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Focus on "Trauma and Emergency Surgery" and not only...

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5th Annual Albanian Congress of Trauma and Emergency Surgery

November 12-13, 2021. Tirana, ALBANIA

"With persistence and clear ideas, anything is possible..."

Abstract submission...

- ❑ ***Started by:*** ***March 1, 2021***
- ❑ ***Deadline:*** ***October 20, 2021.***
- ❑ ***Start online registration:*** ***October 01, 2021.***
- ❑ ***Abstract acceptance notification:*** ***October 27, 2021***
- ❑ ***Deadline early registration;*** *October 21, 2021*
- ❑ ***End of regular fee;*** *November 11, 2021*
- ❑ ***Late Registration*** *(on desk registration); November 12, 2021*

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AJTES is an open access, peer-reviewed periodical journal that includes editorials, reviews, original articles, casereports, hort reports, ideas and opinions, book reviews, perspectives, seminars, symposium and minisymposium, ethics and rights, health care policy and management, practice guides. The structure of each edition of the publcation comprises section categories determined by Editor and reflects the views of the Editorial Board.

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Abstracts Book

5th Albanian Congress of Trauma and Emergency Surgery

Hybrid Edition

ACTES 2021

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Congress Presidents:

Arben Gjata
Xheladin Draçini
Agron Dogjani
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Ilir Alimehmeti

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Official Publication of the Albanian Society of Trauma and Emergency Surgery - ASTES

Aims and Scope

Our aim is to promote interest, knowledge and quality of care in emergency and trauma surgery. ASTES was formed in 2017, it seeks to promote best practice in the provision of emergency and trauma surgery and acute care surgery, from pre-hospital care through diagnosis, intervention and intensive care to rehabilitation. This is supported by Countrywide & International collaboration, scientific research, development and delivery of training courses, and the work of the specialist sections (Polytrauma, Visceral & Chest Trauma, Skeletal Trauma & Sports Medicine, Neurosurgical, Anesthesia - Reanimation, Acute Care Surgery, ENT & Ophthalmology & Maxillofacial, Radiology, Nurse service, Disaster & Military Surgery...etc.) ASTES holds an annual scientific meeting – the Albanian Conference for Trauma and Emergency Surgery (ACTES) and produces a bi-annual journal – the Albanian Journal for Trauma and Emergency Surgery

Contents:

ORAL PRESENTATIONS

OP - 01

COVID-19 Epidemiology in Albania during 2020

Ilir Alimehmeti

Clinical Epidemiologist & Endocrinologist

Deputy Dean – Faculty of Medicine, UMT, Tirana, ALBANIA

Abstract:

Introduction: It can be said that COVID-19 pandemic has inflicted a really severe toll in terms of infection, morbidity and mortality worldwide without sparing Albania. Moreover, during 2020 different non pharma-cological interventions where put to action in different countries and with different timing. Thus, a more clear depiction is urgently warranted. Albania presented its first confirmed cases on March 8th, which have increased to over fifty thousand until mid-December 2020, a number that is condemned to further increase reaching probably sixty thousand by the end of the year. However, such figures are only the confirmed cases registered by the Institute of Public Health that, accordingly to data from national and international sero prevalence studies, is just a frac-tion of the real number of cases during this period. Nevertheless, epidemiology is interested not only in transmission patterns and trajectories, but also on several outcome data, that in a decreasing importance order include but are not limited to mortality, inten-sive care unit hospitalization, hospital occupancy rate, morbidity, test positivity percentage etcetera. Moreover, several non-pharmacological interventions will be discussed focusing especially on their effec-tiveness in terms of incidence, based on the target population they are directed towards. ***In conclusion,*** a more clear, transparent and mean-ingful presentation of the official data will offer the participants specific easy-to-miss epidemiological insights on COVID-19 during the whole first year of the pandemic in Albania.

Keywords: COVID-19, Intervention, Transmission, Epidemiological

OP - 02

The impact of COVID-19 in Trauma and Orthopedic Surgery in Albania

Edvin Selmani

Lecturer in Orthopedic Surgery & Traumatology at the Faculty of Medicine, UMT, Tirana, ALBANIA

Orthopedic Surgeon at the University of Hospital of Trauma, Tirana, ALBANIA

Abstract

Introduction: The coronavirus 2019 global pandemic has had a significant impact on trauma and orthopaedic (T&O) departments worldwide. To manage the peak of the epidemic, orthopaedic staff were redeployed to frontline medical care; these roles included managing minor injury units, forming a “proning” team, and assisting in the intensive care unit (ICU).

Outpatient clinics were restructured to facilitate virtual consulta-tions, elective procedures were cancelled, and inpatient hospital admissions minimized to reduce nosocomial COVID-19 infections.We can say that orthopaedic training has been impacted during this period. This article discusses the impact of COVID-19 on T&O in Albania and highlights key lessons learned that may par help to proactively prepare for the next global pandemic.

Conclusions: The COVID-19 pandemic has had an unprecendented impact on T&O in Albania , with changes in outpatient clinics, fracture clinics, inpatient hospital admissions, elective and emergency opera-tive procedures, staff redeployment and reallocation of resources. The main lessons learned for the next pandemic are that orthopaedic departments need to remain flexible to infra-structural reorganisation to increase critical

OP – 01. Advanced Trauma Life Support, an evident Reality, will soon Take Place in Albania.

Bob Winter MD, FACS, ATLS International Instructor.
Medical Director of AACE, London, UK.

Abstract

Advanced Trauma Life Support is a course initially developed in the USA by the American College of Surgeons following on from the experiences of James Styner an orthopaedic surgeon from Lincoln Nebraska after his treatment for injuries sustained in a light aircraft crash.

It was rolled out internationally soon after, coming to the UK in 1988.

Initially the roll out or promulgation was all US based and countries incurred considerable expense due to the requirement for trans-Atlantic travel both for participants for the training course and US based faculty (who usually flew business class) for the inaugural course.

However in 2006 it was agreed, following a chance conversation in a bar in Copenhagen, that ATLS Europe (as was) could lead on promulgating ATLS Slovenia. Initially with American involvement but more recently totally run by "Europe" or more properly, recently, Region 15 of the ACS.

This has reduced costs with shorter flights, usually economy and the ability to run the training courses closer to future ATLS country We have now run the promulgation process for Slovenia, Georgia, The Czech Republic, Estonia, Moldova, Kenya and Ghana.

The initial training provider and intructor courses for ATLS Albania were successfully run in the air force hospital in Athens in January of 2020 but unfortunately the worldwide Covid-19 pandemic has delayed the process with a rescheduled date for the inaugural course of May 2022.

We are looking forward to a warm welcome in Tirana.

Keywords: Advanced Trauma Life Support, Surgeons, Trauma, management.

OP – 02. The impact of frailty on failure-to-rescue in Geriatric Trauma Patients: A prospective study.

Prof. Bellal Joseph MD, FACS
Professor and Chief of Trauma Surgery, University of Arizona, USA

Abstract

Introduction: Failure-to-rescue (FTR) (defined as death from a major complication) is considered as an index of hospital quality in trauma patients. However, the role of frailty in FTR events remains unclear. We hypothesized that FTR rate is higher in elderly frail trauma patients. ***Methods:*** We performed a prospective cohort

study of all elderly (age ≥ 65 years) trauma patients presenting at our level one trauma center.

Patient's frailty status was calculated utilizing the Trauma Specific Frailty Index (TSFI) within 24 hours of admission. Patients were stratified into

non-frail, pre-frail, and frail. FTR was defined as death from a major complication (respiratory, infectious, cardiac, and renal). Binary logistic regression analysis was performed after adjusting for age, gender, injury severity (ISS), and vital parameters to assess the relationship between frailty status and FTR.

Conclusion: In elderly trauma patients, the presence of frailty increased the odds of FTR almost threefold as compared to non-frail. Although FTR has been considered as an indicator of health care quality, the findings of this study suggest that frailty status independently contributes to FTR. This needs to be considered in the future development of quality metrics, particularly in the case of geriatric trauma patients.

Key Words: frailty, failure to rescue, trauma specific frailty index,

OP – 03. Priorities in the Management of Trauma Patients.

Asc. Prof. Dr. Bogdan Diaconescu MD, PhD.

University of Medicine and Pharmacy "Carol Davila", Bucharest, ROMANIA

Abstract

Background: The basic principles for the treatment of the polytraumatized patient is early resuscitation, followed by a physical examination and diagnostic studies. These are performed to establish the priorities for life-saving management and further treatment.

Discussion: Trauma management regarding Musculoskeletal injuries is discussed in four different distinguished periods: acute or resuscitation period (0–3 h); primary or stabilization period (3–72 h); secondary or regeneration period (days 3–8); and tertiary or rehabilitation period (beyond day 8). For management during the acute period, a trauma algorithm is described, which consists of four different steps: (1) first look; (2) shock treatment; (3) check-up; and (4) control and diagnosis. During the acute period, decompression of organ cavities (tension pneumothorax, cardiac tamponade) is performed along with life-saving operations for hemorrhage control of thoracic, abdominal, pelvic or external bleeding. The primary period (3–72 h) of treatment starts when the vital functions have been stabilized. During this period, so-called `day-one' surgery is performed. During the secondary period (days 3–8), a phase of regeneration, a secondary deterioration of organ function must be prevented. During the tertiary phase (beyond day 8), in most cases, recovery usually continues and final reconstructive operations can be performed.

Keywords: trauma management, shock treatment, stabilization period,

OP – 04. An Overview of the ATLS Course and its Necessity in Managing Trauma Properly

Asc. Prof. Dr. Agron Dogjani MD, PhD, FACS, FISS, FICS, FKCS [1], Prof. Dr. Arben Gjata MD, PhD [1], Prof. Dr. Kastriot Haxhirexha MD, PhD [2], Prof. Dr. Xheladin Draçini MD, PhD [1], Prof. Dr. Etmont Çeliku MD, PhD [1], Dritan Cobani MD [3]

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[2] *State University of Tetovo, R North MACEDONIA.*
[3]*University Hospital of Trauma, Tirana, ALBANIA*

Abstract;

Background: There are already clinical data and results, that a standardized management of traumatized patients (according to the now widely accepted ATLS protocols), in the emergency room has improved the results of treatment.

ATLS training courses provide a systematic approach to the trauma patient in the emergency room.

Its purpose is a quick and accurate assessment of the patient's physiological condition, treatment according to priorities and deciding whether it is necessary to transfer to the trauma center in the most optimal and non-life-threatening conditions.

ASTES has taken over the course concept from the American College of Surgeons (ACS) and is authorized to organize ATLS courses in Albania.

A standardized management in the emergency room helps prevent secondary injuries, to understand time as a relevant factor in initial treatment, and to ensure a high standard of care.

The ATLS course provides participants with knowledge, skills and attitudes and is open to physicians of all specialties involved in the initial management of severely impaired patients.

It has already been implemented in 80 countries and the content is regularly reviewed to review new scientific evidence. Albania has the opportunity to participate in this international standard of care and to present its experiences in the review process.

Keywords: Trauma, ATLS, Course, Skills

0P - 05. Patient Safety in Emergency General Surgery

Prof. Dr. Boris E. Sakakushev MD PhD
Research Institute of Medical University Plovdiv/University Hospital St. George Plovdiv, BULGARIA

Abstract

Introduction: Patient Safety/PS/ in clinical medicine is a well recognized, investigated and respected issue in the last 5 decades. PS in Surgery has been seriously studied and considered as important from about 15 years, while in Emergency General Surgery/EGS/, it is still to be studied and assessed as extremely important. PS in EGS is crucial, because a summary of EGS outcomes show worse cumulative outcomes than in planned surgery - 50% higher rate of postoperative complications, 8 times more lethality, 14% higher readmissions and 20% care discontinuity. The operative burden of EGS is substantial - operative rates of EGS are roughly 1/3 of admitted patients, where 80% of major surgical operations fall into 7 groupings: appendectomies, cholecystectomies, adhesiolysis, colectomy, small bowel resection, hemorrhage control and laparotomy, which account for more than 80% of EGS complications, deaths and costs. EGS is a very difficult specialty, where everyone works under pressure at great stress and gains extreme burn out. adverse event rates for surgical conditions remain unacceptably high, despite multiple nationwide and

global patient safety initiatives over the past decade like “100,000 Lives Campaign” ,“5 Million Lives Campaign”, “Surgical Care Improvement Project” (SCIP), “Universal Protocol” and the WHO “Safe Surgery Saves Lives” campaign. Current regulatory mandates and safety checklists continue to fall short of protecting surgical patients from suffering preventable Patient safety in surgery has historically suffered from a lack of physician-driven leadership approach towards recognizing and preventing medical errors and surgical. Notably, most surgical complications and adverse patient outcomes do not originate from intraoperative technical errors, but rather from deficiencies in non-technical skills, such as communication breakdown. The success of high-reliability organizations (HROs) relies on high-performing teams, standardized communication, and redundant fail-safe backup options which prevent an error from causing harm.

In the era of new and ever-evolving technology we should determine how we can best utilize this information to help us become better acute care surgeons rather than letting the technology drive how we care for our patients.

Keywords: patient safety, emergency general surgery, surgeon related factors

OP – 06. Non-operative Management of acute Appendicitis during Covid-19 pandemic – a short comprehensive survey.

Prof. Dr. Xheladin Draçini MD, PhD, Asc. Prof. Dr. Myzafer Kaçi MD, PhD, Rovena Bode MD, PhD.

Faculty of Medicine, University of Medicine of Tirana, ALBANIA

Abstract

The Covid-19 pandemic caused a change in the routine surgical practice throughout the world and led to an increase in the percentage of the patients treated conservatively with antibiotics. We have made a comprehensive short survey and study of actual literature regarding the non-operative management of acute appendicitis in general surgery premises. Diagnostic methods like Alvarado score and abdominal CT- SCAN were useful tools in predicting the outcome of these patients. NOM is a safe and efficient technique in selected patients and offers a reasonable alternative of cure in severe cases of Covid-19 disease. NOM for uncomplicated acute appendicitis in the context of Covid-19 infection remains a good alternative of treatment, especially when the general conditions of the patients are heavily compromised.

Keywords; acute appendicitis, non-operative management, Covid-19

OP – 07. Timing in Emergency Surgery. Prioritization and Categorization of Emergency Operations in Acute Care Surgery.

Rovena Bode MD, PhD, Arentin Sula MD.

Department of General Surgery, University Hospital Center “Mother Theresa”, Tirana, ALBANIA

Abstract :

Background and Aims: Emergency surgery is required for many patients suffering from acute (surgical) disease, surgical complications and even trauma and obstetric emergencies. Facing the

challenge of multiple patients requiring emergency surgery, or of limited resource availability, the acute care surgeon must triage patients according to their disease process and physiological state. This process is of paramount importance when resources are insufficient for patient demand and when medical team availability is lacking.

The aim of the study is to make a presentation about the emergency planning in our acute care surgery. It describes safe waiting time, the acceptable delay time, the ideal time to surgery (iTTS), the actual time to surgery (aTTS). Do we still need to operate at night?

***Materials and Methods**:* All general and urologic emergency surgeries performed in the emergency surgery unit in University Hospital Center "Mother Theresa" during a 6-month period between April - October 2021 were included in the study. Operations were categorized according to their time of presentation: daytime, evening or night-time. The procedure type and grade of the participating surgical personnel were also recorded.

Results: The higher the degree of urgency, the greater the chance of the surgery being realized within the planned time. Less urgent patients have often unreasonably long waiting time to operating theater.

Conclusions: Launching a triage system for non - trauma surgical emergencies will ensure that time to surgery (TTS) develops into a quality improvement tool. The ratio aTTS/iTTS) will reflect efficiency and should be used for quality assessment. We recommend adopting a color-triage system for acute surgical emergencies. We suggest that each medical institution should adopt of triage protocols for surgical emergencies.

***Keywords**:* Timing, TTS, iTTS, aTTS, triage system

OP – 08. COVID-19 Pandemics - Unknowns and Challenges of the Emergency Medical Center during March - December 2020.

Isuf Bajrami MD, Avdyl Pacolli MD, Bujar Gashi MD, Valbona Blaku MD, Muhamet Petrova MD, Zelfije Visoka MD, Haki Dragusha MD, Bujar Millaku MD

Emergency Medical Center – Pristina, Kosovo.

Abstract

Introduction: The first symptoms of coronavirus infection are: high fever, weakness, exhaustion, closed nose, runny nose, cough, sneezing, watery eyes and other flu symptoms.

Purpose of the paper is to show the role and importance of mobile emergency medical teams in providing on-site professional assistance to patients with aggravated health conditions from COVID 19. To investigate the management of patients with COVID 19 from emergency services with special emphasis on cases of interventions by the Emergency Medical Center.

Methods and material: The research is retrospective, focusing on the collection and comparison of statistical data related to the treated cases, to reflect the problem with COVID 19. We analyzed cases of COVID 19 infection in EMC staff, patient structure by gender, age groups, comorbidities and treatment of patients by medical staff.

Results and discussion: Despite the use of protective measures (gloves, protective clothing, goggles, towels and disinfectants, disinfection of ambulances and work spaces) out of a total of 114 employees in QMU we had 57 (50%) employees infected with COVID 19, of which 25 (43.83 %) males and 32 (56.17%) females. Based on profession we had 19 doctors (33.33%), 23 nurses (40.35%), 4 laboratory technicians (7.20%), 3 administrative officers (5.26), drivers 5 (8.77%), hygienist 3 (5.26%).

***Conclusions*:** This virus is transmitted with incredible speed, so it is important to observe the measures of distance, because it survives only if it is transmitted from one organism to another.

Keywords: COVID-19, pandemic, EMC, safeguards, complications, medication.

OP – 09. Cardiac Arrest in Special Circumstances: A Case Report of Drowning Patient

Kenan Ljuhar MD, Merima Hakalović MD, Sana Bradarić MD, Amna Palikuća MD, Nejra Jonuz Gušić MD, Elvedin Zukić MD.

Emergency Medical Center of Canton Sarajevo, Bosnia and Herzegovina

Abstract

***Introduction*:** Drowning is a leading preventable cause of unintentional morbidity and mortality and is the cause of over 500,000 deaths annually across the globe. According to the World Health Organization, drowning claims the lives of > 40 people every hour of every day. Early BLS and ACLS significantly improve the chances of survival. Data also shows the greater power that the duration of submersion exerts over the outcome. Victims rescued from the water within 5 minutes of submersion have a 70% chance of survival with late BLS and ACLS care and a 90% chance with immediate care.

***Objective*:** The objective of this case report is to show that fast and immediate ACLS in special circumstances improves the survival of drowning patients.

Material and methods: The material used to present the case was collected from the medical protocol of the patients in the Emergency Medical Centre of Canton Sarajevo, on May 21st, 2021.

Case report: Presentation of the case of a young male drowning patient with out of hospital cardiac arrest. The initial rhythm was asystole and the cardiopulmonary resuscitation was provided due to Advance life support guidelines for unshockable rhythms. The patient was treated by Emergency Medical Service Team and transported to the Emergency Clinical Centar University of Sarajevo with HR 69/min, RR 130/80mmHg, SpO2 84%, on oxygen support of 10L/min, and consequently hospitalized in the Intensive Cardiac Care Unit.

Conclusion: Early use of BLS and ACLS by a rescuer on site is crucial for the survival of victims of drowning with minimal neurological sequelae in the postarrest period. When a person drowns in cold water, particularly children, the “arrest time” may be extended due to the protective effect of hypothermia.

Keywords: Drowning,BLS, ALS, CPR, Resuscitation, Cardiac arrest, Out of hospital cardiac arrest

OP – 10. The Use of the Traction Splint in Prehospital Emergency Care Settings. A Case Report

Kenan Ljuhar MD, Tatjana Jevtić MD, Nejra Jonuz Gušić MD, Almir Drkić MD

Emergency Medical Center of Canton Sarajevo, BOSNIA and HERZEGOVINA

Abstract

***Introduction*:** The traction splint is a splinting device which consists of metal rods (or one metal rod), straps which are attached over the inguinal region, pelvis or hip as a secure point on one side, and the ankle on the other. This is one of the most common devices used in prehospital emergency medical care in order to treat middle bone femur fractures, middle bone tibia and fibula fractures with no pulse present on the dorsalis pedis artery.

Material and methods: Materials for this case report are collected from the medical records of the Emergency Medical Center of Sarajevo protocol of patients.

Case report: Our case report is a 70 years old lady who had a leg injury in her apartment. Upon examination the leg is found to be severely deformed in the proximal, femur part of the limb. Measuring the traction splint against the healthy limb, the setting of the straps in the proper areas - the inguinal strap first, and the rest of the straps avoiding the locations site of the suspected broken part of the bone, placed above and below the fracture, straps above and below the knee as well as the distal part of the limb and a strap around the foot and ankle. Next, extension is applied, analgesia administered and when enough extension is applied in order to align the limb the traction splint is fixated. Our patient immediately reported less pain and discomfort.

Conclusion: In prehospital care, the use of the traction splint in the initial management and treatment of long bone fractures of the upper leg (femur) and lower leg (tibia and fibula) is very common. This case, demonstrates the importance of correctly placing a traction splint in prehospital care, in order to alleviate the patients pain due to the trauma, to prevent further neurological and vascular complications and realign the broken bone.

Key words: traction splint, prehospital emergency care, extension, long bone femur fractures

OP – 11. Multiple Trauma Cases Treated in the Prizren Emergency Center during 2020

Sadri Hulaj MD, Sevim Rysheni MD, Hekuran Veqgishti MD, Naser Krasniqi MD

Prizren Regional Hospital, Prizren, Kosovo

Abstract

Background: Trauma is a common pathology that causes high morbidity and mortality. It is a challenge for the economy of the developing countries because of its high treating costs and long term invalidity for working age group. Common causes are road

accidents, physical violence, falls from high altitude, electrical shock, etc.

Material and Methods: We have analyzed retrospectively the year 2020 using the emergency registers. We had 32 655 annual visits in our emergency room, 6767 of which were traumatic cases. Only 89 were classified as Multiple Trauma Cases.

Results: the mechanism of injury was: 36 from road accidents, 24 from falls, 6 gunshot wounds, 2 bike falls, 2 drowns, 4 electrical shock. Regarding the anatomical location of damage, we had: 41 head trauma and intracranial hemorrhage, 15 with spinal cord damage, 10 chest trauma, 7 extremity fractures, 1 abdominal trauma. Most of these patients were transferred to tertiary trauma centers in Pristina, Tirana or Skopje, and 6 of them died in our hospital after treatment. Age group 20 – 40 was the most dominant with 44.9% of cases. 86.5% of cases were males.

Key Words: Multiple Trauma, road accidents, head trauma, hemorrhage

OP – 12. Management of Acute Myocardial Infarction in the Emergency Unit.

Anduela Mino MD, Asc. Prof. Dr. Edmond Zaimi MD, PhD

University Hospital Centre "Mother Theresa", Tirana, ALBANIA

Abstract

Overview*:* Acute myocardial infarction is myocardial necrosis resulting from acute obstruction of a coronary artery. Symptoms include chest discomfort with or without dyspnea, nausea, and diaphoresis. Diagnosis is made by ECG, clinical signs and the presence or absence of serologic markers. Depending on the findings of ECG we categorize the patients into two types of Management: 1) STEMI Infarction which is immediately transferred for PCI in the Coronary Unit 2) NSTEMI Infarction which is further treated in the Emergency Unit with the immediate consultation of the Cardiologist.

Materials and Methods: Data are collected from the Emergency unit archive and include all the patients diagnosed with Acute Myocardial Infarction. We have categorized patients in two categories and for each we have evaluated their management from the time of arrival to the definitive treatment.

Conclusions: Acute Myocardial Infarction is an acute life-threatening condition which if diagnosed and treated early usually leaves minor sequel. PCI is the treatment of choice for this condition. Our treatment protocols are standardized and follow the AHA Guidelines.

Keywords: acute myocardial infarction, PCI,

OP – 13. Management of Acute Pulmonary Edema in the Emergency Unit.

Kostela Liko MD; Asc. Prof. Dr. Edmond Zaimi MD, PhD

University Hospital Centre "Mother Theresa", Tirana, ALBANIA

Abstract

Overview: Acute pulmonary edema is a medical emergency which requires immediate management. It is characterized by dyspnea and hypoxia secondary to fluid accumulation in the lungs which impairs gas exchange and lung compliance.

Material and Methods: We have collected data from the patients who presented at the Emergency Unit in the University Hospital Centre "Mother Theresa", Tirana, Albania and were diagnosed with Acute Pulmonary Edema. We have evaluated the time of arrival, diagnosis and management. The main objective of the study was the evaluation of the management (standardized protocols from AHA – American Heart Association).

Results: Acute Pulmonary Edema is an acute life-threatening condition most commonly seen in the elderly over 75 y/o. We can definitively say that we use word Standardized protocols in the management of this diagnosis and we have similar rates of morbidity and mortality as in the western European countries.

Key Words: Acute Pulmonary Edema, Medical Emergency, Standardized Protocols

OP – 14. Full Stomach Issues

Prof. Dr Hektor Sula MD, PhD

Department of Surgery, Faculty of Medicine, University of Medicine of Tirana, ALBANIA

Abstract

Introduction: Pulmonary Aspiration is considered when of oro-pharyngeal or gastric contents are inhaled into the larynx and respiratory tract. Caused under anaesthesia, this complication is known as Mendelson syndrome. Aspiration of solid contents can cause hypoxia because of physical obstruction.

Results: The risk of serious complications and mortality increases with the volume of aspiration material as well as the acidity of the contents. The severity of these complications depends, in addition to the above factors, on the patient's immune response. the urgent situations of the patient (surgery, trauma, etc.) remain the main risk factors for aspiration, regardless of the patient's fasting state.

Material and Methods: Preventing regurgitation by: lowering oesophageal sphincter and upper oesophageal sphincter, clinical pulmonary aspiration can cause a framework ranging from benign hypoxia to desaturation to the framework of ARDS, respiratory failure, cardiopulmonary collapse or death. Perioperative management: fasting maintenance guidelines, pharmacological therapy, role of preoperative ultrasound evaluation. Anaesthetic technique: pre-anaesthetic history, fasting preoperative maintenance, placement of nasogastric tube in advance, preoxygenation with 100% oxygen, definitive provision of airways with endotracheal tube, application of induction with rapid sequences during intubation and in particular correct application effective cricoid pressure (Sellick) without underestimating the special care in the postoperative period of those patients.

Conclusion: the physician should be prepared to manage a patient when a full stomach is suspected, which requires proper care and management of the

airways during induction, throughout the procedure as well as after extubation.

Keywords: Aspiration, gastric, regurgitation, pneumonia

OP – 15. Neurological Complications after Carotid Endarterectomy. - Symptomatic Vs. Asymptomatic Carotid Stenosis.

Stavri Llazo MD [1], Ervin Bejko MD [1], Sajmir Kuci MD, PhD [1], Alfred Ibrahimi MD, PhD [1], Brunilda Zllami MD, PhD [2], Asc. Prof. Dr. Sokol Xhepa MD, PhD [3]

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Abstract

Introduction: Carotid stenosis is common, especially in patients with vascular risk factors or with coexistent pathology of coronary or peripheral arteries. There is an eminent contrast between a very low incidence of stroke (1-2%/year) and a rather high cardiovascular morbidity and mortality (5–10%/year), especially in patients with clinically silent presentation (so-called "asymptomatic carotid disease") .The same thing is for the "symptomatic" carotid stenosis but there is a higher risk of stroke (10–20%) within the first 14–28 days following a cerebrovascular event (TIA or stroke).

Material and Methods: We analyze 37 patients (21 of them asymptomatic carotid stenosis and 16 of them symptomatic carotid stenosis) undevent carotid endarterectomy at Service Cardiac and vascular surgery "Mother Theresa", hospital, during the period 2019-2020. We analyzed the following factors, preoperative status, intraoperative factors, type of anesthesia and post operatory.

Results: This study enrolled 37 patients (asymptomatic group n =21; symptomatic, n = 16). Ischemic stroke is evaluated at 7.8% of patients with symptomatic stenosis and hemorrhagic stroke at 2.7%; Ischemic stroke is evidenced at 2.7% of asymptomatic stenosis surgery. 43.2% of patients with symptomatic stenosis had previous CVA others have TIA. Encephalopathy was 8% at symptomatic group and 4% at asymptomatic group. Mortality was 1.4% at symptomatic group and none in asymptomatic group. Time in ICU for symptomatic patients 1.01 ± 0.23 and asymptomatic 0.88 ± 1.45; Time of hospitalllization for symptomatic patients is 2.1 ± 3.6 and asymptomatic 1.77±3.3.

Conclusion: During an active phase, carotid surgery is advisable under the condition that it is performed early and that the perioperative complication risk is low. At symptomatic patients are factors (like brain damage, emergent surgery etc.) that predispose for neurological complations.

Keywords: Endarterectomy, Symptomatic carotid stenosis; Asymptomatic carotid stenosis.

OP – 16. Management of Perioperative Anaemia in Patients that Performed Abdominal Major Surgery

Asc. Prof. Dr. Majlinda Naço MD, PhD

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Abstract

Introduction: Anaemia is a recognized predictor of adverse postoperative outcome. The three main pillars are: 1-optimase haemopoesis, 2-minimase blood loss and bleeding, 3- protect and optimize physiological tolerance of anaemia. Pre-operative anaemia has adverse that is called the 4th factor (hemoglobin <13 gdl^{-1} in men and <12 gdl^{-1} in women).

Material and Methods: Iron deficiency, can be treated with oral/intravenous iron depends of the time scheduled for surgery. Anaemia can recover earlier with preoperative intravenous iron than with oral iron supplement. Perioperative erythropoietin injection is also a reasonable approach for patients with a hemoglobin between 10 and 13 g/dL and if autologous blood donation is performed.Patients should receive erythropoietin injections on preoperative days 21, 14, and 7. Their last dose of erythropoietin should be on the day of the surgery.

Results: Minimum preoperative withdrawal for rivaroxaban/apixaban in low haemorrhagic risk for surgical patient will be 2 days, and 3 days if CrCL<50 while in high haemorrhagic risk for surgical patient will be 4 days , and 3 days if CrCL<50. Minimum preoperative withdrawal for warfarin/acenocoumarol depends from INR 7 days before surgery, INR < 2 warfarin 5 days, acenocoumarol 3 days , INR 2-3 warfarin 6 days, acenocoumarol 4 days , INR >3 warfarin 7 days, acenocoumarol 5 days , performed INR the day before surgery.

Conclusion: Targeted surgery should be used to reduced intraoperative and postoperative bleeding. Postoperative anaemia must be treated with the use of intravenous iron. Fresh frozen plasma should be used in deficit in factor V, XI, in dose 15-30ml.

Keywords: Anaemia, pre-operative, iron deficiency.

OP – 17. Pneumocephalus Following Combined Spinal Epidural Anesthesia for Hip Replacement Surgery. A Case Report and Review of the Literature.

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Abstract:

Introduction: Pneumocephalus (PC)is defined as the presence of air in any of the intracranial compartments. Combined spinoepidural anesthesia (CSEA) is an ideal alternative for hip fracture is a rare complication after CSEA particularly when "the loos of resistance to air "LORA technique is used.

We present a rare case of PC after CSEA with LORA technique.

Case report: A women 72-y-0,60 kg, ASA3, was referred for surgical treatment of hip fracture. She had a history with controlled HBP and CHF under follow-up. She suffered from Parkinson's disease (Hoehn and Yahr scale IV-V) for 10 –y. CSEA was chosen as the technique of anesthesia and postoperative epidural analgesia PEA. Combifix Standard spinal epidural-combined setwas used. We performed needle through needle technique at L3-L4 interspace. An 18 G Tuohy needle was used to identify the epidural space using LORA technique with a total use of 2-3 cc air.

Conclusion and discussion*:* In conclusion, we present a case that concluded the possibility of PC after CSEA used the LORA technique. The use of saline to identify the epidural space may help to reduce the incidence of this complication. Close monitoring and appropriate treatment should be essential.

Learning points: There are no consensus wich technique is superior, and providers use the technique they are most comfortable with. We suggest to use saline technique to minimize the risk of this complication

Keyword: Combined spinal epidural anesthesia, Hip replacement Surgery, Pneumocephalus,

OP – 18. Anesthetic Considerations of Patient with severe Aortic Stenosis for non-Cardiac Surgery and Cardiac Surgery. A Case Reports.

Marjeta Bilaj (Miraka) MD [1]*, Gentian Huti MD [1], Aseadi Abdyli MD[1], Prof. Rudi Domi MD, PhD [1], Jonida Peci MD [1], Altin Papa MD [1], Bledar Kola MD [2], Artan Jahollari MD [3]

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Abstract:

Introduction: Aortic stenosis (AS) is one of the most common valvular abnormalities. Severe aortic stenosis (SAS) is associated with morbidity and mortality after non-cardiac surgery (NCS). Perioperative complications in NCS patients with AS include the following: Myocardial infarction (MI), heart failure, arrhythmias, stroke, hypotension, death. We present anesthetic management of SAS patient coming for urgency NCS.

Case report: A 66 y/o female with a history of PCI in LAD 6 years ago, HBP and SAS, presented for acute cholecystitis. and underwent urgent laparoscopic cholecystectomy (LCh). Considering the urgency and her medical condition, the decision is made to proceed with the LCh procedure and defer surgery of aortic valve replacement (SAVR). TTE showed the patients SAS, calcified aortic valve with peak and mean gradient of 103mmHg and 51 mmHg, moderate AR and mild TR. Severe

concentric hypertrophy of LV with normal EF. MalIampati score III, BMI
=39.4. We chose GA and we took care to avoid arrhythmias and hypotension with fluids and the administration of vasoconstrictor. Standard ASA monitoring, and TEE was performed during the procedure to provide continuous monitoring. Preinduction arterial line was cannulated for BP monitoring. Central venous catheter (RIJ) was inserted to provide administration of fluids and drugs. Anesthesia was induced with fentanyl +lidocain + propofol +norcuron. Maintenance of anesthesia with TIVA.

***Conclusion and discussion**:* Patients with AS are at risk for increased complications after NCS. Proper triaging of AS patients for NCS depends on identifying the urgency and risk of surgery and degree of stenosis. With close `intraoperative monitoring and careful anesthetic planning, urgent NCS can be performed safely and with an acceptable risk profile. Close collaboration between the anesthesia and surgical team is essential.

Keyword: Non-cardiac surgery, Aortic stenosis, cardiac surgery, hypotension

OP – 19. Combat injuries Priorities

Asc. Prof. Dr. Bogdan Diaconescu MD, PhD.

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Abstract

Overview: A well-controlled, meticulous process has a far higher probability of resulting in a high quality of medical care than improvisation and unstructured creativity. Algorithms display decision-making treatment processes and problem-solving strategies by giving clearly defined and formalized guidelines. The flow chart for decision-making follows the yes/no dichotomy of binary logic. The systematic ordering of decision points and consequent actions is guided by medical priority and thus regulates the time-frame and sequence of each single step in a logical manner. With the help of clinical algorithms highly complex processes such as the management of the severely injured patient can be translated into a clearly structured, logical pathway. Clinical algorithms represent scientifically recognized treatment rules, indicate a solution for solving problems and help users to organize ideas and recognize connections. They delineate a consistent and valid guideline, while allowing deviations in proven exceptions. The use of algorithms allows a systematic search for errors in the process of quality management. In emergency situations they suggest a structured means of problem solving for the less experienced user. Algorithms are useful instruments in the teaching of medical decision-making.

Key Words: Algorithms, decision-making treatment, emergency situations, trauma

OP – 20. Abdominal Trauma, Cavitary organ Injuries and their Management

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Abstract

Overview: Duodenal injuries constitute a challenge to the trauma surgeon, mainly due to their retroperitoneal location. When identified, they present associated with other abdominal injuries. Consequently, they have an increased morbidity and mortality. At best estimates, duodenal lesions occur in 4.3% of all patients with abdominal injuries, ranging from 3.7% to 5%, and because of their anatomical proximity to other organs, they are rarely an isolated injury.

The aim: of this paper is to present a concise description of the anatomy, diagnosis, surgical management and treatment of complications of duodenal trauma, and an analysis of complications and mortality rates of duodenal and liver injuries based on a 46-year review of the literature. This article provides an overview on the care of patients with hepatic trauma and duodenal trauma.

Key Words: duodenal trauma, blunt abdominal trauma, Management

OP – 21. Management of Liver and Pancreatic Injury.

Prof. Bellal Joseph MD, FACS

Professor and Chief of Trauma Surgery, University of Arizona, USA

Abstract

Overview: A liver injury, also known as liver laceration, is some form of trauma sustained to the liver. Liver injuries constitute 5% of all traumas, making it the most common abdominal injury. Pancreatic injury is very rare and difficult to diagnose. It accounts for 4% of abdominal trauma cases making it one of the rarest injuries in the abdominal cavity. Common causes of Liver and Pancreatic Injury are blunt abdominal trauma and penetrating trauma.

Material and Methods: We have evaluated retrospectively all abdominal trauma presented at our emergency trauma center and have studied cases where Liver injury, Pancreatic injury or both are present. We have made some descriptive analysis of these cases and also the analysis of their management, categorized in two groups: conservative and surgical.

Conclusions: Liver and Pancreatic Injuries are serious trauma complications that sometimes are hard to diagnose and treat.

Key Words: Liver injury, Pancreatic Injury, Blunt abdominal trauma, penetrating trauma

OP – 22. Is there room for ECLS-ECMO in trauma patients? Review of the literature?

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Abstract

***Introduction*:** Extracorporeal life support (ECLS) for adults, and extracorporeal membrane oxygenation

(ECMO) in particular, has evolved considerably over the past two decades. The question of where ECMO fits into the treatment strategy for high-risk patients, such as trauma victims, continues to be heavily debated. Traditionally, trauma patients have been excluded from ECMO consideration due to a high bleeding risk, but given the technological advances, the bleeding profile has significantly improved.

Material and Methods: We have performed a literature search, as well as gathering information and data from various ECMO courses. We have also included our own experience, even though it's limited. We have included all the possible data, concerning the indications, limitations, therapeutic strategies, and results.

***Conclusion*:** Both VA and VV ECMO can be used in the Trauma patient and bleeding is not a contraindication as ECMO circuit can be run on very low or not at all on heparin. Survival in Adults exceeds 30% and survival in Children exceeds 50% in trauma patients. ECMO could provide an effective and potentially lifesaving strategy in both early and late stages of the trauma, but it is widely recognized that there are numerous limitations to its use, mainly availability of recourses, medical, infrastructure, financial, educational and of course experience.

Key Words: ECMO, ECLS, Trauma Patient,

OP – 23. Current Concepts about Managing of Trauma Patients.

Asc. Prof. Dr. Agron Dogjani MD, PhD, FACS, FISS, FICS, FKCS [1], Prof. Dr. Arben Gjata MD, PhD [1], Prof. Dr. Kastriot Haxhirexha MD, PhD [2], Dritan Cobani MD [1]

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Abstract

Background: Managing principles for the traumatized patient have continued to evolve with advances in technology. Hemorrhage remains the leading cause of morbidity and mortality in trauma, pre-hospital management by well-trained and well-equipped medical teams at the scene as well as in hospitals have continued to improve treatment outcomes.

Although new treatment options continue to evidenced, as well as the implementation of concepts related to the optimal time for operation. Although the preliminary assessment was performed using the Injury Significance Score (ISS) as an assessment and prognostic element to determine the timing of the intervention

The current consensus argues that unnecessary delays in fracture care should be avoided, while respecting the complex physiology of certain groups of patients who may remain at increased risk for complications.

Using innovative techniques and understanding concepts such as the anatomy of traumatic injuries, the optimal approach to the polytrauma patient continues to evolve day by day.

Keywords: hemorrhage control, polytrauma patient, ISS, trauma management

OP – 24. Spontaneous Rupture of Common Iliac Vein. A Case reports.

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Abstract

Introduction; Spontaneous iliac vein rupture resulting in a retroperitoneal hematoma is an extremely rare entity with less than 50 cases reported in literature since 1961 and can present as a life-threatening emergency. There is often a delay in diagnosis due to atypical clinical presentation and lack of precipitating factors.

Case description; Here, we report a case of a 57-year-old female who presented to the emergency room due to a syncopal episode and left-sided groin pain. She referred left leg swelling starting 5 days ago that she neglected. Workup with contrast-enhanced computed tomography revealed a retroperitoneal hematoma, distention of left common and external iliac veins with left leg deep vein thrombosis without definite evidence of arterial bleeding. The patient developed hemorrhagic shock and underwent emergency surgery, where a rupture of the common iliac vein was identified (Figure 1). We performed primary suture repair of the injury. The postoperative course was uneventful and the patient was discharged two weeks after surgery.

Conclusions; Although spontaneous rupture of the iliac vein is rare, it is a vascular emergency and should be considered in the differential diagnosis in a patient who has sudden-onset lower abdominal pain, or leg pain and hypovolemic shock. There is a clear predominance in middle-aged females and on the left side and a probable association with thrombophlebitis. The mainstay of treatment is laparotomy. Early diagnosis, prompt resuscitation and repair of the vein can lead to an excellent result.

Keywords: iliac vein rupture, retroperitoneal hematoma, hemorrhagic shock

OP – 25. Surgical Approach of the Occlusive Disease of the Brachiocephalic Trunk

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Abstract

Background: The brachiocephalic trunk, left common carotid, and left subclavian arteries constitute the branches of the transverse aortic arch. Known as the brachiocephalic arteries, together these vessels supply blood to the upper extremities, head, and neck.

Clinical Findings: The clinical manifestations of lesions involving the brachiocephalic arteries depend on the etiology of the disease, the presence of single-vessel or multivessel disease, and anatomic location.

Atherosclerosis is the most common disease affecting the brachiocephalic arteries. Occlusion of the innominate artery can manifest as subclavian-carotid steal, with reversal of flow in the ipsilateral carotid artery causing anterior cerebral symptoms, such as aphasia and hemiparesis.

Our Case: We present the case of a 69-year-old man, with previous consecutive TIAs and lately numbness of the right upper extremity with absence of pulse in the right radial artery. Patient comorbidities were HTA and Diabetes Mellitus. Past TIAs were manifested with amaurosis fugax dexter and further progressed to hemiparesis. The CT-Angiography showed presence of thrombus in the proximal part of the brachiocephalic trunk which occluded 90% of the lumen.

Conclusions: The transthoracic revascularization remains the method of choice in patients with occlusive disease in more than one of the branches of the aortic arch and with lower surgical risk. Also, the method of choice in the aneurysms and traumatic lesions including the proximal part of the brachiocephalic trunk and subclavian artery remains the By-pass of the Ascending Aorta with the included part of the brachiocephalic trunk.

Keywords; brachiocephalic trunk, brachiocephalic arteries, multivessel disease

OP – 26. Treatment of type B dissection, our experience with 12 cases.

Saimir Kuci MD, PhD, Alfred Ibrahimi MD, PhD, Marsela Goga MD, Ervin Bejko MD, Stavri Llazo MD, Ermal Likaj MD, Maksim Llambro MD, Asc. Prof. Dr. Sokol Xhepa MD, PhD, Jacob Zeitani MD, PhD

German Hospital Tirana, ALBANIA

Abstract

Introduction: Aortic dissection is a serious condition and may be fatal if not treated early. The aorta is the body's main artery, which branches off the heart and descends in the thorax and into the abdomen. A dissection of the aorta occurs when a tear develops within its wall. The wall consists of three layers and this tear allows blood to flow in between the inner and middle layers, causing them to separate.

Materials and Methods: We treated 12 patients from 45-67 years old with type B aortic dissection at the German Hospital. In all cases, we used endoprosthesis in the descending aorta TEVAR with access from the femoral artery, with surgical incision of 2 cm in 7 cases and with percutaneous femoral access, puncture of the femoral artery, in 5 cases. In 11 cases endotracheal anaesthesia was used, and in one of them we used LMA anaesthesia. In 5 cases we performed cannulation and drainage of cerebrospinal fluid maintaining a pressure of 10-15 mmHg. In 7 cases we did not find it reasonable to use liquor drainage. In no case have we had any spinal cord problem.

Result: The most serious complication is rupture of the aorta, which causes internal bleeding and often leads to death. The TEVAR procedure is the preferred solution for Type B treatment dissection. Medical management is usually preferred to surgical

management for type B dissection in the absence of complications.

Conclusion: The TEVAR technique associated with medical management is the best choice for the treatment of uncomplicated Type B dissection.

Keywords: Aortic dissection, endoprosthesis, TEVAR.

OP – 27. Surgical Treatment of Renal Cell Carcinoma, Extending to VCI and right Atrium. A case Reports.

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Abstract

Introduction: Renal carcinoma extending into the inferior vena cava and atrium presents a surgical challenge. There are several methods for treating these tumors causing controversy within surgeons Cases: the first case is a man 61 yo, who has lost 14kg for 1.5 months. He performed some blood test which showed CRP 135 mg / dl and D-Dimer 1976. The patient is treated for Sars-Cov-2. On radiological examinations a mass was observed in the abdomen.

Material and Method: Through the median sternotomy followed by the right subcostal incision (the best way in our opinion) in the first case and the continuous sternotomy with the median incision in the second case, the right kidney and VCI were isolated and the kidney was removed.

Results: The intervention time was 300 and 420 min with QEK time 62 and 75min. In both cases we had no complications, tumor migration or gas embolism. The number of transfusions was 3 UI blood, one in the ward and two in ICU. The patients did not have complications such as pneumonia, wound infection, stayed in ICU for 4 to 5 days and after 8 and 9 days in the ward they were released from the hospital.

Conclusions: the diagnose of renal cell carcinoma is random as it presents no clinical signs. The sudden appearance of a mass in the right atrium should make us suspect this tumor. Treatment of this tumor with extension to the VCI and right atrium presents high risk but with a careful preparation of the patient, clear strategy, team spirit between different specialties and special care in the postoperative period can achieve excellent results.

Key words: Renal carcinoma, VCI, right atrium.

OP – 28. Outcome, Early Mortality and Major Morbidity after Lung Cancer Surgery for Primary Carcinoma.

Asc. Prof. Dr. Fadil Gradica MD, PhD; Asc. Prof. Dr. Alma Cani MD, PhD; Lutfi Lisha MD, Dhimitraq Argjiri MD; Daniela Xhemalaj MD, PhD; Fahri Kokici MD; Ilir Skenduli MD

University Hospital of Lung Disease "Shefqet Ndroqi" Tirana, ALBANIA

Abstract

Introduction: To be able to improve the quality of operative procedures it is important: to identify patients running the highest risk, to optimize the patient's condition, medication and respiratory status before surgery, to have knowledge of operative mortality and morbidity, and also of risk factors prior to surgery.

The aim of study: To examine the operative mortality and morbidity after lung cancer surgery and to identify factors associated with an adverse outcome.

Material and methods: The study comprised of 1017 consecutive patients treated in our facility, who underwent lung resection for lung carcinoma, for a period of 15 yrs (2004-2019). All patients underwent preoperative CT - Scan of the thorax and upper abdomen; PET-CT, EBUS–EUS. The standard open postero - lateral thoracotomy approach was used. Postoperative events studied included: major and minor complications or death during the first 30 days after surgery.

Results: During the study period, an increasing number of women and patients older than 70 years underwent surgery. 718 patients (70.6%) were males and 299 (29.4%) females. Mean age was 65.5±9.4 years (range 15-87 years). The 30 day mortality rate was 3.9% (40 patients), 1.3% after single lobectomy and (13.3%) after pneumonectomy. Major complications occurred in 51 patients (5.0%). Minor complications occurred in 79 patients (7.7%). Male gender, smoker, FEV1 70% of expected value, squamous cell carcinoma and pneumonectomy were risk factors predicting adverse outcome.

Conclusions: Our results show low mortality and morbidity after lung cancer surgery. However, patients with reduced lung capacity and those undergoing pneumonectomy should be treated with great care, as they run a considerable risk of major complications or death during the first 30 days postoperatively.

Keywords: lung cancer surgery, pneumonectomy, primary carcinoma

OP – 29. Therapies for Treatment of COVID-19: A Living Systematic Review

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Abstract

Introduction*:* Evidence for effective treatment of COVID-19 is both limited and dynamic, despite global efforts of researching and developing

effective treatments, including but not limited to more than 3000 different clinical trials. Given such scarce evidence and under enormous pressure, health personnel is forced to make use of off-label prescriptions, mostly repurposed drugs.

Material and Methods: Moreover, to such conundrum is also added an unprecedented high rate of research articles published both in peer-review journals and in preprint servers. Thus, dynamic quality summaries are of paramount importance in order to inform governments, health authorities, health personnel and patients. Hence, this systematic review will compare treatment effectiveness in COVID-19 patients deducting from published data in the WHO COVID-19 Database and CDC COVID-19 Database. After scrupulous reviewing and summarizing over 250 trials that enrolled over 100.000 patients, at this point in time effective and promising treatment are as follows: For non-severe patients casirivimab and imdevimab probably reduces hospitalization, while bamlanivimab etesevimab, and sotrovimab may reduce hospitalization. Recently, also molnupiravir has been shown to be effective in reducing hospitalization and mortality in phase III trials. For severe patients, corticosteroids and interleukin-6 inhibitors offer important benefits, whereas EXO-CD24 and Janus kinase inhibitors appear highly promising, but the former is currently under the phase III trial, while the latter is still backed by low certainty evidence. Both tocilizumab and sarilumab (IL-6 antagonists) and anakinra (IL-1 antagonist) have proven to be effective in different aspects, leading to WHO approval of IL-6 antagonists for COVID-19 patients.

Conclusion: On the other, a lack of effectiveness was shown for intravenous immunoglobulin, convalescent plasma, azithromycin, hydroxychloroquine, lopinavir-ritonavir, and interferon-beta, which were not able to confer important benefits. It is to date uncertain if remdesivir, ivermectin, or any other drugs are able to offer any benefit to COVID-19 patients, while unfavorable side effects are already documented, given their repurposed nature.

Keywords: Covid-19, hospitalization, hydroxychloroquine.

OP – 30. Respiratory Management of COVID 19 in Trauma Patients.

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Abstract

Introduction: The number of hospitalized trauma COVID-19 patients has increased significantly.However, specific data about COVID-19 patients under 65 years old who are admitted to the hospital are scarce. The COVID-19 patients under 65 years old who were admitted to the Trauma University hospital were included in this study.

Material and Methods: Demographic information, laboratory data and clinical treatment courses were extracted from electronic medical records. Risk factors associated with oxygen therapy were explored. Eight hundred thirty-three COVID-19 patients under 65 years old were included. Of the

included patients, 29.4% had one or more comorbidities. Oxygen therapy was required in 63.1% of these patients, and the mortality was 2.9% among the oxygen therapy patients. Fever, dyspnea, chest distress, elevated respiratory rate, decreased albumin and globulin levels were independent factors related to oxygen therapy.

Conclusions: Oxygen therapy is highly required in COVID-19 patients under 65 years old who are admitted to the hospital, but the success rate is high. Respiratory failure-related symptoms, elevated respiratory rate, low albumin and globulin levels, and fever at admission are independent risk factors related to the requirement of oxygen.

Keywords: Covid-19, oxygen therapy, respiratory failure.

OP – 31. Some Consideration about Surgery and Covid-19 Infection.

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Abstract

Introduction: This presentation is about to show some of the most important findings and results of a multinational surgical network called GlobalSurg. The GlobalSurg Collaborative was established to represent practicing surgeons from all around the world. They conduct collaborative international research into surgical outcomes by fostering local, national and international research networks. The GlobalSurg network now includes over 5000 clinicians in more than 100 countries.

Material and Methods: All data was collected during one week, in a multinational project called CovidSurg Week.

Objectives: CovidSurg Week is an international multi-centre cohort study that aims: - To determine the optimal timing of surgery following SARS-CoV-2 infection; - Determine assess key global surgical indicators, such as postoperative mortality etc.

Conclusions: Was our honor to be part of such large and important project. Some of the most important findings, are now part of surgical guidlines all over the world, and we are listing them below, together with the journals where these articles are published

Key words: CovidSurg Week, GlobalSurg, Covid-19 infection

OP – 32. Differences in the incidence of complicated and uncomplicated appendicitis, in the period before and during the COVID-19 pandemic.

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Abstract

Overview: Covid 19 pandemic, was characterized by significant problems in the field of health. In this

context, since the beginning of the pandemic, there has been registered a significant decrease in the incidence of patients with acute abdomen, especially those with acute appendicitis.

Aim of the study: is to show the impact of the Covid-19 pandemic on the number of patients hospitalized with a diagnosis of acute appendicitis at the Clinic of General Surgery of the Tetovo Clinical Hospital, over two time periods, March 2019/2020 and March 2020/2021.

Material and methods: The study included all patients hospitalized in our facility during two time periods, the one before the Covid 19 pandemic, respectively March 2019/2020, and that of March 2020/2021. Data for these patients are taken from their files. In the interest of this study were two parameters - the number of patients admitted with the diagnosis of acute appendicitis, and the number of those with advanced forms of acute appendicitis.

Results: In the first period were hospitalized 95 patients with a diagnosis of acute appendicitis, of which 77 were operated. In the second period 62 patients were hospitalized in our Clinic, while only 51 of them were operated.

Conclusion: From this study it is clear that the number of hospitalized and operated patients during the pandemic period has been significantly lower compared to that of a year ago. We estimate that the main reason for such a significant difference between these two periods have been the measures taken in order to reduce movement and communication between citizens, as well as the fear of patients to go to hospitals, thus initially seeking treatment from family doctors. Delayed presentation of patients to the surgeon explains the larger number of cases with complicated appendicitis during the pandemic period.

Key words: Covid-19 pandemic, appendicitis, complicated

OP – 33. Management of Traumatic and non-Traumatic Surgical Emergencies, at the Pandemic Time, the Experience in a Trauma Tertiary Hospital

Asc. Prof. Dr. Agron Dogjani MD, PhD, FACS, FISS, FICS, FKCS [1, 2], Asc. Prof. Dr. Luan Nikollari MD, PhD [2], Shkelzen Osmanaj MD, PhD [2], Edvin Selmani MD, PhD [1, 2], Ali Lila MD [2] Dritan Cobani MD [2]

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Abstract

Introduction: In December 2019, in China were described the first cases of what would be known as COVID-19, a disease caused by an RNA virus called SARS-CoV-2.

Its rapid widespread prompted the World Health Organization to declare a world pandemic in March 2020.

The disease has distinct clinical manifestations, from asymptomatic to critical cases, with quite high mortality. Meanwhile, patients with non-traumatic surgical emergencies (UGD perforation, acute appendicitis, cholecystitis, pancreatitis, etc.), with traumatic surgical emergencies (TCC, Chest trauma,

BAT and PAT injuries) continued to be treated in the same emergency, following the orders of the Ministry of Health.

In this regard, there have been some doubts about how to treat these cases, among them: how to quickly identify the patient with COVID-19, what is the impact of surgical abdominal disease and its treatment on the evolution of patients with COVID-19; in addition to discussing the role of nonoperative treatment of abdominal disease in these circumstances. In this presentation we will discuss these issues based on our available data.

Keywords: Coronavirus, Trauma, Urgent Surgery, Infection Prevention

OP – 34. Anterior Intrapelvic Approach. Obstacles we have passed to Establish it as a Routine Procedure in our Institution.

Asc. Prof. Dr. Ilir Hasani MD, PhD; Dalip Jahja MD; Danica Popovska MD; Rezeart Dalipi MD; Simona Karapanxheva MD; Kornelija Gjorgjievska MD.

University Clinic for TOARILUC, Skopje, Republic of North MACEDONIA

Abstract

Introduction: The ilioinguinal approach according to Letournell, was the golden standard on the treatment of anterior acetabular fractures for more than half of a century. After introducing the Anterior Intra Pelvic Approach (AIPA), as all surgeons have started to use it, we have used it as a routine and the only method, not only on the treatment of acetabular fractures with anterior involvement but also in pelvic fractures and combined pelvo-acetabular fractures. Shorter operative time, less blood loss, fewer complications intraoperative, easier address of medial wall, access also to the posterior column, faster rehabilitation, are some of the advantages that make our surgeons live easier. Direct interference with main blood vessels and other organs, narrow deep and dark surgical field, with limited possibility for manipulation, scares surgeons to convert to AIPA. Availability of special instruments for approach, self-holding retractors, special intraoperative lighting, dedicated instruments for reduction and retention, specific implants, radiolucent traction table are preconditions for a successful patient's story. Presenting our mistakes and complications will better show why surgeons hesitate to use this approach, but when we got used to it, unfortunately, we cannot go back anymore in Letournell's approach. Considering the fact that the Ilioinguinal approach in this way will go to history, we need to make a strategy to preserve this "state of the art" approach as "the most beautiful" approach in trauma and orthopedic surgery.

Keywords: acetabular fractures, pelvic fractures, Ilioinguinal approach, orthopedic surgery

OP – 35. A Case Report with Periprosthetic Fracture of the Hip

Ilir Hasmuca MD, Zamir Demiraj MD, PhD

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Abstract

Introduction: A periprosthetic hip fracture is a broken bone that occurs around the implants of a total/partial hip replacement. It is a serious complication that most often requires surgery. The majority of periprosthetic fractures occur after a patient has spent years functioning well with a hip replacement.

***Material and Methods*:** Periprosthetic femur fractures are most often the result of a fall. Fortunately, these fractures are rare. Often patients are older and may have thinning bone or other medical conditions. The surgeon may need to use specialized implants that are not usually kept "on the shelf" in his / her hospital.

Conclusion: Fortunately, these fractures are rare, but a big challenge for the Orthopedic Surgeon to give the best solution. Surgery is the only solution. The surgeon may need to use specialized implants that are not usually kept "on the shelf" in his / her hospital. Examples include specialized periprosthetic screws, clasp plates for the larger trochanter, cable systems, and broken screw / implant removal equipment. In the conditions that we do not have special implants to fix the fracture, we can try to find a solution combining together all normal implants that we have.

Result: We highly recommend using and combining all the osteosynthesis materials that we have, to give a solution, if we do not have the special implants needed.

Keywords: Periprosthetic fracture, open reduction, internal fixation, special implant.

OP – 36. Covid-19 Effects on Hip Fractures Treatment.

Neritan Myderrizi MD, PhD, Erenato Bushaj MD

Service of orthopedic and Trauma. Regional Hospital Durres, ALBANIA

Abstract

Introduction; Even during the pandemic period in Durres, hip fractures are treated surgically in our Hospital. Measures taken to prevent and limit the pandemic also affected treatment protocols in some way.

Material and Method: in this study are included patients over 18 years with hip fractures during the period 2019 (before the pandemic) and 2020 (during the pandemic). COVID-19 status, demographic data, hospital stay days and approximate results were analyzed.

Results: 217 patients with hip fractures, 100 in 2019 and 117 in 2020. Day hospital in 2020 had a slight decrease of 1.67 days. 5 patients (4.5%) tested positive in admission. 7 patients (5.9%) tested positive during the hospital stay.

Conclusion: The COVID-19 pandemic does not significantly affect the treatment of patients with proximal femoral fractures. There is no data on the impact on the prevalence of these fractures nor on the final result. There is an increase of day hospital and a decrease of the rehabilitation period in the hospital

Keywords: COVID-19, trochanteric fracture, femoral neck fracture, pandemic, pneumonia,

OP – 37. A Review in Literature of Bone Cement Implantation Syndrome

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Anesthesia service, University Hospital of Trauma, Tirana

Abstract

Introduction:

Bone cement implant syndrome (BCIS) is an important cause of intraoperative mortality and morbidity in patients undergoing cemented hip arthroplasty and can also be seen in the postoperative period in a milder form causing hypoxia and confusion.

BCIS is a significant cause of morbidity and mortality in patients undergoing cemented hip arthroplasty. According to the 2007 Annual Report of the National Joint Registry for England and Wales, more than 60 000 hip replacements are performed each year in England and Wales; approximately 65% occur in NHS hospitals.

Hip arthroplasty is increasingly common in an elderly population. The elderly patient may have co-existing pathologies which may increase the likelihood of developing BCIS.

Bone Cement Implantation Syndrome (BCIS) definition include a potentially, fatal complication of cemented bone surgery.

It is characterized by hypoxia, hypotension or both and, or unexpected loss of consciousness happening during the time pressurized bone cemented is inserted in prosthesis, reduction of joint or rarely during limb tourniquet deflation.

This topic tackles the literature review of clinic, last guidelines in prevention, treatment of BCIS for anesthesiologist and orthopedics facing more and more bone cemented surgery.

Keywords: BCIS, hip arthroplasty, elderly population.

OP – 38. The Impact of the Covid-19 Outbreak on Surgical Site Infections in Elective Colorectal Cancer Surgery-One Potential Benefit of the Pandemic

Francesk Mulita[1], Ioannis Perdikaris[1], Levan Tchabashvili[1], Elias Liolis[2], Georgios-Ioannis Verras[1], Charalampos Kaplanis[1], Ioannis Maroulis[1]

[1]*Department of Surgery, General University Hospital of Patras, GREECE*

[2]*Department of Internal Medicine, General University Hospital of Patras, GREECE*

Abstract

Background: The COVID-19 pandemic, also known as the coronavirus pandemic, has affected either directly or directly all medical fields. It caused a major reduction of elective surgical operations as well as overall admissions to surgical departments because of the widespread hospital fear and anxiety experienced by most patients during the peak of this outbreak. In order to protect patients and health

workers, hygiene and public health measures were intensified when the coronavirus pandemic began. The aim of the present study was to evaluate the rate of surgical site infections (SSIs) after the beginning of COVID-19 hygiene measures, which was in March 2020 in Greece.

Material and Methods: A total of 173 patients who underwent elective colorectal cancer surgery were enrolled retrospectively. Patients were divided into two groups. Group A included 98 patients undergoing colorectal cancer surgery between January 2019-December 2019 (pre-COVID-19 era), whereas 75 patients (group B) underwent colorectal cancer procedure between April 2020-March 2021 (after the beginning of COVID-19 hygiene measures). Statistical analyses were done using Stata13. Student's t-test was used to compare results between groups.

Results: SSI developed in 35 of the 173 patients (20.2%). According to the results of our study, there was a statistically significant difference between the total numbers of SSIs between the 2 examined periods. 25 (25.5%) wound infections occurred in group A-patients postoperatively, whereas only 10 (13.3%) SSIs were developed in patients undergoing colorectal cancer surgery after the beginning of COVID-19 measures (P=0.048).

Conclusions: Our results showed that COVID-19 hygiene and public health measures (Continuous use of disposable surgical masks or FFP-2 masks by all staff/visitors, contact reduction with medical and non-medical staff, visit restriction by non-medical/care-associated personnel, more frequent and exhaustive cleaning protocols of rooms and surfaces) affect the rate of SSI after elective colorectal cancer surgery. We advocated continuing with the strict hygiene measures in the future.

Keywords; COVID-19, Elective Colorectal, Infections, Surgical Site

OP – 39. Turnbull- Cutait procedure as a good choice for the treatment of severe coloanal anastomotic leakage after conventional intersphincteric resection for low rectal cancer: a case report

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University Clinical Center of Kosovo, Abdominal Department, Pristina, KOSOVO

Abstract

Background: Intersphincteric resection is a surgical technique intended to avoid abdominoperineal resection in patients diagnosed with low-lying rectal cancer. Preoperative assessment and particularly rectal endosonography are essential for selecting suitable patients. Neoadjuvant treatment is generally administered to patients with advanced mid to low rectal cancer. The most critical complication of this technique is anastomotic leakage, with incidence rate from 5.1% to 20%. Depending on the severity of the anastomotic leakage, the management consists on conservative treatment, vacuum thyerapy, stenting, reoperation by creation of diverting ileostomy with transanal drainage or re-anastomosis, take-down the anastomosis with end colostomy. Here, we report a case with severe coloanal

anastomitic leakage after convencional intersphincteric resection, which was successfully treated by Turnbull- Cutait two-stage procedure.

Case presentation: A 58 years-old man is presented with diagnosis of low rectal moderately differentiated adenocarcinoma. He underwent preoperative assessment by colonoscopy, chest and abdomen computer tomography (CT), pelvis magnetic resonance imaging (MRI), biochemical evaluation, including carcinoembryonic antigen (CEA) determination. By colonoscopy was demonstrated that rectal adenocarcinoma is located about 5 cm from anal verge. MRI of the pelvis demonstrated T2 N1 stage. There was no distant metastasis documented by CT of the chest and abdomen. The CEA value was in normal range. The patient was obese and with diabetes mellitus tip II. The patient was treated with neoadjuvant chemoradiotherapy recommended by oncologists. inflammatory disturbance. On postoperative day 16, the patient underwent reoperation. The patient was treated by Turnbull- Cutait two stage procedure. The second stage of the procedure was done 7 days after the first one. The patient was discharged on postoperative day 4 after the second stage of the Turnbull- Cutait procedure. After two- months follow up there was no detected any complications of the coloanal anastomosis. The fecal continence is optimal (Wexner score < 10).

Conclusions: Turnbull- Cutait two stage procedure is a good choice for the treatment of severe coloanal anastomotic leakage, avoiding creation of diverting ileostomy and stoma- related complications.

Keywords: coloanal anastomosis, intersphincteric resection, rectal cancer, Turnbull-Cutait procedure

OP – 40. Surgical Treatment of Obstructive Colorectal Carcinoma as a Surgical Emergency.

Imri Vishi MD, PhDc, Naser Plakolli MD, Skender Shabani MD, Fadil Beka MD, Dalip Limani MD, Behrije Halilaj -Vishi MD

University Hospital and Clinical Service of Kosovo

Abstract

Introduction: Colon obstruction is an urgent condition that requires immediate identification and intervention. The clinical diagnosis is confirmed by native x-ray of the abdomen. Treatment is done with fluid replacement, nasogastric suction and in most cases complete obstruction surgically. There are 400,000 cases a year in Europe diagnosed with colorectal cancer and about 210,000 deaths. 50-90% can be prevented.

Material and Methods: Data were retrospectively extracted from the protocols of the operating room of the abdominal surgery in the National Emergency Center. This includes a period of 4-year from January 2015 to January 2019. There was a total of 65 patients with complete colon obstruction who underwent an urgent intervention.

Results: A total of 258 patients with colorectal cancer were treated at the National Emergency Center for this period of time. A total of 65 patients were treated as surgical emergencies due to colon obstruction from carcinoma. In this study were involved 32 male and 33 female patients. The most

attacked age group was the 7th decade with 24 cases. Starting from the 5th decade onwards, there has been an increase in the number of attackers. The most common localization has been in the sigma and rectum. the number of cases of colon tumor treated in effective surgery in this period was 193. The ratio between cases treated as emergency and elective was 65/193 or 25. 19% of the total 258 cases of colorectal carcinoma.

Conclusions: A large number of patients with colon cancer go to the doctor only in advanced stages and in circumstances where urgent surgical treatment is required.

Keywords: colorectal, obstruction, carcinoma, urgent intervention.

OP – 41. A case Reports with a giant Gastrointestinal Stromal Tumors of Stomach

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Abstract:

Introduction: Gastrointestinal stromal tumors (GIST) are soft tissue sarcomas that can be located anywhere in the digestive system. They are the most common mesenchymal neoplasms of the gastrointestinal tract. Most of them (66%) are found in the stomach and have a lower malignant potential compared to GIST localized in other parts of the digestive tract. Most patients are aged 50–70 years, with an almost equal gender distribution.

Purpose of the presentation: to present a case to demonstrate the successful management of a patient with giant gastric GIST, with invasion of adjacent structures, which was accomplished through extensive on-block resection and successful multidisciplinary interaction

Case report: the patient was female, 61 years old, hospitalized at the 1st General Surgery Service, with the diagnosis "Giant abdominal tumor, gastric gastric suspect", with complaints of a progressive abdominal distension for approximately 6 months, accompanied by dyspnea, fatigue, feeling full and finally, melena. He is hospitalized and undergoes all tests and examinations. Fibrogastroscopy results in ulceration at the level of the gastric fundus, but without active hemorrhage. In double-contrast CT, a large mass, partially necrotic, heterogeneous, measuring about 30 cm × 20 cm, starts in the left hypogastrium, occupying almost the entire abdominal cavity.

Conclusions: GIST treatment strategy depends on the size of the tumor, its location, and the presence or absence of metastases. When possible, complete surgical resection is the treatment of choice and may be the only chance of cure.

Keywords: GIST, fibrogastroscopy, CT, surgical resection

OP – 42. A Synchronous Colorectal Cancer Treated in two Stages.

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Abstract

Introduction: Synchronous multiple colorectal cancers are defined as multiple malignant colorectal tumors that occur simultaneously. All tumors are distant from each other, and none are the result of metastasis from other tumors.

Material and Methods: Here, we present a case of a 56-year-old woman who was admitted to our hospital because of a 4-month history of abdominal pain associated with anemia, loss of appetite and body weight loss. The patient did not have a family history of cancer. Computed tomography revealed bowel wall thickness and mesentery inflammation at the recto sigmoid junction. Colonoscopy revealed a tumor located 13 cm from the anal verge with the distal border 6 cm from the linea dentata. Colonoscopy examination of the large bowel was not possible because of bowel obstruction due to the rectal mass. The tumor of this portion was resected with laparoscopy and an ultra-low anastomosis and ileostomy was performed. We used colonoscopy to inspect if there were other lesions after the resection of the first tumor, we found another mass on the cecum. On the time of the closing of the ileostomy we realized a right hemicolectomy with ileotransvers anastomosis open technique.

Conclusions: Synchronous double adenocarcinoma T3 of the colon and rectum was confirmed by pathologic examination with free margin and 41 lymph nodes N0 after surgery. We consider that comprehensive preoperative study and radical resection can increase the survival rate of patients with synchronous multiple colorectal cancers. Care must be taken to the cases who is impossible to evaluate the whole large bowel.

Keywords: Synchronous colorectal cancer, Cecum, Rectum, Laparoscopy,

OP – 43. Minimally Invasive Maximally Effective Neurosurgery – Where do We Stand?

Asc. Prof. Dr. Artur Xhumari MD, PhD

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Abstract

Introduction: A minimally invasive surgical procedure is defined as one that is safe and is associated with a lower postoperative patient morbidity compared with a conventional approach for the same operation. At the seat of success of minimally invasive surgery is the constant upgrading of surgical instruments, which have gone from crude, cumbersome gadgets to sophisticated, robotically controlled instruments. It does us little

good if we attempt to choose a minimally invasive technique that actually takes more time, does not prove to be safer, and may actually cost more than conventional methods. Just because something can be done does not automatically mean that it should be done. Nevertheless, minimally invasive neurosurgical procedures still have potential intraand post-operative complications that can cause morbidity and mortality. We as surgeons must prove that minimally invasive techniques do in fact produce equal, if not better, results and can be done with less trauma and less risk to the patients.

Material and Methods: The operative charts of the author were reviewed retrospectively for minimally invasive interventions in the last two years. Different pathologies were operated – cerebral abscess, trigeminal neuralgia, frontal basal epidermoid cyst, intraventricular tumor. In all cases the result of the surgery was equal or better than the standard approach. In two cases, the conversion to the minimally invasive approach was dictated by the inability of the standard approach to achieve the desired result.

The postoperative period was shorter, the cosmetic result was better and the postoperative pain was lower.

Conclusion: Minimally invasive neurosurgery advantages include accurate localization of lesions usually inaccessible to conventional surgery, less trauma to healthy brain, blood vessels and nerves, shorter operating time, reduced blood loss, and early recovery and discharge. We have started to apply with good results these techniques and need to expand its use. There is no doubt that patients will benefit from these new operations, but we must proceed cautiously and question and review our results

Keywords: neurosurgery, mortality, robotic, cerebral abscess

OP – 44. Case Study of Pediatric Acute Subdural Hematoma.

Asc. Prof. Dr. Ridvan Alimehmeti MD, PhD [1], Florian Dashi MD [1], Arba Cecia MD [3], Thoma Kalefi MD [1], Gramoz Brace MD [1], Arben Rroji MD, PhD [2], Arsen Seferi MD, PhD [1].

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Abstract

Introduction: Acute subdural hematoma (ASDH) may constitute a neurosurgical emergency, according to size, location, mass effect and most importantly the neurological condition of the child at admission.

Methods: *A* case study of a child harboring ASDH is presented with full details of neurological conditions and head CT at admission in pediatric emergency department. The course of the symptomatology and radiological data made this a suitable case study for the discussion of updated protocols for diagnosis and

treatment. The child was taken care from the pediatricians of ICU and the neurosurgeon has been following the patient's neurological status and development. A CT scan was performed during admission. The child had a stable neurological status. Despite conspicuous dimensions of SDH the mass effect was not clinically relevant. The course of the disease was uneventful and the MRI after one month showed absorption of the SDH. X-ray exams are harmful for the child's brain especially when repeated in short time.

Conclusions: There are studies that suggest implementation of blood tests for indicators that may be present and vary according to the course of absorption of brain contusion. In lack of contusion and in presence of SDH, clinical neurological monitoring is of fundamental importance to avoid sequential CT which would be particularly harmful in childhood.

Keywords: ASDH, emergency, SDH.

OP – 45. Obturator to Femoral Nerve Neurotization in Severely Injured Femoral Nerve and Vessels.

Asc. Prof. Dr. Ridvan Alimehmeti MD, PhD [1], Florian Dashi MD [1], Arba Cecia MD [2], Kliti Pilika MD [1], Gramoz Brace MD [1], Arsen Seferi MD, PhD [1]

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Abstract

Introduction: Obturator nerve may serve as donor in case of impossible repair of femoral nerve in order to restore knee extension.

Methods: We present a rare case of a young male who sustained a penetration injury at inguinal area with femoral nerve and vessels injury. He was operated in another country where the accident occurred and only vascular injury was treated. The patient came to our attention 3 years after injury. Complete femoral nerve injury was present with marked hypotrophy of the quadriceps femoris muscle. Electrophysiological studies showed denervation of the muscle. Since there was a massive scar tissue at the inguinal area and the repaired vessels were involved, we considered that neurotization technique would be implemented. The patient underwent obturator branch for adductor muscle neurotization over the branch of femoral nerve for the medial head of quadriceps femoris muscle. The patient did a functionally useful recovery in 3 years.

Conclusions: Neurotization is the standard of care in cases of when there is high risk to reopen the scar or impossible to repair a severely injured peripheral nerve. Obturator to femoral and vice versa neurotization are feasible and anatomically suitable. Intraoperative electrophysiology is mandatory to precisely choose the part of the donor nerve for a successful neurotization.

Keywords: Femoral nerve, electrophysiology, neurotization.

OP – 46. Rapid Diagnostic Efforts and early Interventions in Stenoses of a. Carotis and Basilaris, 5 years experiences in Vlora Hospital.

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The Public Health Science Research Centre, the Faculty of Health,"Ismail Qemali"University, Vlora, ALBANIA

Abstract.

Introduction: Stroke is a heavy clinical syndrome, which happens when the blood flow is blocked in the brain, and therefore, brain cells in the absence of oxygen and the other necessary subjects begin to "die" within a very short time. This pathology is now not a disease that belongs to pathology, but with developments and progress in science is receiving the notion of emergency surgery, neurosurgery, Angio surgery. Stroke represents a medical emergency, where the intervention on the side of specialized health staff should be realized as soon as a correct diagnostic.

Methodology: It's so important to identify the role that has urgent intervention in carotid, basilar and intracerebral vessels, thrombolysis and stent of cerebral vessels. The study is of retrospective type. Data were obtained from the examination of the cards of patients diagnosed with stroke at the Regional Hospital of Vlora during 2015-2020. Patients with this diagnosis, who received treatment in the hospital were in total 3860, for the above period of time.

The results: the diagnosed men, are more than the size of them, compared to women, 2840 men and 1020 women, respectively, 2420 women. 2420 patients are hypertensives under treatment for this pathology, 402 cases are from a. carotis and vertebralis, co-associated and obesity or diabetes like type II. Regarding prognosis, 641 patients have ended in fatality for life, 335 patients have resulted in full recovery, 386 have suffered hemispheres and 868 of the total patients have suffered hemiplegia.

Conclusion: From the data of cards of more stroke patients, as is found in a predominant diagnosis with this pathology in a 2.2:1 report, and it's important to the a. carotis and a.vertebralis, because of these with an early diagnosis and surgical intervention, would be life-saving. chronic disease that these patients suffer, it's hypertension and different arrhythmia Death remains at high levels; therefore, this suggests of early medical interventions, especially in patients with risk factors for the stroke. Also, a better control of arterial hypertension, check on cardiac rhymes, healthy food, physical activity, avoidance of alcohol consuming or treatment of dyslipidemias, should be the focus of medical recommendations for these patients.

Keywords: Stroke, Carotis, thrombolysis.

OP – 47. Transient Perivascular Inflammation, Carotidodynia, an unusual post-COVID Entity.

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Abstract

Introduction; Carotidynia, a clinical entity described by Fay in 1927, is characterized by pain at the level of carotid bifurcation. It was originally classified as an idiopathic neck pain. The clinical differential diagnosis is very difficult. The most current designation of carotidodynia is transient perivascular inflammation. In this topic we will present four cases diagnosed with ultrasound as TIPIC syndrome, one of which is confirmed by angio-MR of the carotid arteries.

Patients report having passed COVID 19, but one of the patients is confirmed by serology. In the ultrasound follow-up of patients there is a gradual improvement of the clinical data and clinical improvement of the majority of patients within a week.

Conclusion: COVID 19 has confronted us with previously unusual clinical situations as well as transient perivascular inflammation for which ultrasound is a very sensitive and cost-effective examination method.

Keywords: carotidodynia, covid19, imaging.

OP – 48. Butyrylcholinesterase as a Predictive Marker for Wound Infection in Elective Colorectal Surgery

Francesk Mulita [1], Ioannis Perdikaris[1], Levan Tchabashvili[1], Elias Liolis[2], Georgios-Ioannis Verras[1], Charalampos Kaplanis[1], Ioannis Maroulis[1]

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[2]*Department of Internal Medicine, General University Hospital of Patras, GREECE*

Abstract

Background: Surgical site infection (SSI) remains a frequent complication of elective colorectal cancer surgery. Butyrylcholinesterase (BChE), which is a cholinesterase enzyme synthesized in the liver, decreases in many clinical conditions such as liver damage, malnutrition, injury, and inflammation. The purpose of this study was to evaluate the efficacy of BChE as a tool for the diagnosis of SSI in elective operations for colorectal cancer.

Material and Methods: Between June 2019 and March 2021, 196 consecutive patients who underwent elective colorectal cancer surgery were enrolled prospectively. Serum BChE concentrations were measured preoperatively and on postoperative (POD) days 1, 3, and 5. Group A included patients with SSI and Group B non-SSI patients. The normal range of BChE is roughly from 2800 U/L to 7400 U/L in our hospital laboratory. Statistical analyses were done using Stata13. Student's t-test for normally distributed variables and Mann Whitney U test for skewed variables were used to compare results between groups.

Results: SSI developed in 38 of the 196 *patients* (19.4%). Prior to surgery, there was no statistically significant difference in concentrations of BChE between the SSI and non-SSI groups (Group A=5490, Group B=5190; P=0.84). On POD 1 the mean level of BChE was 4680 in patients with wound infections, and 4670 in non-SSI patients (P=0.53). However, on POD 3 and 5 patients with SSI had significantly lower

levels of serum BChE (Group A=3920 vs Group B=4580; P<0.001, and Group A=4170 vs Group B=4770; P=0.002, respectively).

Conclusions: The current study demonstrates that BChE on POD 3 and 5 is a reliable marker for the presence of SSI in patients undergoing elective operations for colorectal cancer. According to the results of our study, serum BChE assessment could be included in routine clinical diagnostic procedures to evaluate patient clinical conditions such as postoperative infectious complications

Keywords; Butyrylcholinestarase, Wound Infection, Elective, Colorectal.

0P - 49. Current Surgical Problems of Distal Rectal Cancer

Prof. Dr. Boris E. Sakakushev MD PhD

Research Institute of Medical University Plovdiv/University Hospital St. George Plovdiv, BULGARIA

Abstract

Overview: Rectal cancer management has undergone quite a significant evolution over the last decade with improvements in both surgical technique and supportive therapies.

The evolution of surgical management has been of particular interest, as surgery is the only potential curative treatment. The main goals of surgery are to optimize the oncological outcome and maintain anorectal and genitourinary function.

There are currently two approaches to rectal cancer surgery: total mesorectal excision, which is the gold standard in the Western world, and lateral lymph node dissection, although the results of lateral lymph node dissection are similar to TME with preoperative radiotherapy. , low positive yields of lateral lymph nodes, prognostic significance is doubtful, and high morbidity are the main obstacles of this procedure. Regardless of the current quality of these surgical procedures, local regional treatment is limited as advanced primary rectal cancer may be associated with systematic spread of the disease. Therefore, adjuvant therapy plays a key role in achieving further survival improvement. This presentation reviews the evidence for the use and benefits of lateral lymph node dissection surgery for patients with rectal cancer and considers other modalities.

Keywords; rectal cancer, mesorectal excision, complication, surgery

0P - 50. MRI evaluation of Rectal cancer pre and post Treatment

Adham Darweesh; Ahmed Hassan Abdelmoneim

Clinical Imaging Department, Hamad Medical Corporation, Doha, QATAR

Abstract

Rectal cancer is associated with a high risk of metastases and local recurrence; local recurrence rates after surgical treatment being up to 32%. An accurate local staging at the time of initial diagnosis is therefore very important. Magnetic Resonance

Imaging (MRI) is already established as an accurate tool for the preoperative staging of rectal cancer and has resulted in marked improvements in staging accuracy.

Methods: This study is to use MRI in comparing the morphologic features of rectal cancer before and after 8 weeks of chemo-radiation treatment (CRT) and to correlate the post treatment MRI appearances with the histological findings in resected tumors. 45 patients with histo-pathologically proven rectal adenocarcinoma received standardized 8 weeks chemo-radiation therapy and subjected to MRI before and after treatment for clinical staging. A correlation between pathological response and MRI findings was done.

Results: The MRI diagnostic accuracy to diagnose T2 versus T3 is 74.2% with relatively low specificity (64.7%). The diagnostic accuracy of MRI in evaluation of stage T3 and T4, using T0, T1, T2 as a comparison, the MRI sensitivity was 96.2% however of low specificity 26.3%. The diagnostic accuracy was 66.7%. Additionally, in evaluation of T2 stage, the sensitivity of MRI was very low 27.3% and specificity relatively high 94.7%. Diagnostic accuracy was 70%.

Conclusion: MRI had an accuracy average of 81.6% in T stage and 68.9% in N stage in re-staging rectal tumors after CRT. Overstaging results of majority of the inaccuracy. The statistical agreement between post-CRT MRI and the pathologic staging involving T and N stages was not satisfactory. In view of the above, Post CRT, restaging rectal cancer remains a challenge.

Keyword; Rectal cancer, Magnetic Resonance Imaging, preoperative staging

0P - 51. Anterior Cruciate Ligament repair or reconstruction

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Abstract;

Introduction: ACL (Anterior Cruciate Ligament) tears are a common yet painful knee injury. Close to 150,000 ACL injuries happen each year, mainly in sports. The ACL (Anterior Cruciate Ligament) is 1 of 4 vital ligaments that hold the knee together. These ligaments help with the rotation and back-and-forth motion of the knee. If the ACL tears, medical help is critical to restoring movement. ACL rupture is still a challenge and trend in knee arthroscopic surgery. Diversity of patients in terms of age, structure, activity, concomitant injuries and time of presentation is the main factor in choosing the method of treatment

Materials and methods: Patients with different techniques of ACL repair and reconstruction have been studied in over 180 patients. The techniques were performed by the same team and the same evaluation methods for the results were considered.

Discussion: ACL is a serious tumor that requires no other surgery. Repair or reconstruction is a choice conditioned by many factors.

Results: ACL repair is always a preferred and preferred method. Internal brace reconstruction is the chosen option.

Conclusion; Anterior-Posterior instability of the knee improved significantly after arthroscopic ACL reconstruction. The bone-patellar tendon-bone graft provided an obvious greater stability.

Keywords; Anterior Cruciate Ligament, arthroscopic surgery. restoring movement.

0P - 52. Arthroscopic meniscectomy. A Comparative Study for "Day Surgery"

Ledian Fezollari MD: Prof. Dr. Gjergj Caushi MD, PhD; Asc. Prof. Dr. Vilson Ruci MD, PhD; Ergys Cami MD, PhD; Edvin Selmani MD, PhD; Ilir Hasmuca MD

University Hospital of Trauma, Tirana, ALBANIA

Abstract

Introduction: Knee arthroscopy is easily performed under general, spinal, epidural or local anesthesia**.** Local anesthesia provides advantages in terms of recovery time, side effects, cost-effectiveness and rehabilitation.

Materials and Methods: The prospective study included 105 patients that underwent knee arthroscopy under local anesthesia because of various pathologies in the period from April 2019 to January 2021.All operations were computer-registered to record patient generalities, intraoperative images and time of operation. We collected the patients' complaints during the operation, 1 h post-op, 6 h post-op and 16 h postop, and we evaluated the pain according to the VAS (Visual Analogue Scale).

Results: The mean age of the 105 patients who were included in study was 42.29 y.o 105 patients .Group I:48 p , Group II: 57 P **,** Female/Male - 51/49 % …

Conclusion: For apprehensive patients, intravenous sedatives (e.g. Midazolam) can be given. During injection of local anesthetics to the portal sites, majority of the drug should be injected into the subcutaneous layer instead of the subcapsular layer, otherwise the fat pad will be pushed into the joint and making initial visualization difficult. Do wait for ~20 minutes after injection before the procedure starts.

Keywords: arthroscopy, knee, injections, evaluated the pain, Meniscectomy

0P - 53. Supracondylar Humeral Fractures in Children

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Abstract

Introduction: Supracondylar humerus fractures are the most common elbow fractures in the pediatric population. Type I fractures are managed non-surgically, but most displaced injuries (types II, III, and IV) require surgical intervention.

Material and Methods: Closed reduction and percutaneous pinning remains the mainstay of surgical management. Numerous studies have reported recent alterations in important aspects of

managing these fractures. Currently, many surgeons wait until 12 to 18 hours after injury to perform surgery provided the child's neurovascular and soft-tissue statuses permit.

Conclusion: Increasingly, type II fractures are managed surgically; cast management is reserved for fractures with extension displacement only. Two to three lateral pins are adequate for stabilizing most fractures. Evolving management concepts include those regarding pin placement, the problems of a pulseless hand, compartment syndrome, and posterolateral rotatory instability.

Keywords: fractures, supracondylar, surgery, management

0P - 54. Allograft Transplantation and Reconstruction of Bones after Malignant Tumor Resections

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Abstract

Introduction: Reconstruction surgery after excision of musculoskeletal tumors has advanced greatly in the last few decades. Allografts have proven useful in the reconstruction of bone defects after tumor resection.

Material and Methods: Case 1 represents a patient with angiosarcoma of distal left tibia. This patient was treated with wide resection of 6 cm long tibial diaphysis segment. The defect was reconstructed with intercalary tibial bone allograft and was fixed with two locking plates, thus enabling early mobilization of the patient. Case 2 is a patient with aggressive giant cell tumor of right radial bone. Distal radius with 7 cm length, including distal radial articular surface was resected due to joint invasion and fibular cadaveric graft was used. Radiocarpal joint arthrodesis was performed. The third case with Ewing sarcoma of the proximal part of the right femur invading the intertrochanteric region and proximal diaphysis was treated with resection of proximal femur, application of femoral diaphysis allograft and hip joint endoprosthesis, which allowed for early patient mobilization.

Conclusion: Bone tumours should be diagnosed and treated in referral centers by a multidisciplinary team including pathologists, radiologists, orthopedic surgeons and oncologists. There is no prevention. Early diagnosis and adequate treatment are only hope for good outcome. Biological reconstructions with massive bone allografts are very useful after resection of certain malignant extremity bone tumors. The surgical techniques and method of treatment presented in this report will allow a better functional outcome and quality of life of treated patients.

Keywords: allograft, malignant tumor, resection, bone.

0P - 55. Short-term Effects of Caudal Epidural Steroid Injections in the Treatment of Central Lumbar Spinal Stenosis

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Abstract

Introduction: Short term effects of caudal epidural steroid injection (CESI) on symptoms of central lumbar spinal stenosis, evaluated by Oswestry disability index (ODI) and Visual Analogue Scale (VAS) pain score.

Material and Methods: 20 (16 female, 4 male) patients with central lumbar spinal stenosis diagnosed by MRI or CT were treated with CESI of 80mg/2ml triamcinolone acetonide and 1% lidocaine solution up to 20mL volume. Injections were administered in hospital setting, without fluoroscopic control. ODI and VAS pain score were assessed before intervention, two weeks after intervention and two months after intervention.

Results: Average ODI value before intervention was 33 (66%) (range 30-40), at 2 weeks post intervention 22.4 (44.8%) (range 20 – 27) and at 2 months 27 (54%) (range 20 – 33) ($p<0.01$). VAS score was 8.8 (range 6.0-10.0), 4.8 (range 3.0-6.8) and 6.4 (range 3.0-8.0) respectively ($p<0.01$). 2 patients experienced hypotension and nausea during application and full dose was not administered. 5 patients experienced paresthesia and/or painful sensations in legs that wore off in a few hours.

Conclusion: CESI cause significant improvement in both ODI and VAS score in patients with central lumbar spinal stenosis. There is immediate improvement shown in the two-week evaluation, followed by significant decline of effect during two months period. However, there is still significant positive effect two months after a single dose. Complications are minor and transient. CESI are a safe and effective alternative to systemic medication for patients who cannot undergo surgery due to variety of reasons.

Keywords: caudal, epidural, steroid injection, spinal stenosis

0P - 56. Current Concepts of VTE Prophylaxis in post-surgery Orthopaedic Patients

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Abstract

Introduction: Since the establishment of routine administration of VTE prophylaxis in all post surgery orthopaedic patients, there has been a significant decrease both in long- and short-term mortality and morbidity of these patients who undergo either elective or posttraumatic surgery in the orthopaedics department.

Material and Methods: Our scope is to review the most up to date literature, articles and guidelines for a more appropriate understanding of the new molecules, efficacy, interactions, the most efficient timing regarding the onset of treatment (either pre or post surgery) and the duration of such treatment.

Conclusion: Special consideration is focused on determining a widely accepted treatment regimen that is diagnosis sensitive, either elective or posttraumatic, with minimal or inconsiderate adverse effect to be applied to a stereotyped patient population, taking into account our available market alternatives, for an increased either institutional or sector awareness toward such most appropriate alternatives.

Keyword: VTE, post-surgery, orthopaedic patients, posttraumatic surgery

0P - 57. The Role of the Plastic Surgeon in the Breast Cancer Team, a 10-year experience.

Rezarta Kapaj MD

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Abstract;

Introduction; Breast reconstruction has been transformed from a bypassed and unnecessary procedure, into a key element of the procedures followed after diagnosing patients with cancer. However, global figures show that only 33 percent of diagnosed patients undergo reconstruction. In our country these figures are even lower, although there is no official estimate, they are thought to be below 10 percent.

Breast reconstruction, immediate or late has an extraordinary impact on the psychology of patients and consequently on the prognosis of the disease. Radiotherapy after surgery was previously considered a contraindication to immediate implant reconstruction, but today, with the development of fat filling procedures, this contraindication is fading. The development of breast-specific tissue expanders has made possible for the patient to awake form the operation with a new, natural, albeit small, deformed breast.

The last ten years our group has seen a significant increase in cases requiring breast reconstruction. This has to do with patient awareness, dissemination of information on social media and our approach to oncology patients.

Conclusion: In this summary we present our current figures, possible complications and plans for elements that can be improved in the future. We have a long way to go, but with the involvement of the plastic surgeon in decision-making, we think that we will significantly increase the quality of life of these patients, which according to any medical evidence is as important as life expectancy.

Keywords: breast cancer, plastic surgery, reconstruction.

0P - 58. Pectoralis Major Myo-Cutaneous flap in face Reconstruction. A case Report

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Abstract

Introduction: Pectoralis Major Myo-Cutaneous Flap has been used as a versatile and reliable flap since its first description by Ariyan in 1979.We have also used it in a lot of cases.

This time we want to present you a specific case, where we performed a different manner of its use.

We raised the flap as Myo-Cutaneous one and the skin part of it was used to substitute the missing mucosa of the lower face after a massive skin cancer resection in this region. Our patient is a 61 years old man who had surgery for a lower lip cancer 3 years ago. No biopsy had been taken. Some months later he had a recurrence of the disease.

He neglected it.one year before he was presented to us with a massive cancer of lower lip, chin and left cheek. That's why after the resection a massive defect with bone and gingiva exposure was created. We covered the defect with the flap using the skin as mucosa substitute and covered the muscle with split-thickness skin graft (STSG).

The patient performed very well. Even that the pathology report came with free margins the patients had radiotherapy for three weeks and later we performed an Abbe flap from the upper lip to fill an area of the lower lip. He is doing quite well right now. No more recurrence. His neck area lymph nodes are free from disease.

Keywords: Myo-Cutaneous Flap, split-thickness skin graft, face Reconstruction

0P - 59. Aesthetic complications after liposuction and how to manage it.

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Abstract

Background: Liposuction is one of the most popular cosmetic surgery procedures currently performed by plastic surgeons around the world. Liposuction performed alone is a safe procedure with a low risk of major complications. It must be clear at the consultation that liposuction is not primarily a procedure for weight loss, it is meant to be a body contouring procedure and therefore the limitations and safety issues related to this must always be respected in order to avoid complications and unfavourable results. These complications can be broadly categorized into 2 groups, general and local. It is important that these risks should be discussed before the consent. Combined procedures, especially on obese or older individuals, can significantly increase complication rates.

In this presentation, I will present the most common local complications happened after liposuction and how to manage and correct these situations. Despite the complications of liposuction being rare, the list is extensive. The most common complication is contour deformity. Two other less common, though still important, complications to recognize after liposuction are hematoma and seroma, which occur secondary to injuries of small perforating vessels and of lymphatic vessels, respectively, in the subcutaneous fat.

Conclusions: Avoiding complications entirely is not possible. It is the physician's responsibility to properly assess a patient, diagnose problem areas, and formulate a

treatment plan to provide optimal results, keeping in mind that not all patients are candidates for liposuction.

Keyword: Liposuction, cosmetic surgery, complications

0P - 60. Analysing Sodium Balance During Resuscitation of Severe Burn Patients.

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University Hospital Center "Mother Teresa" Tirana, ALBANIA.

Abstract

Introduction: Generally, in critical patients, including the burned one, the irregular sodium concentrations emerge from crystalloid treatment, certain medicines, or renal function disturbance. Most resuscitation liquids are given intravenously, and the osmotic concentration of the sodium containing liquids can contribute to modified plasma sodium concentration.

Material and Methods: An observational study was conducted on 150 patients hospitalized in Emergency Department of the Service of Burns at the University Hospital Center "Mother Teresa" in Tirana, Albania, during 2016. Of these, 50 patients were diagnosed with severe burns and, in this way, satisfied incorporation criteria for our study.

Results: On admission, the mean sodium deficit of all patients was 163.1±130.7mmol, after 24 h 193.1±141.3 mmol, and after 48 h 195.6±144.4 mmol. Sodium deficit improved in a quarter of patients after the first 24 h and in half of the patients after the second 24 h. The mean sodium received for all patients in the first 24 h was 0.51±0.17 mmol/kg/%. The mean sodium excreted for all patients in the first 24 h was lower (0.3±0.2 mmol/kg/%) compared with the second 24 h (0.30±0.3 mmol/kg/%). In the case of sodium retained, the values were higher in the first 24 h (0.2±0.2 mmol /kg/%) vs the second 24 h (0.04±0.21 mmol /kg/%).

Conclusion: Resuscitation with LR did not correct hypoosmolality hyponatremia, which persisted even after the first 24 h, especially in patients with burns> 60%. In critical burns, the restoration of sodium losses in the burn tissue is essential. We agree with the burn experts regarding the fluid load of 2 ml/kg/% TBSA burned for 24 h.

Keywords: severe burns, sodium, hypoosmolality hyponatremia.

0P - 61. Perforator Flaps for Defects of the Lower third of the Leg and Ankle.

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Service of Burns and Plastic Surgery UHC "Mother Theresa"Tirana, ALBANIA.

Abstract

Introduction: Perforator flaps are a latest development of the last twenty years in

reconstructive surgery. They come to solve difficult situations even on the lower third of the leg and ankle, which normally present a challenge to the surgeon. The presentation will focus on 4 cases with defects around the ankle and of the lower third of the leg, reconstructed with perforator flaps from the posterior tibial artery.

Material and method: Four patients were treated by a perforator flap from the posterior tibial artery. Patients
were all adults, age range from 32-55 years old. They were all trauma patients, with problematic defects where important structures (bones, tendons, joints) or hardware were exposed. All patients were treated for more than a month at the UHT and then transferred to our service were within a week the reconstructive procedure was performed.

Results: Three of the four flaps survived, and the fourth one necrotized. The necrosis was judged to be related to the fact that the patient was a heavy smoker, a delayed reverse sural island flap was then used as a salvage procedure.

Conclusions: perforator flap of the posterior tibial artery is an excellent choice for reconstruction of small to moderate size defects of the ankle and lower third of the leg. Careful selection of the cases can guarantee a high rate of flap survival, although generally there are no contraindications to the use of this flap.

Keywords: Perforator flaps, trauma patients, problematic defects

0P - 62. Laparoscopic Inguinal Hernia Repair

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Abstract

With more than 20 million patients annually, inguinal hernia repair is one of the most often performed surgical procedures worldwide. The lifetime risk to develop an inguinal hernia is 27–43% for men and 3–6% for women. In spite of all advances, 11% of all patients suffer from a recurrence and 10–12% from chronic pain following primary inguinal hernia repair. By developing evidence-based guidelines and recommendations, the international hernia societies aim to improve the outcome of inguinal hernia repair due to standardization of care.

From a total of more than 100 different repair techniques for inguinal and femoral hernias, classified as tissue repair, open mesh repair, and laparo-endoscopic mesh repair, the new International Guidelines of the Hernia, strongly recommend that surgeons tailor the treatment of inguinal hernias based on expertise, local/national resources, and patient- and hernia-related factors.

Laparoscopic Inguinal Hernia Repair

Repair of inguinal hernia remains the most frequent operation in abdominal surgery.

Open repair with different techniques has been well established for years in our clinical practice.

The last decade we have successfully introduced laparoscopic technique for the repair of inguinal hernias.

Thorough understanding of groin anatomy is fundamental in performing the repair and good

selection of materials used is a key player in the success of repair.

Based on the great work of Edward Felix and George Daes we now know better to standardize the technique keeping in mind critical view of Myo pectineal orifice.

We discuss ten steps in achieving critical view together with the need to fix the mesh and the ways to do it demonstrating our technique and the results. Among TEP and TAPP, we preferred the second in our series of more than 50 patients.

In this group of patients, no complications and no recurrence of hernia were observed.

Keyword; hernia, repair, surgery, technique,

0P - 63. Surgical Treatment of Rectal Prolapse in Adults using Rectopexy Technique

Asc. Prof. Dr. Enton Bollano MD, PhD; Dariel Thereska MD, PhD; Asc. Prof. Dr. Krenar Lilaj MD, PhD; Prof. Dr. Arben Gjata MD, PhD, Gentjana Misho MD, Erinda Zoto MD

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Abstract

Background: Rectal Prolapse is a protrusion of the rectum through the anus. Common signs and symptoms are pain, rectal bleeding, defecation problems, etc.

Material and Methods: In this study we have included 26 cases who were diagnosed with Total Rectal Prolapse during the time frame February 2018 – September 2021, in the 1University Hospital Centre "Mother Theresa", Tirana, Albania.

Results: All cases were females with a mean age of 56.3 years old. Mean time with signs and symptoms was evaluated 5.1 years. Two main techniques were followed during the surgical interventions: Anal Intervention Technique (Delorme) and Abdominal Intervention Technique (Rectopexy) with or without resection. (Repstain, Wells, Muir). In all our patients Wells procedure was applied.

Conclusions: Patients follow up lasted one year. At that time we realized: 2 patients had persistent prolapse and were operated again, 1 patient had incontinency regarding intestinal gases, 1 patient had intestinal occlusion, 1 patient had severe constipation. We can surely say that Rectopexy is the procedure of choice when treating Rectal Prolapse with a success rate of 81.2%.

Key Words: Rectopexy, Rectal Prolapse, Protrusion,

0P - 64. An overview of Hiatal Hernia. Our experience, diagnosis and treatment.

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Abstract

Overview: A hiatal hernia is a condition where the top of your stomach bulges through an opening in your diaphragm. This can happen to people of any age and any gender. A hiatal hernia doesn't always have symptoms, but when it does, they are similar to the symptoms of GERD. Diagnosis of hiatal hernia is

suspected from signs and symptoms and is confirmed using X-ray of your upper digestive system, Upper endoscopy or Esophageal manometry.

Material and Methods: This is a retrospective study of all of our patients with Hiatal Hernia Diagnosis who are treated at our center. We have used our data to evaluate the success rate of endoscopic intervention, median age, common gender and comorbidities, causes of hiatal hernia, long time prognosis, complications of untreated or mistreated cases, etc. We will make some conclusions about indications of intervention and other treatment options.

Key Words: Hiatal Hernia, GERD, Esophageal manometry

0P - 65. Ventral Hernia Recurrence

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Abstract

Background: Ventral hernias are one of the most common problems confronting general surgeons. The rate of ventral incisional hernia in the long term after laparotomy has been reported to be as 20% to 25%. Multiple studies have suggested that laparoscopic repair of ventral hernias carries a lower recurrence rate and shorter hospital stay with quicker recovery. This article includes proven mechanisms of ventral hernia recurrence, aiming to improve the preoperatory preparation of the patient, currently used techniques, and postoperative measures.

Material and methods: 217 adult patients (age 18-80) underwent a surgical ventral hernia repair during a period of two years in UHC "Mother Teresa", Tirana. Variables that are compared in this study include: type of mesh material; type of suture material; type of sewing technique and comorbidities.

Results: Overall recurrence of ventral hernia was 8.7%. Recurrence happened in 9.2% of the patients when mesh fixation was done using Prolene sutures and 6% of the patients when PDS was used. We found a higher recurrence when an interrupted suture was used to fix the mesh (12 cases for prolene and 2 cases for PDS), compared to a lower recurrence when continuous suture was used, (2 cases for prolene and 0 for PDS).

Conclusions: Risk factors such as the size of the defect, wound infection, obesity, use of steroids and chronic constipation have great importance and have to be strictly evaluated as they have more chances to lead to a possible recurrence.

Key words: Ventral hernia, recurrence, prosthetic material,

0P - 66. The Benefit of Open Rives-Stoppa Procedure in Complex Incisional Hernia.

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Abstract

Introduction: Ventral hernia is one of the most common general surgical pathologies. An incisional hernia will develop in 10–15% of patients with an abdominal incision and the risk increases to up to 23% in those who develop surgical site infection. Ventral hernia repairs are mostly elective (90%) procedures, but the repair methods are highly variable. Popularized in Europe by Rives and Stoppa, the retromuscular technique has proven to be very effective with a 94.2% probability of having the lowest odds for recurrence and a 77.3% probability of having the lowest odds for SSI. The purpose of the study was to evaluate our experience at a secondary care center performing Rives-Stoppa repair for abdominal ventral and incisional hernias.

Material and methods; Our study included all recorded patient Between April 2019 and August 2021, 46 patients in the practice at a secondary regional hospital (Teni Konomi, Korce) underwent a Rives-Stoppa incisional hernia repair. There were 14 males and 32 females (age range 31-75).

Results: In our Study were included 46 patients, who underwent a Rives-Stoppa technique incisional hernia repair. There were 14 males and 32 females (age range 31-75).

Conclusion; The Rives-Stoppa technique has excellent long-term results, with low morbidity in patients with large primary or recurrent incisional hernias and is the gold standard for most surgeons.

Keywords; Hernia, mesh, polypropylene, abdominal wall surgery, rectus muscle

0P - 67. The Role of Serum Ascites Albumin Gradient in the Differential Diagnosis of Ascites.

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Abstract

Introduction*:* Ascites is of Greek derivation ("askos") and refers to a bag or sack. The word is a noun and describes pathologic fluid accumulation within the peritoneal cavity. Orientation in finding or excluding portal hypertension through examination of ascitic fluid, is the first step towards an accurate diagnosis.

Material and Methods: The aim of this study was to evaluate the role of SAAG (Serum Ascites Albumin Gradient) in the differential diagnosis between

cirrhotic and malignant ascites. The albumin gradient in ascites (SAAG) is obtained by subtracting the value of serum albumin, the value of ascites albumin (from samples to be taken on the same day) and is a reflection of hepatic sinusoidal pressure. We evaluated prospectively all diagnostic paracentesis in 72 patients with ascites, hospitalized in the Gastro-Hepatology Service at the University Hospital Center "Mother Teresa", over a period of 4 years 2017-2021.

Result: All ascitic fluids were analysed on the laboratory parameters of ascitic albumin values, and at the same time serological albumin through the blood taken for analysis on the same day as the diagnostic paracentesis. The value of SAAG was calculated for each patient between their two groups: 64 patients with cirrhotic ascites and 8 patients with malignant ascites. Higher SAAG values were found in the group of patients with hepatic cirrhosis (2.02 ± 0.42) compared to the group of patients with malignant pathology (0.68 ± 0.19).

Conclusion: This prospective study showed statistically significant differences ($p < 0.0001$) between cirrhotic ascites and malignant ascites in terms of SAAG, emphasizing the important role of diagnostic paracentesis and in particular the Serum Ascites Albumin Gradient (SAAG) in the differential diagnosis of ascitic fluid, in accordance with cut-off values ≥1.1 g / dl referring to ascites from portal hypertension, which suggests a nonperitoneal cause of ascites.

Keywords: SAAG, ascites, diagnostic paracentesis, albumin gradient, cirrhotic ascites, malignant ascites

0P - 68. Drugs Induced Kidney Damaged

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Abstract

Introduction: The increasing age of population and their concomitant diseases, have raised the needs of receiving various medications. Different drug-classes directly or indirectly affect renal function. This is already known as drug induced nephrotoxicity.

Material and Methods : Drugs damage the kidneys through various mechanisms such as: changes in renal hemodynamic, reduction of glomerular filtration rates, acute tubular cell injury, intratubular obstruction, osmotic nephrosis, takings multiple medications, and linked to more diagnostic and therapeutic procedures with high potential to harm kidney function. Nearly 30% of acute kidney injury is related to drug toxicity. Though renal injury is often reversible if the causative drug is withdrawn, the condition may involve various interventions, can be expensive and often requires hospitalization. The clinical presentation of drug induced nephropathy is not always linked to a single agent. A diagnostic approach is essential for the rapid evaluation of the patient, in order to reduced renal exposure to the toxic agent.

Conclusion : Comprehension of the drug caused is not always sufficient in making the diagnoses and it should be enriched with awareness of risk factors associated with the patient such as: age, comorbidities and evaluation of renal function

before starting the treatment, in conjunction with preventive measurements of the drugs including: time of taking drugs, prevention on combinations and avoidance of nephrotoxic drugs together with learning of the mechanisms through which the drug can causes renal damage. Our aim is to offer a summary of nephrotoxicity mechanisms induced by medications and the prevention strategies.

Keywords: kidney damaged, drug toxicity, nephrotoxicity.

0P - 69. Chronic Kidney Disease Patients Undergoing Surgery: Minimizing the Impact

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Abstract

Introduction: The connection between chronic kidney disease and surgical complications seems logical because of a link between CKD and anaemia, hydro-electrolyte disorders, hypocalcaemia, volume overloaded, hypertension etc.

Clinical Case: Identification and correction of these combined risks is crucial for the management of these patients in the preoperative period. Renal and cardiovascular risk assessment is very important before surgery.

Based on the updated ACC/AHA guidelines on perioperative cardiovascular evaluation of noncardiac surgery, all patients with renal impairment who have a creatinine level of 2 mg/dL or higher are considered to have an intermediate clinical predictor of increased perioperative cardiovascular risk*. Particular attention should be paid to hemodynamic stability because for CKD patients even hypotensive episodes during surgery have significant impact on outcome.

Avoiding nephrotoxic agents, dosage adjustment and preoperative premedication is a key management principle.

Conclusion: Multidisciplinary approach (Nephrologist, endocrinologist, cardiologist, anaesthesiologist and surgeons) is important from the moment of the complementation of the surgery until full recovery.

Keywords: CKD, surgery, preoperative, complications, risk assessment ..

0P - 70. Risk Factors and Outcome in Traumatic Acute Kidney Injury. A Systematic Review

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Abstract

***Introduction*:** To review risk factors and the impact of acute kidney injury (AKI) on outcome in trauma patients and to establish a strategy aiming to prevent AKI.

Recent findings: Pooled incidence of AKI after trauma was found 20%. AKI complicating trauma is associated with prolonged hospital length of stay, poor outcome and higher mortality rates. Its onset is usually early, within the 5 first days after trauma. Most common risk factors for AKI in trauma patients are severity of haemorrhage, severity of rhabdomyolysis, abdominal compartment syndrome, traumatic inflammation, direct renal injury and uses of nephrotoxic drugs in these vulnerable traumatic patients. This risk of AKI is increased in older age and comorbidities like pre-existing chronic kidney disease and Diabetes mellitus. Traditional markers for AKI, urine output and serum creatinine are late biomarkers of renal dysfunction so best approach is targeting high risk pts for AKI and administer hydration iv and avoidance of nephrotoxic therapies for preventing traumatic AKI. However more studies are needed for early prediction of AKI after trauma and finding strategies preserving renal function in trauma pts.

Conclusion: High incidence and high mortality rate of traumatic AKI should lead us to early prediction of AKI after trauma. We should be aware at all traumatic pts to rapidly identify pts of high risk for AKI and develop resuscitation strategies of preventing it

Keywords: acute kidney injury, trauma, mortality, risk factors

0P - 71. Acute Kidney Injury in Traumatic Patients

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Abstract

Introduction: Acute Kidney Injury (AKI) is a common complication of severe trauma that is independently associated with increased morbidity and mortality in these patients.

Recent Findings: The incidence of post-traumatic acute kidney injury varies widely from 0.1 to 8.4% with mortality ranging from 7 to 83% and survivors are at increased risk for chronic kidney disease and late death. Prevalence of acute kidney injury in trauma patients is as reported to be as high as 40.3%. Factors related to the initial resuscitation protocol, degree of the systemic inflammatory response to trauma, contrast nephropathy in diagnostic procedures, rhabdomyolysis and abdominal compartment syndrome are some of those factors. In addition to hypovolemia, predisposing risk factors such as diabetes and hypertension, pre-existing renal impairment, sepsis, and nephrotoxins, such as aminoglycoside antibiotics and radiological contrast agents, contribute to AKI.

In addition, patients sustained renal failure because of prolonged untreated shock and aggressive resuscitation is recommended for such patients. During recent decades, the dramatic increase in intravenous fluid administration to trauma patients during the first 24 h after injury has markedly reduced the incidence of AKI.

Conclusion: The change in volume therapy helped to nearly eliminate AKI from 8.4 to 3.7%. The reduction of the time under a profound shock may be the key to prevent the occurrence of AKI in a trauma

injury. Patients with post-traumatic AKI presented with significantly older age, higher incidence rates of pre-existing comorbidities, different bodily injury patterns, and higher injury severity than those patients without AKI. Our aim is the early diagnosis of AKI in traumatized patients and the choice of best treatment method to reduce mortality and morbidity in this group of patients.

Keywords: AKI, increased morbidity, traumatic injury.

0P - 72. Permissive Hypotension Versus Normotensive Resuscitation Strategy for People with Ruptured Abdominal Aortic Aneurysm.

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Abstract

Introduction: An abdominal aortic aneurysm (AAA) is a swelling of the aorta, in the renal level or infra renal. It can develop in both men and women. A growing aneurysm can burst (rupture), which leads to massive blood loss and shock. It is frequently fatal and accounts for the death of at least 45 people per 100,000 population.

Material and Methods: One option to fix a ruptured AAA is to open the abdomen and place a tube graft in the aorta (open repair); the second approach is to place a stent graft inside the aorta through the large artery in the thigh (femoral artery; endovascular repair).

Results: The initial management of bleeding and haemorrhagic shock is caused by the ruptured aneurysms. Patients are generally given intravenous saline solutions in the emergency room or surgery center to restore circulatory volume. Rapid fluid replacement immediately restores normal blood pressure. Normotensive resuscitation strategy can lead to an increase in bleeding because the clot can be removed and coagulation factors in the blood can be diluted.

Conclusions: An alternative approach is the controlled (permissive) hypotension resuscitation strategy. This strategy consists of fluid replacement, the use of drugs, or both, to keep systolic blood pressure between 50 mmHg and 100 mmHg, until the aneurysms can be repaired with open surgery or endovascular repair. This strategy might work because it does not introduce a large volume of cool saline solution and consequently avoids the outcomes listed above.

Keywords: Aorta, bleeding, abdomen, blood pressure

0P - 73. The Best Theoretical Biological Model for Chronic Pain Evaluation

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Abstract

Introduction: If chronic pain is considered as a bad evocation in time, then we should need to discover "The Biological Theoretical Model of Health", for "The Best Possible Theoretical Evocation for the Health".

Material and Methods: Since every biological being tends to recognize its own "The Best" as well as "The Worst" for its health, then we need to define "The Smallest Theoretical Common Stimulus" for all the biological beings that can felt and perceive by them. If every biological being has the ability to perceive "The Smallest Theoretical Stimulus" as a way to preserve their health, which is the responsible and should answer for recognize and finding evidence on this stimulus.

Conclusion: Especially if the majority of them do not have blood, lymph or peripheral and central nervous system, is any common system for knowing it?

Does any biological being feel and perceive?

Can we consider a common Theoretical Model which is able to recognize, perceive and concise the Smallest Theoretical Stimulus?

Keywords: Theoretical Biological Model, Chronic Pain, Stimulus.

0P - 74. Complications after Covid-19

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Abstract:

Introduction: Covid-19 seems to be our big challenge to our daily pratice, beeing a difficult worldwide pandemic. In the begining was related to the lungs but after that the physicians faced a lot of complications up to multiorgan failure. This Cocid-19 feature made patients prone to ICU not only for ventilatory assistance but even for multiorgan failure treatment and care as well.

Material and Methods: Covid-19 presents a great issue to deal with. Due to direct organ damage, prolonged and severe hypoxia, increased proinflammatory mediators, organs damage is often faced. So, the anaesthesiologist-intensivist must be aware of the increased risk for multiorgan failure after Covid-19.

Discussion: Complications may be pulmonary, cardiac, renal, coagulation, and neurological one. Neurological complications encountered 6-36% of incidence, mainly in form of ischemic cerebrovascular disease but encephalitis and Gillian Barre Landry syndrome as well. Cardiovascular ischemic complications have a reported incidence up to 20% and myocarditis with impaired function till cardiogenic shock up to 30% of Covid-19 patients. Coagulopathies are mainly as thrombotic form, but thrombocytopenia, intravascular dissemination, and bleeding phenomena are verified as well. Renal dysfunction and failure are reported in 11% of cases but in our hospital the incidence was less than 11% in non-ICU patients and approximately 19% in intubated patients. RRT is used as Prisma Flex treatment (CCVHD) in 12.5% of patients especially in case of severe metabolic and electrolytes disturbances. The incidence of sepsis is reported 3-

6% but the mortality rate and organ dysfunction are exponentially increased. Sepsis Surviving Campaign offers clear recommendations in septic Covid-19 patient.

Conclusions: Covid-19 is a multiorgan disease not only affecting lungs but the other organs as well. Renal failure is often faced in acute and mid-acute faze, but after this period cerebrovascular diseases are not rare and with great impact on prognosis, morbidity, and mortality.

Key words: Sepsis, Covid-19, Renal Failure, organs damage

0P - 75. The Use of IABP in a Patient with AMI Complicated with Ventricular Septal Defect. A case Report.

Ervin Bejko MD, Stavri Llazo MD, Esmerilda Bulku MD, Jonela Burimi MD, Alfred Ibrahimi MD,PhD, Nereisa Rushiti MD, Saimir Kuci MD PhD

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Abstract

Introduction: IABP is one of the most important devices used for the hemodynamic support IABP improves cardiac output by improving coronary artery perfusion, through the rise of diastolic pressure. IABP is often a device of choice in patients during cardiac interventions with a low cardiac output.

Material and Methods: A series of examinations are being run such as an EKG where distinct ST elevations are shown, an echocardiography that shows hypokinesis of the apical septum and irregular movements of the septum, a VSD of 43-44mm, a mild mitral regurgitation, right chambers dilated, PSAP = 60mmHg, LEVF≈40%.

Results: IABP is only interrupted during extracorporeal circulation (ECC). At the end of the operation the patient is transferred in the ICU and the IABP and drugs support is continued. The patient is extubated the third day after the operation and the fourth day the IABP is removed. The inotropic support is day by day diminished and it is stopped the day before the patient discharged from the ICU. Conservatory treatment is than continued.

Conclusion: The use of IABP in patients undergoing cardiac shock caused by acute myocardial infarction complicated with VSD is the best approach for better ensuring the stability of the patient in the ICU as well as during cardiac interventions.

Keywords: cardiac, perfusion, shock, ventricular

0P - 76. Some Considerations about Liver Trauma Management.

Asc. Prof. Dr. Agron Dogjani MD, PhD, FACS, FISS, FICS, FKCS [1], Prof. Dr. Arben Gjata MD, PhD [1], Prof. Dr. Kastriot Haxhirexha MD, PhD [2], Prof. Dr. Etmont Çeliku MD, PhD [1], Shkelzen Osmanaj MD, PhD [3], Dritan Cobani MD [3]

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[2] *State University of Tetovo, North MACEDONIA.*

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Abstract

Background; Liver trauma is one of the most common abdominal lesions in trauma patients.

Diagnosis and treatment of hepatic trauma has evolved with the use of modern diagnostic and therapeutic tools.

Until two to three decades ago, most cases of closed abdominal trauma or possible damage to parenchymal organs were managed with classical exploratory laparotomy.

Some innovative multidisciplinary techniques such as intrahepatic haemorrhage management (interventional imaging) have greatly increased the likelihood of non-operative management (NOM) for a given group of patients.

Most hospitalized patients with liver damage have mild or moderate injuries (WSES I, II, III) (AAST-OIS I, II, or III) and are successfully treated by NOM. In contrast, one-third of serious injuries (WSES IV, V) (AAST-OIS IV, V) traditionally required OM, the chances or possibilities for NOM are now real.

Also in paediatric patients, NOM should be considered the optimal management approach.

In determining the optimal treatment strategy, the anatomical description of liver lesions is basic, but not sufficient. In fact, the decision whether patients should be operatively managed or undergo NOM is based primarily on hemodynamic status, concomitant injuries, and the anatomical extent of liver damage.

Conclusions; Management of liver trauma is multidisciplinary. Where possible, non-operative management should always be considered as the first option in adults and paediatric populations.

Therefore, clinical condition, degree of anatomical damage and concomitant injuries should be considered together to decide the best treatment option.

Keywords: Blunt Liver Trauma, Management, Non-Operative Management (NOM)

0P - 77. Management of Splenic Injury in the Trauma Patient

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Abstract:

Introduction: The spleen is one of the most commonly damaged intra-abdominal organs. Immediate diagnosis and management of potentially life-threatening haemorrhage is the primary goal. Preservation of functional spleen tissue is secondary and in selected patients can be accomplished using nonoperative management or surgical rescue techniques.

Any attempt to save the spleen is abandoned in the face of constant bleeding or other life-threatening injuries.

Urgent and urgent splenectomy remains a lifeline for many patients.

Most references suggest that the spleen is the rigid organ most often injured in trauma for both acute and penetrating mechanisms.

The wound of a penetrating trauma should not be close to the spleen to cause significant injury.

Penetrating stab wounds made by right-handed

attackers tend to enter the abdomen on the left side and are more associated with spleen injuries than if the attacker is left-handed.

Other serious injuries may be associated with trauma to the spleen, so these should be sought during patient evaluation.

Management favours nonoperative and conservative treatment in hemodynamically stable patients.

Conservative measures include replacement of fluids / blood as needed with monitoring. Patients should be considered for surgery if they are hemodynamically unstable, have significant damage to other systems, or are currently on anticoagulant / antiplatelet therapy.

Candidates for surgery will undergo exploratory laparotomy for evaluation, repair, or removal.

Angiographic embolization can also be considered as an alternative to surgery in patients who fail in nonoperative management.

Keywords: Trauma, Spleen injury, NOM, OM

0P - 78. Duodenal Damage Management, our experience in the last two cases.

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Abstract

Introduction: Traumatic duodenal injuries account for 4.3% of abdominal trauma ranging from 3.5% - 5% and due to their anatomical proximity to other organs they are rarely isolated. Duodenal injuries are found in blunt trauma and penetrating trauma.

Materials and methods: In this study, two cases of duodenal injury were considered in retrospective study, one firearm wound and the other blunt trauma. Patient 1 is 30 years old from Vlora hospitalized in our clinic on 27.05.2019 with Diagnosis: Firearm Wound in the lumbar region and superior and inferior extremity with traumatic-hemorrhagic shock. After laparotomy is found rupture of the duodenum D3-D4 with surface of the circumference damaged with more than 50%, 3rd degree by The American Association for the Surgery of Trauma in agreement with the Organ Injury Scale Committee (AAST-OIS)

Patient 2 is 62 years old from Dibra hospitalized in our clinic on 14.11.2020 with Diagnosis: Polytrauma, thoracic contusion, fracture of the Dexter costae, blunt abdominal trauma with duodenal rupture, rupture of ileum, traumatic hernia of the abdominal wall, contusion of the liver, contusion of the pancreas, rupture Reni Dexter, retroperitoneal hematoma, rupture of the duodenal D2-D3 more than 50% of the circumference of the duodenum 3rd degree damage with contusion of the duodenal U.

Results: Both patients undergo the same surgical solution for duodenal damage which are: primary suture of the duodenum (duodenorrhaphy)***;*** Cholecystectomy and Kehr drainage of choledoch***;*** decompressive retrograde duodenostomy***;*** feeding jejunostomy. Both patients had a satisfactory performance without complications

Conclusion: The types of duodenal injury solutions are numerous and debatable. However, in our experience in second-and third-degree duodenal lesions without infection complication, choledochal drainage, decompressive retrograde duodenostomy

and nutritional jejunostomy is considered a good simple solution and shortens the operation period compared to pyloric exclusion, responding to the severe shock condition that usually come to these patients.

Keywords; Traumatic duodenal injuries, choledochal drainage, Cholecystectomy, duodenorrhaphy

0P - 79. Management of Liver injury with active bleeding. A Case Report

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Abstract

Introduction: Liver injuries represent one of the most frequent life-threatening injuries in trauma patient. In determining the optimal management strategy, the anatomic injury, the hemodynamic status and the associated injuries should be taken into consideration. The aim of this manuscript is to present the updated World Society of Emergency Surgery (WSES) liver trauma management guidelines.

Material and methods: Introduction of a patient with liver abdominal trauma, having a grade 2 injury of the 6th segment in the postero–lateral area.

Results: The patient is 41 years old, male, being victim of an aggression with weapon (probable knife). Clinical inspection reveals a 3 cm wound on the 6-7 intercostal space of the scapular anterior linea. The patient arrived at the hospital half an hour after the aggression. The clinical findings are a stable hemodynamic, no abdominal reaction, normal laboratory findings. CT scan detect a lacerative with active bleeding area. Surgery has been performed within an hour after trauma. Surgical findings consisted in 2 cm wound in the 6th seg bleeding and blood clotting and preserved integrity of the other abdominal organs. Surgical procedure consisted in 2 liver sutures, peritoneal lavage and drainage. Post operatory prognosis was encouraging and no complications occurring. 10 days after surgery the patient is fully recovered and leaving hospital.

Conclusions: Radiology has a pivot role in immediate diagnoses of liver injuries. Liver trauma approach may require non-operative or operative management with the intent to restore the homeostasis and normal physiology.

Keywords; Liver injuries, non-operative management, operative management, hemodynamic condition.

0P - 80. Our experience in the treatment of Traumatic Liver injury

Skender Shabani MD, Naser Plakolli MD, Asim Morina MD, Dalip Limani MD, Skender Murati MD, Ass. Prof. Dr. Ferhat Sallahu MD PhD, Fadil Beka MD, Arsim Cerikinaj MD, Leutrim Shabani MD.

University Hospital Service, Pristina, KOSOVO

Abstract

Overview: Liver is the most frequently damaged organ from the abdominal trauma. It is a challenge for every surgeon to treat surgically its injury. Liver

trauma is suspected from the anamnesis, mechanism of trauma, echographic examination as well as CT – Scan.

Material and Methods: This is a retrospective study of the patients diagnosed with abdominal trauma in the University Clinical Centre of Kosovo, Pristina during the time frame January 2012 – December 2015. There was a total of 218 cases, 28.5% of whom had Liver injury.

Results: 18 cases had Grade IV Liver Injury. 72% were males and the overall mortality was 12.9%. Common complications of their treatment were: post surgical hemorrhage, acidosis, intravascular disseminated coagulation, etc. Liver was the most affected organ in the abdominal cavity during abdominal trauma and most of the cases required surgical intervention.

Key Words: Abdominal Trauma, Liver Injury, Emegency Surgery,

0P - 81. Our experience in Management of Penetrate Abdominal Trauma with Firearms.

Imri Vishi MD; Riza Idrizi MD; Njazi Vishi MD; Mufail Hasani MD; Sylejman Metushi MD; Asc. Prof. Nehat Baftiu MD, PhD; Behrije Halilaj -Vishi MD

Clinic of General Surgery UCCK, Prishtina, KOSOVO.

Abstract

Background; Abdominal trauma requires surgeons a primary diagnosis of suspicion, exact application of the diagnosis, and a clear decision as to whether immediate surgical intervention is necessary or whether other diagnostic methods should be observed and applied.

Material and methods; In the research were taken 221 cases of firearm injuries in UCCK, treated in a multi-disciplinary hospital by specialized teams. We present specifically 5 cases of injured patients described with their clinical course

Results; Abdominal traumas may be isolated however in 20-40% of cases they accompany polytraumatized patients.

Mechanism of injuries in penetrating abdominal trauma are; firearm, knife or sharp object, complex abdominal injuries required "Damage Control of Surgery" to realize the temporary or definitive bleeding control, control of contamination, debridement (blind closure of intestinal segments), washing, temporary closure of the abdominal wall, stabilization in the intensive care unit. Second-look-laparotomy - after 24-36 h definitive haemostasis, lavage, drainage and eventually extraction of the stoma)

Conclusions; Successful management of abdominal trauma requires efficient shock treatment, rapid prognostic classification of injuries, and rational diagnostics…

Keywords; Penetrate Abdominal trauma, Damage Control of Surgery, Second-look-laparotomy

0P - 82. Primary Bladder Neck Obstruction in Young Adults.

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Abstract

***Introduction*:** Primary bladder neck obstruction (PBNO) or Marion disease (1) is a functional obstruction caused by abnormal opening of bladder during voiding phase. The diagnosis is made with video urodynamic (VUDS). Poor funnelling of bladder neck and high-pressure voiding confirm the diagnosis. However, in case of non - availability of VUDS (like ours), conventional urodynamics with cystoscopy may diagnose the condition as well. Treatment consists using alfa –blockers which are effective and safe in most of the cases but the compliance is poor. Transurethral bladder neck incision (BNI) is an effective surgical treatment but the major complication of retrograde ejaculation is a big concern, especially in young man having no child yet.

***Objectives*:** Representing our results with bilateral bladder neck incision in young man less than 45 years old diagnosed with conventional urodynamic and flexible cystoscopy for PBNO.

Patients and Methods: Seven patient with poor urodynamic findings, Q max less than 8ml/sec on uroflow, treated for more than 2 years with different drugs were included in this study. All patients did cystoscopy to rule out other anatomical obstruction. The incision was done on point 5 and 7 trying to go deep to prostate capsule, without passing 1 cm to 0.5 cm proximal to verumontanum, conserving a rim of urethra in between incisions.

***Results*:** The patients were discharged a day after removing the catheter. Most experienced mild haematuria after surgery. Uroflowmetry showed normal range values after BNI, ranged from Q max of 12 to Q max of 18 ml/sec. The antegrade ejaculation was preserved in 6 patients.

***Conclusions*:** The Marion disease represent a challenge of early diagnoses. A bilateral bladder neck incision on point 5 and 7 gives good outcomes in terms of antegrade ejaculation.

Keywords: Primary bladder neck obstruction, cystoscopy, video urodynamic

0P - 83. Gastro-Oesophageal Reflux, Some Data on Diagnosis and Clinical Evaluation.

Asc. Prof. Saimir Heta MD, PhD [1]; Ilma Robo MD; Prof. Dr. Kastriot Haxhirexha MD, PhD [2]; Virtut Velmishi MD [2]; Nevila Alliu MD [1]

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[2]*Clinical Hospital of Tetovo, North MACEDONIA*

Abstract

***Introduction*:** Treatment of gastro-esophageal reflux involves a number of therapeutic measures that eventually conclude with surgical treatment. It should be noted that surgical treatment should be the last resort to be used to treat this pathology, due to the complications and recurrences that this surgery may give.

***Materials and methods*:** This study includes 59 children operated for gastro-esophageal reflux with the laparoscopic method and for the same period 14 children operated with the open method. By gender in these two groups the study involves 34 males and 25

females in the first group of laparoscopic methods and 8 males and 6 females in the open method group. The average age of the treated children was 13.21 and 12.56 years old in the laparoscopic method, 7.34-year-old males and 8.15-year-olds in the open method.

***Conclusions*:** Gastro-esophageal reflux at childhood is a disease that has long been given particular attention, by both, pediatricians and pediatric surgeons. A pathology that in its benign form, that is non-pathological reflux captures, a very large percentage of children in the first year of life where, according to some studies, appears in 50% of cases with a maximum prevalence rise in the 4th month of life, in our results this aspect is not vulnerable, because we have only studied children who have been subject to intervention. So are those children who have gone through all the main links of diagnosis and conservative treatment.

Keywords: gastro-esophageal reflux, open method, laparoscopy

0P - 84. Information on pre- and post-Surgical Treatment of Pulmonary Echinococcosis

Asc. Prof. Saimir Heta MD, PhD [1], Ilma Robo MD, Virtur Velmishi MD, Nevila Alliu MD,

Department of Pediatric Surgery, UHC "Mother Theresa", Tirana, ALBANIA

Abstract

Background: In case of cystic echinococcosis, humans are an accidental host and are usually infected by handling an infected dog. The liver and lungs are the most frequently involved organs. Pulmonary disease appears to be more common in younger individuals. Although most patients are asymptomatic, some may occasionally expectorate the contents of the cyst or develop symptoms related to compression of the surrounding structures. Other symptoms of hydatid disease can result from the release of antigenic material and secondary immunological reactions that develop from cyst rupture. The cysts are characteristically seen as solitary or multiple circumscribed or oval masses on imaging. Detection of antibody directed against specific echinococcal antigens is found in only approximately half of patients with pulmonary cysts. Surgical excision of the cyst is the treatment of choice whenever feasible.

Conclusions: The protocol of surgical treatment in the Department of Paediatric Surgery QSUT, includes the administration of albendazole, and even the use of solutions such as formalin, ethanol, hydrogen peroxide, to fix the parasites, and to prevent accidental spread. The use of mebendazole or albendazole is indicated to reduce secondary hydatidosis. Therapy should be started 4 days before surgery and continued for 1-3 months after surgery. The frequency of this infection and the prevalence of cases presented in the Department of Paediatric Surgery QSUT, indicates the importance of implementing the protocol of surgical intervention for cases presented symptomatically in the clinic. The cyst can erupt, and the result is trauma and secondary infection, diseases mediated by immuno-complexes, glomerulonephritis, pulmonary embolism,

calcifications. Surgical treatment is the possible and obligatory treatment of these lesions.

Key words**:** echinococcosis, surgical treatment, pulmonary

0P - 85. Primary Umbilical Endometriosis: A Case Report.

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University Clinical Centre of Kosovo, Pristina, KOSOVO

Abstract

Overview: Endometriosis is a condition where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes. Endometriosis can affect women of any age. When this tissue is located in the umbilical cord it is called Primary umbilical Endometriosis. Primary umbilical endometriosis is a rare disease. Endometriosis, in general, has a prevalence at around 1-5%, with primary umbilical endometriosis counting for 0.5-1% of all types of extra genital endometriosis. Despite that it can be easily diagnosed, the diagnosis and treatment is often delayed.

Our Case: In our case, the 44-year-old, female patient, presented with umbilical area bleeding with each menstrual bleeding period that lasted for about 2 years before diagnosis and treatment. Diagnosis can be confirmed by histopathological examination (as was in our case), but Ultrasound, CT-scan or MRI can be helpful. Although there is both medical and surgical management, surgical management is the preferred treatment.

Conclusions: Primary umbilical endometriosis is a rare disease which is easy to diagnose once the clinical suspicion is present. Unfortunately, it is usually under evaluated from the patient and the doctor.

Key words: Extra genital Endometriosis, Diagnosis, Treatment, Primary umbilical endometriosis.

0P - 86. Management of Acute Mesenteric Ischemia, our experiences in their Treatment.

Imri Vishi MD, Riza Idrizi MD, Rrustem Musa MD, Skender Shabani MD, Nehat Baftiu MD, Nijazi Vishi MD, Fadil Elezi MD, Dalip Limani MD. Behrije Halilaj -Vishi MD

Clinic of General Surgery UCCK, Pristina, KOSOVO.

Abstract

Introduction: Acute mesenteric ischemia is a clinical condition after occlusion of mesenteric blood vessels. There are four basic types of acute mesenteric ischemia: mesenteric artery embolism; mesenteric artery thrombosis; mesenteric vein thrombosis; acute non-occlusive ischemia
This shows a lethality rate of 60-95% of arterial occlusion, and 20-70% of venous occlusion. Over 50% of mesenteric infarcts are diagnosed at autopsy. Patients with a median age of about 70 years are mainly attacked. Acute mesenteric ischemia has an incidence of about 100 patients per1.000.000 inhabitants…

Materials and Methods: In UCCK in the period 2010-2015 were treated with this pathology 43 patients in the gender ratio of male 24 and female 19. In 5 cases there were thromboembolism of AMS, in 23 cases thrombosis of AMS, in 11 cases thrombosis of VMS, in 3 cases of thrombosis of *vv.jejunalis*, and 1 case of thrombosis of *a. colica media* In 35 cases the resection was performed in 26 cases with anastomosis and in 8 cases ended with stoma.

Conclusion: The time factor is crucial and despite the progress of diagnoses, the lethality still remains high. Angiography is recommended in cases of acute mesenteric arterial occlusion; CT is recommended in cases of acute venous occlusion.

In this paper and in the documentation of QKUK are missing data on preoperative and postoperative mortality as well as postoperative complications of treatment with acute mesenteric ischemia. The incidence is higher than the number of treated within a year. The etiological ratio differs significantly from the percentage in the international literature.

Keywords: Acute mesenteric ischemia, thrombosis, embolism.

0P - 87. Retroperitoneal Cystic Echinococcosis. A case Reports.

Imri Vishi MD, Riza Idrizi MD, Sylejman Metushi MD, Ragip Bytyqi MD, Sami Spahiu MD, Nijazi Vishi MD, Afrim Tasholli MD, Xheladin Recica MD, Mufail Hasani MD, Behrije Halilaj -Vishi MD

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Abstract

Introduction: The cystic echinococcosis is a disease that's still an endemic problem in some areas. The most affected is the liver and lungs, but it can be located also in the other organs of the human body. Extrahepatic localization is reported in 14-19% of the clinical cases, in the other part retroperitoneal localization is still very rare.

Clinical Case: We have the case of a big cystic echinococcosis in the retroperitoneal area. Female, 32-years-old. Symptoms: abdominal discomfort (pain, anorexia, belching) for a few months, treated ambulatory. Ultrasound examination and CT scan found out a cystic mass about 10x8 cm, localized in the retroperitoneal area, specifically in close report with spleen, diaphragm, lienal flexure of Colon and near the left kidney. They're not found secondary cysts. After total expiration of mass is done, histopathological verification resulted with the presence of cystic echinococcosis. During the chirurgical operation, the left hemidiaphragm opening is primarily sutured and hemithorax is drained actively. 8th day post-operative the patient is out of hospital. Postoperative period resulted well under Albendazole therapy

Conclusion: the cystic echinococcosis located in the primary retroperitoneal are very rare. The chirurgical treatment is a challenge for the medical staff but in the end it's the only choice for treatment.

Keywords: cystic echinococcosis, retroperitoneal, chirurgical treatment.

0P - 88. Emergencies in Dermatology- Conditions that need Attention.

Asc. Prof. Dr. Monika Fida MD, PhD, Ledio Gjunkshi [2], Prof. Dr. Ermira Vasili MD, PhD

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[2] *University of Central Florida, USA*

Abstract

Introduction: Emergency medical conditions in dermatology are serious life-threatening conditions that need the immediate decisions for treatment and hospitalization. Knowing these conditions give the medical personnel the possibility to prevent mortality and morbidity. Dermatologic emergencies may be due to skin diseases, underlying systemic diseases or infections. Diagnosing the skin insufficiency as dermatologic emergencies and providing an immediate medical treatment and hospitalization decrease the incidence of mortality and morbidity. The pathologies that need the intention of all medical staff are: Urticaria, Angioedema, Stevens-Johnson syndrome/ toxic epidermal necrolysis TEN, Erythroderma, Autoimmune bullous diseases, Scalded Skin Syndrome SSSS, Necrotizing Cellulitis, Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP).

The Aim of this Presentation: To know and to manage correctly the emergency medical conditions in dermatology. To emphasize the role of every medical personnel in determining the dermatologic emergencies and providing an immediate medical response that can lead to decreasing the incidence of mortality and morbidity.

Material and Method: Case series of patients diagnosed and treated as emergency dermatologic conditions in UHC "Mother Teresa" Dermatology Department of Tirana.

Conclusions: Skin insufficiency and emergency conditions in dermatology are conditions that need the immediate decisions regarding the diagnose, treatment and referring the patient to the adequate unit. Giving the proper care decrease the mortality and morbidity. Collaborations with dermatologist and referring to a specialized center are important to prevent major and minor complications, unnecessary examinations, time and money loss for the health system and families.

Keywords*:* Emergencies, Skin conditions, Stiven-Johnson syndrome, TEN, Angioedema.

0P - 89. Congenital alveolar synechiae with cleft palate and Van der Woude syndrome: A Case Report.

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Abstract

Background: Congenital jaw adhesion or maxillomandibular fusion represents a rare congenital anomaly known as Congenital Syngnathia, which often causes the inability to open the mouth at the time of birth. Syngnathia is expressed as an adhesion of the maxilla and mandible, which may be in the midline or laterally placed and may be unilateral or bilateral.

Introduction: Syngnathia's etiology remains idiopathic and it can be an isolated congenital anomaly or associated with other craniofacial anomalies like cleft of the lip or palate, and van der Woude syndrome, microglossia, micrognathia and popliteal pterygium syndrome. Functional problems with airway, feeding and general maintenance represent a challenge for the clinicians and upsetting situation for the families of infants diagnosed with these rare and life threating congenital anomalies.

Case report*:* A 1-month-old male infant was referred to the Department of Maxillofacial Surgery, Rambam for concerns regarding the airway and feeding evaluation and clinical management consideration. Clinical examination revealed bilateral synechiae between upper and lower alveolar ridges posteriorly on buccal and lingual aspect, associated with cleft palate and Van der Woude syndrome. To treat the fusion between the bilateral posterior corpus and ramus mandible and maxilla, was decided to perform nasal intubation, and cut the adhesion…

Conclusion: The surgical treatment of this reported case of bilateral synechiae between maxillary and mandibular alveoli associated with cleft palate and Van der Woude syndrome, was successful. Management of clinical implications and prevention of relapse are crucial for the future developmental, functional and wellbeing of the infant.

Keywords; Syngnathia, Synechiae, Cleft palate, Van der Woude syndrome, Infant.

0P - 90. The Knowledge of Nurses about the Postpartum Depression

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Abstract

Introduction: Pregnancy and early parenthood has been recognized as a time of significant risk for the development of an emotional disorder.

***Recent Findings*:** The aim of this study is to identify the knowledge of nurses of Shkodra City about postpartum depression. This is a transversal study. The study population are 82 nurses in Shkodra city. A descriptive, cross-sectional design was used to recruit a convenience sample of 74 (90%) nurses and 8 (10%) midwives. 39% (n=32) of the participants were male and 61% (n=50) female. 80% (n=66) were from urban area and 20% (n=16) from rural area. All of them were licensed. 36% (n=30) of them were graduated in bachelor degree and 64% (n=52) in

professional master. Data were collected using a self-administered questionnaire. A total of 82 forms were distributed at the Shkodra City with closed questions with a percentage of answers of 100%. The period of completing the questionnaire was 1-15 september, 2021. The data were directly calculated in the google forms platform.

Conclusion: In our study resulted that the most part of partecipants were informed about the depresion post partum but only one of them have knowledge about the questionnaires for detection the depression postpartum. They are interested to have more information and they express the need to be further trained on this topic.

Keywords: knowledge, nurse, postpartum depression.

0P - 91. Peutz-Jeghers Syndrom, Diseases with a Negative Impact on the Social Life of Individuals Affected.

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Abstract

Introduction: Peutz-Jeghers syndrome is a rare inherited disease characterized by the presence of 1. gastrointestinal polyps which have a very high risk of becoming malignant. 2. The presence of the macula, pigmented, mainly around the area of the mouth, lips, eyes, in the mucosa of the lips, mouth, hands, feet.

Clinical case: patient aged 24 years presented to the dermatologist doctor complained about the presence of dark brown spots around the mouth, which according to her, had been added since childhood, the patient will marry and seek to remove these stains by her face, she did not refer any other problem or concern, despite the fact that her sister had such problems too. From differential diagnosis of pigmention disorders and clear clinical appearance of these characteristic spots around the mouth, thought for a lentiginous , from which, with the above features were consistent with Peutz-jeghers syndrome.The patient was hospitalized in the dermatology clinic, where she was subjected to laboratory examination of the blood count and biochemical balance, that resulted normal.On fibro gastroscopic examination, saw numerous polyps in the stomach (hamartomatous polips). Final diagnosis Peutz-jeghers syndrome.

Conclusion|: More and more are added attention and noted that the skin is a early tumoral markers to diagnosis of malignant internal diseases. Changes in the skin may be the first signs of an internal problem, including malignant diseases.Cutaneous markers are divided into two groups. Paraneoplastic syndrome that occurs as a result of substance that produces underlying cancer. Genetically determined syndrome with cutaneous component (genodermatoses) that predispose risk to develop the cancer. Example as Gardner syndrome, Gorlin syndrome, neurofibromatosis, Peutz-Jeghers Syndrome, etc., the truth is that never be neglected cutaneous signs of systemic disease and are the first dermatologist who make their assessment and helping to establish the diagnosis.

Keywords: Peutz-Jeghers syndrome, dark brown spots, hamartomatous polips.

0P - 92. Unilateral Cellulitis of the Foot.

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Abstract

Introduction: Cellulitis are the most common skin and soft tissue infections. The most common clinical manifestations the skin are erythema , edema and warmth. They are observed most frequently among middle – aged patients and older adults and sometimes they are complicated with abscess.

Materials and Methods: Materials for our cases are data collected during a period of 5 months from January 2021- April 2021. We report four clinical cases, three of them cellullites and another cellulites is complicated with abcess. The clinical cases were with Hx of Diabetes Mellitus type 2, HTN, Cardiopathy, Athletic foot disease and Rheumatoid Arthritis. They are presented during a period of 24-48 hours of chilling, fever (37.6 ºC - 38.5 ºC), swollen, pain of the foot, redness and tenderness, with walking difficulties, no Hx of trauma, no Hx of insect bite. During examination normal pulse and blood pressure, no nuchal rigidity or lymphadenopathy, the foot edematous with erythema, warmth, no bullous elements, initials laboratory showed normal biochemical laboratory findings and Doppler Ultrasound normal. This description seeks to emphasize the main risk and predisposing factors, for the development of cellulites, the most common microbiologic cause, clinical and laboratory manifestations, radiographic examination and the treatment which we will evaluate the prognose of the cellulitis.

Results: The most common cause of the cellullites is beta-hemolytic streptococci, most commonly group A Streptococcus or Streptococcus Pyogens, Staphylococcus Aureus is less common but the most common cause of skin abcess is Staphylococcus Aureus.

***Conclusions*:** Unilateral Cellulites with or no complicated with abscess are common bacterial infections, not rare, have good prognose.

Keywords: Cellulitis, abscess, bacterial infection, soft tissue infections.

0P - 92. Prevalence and Gender Gap of post-traumatic Stress Disorder, Among Medical Students, after 2019 Albania' s Earthquake.

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Abstract

Background; Albania was hit by a major earthquake in November 2019. In addition to the 51 victims and collapsed buildings, chaos engulfed citizens who fled their homes. For several days, fears of an earthquake recurrence kept Albanian citizens out of their homes. It is evidenced that exposure to earthquakes is associated with symptoms of post-traumatic stress. The Aims is to estimate the prevalence rate and gender association of post-traumatic stress disorder (PTSD) among medical students, after 2019 Albania' s earthquake.

Material and Methods; A cross- sectional study was carried out on a sample of 217 medical students, 1 month after the earthquake. The PTSD-Civil Checklist questionnaire was used to measure the symptoms of PTSD. The internal consistence of the questionnaire was measured as a Cronbach alpha at 0.89. In binary logistic regression models, we estimated the association between gender and the presence of PTSD.

Results; The prevalence of PTSD was estimated to be 17.5 %. In terms of gender, 2.6% of males compared to 20.7% of females scored above the PTSD assessment threshold.

Binary logistic regression showed a significant positive relationship with the female gender (odds ratios = 9.64, 95% CI = 1.28-72.60).

Conclusions; Our study showed a high level of post-earthquake PTSD symptoms in medical students. While the prevalence of PTSD among female students was higher, this gender gap must be further explored. Further studies are needed in larger populations and at different times following the earthquake to assess whether PTSD persists.

Keywords: Post-trauma stress disorder; female; Earthquake, medical students

0P - 94. Impact of Restrictive Measures during Covid -19 Pandemic on the Incidence of Upper Respiratory Tract Infections in Children

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Abstract

Introduction: Restrictive measures during the Covid 19 pandemic period, resulted in significant changes in the incidence of many infectious diseases in children, especially those of the upper respiratory tract.

Material and methods: The study included children aged one to twelve years who are under the care of pediatricians of PHO "Alba-Med" in Diber. The focus of this study is the incidence of upper respiratory tract infections (URTI) in children who are followed in our practice, during the two time periods, before and during the Covid- 19 pandemic. The data for this study were extracted from the children's medical cards.

Results: One year before the onset of the pandemic (March 2019 - 2020), out of the total number of patients (438), 242 of them were presented for treatment due to viral infections of the upper

respiratory tract. In the same period March - September 2020 due to the onset of the Covid-19 pandemic and the imposition of restrictive measures such as isolation at home, online learning, wearing protective masks, maintaining distance and hand hygiene, the number of children with infections of the upper respiratory tract was reduced to 73. During this period, in our practice by PCR test were confirmed 11 children with Covid 19.

Conclusion: The data from this study show the great and important role that the restrictive mesaures, undertaken during the period of the Covid-19 pandemic, have in reducing the incidence of viral infections of the upper respiratory tract in children.

Keywords: Covid-19 pandemic, restrictive, URTI

0P - 95. Management PSTD in Trauma Patient

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Abstract

Introduction: Patients on polytrauma are generally unprepared to cope with the effects of stress. Traumatic experiences combined with constant pressure and difficult responsibilities like being away, in a foreign culture can cause a level of stress that is difficult to control and understand. Stress is the reaction of the human body to change,

Material and Methods: A retrospective study of post-traumatic stress cases from 2011-2016 was conducted. The study was conducted on 300 individuals (military personnel) who have completed military missions in Afghanistan. Result three cases that have received medical treatment in SUT,

Result: Of these three cases, two continue medical treatment by relevant specialists, one case dies in intensive care, while the rest (50) are normal people ie do not suffer from PTSD.60 people 30% improved, 45%, 40 people Mild symptoms, 20% 10 persons Moderate symptoms 5% unchanged, worsening

Conclusion: A good team specializing in health for trauma management. Individuals must undergo a pre-operative assessment before leaving for the mission. Training for the implementation of management techniques such as primary evaluation before surgery, after surgery. Important to be diagnosed in time. It is better to "prevent" than to treat.

Keywords: pressure, violence, stress, mission, traumatic situation, exhaustion,

0P - 96. Nurse Role Service in Prophylaxis and Treatment of Thromboembolic Venous Diseases.

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Abstract

Introduction: More than a century ago, Virchow identified three factors that predisposed patients for venous thromboembolic events (ETVs): endothelial injury, venous pathway, and hypercoagulability.

Venous Thromboembolism (TV) is a common complication in patients with major traumas. Therefore, prophylactic safe regimes are needed.

***Materials and Methods*:** I have studied Angio / Surgical service data in SUT. The study is retrospective, we used statistical records at SUT from 2016 -2018

Results: After taking the study of 874 cases the highest number is in Tirana 31.4% over 55-64 years old, grab 255 cases, gender M> F 65%...

***Conclusion**:* The number of patients with ETV is growing, there is a maximum use of bedding 102%, the population is exposed every day by ETV Nursing care, health education, preventive medication significantly reduces ETV's ability to trauma patients, regardless of preventative treatment for ETV, high-risk traumatic patients need constant surveillance and nursing intervention.

Keyword: ETV, RAP, risk, rehabilitation, thromboembolic

0P - 97. Some Consideration about Gestational Diabetes and Nurse Service.

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Abstract

Introduction: The duration of pregnancy is based on the gestational age which is calculated from the first day of the last menstrual period, accepting a 28-day cycle. Gestational age is expressed in full weeks. A term fetus is considered to be born alive at 38-40 weeks, premature before 37 weeks and a serotonin or post term fetus is considered that fetus born alive after 42 weeks of pregnancy. together with gynaecological and imaging examination, make the diagnosis. Obstetrics are considered normal, low risk or high risk, this classification is based on complications, disorders or diseases that may appear at the time of diagnosis, during it and until its completion which is the birth. These complications pose a strong risk for maternal and fetal morbidity and mortality, and can be a consequence of neonatal morbidity and mortality.

Material and Methods: This is a retrospective study, European and World literatures have been reviewed, as well as Albanian ones, a study has been done in two maternity hospitals in Tirana. "UHC Koço Gliozheni" and "Queen Geraldine" on cases of patients diagnosed with Gestational Diabetes.

Conclusions: Gestational diabetes is a complication, a very dangerous metabolic disorder in pregnancy, endangers two lives, maternal and fetal, increases the risk of morbidity and neonatal mortality. This study reflects that a special care of the multidisciplinary team in its prevention with an early diagnosis, and a good care during pregnancy from its inception, and a more effective treatment of this pathology, eliminates the risk of high maternal-fetal, but also neonatal.

Keywords: Pregnancy, diabetes, glucose, complications, prenatal diagnosis.

0P - 98. Pulmonary Resuscitation and Automatic External Defibrillator.

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Abstract:

Introduction: Cardiac arrest is the loss of heart function, respiration and consciousness. According to the WHO, cardiac arrest is one of the most common deaths in the world. The most common causes of cardiac arrest are: acute myocardial infarction, trauma, intoxication, suffocation (hypoxia) and hypothermia, etc. Peter Safar in 1961 laid the foundations of life-saving, the foundations of primary life-saving, and the foundations of advanced life-saving. There is a chain over the house of life where each link has its own importance. Call 127, cardiac massage, electric shock with electroshock and treatment during transport to a more specialized center.

Basic life support has three important elements (CAB), formerly it was ABC –A-AIRWAY, B-BREATHING, C-CIRCULATION because blood is now. from cardiac massage it has been proven that the patient can be kept alive for up to 10 minutes by utilizing the oxygen present in the blood. The steps to be taken in a first aid are very important for the right speed and to be done very correctly and accurately. Approach the patient safely, check for reaction, seek help, open the airways, check breathing, call 127, do exposure (control) of the body, do cardiac massage (CPR) Ratio: 30 massages 2 breaths or do 100-120 massages per minute, continue 5 full cycles. As soon as the victim begins to breathe, place in the safety position of the lateral decubitus

The moment you have the external automatic defibrillator, then the moment you call emergency 127, I connect the patient with the external automatic defibrillator. The external automatic defibrillator commands you and makes the analysis of the rhythm if you are in ventricular fibrillation, it says hit and you will press the hit button and an electric shock is done. Make sure the area is safe and no one has contact with the patient. During each interruption of the massage, the rhythm is checked every two minutes, care should not be taken more than 10 seconds from the massage to the massage. Care should be taken in the pressure of the cardiac massage to be regular 5-6 cm chest pressure. A regular massage saves lives.

Keywords: Pulmonary Cardio, CPR, Electric Shock, 127, Rescue Position, Demonstration.

0P - 99. Imaging Techniques in Trauma Emergency.

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Abstract

Introduction: Imaging modalities involve a variety of solutions of the right technique, for the right patient, at the right time. Mortality increases by 1% for every 3 minutes delay in the implementation of the appropriate technique in patients with major abdominal injuries. Therefore, there is a need for a well-organized protocol in cases of trauma.

Material and Methods: Cases have been studied during the daily work in the University Trauma Hospital, in the Emergency Department. Compare the use of Radiography, US, CT-scanner to identify

fractures or other injuries in case of accident. Study the value of each examination in the evaluation of a traumatic patient.

Results: Imaging techniques used in the Emergency Department are: Plain radiography, which includes a series of images (simple graph of the neck, thorax and pelvis), FAST examination, MDCT.

Cervical radiography in the detection of fractures has a sensitivity of 52%. Thoracic radiography has a sensitivity of 21-75% in the detection of PNX. Abdominal is evaluated through the US with a sensitivity of 82-90% per hemoperitoneum. CT is a fast technique, with high accuracy of diagnosis in cases of trauma.

Conclusions: The most common protocol in the management of STPs (Severe Trauma Patients) is Trauma Life Support (ATLS). This protocol includes: Radiography - a series of images (simple graph of the neck, thorax and pelvis), FAST examination, MDCT.

CT-Scan is a technique that has the advantages of being a fast, inexpensive and highly accurate diagnostic technique. It provides specific information on damage to internal organs and the retroperitoneal, pelvic area.

Keywords: Emergency Department, trauma, radiology service.

0P - 100. Clavicle Fractures and Orthopaedic Plaster Technician Procedures.

Arben Gjonej MSN PhD [1, 3], Risida Gjonej MSN PhD [2], Mirva Hoxha NSN [3], Mariglen Lala MSN [3], Rezarta Tota MSN [3], Edvin Selmani MD, PhD [1]

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Abstract

Introduction: The clavicle fracture is one of the most common fractures and occurs mostly in the central part of the clavicle and is more common in men. The factors that affect these fractures are different in different age groups.

Purpose: Evaluation of orthopedic plaster technician procedures in the treatment of clavicle fractures and their implementation during 2014-2015 in our service as well as its incidence for this period.

Material and method: We collected data form the cast registry of Orthopedic and Trauma Service in the University Hospital of Trauma during period January 2014 - December 2015. In our study we excluded cases that were treated surgically. Statistical analysis of the data was done with SPSS version 2.0 package. Frequencies and percentages are used to analyze the categoric variables. P value < 0.05 was consider significant.

Results: 150 cases were treated with clavicle fracture. They were 5 (3.3%) newborns. Age 1-5 years old male patients were 13 (8.7%), in the group age 6-14 years older there were 8 (5.3%) and male patients of the group age 15-25 years old there were 54 (36%). Male patients of group age 26-50 years old there were 30 (20%) and more than 50 years old there were 10 patients (6.7%). From our study the female patients of 1-5 years old there were 7 (4.7%), 6-14 years were

7 (4.7%), 15-25 years old were 7 (4.7%), 26-50 years old and more the 50 years old were5 (3.3%). In total there were 115 male and 35 females patients. In 115 male patients 80 (69.6%) were right side and 35 (23.3%) were left side.

Keywords: Clavicle, fracture, risk factors, cast

0P - 101. The role of the Orthopaedic Plaster Technician in children born with congenital cox-femoral luxation.

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Abstract

Background: DDH is a congenital dislocation of the femoral head from the acetabulum and has several degrees, from dysplasia to subluxation and luxation of the femoral head.

The purpose is to evaluate the level of DDH during the year 2015 and the role of cast technician in avoiding pitfalls.

Material and Method: We reviewed the charts of Orthopaedic Service during the year 2015 (January to December). The data collected were analysed according statistical package SPSS 20. Frequency and percentage are used to analyse the categoric variables. A value of $P < 0.05$ is significant.

Results: During the year 2015 there were treated 149 cases of DDH. Out of these 149 cases, 129 (86.6%) were females and 20 (13.4%) were males. The ratio female: male is 7:1. We identified 114 cases (76.5%) bilateral and 35 cases (23.5%) unilateral. Out of these 25 cases (16.7%) are left side and 10 case right side. There are 58 cases (38.9%) diagnosed under the age of 6 months, and 91 cases were between 6 moths and 2 years old. 32 cases were between 6 months to 12 months of age.59 cases were between 1 and 2 years old. The city most affected from this pathology in Albanian is Mati with 36 cases. Out of 149 cases, 99 cases were treated with abduction pillow. The rest is treated with abduction splint or functional cast. Corelation between variables of the age in diagnosis and length of treatment is significant with $p < 0.05$.

Discussion: From our study results that female are more affected with this pathology. Early diagnosis has better results. Length of treatment with cast varies between 6 and 9 months and with pillow and splint varies 4-6 months. Early diagnosis is achieved with ultrasound exam and Ortolani test at the age 3 – 5 months.

Keywords: DDH, cast, abduction pillow.

0P - 102. Locomotor Trauma and the Importance of its Management

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[2]"Xhaferr Kongoli" Hospital Center Elbasan; University of Florence ITALY

Abstract

Introduction: Trauma are co-travelers of the human society. They have accompanied mankind throughout all the steps of its development; ranging from natural disasters, struggles for existence, invasion of lands, wildlife hunting, clashes between different tribes, invading and exterminating world wars, etc. Locomotor trauma are often the cause of permanent disabilities, which come as a consequence of not managing it in the right time and manner. By looking at this approach, handling and managing it as soon as possible is of special importance.

Material and methods; We retrospectively studied the clinical files of 128 patients with locomotor trauma, for the period January 2019 to January 2020. Out of these, 27 patients were female and 101 males. The rate male (m) / female (f) was 3.74. The highest age was 83 years old; the average age was 31 years old, and the youngest age was less than 4 years old.

Most of the locomotor trauma cases taken in the study in our series were caused by automobile accidents, 78 patients (61%) and falling from the height incidents, 36 patients (28%). Only 14 patients suffered locomotor trauma due to damage from the weapon incidents, cold weapons or other accidental damages.

Conclusions; Education of pupils in schools, road police, car drivers, residents along the highways for providing the first aid is of great importance because it facilitates the work of medical staff and enables to the injured persons to receive the first aid as soon as possible.

Keywords: locomotor trauma, polytraumatized patient, first aid, locomotive trauma management.

PP – 01. The Role of Nurses in the Prevention of Covid-19 in Patients and Surgical Ward.

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Clinical Hospital – Tetovo, NR of MACEDONIA

Abstract

Introduction: In the period of the Covid-19 pandemic, the role and importance of nurses in surgery wards has increased, because from them was required not only the follow-up and treatment of hospitalized and operated patients, but also the undertaking and observance of all restrictive measures to prevent the spread of Covid-19 among hospitalized patients.

Material and Methods: To achieve these goals, nurses must be well informed with the clinical signs of the disease, as well as adequate isolation, in order to prevent the spread of the different ways of diagnosing suspected patients, their triage and in the case of positive patients their disease between other patients and staff. spread of Covid.

Conclusion: The aim of this study is to show the great work that nurses have done to minimize the risks of the covid-19 among hospitalized patients and staff during pandemic 2020/2021.

Keywords: Covid-19, nurses, prevention

PP – 02. Diagnostic imaging of rheumatoid arthritis

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[3]*Pulmonologist, University Hospital of Trauma, Tirana, ALBANIA*

Abstract

Introduction: Rheumatoid arthritis (RA) is the most common form of inflammatory arthritis affecting up to 1% of the population. This disease affects all races and is widespread throughout the world. There are a number of theories about rheumatoid arthritis, which try to explain the pathogenesis of this disease, but to this day it remains unclear. Imaging plays a very important role in identifying this pathology.

Materials and methods: Various medical cases (case reports) were obtained with clinical data, respectively equipped with radiological images for rheumatoid arthritis**.**

Results and conclusion: Based on study that we have conducted with case reports, we see that in our country this disease is quite widespread, especially in women. It can be present at any age, but affects more ages 30-60 years and It is as common in Albania as in other countries 3 times more common in women than in men. Although it is more spread in middle age groups, it can affect children and especially the elderly. The most common form of rheumatoid arthritis is localized in the extremities of the upper -limb (interphalangeal joints) and in extremities of the lower limbs (interphalangeal metatarsal joints and), but is quite common in other joints too, where it can give respectively deforming or degenerative arthritis that pass later and n ë arthrosis.

Keywords: rheumatoid arthritis, Imaging, case reports.

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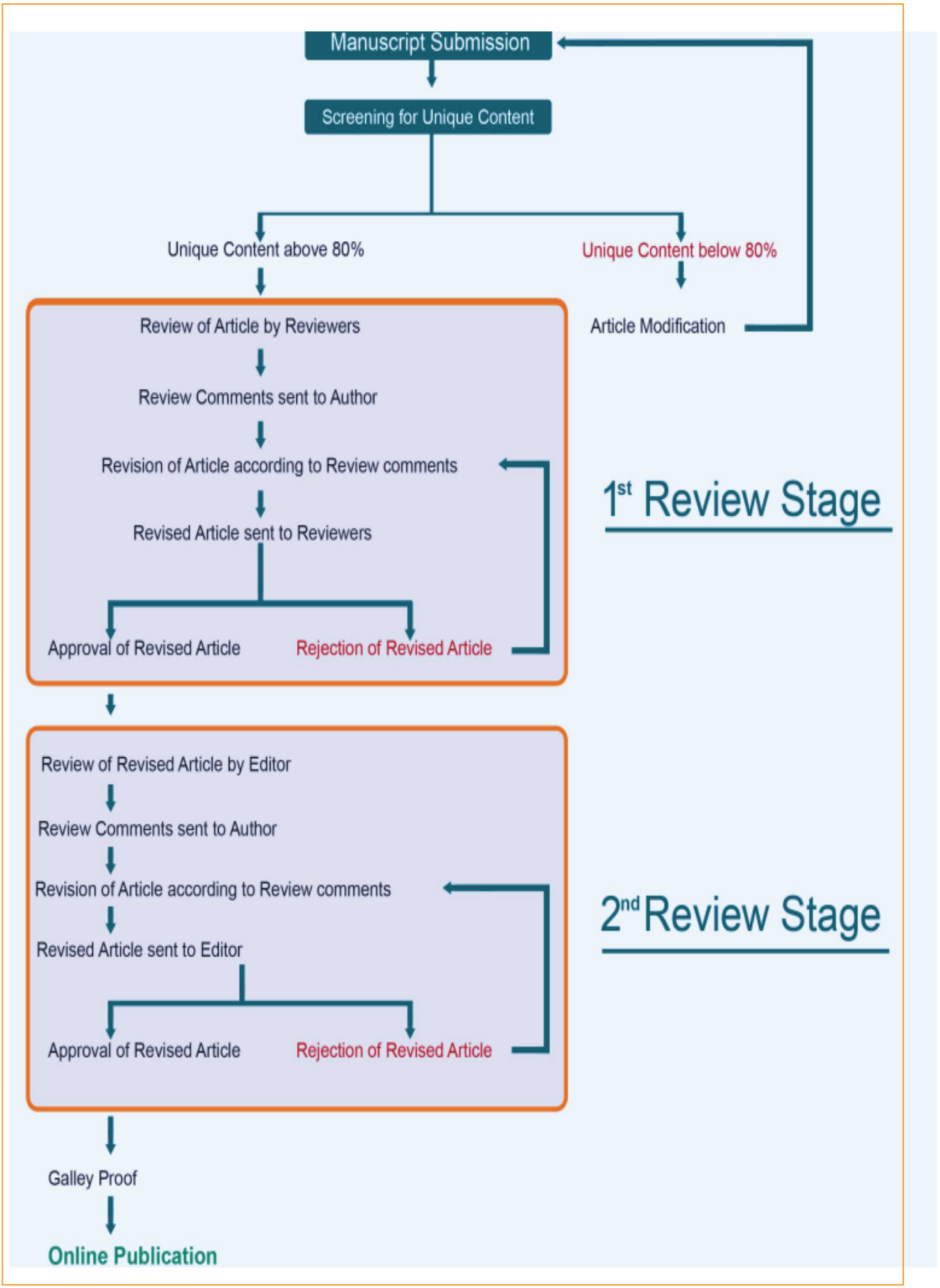
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Trauma systems & Prehospital Care

Bleeding, Massive transfusion and coagulopathy

Polytrauma

Vascular Injuries

Traumatic Brain & Spinal Injuries

Abdominal & Chest Injuries

Skeletal Trauma & Bone Infections

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