

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

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

24- Diabetic Retinopathy

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

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

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

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

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

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

(CV) MedR Dr. Tammam Kelani
Senior Ophthalmic Consultant in Vienna, Austria Ophthalmologist, Gallmayer Gasse 5/12, A-1190 Vienna, www.kelani.at
Born on 1951 in Hama, Syrian, Austrian Citizenship
Married 3 children
- Matura 1970
- Medical studies 1971 - 1977
- Promotion to Dr. med. Univ. 1978
- Education at the University Eye Hospital 1977 - 1982
- Postgraduate Study and Diploma in Ophthalmic Medicine and Surgery DOMS 1982
- Fellow in Ophthalmology (American Medical Society) 1983
- Specialist in ophthalmology and optometry Training diploma from the Austrian medical association 7.4.2007
- Specialist in ophthalmology and optometry in Goose village since 09/04/1989
- Obtain medical maturity First Class by the President of the Austrian Republic in 2012
- Obtain on the degree of medical adviser first class by the Austrian Minister of Health in 2012

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

25- Update in Vitreoretinal Surgery

الوضع الحالي في جراحة الشبكية و الجسم الزجاجي

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

The vitreoretinal surgery experienced an unbelievable development in the last 10 years. The three most important breakthroughs are:

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

The modern vitreoretinal surgery became: safer, less traumatic, with a shorter operation time, less postoperative inflammation, less patient’s discomfort and rapid recovery of visual acuity.

The vitreoretinal surgery is still improving!

(CV) Dr. Yaser Biazid
Consultant Ophthalmologist and Vitreoretinal Surgeon at, Al Ain Hospital, since August 2010, UAE

Date of birth: 03. 01. 1967 in Aleppo / Syria
Nationality: German
Marital status: Married to Sabine Biazid, 4 Children

Licences and Board Certification

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

Education and Training

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

Work History / Employment

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

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

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

References

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

26- Imaging of Jaundice

- Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)
- Senior consultant Radiologist
- Head of Dept of Radiology, Naas Hospital, Dublin Ireland

Based on the clinical findings - pain, stigmata of the liver and biochemical tests of liver function Jaundice is divided into 2 types:
- Obstruction Jaundice (Mechanical biliary obstruction).
- Non obstructive (intrahepatic biliary stasis or hepatocellular) Jaundice.

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

27- Imaging of acute abdomen

- Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)
- Senior consultant Radiologist
- Head of Dept of Radiology, Naas Hospital, Dublin Ireland

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

- Acute abdomen is divided into 3 categories (A) the life threatening condition like perforated bowel and ruptured aortic aneurism or (B) self limiting condition like gastroententitis or epiploic appendagitis and (C) in between moderate emergencies like cholecystitis and diverticulitis.
- clinical history, physical examination and lab results are still very important for diagnosis and radiological imaging cannot completely replace them.
- plain radiograph will usually include (A) erect chest X-ray to evaluate pnenmoperitoneum
or chest cause of abdominal pain.
- (B) PFA is very useful for pneumoperitoneum or bowel dilation.
- Ultrasound is useful for detection of free fluid and assessment of solid and fluid filled organs.
- Computed tomography (CT) is very valuable in diagnosis of the causes of acute abdomen and imaging modality of choice for renal colic, pancreatitis, intestinal obstruction and left lower quadrant in the elderly.
- MRCP is useful in diagnosis stones in the common bile duct and more accurate evaluation biliary tree.

(CV) Dr. Ghassan Elagha, FRCR (London, UK), FFRRCSI (Dublin, Ireland)
Senior Consultant Radiologist
Head of Dept of Radiology, Naas Hospital, Dublin Ireland

Personal details
Nationality: Irish
DOB: 06/03/1960
Relationship status: Married with 4 children
Tel 086 803 8162
Home address: 2 Temple Manor Grove, Limekiln, Dublin 12
Hobbies: Travelling, swimming and watching/attending football matches

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

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

Employment experience
- Senior Consultant Radiologist - (2003 – Present)
- Head of Dept. in Naas Hospital in Kildare, Ireland
- Special interest in Musculoskeletal MRI and cross-sectional imaging
- Consultant radiologist – (2000-2003), Tallaght Hospital in Dublin, Ireland

28- Clinical trials (CT) as an innovative way of medical institution development
دور الخبرات والتجارب السريرية في تطوير المؤسسات الطبية
Prof Igor Bondarenko, MD, PhD, 2ChebanovK.O 1Hojouj ML, 1Zavizion VF, 1Balakin IA, 1Bondarenko AI, 1Yarosh YV, 1Domanskiy IP
Head of Oncology and Medical Radiology Dept. Dnepropetrovsk Medical Academy, Dnepropetrovsk, Ukraine
Clinical trials are an important way of evaluating new treatment technologies and their effectiveness from the perspective of evidence-based medicine. Involvement of clinical trials in the hospital promotes the growth of its rating, significantly improves the quality of staff training and promotes innovative development of the facility. Clinical studies have become more successful in using the principles of effective management, and clinical trials site management system (CTSMS).

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

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

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

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

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

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

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

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

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

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

3 Hospital received the highest status as a strategic partner for many pharmaceutical companies and increased its international standing and prestige.
4. We believe that described principles of site management may be useful for other hospitals willing to perform clinical trials.

(CV) Prof. Bondarenko Igor MD, PhD
Head of Oncology and Medical Radiology Dept.
Dnepropetrovsk Medical Academy,

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

Academic Qualifications (most current date first)
- 2007 Professor/ Certificate of specialization or diploma BI#531242 Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine
- 1998 DMedSci Kharkiv State Medical University, Kharkiv, Ukraine
- 1988 PhD Kharkiv State Medical University, Kharkiv, USSR
- 1985 MD Zaporizhia State Institute of Medicine, Zaporizhia, USSR

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

Brief Summary of Relevant Publications: More than 250 publications. International ICH-GCP trainings
- Online GCP training: 21 January 2013
- Clinical Trials Forum: 09 October 2014

29- Accredited Medical Laboratories & impact on health services
المختبرات الطبية المعتمدة وتأثيرها على الخدمات الصحية
Dr. Mohamad (Jay) Al Khatib
York Diagnostic Laboratories
Dubai, UAE

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

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

(CV) Dr. Mohamad (Jay) Al Khatib, PhD, UK
Citizenship: Canadian
Date of Birth: 06-02-1971
UAE Address: York Diagnostic Laboratories, JLT
Co-Founder & Laboratory Director
Jumeira Lakes Towers, Indigo Tower, 509-510
Dubai, Po Box 282482, UAE
Canadian Address: 3 Eastfield court, St. Catharines, L2M 6T9, Ontario, Canada

Profile: A Seasoned professional as a quality oriented Diagnostic Medical Laboratory senior in the UAE for the past eight years during which I have been playing a leader role in commissioning of two new laboratories setups, the latest one is York Diagnostic Laboratories, JLT. Being a Co-Founder and the Medical Director of this laboratory, the state of the art newly set up facility achieved international accreditation status (JCI) in October 2013. A certified internal auditor for ISO 15189:2007 Medical Laboratory standards.
My previous laboratory where I was a Laboratory Director leaped into an internationally accredited status implementing international quality standards and become accredited by the Joint Commission International (JCI, USA) as well as by Dubai Accreditation Department (DAC) for ISO 15189:2012 for medical laboratories.
Also, I am a member of both the Task force and the Technical Advisory Committee (TAC) for Dubai Accreditation Department (DAC), Dubai Government. In addition to strong management skills, I am involved in many JCI international briefing committees meeting taking place in order to improve and revise the ongoing practices supported by the joint commission (USA).
Previously a Senior Research Scientist in the clinical diagnostic field, product development of bioconsumable for the diagnostics and research market in Canada for more than five years. In addition to the microbiology/molecular biology background, I have a vast knowledge of the molecular research market in Canada and the USA.

EDUCATION
- Faculty of Medicine, University of Liverpool. 1993 - 1997
  Ph.D. in Medical Microbiology Thesis: “Investigation into the epidemiology of multi-drug resistance plasmids of hospital associated coliform bacteria”.
- Faculty of Science, University of Alexandria (Egypt), 1988 - 1992
  B.Sc. Microbiology, (Graduated Rank: Very Good)

Professional Experience
30- Evaluation of service quality and patient’s satisfaction in patients screened for Colorectal Cancer at Al Rahba Hospital in 2014

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

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

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

Methods. Cross sectional observation prospective study was conducted based on consecutive records of patients attending preventive program for CRC services including Fecal Immunochemical Test, tumor markers (CEA, Ca-125, Ca-15, Ca19-9) and colonoscopy at Al Rahba Hospital between January and May 2014. Screened patients were interviewed using a questionnaire modified from the modified Group Health Association of America-9 (mGHAA-9) questionnaire. Either key performance and quality indicators or sources of referrals and
patients acceptance to get screened were analyzed. Favorable/unfavorable responses to each question, contribution of each question to unfavorable responses, and effect of waiting times on favorable/unfavorable response rates were analyzed.

Results. Analysis of Registry Data of 48 patients who underwent screening with FIT and colonoscopy (male; n=17, mean age 58.4 years) ; female; n=31, (mean age 55,35 years) was carried out. Low risk (15.5%), average risk (48.38%), increased risk (25%) and high risk (6.45%) was determine in screened female patients. The results in screened males were respectively: low risk (5.88%), average - 41.17%, increased risk - 35.29%, high risk 17%. Polypectomy was performed in 21 female patients and 11 male patients respectively. One invasive cancer as a result of polypectomy was determined in female patient.

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

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

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

(CV) Wieslaw Koterla MD. MSc HA, Executive MBA,
Internal Medicine Physician and Gastroenterologist, Internal Medicine Department Staff Head of Gastroenterology & Hepatology Department,
Gastroenterology Clinic and Endoscopy Service-
At Al Sharq Hospital; member of Fujairah National Group
PO Box.8505; Fujairah

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

Graduated with Internal Medicine and Gastroenterology in 1993 has finished his fellowship training in Silesian Medical School and Silesian University in Poland, European Union. He possessed the extensive clinical, scientific and research experience working as Assistant Professor in Internal Medicine and Gastroenterology and Internal Medicine and Gastroenterology Consultant at University Hospital in Katowice and in Warsaw. Both of universities are listed by World Health Organization. Had been certified and is experienced in diagnostic and interventional endoscopy and general ultrasonography. Dr Wieslaw was regularly teaching Internal Medicine, Gastroenterology, endoscopy, diagnostic and invasive ultrasound procedures as academic klecturer. He is an author of scientific and clinical research publications. Has been working as Medical Advisor for pharmaceutical industry.

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

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

Dr Wieslaw Koterla he is an active member and speaker and participant of meetings of many gastroenterology societies including ASGE, ESG, Mayo Clinic Gastroenterology and Hepatology American Board Revue Courses, World Endoscopy Organization meetings and courses, meetings of European Society of Ultrasonography. He is an active member of Emirates Gastroenterology Society since 2010. His hobbies are focused in the field of music and physical activity. He is rescue diver.
Growth hormone (GH) therapy has been appropriate for severely GH-deficient children and adolescents since the 1960s. Use for other conditions for which short stature was a component could not be seriously considered because of the small supply of human pituitary-derived hormone. That state changed remarkably in the mid-1980s because of Creutzfeldt-Jakob disease associated with human pituitary tissue-derived hGH and the development of an unlimited supply of recombinant, rhGH. The latter permitted all GH-deficient children to have access to treatment using rhGH and also to increase adult height in infants, children and adolescents with causes of short stature other than GH deficiency. Approved indications include: GH deficiency, chronic kidney disease, Turner syndrome, small-for-gestational age with failure to catch up to the normal height percentiles, Prader-Willi syndrome, idiopathic short stature, SHOX gene haploinsufficiency and Noonan syndrome. The most common efficacy outcome in children is an increase in height velocity, although rhGH may prevent hypoglycemia in some infants with congenital hypopituitarism and increase the lean/fat ratio in most children – especially those with severe GH deficiency or Prader-Willi syndrome. The safety profile is quite favorable with a small, but significant, incidence of raised intracranial pressure, scoliosis, muscle and joint discomfort, including slipped capital femoral epiphysis. The approval of rhGH therapy for short, non-GH-deficient children has validated the notion of GH sensitivity, which gives the opportunity to some children with significant short stature, but with normal stimulated GH test results, to benefit from rhGH therapy and perhaps attain an adult height within the normal range and appropriate for their mid-parental target height (genetic potential).

(CV) Dr. Med Ahed Tajildin Née Asfari
Pediatric Endocrinologist Pediatric departement, Centre Hospitalier Mémorial Saint-lô, FRANCE,
Born at 22.10.1961, Nationality: Française
Adresse: 131, Rue de Brébeuf 50000 Saint-lô

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

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

EXPERIENCES PROFESSIONNELLES

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

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

Dr. Tabassum Inamdar
Consulting Homeopath cum Clinic Manager
Sultan Al Olama Medical centre, Dubai

Background: Asthma (AZ-ma) is a chronic (long-term) inflammatory disease of the airway affecting more than 300million people worldwide. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. Asthma affects people of all ages, but it most often starts during childhood. In the UAE, 13% of
population has asthma with children accounting for about 40% of the total—one of the highest rates for children in the world. Apart from being the leading cause of hospitalization for children, it is one of the most important chronic conditions causing elementary school absenteeism.

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

**Method used:** - Classical Homeopathic Remedies.

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

**(CV) Dr. Tabassum Gafur Inamdar:**
Consulting Homeopath cum Clinic Manager, Sultan Al Olama Medical centre, Dubai
B.H.M.S., PGD Clinical research, MBA- Health care services

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

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

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

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

She has been a speaker at:
- Arab Health 2014- Dubai

A keen observer and avid learner, she also has a research oriented approach. She has sound knowledge of regulations, ethics and pharmaco-vigilance and Good Clinical Practices (GCP). Self-motivated, good leadership skill and excellent interpersonal skills with perfection are some of her qualities. Personally, she is also a great lover of art and music. She herself has a good hand at sketching and drawing and has won many awards for the same in her formative years.
Background: Dental diseases are one of the most prevalent diseases in the world. Normal Oral cavity is loaded with 1014 microorganisms, which includes infective organisms and commensals. There are substantial amount of scientific reports supporting the chronic infections of dental origin adversely influencing the other systems of the body. This paper will review the oral microbes adversely influencing the systemic conditions.

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

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

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

(CV) Dr. Sivan P Priya
is currently working as a Lecturer in the College of Dentistry, Ajman University of science and Technology, UAE.

Qualifications

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

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

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

Successfully delivered many oral presentations in national and international conferences.

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

Publications: International Journal of Molecular Science-
Abstracts

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

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


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

تقييم معالجة نقص اليود لدى الأعمار الفتية في منطقة قباردينا بالقارة

Prof Zakhohov Ruslan, M, Uzdenova Z.KH, Uzdenova A.A.
Senior Consultant of General Surgery Surgical, Dean of the Medical Faculety Kabardino-Balkarian State University after KH.M.Berbekov
Nalchik, Russia

Objective: the efficiency evaluation of correction of iodine deficiency among adolescent girls was carried out.

60 adolescent girls were taken into the group for correction of iodine deficiency. The study began with the collection of complaints, anamnesis and passport data, diseases, injuries, surgeries transferred in childhood. Assessment of the state of health of children was based on a medical examination of doctors: pediatrician, neurologist, ophthalmologist, endocrinologist, psychologist, otolaryngologist, urologist, obstetrician-gynecologist. Functional state of the girls` thyroid glands was assessed on the basic markers of thyroid function: TSH levels and FreeT4 in the blood serum.

On the basis of studies and taking into account the physiological levels of iodine intake by children and adolescents, recommended by WHO (2001) and leading Russian experts was used official preparation "Iodomarin" (Berlin Chemie, Germany) containing potassium iodide. The preparation was prescribed at a dose of 150 mg per day for 12 months, followed by re-examination.

Thyroid ultrasound was performed on the unit «Medison SA - X8» (South Korea) linear transducer 7.5 MHz. Thyroid volume was calculated by the formula of J. Brunn and co-authors (1981): thyroid volume = [(length × width × thickness of the left lobe) + (length × width × thickness of the right lobe)] × 0.479.

For frequency of goiter at girls took all cases exceeding the actual amount of thyroid upper limit of normal (97 percentile) were taken, calculated based on body surface area for the children living in conditions of normal iodine provision.

Inorganic iodine excretion in a single urine sample was determined by cerium arsenite method and evaluated the results spectrophotometrically by Saundell-Kolthoff reaction in the laboratory of clinical biochemistry. For standart the median urinary iodine rate was taken equal to 100-300 mg / l urine. Assessment of the severity of iodine deficiency in
Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24-28 Oct. 2015

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Different climatic zones of KBR was based on international criteria of WHO. In the structure of the vast majority of EG were diffuse forms (98.0-98.6%), nodular goiter was detected in 1.4% of the girls flat area, 1.7% of schoolgirls from foothills and 2.0% of the residents of mountainous areas (P > 0.1).

Statistical analysis of the factual material is made using the program Microsoft Excel 2007, and with the help of software packages Stat Soft Statistica 6.0.

All the girls had a repeated ultrasound examination of the thyroid gland after 12 months taking the preparation. The volume of the thyroid gland in girls group exposure significantly decreased in 1.6 times (11.5 ± 0.28 cm³ to 7.1 ± 0.31 cm³).

There were revealed such changes: significant changes in the level of pituitary hormones, thyroid, peripheral steroids while taking "Iodomarin." Thus, the concentration of thyroxine increased in 1.3 times, triiodothyronine – in 2.5 times. The content of thyroid-stimulating hormone in blood serum almost halved. A decrease in the concentration of FSH from 12.06 ± 1.02 iu / l to 8.67 ± 0.58 iu / l was noted. The LH level decreased from 24.3 ± 0.17 iu / l to 18.7 ± 0.4 u / l, with a ratio of LH / FSH to normal for all girls group exposure. These data, in conjunction with increased levels peripheral steroids (estradiol from 198.2 ± 0.51 ng / ml to 243.6 ± 0.84 ng / ml and progesterone from 13.01 ± 0.36 ng / ml to 17.6 ± 2.05 ng / ml), show the normalization of the hypothalamic-pituitary function and the transition to the ovulatory menstrual cycle.

Median urinary iodine concentration at adolescent girls with IDD after 12 months taking of “Iodomarin” increased in 2 times. Significant changes in the degree of urinary iodine. So 6 months after taking the preparation in the group of exposure only 6.7% (2) girls with low urinary iodine remains, the percentage of girls with moderate urinary iodine decreased by 4 times (from 73.3% to 13.3%), and the number of women with high urinary iodine increased from 6.7% to 80%, ie in 11 times.

If, before taking iodine-containing preparation in 3 (50%) of adolescent girls exposure group the level of urinary iodine corresponded to iodine deficiency mild degree (<5 mkg%), 2 patients (33%) - moderate degree (2-4.9 mkg%), and 1 (17%) - severe degree (<2 mkg%) of iodine deficiency, after the 12-months correction in only at 2 (6.7%) of girls from the group mild iodine deficiency was revealed.

Conclusions: the drawn correction of iodine deficiency had a positive impact on the hypothalamic-thyroid system: thyroid volume decreased by 1.6 times; TSH content decreased in 2 times; T3 level increased in 2.5 times; T4 – in 1.3 times. The median urinary iodine increased in 2 times, iodine deficiency moderate and severe was not identified at all, while the number of girls with mild iodine deficiency decreased in 7 times.

CV Prof. Zakhokhov Ruslan Maksidovich

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

Dr. Zakhokhov R.M. graduated with honours from the Medical faculty of Kabardino-Balkarian State university in 1984. In the same year he started his career in the Central republic hospital of town Baksan and worked there as a clinical resident till 1986. He did his post graduate study specializing in “Surgery” from 1986 to 1989. Beginning in 1984, he was a part-
time surgeon on duty in the City hospital of city Saratov. In 1986, he started to work as a surgeon of emergency surgical aid in the Republic Clinical Hospital of Kabardino-Balkarian Republic. Since 1989, he has been a surgeon of the Republic Thyroid Medical Center, consulting patients with thyroid pathologies. Over the years of surgery work, he mastered, planned and led urgent types of operative interventions, such as stomach resection, organ saving surgeries on stomach (selective proximal vagotomy), various types of pyloroplasty, cholecystectomy, appendectomy, bowel resection, thyroid resection, simultaneous surgeries in combined organ lesions.

He has examined more than 3 thousand patients and performed about 700 surgeries. Since 1996 occupies the position of the dean of the Medical department of the Kabardino-Balkarian State University. He trained more than 3 000 specialists for the Russian Federation and for other foreign countries' Ministry of Health Care.

Dr. Zakhokhov R.M. has 45 published scientific works, including his inventions. Dr. Zakhokhov R.M. is awarded with the Kabardino-Balkarian republic Parliament honours and is an honoured doctor of Kabardino-Balkarian republic.

35- Medical and demographic situation in Kabardino-Balkaria.

Kardangusheva A.M., Elgarova L.V.
Kabardino-Balkarian State University named after KH.M.Berbekov.
Nalchik, Russia,

By the beginning of XXI century the medical and demographic situation in Kabardino-Balkarian Republic (KBR) was characterized by low birth-rate, deterioration of health, reduced reproductive capacity and aging of the population with a high level of perinatal and infant mortality, growing morbidity and disability, extremely low social and economic level and poor social protection of the population. This situation, of course, was a consequence of the negative impact of social, economic and political processes of the last quarter of the twentieth century and reflected primarily in the health indicators of the most vulnerable parts of society - children and adolescents.

Objectives: to analyze the dynamics of morbidity of children and adolescents from KBR from 1995 to 2013 against the backdrop of current demographic processes in the republic to improve the provision of treatment and preventive care for children's population.

Materials and methods. To assess the health indicators of children (0-14 years) and adolescents (15-17 years) such data were used: the annual reporting forms Ministry of Health of KBR, and the analysis of demographic indicators was performed according to the statistical data of the Federal State Statistics Service of KBR. Selection the time interval from 1995 to 2013 was caused by social and economic changes in the country and the reforms in the health sector.
Results and discussion. From 1990 to 2005 the birth rate in the republic decreased, and the mortality rate increased, leading to a negative natural increase of the population in 2005 (0.1 per 1,000). Since 2006, there was an opposite trend when the natural increase was in general 0.6, ranging from -0.5 in the city to 2.1 in the countryside; in the same year infant mortality began to decrease, reaching a minimum in 2011 (5.7 per 1,000).

Population of children under the age of 15 years for the period under review increased by 50 thousand people, in the time of decreasing in the working age population by 57.8 thousand people and over working age - 25.4 thousand people, indicating that the output of the situation of "demographic aging" of the KBR population, that remained until 2010.

The analyzed period was marked by a significant increase in the illness-rate of children and adolescents more general morbidity compared with the primary one and increase in the level of disability. From 1995 to 2013 the increase was recorded among children mostly in nosology, including the first three positions occupied by newgrowths, congenital abnormalities and developmental defects, diseases of the muscular and skeletal system and connective tissue. In the group of adolescents the most expresses growth was recorded by the class of diseases of the blood and blood-forming organs, the skin and subcutaneous tissue, digestive system.

Conclusion. The current situation in the republic is characterized by the negative medical and demographic indicators, increase the level of primary and general morbidity of children and adolescents, advanced dynamics of the general morbidity compared with the primary one, with an increase of the illness-rate of persistent disability. Solution of the problems identified requires a skilled approach to the definition of priorities in the organization to ensure the child population accessible and quality health care by improving the use of health care resources.

CV Elgarova Liliya Vjacheslavovna – professor, head of propedeutics of Internal Diseases of the Kabardino-Balkarian State University, Nalchik, Russia.

Experience:
1984-1985 – therapist of maternity clinic in Feodosiya (Ukraine)
1985-1989 – therapist of health resort policlinic in Nalchik (KBR)
1989-1993 – scientific worker of the laboratory of the preventive medicine of the Kabardino-Balkarian State University
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
Since 2008 Prof and chair of propedeutics of Internal Diseases of the medical faculty of the KBSU
Since 2013 Head of propedeutics of Internal Diseases of the medical faculty of the KBSU

Qualifications:
1977-1983 – Kabardino-Balkarian State University, medical faculty, double first
1983-1984 – internship training of Simferopol medical Institute (Ukraine),
Abstracts

1994 – Candidate of medical science
2008 – Doctor of medical science

Publications: 154, including monography and 23 – abroad
The main sphere of interest: preventive medicine

36- Iron deficiency and iron deficiency anemia in infants.

Dr. Diana Arkhestova, Prof. Rashid Zheishev, Dr. Irina Zhetisheva
Medical Faculty, Pediatrics Department
Kabardino-Balkarian State University
Nalchik, Russia

Background: Iron deficiency anemia affects millions of children world wide [1] and is associated with physical and cognitive delays [2]. Given the detrimental long-term effects of iron deficiency [1, 2], its primary prevention in early childhood is a crucial public health issue. In Russia, according to different authors, the frequency of IDA ranges from 6 to 40% of the child population. Prevalence of LID in some regions of Russia reaches 50-60% [3].

Objectives: To compare the prevalence of iron deficiency and iron deficiency anemia in children of one year old in Nalchik.

Methods: To clarify the frequency of hypochromic anemia in children infants we have analyzed hospital records of healthy children of 2008-2012 birth observed on the basis of «Municipal Polyclinic number 1” of Nalchik. We examined the change in hemoglobin and mean cell volume. Also the 102 town infants were examined with measurement of hemoglobin, mean cell volume, mean corpuscular hemoglobin concentration, serum ferritin, serum iron and soluble transferrin recentors (sTfR).

Results: The frequency of hypochromic anemia in children aged 12 months living in Nalchik in 2008 year was 3,32 % (n=542), in 2009 year was 5,3 % (n=675), In 2010 the absolute number was 6,25%, in 2012 year was 5,1%. As can be seen, the incidence of anemia is close to the minimum, meet in Russia. However, be aware that the surveyed children are residents of the central part of the city, the capital of Kabardino-Balkaria, whose parents were not low socio-economic status.

In the second part of our study we examined the levers of serum iron -it was 16 ± 0,37 mmol/l, serum ferritin- the lever was 48,5 ±2,8 ng/ml, sTfR-it was 4,5±0,27 mcg/l and the lever of interleicin-6 which was 7,8±0,59 pg/ml. As we can see the levers of serum iron are several reduced compared to the average. The value of sTfR is slightly increased. This probably indicates the need to iron requirement. Iron deficiency was 11,7 % and the lever of ron defiecency anemia in the city was 6,9%.

Conclusions:
1. Over the past five years significant changes in the prevalence of iron deficiency anemia do not happened.
2. The prevalence of iron deficiency in children of one year old in 2 times higher than iron deficiency anemia.

References:
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Abstracts

Dr. Diana Arkhestova
Kabardino-Balkarian state university
medical faculty, pediatrics department

I graduated from the university in 2011. I was trained 2 years in the specialty of pediatrics. Now I am working in the pediatrics hospital and do scientific work.

CV Prof. Rashid Zheishev
Kabardino-Balkarian state university
medical faculty, pediatrics department
pediatr, neonatolog
7.pediatrics, neonatology, functional diagnostic

Zhetishev Rashid Abdulovich graduated from the Medical Faculty KBSU in 1982, the residency on "Pediatrics" in 1984 at the department of hospital pediatrics Leningrad Pediatric Medical Institute. From 1984 to 1986 he worked as a doctor in the children's department of GKB of Nalchik. In 1986 he entered the graduate school of the Leningrad Pediatric Medical Institute. After defending his thesis, since 1990 he worked as an assistant and then associate professor of children's diseases of obstetrics and gynecology KBSU. In 1998 he enrolled in the doctoral research carried out in the St. Petersburg Pediatric Medical Academy. In 2002, he defended his doctoral dissertation. In 2003, the decision of the Higher Attestation Commission awarded the degree of Doctor of Medicine.


Advise patients of the Republican Children's Hospital, is outpatient care of patients. The head of the regional branch of the Russian Society of medical workers, the regional branch of the Russian Federation Academy of Pediatrics. Member of the European Society of Pediatricians. Honoured Doctor of Kabardino-Balkaria.

Key words: infant, iron deficiency, transferring receptors
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Medical Faculty, Pediatrics Department
Therapists, Pulmonology
Graduated from the Medical Faculty of the Kabardino-Balkarian State University with honors in 1982 with a degree in "Medicine". From 1982 to 1984 Zhetisheva IS I was trained in clinical internship at the department of hospital therapy of pediatric faculty 2nd MOLGMI them. NI Pirogov 57 on the basis of the Moscow City Clinical Hospital. In 1984 she received a certificate of completion of residency training in "Internal Medicine". In the same year Zhetisheva IS He admitted to the graduate school of the 2nd MOLGMI them. NI Pirogov Supervisor is the Academy of Medical Sciences, Professor Chuchalin AG. While in graduate school, Zhetisheva IS She has carried out research at the Institute of Pulmonology and Laboratory of Molecular Endocrinology, Institute of Experimental Cardiology, All-Union Cardiology Research Center (Head. Laboratory - prof. Tkachuk VA). In 1989 Irina Salihovna defended her thesis for the specialty "pulmonology" on "Application of calcium antagonists in the treatment of asthma."

From 1991 to 1998 Zhetisheva IS He worked at the department of hospital therapy KBSU as an assistant, and since 1998 and till now - assistant professor of the department. Zhetisheva IS for 24 years in the clinic advises patients with bronchopulmonary diseases and allergic diseases. Irina Salihovna carried out consultations critically ill patients with bronchopulmonary pathology in the Republican Clinical Hospital, City Hospital №1, Republican Perinatal Center, the Republican cardiology and endocrinology centers. Research interests: respiratory diseases (asthma, COPD, acute pneumonia, allergic diseases, acute respiratory infections, especially respiratory diseases and their treatment in pregnant women, the elderly). She has published 85 scientific papers, including articles in leading scientific journals of the country, the materials of national and international conferences.

Zhetisheva IS It has certificates in "internal medicine" and "pulmonology". Irina Salihovna is a member of the All-Russia Union of Medical Personnel, Russian Respiratory Society.
37- Minimal invasive aortic valve replacement: Is this an advantage for patients?

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>A vs B</th>
<th>A vs C</th>
<th>B vs C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years old)</strong></td>
<td>J-sternotomy+Sutureless</td>
<td>J-sternotomy+stented</td>
<td>Full-sternotomy+stented</td>
<td>77±5</td>
<td>70±8</td>
<td>74±7</td>
</tr>
<tr>
<td><strong>X-Clamp time (minutes)</strong></td>
<td>36±10</td>
<td>60±18</td>
<td>54±16</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>CPB-time (minutes)</strong></td>
<td>62±17</td>
<td>99±145</td>
<td>87±25</td>
<td>&lt;0.001</td>
<td>0.032</td>
<td>0.59</td>
</tr>
<tr>
<td><strong>Surgery-time (minutes)</strong></td>
<td>141±49</td>
<td>169±61</td>
<td>171±50</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Drainage (mL)</strong></td>
<td>385±287</td>
<td>403±306</td>
<td>500±338</td>
<td>1.0</td>
<td>0.001</td>
<td>0.006</td>
</tr>
<tr>
<td><strong>Transfusions (units)</strong></td>
<td>1.3±2.1</td>
<td>1.0±1.9</td>
<td>1.6±2.6</td>
<td>0.33</td>
<td>0.05</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>Troponin (ng/mL)</strong></td>
<td>0.4±0.3</td>
<td>0.5±0.5</td>
<td>2.2±12</td>
<td>1.0</td>
<td>0.13</td>
<td>0.16</td>
</tr>
<tr>
<td><strong>CK (U/L)</strong></td>
<td>667±853</td>
<td>768±738</td>
<td>767±877</td>
<td>0.9</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>CK-MB (ng/mL)</strong></td>
<td>23±37</td>
<td>38±89</td>
<td>65±347</td>
<td>1.0</td>
<td>0.3</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Creatinine (mg/dL)</strong></td>
<td>1.1±0.5</td>
<td>1.1±0.4</td>
<td>1.2±0.6</td>
<td>0.8</td>
<td>0.005</td>
<td>0.07</td>
</tr>
<tr>
<td><strong>OT-intubation-time (h)</strong></td>
<td>24±91</td>
<td>32±141</td>
<td>31±95</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Hospital stay (days)</strong></td>
<td>12±8</td>
<td>12±9</td>
<td>13±7</td>
<td>0.56</td>
<td>1.0</td>
<td>0.87</td>
</tr>
<tr>
<td><strong>ICU stay (days)</strong></td>
<td>3.5±4.6</td>
<td>3.6±5.5</td>
<td>3.9±4.7</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Hospital mortality (%)</strong></td>
<td>3 (1.5%)</td>
<td>4 (1.6%)</td>
<td>5 (2.9%)</td>
<td>0.6</td>
<td>0.27</td>
<td>0.29</td>
</tr>
<tr>
<td><strong>Stroke (%)</strong></td>
<td>7 (3.4%)</td>
<td>3 (1.2%)</td>
<td>4 (2.3%)</td>
<td>0.1</td>
<td>0.37</td>
<td>0.31</td>
</tr>
<tr>
<td><strong>Wound infection (%)</strong></td>
<td>2 (1.0%)</td>
<td>4 (1.6%)</td>
<td>4 (2.3%)</td>
<td>0.43</td>
<td>0.27</td>
<td>0.44</td>
</tr>
<tr>
<td><strong>Pacemakers (%)</strong></td>
<td>21 (10%)</td>
<td>13 (5.3%)</td>
<td>9 (5.2%)</td>
<td>0.036</td>
<td>0.05</td>
<td>0.58</td>
</tr>
</tbody>
</table>

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ACADEMIC EDUCATION
1978 until 1985: Enrollment at the University of Vienna to study Human Medicine and Human Biology
1985: 3rd “Rigorosum” and Graduated as M.D. from the University of Vienna, Austria

SURGICAL TRAINING AND EXPERIENCE:
1983 until 1985: Demonstrator (Tutor) at the Institute of Anatomy II, University of Vienna; Special Education in Anatomy
1985 until 1991: Training for Specialization in Surgery
01.12.1985 - 28.02.1987 Fellow at the Military Hospital Vienna
Assistant at the Institut of Anatomiy II (Prof Dr. Mayr), University of Vienna
30.06.1986 - 28.02.1987: Clinical fellow at the 1st Dept. (Head: Prof Dr. A. Fritsch) – and 2nd Dept. of Surgery (Head: Prof Dr. E. Wolner), University of Vienna
01.03.1987 - 30.09.1991: Residency at the 1st Dept. Of Surgery, Cardiothoracic and Vascular Surg. (Head: Prof Dr. M. Deutsch), General Hospital of Wels, Austria; Rotation in Cardiology, Anaesthesia and Trauma Surgery (LKA Salzburg - Prof Dr. M. Wagner), During this period Visiting Doctor at the Univ. of Cape Town, Groote Schuur, SA, Dept. of Thoracic- and Cardiac Surgery; and Stanford University, CA, USA, Depts. of Cardiovascular Surgery and Interventional Radiology
01.10. 1991 - 28.02.1997: Registrar and Senior Physician (from 01. 03. 1995) at the Dept.of Cardiac Surgery, „Großhadern” (Head: Prof Dr. B. Reichart), Ludwig Maximilian University Munich
During this period Visiting Doctor at the Stanford University, CA, USA, Dept. of Cardiovascular Surgery;
and Univ. of Harare, Zimbabwe, Veterinary School;
1994: German Approbation (M.D. Licens), Specialist in Surgery (Bavarian Medical Council, Germany)
1996: Habilitation (Lecturing Qualification); Postdoctoral Thesis: „Endothelialization of Cardiovascular Prostheses”
01.03.1997 - 30.04.2000 Assistant Director Dept. of Thoracic-, and Cardiovascular Surgery (Head: Prof Dr. A. Moritz), J.W. Goethe University Frankfurt
1998: Specialist in Cardiac Surgery – Sub-branch Thoracic-, and Cardiovascular Surgery (Hessian Medical Council, Germany)
Proposal for Professorship in Cardiac Surgery (Extraordinariat) at the University of Regensburg
01.05.2000 Appointment as Professor of Cardiac Surgery (C3-Extraordinariat) at the Friedrich-Alexander-University Erlangen-Nuremberg (Head: Prof. Dr. M. Weyand), Assistant Director
Since 01.03.2007 Head, Department of Cardiac Surgery, Klinikum Nuremberg, Cardiovascular Center; since 2014 Professor of Cardiac Surgery, Paracelsus Medical University
38- Early atrial Fibrillation Detection and stroke prevention using telemedicine

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

Dr. Wadea Tarhuni
President and CEO, Windsor Cardiac Centre
Windsor, Canada

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

FELLOWSHIPS

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

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

AFFILIATIONS

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

• University of Saskatchewan
• University of Western Ontario

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

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

Building on two successful and leading clinics in Canada, Dr. Tarhuni established Canadian Cardiac Care to expand his cardiology services nationwide and internationally. At the educational level, he launched an awareness initiative in Egypt called “Together for Life” to emphasize the importance of CPR and heart attack and stroke preventative measures in saving lives. In this regard, he conducted numerous training Sessions and lectures for doctors, nurses, sport clubs and schools in Egypt. The program is designed to cover the entire Arab world. At the professional development level, Dr. Tarhuni is active bringing doctors in developing countries up to par with the latest medical knowledge in the developed world.
Dr. Tarhuni is active in the medical community and participated in numerous hospital and medical committees programs, such as the Saskatchewan Stroke Strategy, the Moose Jaw Union Hospital Sepsis and Quality programs, the Heart and Stroke Foundation awareness program and the American Society of Echocardiography guidelines. He is also active in community programs that raise the awareness of the general public about cardiovascular diseases and how to prevent them. This includes the numerous lectures he delivered, exhibits in malls, shows and festivals as well as programs for targeted groups such as women, aboriginal, children and secondary school students. Dr. Tarhuni is also an advocate for the preservation of a pure natural environment. He is led an initiative called Healthy Planet-Healthy Heart to promote a clean natural environment where exercise is performed at its best for optimal cardiovascular health and where sustainable practices are observed in his clinic.

39- Mechanical Circulatory Support Devices

Prof. Dr. med. Mahdi Kadry
Consultant of Vascular, Thoracic and Cardiac Surgery, KMG Klinikum Pritzwalk, Germany

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

CV Prof. Dr. med. Mahdi Kadry
Consultant of Vascular, Thoracic and Cardiac Surgery
Abstracts

Giesensdorfer Weg 2a | 16928 Pritzwalk KMG Hospital Pritzwalk Germany

Born in Yemen 1953, Father of 2 Sons
1982 Medical Graduate of the Institute of Medicine and Pharmacy (Timisoara – Romania)
1990 recognized as specialist in General Surgery by the German Academy of Medical Science (Berlin)
1992 recognized as Specialist in Vascular Surgery by the German Medical Council – State Saxony
1994 got the Title of Dr. of Medicine Free University Berlin
1997 recognized as specialist in General Thoracic and Lung Surgery
01.2013 recognized as Specialist in Cardiac Surgery – German Medical Council Brandenburg
Until 10.2010 Assistant Medical Director and Professor of Surgery – German Heart Institute
Since 10.2010 Department of Vascular Surgery in KMG Klinik - Pritzwalk

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

Dr. Majed Othman
Damascus, Syria.

The presence of symptomatic carotid artery disease or an asymptomatic carotid bruit that reflects an ulcerative lesion or stenosis exceeding 75%.
The risk is magnified when disease is silent and a high level of awareness and rigorous screening are essential in patients suspected of having coexistent disease.
To approach this problem must be supported by retrospective and prospective studies to demonstrate the occurrence of stroke and risk factors affecting the disease.
Cerebrovascular complications (neurological) are among the most feared consequences after coronary artery bypass grafting, approximately 40% of strokes occur intraoperatively and most of the remaining during the first forty eight hours in post operation.
The perioperative strokes have significant impact on length of hospital stay and mortality outcome with ten fold higher hospital mortality rates in patients who suffered a perioperative stroke.
A protocol for the management of these patients is important and individual assessment is essential.
There is three different approaches:
- Carotid endarterectomy and open heart surgery simultaneously.
- carotid artery stenting and open heart surgery.
- open heart surgery and carotid stenting.

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

(CV) Dr. Majed Othman

Dr. Majed Othman, Damascus, Syria., majedothman3@gmail.com
- Cardio- vascular and thoracic surgeon
- General director of Al-Bassel Heart Institute 2005-2012.
- Consultant of cardiac surgery in Al-Thowra General Modern Hospital, SANAA, YEMEN, 2013-2015.

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

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

Professor Dr. med. R. Feyrer
Departement of Cardiac Surgery, University Hospital of Erlangen, Germany

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

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

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

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

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

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

The procedure for itself can be down transfemoral or transapical.

Published results are promising good midterm durability and low risk of complication of the procedure.
In conclusion, TAVI is a good alternative in high risk patients if finding of indication and performance of the procedure is done by a special heart team.

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

(CV) Prof Richard Feyrer, MD, MBA

Date of Birth April 21, 1962
Place of Birth Neuricht, Germany
Address Hirtenwiesen 5, 91074 Herzogenaurach
Current position Since April 1, 2008: Ass. Professor and acting head of department, Center of Cardiac Surgery University of Erlangen-Nuremberg (Department Head: Prof. Weyand)
July 2010: Consultant and Deputy Chief Cardiac Surgeon Sheikh Khalif Medical City, Abu Dhabi

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

Basic Education
Grammar School: 1968-1972 Luitpoldhöhe Grammar School
High School: 1972-1973 Erasmus-Gymnasium Amberg
High School Diploma: May 1981

Military Service

University Training
1982-1984 Regensburg University Medical School (Preclinical Courses)
1984-1988 Erlangen University Medical School (Clinical Courses)
1978-1986 Studied trumpet with Prof. Adolf Scherbaum

Internship
1987-1988 Internship: Fürth Hospitals (Internal Medicine, Trauma Surgery)
St. Marien Amberg Hospital (Gynecology)
1984 Ärztliche Vorprüfung (Regensburg)
1985 Ärztliche Prüfung 1. Abschnitt (Erlangen)
1987 Ärztliche Prüfung 2. Abschnitt (Erlangen)
1988 Final Medical Licensure Examination (Erlangen)

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

Clinical Training/Career
December 1, 1988 – May 1, 1990: Resident in Surgery and Gynecology, Sulzbach-Rosenberg Regional Hospitals (Department Heads: Drs. Leininger/Dodenhöft)
June 1, 1990 – January 15, 1993: Surgical Resident, Sulzbach-Rosenberg Regional Hospitals (Department Head Dr. Leininger)
January 16, 1993 – September 30, 1995: Resident in cardiac and vascular surgery, Erlangen-Nuremberg University Hospitals (Department Head: Prof. von der Emde)
Abstracts

October 1, 1995 – March 31, 1996: General surgical resident, Erlangen-Nuremberg University Hospitals (Department Head: Prof. Hohenberger)
April 1, 1996 – June 30, 1999 Cardiac surgical resident, Erlangen-Nuremberg University Cardiac Surgical Center (Department Heads: Prof. von der Emde/Prof. Weyand)
July 1, 1999 – March 2008: Attending physician, Erlangen-Nuremberg University Cardiac Surgical Center (Department Head: Prof. Weyand)
Since April 1, 2008: Leading attending physician and acting head of department, Erlangen-Nuremberg University Cardiac Surgical Center (Department Head: Prof. Weyand)

Advanced Training
Prof. Alfieri, Mailand (Mitral Valve-Reconstruction),
Prof. Charpentier, Paris (Mitral Valve-Reconstruction),
Prof. Obadia, Lyon (Minimal-Invasive Mitral Valve surgery)
Prof Schäfers, Bad Homburg (Valve sparing aortic surgery)

Surgical Focus
Aortic Surgery (Valve sparing, Aneurysm)
Minimal invasive aortic surgery (TAVI)
Arterial Myocardrevascularisation

Board Certification
General Surgical Boards: July 11, 1996
Cardiac Surgical Boards: March 4, 1999

Approval as University Lecturer (Habilitation) Since April 6, 2006
Approval as Professor Since January 24, 2014

Supplementary Training
Special Qualification Emergency Medicine
Special Qualification Radiation Safety
13. August 2015

42- Clinical Cost Management by Sutureless Aortic Valve Implantation
المزايا الاقتصادية والعلاجية لاستخدام الصمام الأبهرى الخالي من الخيوط
Dr. med.(univ. Aleppo) Fahed Husri
Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany
Paracelsus Medical University

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

In our Centre we are frequently using sutureless Valves through a surgical approach via upper Sternotomy, we noticed big advantages for the patients, faster recovery time, and shorter hospital stays.this all conclude that the cost effectiveness is well saved by using a suture less Valve in comparison to a normal surgical aortic valve replacement, and maybe for high Risk Patients as good as TAVI.
(CV) Dr. Fahed Husri
Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany, Paracelsus Medical University Damaschkestrasse 66, 91088 Bubenreuth

**Objective:** Cardiac Surgeon

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

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

**Interests:** Research, Aortic Valve, Coronary Arteries Disease.

**References:** References are available on request.
## 10 - Aesthetic and plastic surgery

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Follicular Unit Transplantation (FUT) technique was a milestone in hair transplantation surgery until FUE brought a new aspect in graft harvesting by which it became more popular and preferable. Since it appears as less invasive technique comparing to FUT, FUE allows physicians to perform the procedure in office conditions. Although it can be an office based surgery, that doesn't mean that it is a simple procedure. Unfortunately, this is the most common misperception regarding the technique. Even if it does not require hospital conditions, it still needs elaborate handling and care while performing. As a matter of fact, FUE is not a less invasive technique as it seems. It requires a 1 mm cut in the scalp for each graft which means 1000 mm cut for 1000 graft. In other words, you will end up with a “one meter cut” in the scalp following the surgery. I do not agree to describe a method as non or less invasive if I leave a one meter cut on the scalp. The normal amount of transplanted hair follicle loss following FUE is about 5% in experienced hands. However, it is possible to lose much more hair follicle in inexperienced hands.

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

(CV) Op. Dr. Sacid Karademir
Specialist in Plastic and Reconstrictive Surgery, Natures Medical Center,
Istanbul, Turkey.

www.natures.com.tr
Abstracts

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 Oinep 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.

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

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

New trends in Foot surgery, Orthopaedic surgery is now divided in subspecialties. Foot & Ankle surgery is one evolving subspecialty. Main topics in F&A surgery:

1. Acquired deformities:
   - Hallux valgus –bunion
   - Hallux rigidus
   - Tailor's bunionette
   - Clawing toes.

2. Tendinopathies and insertion al problems in F&A:
   - ACHILLES tendinopathies
   - Tibialis posterior dysfunction
   - Plantar fascia
   - Gastrocnemius

3. Ankle sports and degeneration problems:
   - Instabilities
   - OCD
   - OA

4. F &A trauma:
   - Lisfranc
   - Os calcis
   - Talus
   - Toes and metatarsals.

5. Minimally Invasive Surgery and other new techniques.

(cv) Dr. Maan Taba

Languages Spoken: English, Arabic
DOH License Grade: Consultant
MD from Granada in Andalucia
Training at the 12 October University Hospital in Madrid.
FRCS (Trauma & Orthopaedics)
Specialist Orthopaedic Surgery training Barnet, North London
Specialist Orthopaedic Surgery training at the Royal National Orthopaedic Hospital Stanmore, Middlesex

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

Professional Associations
Member of the British Orthopaedic Foot and Ankle Society (BOFAS)
Dr Maan Taba MD , Consultant Orthopedic Foot & ankle Surgeon, Medcare Orthopaedic & Spine Hospital. Dubai

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

Belkais Marwan, MSc, MD Dermatologist
Dubai, UAE

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

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

Belkais Marwan, MSc, MD Dermatology
Specialist Dermatologist & Laser Therapist, Advanced Specialty Clinics
Villa 8B, Jumeirah Beach Road, P O Box 450479 Jumeirah, Dubai, UAE
48- The modern approaches to prevention of complications in hematological personified breast cancer chemotherapy.

Associate Professor Hojouj MI. I N. Bondarenko, , El Hahaj MH, Zavyzyon VF, Sukhaversha OA Prokhash AV, Artemenko MV, Abu Shamsia R
Department of oncology and medical radiology, SE"Dnipropetrovsk medical academy of Health Ministry of Ukraine"
Dnipropetrovsk, Ukraine

Actual problems. In the structure of morbidity of the female population, in the first place for most economically developed countries in Europe, belongs to breast cancer (breast cancer). Over the past thirty years, the incidence of breast cancer in the world has increased by more than 20%. The annual increase in the incidence of breast cancer in 1999 was 1.5% [1, 2, 3]. Requirements to date to treat breast cancer indicate that it should be comprehensive, aimed at preventing the generalization of the process and should include a set of adequate systemic (chemotherapy, hormonotherapy, targeted therapy) and locoregional (surgery, radiotherapy ) treatment [4]. Personalized choice of the type of treatment, drugs, the mode is determined by histological subtype tumors expressing HER2 / neu, endocrine, clinical and anamnestic characteristics, level of risk factors as well as previous drug therapy, in the case of metastatic process [5, 6]. Despite the emergence of targeted therapies, chemotherapy (CT) remains the mainstay of cancer treatment. According to many researchers, including chemotherapy regimen in patients with breast cancer significantly reduces the relapse rate of the disease by 13.8% and the mortality - by 15%. The difference in survival in patients receiving and not receiving chemotherapy is approximately 2 years [7, 8].

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

CONCLUSIONS
1. According to the literature neutropenia, leukopenia and anemia are the most common hematological complications of breast cancer chemotherapy. Critical thrombocytopenia develops rarely. Influence of hematological complications of chemotherapy on treatment outcomes (overall and disease-free survival) has been insufficiently studied.
2. Patients with breast cancer who received adjuvant chemotherapy according to the scheme in conjunction with the TC administration at 24 hours after infusion of cytostatics prolonged GCSF (pegfilgrastima) the greatest reduction of leukocytes, neutrophils and platelets occurred by the end of the first week of the cycle (there had been cases of grade 3-4 neutropenia and grade 1-2 thrombocytopenia). Without additional assignments indicators of leukocytes, neutrophils and platelets gradually restored to normal levels by 15 - 21th day of the cycle. The incidence of febrile neutropenia was fixed. Regular courses of adjuvant chemotherapy
were conducted in the period. Reduced hemoglobin levels were not critical, the most intensively occurred during the first two cycles (to 11.8%). Subsequent courses hemoglobin levels did not decrease significantly. During the four cycles observed a gradual decline in hemoglobin levels. Dependent decrease in hemoglobin level on the day of the treatment cycle is not fixed.

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

49- Diabetic Nephropathy

Dr. Belquis Khaled
Tor Vergata University
Rome Italy

50- Chronic Renal Insufficiency Secondary Anemia

Prof. Sabri Shamsan Hassan
Director Nephrology Villa Sandra
Rome, Italy

Prof. Hassan Sabri Shamsan
Via Malafede 40 / a2 / 8 - 00125 Rome /Italy

Personal Data
Name: Hassan Sabri Shamsan
Date and place of birth: October 23, 1956, Aden (Yemen)
Nationality: Italian-Yemeni
Marital Status: Married with three children
Qualification: Degree in Medicine and Surgery

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

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

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

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

Memberships

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

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

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

Dr. Mohamed Haysam Sawaf
Parodontologie-Implantologie
Paris, France

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

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

مراعاة مثبطات حمض اللاكتات دهيدروكيناز في معالجة السرطانات

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

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

(CV) Shihab Deiab, PhD
Department of Chemistry, Florida A&M University, 444 Gamble St. #204, Tallahassee, FL 32307, USA.
US Citizen

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

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

Teaching Experience (August 2002-present)
Assistant Professor Florida A&M University College of Pharmacy and Pharmaceutical, Sciences Department of Clinical Pharmacology
53- Experience of scientific research at Andalus University in Syria

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

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

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

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

Prof. Dr. med. Abdul MARTINI

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

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

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

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

Support:
- 2x Habilitation
- 21x Dissertation

Professional organizations:
Abstracts

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

Current occupation:
President Of Al Andalus University For Medical Sciences in Syria

54- News about the activities of international medical associations
أخبار الجمعيات الطبية العربية في المهجر

Speeches

11. Representative of Arab Leage
   - Ambassador Said Alhadi director of the Department of Health Arab Leage
   - Mr. Hatem El-Ruby Member of the Technical Secretariat of the Council of Arab Health Ministers

12. Dr. Abdul Hamid Sinan Representative of Sharq Hospital

13. Dr. Samir Quawsmie Representative of ARABMED in Jordan

14. Prof Dr.Wadea Tarhuni Representative of Canada

15. Dr Ossama Al Babbili Representative of ARABMED in UAE and Gulf Regin

16. Dr. Dr.Tammam Kelani President of ARABMED in Austria

17. Dr. Ghassan Elaghe President of ARABMED in Ireland

18. Prof Sabri Shamsan Hasan of ARABMED in Italy

19. Rami N Abu Shamsiya President of Association of Arab physicians in Ukraine

20. Representative of International Islamic Youth League, African Youth Development Centre Dr. Hamid Ahamed Kanneh (PHD) Chairman and Chief Executive Officer
Postoperative pain occurs after any operation, regardless of its volume. Ideal painkiller or treatment of acute postoperative pain does not exist. Solve the problem of the adequacy of postoperative analgesia allow the concept of preventive analgesia (PA) and multimodal analgesia (MMA).

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

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

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

Materials and Methods: The study features preoperative analgesia 123 patients operated on for breast cancer. Average age is 43 + 2.7 years. All patients received preoperative chemotherapy. The intensity of pain was assessed by visual analogue scale (VAS) before surgery, 6-8 hours after surgery and the next morning, measured blood pressure (BP), heart rate, body temperature, oxygen saturation. Patients were divided into two groups. In the first group (57 people) - ketorolac and diclofenac was administered in the evening before the operation. In the second group (66 people) – combination of dexketoprofen and paracetamol was administered. Postoperatively, using these same drugs is on demand. Operations carried out under total intravenous anesthesia. The mean duration of operation (taking into account the duration of anesthesia) is 115 minutes.

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

In the first group the following were noted an increase in body temperature and blood pressure, tachycardia. The second group performance did not differ significantly from baseline. Given the duration of action of drugs and intravenous routes of administration, the second group, additional analgesia postoperatively needed only at night. The average cost of drugs for analgesia in the first group 1.86 times more expensive than in the second. The postoperative hospital stays in the first group is 2.4 days more than in the second.
Phenylketonuria (PKU) is an inherited disorder of protein metabolism which inhibits the body’s ability to metabolize the essential amino acid phenylalanine. This study aimed to identify the level of adherence to dietary therapy among PKU patients in Gaza Strip and to examine the attitudes of parents toward their children. The sample of the study consisted of 92 PKU patients aged between 6 – 18 years, and 92 parents. Descriptive, cross-sectional design was used in this study. For data collection the researcher used constructive questionnaire, anthropometric measurements and blood samples for phe analysis. The results showed that 52.2% of patients were males and 47.8% were females, 41.3% had low BMI, 55.4% had normal BMI and 3.3% were overweight. Concerning phe, 32.6% had phe within recommended range and 67.4% had high phe levels, 96.7% were following diet therapy and 91.3% started diet therapy during their first year of life, and 81.5% of patients receive prescribed diet from MOH clinic. Also, 40.2% of patients follow recommended protein restriction every day and 28.3% follow it most of the days, 42.4% taking protein substitute every day and 48.9% take protein substitute most of the days, 1.1% count phe in mg, 64.1% count protein in grams, while 34.8% of children do not count anything. In the past six months, 60.9% checked phe level one or two times, 15.2% checked it three to six times, while 21.7% did not check their phe in the past six months. There were no statistical significant association between gender and: adherence to protein restriction ($\chi^2 = 4.87, P = 0.301$), taking protein substitute ($\chi^2 = 3.08, P = 0.379$), and phe level ($\chi^2 = 0.36, P = 0.548$). There was statistically significant association between level of education and taking protein substitute ($\chi^2 = 18.12, P = 0.000$), and phe level ($\chi^2 = 7.32, P = 0.007$). Also there were statistically significant association between age and taking protein substitute ($\chi^2 = 19.21, P = 0.000$), and phe level ($\chi^2 = 6.63, P = 0.010$). The results also found nonsignificant association between gender and the importance of keeping track with phe intake ($\chi^2 = 0.07, P = 0.784$), importance of following protein restriction every day ($\chi^2 = 0.91, P$ value was 0.339), importance of getting tested frequently ($\chi^2 = 1.39, P = 0.498$), and importance of having good relationship with staff at clinic ($\chi^2 = 0.68, P = 0.709$). Concerning parents' knowledge about PKU, the results showed that there were nonsignificant differences between fathers and mothers in all aspects of knowledge about PKU. On the other hand, there was statistically significant association between parents' level of education and knowledge about the effect of diet on child's health status ($\chi^2 = 12.52, P = 0.006$), knowledge about prevention of developmental delays that may occur among PKU children ($\chi^2 = 23.14, P = 0.000$), knowledge about the importance of diet therapy in improving health status of PKU children ($\chi^2 = 6.19, P = 0.045$). There were nonsignificant differences between fathers and mothers in their attitudes toward their PKU children. There were statistically significant association between parents' level of education and attitudes in the following aspects; instructing the child to have prescribed diet ($\chi^2 = 13.17, P = 0.001$), listening to children...
thoughts and opinions (χ² = 6.71, P = 0.010), helping their children in doing school homework (χ² = 13.54, P = 0.001), and thinking that their children will be effective and productive in the future (χ² = 4.31, P = 0.038). Also, there was statistically significant association between parents’ work status and accompanying the child to the clinic (χ² = 7.69, P = 0.021), allowing their children to participate in family discussions (χ² = 12.32, P = 0.002), and thinking that their PKU children will be effective and productive in the future (χ² = 16.58, P = 0.000). The study concluded that extra efforts are needed to alleviate barriers that may influence PKU patients’ adherence to diet therapy.

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Academic Qualifications
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- 1988 Master Degree, MSC, Alexandria University, Egypt (Chemical, Technological and Microbiological Studies on the Fermented Food.)
- 1984 Bachelor Degree, BSC, Alexandria University, Egypt (Bachelor of Science in Agriculture Honor (Food Technology))

Administrative Duties
2012 - Present Head of Department of Food Technology, Al-Azhar University, Department
2010 - 2012 Dean of Faculty of Agriculture and Environment, Al-Azhar University, Faculty
1997 - 2010 Director of Food Analysis Laboratory, Al-Azhar University, University

Professional Affiliation/Membership
2004 Agricultural Development Association (PARC) Secretary of Board, Member, National
Abstracts

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

Dr. Mahmoud Al Sheikh Ali
Faculty of Pharmacy, Al-Azhar University
Gaza, Palestine

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

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

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

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

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

Trial registration: Current Controlled Trials PALMOH132234.

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

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Education

- Al-Azhar University – Gaza – Palestine. Master of clinical nutrition program.
- Al-Azhar University – Gaza – Palestine. Faculty of Pharmacy. B.Sc. General Pharmacy.

Professional Experience in Gaza
Impact Of Fiber Concentrate On Insulin Sensitivity And Other Metabolic Control Among Diabetic Type 2 Patients: Randomized Control Trial (RCT).

Dr. Ihab A. Naser, Ayman S. Abu Tair, Amin T. Hamid
Al Azhar University, Gaza

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

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

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

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

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

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

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

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

Work experience
- 2013 - Present  as a Lecturer Al Azhar University – Gaza  Faculty of Pharmacy, Part time
  Lecturer at Master of Clinical Nutrition Program
- 2013- present as a Lectur Al Quds Open University – North Gaza Branch  Part time
- 2013- present as Lecturer of Human Nutrition for Health Management students Part
  time
- 2012 as a Trainer Union of Agricultural work committees (UAWC) Funded by Norwegian
  People’s Aid Defending Our Rights DOR Sovereignty on the food
59- Intelligent Computer Vision System For Sprague Dawley Rat Sperm Classification

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

Assistant Professor Samy A.M. Salamah
Palestine Technical College, Gaza, Palestine

60- Venomous Snakes In Oman

Dr. Al Rashdi Yahya Abdullah Armed
Director of medical service of Royal Army in Oman
Sultanate of Oman
Hemodynamic changes after hypothermic circulatory arrest in comparison to continuous "low-flow bypass" before and after modified ultrafiltration after aortic arch surgery

التغيرات الهيموديناميكية في جراحة قوس الأبهر في كل من طريقتي توقف الدورة الدموية الكامل والتربيد أو بالحفاظ على دورة دموية معتدلة

Dr. med. Nora Omar Mahmoud, Prof. Dr. med. R. Cesnjevar
Zentrum für Herzchirurgie Erlangen-Nürnberg, der Friedrich-Alexander-Universität Erlangen-Nürnberg, zu zeit Cnopf'sche Kinderklinik Nürnberg, Germany

Background and Objectives: Interventions on the aortic arch are routinely carried out in deep hypothermic circulatory arrest (DHCA). This method is accompanied, however with potential neurological damage, since the cerebral perfusion must be stopped now. Therefore, in recent years has increased the importance of the use of low-flow process by which the supply to the brain can be maintained and thus failed the neurological complications lower, which could be demonstrated in numerous studies. The extent to which the hemodynamics differs from each other during the use of these two methods should be clarified with this experiment.

More attention should be drawn in addition to the perfusion on the blood gas management (α-stat or pH-stat) and the hemodynamic changes associated.

Methods: 26 piglets were included in the study, of which 14 animals were cooled to 20 ° C and then a 60-minute cardiac arrest followed (group 1, DHCA) and the remaining 12 animals at 25 ° C via a bypass in the innominate artery with 30% were perfused the nominal flow for 60 minutes (Group 2, low-flow). Group 1 and Group 2 were additionally after blood gas management in the subgroups 1 a (DHCA, α-stat, n = 7), 1 b (DHCA, pH-stat, n = 7), 2 A (low-flow, α-stat, n = 6) and 2 b (low flow, pH-stat, n = 6) divided.

At different time points were measured using a Swan-Ganz catheter and a PICCO catheter examined the following hemodynamic parameters: MAD, LAP, CO, CI, PAP, PVR, CFI, SVR, ITBVI, EVLWI and GEDVI. Two ultrasonic flow probes provided information about the rivers in the common carotid artery, and the femoral artery.

Results: The tests showed no significant differences between the different perfusion (DHCA, low-flow) with regard to hemodynamics. The low-flow process clearly shows the continuous supply of both hemispheres, despite only unilateral cerebral perfusion through the innominate artery. However, it was observed no effective perfusion of the lower limb on congenital collaterals between the innominate artery and the descending aorta.

Conclusions
The low-flow process represents a there sufficient alternative to standardized for many years standstill method at Aorten arch operationen. Since the low-flow method impact no negative impact on hemodynamics, it can be assumed that the low-flow method for the future of surgical intervention will be established at the aortic arch, as it helps to avoid the ante grade perfusion of the brain neurological...
Abstracts

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is currently working as a consulting in the cnopfsche Pediatric Hospital in Nurnberg / Germany since 14 Sep.2012
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Education
10/2001 - 11/2007 medicine study at the Friedrich-Alexander University of Erlangen
with the conclusion of the state examination on November 28, 2007
Dissertation (University of Erlangen): Hemodynamic changes after hypothermic circulatory arrest in comparison to continuous "low-flow bypass" at aortic arch operation with use of extracorporeal circulation
April 7, 2014 Specialist in Pediatric Medicine (German Board), Medical Association of Bavaria, Germany

14 - Workshop Cardiology

31 - Prevention and early detection of cardiovascular disease.

Prof Dr. Wadea Tarhuni
President and CEO, Windsor Cardiac Centre
Windsor, Canada,

Workshops
Canadian Cardiac Care is more than happy to participate in presenting these workshops to improve cardiovascular prevention in Arab world
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<th>Name</th>
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<td>Al Dababseh Islam, M.D., PhD, Specialist General Surgery and Vascular Surgery Ukraine</td>
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<td>Dr. Mohamad (Jay) Al Khatib, York Diagnostic Laboratories, Co-Founder &amp; Laboratory Director</td>
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<td>Pro Elgarova Liliya Vjacheslavovna – professor, head of pedo pediatrics of Internal Diseases of the Kabardino-Balkarian State University, Nalchik, Russia</td>
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<td>42</td>
<td>Dr. Usha Matele</td>
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<td>43</td>
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/http://arabmedconference.ae
General Information ARABMED

Arab Medical Union in Europe

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

Members and several specialized committees meet regularly and have contacts to more than two thousand doctors in Europe. All ARABMED members including the administrative body are volunteers and do not receive any payments from ARABMED. Funding for activities comes from annual member fees and donations. ARABMED is headquartered in Germany and has branches in Ireland, Austria, France, Poland, the Gulf States and Jordan. The ARABMED National Office is committed to aiding the establishment of chapters in various states. The chapters must subscribe to the highest ethical standards and principles advocated by ARABMED and those in the medical profession.

In addition to educational, cultural and charitable events organized by the individual chapters, ARABMED sponsors national and international medical conventions every year. International conventions have been held in, various European countries, Egypt, Jordan, Syria, the United Arab Emirates and Turkey in cooperation with local health officials and medical institutions. National conventions have been held in a variety of cities in Germany and Europe. The conventions feature a unique blend of educational, cultural, social and humanitarian activities.

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

Since its inception, ARABMED has lived up to most of its objectives and has become a prominent player in European and Arab countries. Recently, new branches were established in Ireland (2009) and Jordan (2011). Since 1984, the association has been holding annual conferences in several European and Arab countries with the last conference (30th conference) held in Roma in 2014. These conferences represent the continued joint efforts of Arab doctors in Europe to improve the scientific and intellectual interaction between Arab doctors in the diaspora and their home countries. Over time, these medical conferences have steadily improved their academic quality and attracted more and more participants. During recent years, ARABMED’s conferences have seen the attendance of several thousand medical specialists from various European and Arab countries.

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

More specifically, the aims of ARABMED are as follows:

**Professional and educational aims**

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

**Cultural aims**

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

مع هذه الرسالة أدعوكم لإجتماع الهيئة الإدارية في مدينة الفجيرة و المقرر عقده في يوم الاثنين الواقع في 26 أكتوبر 2015 في فندق النوفوتيل الساعة الرابعة بعد الظهر والتي تتوافق مع المؤتمر الطبي السنوي ال 31 لوضع البرنامج الاستراتيجي للإتحاد في هذه السنة وتحديد الفعاليات التي سوف نسعى لتحقيقها بذن الله نرجو منكم بارسال مقترحاتكم إلى عنوان الإتحاد لكي يتم إضافته إلى الجدول قبل الموعد لتوزيعها لكم في الوقت المناسب

Sehr geehrter Vorstand Mitglieder der Union
Zum unsre Vorstandssitzung Lade ich Sie nach Fujairah am Montag 26. October 2015 um 17.30 in Novotel Al Fujaihra
Dieses Treffen ist von äußerster Priorität
Mit Kollegialen Grüßen

إتحاد أطباء العرب في أوروبا منكم واليكم
ساهموا فيها بأفكاركم وخبراتكم
Homepage: http://www.arabmed.de
http://arabmedconference.ae
**General Information Fujairah**

_Fujairah_ is one of the seven emirates that make up the United Arab Emirates, and the only one of the seven that has a coastline solely on the Gulf of Oman and none on the Persian Gulf.

The Emirate of Fujairah covers approximately 1,166 km², or about 1.5% of the area of the UAE, and is the fifth largest Emirate in the UAE. Its population is around 152,000 inhabitants (in 2009).

The weather is seasonal, although it is warm most of the year. The months of October to March are generally regarded as the coolest, with daytime temperatures averaging around 25 °C (77 °F) and rarely venturing above 30 °C (86 °F)—with temperatures climbing to over 40 °C (104 °F) degrees in the summer. The winter period also coincides with the rainy season and although by no means guaranteed, this is when Fujairah experiences the bulk of its precipitation. Rainfall is higher than the rest of the UAE, partly because of the effect of the mountains that encircle the Emirate, and partly because the prevailing winds are easterly bringing with them water-laden clouds off the warm Indian Ocean.

Travel in and around Fujairah and the surrounding towns of Khor Kalba, Khor Fakkan, Kalba and Masafi has been made easy by the development of modern highways over the last 30 years, since gaining independence in 1971.

Fujairah is the only Emirate of the UAE that is almost totally mountainous. All the other Emirates, like Dubai and Abu Dhabi are located on the west coast, and are largely covered by desert. Consequently, Fujairah boasts a higher than average yearly rainfall of the UAE, allowing farmers in the region to produce one crop every year.
Al Sharq Hospital:
Al Sharq Hospital is the first private hospital in the east coast of UAE to be awarded Joint Commission International Accreditation (JCI). Al Sharq Hospital is first 100 bed premium private general medical facilities located in Fujairah to offer advanced medical care and emergency services which are working 24 hours. The hospital have a full-fledged Emergency department, 21 Outpatient departments, ICU, NICU, Endoscopy, Delivery suites, Day Surgery units. The Hospital will offer both inpatient and outpatient care which covers Medical and Surgical Specialties. The state of the art Diagnostic facility includes advanced and fully automated Laboratory equipments and Imaging unit equipment such as Open MRI, Panorama 1.0 Tesla, Open MRI, Panorama 1.0 Tesla, Mammography, 4D - Ultrasound, Fluoroscopy, etc. All departments are manned with highly experienced staff providing accurate reliable evidence based care and quality services on International standards.

مستشفى الشرق:
هو أول مستشفى حائز على الاعتمادية الأمريكية في منطقة الساحل الشرقي من الدولة. مستشفى الشرق يتسع لثمانية سرير مجتز بأفضل وسائل الراحة والأمان, كما يقدم المستشفى أيضا خدمات الإسعاف والطوارئ بشكل مكتمل تعمل على مدار 24 ساعة, يضم المستشفى إحدى وعشرين عيادة خارجية متخصصة يشرف عليها نخبة مميزة من الأطباء الاستشاريين والاختصاصيين الأكفان, كما يشمل المستشفى أيضاً على وحدة العناية المركزية, ووحدة العناية المركزية للأطفال, ووحدة المناطير, وغرفة ولادة مجهزة بأحدث الأجهزة, وغرف عمليات مجهزة بأحدث التقنيات مع إمكانية التواصل عن بعد مع المستشفيات العالمية.

كما ويقدم المستشفى وحدات الإجراءات التشخيصية (المختبر, الأشعة) جهزت بعناية فائقة وجودة عالية, وتتوفر لدينا خدمات الأشعة التشخيصية, الرنين المغناطيسي المفتوح, والأشعة المقطعية, والتصوير الشعاعي للثدي, والتصوير بالأمواج فوق الصوتية, والتنظير, ويقوم بالإشراف على هذه الأقسام كادر طبي مؤهل ومن ذوي الخبرة المهنية والأكاديمية العالية.
General Information Fujairah

Sheikh Zayed Mosque of Fujairah UAE

Name: The mosque will be called the ‘Sheikh Zayed Mosque’ of Fujairah to commemorate the life and legacy of the ‘father of the nation’. This building is receiving funds from the Zayed Bin Sultan Al Nahyan Charitable and Humanitarian Foundation. The foundations are being dug for what is reputed to become the second largest mosque in the United Arab Emirates.

When finished in the projected 800 days, the mosque won’t quite span the area of the Grand Mosque in Abu Dhabi, nor will it have the elaborate and expensive finish that adorns this largest mosque, located in the UAE’s capital. Yet this new mosque will become a significant landmark in the city of Fujairah and will take on a cathedral status for the north-eastern emirate. Already Fujairah is known for having the oldest functioning mosque in the UAE, located at Al Bidya.

Cost: The cost of the new mosque is AED 190,500,000.00 or US$ 52.1 million.

Building Team: The new mosque is the project of the Fujairah Ministry of Public Works and is being constructed by the United Engineering Construction which is based in Dubai with offices in Abu Dhabi and Sharjah.

Since 1993 this company has acquired a vast and varied portfolio of large projects including residential towers, residential developments, educational and commercial buildings, hotels, hospitals and libraries.

Over these two decades the UEC has constructed more than six mosques, including the Grand Mosque in Sharjah.

The architects are a Malaysian firm, Arkitek ICB aided by Mabani Consultants.

Size: The Sheikh Zayed Mosque of Fujairah will have an approximate capacity for 28,000 worshippers and will consist of a main prayer hall and an external open courtyard for prayer.

Style: Judging by the architect’s impression (pictured) this new mosque will be distinguished by its large number of domes and in this regard it will be like the large mosque in Turkey.

Central Location: The mosque is being built on prime real estate behind the high rise buildings on the left of the main street as one approaches Fujairah from Dubai or Sharjah.

The land is bordered by Moh’d Bin Matar, Al Ittihad and Al Salam roads and is opposite the Al Bustan Function Hall.
Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24-28 Oct. 2015
قلعة البثنة:
تعتبر قلعة البثنة من أشهر القلاع الموجودة في الفجيرة، حيث شيدها عام 1735 أي أن عمرها تجاوز 270 عاماً تقريباً وتأتي شهرة القلعة من شكلها العمري القديم وواجهتها الجيدة من حيث البناء إلى جانب موقعها المتميز، كما أنها تقع في منطقة تعد المدخل الرئيسي لإمارة الفجيرة، لذا فقد اهتم بها الشيوخ اهتماماً كبيراً نظراً لدورها الخطر في حماية الإمارة بشكل محدد من غزوات الأعداء، ولذا بنيت القلعة لتكون بمثابة الحصن الحصين للإمارة.

حصن الحيل:
يعتبر حصن الحيل أحد الحصون القوية المهمة التي تحتل موقعها استراتيجياً يعتبر ملتقى أكثر من اتجاه ونقطة توجد في الطريق إلى الفجيرة. وقد بني الحصن في قرية الحيل على الضفة الغربية لوادي الحيل على جبل يرتفع حوالي 40 متر عن سطح أرض الوادي وسمي الحبل باسم الحصن. وفقاً لروايات المعمرين من الأهالي من سكان المنطقة أنه بني في عهد الشيخ حمد بن عياد، الشهري واستناداً إلى نتائج التحليل الكيميائي لكترون 14 بأن الحصن بني في العام 1830م.

وادي وريعة:
توجد فيه نبع الوريعة العذبة و تستقطب السياح والزوار في مختلف مواسم السنة خلال عطلة نهاية الأسبوع لضعها الرائع حيث الجبال والوديان و الوصول إلى موقعها يكون من خلال طريق مدينة الفجيرة - البداية والإنحراف في طريق ممهد عبر وادي الوريعة إلى مسافة ينصح بعدها باستخدام سيارات ذات الدفع الرباعي فقط.

عيون المياه المعدنية والكبريتية:
تتميز إمارة الفجيرة بوجود عيون المياه المعدنية والكبريتية التي تعتبر ملاذاً للناس من مختلف الأماكن لغرض الاستشفاء من بعض الأمراض الجلدية وأمراض المفاصل، وأهم تلك المواقع:

عين مضب:
تقع في وسط حديقة ومنتزه مضبط في نهاية شارع الإتحاد في الطرف الشمالي لمدينة الفجيرة، حيث يرتادها الناس لغرض الاستشفاء من بعض الأمراض الجلدية حيث يستطيع المريض النزول والاستحمام في مياه العين في برهة من الوقت، و يأتي إلى العين الناس من مختلف الأماكن بقصد معالجة بعض الأمراض الجلدية و أمراض المفاصل و غيرها، وتشير العين بتركيب مياهها المعدنية و الكبريتية.

عين الغمور الكبريتية:
تقع على بعد 25 كيلومتراً من مركز مدينة الفجيرة جنوباً و تربط الطريق المؤدي إلى الفجيرة - أحلية، في منطقة غنية بأشجار السمر والخليط والأرك و كثافة النباتات من العين تتوفر رائحة الكبريت المتربعة عن مياه العين التي تساب بعض مياهها في مجرى الوادي وتتسلب على جوانب النادي الكبريت البيضاء المترسبة عن مياه العين، و تصل درجة حرارة مياة العين (55-60) درجة مئوية، و يؤمن الناس موقع عين الغمور ل хорошة التركيب الكيميائي و درجة حرارة المياة المترفعة ناشدين الاستشفاء من أمراض الروماتيزم و المفاصل و ضمور العضلات و بعض الأمراض الجلدية، وقد سجلت حالات شفاء كثيرة من تلك الأمراض.
لملاحظات هامة للمحاضرين

- تم قبول المحاضرات التي قدمت في فترة الإعلان عن المؤتمر.
- يجب على كل المحاضرين التقديم بالوقت المخصص لهم (15 دقيقة فقط).
- لغة المؤتمر: اللغة العربية والإنكليزية يجب أن تكون لغة شرائح العرض باللغة الإنجليزية أو العربية مع لغة أخرى لسهولة الفهم للمشتركين غير العرب.
- يجب على المحاضرين التأكد من تجهيز الشرائح أو الأقراص قبل بدء الجلسة مع ذكر رقم المحاضرة واسم المحاضر.
- يجب استعمال الكومبيوتر الشخصي غير مسموح لكسب الوقت.
- المحاضر المسؤول عن محتوى محاضرته.
- نأمل من المشتركين حضور الجلسات العلمية بأعداد كبيرة والمساهمة الفعالة في المناقشات مع ذكر الاسم وبلد الإقامة في حالة المشاركة والحرص على دقة المواعيد.
- في حالة عدم تمكن المحاضر من الحضور نرجو منكم إخبار اللجنة التنظيمية ورئيس الجلسة والسكرتارية قبل المؤتمر أو قبلي بدء الجلسة.
- توزيع وثائق الحضور في نهاية المؤتمر.

General Information

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

General Information

Venue and the Conference

In Adagio aparthotel in the Fujairah. Novotel and Ibis Hotel in Fujairah share the same place, which is very convenient for communication and travel. The advantage of these hotels is that they are connected with each other in the building, where the difference is only in price and room size. All services are available in the hotel. Internet, drinking water, local newspaper, and the ability to prepare tea and coffee. Hotel reservations are handled by a person not related to the organizing committee. Hotel prices are subject to change based on availability. 

Novotel, Ibis Hotel Fujairah and Adagio aparthotel

Hamad Bin Abdullah Road, P.O. Box 2751, Fujairah, UAE, Tel: +97192239999, Email: h6822@accor.com, www.Novotel.com

Contact for Hotel Reservation:

Djaja Marie S. Pastor, Sales and Marketing Coordinator
E-mail: H6822-SL4@accor.com, Tel: +971 (9) 203 4808, Fax: +971 (9) 203 4900

-For the Hotel reservation, please contact the title mentioned above or directly with the hotel in Fujairah, or booking through the Internet

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

It is recommended that the raffle winners in the conference, with the arrival of hotels and apartments, or with the check-in in the hotel. The conference is not responsible for organizing flights and accommodation in the UAE.

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

<table>
<thead>
<tr>
<th>Rate for 1x Nights bed and breakfast</th>
<th>Novotel</th>
<th>Ibis Hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td>400 (AED)</td>
<td>338 (AED)</td>
</tr>
<tr>
<td>Double room</td>
<td>480 (AED)</td>
<td>388 (AED)</td>
</tr>
<tr>
<td>Extra cost for Dinner or lunch for 1x Adult</td>
<td>100 (AED)</td>
<td>90-100 (AED)</td>
</tr>
</tbody>
</table>

Note: Self-service meals

The hotel has the option to book apartments for families or small groups in the Adagio Aparthotel in the building next door, if you want. Please ask!

Cancellation of registration

<table>
<thead>
<tr>
<th>Date</th>
<th>Cancellation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1 Sept.2015</td>
<td>25% of the price</td>
</tr>
<tr>
<td>After 1 Sept.2015</td>
<td>50% of the price</td>
</tr>
<tr>
<td>After 1 Oct.2015</td>
<td>100% of the price</td>
</tr>
</tbody>
</table>

Note: Self-service meals

The hotel offers self-service meals.

The organizing committee does not assume the organization of flights and accommodation in the UAE.

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

Workshop Fee 300 AED
Registration Fee for physicians

<table>
<thead>
<tr>
<th>Fees in Euro</th>
<th>Fees in Euro per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Member 130,00</td>
<td>300,00 AED</td>
</tr>
<tr>
<td>Member 110,00</td>
<td>10,00</td>
</tr>
</tbody>
</table>

No Member 140,00
Member 120,00
No Member 150,00
Member 130,00
500,00(AED)

Registration Fee for Non physicians

<table>
<thead>
<tr>
<th>Fees in Euro per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for nurses and technicians</td>
</tr>
</tbody>
</table>

Fee for Partner or Companion per day
65 Euro or 250 AED

Fee for Partner or Companion for 2 days
130,00 Euro or 500 AED

Bank Transfer for ARABMED in Europe (Germany)

Union Arabischer Mediziner in Europa Germany (ARABMED)
Sparkasse Erlangen, BIC-/SWIFT-Code: BYLADEM1ERH
IBAN-Nummer: DE22 763500000060025142

Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24- 28 Oct. 2015
Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24-28 Oct. 2015
حققت دولة الإمارات العربية المتحدة منذ نشأتها عام 1972 وحتى اليوم، في فترة زمنية قياسية تقدماً وتطوراً فريداً من نوعية لم يسبق أن حققته أي دولة من قبل ولا أعتقد أن بإمكان أي دولة أخرى أن تحقق في المستقبل تلك الذي وصلت إليه. لقد كتب هذا التقدم والتطور عاماً في جميع المجالات، وبالطبع كان المجال الطبي هو من أهم المجالات التي شملها هذا التطور، ومن دون مثيل لها. وقد أثار هذا التطور وخاصة في مجال الطب المختبري من خلال عمل كرئيس لقسم المختبرات في وزارة الصحة بدبي أو من خلال افتتاح أول مختبر طبي متخصص في دبى عام 1982.

فقد كانت الخدمات الطبية في بداية الاتحاد بدائية جداً، ولكن على ذلك الدقة المختبرات الطبية حيث كان ينقصها الأجهزة المتطورة والأدوات المناسبة، ومواد التحاليل المختلفة، وبصورة خاصة الكادر الفني الذي يكاد يكون غير موجود. تأتي ناخب على عدم وجود أي معايير لقياس الجودة أو أي اعتماد دولي لأي من المختبرات في ذلك الوقت. على عكس ما نجده الآن، أن نوعية المختبرات الطبية في القطاعين العام والخاص في الدولة تعتبر من الأولى عالمياً من كل النواحي، وذلك بفضل القوانين المتقدمة والصارمة التي وقفت لوزارة الصحة والدوائر الصحية في مختلف الإمارات. حيث لا يسمح لأي مختبر بممارسة عمله في الدولة بدون تحقيق جميع الشروط المرعية بما فيها الاعتماد الدولي.

وعليه فإننا نلتقي من تطور في مجال المختبرات الطبية، بنطاق تاماً على باقي فروع الطب والخدمات الطبية، حيث تتمتع دولة الإمارات العربية المتحدة بخدمات طبية عالية المستوى كما أصبحت مقصداً للاستجمام والعلاج.

لكثير من مواطني الدول المجاورة، وبناءً على رغبتنا في توثيق الصلة الطبية والتعليمية الطبية بين إتحاد الأطباء العرب في أوروبا ومؤسسات الصحة في الإمارات، تم إقتراح عقد المؤتمر السنوي لـ31 إتحاد الأطباء العرب في أوروبا في إمارة والفجيرة.

ولقد رحبت الهيئة الإدارية للإتحاد بهذا الاقتراح كما رحبت به شركة الشرق للخدمات الطبية في الفجيرة، حيث ستستضيف الفجيرة وتتم الإتفاق على أن يعقد هذا المؤتمر في الفجيرة، ويرعاية سامية من حاكم إمارة الفجيرة.

وعند المجلس الأعلى للإتحاد صاحب السمو الشيخ حمد بن محمد الشرقي، حفظه الله، وناهيك أنه أظهر بأمر القسم، بين إتحاد الأطباء العرب في أوروبا ومؤسسة الشرق للرعاية الصحية، لن تقتصر على عدد هذا المؤتمر وإنما هو بداية لإذن للتعاون شاملي بين المرافقين وفي مجالات عديدة كالتالمونغ العلمي الطبي والتعاون الطبي القائم، ومن المجلة الأعلى للإتحاد على تيفنرائل بموافقة على رعاية هذا المؤتمر كما أشار كل من شعيب ويساهم في إنجاح هذا المؤتمر من قبل الهيئة الإدارية لاتحاد الطبي الهولندي في أوروبا وشركة الشرق للخدمات الطبية، وأمن من الله سبحانه وتعالى التوفيق فيما نصبو إليه في هذا المؤتمر.

الدكتور أسامة البيبي
الأمين العام للمؤتمر
الكلمات الترحيبية

الزملاء والزملاء الكرام

تحية طيبة وبعد

نشرف بالجنة المنظمة لاتحاد الأطباء العرب في أوروبا على تنفيذ هذه التظاهرة ونتمنى أن نكون على رأسها إلى تغيير المادية المادية في القطاع الصحي وتقليل التكاليف. البيانات الديمغرافية للسكان يشير إلى أن هناك رفضاً واستياء من قبل العليا في الغرب في التعامل مع الأطباء العرب في المهجر مع المضي في التقدم. بالرغم من ذلك، لا يوجد مثيل لها مثيل في العالم.

نأمل مشاركتكم في هذا المؤتمر ونضع في اعتباركم أن ذلك يشير إلى اهتمامنا بالعمل العربي المشترك والتعاون في مجالات الصحة المختلفة.

الدكتور فضيحة محمد

رئيس اتحاد أطباء العرب في أوروبا ورئيسي المؤتمر
إتحاد الأطباء العرب في اوروبا منظمة داعية للسلام

www.Arabmed.de

http://arabmedconference.ae
31st Annual Meeting of ARABMED in Europe
8th Joint International Medical Conferences for European and Arabian Universities
«Advances in Contemporary Medicine»
24 - 28 October 2015
Fujairah - United Arab Emirates (UAE)
البرنامج العلمي والملخصات
المؤتمر الطبي السنوي الواحد والثلاثون لاتحاد أطباء العرب في أوروبا
عن
الجديد في الطب المعاصر

Scientific Program & Abstracts
Pre Program 31st Annual Meeting of ARABMED In Europe in Fujairah 24-28 Oct. 2015
البرنامج العلمي والملخصات

31st Annual Meeting of ArabMed in Europe - Fujairah

الجديد في الطب المعاصر

يرجى مشاركة هذه المعلومات.

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