

HYBRID EVENT



2ND INTERNATIONAL CONFERENCE ON SURGERY AND ANESTHESIA

VENUE

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Arab Emirates

**DECEMBER
02, 2024**

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Our Keynote Speakers



Brandon Lucke-Wold
University of Florida
USA



Bernd Blobel
University of Regensburg
Germany



Sergey Suchkov
Moscow State University
Russia



Franco Maria Buonaguro
National Cancer Institute
Italy



Franco Ionna
Tumor Institute
Italy



Ospan A Mynbaev
Moscow Institute of
Physics and Technology
Russia

Thank You All

WELCOME MESSAGE



Bernd Blobel

**University of Regensburg
Germany**

Dear participants of the 2nd International Conference on Surgery and Anesthesia, it is an honor and pleasure to write a few welcome notes. The ongoing healthcare transformation towards personalized, preventive, predictive, participative precision medicine (P5M) considers individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context. Thereby, the actors from multiple domains with their own methodologies, languages, ontologies, education and skills, but also new and old technical components must be able to correctly and comprehensively communicate and cooperate to guarantee integration and interoperability of the ecosystem and all its components. This requires a full understanding of the business system and its use cases, but also intelligent as well as ethical action. For realizing this, the highly dynamic, complex, context-aware, multi-disciplinary transformed healthcare ecosystem must be represented as system of systems, using a system-theoretical, ontology-based, policy-driven approach standardized in ISO 23903 Interoperability and Integration Reference Architecture. Because of its formal and foundational nature, model and methodology are not restricted to health and social care, but has been successfully deployed already in many other domains. We look forward to an exciting and productive conference.

WELCOME MESSAGE



Franco Ionna

Tumor Institute

Italy

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 2nd International Conference on Surgery and Anesthesia (Surgery 2024), to be held on December 02-03, 2024 in the beautiful city of Dubai, UAE. The theme of this year's conference is "Explore multidisciplinary approaches, advancements in Surgery and Anesthesia" and will focus on strategies to elevate surgery and anesthesia to new heights. Engage in cutting-edge surgical methodologies, including robotic surgery, and explore collaborative opportunities that bridge disciplines. Join us in shaping the future of surgery – where precision meets compassion, and patient well-being is paramount. Elevate your practice with the latest advancements in Surgery and Anesthesia.

While you are here, I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work, with the possibility of short term exchange practical programs in our Comprehensive Cancer Center. I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city and use pre and post conference times to enjoy the sites. We are enthusiastic about your attendance and participation. Enjoy the conference!

WELCOME MESSAGE



Franco Maria Buonaguro

National Cancer Institute

Italy

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ORAL PRESENTATIONS

DECEMBER
02, 2024

Michal Misho Hubka

Virginia Mason Medical Center
USA



Early ambulation and chest tube removal contributes to postoperative day one discharge in majority of robotic pulmonary lobectomy patients at an eras center

Abstract:

Background: Application of Enhanced Recovery After Surgery (ERAS) pathways in robotic lobectomy has been associated with decreased length of stay (LOS). We evaluated differences in patient characteristics and adherence of ERAS benchmarks by discharge groups at a tertiary referral center.

Materials and Methods: We performed a retrospective analysis of a prospectively maintained ERAS database of patients undergoing robotic lobectomy for pulmonary malignancy. Patients were trifurcated into LOS groups, postoperative day 1, 2-3, and 4+. ERAS adherence, complications, and readmissions were analyzed.

Results: Between October 2018 and August 2022, 145 consecutive patients were reviewed. Eighty-two (56.6%) were discharged on POD1, 50 (34.5%) POD2-3, and 13 (9.0%) POD4+. Patients achieving POD1 discharge had better preoperative pulmonary function (FEV1 $p=0.023$, DLCO $p=0.007$) and shorter operative times ($p=0.001$). Of the fifty-five patients (37.9%) who experienced an air leak on POD1, the majority (64.0%) had a LOS of POD 2-3 ($p<0.001$). Twenty five (17.2%) patients were discharged with a chest tube. The POD1 discharge group ambulated earlier ($p=0.005$) and experienced no inpatient complications. Only 3.7% of the POD1 group were readmitted ($p=0.035$). Those experiencing a minor inpatient complication ambulated 5.8 hours slower than those who do not.

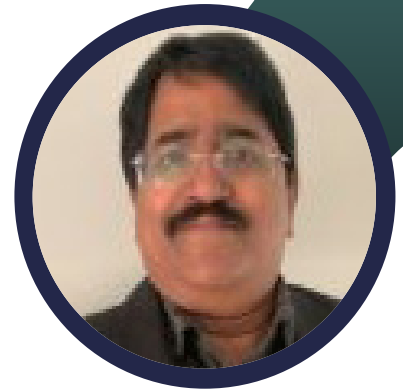
Conclusion: ERAS principles can facilitate POD1 discharge in the majority of patients undergoing robotic assisted lobectomy without an increase in complications or readmissions. Early ambulation and chest tube removal are modifiable elements of ERAS associated with POD1 discharge.

Biography

Michal Hubka is a robotic thoracic surgical oncologist from Virginia Mason in Seattle, WA. He completed his BS and MD studies at the University of Washington School of Medicine. He serves as chief of thoracic surgery and executive medical director of the Center for Digestive Health at Virginia Mason. He has published 29 manuscripts in reputed journals on topics of robotic lobectomy, esophagectomy and paraesophageal hernia repair as well as clinical recovery after surgery. He has been voted Top Doctor in Seattle, USA for the past seven years.

Radha Nair

Central Gippsland Health Service
Australia



Strategies when encountered with difficult laparoscopic cholecystectomy

Abstract:

It is a common to encounter difficult dissection when performing Laparoscopic cholecystectomy. (LC)The department of surgery at CGHS has developed strategies to adopt when a difficult gall bladder dissection is encountered to safely perform the surgery. The presentation highlights different dissection methods and alternate options available without conversion to an open procedure. This also outlines the retrospective analysis of our data of 40 cases of difficult dissection of LC and their outcomes out of 320 cases of LC done at CGHS from 2021-2023.

Biography

Nair studied medicine in India and subsequently attained surgical fellowship from India, UK and Australia. He has worked internationally before accepting a senior consultant position at Alice Springs Hospital, Australia and then as the Director of Surgery at CGHS, Sale, Australia. And Mr Nair is a teacher and guide for endoscopy with GESA credentials. He is a member of Academic surgery of RACS (Royal Australasian College of Surgeons), Oncology division of RACS, SET examiner for trainees of RACS. He is a mentor for the surgical trainees and a member of General Surgeons, Australia. He is an adjunct Lecturer of Monash school of Medicine. He has many memberships with other institutions and organisations.

Alsobahi Najmah

Makkah Health Cluster
Saudi Arabia



Different metastatic pattern of lobular breast carcinoma

Abstract:

Introduction and importance: The most common cancer among females worldwide and in Saudi Arabia is breast cancer. Lobular breast carcinoma is the second most common subtype of breast cancer. There are different patterns of metastasis as ductal breast cancer spreads to the liver, lung, brain, and bone while the lobular subtype metastasizes to the gastrointestinal tract.

Case presentation: A 69-year-old Indian pilgrim presented to the ER complaining of abdominal pain, vomiting, and abdominal distention admitted as a case of intestinal obstruction. CT scan demonstrated intestinal obstruction with transition zone at the terminal ileum. The patient underwent exploratory laparotomy where she was found to have a mass at the terminal ileum. Resection of around 8 cm of small bowel and primary anastomosis were done, histopathology revealed metastatic lobular breast carcinoma.

Clinical discussion: Patients with metastatic breast cancer to the gastrointestinal tract often present with nonspecific symptoms, while acute cases present with complications such as perforation. In a retrospective review of metastatic breast cancer, the majority metastasizes to the colon and rectum, while 19 % to the small bowel. Palliative surgery is considered the first-line treatment of complicated patients, while stable cases are referred to medical oncology.

Conclusion: Breast cancer is the second most common cancer leading to death and lobular subtype has more propensity to metastasize to the gastrointestinal tract compared to ductal breast cancer. Regarding patients presenting to the emergency bay, treating the emergency complaints is the standard management. For immigrant patients, we highly recommend creating a data system for sending histopathology reports to facilitate follow-up in their countries

Biography

Najmah .AAlsobahi , General Surgery consultant at Makkah Health Cluster, now she is working at Hera'a Hospital in Makkah, she got the General Surgery Board certificate from King Avdullah Medical City(Makkah) at 2021, then she got the Fellowship in Minimal Access Surgery (MAS) under observation of Dr.Mishra. she is a member in the Saudi Society of Breast and Endocrine Surgery, the field of interest for further fellowship is breast oncology surgery.

Amal Hammad

University of Sadat City
Egypt



Pharmacodynamics and pharmacokinetics of nalbuphine in Xylazine-Sedated horse

Abstract:

This study describes the selected pharmacodynamics and pharmacokinetics of nalbuphine (NAL) in xylazine (XYL)-sedated horses. Five adult healthy horses were randomly received 2 treatments at a 1-week interval; XYL treatment (0.55 mg/kg IV) and XYL/NAL treatment (XYL, 0.55 mg/kg IV; NAL, 0.3 mg/kg IV). The measured pharmacodynamic variables were sedative and analgesic effects and the effect on ataxia and some physiological parameters. For the pharmacokinetics of NAL, its plasma concentrations were measured using HPLC and a 2-compartment analysis was performed. Greater and prolonged sedation was evident after XYL/NAL treatment compared with XYL treatment. Slightly improved and prolonged analgesia was demonstrated after XYL/NAL treatment. Significant changes in blood pressure and respiratory rate lasted for a shorter duration with XYL/NAL treatment than with XYL treatment. After XYL treatment, rectal temperature was significantly different from baseline and XYL/NAL treatment. Elimination half-life of NAL was 3.47 ± 1.39 hours and total body clearance was 2.88 ± 0.73 L/kg/hour. In conclusion, addition of NAL to XYL resulted in remarkable advantages on the measured parameters. The obtained pharmacokinetics of NAL could be useful in determining the effective NAL infusion rate, which could be further evaluated as an adjunctive agent to XYL for prolonged sedation in horses.

Biography

Amal Hammad is a lecturer at department of Surgery, Anesthesiology and Radiology, Faculty of Veterinary Medicine, University of Sadat city, Egypt. She was a visiting scholar at University of Tennessee at age of 30 years. She got her PhD at age of 32 years from Faculty of Veterinary Medicine, University of Sadat city where she is also performing postdoctoral studies. She was a knowledge ambassador at University of Sadat City. General anesthesia and pain management in small animals and standing sedation in horses are the main areas of research and expertise. She published 11 research papers and one book chapter.

Magdy Imam Abdel Aleem Taha

Saqr Hospital -EHS
UAE



Point Of Care Ultrasound (POCUS) in anesthesia is it still optional?

Abstract:

Ultrasound is a safe, portable, inexpensive, and easily accessible tool. This diagnostic tool can be very beneficial for anaesthesiologists in their routine practice beside ultrasound guided nerve block and vascular access. There are multiple potential areas where ultrasound plays an important role in the guidance of blind and invasive interventions, diagnosis of critical conditions, and assessment of possible anatomical variations that may lead to modification of the anaesthetic plan. While POCUS is well-established for ultrasound-guided nerve blocks and vascular access, its scope extends further and the use of POCUS is growing worldwide, as it makes it easier for anaesthesiologists to tailor patient management in the intensive care unit, before the surgery, and in the prehospital setting. This rapid review aims to describe the main applications of ultrasound in anaesthesia, beyond routine use in vascular access and nerve blocks, with emphasis in the perioperative management of anaesthetic complications and optimizing patient care.

Biography

Magdy Imam, Consultant anesthesia and intensive care -EHS and associated professor of anesthesia and intensive care RAKMSHS.

Franco Maria Buonaguro

National Cancer Institute
Italy



HPV-related head and neck cancers prevention and treatment

Abstract:

Head and neck squamous cell carcinoma (HNSCC) is the sixth most common cancer world-wide with an increasing trend of its incidence. Alcohol consumption, smoking, and viral infections, such as the mucosal high risk (HR) human papillomaviruses (HPVs) are major risk factors for HNSCC development. HPV-driven HNSCC incidence is increasing in Europe and North America, while the incidence of mucosal HR HPV-positive HNSCCs in low-income countries is still low. Tobacco and alcohol consumption, in fact, remain the principal risk factors in these countries. HR HPVs are mainly associated with a subset of oropharyngeal squamous cell carcinoma (OPSCC), while other head and neck sites are marginally affected by HPV infection.

Although no identifiable pre-malignant lesions have been characterized for HPV-related HNSCC and no screening programs are available, OPSCC, prevalently associated to HPV 16 infections, in the near future will be prevented by HPV vaccinations programs, slowly implemented also in young men. In the mean time, besides the current development of more effective biomarkers, innovative less invasive de-escalating treatment will be used including Low-Dose Radiation.

Biography

Franco M. Buonaguro, MD Past-Director Molecular-Biology and Viral-Oncology Unit, Natl Cancer Inst (INT), Naples – ITALY; graduated cum laude in 1977 “Federico II” Medical School Naples – Italy; board certified in Endocrinology (1982), in Microbiology-Virology (1992); Postdoctoral fellow, Dpt Cell Biology, Argonne National Laboratory, IL,USA (1979–81); WHO Fellow and research associate, Tumor Biology Program, FHCRC, Seattle,WA,USA (1983–86), assistant member Viral Oncology, INT; promoted Associate member in 1991, full member in 2001. 2008–2022 Director Molecular Biology and Viral Oncology, AIDS Ref Center, INT. 2020–24 Director, GVN Italian Center; Founder and Editor-in-Chief Infectious Agents and Cancer: Publications’ 260–Documents, 49–H-Index.

Franco Ionna

Tumor Institute
Italy



Transoral robotic surgery in the head and neck District: The experience at the istituto tumori fond pascale naples

Abstract:

Background: Transoral robotic surgery (TORS), introduced by Weinstein et al. in 2005, has been adopted as a minimally invasive procedure also in head and neck surgery. The robot allows surgical interventions in anatomically complex spaces that can only be reached thanks to the use of well-articulated handpieces. The 3D vision gives the feeling of being inside the patient. It is a very different condition from endoscopic LASER surgery.

Methods: 162 patients have been enrolled and treated for H&N cancer by TORS at Head & Neck Surgery Dpt of INT, Naples Italy. The staging assessment, including neck ultrasound and total body PET/CT scan, was performed in each patient according to the TNM classification.

Results: From October 2013 to December 2023, 162 consecutive TORS were performed. The three main subsites were: supraglottic larynx, parapharyngeal space and oropharynx. Neck dissection was performed in 23 cases. Tracheotomy was performed in 10 cases for respiratory failures. At the end of surgery, a feeding tube was inserted in 55 patients. The average length of hospital stay was 10 days. Major complications included post-surgery bleeding in 3 patients; and respiratory failures in 2 patients, treated with tracheotomy and monitored in the Intensive Care Unit (ICU) for 3 days.

Conclusions: Robotic surgery is to be considered a valid alternative to traditional open treatment with the advantages of an endoscopic procedure together with excellent oncological and functional results. Furthermore, TORS is more appropriate for personalized combination with radio and chemotherapy as well as novel therapeutic deintensification of HPV-related OPSCC

Biography

F. Ionna has completed his Medical Degree at the age of 25 years from Naples Federico II University and his surgery specialty and sub-specialty post-graduate studies at Federico II University School of Medicine with final ENT as well as maxillofacial surgeon board certifications. He is the director of the Head and Neck Surgery Division and the related Department, at the Natl Comprehensive Cancer Center in Naples, Italy. He has published more than 100 papers in PubMed indexed journals and past-president of the Italian ENT association (AOICO).

Alexander Klimakov

Botkin Hospital
Russia



Method of effectiveness estimation of simulation trainings on surgical manipulations

Abstract:

Varies surgical manipulations (SM) are the key in surgery. Many of them are difficult skills to develop, because it requires a complex of psychomotor, visuospatial skills under visual and tactile control at the same time. For endo video surgery stereoacuity is also crucial. Lack of confidence in skills and stressors at operations hinder implementing SM in practice. Trainings in simulation are safe for patients and allow developing SM skills by multiple repetitions. SM training programs (SMTP) aim to develop skills up to a sufficient level to transfer them into practice. The result much depends on training methodics. However this aim is not always achieved – for example, laparoscopic intracorporeal suturing (LIS) skill transferring into practice rate ranges from 43,8% to 72,2%. Effectiveness estimation (EE) is needed in order to increase effectiveness of SMTP by analyzing key success factors and tuning the curriculum. EE method should estimate the results achieved by all trainees in practice. Current EE methods evaluate SMTP by results in simulation or in small groups in practice. Performing EE for general set of trainees in practice is not used due to high cost and implementation difficulties. The suggested EE method allows to estimate SMTP in practice for general set of trainees. This consists of several steps of action: defining EE criteria, specific for SM, create questions for each criteria, create a question list, develop a digital form of questionnaire, conduct a structured interview with attendees using a question list, form digital data base, count the mentioned criteria. The EE method was applied to LIS TP for surgeons who attended it in 2018–2022 (n=52) without previous training. After LIS TP 88,9% started practice it; 84,6% participants expanded range of LO; increased their level of confidence at operations – 84,6%. No complications of LIS were pointed out. EE method also indicated group of surgeons who did not succeed. Further survey is needed to analyze factors, relevant to problem, for tuning the program. The method allows estimate results in practice for general cohort of trainees and can be recommended for implementation in medical simulation training centers.

Biography

Alexander Klimakov has completed general surgery residency at Kemerovo Medical University in 1990; he is deputy chief of Medical Simulation Center and chief researcher at Botkin Hospital, Moscow. He is a member of Moscow postgraduate accreditation commission on surgery. Published in excess of 20 SCI papers and postgraduate surgical training programs. Obtained a number of patent for laparoscopic suturing technic and training methodics. His main research interests are effective methods of surgical manipulation trainings.

Vikas Leelavati Balasaheb Jadhav

D.Y. Patil Medical College
India



Sonography of the neoplastic diseases in the Gastro-Intestinal tract

Abstract:

Sonography of the Gastro-Intestinal Tract can reveal intra-mural tumours, Intra-mural haematoma, Lesions of Ampulla of Vater like benign & infiltrating mass lesions. Neoplastic lesion is usually a segment involvement, & shows irregularly thickened, hypoechoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature. Enlargement of the involved segment seen. Shouldering effect at the ends of stricture is most common feature. Enlarged lymphnodes around may be seen. Primary arising from wall itself & secondary are invasion from peri-Ampullary malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant Gastro-Intestinal Tract lesions, so should be the investigation of choice.

Biography

Vikas Leelavati BalaSaheb Jadhav has completed PostGraduation in Radiology in 1994. He has a 29 Years of experience in the field of Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonography. He is the Pioneer of Gastro-Intestinal Tract Sonography, especially Gastro-Duodenal Sonography. He has delivered many Guest Lectures in Indian as well International Conferences in nearly 30 countries as an Invited Guest Faculty, since March 2000. He is a Consultant Radiologist & the Specialist in Conventional as well Unconventional Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonologist in Pune, India.

**POSTER
PRESENTATIONS**

**DECEMBER
02, 2024**

Asl Abdulameer Majeed Abu Nayla

Dubai Health-MBRU
UAE



A rare case of unexpected high plasma vitamin B12 levels: A case report

Abstract:

High blood levels of vitamin B12 are often attributed to over-supplementation; however, elevated B12 levels can occur without supplementation, raising concerns about underlying serious conditions. This case report presents a 30-year-old female referred due to high serum cobalamin levels initially discovered during an evaluation for joint pain. Despite no vitamin B12 supplementation, her B12 levels rose from 2000 pg/mL to 7000 pg/mL over three months. Comprehensive testing, including liver and renal function tests, CBC, LDH, peripheral smear, thyroid function tests, homocysteine, methylmalonic acid levels, and imaging studies, revealed no abnormalities. Active holotranscobalamin was elevated, but there were no signs of malignancy or other serious conditions. The patient remained clinically stable throughout a six-month follow-up. This case highlights the importance of a structured approach in evaluating elevated serum cobalamin levels and considering macro-vitamin B12 in the differential diagnosis. Further research is needed to understand the clinical significance of macro-vitamin B12 and its impact on B12 level interpretation.

Biography

Asl Abdulameer Majeed Abu Nayla currently an intern at Dubai Health Authority with a demonstrated history of academic excellence and a passion for research and clinical practice. I have received multiple merit certificates during my medical training for outstanding performance in systems-based courses, including Endocrine, Cardiovascular, and Reproductive Systems. My research focuses on early pregnancy loss, osteoporosis, and rare case reports. I have presented my work at major conferences like the Dubai Stem Cell Congress and the RCR Global Conference. My leadership roles include serving as a class representative and curriculum committee member, as well as a tutor and supervisor in peer-assisted learning programs.

Omar Hamdan

University Hospitals Plymouth NHS Trust
UK



Is immediate symmetrizing mammoplasty justified?

Abstract:

Introduction: Breast-conserving surgery (BCS) aims to remove tumors while maintaining breast aesthetics. Symmetrizing mammoplasty (SMP) is commonly used to ensure symmetry after BCS, with options including immediate (iSMP) or delayed (dSMP) procedures. This study evaluates the clinical outcomes, patient-reported quality of life, and cost-effectiveness of iSMP.

Methods: We analyzed two groups: patients undergoing iSMP (n=14) and those without iSMP (n=37). Outcomes included follow-up visits, Breast-Q Patient-Reported Outcome Measures (PROMs) for psychosocial, sexual, and chest well-being, and surgical costs.

Results: Clinical Outcomes: No significant difference in follow-up visits ($p=0.69$) or satisfaction rates ($p=0.15$) between iSMP and non-iSMP groups.

Quality of Life (QoL): PROMs showed significant improvement in iSMP patients ($p<0.001$), particularly in psychosocial and physical well-being.

Cost Analysis: iSMP had a higher consumable cost (£664 vs. £362) and increased theatre time costs compared to unilateral procedures. However, iSMP demonstrated advantages in patient-centered outcomes.

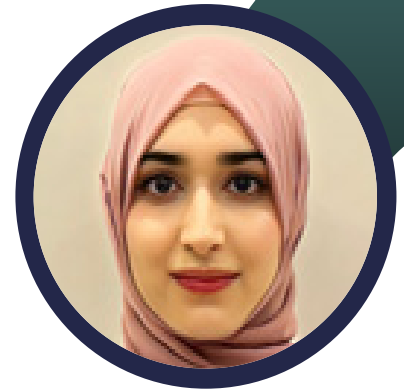
Conclusion: While iSMP incurs additional costs, it provides notable benefits in quality of life and patient satisfaction, making it a justifiable option in suitable cases. Decisions between iSMP and dSMP should be made collaboratively, considering patient-specific needs and healthcare resources.

Biography

Omar Hamdan is a Specialist Registrar (SpR) in General Surgery in the United Kingdom. After completing his medical degree at the University of Jordan, he went on to pursue his passion for surgery, gaining extensive experience in the field. Dr. Hamdan is currently undergoing advanced surgical training, with a focus on general surgery, and is actively involved in both clinical practice and surgical research. His interests lie in improving surgical outcomes and advancing techniques in patient care. He is committed to furthering his expertise in the field and contributing to the growing body of surgical knowledge.

Ahila Abdulameer Majeed Abu Nayla

Prime Hospital
UAE



A rare case of hairy cell leukemia with Covid Infection: A case report

Abstract:

Hairy cell leukemia (HCL) is a distinct subset of chronic lymphoid leukemia, presents with unique features, including the characteristic “hairy” projections seen in neoplastic B cells. We reported a case on hairy cell leukemia (HCL), emphasizing the challenges posed by this rare hematological malignancy, especially in the context of concurrent health crises such as the COVID-19 pandemic. This malignancy, though uncommon, necessitates comprehensive diagnostic methodologies, such as peripheral blood studies, flow cytometry, and bone marrow biopsy. Treatment strategies for HCL involve tailored approaches based on symptomatic presentations. Purine analogs, cladribine and pentostatin, stand as first-line interventions, showcasing efficacy in inducing and sustaining remission. However, the prolonged immunosuppression resulting from these treatments warrants vigilant monitoring for potential infectious complications. Emerging therapies, such as the BRAF inhibitor vemurafenib, provide additional options for refractory or progressive cases. The post-treatment phase demands meticulous follow-up, with an emphasis on regular blood work assessments by an oncology nurse and primary care physician. Our case further highlights the need for heightened awareness among healthcare professionals, particularly in the post-COVID-19 phase, where persistent symptoms led to the discovery of an underlying hematological disorder

Biography

Dedicated and multilingual medical professional possessing excellent communication skills. Currently completing my medical internship at Prime Hospital under Dubai health Authority. Experienced in clinical training at prestigious hospitals in Dubai. I am also currently the Global Surgery co-ordinator at the international Association of Student Surgical Societies

Tarig Mohamed

Royal Devon and Exeter NHS Foundation Trust
UK



Colonoscopy in Diverticulitis Patients: Necessity and Evidence Based Recommendations

Abstract:

The necessity of routine colonoscopy following an episode of diverticulitis, particularly in uncomplicated cases, remains a topic of debate in clinical practice. In hospitals such as Derriford, outpatient (OP) colonoscopy is routinely recommended for all diverticulitis patients, irrespective of the condition's complexity. This approach aims to exclude potential malignancies like colorectal cancer (CRC). However, recent evidence from systematic reviews, meta-analyses, randomized controlled trials (RCTs), and cohort studies challenges this universal strategy, particularly in uncomplicated diverticulitis.

Meta-analyses, including Sharma et al. (2020), indicate that the risk of CRC following uncomplicated diverticulitis is relatively low, questioning the necessity of colonoscopy for all patients. Similarly, systematic reviews such as Loffeld et al. (2021) emphasize the limited diagnostic yield of colonoscopy in these cases. Lam et al. (2021) conducted an RCT exploring the optimal timing of colonoscopy post-diverticulitis, suggesting that delayed screening may not compromise outcomes while potentially reducing unnecessary procedures. Furthermore, cohort studies, such as that by Raja et al. (2020), highlight long-term outcomes, reinforcing the importance of targeted surveillance for patients at higher risk.

Economic analyses also inform decision-making. Gupta et al. (2023) demonstrated the cost-effectiveness of reserving routine colonoscopy for specific patient groups based on clinical risk factors, which aligns with the updated NICE guidelines (2023). These guidelines advocate for a more selective approach, focusing on patients with persistent symptoms, a history of complicated diverticulitis, or other high-risk indicators.

This review synthesizes the latest evidence, suggesting that routine colonoscopy for uncomplicated diverticulitis may be unnecessary in many cases. Instead, individualized patient assessment, incorporating clinical presentation, imaging findings, and risk stratification, is recommended. Such an approach balances diagnostic accuracy with cost-efficiency while avoiding the risks associated with overuse of colonoscopy.

As healthcare systems face increasing pressure to optimize resources, this evidence-based strategy could guide clinicians in refining post-diverticulitis care pathways. The implications of this research extend to policy recommendations, aiming to harmonize clinical practices with the evolving evidence base.

Biography

Tarig Mohamed is a dedicated medical professional affiliated with the Royal Devon and Exeter NHS Foundation Trust in the United Kingdom. With a robust foundation in medicine and surgery, he holds an MBBS degree and is a Member of the Royal College of Surgeons (MRCS). Dr. Mohamed's clinical expertise and commitment to advancing surgical practices contribute to delivering exceptional patient care and fostering innovation in his field.

KEYNOTE PRESENTATIONS

DECEMBER
02, 2024

Bernd Blobel

University of Regensburg
Germany



Designing and managing integration and interoperability of intelligent and ethical ecosystems

Abstract:

For meeting the financial, quality and safety challenges as well as expectations of the patients, health and social care systems around the globe currently undergo a transformation towards personalized, preventive, predictive, participative precision medicine (5PM), supported by technology. It considers individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context, understanding the pathology of diseases and turning health and social care from reactive to proactive. The aforementioned transformation is strongly supported by technologies such as micro- and nanotechnologies, advanced computing, artificial intelligence, autonomous systems and robotics, knowledge representation and management, etc. Beside their opportunities, those advanced technologies also bear risks to be managed, requiring the detailed consideration from a humanistic, moral and ethical perspective. For enabling communication and cooperation between all actors from different disciplines involved, using different methodologies, perspectives, intentions, languages, we shall understand and formally and consistently represent the multidisciplinary, highly complex and dynamic 5PM ecosystem. The outcome is a system-theoretical, architecture-centric, ontology-based, policy-driven approach for designing and managing intelligent and ethical 5PM ecosystems. The necessary model and framework has been developed by the author and meanwhile standardized as ISO 23903 Interoperability and Integration Reference Architecture. The formal representation of any ecosystem and its development process including examples of practical deployment of the approach are presented in detail. This includes correct systems and standards integration and interoperability solutions.

Biography

Bernd Blobel received a multi-disciplinary education, covering mathematics, physics, systems engineering, electronics, medicine, informatics and medical informatics, including habilitations in medicine and informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg. He was leadingly involved in many countries health digitalization as well as electronic health record strategy. He was and is still engaged in international standardization at ISO, CEN, HL7, OMG, IEEE etc. Furthermore, he still engaged in international higher education. He is Fellow of several international academies.

Brandon Lucke Wold

University of Florida
USA



Updates on management of gliomas in the molecular age

Abstract:

Gliomas are primary brain tumors derived from glial cells of the central nervous system, afflicting both adults and children with distinct characteristics and therapeutic challenges. Recent developments have ushered in novel clinical and molecular prognostic factors, reshaping treatment paradigms based on classification and grading, determined by histological attributes and cellular lineage. This review article delves into the diverse treatment modalities tailored to the specific grades and molecular classifications of gliomas that are currently being discussed and used clinically in the year 2023. For adults, the therapeutic triad typically consists of surgical resection, chemotherapy, and radiotherapy. In contrast, pediatric gliomas, due to their diversity, require a more tailored approach. Although complete tumor excision can be curative based on the location and grade of the glioma, certain non-resectable cases demand a chemotherapy approach usually involving, vincristine and carboplatin. Additionally, if surgery or chemotherapy strategies are unsuccessful, Vinblastine can be used. Despite recent advancements in treatment methodologies, there remains a need of exploration in the literature, particularly concerning the efficacy of treatment regimens for isocitrate dehydrogenase type mutant astrocytomas and fine-tuned therapeutic approaches tailored for pediatric cohorts. This review article explores into the therapeutic modalities employed for both adult and pediatric gliomas in the context of their molecular classification.

Biography

Brandon Lucke-Wold, a Colorado Springs native, achieved magna cum laude honors in Neuroscience from Baylor University. He holds an MD/PhD, a Master's in Clinical and Translational Research, and completed the Global Health Track at West Virginia University School of Medicine. Specializing in traumatic brain injury, neurosurgical simulation, and stroke research, he co-founded SwiftScience and ProPhos Neuroscience. Brandon's leadership roles at WVU included president of various chapters and active membership in prestigious honor societies. Currently a Pgy6 neurosurgery resident at the University of Florida, he serves in leadership capacities, including Vice President of the UF House Staff Council. Outside medicine, Brandon enjoys family activities, running, rock climbing, and traveling. His commitment to advancing neurosurgery and cerebrovascular research is evident through multiple fellowships.

Sergey Suchkov

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Personalized and Precision Medicine (PPM) as a unique avenue to have the healthcare model renewed to secure the National Biosafety: The role of surgeons in shaping the future of ppm in surgery

Abstract:

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized and precision medicine (PPM). The latter is a radically new trend which utilizes each patient's individual genomic landscapes to create a biomarker-based targeted therapy and rehabilitative protocol. To achieve the implementation of PPM concept into the daily clinical and post-operative rehabilitation-related practice, it is necessary to create a fundamentally new strategy making precision surgery (PS) and PS-associated personalized rehabilitation (PR) (PS-PR) as a new approach to health care that customizing patients' medical treatment according to their own genetic information. This new combinatorial and evidence-based approach is the result of increased knowledge of the human genome and phenome and ways this information can be applied by surgeons and physicians in the medical and surgical management of their patients. In this sense, a patient's genotype can yield important information concerning disease systems-related susceptibility and the effectiveness of medications, therefore guiding specific, targeted imaging, treatment and rehabilitative therapies. In this sense, identifying drug-response phenotypes by examining interactions between phenotypes and sepsis therapies is a priority to optimize clinical trials. Adaptive trials (response-adaptive randomization) should be performed if endophenotypes are not available or when multiple endophenotypes (identified by measuring OMICS markers) are present. Use of electronic health records should be explored to identify such endophenotypes, whose replication in multiple datasets require big data with harmonization across multiple sites to determine the robustness of such endophenotypes for sepsis prognosis. The remarkable progress in the field of sepsis and its complications can be attributed to the latest advances in OMIC-technologies and sepsis modeling, together with a better understanding of the immunopathology, biology and epidemiology of sepsis syndrome. Experimental models of sepsis can provide a clear understanding the pathophysiology of sepsis and confirm its evolution to septic shock.

Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004 - a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK.

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