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and not only...

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Tirana, Albania

11-12 November 2022



6th Albanian Congress of Trauma and Emergency Surgery (ACTES 2022)

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- ☐ **Deadline:** October 15, 2022.
- ☐ **Start online registration:** August 01, 2022.
- ☐ **Abstract acceptance notification:** October 25, 2022
- ☐ **Deadline early registration;** October 21, 2022
- ☐ **End of regular fee;** November 10, 2022
- ☐ **Late Registration** (on desk regist.); November 11, 2022

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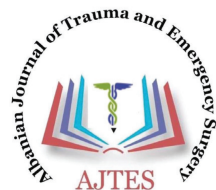
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Aims and Scope

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

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OP – 01

Definitive Surgical Trauma Care (DSTC) course, Strongly Recommended for all Surgeons Involved in the Management of Major Trauma... Why? How? Where?

Juan Carlos Puyana

Professor of Surgery, Critical Care Medicine, and Clinical Translational Science · Director for Global Health-Surgery, University of Pittsburgh, Pennsylvania (PA) 15260, USA

Abstract

Introduction; Trauma is a growing problem world-wide. The Advanced Trauma Life Support (ATLS®) Course of the American College of Surgeons has had a dramatic effect in improving outcome of patients by standardizing their resuscitation and initial assessment, and providing one safe simple way for the initial care of such patients. However, ATLS® makes very little provision for care beyond the “Golden Hour”.

The International Association for Trauma Surgery and Intensive Care (IATSIC) is a founding component of the International Society of Surgery. Under the patronage and supervision of IATSIC, the Definitive Surgical Trauma Care (DSTC™) Course has been developed for surgeons who may be faced with the definitive care of a patient with multiple injuries. By the beginning of 2018, more than 470 Courses had been delivered in over 30 countries in five different languages. In addition to training surgeons, DSTC provides the environment in which Operating Room nurses and Anesthesiologists can also learn the technical and teamwork skills necessary to provide effective trauma care.

Keywords: definitive surgical care, DSTC Course, trauma management

OP – 02

Revisiting our Experience in Trauma Surgery Education and Training

Carlos Mesquita

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Past President of the European Society for Trauma and Emergency Surgery (ESTES)

Abstract

Background: Trauma surgery is a complicated and always changing specialty. Currently, every year less residents decide to pursue additional specialty training in trauma and surgical critical care. Many forces have converged to place serious challenges and obstacles to the training of future trauma surgeons. In order for the field to flourish, the training of future trauma surgeons must be modified to compensate for these changes.

This presentation reflects the author's involvement in internationally recognized education and training models, as ATLS, ETC and DSTC, and in the Portuguese and UEMS Boards of Emergency Surgery. Do different countries need very different things? I don't think so, for the simple reason that in Europe and about the challenges we face, with regard to trauma and other medical and surgical emergencies, similarities are much greater than differences.

We all agree on the need for a trauma system “to assure that patients (...) seamlessly receive the proper care, in the proper locations, with proper interventions and, if necessary, transfer to a hospital able to provide the best and most appropriate care” (www.aast.org).

Forces favoring fragmentation of surgery will, if left unchecked, act to the detriment of the injured patient. These forces will increase in the future. It is the obligation of the surgeon to ensure that further specialization is linked to and does not fragment the knowledge base of general surgery. In turn, this obligation needs to be acknowledged in surgeons' leadership groups, in every trauma center, and in each surgical education program.

Keywords: Trauma Surgery, Trauma Education, Trauma Training

OP – 03***ATLS® Course Albania already Reality***

Agron Dogjani^{1,5,6}, Arben Gjata^{1,2}, Xheladin Dracini^{1,2}, Etmont Çeliku^{1,2}, Arvin Dibra^{1,2}, Kastriot Haxhirexha³, Edvin Selmani^{1,4}, Erjona Zogaj⁷.

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⁶ Chair of ATLS® Course Albania; Tirana, ALBANIA.

⁷ Coordinator ATLS® Course Albania, Tirana, ALBANIA.

Abstract:

For more than 30 years, following the changes that took place in Albania in 1992, we receive information from trauma patients in the media about the delivery of trauma services. Police records are worthy of a war balance report. Trauma is estimated to be the cause of deaths in 13.7% / 100,000 people. Every two days three Albanian Citizens die because of Motor Vehicle Accidents... Changes have already taken place, but the question arises, who cares about the trauma and its management?

The trauma service delivery is now evolving along the lines of a central and spoken model with a concentration of expertise and specialization in the center surrounded by smaller units that feed from the center. The study showed a 19% increase in the chances of survival since the introduction of these changes. Another 1,600 trauma victims are alive today due to developments in the administration of trauma patients in England over the past six years.

How is educational status of personal in other regions far from Capital?

ATLS® student courses in our country have been implemented by few and individually... ASTES, by default rules, has acquired the right to organize ATLS® in Albania, and now we are very close to organize the ATLS® inaugural course in Albania (01-05 November 2021), but without the help and

contribution of all (with participation, moral support and financial), we are very far from it, 2 months can be another 200 months waiting for the realization of the best World Trauma Management Course, ATLS® Course, but now as ATLS® Albania ...

Keywords: Trauma, Management, ATLS®, Albania, ASTES,

OP - 04***Optimizing the Personalized Care for the Management of Rectal Cancer: A Consensus Statement.***

Erman Aytac

Department of Surgery, School of Medicine, Acıbadem University, Istanbul, TURKEY

Abstract

Colorectal cancer is the third most common cancer in Turkey. The current guidelines do not provide sufficient information to cover all aspects of the management of rectal cancer. Although treatment has been standardized in terms of the basic principles of neoadjuvant, surgical, and adjuvant therapy, uncertainties in the management of rectal cancer may lead to significant differences in clinical practice. In order to clarify these uncertainties, a consensus program was constructed with the participation of the physicians from the Acıbadem Mehmet Ali Aydınlar and Koç Universities. This program included the physicians from the departments of general surgery, gastroenterology, pathology, radiology, nuclear medicine, medical oncology, radiation oncology, and medical genetics. The gray zones in the management of rectal cancer were determined by reviewing the evidence-based data and current guidelines before the meeting. Topics to be discussed consisted of diagnosis, staging, surgical treatment for the primary disease, use of neoadjuvant and adjuvant treatment, management of recurrent disease, screening, follow-up, and genetic counseling. All those topics were discussed under supervision of a presenter and a chair with active participation of related physicians. The consensus text was structured by centralizing the decisions based on the existing data.

Keywords: Consensus, evidence-based data, rectal cancer, treatment.

OP – 05

A Significant Association of the APACHE II Physiological Score with the Development of Complications in the postoperative Colorectal Patient.

Francesk Mulita¹, Georgios-Ioannis Verras¹,
Ioannis Perdikaris¹, Levan Tchabashvili¹, Elias
Liolis², Panagiotis Perdikaris¹, Ioannis Maroulis¹

¹ Department of Surgery, General University Hospital of Patras, GREECE

² Department of Internal Medicine, General University Hospital of Patras, GREECE

Abstract

Background; The APACHE II clinical score is one of the most widely utilized clinical scores for disease severity and early prognostic predictor of mortality. This retrospective study aims to examine whether there is an association between the calculated APACHE II score and the development of septic complications in colorectal surgical patients.

Material and Methods; The corresponding data were collected from consecutive colorectal surgical

patients in a single institution for a three-year period. Septic syndrome was defined in accordance with the latest Sepsis-3 definitions. 43 patients developed septic complications, of which 17 (39.5%) were attributed to postoperative leaks. These patients were compared with a control cohort of 357 patients who were uncomplicated. APACHE II scores were calculated on the 1st, 3rd, and 5th postoperative days.

Results; The APACHE II scores were significantly associated with the presence or not of septic complications. APACHE II scores differed significantly in septic vs non-septic patients on the 1st postoperative day ($p < 0.001$), 3rd postoperative day ($p < 0.001$), and 5th postoperative day ($p < 0.001$), with septic patients scoring higher, irrespective of their day of complication occurrence.

This difference also held true when septic patients secondary to leakage were compared to the control cohort (p -values of 0.032, 0.023, and 0.017 respectively).

Conclusions; The APACHE II clinical score is an easy-to-calculate, zero-cost clinical tool that is

strongly positively associated with the development of septic complications in colorectal patients. Its usefulness could be utilized in the development of predictive tools.

Keywords; APACHE II, Physiological Score, prognostic predictor, septic complications

OP – 06

Prolapsed Hemorrhoids Surgical Treatment with Combined Technique

Enton Bollano, Krenar Lilaj, Dariel Thereska,
Lidja Xhika, Emigleo Sulku.

Service of General Surgery, University Hospital Center "Mother Teresa" of Tirana, ALBANIA

Abstract

Introduction; Hemorrhoids are common clinical conditions. About half of the population has hemorrhoids by the age of 50 years. It is estimated that 58% of people aged over 40 years have the

disease in the USA. Almost one third of these patients present to surgeons for treatment. Hemorrhoids can occur at any age, and they affect both men and women.

Material and methods; In our clinic, from January 2010 to March 2020, 283 patients are treated surgically with combined technique of hemorrhoidectomy. Combined hemorrhoidectomy means application of some techniques during intervention. Techniques that we have applied are: Milligan Morgan, White Head, Ferguson and Barron. Follow up of patients has lasted around 8 months after intervention. All the interventions are conducted under spinal anesthesia.

Results; Time of hospitalization is around 1.8 days. Early and short terms postoperative complications came across in 9% of the patients. Healing time of operating wound results 27.3 days. Late complications came across in 6% of the patients. Reintervention was not needed in any of the patients.

Conclusion; Combined technique on prolapsed hemorrhoids surgical treatment is recommended by many authors with the reason of adapting the operation technique over the hemorrhoidal pathology. Combined technique is slowly replacing Milligan Morgan technique.

Keywords; Hemorrhoids, hemorrhoidectomy, surgical treatment

OP – 07

Usefulness of APACHE II Score as a Prognostic Indicator of SSI Occurrence in Patients after Colorectal Surgery.

Francesk Mulita¹, Georgios-Ioannis Verras¹,
Ioannis Perdikaris¹, Levan Tchabashvili¹, Elias
Liolis², Panagiotis Perdikaris¹, Ioannis Maroulis¹

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² Department of Internal Medicine, General University Hospital of Patras, GREECE

Abstract

Background; The APACHE II score is a well-known clinical predictor of the physiological status of severely ill patients. It is also widely implemented in the monitoring of postoperative surgical patients. The scope of this single-center retrospective study is to evaluate the utility of the APACHE II score in predicting the occurrence and severity of SSIs in colorectal patients.

Material and Methods; In total, data from 402 consecutive colorectal surgical patients from the General University Hospital of Patras were studied. The inclusion period was a three-year time span, from 2019 to 2022. The definition of SSI incurrence was based on WHO's classification of SSI and determined by a team of attending physicians. APACHE II score measurements were obtained for each patient on the 1st, 3rd, and 5th postoperative days.

The association between APACHE II score and SSI incurrence was examined with the Chi-Squared test for statistical significance when considering the score value as a categorical variable. A comparison of average APACHE II scores was done with the Mann-Whitney U test.

Results; On univariate analysis, the APACHE II score was not found to have a statistically significant association with the occurrence of SSI in colorectal surgical patients. Comparison of categorical APACHE II values on the 1st, 3rd, and 5th postoperative days returned p-values of 0.083, 0.382, and 0.365. There is no evidence of a systemic correlation between physiological compromise and SSI incurrence.

Conclusions; The APACHE II score was not associated with SSI incurrence in postoperative colorectal surgery patients.

Keywords; APACHE, clinical predictor, surgical patients, SSI

OP – 08

The Simultaneous Use of APACHE II and NEWS II Clinical Scores in postoperative Monitoring of the Colon and Rectum Surgical Patient.

Georgios-Ioannis Verras¹, Francesk Mulita¹,
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Liolis², Panagiotis Perdikaris¹, Ioannis Maroulis¹

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Abstract

Background; Although highly popular among clinicians and intensive care specialists, the APACHE II and NEWS II clinical scores are not widely documented in the monitoring of complications during the postoperative period of colorectal surgical patients. The rationale behind the present study is to see whether the simultaneous evaluation of a multitude of clinical parameters, as provided by both these scores, could be associated with the development of postoperative septic complications.

Material and Methods; We evaluated data from 403 consecutive colorectal surgical patients from a single institution. In order to evaluate the correlation between the development of septic complications and clinical scores, we constructed a binomial logistic regression model, utilizing the daily recorded values of postoperative APACHE II and NEWS II scores, incorporating the measurements of all recorded physiological parameters for each score.

Results; In total, 43 patients developed septic complications within our cohort. NEWS II score on admission was an independent factor associated with the development of postoperative sepsis [OR:

1.65 (95% CI: 1.10-2.49)]. Significance was also proven for the correlation between NEWS II score on the 3rd postoperative day and occurrence of sepsis [OR: 1.70 (95% CI: 1.09-2.63)]. APACHE II

scores were not correlated with sepsis development on any postoperative day, as an independent prognostic factor.

Conclusions; When examined simultaneously, the NEWS II scores on admission, and on the 3rd postoperative day of colorectal surgical patients, were significantly and independently associated with the development of postoperative sepsis.

Keywords; APACHE II, NEWS II score, colorectal surgical patients,

OP – 09

Surgical Decision-Making in the Management of Pancreatico-Duodenal Injuries, Operative Techniques.

Juan Carlos Puyana

Professor of Surgery, Critical Care Medicine, and Clinical Translational Science · Director for Global Health-Surgery, University of Pittsburgh, Pennsylvania (PA) 15260, USA

Abstract

Background: Pancreaticoduodenal trauma is a rare but potentially lethal injury because often it is associated with other abdominal organ or vascular injuries. Usually, it has a late clinical presentation which in turn complicates the management and overall prognosis. Due to the overall low prevalence of these injuries, there has been a significant lack of consensus among trauma surgeons worldwide on how to appropriately and efficiently diagnose and manage them. The aim of this paper is to propose a management algorithm of patients with pancreaticoduodenal injuries via an expert consensus. Also we want to go through main operative techniques that can be applied depending on the type of trauma and other important factors. Most pancreatic injuries can be managed with a combination of hemostatic maneuvers, pancreatic packing, parenchymal wound suturing, and closed surgical drainage. Distal pancreatectomies with the inevitable loss of significant amounts of healthy pancreatic tissue must be avoided. General principles of damage control surgery must be applied when necessary followed by definitive surgical management when and only when appropriate physiological stabilization has been achieved.

Keywords: Pancreatic trauma, duodenal trauma, operative techniques,

OP – 10

Emergency Surgery in Liver and Pancreatic Trauma – Challenges, Decision-Making and Surgical Management

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Abstract

Hepatobiliary and pancreatic trauma represent a significant management challenge for the emergency surgeon and specialist alike. These injuries require a high index of suspicion, rapid investigation, accurate classification and well-defined management protocols to ensure an optimal outcome with minimal long-term consequences. Despite its relatively protected location, the liver is the most

frequently injured intra-abdominal organ ¹. The risk of uncontrolled haemorrhage, development of late complications and associated injury to other organs contribute significantly to the high morbidity and mortality. Furthermore, the myriad of presentations and the combination of different types of injury make liver trauma a complex and challenging management issue.

The management of trauma patients has evolved significantly over the last three decades and is based on well-defined protocols. Therefore, a classification system that can define the mechanism and extent of injuries and allow appropriate treatment to be formulated according to the type of injury is essential to ensure a successful outcome in these complex cases. Furthermore, a universally accepted classification allows for meaningful comparisons of published data.

Conclusion; An accurate classification of hepatic and pancreatic injuries is an essential step in the management of trauma patients. A precise grading system must be guided by the mechanism, anatomy and extent of the injuries and should correlate with a treatment strategy and subsequent outcome.

Keywords: Liver injury, pancreatic injury, classification system, Organ Injury Scale

OP – 11

Free intra - Abdominal Air and Intestinal Occlusion, Diagnostic Approach.Admir Mustafa ¹, Elona Markeci ²¹ Radiology Service, University Hospital of Trauma, Tirana, ALBANIA² Surgery Service, University Hospital of Trauma, Tirana, ALBANIA**Abstract**

Introduction; The detection of intra-abdominal gas on imaging raises the possibility of multiple diagnoses. Often, it is the result of perforation of a viscus, most commonly a gastric/duodenal ulcer or perforated diverticulitis.

Other causes include a perforated malignancy of the gastrointestinal tract and abdominal trauma. Benign causes such as recent instrumentation or pneumatosis intestinalis should also be considered.

It is important for the radiologist to endeavour to locate the site of perforation. This will allow the surgeon to determine whether or not surgery is indicated and plan the site of incision, especially important if laparoscopic surgery is planned. The site of perforation can usually be ascertained from careful interpretation of CT findings, using knowledge of peritoneal anatomy to interpret the location of free gas.

Keywords; intra-abdominal gas, diagnoses, CT findings

OP – 12

The Predominance of multi-Drug Resistant/Extensively-Drug Resistant Pathogens in Trauma Patients with Bloodstream InfectionsArta Karruli ^{1,2}, Elona Ciku ³, Agron Dogjani ⁴¹ Department of Precision Medicine, University of Campania "Luigi Vanvitelli", Naples, ITALY² Department of Infectious Diseases, University of Medicine, Tirana, ALBANIA³ Department of General Surgery, University of Medicine, Tirana, ALBANIA⁴ Department of Surgery, University Hospital of Trauma, Tirana, ALBANIA**Abstract**

Background: Multidrug-resistant/Extensively drug-resistant bacterial infections have become a major global concern resulting in an increase in mortality, morbidity and healthcare costs. Intensive care units are the most affected wards due to the presence of risk factors such as invasive devices and long hospitalization. However, very few studies described MDRO/XDRO infections in trauma patients.

The aim of this study was to assess microbiological characteristics of MDR/XDR bacterial bloodstream infection at the University Hospital of Trauma in Tirana, Albania.

Material and Methods: Data from patients hospitalized from October 2021 to September 2022. We collected general demographic, epidemiological, and microbiological data on patients with bloodstream infection.

Results: A total of 18 patients developed a bloodstream infection from 20 pathogens. 17 patients were infected by 18 (90%) MDR/XDR pathogens. In the MDR/XDR group, most were male 13 (76.4%) patients with a median age of 42 (IQR 28-52). 14 (82.4%) patients were hospitalized in the ICU ward whereas 3 (17.6%) were in Neurosurgery. Most common pathogen among MDR/XDR was *Acinetobacter baumannii* 6 (33.3%), followed by *Enterococcus faecalis* 5 (27.8%), *Klebsiella pneumoniae* 3 (16.7%), *Escherichia coli* 2 (11.1%), *Enterococcus faecium* 1 (5.55%) and *Pseudomonas aeruginosa* 1 (5.55%). Gram-negative pathogens were largely resistant to β -lactams including meropenem, gentamycin, and ciprofloxacin. 80% were resistant to Amikacin and 82% were resistant to imipenem. Colistin was the most active drug with a susceptibility of 80% among the isolates tested for colistin. Among gram-positives, High-level gentamicin resistance (HLGR) was the most common resistance in 100% whereas linezolid, daptomycin, and vancomycin, were susceptible in 100% of tested isolates.

Conclusions: MDR/XDR pathogens prevailed among pathogens causative of bloodstream infection in patients hospitalized in the University hospital of Trauma. The need for infection prevention in particular in this subgroup of patients takes on particular importance.

Keywords: bacterial infections, microbiological characteristics, bloodstream infection

OP – 13***Management of Gunshot Wounds. A retrospective Study***

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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 GSW 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; gunshot, 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; Gunshot wounds, Damage Control of Surgery, Second-look-laparotomy

OP – 14***Damage Control in Abdominal Vascular Trauma***

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Abstract

Background: In patients with abdominal trauma who require laparotomy, up to a quarter or a third will have a vascular injury. The venous structures mainly injured are the vena cava (29%) and the iliac veins (20%), and arterial vessels are the iliac arteries (16%) and the aorta (14%). The initial approach is performed following the ATLS principles. This manuscript aims to present the surgical approach to abdominal vascular trauma following damage control principles. The priority in a trauma laparotomy is bleeding control. Massive hemorrhage remains the leading cause of preventable death after major trauma. Only when bleeding is controlled can effective resuscitation begin. Unstable patients approaching physiological collapse must be identified early by effective triage and then fast tracked for damage control surgery. Subsequent definitive surgical care can then attempt to restore vascular continuity and function to the affected vascular territory. Current concepts of damage control surgery for vascular trauma are discussed.

Keywords: Damage control, abdominal vascular trauma, hemorrhage control

OP – 15***Updates on Trauma Resuscitation***

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Abstract

Overview: Traumatic injuries represent a major health problem all over the world. In recent years we have witnessed profound changes in the paradigm of severe trauma patient resuscitation; new concepts regarding acute coagulopathy in trauma have been proposed; and there has

been an expansion of specific commercial products related to hemostasis, among other aspects. New strategies in severe trauma management include the early identification of those injuries that are life threatening and require surgical hemostasis, tolerance of moderate hypotension, rational intravascular volume replacement, prevention of hypothermia, correction of acidosis, optimization of oxygen carriers, and identification of those factors required by the patient (fresh frozen plasma, platelets, tranexamic acid, fibrinogen, cryoprecipitate and prothrombin complex). However, despite such advances, further evidence is required to improve survival rates in severe trauma patients. In this descriptive study we tend to make a summary of latest updates in trauma patient care.

Keywords: Trauma Resuscitation, Trauma Updates, Surgical hemostasis.

OP – 16

Blunt Abdominal Trauma during Birth Manipulation, A Case Report.

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Abstract

Introduction; Posttraumatic complications with a closed belly trauma as a consequence of spleen rupture following an extreme surgical emergency of the abdomen during manipulative procedures or applying pressure over the womans belly during the act of giving birth are very rare and nearly don't count as complications on texts for students, or post university contemporary medical literature. This case is about the death of a woman after giving birth, a birth manipulated by manual methods. Her death could be prevented if after clinical signs were noticed, she would be given an eco graph which would highlight blood in her belly, so the patient would undergo surgical procedure, and the woman's life would be saved.

Keywords: rupture, kristile, rrisk obstetrical

OP – 17

Dilemmas in the management of penetrating abdominal trauma, what should we do?

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Abstract

Background: Nowadays penetrating trauma is increasing because of the growth of violence in our society. The penetrating injury constitute about 6% of the hospitalized cases and 10% of visits to the emergency department they are calculated to be the second leading cause of death after motor vehicle accident and occupied 20% of deaths related to injuries in the USA.[1] P.A.T.I. score stands for Penetrating Abdominal Trauma Index score [1, 2]. When developed in 1981 by Moore and colleagues the Penetrating Abdominal Trauma Index was used to identify trauma patients at risk of postoperative complications [1].

Material and Methods: To carry out our study, we standardized the registration of trauma patients who were presented to University Hospital of Trauma in Tirana, Albania, with penetrating abdominal Injury in a period of time from January 2019 to July 2019.

Results: Data was collected from the trauma registry of the University Hospital of Trauma, were 22.875 patients (71.4%) with the diagnosis of trauma out of a total of 32.037 patients admitted to the emergency department. 510 patients were selected according to specific inclusion criteria and patients with abdominal injuries were further selected., 102 patients were recorded with Penetrating Abdominal Trauma

Conclusion: Management of Penetrating Abdominal Trauma remain a serious issue in emergency department. The outcome of treatment is depended from Presence of shock in admission, Mechanism of injury, Age, Number of injuries organ, Associations with extra-abdominal injuries... The principle of guiding surgical management on the basis of a good clinical exam appropriate imaging tests...OM remain the main approach in treatment of Penetrating Abdominal Trauma ...

Keywords; hemodynamic instability, ISS, PATI index...

OP – 18

Endoscopic vs Minimal Open Release for Carpal Tunnel Syndrome.

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Abstract

Introduction; Endoscopic carpal tunnel release and minimally open release are gaining popularity for the treatment of carpal tunnel syndrome. We have looked at the effectiveness and safety of those two approaches, based on the experience of our department.

Material and Methods; We have made an in-depth literature review, in addition to our departments experience, to compare the endoscopic, vs mini open release. The literature review includes PubMed, Research Gate, and the results of our own patients. We will present data regarding age, sex, surgical tips and other suggestions from our practice, complications and finally patient satisfaction.

Results/Discussion; Our results have been very promising, rehabilitation, return to normal activities, but most importantly patient satisfaction. The endoscopic approach requires an extensive learning curve, whereas the open approach a less steep. Recent papers tend to support the endoscopic approach, but regarding long term follow up, the two techniques need to be further evaluated.

Keywords: Carpal tunnel; Endoscopic vs minimal release; results.

OP – 19

Conservative Treatment in Fracture Dislocation of the Proximal Humerus. A Case Report.

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Kremantin Canaj

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ALBANIA

Abstract

Introduction: Glenohumeral dislocation combined with fracture of the proximal humerus is extremely rare in children.[1] Proximal humerus fractures comprise approximately 2% of all pediatric fractures. In general, upper extremity fractures have increased in children.[2] There is no difference in occurrence of complications, rate of return to activity, or cosmetic

satisfaction in children with proximal humerus physeal fractures, particularly younger than 12 years old. [3]

Case Presentation: A 13-year-old boy with epilepsy fell down onto his shoulder from his bike and, 1 hour later comes to our clinic accompanied by his parents, presenting with swelling in his right shoulder, a forced position with his elbow flexed in 90° held by the other hand and severe pain. The physical examination noticed a mass on the anterior aspect of his shoulder and a gap on the region of his proximal humerus. The patient was protective towards its shoulder and the range of motion was restricted and painful if attempted to move the arm. The neurovascular status was uncompromised. X-rays revealed a closed surgical humeral neck fracture with anterior shoulder dislocation. Fig.1 The patient and his parents were informed for closed versus open reduction and fixation and the operative vs non-operative options of the treatment and after all preoperative preparations were made as quickly as possible the patient was transferred to the operating room as an emergency case. Under general endovenous anesthesia with Rausch, closed reduction of the shoulder dislocation and fracture was attempted.

Conclusion: Fracture-dislocation of the proximal humerus is extremely rare in children. Closed reduction and conservative treatment through thorough follow-up is a valuable alternative treatment keeping in mind the preservation of the growth plate.

Keywords: Glenohumeral dislocation, fracture humerus, Children, NOM

OP – 20***“Frozen Shoulder” Treating with Laser Needle Acupuncture***

Rabit Sadiku

*Acupuncture Center Kosovo, Gjilan, KOSOVO****Abstract***

Introduction: Frozen shoulder or Periarthritis humero scapularis (PHS). The clinical overview includes all degenerative changes and inflammation of all anatomical structures that are involved in the construction of the shoulder. Due to the changes in the clinical overview, the organic and functional consequences, both local and distal should better be treated as a syndrome. The appearance and clinical picture of PHS is both the same and different from case to case. During the study we observed two symptoms: amplitude of movement and pain in the patient's shoulder. Other symptoms were not of interest to the study.

Material and Methods: The group of patients with PHS was treated at Aku Center-Gjilan; Kosovo. A total of 20 patients were treated. The treatment lasted 5-10 days of sessions. 6-8 acupuncture points were stimulated with Laserneedleacupuncture. The abduction and external rotations of the frozen shoulder and the degree of pain were monitored. The amplitude of the movement was basic for the functioning of the shoulder, as long as the pain is a present objective symptom. Only 5 sessions were necessary for the success of the treatment, but the majority continued up to 10 sessions.

Results: All patients have responded to Laserneedleacupuncture; and this has affected the increase in the range of motion in the frozen shoulder. Patients who had increased the range of motion in 80-90% after the application of 5 sessions were not treated further. From this we have learned that if we manage to increase the abduction at the same time we have managed to improve the external rotation of the shoulder. were assessed as: strong pain, pain with average intensity, mild pain and no pain.

Conclusion: Treatment with Laserneedleacupuncture is achieved by placing laser beams without needles and piercing through acupuncture points. The combination of infrared, green, blue rays differ in penetration and the stimulation is mainly biological and without side effects. In Aku Center Lasern Acupuncture has been applied since the year 1993. The results are very good.

Keywords: Laserneedleacupuncture, PHS

OP – 21***Revisiting our Experience in the Treatment of Esophageal Perforations.***

Carlos Mesquita

*Clinic of Montes Claros, Coimbra, Portugal · Clinical Reassessment on Trauma and Emergency Surgery. General & Emergency Surgeon PORTUGAL****Abstract***

Background: The esophagus is more vulnerable than the rest of the alimentary tract, due to the lack of a serosal layer, and perforation may be due to several mechanisms. Iatrogenic, due to a number of procedures as endoscopy and dilatation of strictures, accounts for almost 75% of esophageal perforations. Spontaneous rupture of the esophagus, a dangerous entity known as Boerhaave syndrome, accounts for about 15%. Perforating trauma, foreign bodies and toxic ingestions make up the bulk of the remaining causes, around 10%. Because the esophagus is surrounded by loose stromal connective tissue, the infectious and inflammatory response can disseminate easily to nearby vital organs, thereby increasing the likelihood of serious sequelae, making the esophageal perforations, in general and potentially devastating conditions. Although rapid diagnosis and therapy offer the best chance of survival, delays are common for a multitude of reasons, resulting in substantial morbidity and mortality.

In this presentation we share our experience in the diagnosis and treatment of esophageal perforations.

Keywords: Esophageal perforation, iatrogenic perforation, Boerhaave syndrome,

OP – 22

The Use of a Vertical Fascial Traction Device (Fasciotens) for the Closure of Prolonged OA, with or without DPR.

Mauro Zago

*General & Emergency Surgery Division, Director, Robotic & Emergency Surgery Dept A. Manzoni Hospital - ASST Lecco, ITALY****Abstracts***

Septic peritonitis, abdominal compartment syndrome, and damage control surgery often lead to open abdomen treatment. In most cases, laparostomy is a life-saving surgical procedure. Patients with open abdomen are critically ill and are often susceptible to multiple organ dysfunctions. Particularly when prolonged, open abdomen has been reported to be associated with increased risk of bowel adhesions, entero-atmospheric fistulas, intra-abdominal abscesses, and formation of complex abdominal wall

hernias due to loss of domain. According to the World Society of Emergency Surgery guidelines, early fascial closure should be the strategy for the management of open abdomen once any requirements for ongoing resuscitation have ceased and the source control has been definitively reached. Thus, early primary fascial closure should be a main treatment goal of open abdomen to mitigate morbidity and mortality.

Conclusion; Vertical traction device prevents fascial retraction and facilitates early primary fascial closure in open abdomen. In combination with negative pressure wound therapy system, rapid fascial closure of large abdominal defects can be achieved.

Keywords; Vertical traction, Open abdomen, Retraction prevention, Fasciotens

OP – 23

AKIYAMA Procedure as Surgical Treatment of upper Oesophageal Cancer, an in-depth View of the first three Cases in Albania.

Henri Kolani, Eljona Xhelili, Frenki Vila, Renato Osmenaj, Bledi Masati, Asfloral Haxhiu, Manser Cili, Eriol Braholli, Met Loci, Ervin Kananaj, Fatjona Kraja, Majlinda Naco, Ana Mandi, Bilbil Rakipi, Nertila Kodra.

*Department of Surgery, University Hospital Center "Mother Theresa" Tirana, ALBANIA****Abstract***

Introduction: Both rates of mortality and morbidity in esophageal cancer patients that undergo surgery are in decline in recent years due to the improvement of surgical tools and perioperative management. Nevertheless, in comparison with other gastrointestinal cancer surgeries, esophageal cancer surgery has

yet higher mortality rates. Surgery for esophageal cancer is generally palliative and rarely curative, therefore the purpose in minimizing morbidity and mortality is more demanding compared to other surgeries with higher survival rate.

Material and methods: 3 (three) subtotal esophagectomy with cervical esophago-gastric anastomosis, the Akiyama procedure were performed. In this study we are considering the Akiyama procedure with description of the technique, patient criteria of inclusion, oncological protocol and postoperative care. Out of the 3 patients evaluated 2 of them had squamous cell carcinoma and one of them had adenocarcinoma. All 3 patients with carcinoma of the esophagus had tumor-free proximal and distal resection margins as well as tumor free stapler rings after anastomosis.

Discussion: Complete lymph node resection is mandatory in the mediastinum and in the abdomen regardless of the location of the tumor. A surgical strategy is important in order to be oncological correct. We choose a right thoracotomy to expose the entire mediastinum. Therefore, a trans-hiatal

esophagectomy was not preferred in our practice. The advantage by using a right thoracotomy is the excellent exposure with clear view of the structures and therefore few minimize the margins of error. In our practice the use

of the retrosternal space as a safe route for oesophageal substitution to avoid local tumor recurrence in the posterior mediastinum. For upper oesophageal cancer a thoracic anastomosis is not suggested for the deficient mediastinal lymph node excision

Keywords: esophageal cancer, AKIYAMA procedure, neck anastomosis.

OP – 24

Revisiting our Experience in the Treatment of Strangulated Giant Para-esophageal Hernias

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Abstract

Introduction: Hiatal hernias occur when part of the intra-abdominal contents protrudes into the chest cavity. Para esophageal hernia (PEH) is a type of hiatal hernia that is chronic and usually asymptomatic. Strangulated para esophageal hernia is a major surgical emergency that requires fast diagnosis and prompt treatment because it can be life threatening. In our experience we have had a few diagnosed cases with strangulation of para esophageal hernias but each of these patients has been a challenge in diagnosis and treatment.

Strangulation of a hiatus hernia is not very common. It is very important that the diagnosis of strangulated hiatus hernia be kept in mind in any case of ambiguous upper abdominal or lower thoracic pain that cannot be explained. Early diagnosis is essential for adequate therapy, whereas procrastination mean sentence to death for the patient.

Keywords: Para esophageal hernia, strangulated hernia, hiatal hernias,

OP – 25

The Impact of Psychological Stress on Wound Healing.

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Abstract

Introduction: A surgical wound is a cut or incision in the skin that is usually made by a scalpel during surgery. A surgical wound can also be the result of a drain placed during surgery. Surgical wounds vary greatly in size. They are usually closed with sutures, but are sometimes left open to heal.

Purpose: To enhance the learner's competence with implementing research on the effects of pain and stress on the wound healing process.

Material and Methods: The research method can be quantitative, qualitative or combined where both methods are included Quantitative method represents the process of researching a phenomenon by collecting numerical data by analysing them through mathematical and statistical models (Aliaga and Gunderson, 2000).

Results: Data collection Data for this study were obtained from patients admitted to the surgery ward at the University clinical centre of Kosovo Description of the instrument The tool used for data collection is simply the self-administered questionnaire. This questionnaire contains 12 direct, semi-structured questions. The questionnaire was given to these patients to complete and anonymity was

provided. Contains simple variables like age, gender. Results In this study we have taken 30 patients who has surgical wound based on questionnaire.

Conclusions: In this paper special attention is paid to nursing care of surgical injuries and their treatment. Nurses should be a contact point and have general knowledge and be well-prepared for different wounds to offer solutions, care, healing, advice, and support to patients.

At the moment of the appearance of the wounds, we must be careful of the wound concern for not harassing the wound but to obtain proper professional treatment as soon as possible.

Keywords: Operator Wounds, Physiology, Stress, Treatment

OP – 26

Massive Retroperitoneal Cyst with Esophageal Communication: A Case Report

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*Surgery Service, University Clinical Centre of Kosovo, Pristina, KOSOVO****Abstract***

Introduction; 20% of alimentary tract duplications are congenital esophageal duplications, which affect 1 in 8000 live births. Cysts account for 80% of all duplications and are primarily single fluid-filled entities that do not connect with the esophagus. Most duplication cysts occur in the lower esophagus and are located within the posterior mediastinum, although intra-abdominal esophageal duplication cysts have been reported. Approximately 7% of esophageal duplication cyst instances show as symptomatic cysts in adults, and most cases are diagnosed in children.

In our case, a 37 year old male, with no previous medical history, presented with dispnea and chest pain. A thorax ct was orderd and showed a large cystic formation located in lower back mediastinum pushing aside the right lung. After the first surgery, a drain was placed and in the cyst and a large volume of seropurulent liquid was evaquated. Patient began oral feeding when our clinic post surgery protocol allowed it. As soon as he did, food started passing through the drain. A esofagogastrogram was orderd and presented a esophageal communicating formation. An upper endoscopy tried to place a stent at the place of fistula entry, but failed. On the second surgery the fistula was located and sutured. The remaining cyst was in a difficult position to be removed, hence it was only drained for a second time and cleaned with normal saline. 6 months follow-up showed great clinical improvement. The esofagogastrogram 6 months after, showed a small cystic lesion still communicating with esophagus. The patient remains in surveillance.

Keywords: Massive retroperitoneal cyst, Esophageal fistula.

OP – 27

Liver Trauma Complicating CPR: so uncommon?

Mauro Zago

*Robotic & Emergency Surgery Dept. General & Emergency Surgery Division, Director A. Manzoni Hospital - ASST Lecco, ITALY****Abstract***

Background: Cardio Pulmonary Resuscitation (CPR) is blunt trauma caused to the chest that might have different complications such as sternum and rib fractures, liver and spleen lacerations, stomach rupture, etc. Liver trauma is the most common abdominal injury after CPR and is evaluated to happen in 0.5 – 2.9% of patients successfully receiving CPR. In this presentation we want to show several

cases who had suffered liver injury as a complication of CPR, types of injuries, treatment strategies followed and the general outcomes of these patients. These patients were all treated in our facility.

Keywords: CPR, Liver Trauma, Liver Laceration, Blunt Abdominal Trauma

OP – 28

Spleen Trauma - Caviars of no Operative Management?

Juan Carlos Puyana

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Introduction: Treatment of blunt splenic injury has changed over the past decades. Non operative management (NOM) is the treatment of choice in hemodynamically stable patients. Adequate patient selection is a prerequisite for successful NOM. This modality of treatment began in the 1970's in pediatric patients. It is highly successful with overall failures rates from 2% to 31% (average 10.8%) - with the majority of failures occurring in the first 24 hours. Current, non-operative management of splenic trauma includes splenic artery embolization.

However, the criteria for NOM are controversial. In this study we present the current criteria, the evolution and failure rates of this type of management viewed through the general knowledge and, particularly, our experience.

Keywords: spleen, blunt trauma, conservative approach

OP – 29

Injuries of Mesenteric Blood Vessels as a cause of Hemorrhagic Shock in Blunt Abdominal Injuries in Pediatric Patients.

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Abstracts

Introduction: Trauma is the leading cause of pediatric mortality and abdominal injury is a significant contributor to morbidity. Abdominal trauma in the population of injured children, is the third leading cause of death in this population, after head and thoracic injuries. It is the most common cause of death owing to unrecognized injury. Mesentery and bowel injury constitute 3–5% of blunt abdominal injuries. The main diagnostic challenge is to identify lesions that require surgery. They most often occur in traffic accidents, games and sports. The clinical presentation depends on the severity of the injury, the injured organ and the associated injuries. Mesenteric injury from blunt abdominal trauma is uncommon and can be difficult to diagnose. It is known that seatbelt trauma from motor vehicle accidents is the most common mechanism of mesenteric injury and that the mesentery of the small bowel is injured more frequently than that of the colon.

Case report: We present an unusual case, a seven-year-old boy who was injured while skiing. The patient was in a state of hemorrhagic shock and underwent emergency surgery after an urgent diagnosis. During the operation, the leading trauma and the reason for the hemorrhagic shock were found to be a mesenteric injury, and bleeding from the branches of the superior mesenteric artery. Early transport, monitoring and diagnostics significantly contribute to reducing morbidity and mortality. The standard in surgery is non-operative treatment of injured parenchymal organs.

Conclusions: Mesenteric injuries are difficult to diagnose and their undiagnosed complications are as a result of haemorrhage with high mortality rates.

Intestinal or mesenteric pediatric injury should be suspected in all high energy blunt abdominal trauma.

Diagnostic delay over 8 h can lead to high morbidity and mortality rates. Laparotomy is the standard of care in hemodynamically unstable patients.

Keywords: mesenteric injury, skiing, blunt abdominal trauma.

OP – 30

Blunt Splenic Trauma, Assessment, Management and Outcomes.

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Abstract

Most of the current guidelines support the non-operative management or minimal approaches in hemodynamically stable patients. Improvement in the diagnostic modalities guide the surgeons to decide the timely management pathway. Though, there is an increasing shift from operative management to non-operative management of Blunt Splenic Injuries.

Non-operative management of high-grade injury is associated with a greater rate of failure, prolonged hospital stays, risk of delayed hemorrhage and transfusion associated infections.

Some cases with high grade Blunt Splenic Injuries could be successfully treated conservatively, if clinically feasible, while some patients with lower grade injury might end – up with delayed splenic rupture. Therefore, the selection of treatment modalities for Blunt Splenic Injuries should be governed by patient clinical presentation, surgeon's experience in addition to radiographic findings.

Keywords; operative management, Blunt Splenic Injuries, management, assessment

OP – 31

Right Ovarian Vein Thrombosis as a Rare Finding. A Case Report.

Myzafer Kaçaj, Ergisa Toska, Shkëlqim Ferko, Marsid Sinani, Ani Hoxha, Sander Kola, Aurel Kopec, Astrit Xhemali, Erjon Stojku, Kristi Kaçaj, Ardit Disdari, Sara Mihali, Danja Çekrezi

First Surgery Service, University Hospital Center “Mother Theresa” Tirana, ALBANIA

Abstract

Introduction; Ovarian vein thrombosis (OVT) is a rare but potentially serious postpartum complication, which occurs in 0.05% to 0.18% of pregnancies and is diagnosed on the right side in 80% to 90% of the affected postpartum patients. As OVT can mimic acute abdomen it should be considered in the differential diagnosis of postpartum acute abdomen. It could also be associated with pelvic inflammatory disease, malignancies and pelvic surgery. Prompt diagnosis and treatment of this condition is needed to avoid the morbidity and mortality that are related both to the thrombosis and to any associated infection/sepsis. This case illustrates the importance of including ovarian vein thrombosis as a differential diagnosis in women who present in the postpartum period with a tender pelvic mass.

We present a case of a 39-year-old female who presented a diffuse abdominal pain, fever and vomit on her fifth postpartum day. Physical examination revealed an acutely ill patient and right lower quadrant tenderness with positive Rovsing and Giordano signs. Her computed tomography demonstrated right ovarian vein repletion defect compatible with the presence of a thrombus. She was treated with enoxaparin and antibiotics for a few days. Her condition was not improved; therefore, she went under a surgery treatment.

Keywords: Ovarian vein thrombosis, postpartum complication, surgery treatment

OP – 32

Surgical Treatment of Type 2 Diabetes

Alper Celik

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Abstract

With a prevalence of 5–8%, type 2 diabetes is one of the most common metabolic disorders in Turkey. Chronic hyperglycemia goes hand in hand with an increased risk for microvascular complications, such as diabetic retinopathy, neuropathy, and nephropathy. This makes type 2 diabetes one of the most common causes of loss of eyesight, renal failure, and amputation of the lower limb. Diabetic nephropathy is the most common complication of type 2 diabetes and results in a substantially impaired quality of life for those affected. It also incurs high costs to the healthcare system—owing to expensive dialysis therapy, among others.

“Metabolic surgery should be a recommended option to treat T2D in appropriate surgical candidates with class III obesity (BMI ≥ 40 kg/m²), regardless of the level of glycemic control or complexity of glucose-lowering regimens, as well as in patients with class II obesity (BMI 35.0–39.9 kg/m²) with inadequately controlled hyperglycemia despite lifestyle and optimal medical therapy.” DSS-II (2) • “Metabolic surgery should also be considered to be an option to treat T2D in patients with class I obesity (BMI 30.0–34.9 kg/m²) and inadequately controlled hyperglycemia despite optimal medical treatment by either oral or injectable medications (including insulin).” DSS-II (2) • “All BMI thresholds should be reconsidered depending on the ancestry of the patient. For example, for patients of Asian descent, the BMI values above should be reduced by 2.5 kg/m².” DSS-II

Keywords; Metabolic surgery, type 2 diabetes, obesity

OP – 33***Advancement in Minimally Invasive Surgery.***

Arben Beqiri

*General Surgeon, University Hospital Center “Mother Theresa”, Tirana, ALBANIA****Abstract:***

Introduction: Since the first laparoscopic cholecystectomy in 1985, laparoscopic surgery spread all over the world and now is a standard of care for the majority of surgical patients worldwide. Nowadays, not only cholecystectomy but hundreds of new techniques have developed and standardized based on laparoscopic and min-invasive techniques. Alongside

laparoscopy, endoscopy has known a huge progress offering mini-invasive therapeutic option for the treatment of a wide range of diseases. Approaches like NOTES and Single Hole Surgery have been developed, tried and robots have been introduced to make mini-invasive surgery more accessible for the patient and easier for the surgeons. We have gone on our path in introducing and developing laparoscopic surgery at UHC” Mother Teresa” and in our country. Being technology and equipment dependent, it has not been easy, nor smooth to make progress on the field of MIS, but it still demonstrates the success of our surgeons and hospitals in their persistence toward progress.

Since our first laparoscopic procedures in our country, in 1995, we have managed to introduce a dozen of laparoscopic procedures of the entire GI tract and at the same time implementing the newest and most innovative therapeutic procedures. In this lecture, we describe and discuss our experience in introducing and developing these new techniques in our country.

Keywords: laparoscopic cholecystectomy, Single Hole Surgery, MIS

OP – 34***Laparoscopic Treatment in Colorectal Cancer. Our experience.***

Arvin Dibra

*Department of Surgery, Faculty of Medicine, University of Medicine, Tirana, ALBANIA**University Hospital Center “Mother Teresa” Tirana, ALBANIA****Abstract***

Introduction: One of the most important cancer diseases, the colorectal cancer is third most common cancers in the world.

The medical knowledge has progressively changed the point of view and the adoption of oncological principles as lymphadenectomy and total mesorectal excision combined with neoadjuvant chemotherapy and radiotherapy in selected patients have strongly reduced locoregional recurrence rates and improved good cancer-free survival rates.

Laparoscopic technique for colorectal cancer is widely applied in clinical practice due to its advantages of small incision, quick recovery, and shorter hospitalization compared with open surgery realizing similar oncological principles.

Laparoscopic surgery is quickly being a quality choice in the surgical treatment of several colorectal diseases. Many studies, including randomized clinical trials, shows that laparoscopic methodology is both effective and safe, with better short-term results in patient recovery compared to the open surgical approach.

The degree of adoption of laparoscopic technology, as well as the capacity of the surgeons, have an influence not only in the clinical outcomes but also in the procedure cost.

We report our experience in laparoscopic colorectal resections and some reflections about clinical and cost challenges in the surgical treatment of this disease.

Keywords: colorectal cancer, Laparoscopic treatment, surgical treatment

OP – 35

Minimal Access Surgery in non-Trauma Emergency Pediatric Surgery - Ten years of Experience.

Kenan Karavdić

*Pediatric Surgeon, Clinic for Children's Surgery, Clinical Center of the University of Sarajevo, BOSNIA and HERZEGOVINA****Abstracts***

Background: Emergency minimal access pediatric surgery is widely used to identify the causative pathology of acute abdominal pain, often followed by laparoscopic treatment of the detected abdominal disorder. Emergency minimal access surgery competes with the initial usage of other diagnostic procedures and imaging and additionally carries the risk of procedure-related complications especially in emergency situations, delay to define open surgical treatment and missing diagnosis.

Material and Methods: We retrospectively evaluated the medical records of all patients aged <18 years who had undergone minimal access surgery at our institution for non-trauma-related conditions from January 2012 to December 2021. All patients underwent preoperative clinical examination and routine laboratory investigations. The clinical parameters evaluated included operation time, total length of hospital stay, and postoperative complications. We observed an improvement in outcomes over the 10-year period, as shown by shorter operation times and shorter postoperative hospital stays.

Results: Over the 10-year study period, laparoscopic procedures were performed in patients aged <18 years, of which 175 were emergency procedures and 116 were elective procedures. Overall, 60% of all laparoscopic procedures performed during the study period were for emergency conditions. Of these emergency minimal access procedures, the majority (82%) were appendectomies, 144 patients were operated on due to acute appendicitis laparoscopically, of which 92 were operated on due to complicated appendicitis, followed by neonatal ovarian cystectomies, diverticulitis Meckel, intussusception, VATS for pleural empyema, acalculosis cholecystitis. The mean patient age at surgery varied according to the type of procedure performed. For example, the mean age of patients undergoing appendectomy was 11.03 ± 2.54 years, and of patients undergoing ovarian cystectomy was 18.9 days. The mean operation time also varied according to the procedure performed, being 76.5 ± 35.8 min for appendectomy.

Conclusions: Pediatric laparoscopic surgery for emergency conditions provides excellent results, including better exposure and cosmetic outcomes than laparotomy.

Keywords: emergency, minimal access, pediatric

OP – 36

Use of a Laparoscopic Approach in Urgent Adhesive Small Bowel Obstructions.

Nuhi Arslani, Aleks Brumec

*University Clinical Center, Department of abdominal surgery, Faculty of Medicine, University of Malibor, SLOVENIA****Abstract***

Introduction: Adhesive small bowel obstruction (ASBO) accounts for 20% of emergency surgical procedures and intraabdominal adhesions account for 65% of such cases. In a 10-year post-operative period of abdominal surgery patients, around 35% of them will be readmitted because of ASBO.

The first step in approaching ASBOs is using the Bologna guidelines, which include a thorough initial evaluation to diagnose or rule out an ASBO and then proceed with either further imaging studies or emergency surgery, which can be either open or laparoscopic.

The contraindications for a laparoscopic approach include hemodynamic instability of the patient and infections in the peritoneum or port sites. Studies have shown that a laparoscopic approach to adhesiolysis is linked with a significantly smaller risk of readmissions and reoperations as well as with faster recovery time and fewer postoperative infections, but has a higher risk of bowel injuries, so a careful selection of patients is required.

Although studies favour a laparoscopic approach, many countries still prefer a laparotomy, often because a laparoscopic approach requires surgeons to be highly skilled in the procedure. In the US and UK, between 50 and 60% of surgeons would approach an ASBO with laparoscopy, while in Italy this number is around 15% and it is most likely similar in Slovenia. We believe that in the right cases and in the right patients, a laparoscopic approach can be equally feasible for treating ASBOs and is associated with fewer intraoperative and postoperative complications.

Keywords: small bowel obstruction, emergency surgical procedures, intraabdominal adhesions,

OP – 37

Laparoscopic Common Bile Duct Exploration for the Treatment of Common Bile Duct Stones. New Options and Strategies for Treatment.

Arben Beqiri

*General Surgeon, University Hospital Center “Mother Theresa”, Tirana, ALBANIA***Abstract:**

Introduction: With the introduction of Laparoscopic Cholecystectomy in 1995 in our practice at our institution (UHC Mother Teresa) a big step was made towards improvement of treatment of cholelithiasis. But it was the introduction of ERCP (1996) in our practice that changed the basic rationale for the treatment of CBD stones.

We discuss different strategies for the treatment of choledocholithiasis in our clinical practice.

The use of ERCP has seen an exponential increase and with excellent results. It is not always the case especially when ERCP fails to clear all the stones from the CBD or when the stones are found during Laparoscopic Cholecystectomy. We approach these cases by laparoscopic common bile duct exploration (LCBDE). MRI (MRCP) is the main diagnostic tool for preoperative confirmation of CBD stones in suspected patients most of the time. We limit the use of LCBDE only to patients with large or impacted stones and in cases they rest firm in the proximal biliary tree. Mortality and morbidity rates associated with the technique range from 1%-2% and 5%-7% respectively. The placement of a T-tube brings the advantage of easy postoperative access if needed. Two main disadvantages are the potential for strictures at the site of choledochotomy and the need for a well-trained team. LCBDE is financially challenging for institutions, especially ours, and technically challenging for surgeons. We discuss the algorithms we must adopt in compliance with our specific circumstances and instrumentation in our institution.

Keywords: Laparoscopic Cholecystectomy, ERCP, laparoscopic common bile duct exploration

OP – 38

The Rational Use of Critical View of Safety During Laparoscopic Cholecystectomy to Prevent Bile Duct Injuries.Bledi Masati ¹, Asfloral Haxhiu ², Arvin Dibra ³, Henri Kolani ³¹ *Service of General Surgery, Regional Hospital “Teni Konomi” Korca, ALBANIA*² *Service of General Surgery, Regional Hospital “Ihsan Cabej” Lushnja, ALBANIA*³ *Surgery Service, University Hospital Centre “Mother Teresa” Tirana, ALBANIA***Abstract**

The laparoscopic access route, used for the first time by Philippe Mouret in 1987 for cholecystectomy, allows today to perform many kinds of abdominal surgery completely or not. In patients suffering from symptomatic gallbladder lithiasis, laparoscopy is defined worldwide as the gold standard technique to realize the removal of the gallbladder. There laparoscopy increased the risk of major bile duct injury compared to laparotomic surgery. Laparoscopic cholecystectomy has a 0.3% to 0.5% morbidity rate due to major biliary injuries and is higher than during open cholecystectomy and has not decreased over time despite increasing experience with the procedure. In alternative to IT, Strasberg introduced in 1995 the “Critical View of Safety” (CVS) to promote the recognition of the gallbladder elements to reduce the risk of BDI and to avoid mistakes due to anatomical alterations and altered visual perception.

Keywords; Gallbladder, biliary ducts, biliary stones, laparoscopy, triangle of Calot, cholecystectomy,

OP – 39

Post Endoscopic Retrograde Cholangiopancreatography Pancreatitis Prophylaxis: Evaluation of NaproxenHalil Tanaj ¹, Goran Kondov ², Shaip Krasniqi ³¹ *Clinic of Abdominal surgery – Endoscopy Service, University Clinical Centre of Kosovo, Pristina, Republic of KOSOVO;*² *University Clinic for Thoracic and Vascular Surgery, Faculty of Medicine – Skopje, “Ss Cyril and Methodius” University –*

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³ Department of Pharmacology, University of Pristina, Pristina,
Republic of KOSOVO

Abstract

Background:

Endoscopic retrograde cholangiopancreatography (ERCP) is a diagnostic and therapeutic procedure that is widely used as therapeutic modality for diseases of the pancreato-biliary tree. ERCP is responsible for the highest rates of complications among the endoscopic procedures, especially post-ERCP pancreatitis (PEP).

Aim: To evaluate use of periprocedural Naproxen as a prophylaxis of PEP. Method: Prospective clinical trial of patients who received periprocedural 500mg Naproxen single dose rectal administration before ERCP. Selected clinical parameters (BMI, amylase, lipase, and CRP) were followed up before and after ERCP.

Results: In the study group the incidence of PEP was 16.7% with male/female ratio of 0.7/1 ($p=0.410$). Patients without/with PEP were not significantly different related to age ($p=0.867$), BMI ($p=0.559$) and duration of procedure ($p=0.559$). The binominal logistic regression showed that none of the analyzed potential influencing factors had significant influence on the efficacy of single dose rectal administration of Naproxen in prevention of PEP after ERCP. Bordering non-

significant influence for PEP was found for amylases 4 hours after ERCP ($p=0.094$), and lipase before and 4 hours after ERCP for $p=0.099$ and $p=0.056$ respectively.

Conclusion: More extensive research to compare the efficacy of Naproxen with other non-steroidal anti-inflammatory drugs for the prevention of PEP, as well as to clarify the route of administration is needed for better evidence.

Keywords: Naproxen; nonsteroidal anti-inflammatory drugs; ERCP; pancreatitis

OP – 40

Acute Cholecystitis - Surgical Tactics in Patients over 70 Years Old.

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Abstracts

Introduction; Due to the aging of the world population, surgical activity in the elderly is increasing. According to many surgeons, geriatric surgery, currently a research topic, has specific features regarding the type of operation, the duration and intensity of treatment, and the significant complications associated with the therapeutic approach in old age.

Material and Methods; The logical units at the individual level of observation are all patients with OC, diagnosed, treated and followed up at the General Surgery Clinic of the Haskovo General Hospital, Haskovo for the period from 2010 to 2020. The object of the present study is a total of 519 patients with OH, of which 350 patients, over 70 years of age, who underwent CK or LX due to OX (Group A - 70-79 years and patients with CK and Group B - over 79 years, patients with LX), as well as control Group B - 169 patients treated conservatively.

Results; In the etiology of OC, the leading frequency of 58.8%/305 patients/ is calculous cholecystitis - 58.80%/305 patients/ and cholelithiasis - 31.20%/162 patients.

Of leading importance in our study was the analysis of preoperative risk factors determining the condition of the patients, and from there the surgical tactics, the estimated complications, mortality and final results.

Conclusion; After summarizing the obtained results, we can assume that OH in patients over 70 years of age often occurs as a further exacerbation of chronic cholecystitis, with faster development and complications, which necessitates early diagnosis and treatment, which are crucial for good postoperative results. Treatment depends mostly on the patient's general condition, comorbidities, and severity of cholecystitis, refined by a preoperative risk assessment for each individual patient, calculated using the ASA and/or POSSUM scales.

Keywords: Acute Cholecystitis, Surgical Tactics, elderly, geriatric surgery

OP – 41***Antegrade Cholecystectomy - The Difficult Cholecystectomy in Adults.***Georgi Gelov ¹, Boris E. Sakakushev ²¹ UMBAL Haskovo Hospital, BULGARIA.² Professor in General Surgery, Senior Lecturer & Consultant in General Surgery RIMU/ Research Institute at Medical University of Plovdiv/, BULGARIA.***Abstracts***

Introduction; Surgery in elderly patients is increasing for a variety of reasons: the life expectancy and health of the elderly are improving, possibly due to better medical and surgical healthcare. Zenilman describes the evolution of geriatric surgery—in 1907, the elderly were people over 50 and surgery was the exception; less than 80 years later, Katlich reported the first series of operations on centenarians.

Material and Methods; For the period from 2010 to 2020, a total of 519 patients with acute cholecystitis over 70 years of age were treated in the General Surgery Clinic of Haskovo Medical Center, Haskovo, of which 350 patients underwent open or laparoscopic cholecystectomy...

Results; Out of a total of 519 patients with acute cholecystitis over 70 years of age, 365 underwent surgery and 154 were treated conservatively. The type of surgical treatment in patients with OC over 70 years of age was determined by the high preoperative risk/high ASA class/, the advanced stage of the disease, comorbidity and concomitant biliary pathology.

Discussion; Laparoscopic cholecystectomy has become the „gold standard“ due to its undeniable advantages in reducing pain and postoperative complications. Along with the development of anesthesia and intensive care skills and techniques, the margin of safety for performing laparoscopy has also increased nowadays to the age of 80-85 years.

Conclusion; In elderly patients, laparoscopic or open subtotal cholecystectomy is a valid option for advanced inflammation, gangrenous gallbladder, and “difficult gallbladder” where the anatomy is difficult to discern and injuries to the common bile duct are highly likely. This correlates with reports of an increased rate of conversion to open surgery in the elderly due to greater difficulty in dissection for previous attacks and late presentation

Keywords: Difficult Cholecystectomy, elderly patients, Surgical Approach.

OP – 42***Revisiting our cases of Acute Airway Obstruction by Giant Goiters in very old Patients.***

Carlos Mesquita

*Clinic of Montes Claros, Coimbra, Portugal · Clinical Reassessment on Trauma and Emergency Surgery. General & Emergency Surgeon PORTUGAL****Abstract***

Background: A goiter is the irregular growth of the thyroid gland, while a giant goiter is the enlargement of the thyroid gland more than 10 gr / kg of body weight. The massively expanding goiter due to the strategic anatomic location of thyroid gland can seriously compromise the patency of the trachea and esophagus.

In our experience we have had many old patient who have presented at the emergency unit with acute airway obstruction, severe dyspnea, sometimes with loss of consciousness, etc. These cases often require stabilizing a definitive airway, either endotracheal intubation or surgical cricothyrotomy, which are usually very difficult or impossible to establish.

In this presentation we want to share our experience with these cases and the challenges we have encountered in definitive treatment.

Keywords: Giant Goiter, Acute Airway Obstruction, Definitive Airway,

OP – 43

The Treatment of Incisional Hernia.

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Abstract

Introduction; A meta-analysis of studies from multiple countries has shown that the incidence of incisional hernia varies from 4% to 15% depending on the type of operation. The worst possible complication of an incisional hernia if it is not treated surgically is incarceration.

We present the main surgical methods of treating incisional hernia. We also show 2 rare cases with large abdominal wall defect, aiming to present their unusual surgical repair techniques.

Material and Methods; Retrospective study of two cases treated in 1-st Service of General Surgery. All the dates are collected from charts records.

Results; First patient, 56 y.o. man, had surgery for upper GI bleeding. Several months after surgery, he was complicated with a giant ventral incisional hernia, which was successfully treated by TAR procedure

Second patient, a 50-year-old woman, had a history of several surgeries for incisional hernia, which was repaired using a polypropylene mesh. Her course was complicated by a chronic postoperative wound infection with eventual development of enterocutaneous fistula. The patient was successfully treated with extirpation of the prosthesis, resection of the fistulized bowel, and placement of an onlay biologic mesh to close the large abdominal wall defect.

Conclusion; The wide variation in abdominal approaches, comorbidities among patients and techniques for surgical closure of the abdominal wall leads to a broad range of incisional hernia incidence rates, significantly differing between the various patient populations. On the other hand, the great challenge of incisional hernia surgery remains to reconcile the variability of the condition with the surgical options available. As in all fields of medicine, the variability of the condition makes tailoring treatment to the patient and generating evidence difficult. However, this balancing act has been performed more successfully in recent years

Keywords: incisional hernia, giant abdominal wall defect, surgery, fistula

OP – 44

Evaluation of Chronic Pain after Groin Hernia Repair. A retrospective Study.

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Abstract

Introduction: Inguinal hernias are among the most frequent interventions in general surgery. Complications after the correction of inguinal hernias are rare, but sometimes they can be worrying for the patient. One of the most difficult complications to treat after hernioplasty is pain in the inguinal region (inguinodinia). This pain can appear in different periods of time after surgery, while the etiology can be neuropathic or nociceptive.

The purpose of this study is to show the difference in the incidence of postoperative pain between two groups of patients, those in whom inguinal hernia correction was performed with the Shouldice technique, and the other group in which the correction was made with the Lichtenstein technique, using prosthetic materials.

Material and methods: In this study we retrospectively reviewed the data for 189 patients operated in a Clinic of General Surgery at the Clinical Hospital of Tetovo due to inguinal hernia in a period from January 2020 -2022. From 189 patients included in this study in 102 of them the correction of hernia was made with conventional techniques respectively according to that of Shouldice, while in the other 87 patients hernioplasty was realized by the use of prosthetic materials (prolene mesh).

Results: Of the 189 patients operated on for inguinal hernia in the period from January 2020 to January 2022, 157 were men and 32 were women. The age of the operated patients ranged from 18 to 78 years. Patients younger than 18 years are not included in this study. From the total number of patients in 102 of them the correction of hernia was made with conventional techniques, respectively according to that of Shouldice, while in the other 87 patients hernioplasty was realized by the use of prosthetic materials. In none of the operated women, the hernia correction was not done with prosthetic materials. The incidence of postoperative pain was different between patients whose hernia correction was done with prolene mesh and those operated with the Shouldice technique

Conclusion: Although it shows a low incidence, inguinodynia is a concern not only for patients but also for surgeons. Regardless of that its etiology may be multifactorial, good surgical technique can greatly reduce the incidence of this complication.

Keywords: Hernioplasty, prolene mesh, pain

OP – 45

Long term Results of the Postoperative Incisional Hernia Rate after Stoma Reversal using Gore® Bio-A® Mesh in Sublay Technique.

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Abstract

Background: The incisional hernia rate after stoma reversal according to the literature, it is reported to be over 30 percent and a common complication after this type of surgery.

Objectives: Evaluate the long-term results of the postoperative Incisional Hernia Rate after Stoma Reversal using a resorbable synthetic mesh GORE® BIO-A® in Sublay Technique to close abdominal wall incisions. This technique was performed on 127 patients in the time from Nov. 15, 2010 to Mar. 11, 2015. Primary wound closure was carried out in all cases. The short-term results of the incisional hernia rate in this population after a median of follow up 21,75 months (87 weeks) showed a rate of incisional hernia of 9.7 percent (n=7).

Material and Methods: In total, n=96 of the included patients (127) took part in the follow-up examinations. The follow-up examination took place after a median time span of 6,6 years. Lost to follow-up n=31

Results: The total herniation rate in the examined patient population after a median of follow up time over 6 years is 17,3 % (n=22/127) much lower than described in literature.

Conclusion: According to our own prospective analysis, we were able to register a low herniation rate compared to the literature, when the resorbable synthetics mesh was applied in sublay technique for stoma reversal.

Keywords: incisional hernia, resorbable mesh, Sublay Technique

OP – 46

Management of Complex Abdominal Hernias using Component Separations. Early Postoperative Outcomes of 84 Patients

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Abstract

Background: The management of the complex incisional hernia is a big challenge for every surgeon. This study presents an overview about the early postoperative outcome of 84 patients who underwent a big incisional hernia operation repair using the component separations technique.

Material and methods: In the period from 2003 to 2014, 84 patients with complicated incisional hernia and recurrent hernia of the abdominal wall, were surgically treated in our department using Ramirez-modified component separation by additional augmentation of the abdominal wall with non-resorbable mesh.

In our prospective study, all 84 patients underwent a postoperative examination and the risk factors for the wound healing disorder were identified and have been statistically analyzed.

Results; The median age of the patients was 64 years. In between n=84 patients who underwent surgery where 40% female (n=33) and 60% male (n=51) patients. The median BMI of our patients was 31. The rate of the primary ventral hernia was 58,3% (n=49). The mean hernia size was 13,6 cm. The results of the follow-up during 120 days after operation and the statistical analysis for the evaluation of possible risk factors for wound healing disorder are presented. Wound healing is evaluated according to Hernia Ventral Group 2004 and the postoperative complications according to the Clavien-Dindo classification.

Conclusion: The posterior component separation with additional mesh implantation is a feasible option for repairing giant primary and recurrence hernia of the abdominal.

Keywords; incisional hernia, recurrent hernia, risk factors, postoperative complications

OP – 47

What an Endocrinologist should Know when Consulting a Thyroid Operated Patient?Ilir Shani ¹, Aldi Shani ²¹ “Vila Alba” Hospital Durres, ALBANIA² Surgery Service, Regional Hospital Durres, ALBANIA***Abstract***

The incidence of thyroid diseases is increasing, mainly among women. About 5% of women in the US have changes in thyroid function, and up to 6% may have clinically palpable thyroid nodules. Approximately 15% of the general population has abnormalities of thyroid anatomy on physical examination, and an unknown percentage of these do not complete a diagnostic evaluation.

The initial examination for thyroid dysfunction is performed by the endocrinologist where during a checkup, the thyroid gland is examined with the patient's head lying on one side. The doctor uses the fingers of both hands to palpate the thyroid gland, then the patient is instructed to swallow, during which the doctor can assess the anatomical extent of the lobules using the last three fingers of one hand.

Remember that the right lobule is usually larger than the left, and that at rest the outline of the thyroid cannot be seen in a healthy patient. Any anatomical anomaly of the thyroid gland is determined by its consistency, size, tenderness and growth.

If an abnormal finding is detected, hormone and function studies should be followed...

Keywords; thyroid diseases, Endocrinologist, Thyroid Operated Patient

OP – 48

Anesthesia Challenge and Perioperative Care of the Obese Cardiac Surgical Patient.

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Abstract

Introduction: Morbid obesity is associated with impairment of cardiovascular, pulmonary, gastrointestinal, and renal physiology with significant perioperative consequences and has been linked with higher morbidity and mortality after cardiac surgery. Cardiac surgery patients have a higher incidence of difficult airway and difficult laryngoscopy than general surgery patients do, and obesity is associated with difficult mask ventilation and direct laryngoscopy. Positioning injuries occur more frequently because obese patients are at greater risk of pressure injury, such as rhabdomyolysis and compartment syndrome. Despite the association between obesity and several chronic disease states, the effects of obesity on perioperative outcomes are conflicting. Studies examining outcomes of overweight and obese patients in cardiac surgery have reported varying results. An “obesity paradox” has been described, in which the mortality for overweight and obese patients is lower compared with patients of normal weight. This review describes the physiologic abnormalities and clinical implications of obesity in cardiac surgery and summarizes recommendations for anesthesiologists to optimize perioperative care of the obese cardiac surgical patient.

Keywords: Morbid obesity, cardiac surgery, difficult airway

OP – 49

Congenital Cardiac Defects that Require Correction within 30 Days from the Moment of Diagnosis, our Experience.Saimir Kuci¹, Alfred Ibrahim¹, Marsela Goga¹, Jonela Burimi¹, Esmerilda Bulku¹, Ervin Bejko¹, Stavri Llazo¹, Fjorba Mana², Altin Veshti², Arben Baboci²

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Abstract

Introduction: Although the prenatal diagnostic technique has improved significantly, accurate detection and appropriate management of newborns with congenital heart disease (CHD) is always a major concern for pediatricians. Congenital cardiac malformations range from benign to more serious, such as total transposition of the great vessels

(TGA), critical pulmonary and aortic valve stenosis/atresia, hypoplastic left heart syndrome (HLHS), pulmonary venous return total anomalous obstructed (TAPVR), in which the infant needs immediate diagnosis and management to survive.

Unfortunately, these life-threatening heart diseases may not have obvious evidence directly after birth, most clinical and physical findings are nonspecific and vague, making diagnosis difficult.

High index of suspicion and acuity are essential for decision making.

When the ductus arteriosus is patent (PDA), many serious malformations may go unnoticed early in life, but will progress to severe acidosis/shock/cyanosis or even death as the PDA shrinks in the first days of life.

Ductus-dependent congenital cardiac lesions can be divided into ductus-dependent systemic or pulmonary diseases, but physiologically they are quite different from each other and the treatment strategy should be tailored to the clinical status and cardiac malformations.

Inevitably early presentation is often considered a medical emergency.

Differential diagnosis between metabolic disorders in birth defects, neonatal sepsis, persistent pulmonary hypertension of the newborn (PPHN) and other pulmonary conditions is necessary.

Urgent identification of such high-risk neonates requires timely referral to a pediatric cardiologist, and timely intervention is key to reducing mortality and morbidity.

This paper will present our work and experience on congenital heart defects that require early correction within 30 days from the moment of diagnosis.

Keywords: congenital heart disease, immediate diagnosis, mortality and morbidity

OP – 50

Should all Children Receive Extra-Corporeal Cardiopulmonary Resuscitation?

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Abstract

Introduction; Extra-corporeal cardiopulmonary resuscitation (ECPR) refers to the rapid deployment of an ECMO circuit to provide circulatory and respiratory support during cardiac arrest, when conventional cardiopulmonary resuscitation (CPR) has failed to provide return of spontaneous circulation within the expected time frame. Many studies have shown a superiority of ECPR over conventional CPR in improving survival and neurologic outcome. Most pediatric cardiac arrests outside of a pediatric cardiac intensive care unit are secondary to a respiratory arrest and therefore due to hypoxia. For the heart to stop following a respiratory arrest there will have been a period of hypoxia that makes recovery less likely.

Material and Methods; We have made an in-depth literature review, in addition to our own experience, to attempt answering the question, of whether all children should receive ECPR? We will also make references to conventional CPR, and the proper actions required

Results/Discussion; The highest survival from ECPR amongst pediatric patients is found amongst post-cardiotomy patients already within the PICU or catheter laboratory environment. The survival in this group within the published literature ranges from 33 to 75%, with the larger studies all finding survival to hospital discharge at approximately 40-50%. A review of the ELSO database identifies 22% of neonates and children requiring ECPR have an acute neurological injury, 10-12% have an incidence of seizures, a similar frequency have radiological evidence of infarct or hemorrhage and a similar number again fulfil brain death criteria.

Keywords: ECPR, ECMO, CPR, pediatric patients

OP – 51

Hypotension and Bradycardia in Carotid EndarterectomyStavri Llazo ¹, Brunilda Zllami ², Sokol Xhepa ³¹ *Anesthesia-Reanimation Service; Service of Cardiac Surgery and Vascular Surgery, University Hospital Centre "Mother Teresa" Tirana, ALBANIA*² *Department of Neurology (2) American Hospital of Tirana, ALBANIA*³ *Service of Vascular Surgery, University Hospital Centre "Mother Teresa" Tirana, ALBANIA****Abstract***

Background: Hypotension and bradycardia are common in carotid artery enterectomy (CEA) and are particularly worrisome in the high-risk patient who is typically referred for CEA.

This study was performed to determine whether bradycardia and hypotension complicating the postoperative course of patients undergoing carotid endarterectomy (CEA).

It is a prospective study conducted at the Service of Cardiac and Vascular Surgery at the UHC "Mother Theresa" Tirana, during a 2-year period (January 2020 till January 2022), for the patients

diagnosed with symptomatic and asymptomatic carotid stenosis evaluated with imaging (ECHO or CTA, or MRA).

Material and Methods: We evaluated a total of 73 patients, 53 men and 20 women (median age, 71 years) with symptomatic (58%) or asymptomatic (42%) carotid artery stenosis, which had CEA, performed in our institution between January 2020 and January 2022. Were evaluated patients without beta-blocker therapy. Patient vital sign records for the 12 hours post-CEA were analysed. The relative decrease of blood pressure and pulse rate were used as primary end points, and the requirement of pressor or anticholinergic drugs was used as a surrogate end point.

Results: 31 patients developed bradycardia, with mean cardiac frequency 48 bpm comparing with 52 patients without bradycardia with mean cardiac frequency 71 bpm. The incidence of hypotension, bradycardia, and both was 15%, 42%, and 10%, respectively. Drug intervention was required in 14% of patients. Asymptomatic stenosis was an independent predictor of hypotension and bradycardia. 7 patients (10%) had hypotension and bradycardia more than 6 hours after the surgery. There were no significant differences of the group of patients that had hypotension and bradycardia in terms of important complications as stroke, MI. There were no significant differences in terms of

length of staying in ICU and hospital in group developing Hypotension and bradycardia.

Conclusions: Post procedural hemodynamic instability is frequent after CEA, especially at the early stage, but have no impact on major complications, or length of staying in ICU or hospital;

Keywords: Carotid endarterectomy; CEA; Hypotension; Bradycardia.

OP – 52

Use of Ultrasound in Cardiac Arrest

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*Anaesthesia-Reanimation Service, Cardiac Surgery and Vascular Surgery, University Hospital Centre "Mother Teresa" Tirana, ALBANIA****Abstract***

Introduction; Point-of-care ultrasound is established as a reliable, bedside diagnostic modality for the differentiation of shock, and it is used increasingly during the management of cardiac arrest as well. Because many of the potential causes of cardiac arrest in surgical patients are well suited to sonographic diagnosis, point-of care ultrasound was added as a distinct step in the pulseless electrical activity/asystole algorithm of the perioperative Advanced Cardiac Life Support guidelines in 2018.

In this focused clinical study, we describe the role of ultrasound in cardiac arrest rhythm classification, discuss its use in differentiating reversible causes of arrest, provide an overview of protocols, highlight potential pitfalls, and summarize strategies to encourage safe and effective application of ultrasound during ACLS.

Ultrasound can assist clinicians in identifying the correct rhythm and ACLS management algorithm and in differentiating true pulseless electrical activity from pseudo-pulseless electrical activity.

Pulseless electrical activity is described as an organized rhythm with neither a palpable pulse nor detectable cardiac contractility on ultrasound.

Pseudo pulseless electrical activity, on the other hand, also has an organized rhythm on electrocardiogram but is distinguished by preserved organized cardiac contractility, although not enough to generate a detectable pulse. Valve motion alone (which can occur with passive flow) should not be mistaken for contractility

Causes of cardiac arrest including: *cardiac tamponade, tension pneumothorax, myocardial ischemia, hypovolemia, acute right ventricular failure, and hypoxia*, are all well suited to diagnostic evaluation with ultrasound. Detailed preparation is necessary: upon arrival to an arrest, plug in and power on equipment, choose a phased array probe with appropriate present/depth/gain, and program the video clip duration to at least 10 s.

Given that we are intimately familiar with our patients' histories and the events that precede perioperative cardiac arrests, we are already adept at developing hypotheses about underlying aetiologies. Focused ultrasound offers us a powerful tool to further refine our differential and tailor therapies for successful resuscitation.

Keywords: ACLS, Ultrasound, successful resuscitation

OP – 53

Infective Endocarditis in Chronic Hemodialysis patients. A Case Reports.

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Abstract

Introduction; Infective endocarditis (IE) is a serious, potentially fatal complication associated with chronic hemodialysis. Dual-lumen, temporary and permanent catheters are associated with a higher risk of bacteremia, catheter-related bloodstream infections (CRBSI) and IE, compared to other vascular accesses namely, arterio-venous fistulas and prosthetic grafts.

Case presentation; A 63-year-old woman with end-stage renal disease (ESRD) due to diabetic nephropathy, was started on a twice-weekly hemodialysis regimen via a non-tunneled femoral catheter, placed on the right femoral vein. Ten days later, the patient presented in the Hemodialysis Unit with signs of thrombophlebitis. Following the removal of the hemodialysis catheter, she was started on antibiotic and anticoagulation therapy, to which she responded well.

The patient remained afebrile and asymptomatic for a two-week period, during which she resumed her hemodialysis sessions. Subsequently in her consecutive session, she presented with fever, rigors and signs of pulmonary edema. On cardiovascular examination, tachycardia and

hypotension were noted. A transthoracic echocardiography (TTE) revealed the presence of a vegetation on the aortic valve and severe aortic regurgitation. A transesophageal echocardiography (TEE) confirmed the diagnosis of catheter-related infective endocarditis (IE). Triple antibiotic therapy was instituted and the patient underwent a successful aortic valve replacement surgery.

Conclusion; Infective endocarditis (IE) is a life-threatening complication of hemodialysis, associated with increased hospital admissions, high morbidity and mortality rates. As vascular access via in-dwelling catheters continues to be the standard of care for a subset of the hemodialysis population, greater care towards aseptic techniques and preventative measures has to be taken.

Keywords; Infective endocarditis, chronic hemodialysis, pulmonary edema

OP – 54

Component of Rapid Sequence Induction in General Anesthesia During Emergency Surgery.

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Abstract:

Introduction: Emergency anesthesia used in all unplanned surgeries are related to high risk for complications and morbidity due to lack of enough time for preoperative optimization, including the controlling of patient's comorbidities, the regulation using of drugs, the nature of surgery and urgency. Cricoid pressure helps protect the airway during this time. Avoidance of manual ventilation of the lungs reduces the possibility of gastric inflation stimulating regurgitation. Classic RSI scheme mainly includes the use of short-acting sedatives and muscle relaxant, together with a manual pressure to the cricoid cartilage (Sellick maneuver) which aims at compressing the esophagus to avoid regurgitation. Classic RSI does it means: 1. Emptying of the stomach via a gastric tube which is then removed 2. Pre-oxygenation 3. Positioning the patient supine with a head-down tilt 4. Induction of anesthesia with a barbiturate (e.g., thiopentone) or volatile, and a rapid-acting muscle relaxant (e.g. suxamethonium) 5. Application of cricoid pressure 6. Laryngoscopy and intubation of the trachea with a cuffed tube immediately following fasciculations. Nowadays classic method is very rarely

followed in full. In clinical practice, some modifications have been made to the traditional RSI technique. Factors promoting clinicians to modify their technique included obesity, risk of reflux and trauma. The term '**Modified RSI**' is sometimes used to describe such variations, but this term lacks a commonly accepted definition. **Modified RSI** does it means: 1. Omitting the placement of an esophageal tube 2. Supine or ramped positioning 3. Titrating the dose of induction agent to loss of consciousness 4. Use of propofol, ketamine, midazolam or etomidate to induce anesthesia 5. Use of doses of 0.75–1.5 mg.kg-1 rocuronium as a neuromuscular blocking agent 6. Omitting cricoid pressure.

Conclusion: Rapid sequence induction is performed to secure the airway in patients at elevated risk of aspiration. The technique may be management to the specifics of the clinical situations. Modified RSI only be undertaken when the equipment and skill for airway rescue are immediately available.

Keywords: Emergency anesthesia, unplanned surgeries, **Modified RSI**

OP – 55

Pain Problems. Pain as a Notion

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Abstract

Pain is a Subjective symptom and as such its assessment is subjective but in acute pain. Pain can be implicitly implied by changes in Vital Signs.

Pain is an unpleasant, emotional, and sensory experience that is associated with, or is described by, actual or potential tissue damage. The pain ratio by the patient himself should be considered sufficient for pain placement and is measured through a scale of Pain, from Moderate Pain 1-4, Moderate Pain 4-7, and Maximum Pain 8-10, where 10 is pain maximal.

Pain, being an unpleasant experience, is accompanied by an emotional response (suffering, anxiety) and a physiological response of the body to pain.

Pain can trigger defense mechanisms eg. increased sympathetic influx leads to defense, muscle spasm, tachycardia, hypertension. It identifies and protects the site of injury, preserves body fluids, activates the stress response.

Pain is a response to stimuli, which can be physical or psychogenic. Pain is very individual; it is a complex interaction between physiology and psychology. Pain relief

can block both receptors and perception of pain signals. The pain arises from the activation of peripheral nociceptors. These nociceptors are terminal branches of small non-myelinated C sensory fibers and thin-layer myelinated A-delta nerve fibers. nervous system. There are some features of pain such as: Localization of pain, Intensity of pain-proliferation or Irradiation of Pain, Pain Threshold, Pain Tolerance, Pain Psychology. Treatment of pain is in concordance of sort of pain.

Keywords: IL-1-ALFA, IL-1-BETA, IL-6, TNF-alfa, chemokines, Vasoactive amines, lipids, ATP, acids, pain: nociceptive, somatic, visceral, neuropathic, inflammatory.

OP – 56

Aspiration Pneumonitis. A Case Reports.

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Abstract

Background: Aspiration pneumonitis also called as Mendelson's syndrome is a lung injury from acute inflammation that occurs after chemical burns in the airways and lung parenchyma, caused by the inhalation of gastric contents. Depending on the quantity, nature of the aspirated material, and the host factors, the damage can lead to acute respiratory distress (ARDS) with a mortality rate up to 70%.

Case report: A 73 yo male, was admitted from the emergency department to cardiovascular surgery ICU, diagnosed with ruptured abdominal aortic aneurysm. The patient presented with severe hypotension, tachycardic with altered mental status and was immediately sent to the operating room. The operating table was set with low degree Trendelenburg position to help with the hemodynamic state, rapid sequence induction was performed with the application of cricoid pressure. However, during the induction, gastric content came out of the patient's mouth. Suction was immediately done, the patient was intubated with direct laryngoscopy, the tube cuff had its adequate pressure assured to prevent further aspiration. Bronchial lavage was performed before patient ventilation. Within two hours from the aspiration, during the surgery the patient developed acute respiratory distress. The

arterial blood gas test was presented with hypoxemia in 100% with retention. Empiric antibiotic and corticosteroid

were administered. After the surgery the patient was transferred in ICU and was ventilated according to the ARDS protocol. The patient was extubated after seven days and was discharged home after several weeks due to other complications associated with abdominal surgery.

Discussion: Regardless of the measures taken to avoid aspiration pneumonia during emergency surgery, it is sometimes inevitable and it is important to know how to act and treat the patient according to the primary underlying condition.

Keywords: acute respiratory distress, Mendelson's syndrome, hypoxemia

OP – 57

What is the best Cut-off of Fluids for Fulfilling Sodium Requirements in the Burn Resuscitation Period?

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Abstract

Background; The different formulae for calculation of resuscitation therapy after thermal damage recommend 0.5-0.6 mmol sodium for each % of Total Body Surface Area (TBSA) burned, suggesting fluid requirements between two to four ml/kg/% burn because of sodium loss in the burned and unburned tissues. The real resuscitation volume depends on the burn patient's response during fluid resuscitation. This study aims to analyze the relationship between the amounts of crystalloid fluids given during resuscitation and meeting sodium needs for successful resuscitation.

Material and Methods: An observational study was conducted on 150 patients hospitalized in the ICU of the Service of Burns at the University Hospital Center "Mother Teresa" in Tirana, Albania, in 2016. The study included patients with burns of more than 20% of TBSA, patients with less than 20% TBSA but who require resuscitation during the shock period, and children as well as adults and the elderly.

Results: The mean sodium received for all patients in the first 24 h was 0.51 ± 0.17 mmol/kg/%. Thirty-three patients (18 adults and 15 children), or 66% of the total received 0.5-0.6 mmol/kg/%, while only 17 patients (4 adults and 13 children), or 34% received more than 0.6 mmol/kg/%. The ROC curve suggested that the cut-off was 3.7 ml/kg/% and the values greater than this cut-off illustrated sodium

load more than 0.5-0.6 mmol/kg/% (AUC = 0.822, 95% CI 0.678; 0.966, $p < 0.000$) (Figure 1).

Conclusions: During resuscitation, the values of the fluid load should not overcome the value of 3.7 ml/kg/% TBSA to only gain the positive aspects of the treatment (giving the right amount of sodium load without high fluid load). If we give more than these amounts of fluids during resuscitation, we will introduce a higher sodium load above the normal values, which would lead to increased urinary output, elevated sodium excretion, and non-correction of plasma sodium at the end of resuscitation.

Keywords: thermal damage, resuscitation, shock period, Burn Period

OP – 58

Nursing Management of the Patient who Underwent Endovascular Treatment for Ruptured Cerebral Aneurysm in the Department of Neurosurgery.

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Abstract

Introduction: Neurosurgical unit experience has shown that patient who have been saved to life after endovascular interventions got all nursing care. Nurses take in charge 100% the patients to fulfill daily life activity. They cooperate to the staff: physicians-nurses-rehabilitation team-psychologist.

To Improve the life quality of patients after endovascular treatment of ruptured cerebral aneurysm Here we present the nursing care aspect in the case of a patient with subarachnoid hemorrhage from right ophthalmic artery rupture that underwent endovascular treatment.

Here we present the case of the patient who did vasospasm complication within the first week after treatment. Nursing care was performed according to protocols of our center and nurse monitoring was

key to detect neurological deterioration. Unfortunately, the complications of the procedure like vasospasm were not avoided. It is generally accepted that patient hydration and 3H therapy is important to prevent cerebral vasospasm before and after aneurismal subarachnoid hemorrhage therefore reducing patient handicap.

Conclusions: We emphasize the importance of nurse

monitoring and nursing care in patients with ruptured aneurysms after endovascular treatment. Careful monitoring of consciousness and Hydration *per os* in a collaborative patient is an effective tool in nursing care in this group of patients.

Keywords: Disability, SAH (Subarachnoid Hemorrhage), Nurse Care, Hydration, Rehabilitation

OP – 59

Nursing Triage in the Management of the Patient in the Trauma Emergency.

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Abstract

Introduction: The Emergency Service has been nationwide since 1993 with the decision of three Ministries of Education, Health, and Defense. It also received the appointment of S.U.Q.U. In 2013, the DCM went to SUT. By the decision of the Government there is also the Sp. Military integration. In the urgency of the accession average of 50-70 cases per 24-hour, of these 4-5 cases with politrauma every day. Some come directly and many others from district hospitals. Emergency attendance often faces several times with different problems. This reference aims to highlight complaints, suggestions and solutions. The SUT has been around for 23 years and has been established Only nationally

Material and Method: A sectoral study made over 200 invincible trauma emergencies for a period of 2 months, from 1.11.2015 to 31.12.2015. The study was conducted in SUT, Acceptance-Urgency. All patients are enrolled in the basic register, with the respective daily, clinical records.

Results: Out of 200 patients in the emergency trauma, 85 were males and 25 were female. Their age ranges from 3 years to 85 years of age and 3 to 70 years of age are female. With an average of 32 years of age. Most of the trauma patients were between 15 and 30 years of age, followed by 31 to 45 years of age. Patients are reported to come mainly from the Highways-Lushnje, Fushe-Kruje, Tiranë-Durres. Men are mostly the main victims, and road accident are the main causes. Damage includes more than 2 specialties, coordination between different specialties in the management of occupants in the right time.

Conclusion: A good team of specialized trauma management professionals with a well-defined procedure, well-defined standard protocols are the keys to effective management.

Keywords: Politrauma, selection, urgency, contusion, VLC, hematoma, observation

OP – 68

Adaptation of the Health Care Professionals Knowledge Scale for STRESS Protection.

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Abstract

Introduction: Stress in the workplace does not remain only in the workplace, but also appears outside it. But the work position also causes an increase in stress factors. Workplaces with a very complex structure can make employees more exposed to stress. As a result, it becomes more difficult for employees to cope with stress.

Material and Methods: The study is cross-sectoral, 100 health care professionals were surveyed in SUT in different specialties, age, sex, seniority. This research is about the organizational stress of health workers. This is a cross-sectoral research on the resources and management of stress. Research, June 1-August 31, 2020 at SUT Hospital

Trying to minimize the negative effects of stress reactions is called stress management. Activities such as time management, relaxation techniques, social and sports activities, spirituality, communication and hobbies are applied for individual stress management.

Conclusion: Organizational stress management; awareness and recognition of stress, identification and management of stress sources, personal training for stress management, changes towards solving problems on an organizational basis, preserving the sense of belonging among individuals.

Keywords: Health Care Professionals, STRESS Protection, Management

OP – 60

The Importance of Nurses Services in Reducing Anxiety and Stress in Operated and Traumatized Patients.Aferdita Ademi ^{1,2}, Blerim Fejzuli ^{1,2}¹ Nurse Service, Clinical Hospital – Tetovo, NR of MACEDONIA² Faculty of Medical Sciences - University of Tetovo, NR of MACEDONIA***Abstract***

Introduction; Every trauma and surgical intervention is accompanied by a state of stress which, the longer it lasts, the more it complicates and worsens the general condition of the patient. The state of stress is accompanied by many hormonal and metabolic changes, as a result of the systemic neuroendocrine and hemato-immunological effects in the body. Another factor that aggravates the condition of these patients is psychological stress, which has to do with the fear and anxiety they feel about their lives.

The purpose of this study is to show the importance of nurses in minimizing stress in traumatized people or those who undergo various surgical interventions, through frequent communication and the emotional support they provide to these patients.

Material and methods: In the focus of this study will be the patients who were hospitalized in the department of surgery and urology of the Clinical Hospital of Tetovo during the period May 2020 - May 2022.

Result: Psychological stress is a transitory state characterized by the feeling of fear, tension, nervousness and boredom and which, through the influence on the autonomic nervous system, has a direct effect on all the functions of the organism. It occurs in most traumatized patients or those who have to undergo surgical intervention. For the purposes of this study, we have assessed the level of stress in patients hospitalized in the Clinic of Surgery and Urology of the Clinical Hospital of Tetovo, as well as the importance of nurses in minimizing it.

Conclusion: Regular contacts with patients, listening carefully to their concerns as well as psychological support are part of the nurses' activities that greatly help patients to minimize their stress, as well as their quick recovery after surgery or trauma.

Keywords: stress, nurse, surgery, trauma

OP – 61

Treatment of Profuse Bleeding from Pressure Ulcers. A Case Reports.Blerim Fejzuli ^{1,2}, Aferdita Ademi ^{1,2},¹ Nurse Service, Clinical Hospital – Tetovo, NR of MACEDONIA² Faculty of Medical Sciences - University of Tetovo, NR of MACEDONIA***Abstract***

Introduction; Pressure ulcers are a growing health problem all over the world. They develop as a result of increased pressure on the skin over a long period of time, and commonly appear in places where the bones are covered with skin, such as the heels, ankles, hips and tailbone. The treatment of these disorders is difficult and requires patience from both the patient and the medical staff who treat them.

The purpose of this study is to show the case of a patient with decubitus who three weeks after the treatment of the wound in the gluteal region, was complicated by a profuse hemorrhage that could not be managed through the usual hemostasis techniques.

Case report: A 67-year-old patient admitted to the Department of Surgery at the Clinical Hospital of Tetovo due to a large decubitus in the gluteal region. The patient was immobile due to a cerebral hemorrhage that the patient had experienced several years earlier. On the fourth day after hospitalization, during the treatment of the wound, a profuse hemorrhage started from her bed, which could not be controlled by coagulation or ligation of the blood vessels. Faced with such a situation, it was decided to tampon the wound bed from where the blood was coming from, through gauze soaked with tranexamic acid solution. Soon after this action, the bleeding stopped, while the full hemostasis from the wound was achieved after repeating this action for three consecutive days.

Conclusion: Decubitus can be complicated with wound infection and pain, while rarely with profuse bleeding from the wound bed, which is sometimes too difficult to control through conventional techniques.

Keywords: pressure ulcers, hemorrhage, tranexamic acid

OP – 62

Development of a Predictive Model for Surgical Site Infections in Colorectal Patients based on Butyrylcholinesterase Plasma Levels.

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Abstract

Background; The present study is the first to evaluate the use of BChE as an indicator of infectious ailments, and more specifically surgical site infections (SSI) in postoperative colorectal patients.

Material and Methods; We amassed the results of 403 postoperative patients in total. 61 of which developed postoperative SSI. A binomial, multiple logistic regression model was constructed, using BChE levels on the 1st, 3rd, and 5th postoperative days as the basic predictors. The predictors evaluated, included the operation's duration, patient gender, age, presence or not of malignancy, emergency or elective operation, open or laparoscopic operations, length of hospital stay, number of transfused pRBC units, and ASA score.

Results; After applying the stepwise regression algorithm, the predictors that comprised the best fit model, were BChE levels on the 1st, 3rd, and 5th postoperative days, patient gender, age, ASA score, presence of malignancy, and length of hospital stay (AIC: 97.1, McFaddens R2: 0.735). BChE levels on the 1st and 3rd postoperative days were significant independent predictors of SSI ($p < 0.001$). ASA score and malignancy status were also significant independent predictors, with OR for SSI development: 0.138 (95%CI 0.0385 – 0.495) for ASA < 2, and 0.190 (95%CI 0.052 – 0.687) for non-malignancy vs malignancy. Overall, the model achieved an accuracy of 95.2%, with a specificity of 85.2% and sensitivity of 97.8%, with an AUC of 0.981.

Conclusions; Postoperative BChE levels were not only an independent predictor for SSI incurrence but showcased excellent predictive capabilities for SSI incurrence in postoperative colorectal patients.

Keywords; BChE, SSI, ASA score, postoperative colorectal patients.

OP – 63

Butyrylcholinesterase Levels as a Predictive Factor of Septic Complications Development in the postoperative Period of Colorectal Patients: Univariate Analysis and Predictive Modeling.

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Abstracts

Introduction; Despite the multiple associations with several inflammatory states, Butyrylcholinesterase (BChE) is not yet studied in the surgical population. The scope of our study is to examine the association between serum BChE levels and the development of postoperative septic complications.

Material and Methods; Data collected included serum BChE levels on the 1st, 3rd, and 5th postoperative days.

Results; After a 3-year period, we collected data on 402 patients. Of them, 43 developed postoperative sepsis, and 359 had uncomplicated postoperative courses. In the univariate analysis, average BChE levels did not differ significantly on the 1st postoperative day between the two groups (4.61 KU/L vs 4.68 KU/L, $p = 0.904$). However, on the 3rd postoperative day, BChE levels were significantly lower in patients with septic complications (4.22 KU/L vs 4.54 KU/L, $p = 0.015$), a difference that also persisted on the 5th postoperative day (4.45 KU/L vs 4.73 KU/L, $p = 0.029$). On the multivariate analysis, after adjusting for gender, age, malignancy status, length of hospital stay, ASA score, elective vs emergency status, and laparoscopic vs open approach, the BChE levels on the 3rd and 5th postoperative days, remained significant negative predictors of septic complication incurrence. Lastly, the resulting model had a high predictive value for septic complications, with an overall accuracy of 83.8%, specificity of 91.4%, the sensitivity of 72.2%, and an AUC of 0.886.

Conclusions; Serum BChE level is a widely available, low-cost biomarker that is of high prognostic significance in the development of septic complications in colorectal patients.

Keywords; Butyrylcholinesterase, predictive Model, inflammatory states

OP – 64

Assessment of Mannheim Peritonitis Index in Patients with secondary and tertiary Peritonitis

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Abstract

Introduction: Prognostic evaluation of patients with peritonitis is needed in order to program correct medical treatment, to plan more aggressive therapeutic procedures and to predict the outcome.

This study was performed to evaluate the value of Mannheim Peritonitis Index in patients with secondary and tertiary peritonitis for the prediction of surgical outcome. Clinical, imaging and laboratory data of 36 patients with secondary and tertiary peritonitis were analysed.

Mannheim Peritonitis Index was calculated and outcome was predicted in two categories: < 26 and > 26 points. Indicators of severity of the disease were correlated to outcome and Mannheim Peritonitis Index. Inflammatory palpable mass, constipation and stop of flatus, arterial blood pressure, oliguria 167 µmol, creatinine >177 µmol, pO₂ < 50 mmHg, pCO₂ > 50 mmHg and radiographically hydroaeric levels were in correlation with the fatal outcome of the patients. There was a strong correlation between Mannheim Peritonitis Index and death and among MPI and above-mentioned parameters. We conclude that Mannheim Peritonitis Index is a useful tool to determine the outcome in patients with peritonitis which is easily to calculate and has good accuracy.

Keywords: Peritonitis, Mannheim index, Mortality predictor

OP – 65

The Effect of Ursodeoxycholic Acid in Liver Functional Restoration of Patients with Obstructive Jaundice after Endoscopic Treatment: A Randomized Clinical Trial.

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Abstract

Background: The most common causes of obstructive jaundice are choledocholithiasis, strictures of the biliary tract, cholangiocarcinoma, carcinoma of pancreas, pancreatitis, parasites and primary sclerosing cholangitis. When mechanical biliary obstruction is diagnosed, surgical, endoscopic or radiologic intervention is usually recommended.

Material and Methods: In this prospective, randomized, open-labeled, and controlled study, 62 patients were enrolled. After diagnosis, eligible patients with obstructive jaundice who met inclusion criteria were randomly divided in the investigation group (n= 31) in which has been administered UDCA, and in the control group (n= 31). UDCA administration started twenty-four hours after endoscopic treatment. It was administered at 750 mg/day, divided into three daily doses and lasted fourteen days.

Results: The difference of the average values of total and direct bilirubin, between the groups, was statistically significant at day 0 (p<0.05), but at other evaluation days was not statistically significant, while the difference of the average values of ALT, AST, GGT, ALP, N/L ratio, urea, glucose, and creatinine, between the groups, was not statistically significant (p>0.05).

Conclusions: UDCA has accelerated reducing the level of total bilirubin, direct bilirubin, GGT, and neutrophil/lymphocyte ratio, but did not decrease the level of ALT, AST, and alkaline phosphatase, and did not induce increasing of albumin level. UDCA had greater impact on GGT than in other functional liver parameters. The effect of UDCA did not depend on the gender and the age of patients, but did depend on the etiology of obstructive jaundice. It was more effective in patients with choledocholithiasis than in patients with malign stenosis of biliary tree.

Keywords: obstructive jaundice, ursodeoxycholic acid, treatment with UDCA

OP – 66

Considerations about Quality Control in Health Care and Surgical Trauma, and Its Necessity.

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Abstract

Introduction: All patients have a right to this good standard of practice and care from their doctors. Its basic elements are professional competence, good relations with patients and colleagues and respect for professional ethical obligations.

Professional health organizations are responsible for continuously improving the quality of their services and maintaining high standards of care by creating an environment in which excellence in clinical care will flourish.

Assessment Good clinical care should include an adequate assessment of the patient's condition based on the history and clinical signs and, if necessary, an appropriate examination.

Quality assurance and quality standards should be defined by each department and provide measurable endpoints. Departments should ensure that they are aware of their trust's risk management policy and adhere to it in all cases.

We assessed our institutions for quality assurance conditions - check how widespread this concept is and whether documentation is available.

Results; There is capacity and resources in people and God has prepared documentation, but the institutional memory has been lost and the previous ministers who were developing this new institution have no information about the scope and the work done before. Quality control is for us a new and difficult concept to implement. An accreditation system should be introduced for specific interventions that guarantee their modern application.

Conclusions: There is an urgent need to implement the health centres in order to meet the standards needed to provide good services in order to meet the requirements for Licensing accreditation and ultimately to earn and benefit

Keywords; Quality Control, Health Care, Standard, perspective

OP – 67

Spontaneous Bacterial Peritonitis in Alcoholic Cirrhosis

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Abstract

Background: Spontaneous bacterial peritonitis (SBP) is one of the most common complications in cirrhosis with ascites, which is associated with a high mortality. Various studies have shown that the prevalence of PBS ranges from 20-30% in patients with cirrhosis and ascites. Not in all cases it is accompanied by obvious symptoms, which makes early diagnosis difficult.

This study aims to evaluate the profile of spontaneous bacterial peritonitis in alcoholic cirrhosis, the assessment of liver function according to the MELD score. This would help in establishing the diagnosis quickly, with the aim of improving the treatment protocols for these patients.

Material and Methods: This is a retrospective study, which considers all cases with decompensated alcoholic cirrhosis with PBS admitted to the Gastroenterology/Hepatology Service of QSUT during the period 2016-2020. The patients were divided into two groups, alcoholic cirrhosis with PBS, and without PBS.

Results: The average age of the patients included in the study was 54.15 ± 12.5 years, while according to gender, there were 112 males (97.3%) and 3 females (2.7%). According to the evaluation of MELD, it was seen to be higher in the group with PBS than those without PBS ($p < 0.05$). The most frequent complications accompanying PBS were Encephalopathy ($p < 0.004$), hepatorenal syndrome ($p < 0.004$), gastro\intestinal hemorrhage ($p < 0.004$). From laboratory data, platelets ($p < 0.015$), creatinine ($p < 0.006$), bilirubin ($p < 0.002$), INR ($p < 0.049$) and prothrombin level ($p < 0.002$) were seen as predictive factors.

Conclusions: The most probable predictive factors in the case of PBS in alcoholic cirrhosis were found the decreased level of platelets, the decreased level of INR and the decreased level of prothrombin, increased creatinine, increased leukocytes. While the most frequent associated complications were hepatic encephalopathy, HRS, GI hemorrhage, jaundice.

Keywords: cirrhosis, PBS, complications, predictive

OP – 68

Hyperpigmentation and Hypopigmentation Diseases with a Negative Impact on the Social Life of Individuals Affected.Ardiana Sinani ¹, Roven Lico ², Dorela Vasha ¹, Eriselda Taullaj ¹¹ Military Medical Unit, University Hospital of Trauma, Tirana, ALBANIA² Polyclinic, Our Lady of Good Counsel, Kavaje Street, 120 -1000, Tirana ALBANIA***Abstract***

Introduction: Vitiligo is an acquired chronic depigmenting disease of the skin. It causes loss of pigment on affected areas of the skin or mucosae and is characterised by milk white, nonscaley with distinct margins. Description of vitiligo. Different clinical forms, and the most frequent consequences of the disease in the social life of the individual. Results of treatment of simple cases and complex cases. There is very limited information available in the textbooks on vitiligo. This is up-to-date literature overview of the disease including definition, classification, aetiology, histopathology, prognosis, assessment and treatment. There is a current lack of consensus in the definition and methods of assessment of this disorder, which makes it difficult to compare the outcomes of different studies of the same treatment. Vitiligo is supposed to be a multifactorial disease in which melanocytes are destroyed and this results in the absence of pigmentation in affected areas. Even though most people with vitiligo are in good general health, they face a greater risk of having other diseases such as diabetes, thyroid disease, pernicious anaemia (B12 deficiency), adrenal gland disease and alopecia areata.

Conclusion: Skin diseases are very common, affecting over a quarter of the population. Although usually not life-threatening, skin diseases have a significant impact on the quality of life of patients and cause considerable psychological distress.

Keywords; Vitiligo, clinical forms, depigmenting disease, melanocytes

OP – 69

“Burn-Out” During Covid-19 Pandemic in Medical PersonnelDorela Vasha ¹, Eriselda Taulla ¹, Entela Basha ¹, Elton Reso ².¹ Military Medical Unit, University Hospital of Trauma, Tirana, ALBANIA² Health Inspectorate, Preventive Medicine, Ministry of Defense, Tirana, ALBANIA***Abstract***

Introduction: Fatigue and frustration usually to professionals whose work is faced with high level of stress that comes as a result of dedication to a cause or a way of living that does not match expectations of the person may lead to “Burn-out” phenomenon. During Covid-19 pandemic burn-out phenomenon was more often especially among medical personnel.

The aim is to evaluate the level of “burn-out” in the military medical unit personnel.

Material and Methods: The Maslach Burn-out Inventory was used as it is the most commonly used tool to self-assess whether you might be at risk of burn-out through three components: exhaustion, depersonalization and personal achievement. According to the level of burn-out it was made a comparison to the types of clinics (therapeutic, surgical, and emergency) and to the level of responsibility.

Results: The study shows that medical personnel of emergency and surgical clinics have a higher level of burn-out than those of the therapeutics clinics.

Conclusions: There is a clear need for adaptation and expansion of a conceptual framework for a promising approach for designing interventions to help clinicians in mitigation, which cause anxiety and prevent build the flexibility they need to support themselves in clinical services.

Keywords; Burn-out, Covid-19, Medical Personnel

OP – 70

Erysipeloid and other Clinical Manifestations in a Female Farmer after Exposure to a sick Domestic Animal.

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Abstract

Background: Farmers, being exposed to domestic animals for a long time, have a higher risk of zoonotic infectious diseases. Erysipeloid is an occupational infection of the skin caused by traumatic penetration of *Erysipelothrix rhusiopathiae*. *Erysipelothrix rhusiopathiae* is widespread among many species of animals. The clinical spectrum of *E. rhusiopathiae* infection in humans consists of three major forms of disease: localized cutaneous infection, diffuse cutaneous infection, and systemic infection. Diagnosis of localized erysipeloid is based on the patient's history (occupation, previous traumatic contact with infected animals or their meat) and clinical picture (typical skin lesions, lack of severe systemic features, slight laboratory abnormalities and rapid remission after treatment with penicillin or cephalosporin).

Case presentation: A 48-year-old woman patient presented with a 12-hour history of severe stomach pain and psychomotor agitation. Meanwhile, during the examination, the elements were seen in the right hand as well as regional lymphadenopathy and lymphangitis. The disease is characterized clinically by an erythematous oedema, with well-defined and raised borders with bullous and erosive lesions. She was a farmer and took care of cows. Meanwhile, she mentioned that the cow had the same skin element in her breasts for 10 days. The patient was completed with cardiac echo, head scanner and a series of clinical, biochemical and serological analyses. A lumbar puncture was also performed, which resulted in 4 cells. Treatment with antibiotics (Ceftriaxone and Ciprofloxacin) and that complex was started immediately. Our case had significant clinical improvement as well as the elements of the hand.

Conclusion: We should think about the presence of a zoonosis when we see a sick farmer. Zoonoses can be cured with a variety of clinical manifestations.

Keywords: Erysipeloid disease, female farmer, exposure, sick domestic animal.

OP – 71

The Role of Splenectomy in Fever of Unknown Origin Revealed to be B-cell Primary Splenic Lymphoma: A Case Report

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Abstract

Background; The term ‘fever of unknown origin’ (FUO) was first introduced by Petersdorf and Beeson in 1961, and it was defined as recurrent fever $>38.3^{\circ}\text{C}$, lasting for >3 weeks, remaining undiagnosed after 1 week of in-hospital evaluation. The etiologies of classic FUO mainly include infections, malignancies, non-infectious inflammatory diseases and miscellaneous causes, while some cases remain undiagnosed. Primary splenic lymphoma (PSL) is a rare malignant lymphoma. In many cases, splenectomy is the treatment of choice for massive splenomegaly.

Case presentation: A 54-year-old woman patient presented with a history of fever reached $>39^{\circ}\text{C}$, sweating, fatigue, weight loss for one month. She had been treated by the family doctor with administration of cephalosporin for 10 days but without improvement of the symptoms. On admission the patients were noticed splenomegaly without palpable lymphadenopathy. The patient had increased parameters of inflammation. The indicators of autoimmune disease were all negative. Screening for specific infectious diseases and the blood cultures were negative. Abdominal computerized tomography (CT) revealed enlarged spleen. Splenectomy was performed and spleen was sent on histological analysis. Meanwhile, the patient was subjected to a complex treatment. Histological and immunohistochemical analysis set the diagnosis of diffuse large B-cell non-Hodgkin lymphoma and diffuse red pulp infiltration. After responding to histopathological examination, the case underwent systemic chemotherapy.

Conclusion: We suggest that clinicians should suspect the diagnosis of a malignant pathology in cases with FUO. We can also say that splenectomy can be the key to solving the problem.

Keywords: fever of unknown origin, primary splenic lymphoma, splenomegaly, splenectomy.

OP – 72***Clinical Burnout Syndrome in Physicians and other Health Care Professionals***

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Abstract

Professional burnout syndrome, otherwise known as clinical burnout, it was first described in the 1970s as a disorder that manifests with a series of symptoms in individuals who do not show any previous history of psychological or psychiatric disorders. This presentation aims to bring a clear picture of the syndrome, the risk factors related to it, as well as the measures for its prevention and treatment. We will present the theoretical models of the definition of this syndrome and the latest research studies focused on health care professions.

Keywords: Burnout syndrome, clinical burnout, medical staff, mental health, extreme fatigue, cynicism, prevention and treatment of burnout.

OP – 73***Cognitive Frailty in Elderly Chronic Kidney Disease Patients***

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Abstract

Introduction; Population aging has altered the landscape of nephrology which is represented by a heterogeneous group with different health trajectories. Frailty is a multidimensional complex clinical syndrome in the elderly chronic kidney disease (CKD) patients characterized by decreased physiologic reserves or dysregulation of multiple physiologic systems and is associated with age and/or chronic illness. Frailty is considered a robust predictor of adverse health outcomes in elderly CKD patients including cognitive impairment, falls, hospitalization and death.

Cognitive frailty in the elderly is more common in CKD patients than general elderly population and cognitive frailty was found to have a negative linear relationship with health-related quality and quantity of life. Cognitive frailty in the elderly is a stronger predictor of CKD outcomes than estimated glomerular filtration rate and becomes even more common as renal disease progresses with greater burden experienced among the dialysis population.

Conclusions: Chronic kidney disease is a potential cause of frailty and cognitive impairment. Cognitive frailty in elderly CKD patients is a powerful marker of poor outcomes so its screening and multidimensional interventions in early stages of CKD should be a research priority.

Keywords: CKD, Frailty, Cognitive impairment, elderly

OP – 74***Hyperuricemia: A new Look to an old Risk Factor. Focus on Renal Protection***

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Abstract

Introduction: The prevalence of chronic kidney disease (CKD) and hyperuricemia is increasing worldwide. Hyperuricemia is a common finding in chronic kidney disease patients. It is defined as a condition where the level of uric acid exceeds the normal range. Hyperuricemia is a strong independent risk factor for incident CKD and on the other hand studies suggests that the presence of hyperuricemia in CKD patients may be an independent risk factor for deteriorating of CKD. As well, asymptomatic hyperuricemia is frequently associated with lifestyle-related diseases such as hypertension, diabetes mellitus, metabolic syndrome and non-alcoholic fatty liver disease, and vascular diseases such as CKD and cardiovascular diseases (CVD). Despite the ranks of evidence for asymptomatic hyperuricemia as a risk factor for CKD and CVD, the use of urate-lowering therapy is still controversial. Our aim is to show that the pharmacological treatment of hyperuricemia in CKD has beneficial outcome in the “inhibition of decline in renal function” based on the summary of the main clinical studies on uric acid lowering drugs in patients with CKD. Different randomized control trials (RCTs) examined the change in the estimated glomerular filtration rate (eGFR) and showed a statistically significant improvement in eGFR in the urate lowering therapy (ULAs) group. We will also be

surveyed if there are harmful outcome of “an increase in adverse effects” of the uses of different drugs. ULAs are usually recommended for use in hyperuricemia patients with CKD and have an important role in cardio-renal continuum for treatment of asymptomatic hyperuricemia patients with hypertension and heart failure. In conclusion, hyperuricemia should be considered a “red flag” and should alert the clinician to a complete increased risk of CKD and CVD patients.

Keywords: chronic kidney disease. asymptomatic hyperuricemia, cardiovascular diseases

OP – 75

Tranexamic Acid Efficacy in Bleeding due to Traumatic Brain Injury

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Abstract

Introduction: Traumatic Brain injury (TBI) presents a major cause of death, health care costs, and increased morbidity. It is recently reported that 4% is the death rate. In low- and middle-income countries the mortality rate is greater. There are 10 million TBI are worldwide registered, and 90% of deaths belongs to poor healthcare systems.

Material and Methods: Traumatic Brain Injury is not concentrated in only brain but has several systemic effects. TBI systemic effects includes: cardiopathy, cardiac dysfunction, arrhythmias, catecholamine excess, neurogenic pulmonary edema, ARDS, lower tract respiratory infection, hypo-coagulation state, endocrine deficiencies, SIHAD, cerebral wasting syndrome, proinflammatory response, systemic inflammatory response, sepsis, and hypermetabolic state. Intracranial bleeding seems to be a major complication following traumatic brain injury. The risk of bleeding is 4-fold increase in people aged more than 50 years old.

Discussion: Tranexamic acid is administered 1 gram in 10 minutes, followed by 1 gram every 8 hours for 24 hours. CRASH 3 is a serious trial that demonstrated the efficacy of tranexamic acid in more than 12000 traumatic brain injury patients among 2021-2019. Another study enrolled 145 patients over 18 years old with intracranial bleeding post trauma, and no death was reported. CRACH-2 trial enrolled 270 patients, and after tranex fewer bleeding and ischemic zones were reported as well.

Conclusions: TBI presents a great cause for mortality and morbidity. Tranex reduces bleeding amount, helping decreased mortality after trauma.

Keywords: tranexamic acid, traumatic brain injury, intracranial bleeding

OP – 76

Management of Increased Intracranial Pressure after Cranial Trauma

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Abstract

Introduction: It is recently reported that in USA are 280,000 traumatic brain injury causing 53,000 deaths annually. GCS 3-8 is severe, GCS 9-12 is considered moderate, and over 12 points is considered mild. Secondary injuries are mediated by hypotension, hypoxemia, intracranial hypertension, inadequate cerebral perfusion pressure, seizures, and fever.

Material and Methods: Intracranial content is approximately 1700 ml, divided: cerebral tissue 1400 ml, cerebrospinal fluid 150 ml, and cerebral blood flow 150 ml. According to Monro-Kellie doctrine in compensated phase an increasing component is compensated with decrease of two others. In decompensated phase this equilibrium is not more available and intracranial hypertension develops. Untreated or refractory ICP leads to brain herniation, ischemia, and finally brain death.

Discussion: The patients head must be in midline and 30 degrees upright. If GCS less than 8 points, the patient is intubated and mechanically ventilated. Mild hyperventilation reaching PaCO₂ 30-35 for a couple of hours, causes vasoconstriction and reduces blood flow. Every cough or efforts is detrimental in raising intracranial pressure. Antiedematous drugs includes mannitol and hypertonic saline 3%. It is of great importance to maintain MAP over 90 and ICP less than 20, to guarantee a CPP at least 60 mmHg. In refractory cases, pharmacologic coma (thiopental, propofol) can be used.

Conclusions: Every ICU physician must be familiar with TBI treatment. Prevention of hypotension, hypoxemia, anemia, glycemic changes, seizures, fever are important.

Keyword: trauma, brain injury, intracranial pressure

OP – 77***Brain Death*****Besnik Filaj***Anesthesia and Intensive Care Service, American Hospital 3, Tirana, ALBANIA****Abstract***

Introduction: Brain death was diagnosed and accepted even in American Association of Anesthesiologist (ASA) Classification of patient's physical status. The definition of brain death (BD) is irreversible cessation of all functions of the entire brain, including the brain stem. So, clinically brain death includes irreversible coma 3 point according to Glasgow Coma Scale, cessation of respiration, and no brain stem reflections.

Material and Methods: The first element is deep coma classified as 3 points as Glasgow Coma Scale. Secondly are the absence of all brain stem reflexes. The third issue is the presence of apnea. It is extremely important to discriminate other situation that can clinically mimic coma as hypothermia, hypotension, residual effects of anesthetic drugs (hypnotics and muscle relaxants), high cord injury, fulminant Guillian Barre Landry, and intoxications. Absent Brain stem reflexes include no blink to visual threat, no pupillary response to light, absent oculocephalic and oculovestibular reflexes, no corneal reflexes, no facial movement during intense painful stimulation, absent gag, and cough reflexes. Apnea test is used to demonstrate the patient has no breathing.

Discussion: Brain death diagnosis is generally made by clinical evaluation, imaging, and EEG. Doppler ultrasound of intracranial portion of internal carotid artery, Technetium mediated cerebral scintigraphy, and of course by EEG. 2 examiners independently can verify the situation in 12 hours to be certain for diagnosis. ICU treatment consists in maintain the brain-dead patient in stable vital signs and organ function to donate organs according to the relatives.

Keywords: brain death, brain stem, transplantation

OP – 78***Decompressive Craniectomy: Benefit or Social Problem?*****Rudin Domi***Faculty of Medicine, University of Medicine of Tirana, ALBANIA
Anesthesia and Intensive Care Service, American Hospital 3, Tirana, ALBANIA****Abstract***

Introduction: Increased intracranial pressure (ICP) management is of main concern in TBI patients' management. Increased ICP is due to bleeding, edema, hydrocephalus, and causes shift towards median. High ICP causes shift towards median structures increasing ischemia and induces brain herniation/death. Decompressive craniectomy (DC) is reserved in cases of increased ICP refractory to conventional treatment.

Material and Methods: DECRA (Decompressive CRAniectomy) and RESCUEicp trials elaborated decompressive craniectomy. The indication for DC includes all the cases of refractory increased intracranial pressure not stabilized with conventional therapy. DECRA enrolled 155 TBI adults, with increased ICP, bleeding in CT scan, within 72 h after admission, no hypothermia and barbiturate was used, and ICP over 20 mmHg. RESCUEicp enrolled 408 patients with ICP over 25 mmHg, within the first 10 days.

Discussions: According to Guidelines for the Management of Severe Traumatic Brain Injury 2020 Update of Decompressive craniectomy Recommendations, both studies DECRA and RESCUE - ICP reported that ICP was reduced after DC, but post traumatic vegetative state patients' number was increased. So, seems more than accurate to explain to the relatives all the details before undergoing DC.

Conclusions: Decompressive craniectomy reduces intracranial pressure but increases vegetative state. The relatives must be fully explained for all the consequences of this rare and extreme procedure.

Keywords: traumatic brain injury, decompressive craniectomy, intracranial pressure

OP – 79***Pediatric Cranial Trauma***

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Abstract

Introduction: There are reported 50000 annually pediatric traumatic brain injury admissions and 31% of them in intensive care units due to the complexity. The death rate is reported approximately 4.1%. The incidence of this kind of trauma is reported as approximately 30 children/100000 cases. Multiplex previous ischemic lesions are mostly suggested for abusive head trauma and physicians are obligated to notify the security and social services.

Material and Methods: The evaluation of pediatric patient suffering cranial trauma is complex, difficult, and age related as well. There are several GCS adapted for children population, especially for those under 2-year-old. For example, bulging fontanelle with the patient in 45 grades up suggests for increased intracranial pressure. Another feature is properly use of trans-fontanelle ultrasound for diagnosing cranial trauma.

Discussions: The goals of treatment are as usually (but age modified): avoiding of all the secondary damages as hypotension, fever, anemia, hypoxemia, hypercarbia, and seizures. Intraparenchymal or intraventricular catheter for ICP monitoring and treatment are of crucial importance. Other treatment goals consist of maintain ICP under 20 mmHg, CPP over 40 mmHg, PbtO₂ over 25 mmHg, CO₂ under 32 mmHg, sodium level under 160, and minimal hemoglobin level of 9 gr/dl. The hallmark of antiedematous therapy is hypertonic saline.

Conclusions: The complexity of pediatric brain trauma consist of age-related differences, specific physiological features, less experience of personnel, and lack of specific child trauma center.

Keywords: intracranial pressure, pediatric trauma, cranial trauma

OP – 80***Ventilation Strategies in Thoracic Trauma Induced ARDS***

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Abstract

Introduction: Acute respiratory failure occurs in 20% of trauma patients. 5 % of blunt trauma patients can progress to ARDS. Risk factor or predictive admission parameters as high index of severity score (ISS), pulmonary contusion, aged more than 65 years old, hypotension, and massive transfusion more than ten units of erythrocyte mass.

Material and Methods: Blunt trauma may lead to respiratory failure through several pathophysiologic changes, including increased production of mucus and impaired clearance of mucus and blood, alterations in surfactant, decreased of lung compliance, and V/Q mismatch. Traumatic brain injury leads to increased endothelial permeability and increased intracranial pressure induces pulmonary edema. Fat embolism can trigger an inflammatory response.

Discussion: Adult Respiratory Distress Syndrome (ARDS) occurs several from pneumonia, trauma, sepsis, and blood transfusion. The hallmarks are increased permeability and decreased pulmonary compliance. Berlin Definition divides ARDS in three forms based on PaO₂/FiO₂ ratio and PEEP requirements. Nevertheless, ARDS is confirmed in absence of cardiac origin, timing on the first 7 days after a known risk factor, and pulmonary flocculation in thoracic Rx.

Conclusions: The lung protective strategies are well known and widely accepted. This ventilation mode takes in consideration using small Tidal volumes (6-8 ml/kg), Plato pressure less than 30 mmHg, PEEP less than 12 cmH₂O, driving pressure less than 15, prone position in severe forms, and recruitment maneuver.

Keywords: ARDS, trauma, mechanical ventilation

OP – 81

Antibiotic use in Trauma and Emergency Department

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Introduction: Antibiotic use increased dramatically and 30% of antibiotics are not necessary. This leads in increased resistance and increased costs due to unnecessary antibiotic use and their side effects so protocols must be defined and standardized. More Clostridium and fungi are often faced, more costs, more resistance, more deaths as consequences. Whether prophylactic antibiotics are required in the prevention of infective complications following penetrating abdominal trauma is controversial

Material and Method: In penetrating trauma patients, antibiotics help to treat infection. PCT minimize the antibiotic use till 74%, reduction of hospital length of stay (-42%), decreased Clostridium Difficile by 64%, decreased antibiotics side effects by 85%, and treatment costs by 9%. In emergency department (ED), using PCT helps the physicians to identify the right moment when to start antibiotics. PCT demonstrated high sensitivity and specificity for bacterial infection.

Discussion: Even in traumatized patients PCT level can be measured after 6 hours. The second step is to rule out bacteremia depending on PCT values as lower than 0.25. The next step is to consider the antibiotics use if the value of PCT is more than 0.25. If PCT level is reduced less than 0.25 or the more than 80% of the beginning value, the antibiotics must be stopped.

Conclusions: In traumatized patients the antibiotics are necessary, but their use can be optimized measuring PCT to reduce abusive use and side effects.

Keywords: procalcitonin, antibiotics, trauma

OP – 82

Management of Severe Septic Shock in ICU

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Introduction: Sepsis is a syndrome due to infection, with a high mortality rate, especially if not treated immediately. In recent years, several definitions have been issued. The purpose of

this study is to provide a practical definition of septic shock, and to focus on diagnosis, recovery, and preliminary control of infection.

Material and Methods: F.F 58 years old with bilateral massive pneumonia, respiratory insufficiency type I. Medical history included HTA, type 2 DM, smoker, and alcoholic. The patient referred of having temperature of 37-39°C 2 weeks before associated with sweat, dry cough, dyspnea, fatigue, body weakness. The last 3 days with temperature up to 40°C, marked difficulty in breathing even at rest. He presented with severe dyspnea, RR 28/min, SaO₂ 71% under 15l-O₂ /min, HR 120/min (SR), and BP 70/40mmHg. He was intubated and mechanically ventilated with IPPV regimen, FiO₂ 100%, TV 600ml, RR 14/min, PEEP 6 cm H₂O, P max 40 cmH₂O, Insp Time of 1.2sec. Blood chemistry demonstrated leukocytosis, increased CRP, increased PCT, and renal failure. Blood gas analysis indicated hypoxemia and metabolic derangements. X-ray and thoracic CT scan examination evidenced obscurations bilateral infiltrations. Bacteriological examinations without bacterial growth.

Discussion: The examinations resulted in ischemic alcoholic cardiomyopathy, heart failure (NYHA IV), liver steatosis, calculous cholecystitis, and severe hyperglycemia. The treatment consisted in broad-spectrum antibiotic therapy, cortisones, antacids, anticoagulants, inotropes, oxygen therapy, insulin therapy, fluids, and human albumin. The patient was mechanically ventilated for 10 days and after that was successfully extubated. The rest of intensive care unit stay was uneventful. The patient was discharged in ward in improved and stable conditions.

Conclusion: Septic shock is a major cause of deaths in intensive care units. The physicians must have knowledges of diagnosing and treatment of septic shock. Earlier the treatment begins, better the prognosis of the patients.

Keywords: sepsis, septic shock, antibiotic therapy, ARDS, hypoperfusion, emergency

OP – 83***Surviving Sepsis Campaign 2021 guidelines***

Driola Hoxha

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Introduction: Sepsis presents a challenge in nowadays in daily practice of every Intensive care therapy unit. This syndrome is a life threatening organ dysfunction due to dysregulation of host response of human body to infections. Sepsis and septic shock increase mortality and morbidity, and the health care costs as well. Early identification and correct treatment in the first few hours can dramatically improve the prognosis.

Material and Methods: A variety of clinical variables and tools are used for sepsis screening, such as systemic inflammatory response syndrome (SIRS) criteria, vital signs, signs of infection, quick Sequential Organ Failure Score (qSOFA) or Sequential Organ Failure

Assessment (SOFA) criteria, National Early Warning Score (NEWS), or Modified Early Warning Score (MEWS). The recommendation of 2021 guidelines are against use of a single scoring system.

Discussion: The main recommendations are against to PCT as a single test for antibiotic use adding clinical features, suggestion to use capillary filling return speed for resuscitation, maintain a MAP over 65 mmHg, suggestion of using balanced crystalloids over normal saline, use of albumin and against starches use, norepinephrine as fist line vasopressor and added vasopressin without increasing dose of norepinephrine, suggestion for use of HFNC over NIVM.

Conclusion: Every institution must determine its own protocol for sepsis and septic management. Identifying septic patient is of great importance because early correct initial management can dramatically improve patient's prognosis. All physicians in ICU must have good knowledges regarding sepsis guidelines.

Keywords: sepsis, antibiotics, septic shock

OP – 84***Central line Associated Blood Stream Infections in ICU***

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Introductions: Central line -associated bloodstream infections (CLABSIs) result in thousands of deaths each year and billions of dollars in USA and many countries. CDC and other center are providing guidelines and tools to the healthcare community to help end CLABSIs. A CLABSI is defined as a laboratory confirmed bloodstream infection not related to at another site that develops within 48 hours line placement.

Material and Method: This presentation is based on reviews of numerous retrospective studies and literature on the incidence, etiology, pathophysiology, evaluation, presentation, treatment, and management of CLABIS. The frequent use of central venous catheters in the number, prolonged daytime, in the femoral region results in an increase in the ICU incidence of CLABIS in the ICU patients. This result is supported by many retrospective studies.

Discussion: The placement of central venous catheters must be done on strong clinical criteria, respecting medical guidelines, by a trained and experienced medical team. The use of antiseptic techniques and substances is very important in the prevention of CLABIs in ICU.

Conclusion: The treatment of CLABIS in today is still based on expert opinion and the cohort studies rather than robust scientific evidence. Such infection continues to increase complications and mortality and are quite costly. Physicians are encouraged to use algorithms based on protocols.

Keywords: CLABIS, central venous catheter, mortality evidence, ICU

OP – 85***Debates on Rapid Sequence Induction in Trauma Patients***

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Introduction: During Rapid sequence intubation (RSI) the anesthesiologist performed a quick intubation to prevent hypoxemia, gastric aspiration, and to secure airways in case of severe trauma. The anesthesiologist uses generally short-acting and hemodynamically safe agents as ketamine, etomidate, propofol, suxamethonium, and rocuronium. Modified Rapid sequence induction differs from standard one due to bag-mask ventilation in situation that apnea can induce catastrophic hypoxemia.

Material and Methods: Rapid Sequence Induction in trauma patient can be performed in emergency department, or operating room. RSI in emergency department is done for trauma, airway management, respiratory and hemodynamic instability, whereas in operating rooms is performed for secure difficult airways and prevent gastric aspiration (associated with Sellick Maneuver). With emergency RSI, the goal is to facilitate intubation with the additional benefit of decreasing the risk of aspiration. Emergency RSI can be done by both ED physicians and anesthesiologists.

Discussion: Induction agents should facilitate as soon as possible endotracheal intubation, prevent gastric aspiration, and at the same time to be safe for hemodynamics. Etomidate is a safe induction agent but can induce adrenal insufficiency. Ketamine is hemodynamically safe increasing intracranial and intraocular pressure. Propofol can lead to hypotension. Suxamethonium was first choice for rapid sequence induction. Rocuronium is an excellent choice especially after suggamadex was available.

Conclusions: Every institution must have own protocol since no single agent seems to have priority.

Keywords: trauma, ketamine, propofol, suxamethonium

OP – 86***Endovascular Repair for Thoracic Aortic Injuries after Blunt Trauma.***

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*Department of Cardiology & Cardiovascular Surgery of the "American Hospital 3" Tirana, Albania****Abstract***

Introduction: Blunt trauma causes traumatic aortic injury with considerable mortality and morbidity [1]. It may lead to pseudoaneurysm formation, intramural hematoma, aortic dissection, and aortic transection.

Materials and Methods: Three patients with post-traumatic aortic injury were treated by the Department of Cardiology & Cardiovascular Surgery of the "American Hospital 3" Tirana/Albania between 2016-2020. They suffered vehicle accidents. There was involved thoracic aorta due to intimal injury in the region of the isthmus and developed different anatomical features. Diagnoses was made with Angio-CT scan and thoracic endovascular aortic repair (TEVAR) was performed. They had uneventful postoperative course and were discharged in stable condition.

Discussion: Depending on the severity of trauma and the affected organs, these patients require multidisciplinary approach and multiple surgical procedures. Meticulous evaluation is crucial for proper treatment planning. Uncomplicated cases are managed conservatively. Although the relationship between blunt thoracic trauma and aortic injury is well documented, the great bulk of literature is published only as case reports [2].

Conclusions: Possible aortic injury should be kept in mind after severe blunt trauma. Many of the affected patients that reach hospital present with type B aortic dissection/mural hematoma or pseudoaneurysm. TEVAR is a minimal invasive procedure, performed with safety and excellent results in treatment of these patients.

Keywords: type B aortic dissection, blunt trauma, endovascular repair

OP – 87

Massive bleeding protocols

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Abstract

Introduction: Massive bleeding is considered when the patient loosed more than 1 blood volume/24h (approximately 5 liters for a 70 kg adult patient), more than 150 ml/min, and 50 % of estimated blood volume in 3 hours. Practically the clinically based definition of massive bleeding, can be considered bleeding amount which leads to a systolic blood pressure under 90 mm Hg and/or a heart rate more than 110 beats per minute.

Material and Methods: Fast evaluation can improve the survival rate of the patients suffering from massive bleeding. Successful management of major bleeding requires a multidisciplinary team approach with involvement of medical, anesthetic, and surgical staff of sufficient seniority and experience. The role of team leader must be determined, and this position is mainly given to the most experienced physician. Another important role belongs to the person which coordinates the relationships between surgical team and Blood Bank to administered blood products and meanwhile to registered everything regarding process.

Discussion: In early phases measuring hematocrit and hemoglobin level must be inaccurate and the values are usually higher than reality. So, in these phases clinical judgments are mandatory and more relevant than biochemistry evaluation. Determined blood group is indispensable and the blood bank must have in reserve blood type O (I) negative ready for transfusion till the patient' blood type must be determined.

Conclusions: In massive bleeding the recommended ratio is 1:1:1 erythrocyte unit: fresh frozen plasma: platelet units. Rotate thromboelastographic examination is crucial in detecting and treating different coagulations problem during massive bleeding in trauma surgery.

Keywords: massive bleeding, trauma, thromboelastographic

OP – 88

Managing Hemorrhage after Rupture of Pseudoaneurysm/Aneurysm of AV Fistula in Dialysis Patient.

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Abstract

Introduction: In hemodialysis (HD) patients, arises secondary to platelet dysfunction (uremia or transient thrombocytopenia observed in the ESRD population), supra-therapeutic anticoagulation, or fistula abnormalities (infection, stenosis, aneurysms, pseudoaneurysms). Hemorrhage after rupture aneurysm is a life-threatening emergency (1).

Material and Methods: A well-functioning vascular access is an absolute requirement to provide life-sustaining dialysis. Although arteriovenous fistula (AVF) comes the closest to being an ideal vascular access and is often referred to as “lifeline” in these patients, its formation is not without complications. Aneurysmal dilatation is a poorly defined complication of arteriovenous (AV) accesses. The sequelae of aneurysm formation include bleeding, rupture, thrombosis, and infection.

Discussion: Aneurysms form in AV fistulas secondary to repetitive cannulation and subsequent weakening of vessel wall. Patients with aneurysms report extremity pain, neurologic dysfunction secondary to aneurysmal impingement of surrounding nerves, significant thinning of overlying fistula skin, or bleeding. Pseudoaneurysms are pulsating extravascular hematomas resulting from dialysis site access. As compared to aneurysms, patients with pseudoaneurysms are more likely to present to the emergency department for vascular hemorrhage or signs and symptoms consistent with infection. Both AV fistula aneurysm and pseudoaneurysm can be identified with the use of Doppler US. Vascular surgery should be consulted for all defected vessel (1).

Conclusions: Surgical management of hemorrhage after rupture of arteriovenous fistula aneurysm/pseudoaneurysm is lifesaving. AV fistula can be repaired and can provide early vascular access. At the same time, patients are relieved from pain and distended mass effect caused by aneurysm (2).

Keywords: arteriovenous fistula, aneurysm, surgery, hemorrhage

OP – 89***Considerations of Trauma in Pregnancy.***

Genc Hyska

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Introduction: Trauma in pregnant women is not a rare condition but very devastating since are 2 lives in danger. Domestic violence incidence varies 4 to 8% of pregnancies. This is associated with 5% risk of fetal death. Car accidents present 50% of all traumatic injuries during pregnancy associated with 82% of trauma related fetal death. Generally, trauma affects 8% of all pregnancies and can be life threatening for both maternal and fetal deaths. Maternal hemorrhagic shock causes 80% fetal mortality possibility. 20% are associated with direct fetal trauma, placental abruption in 32%, and maternal hemodynamic instability presented in 36% as death cause.

Material and Methods: Anesthesiologist must have good knowledges to the topic. The physiological pregnancy features are: dilutional anemia, increased thrombophilia, increased ventilation, airway edema, increased incidence of difficult intubation and ventilation. Pregnant women are often prone to hypotension and hypoxemia. Prevention of hypotension and hypoxemia are of great importance. In traumatized pregnant women, every imaging examination is justified, and primary subject is mother.

Meanwhile the obstetrician and neonate physician can determine the fetus viability. If fetus is viable, the removal of fetus is advisable to improve his/her prognosis and mother's as well.

Discussion: The pregnant women must be considered full stomach, hypovolemic, hypoxemic, anemic. The team must take care about her to optimize fetus conditions. The emergency department team must absolutely take care about mother to increase viability of the fetus.

Conclusions: Taking care of the traumatized pregnant women require a multidisciplinary team including anesthesiologists, surgeons, obstetricians, and neonates.

Keywords: pregnancy, trauma, maternal death

OP – 90***Acute and Chronic Pulmonary Complications after COVID 19***

Jolanda Nikolla

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Introduction: Covid-19 is 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 Covid-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 anesthesiologist-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 CCVHD in 12.5% of patients. Sepsis is reported 3-6% but the mortality rate and organ dysfunction are exponentially increased.

Conclusions: Covid-19 is a multiorgan disease not only affecting lungs but the other organs as well.

Keywords: Sepsis, Covid-19, Renal Failure

OP – 91

Perioperative Management of Choanal Atresia

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Abstract:

Introduction: Choanal Atresia is a congenital disease caused by obliterating the posterior choanae in the nasal cavity by an atretic plate that separates the nasal cavity from nasopharynx. The atretic plate is believed to be caused in utero due to buccopharyngeal membrane persistence. It can present as Unilateral and Bilateral obstruction. The clinical presentation can range from acute airway obstruction to chronic recurrent sinusitis. Early interventions in Neonates with Bilateral obstruction are necessary for survival.

In this retrospective study, we reviewed the anaesthesia management of patients with choanal atresia (CA). Five patients undergoing surgery for CA between 2018 and 2022 were evaluated for age, gender, CA side, complications, American Society of Anaesthesiologists score, duration of anaesthesia, and presence of any additional anomalies. All of our patient's had Bilateral Choanal Atresia. The newborns were intubated with a C-MAC D paediatric blade because their Cormack-Lehane grade was 3 or 4.

Induction anaesthesia was made with Propofol and Maintenance anaesthesia with Sevoflurane. All patients were followed postoperatively. Re-intubation was needed for one of the patients. One was transported at NICU intubated and three others were extubated in the OR after intervention.

Conclusions: Bilateral Choanal Atresia presents an emergency surgery. The goals of this intervention are: to secure breathing via safe Airway, to achieve a good volume of breathing, to maintain blood coagulation

Keywords: Choanal Atresia, emergency surgery, anaesthesia management

OP – 92

Blood Pressure Management on Cerebrovascular Diseases in ICU

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Abstract

Introduction: Frequently neurological examination, hemodynamic stability maintenance, anticoagulant drugs, and general care in ICU. Frequently neurological monitoring helps to evidence new neurological signs and the progression of old deficits. The neurological examination is often recommended to be in every 2-4 hours. In case of new neurological signs or decreasing in conscience an imaging control and notifying the neurologist is mandatory.

Material and methods: Every patient have his target in blood pressure management depended on current diseases, preoperative blood level, chronic medications, and on the neurovascular procedure. In ischemic events, after endovascular tents or thrombectomy the blood pressure must vary between 140-180 mmHg.

Discussion: After endovascular embolization or in patients in high risk for intracranial bleeding, systolic blood pressure must be maintained 100-110 mmHg. After thrombectomy and/or stents, antiaggregating and/or anticoagulant drugs are used. In such cases the multidisciplinary team must take in consideration the risk of intracranial bleeding and new ischemic events in case of no anticoagulation is used. General care in intensive care of these patients consists in stress ulcer prevention, early mobilizing of the patient, specific nutrition, skin decubitus prevention, and of course prevention of respiratory complications.

Conclusions: Prognosis can be enhanced by collaboration with other disciplines and offering patient based individually treatment.

Keywords: cerebral ischemia, intracranial bleeding, embolization

OP – 93

Damage Control and Physiological Features

Asead Abdylil

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Introduction: Damage Control surgery involves quickly controlling exsanguinating hemorrhage and/or gross contamination using one or more abbreviated (or DC) interventions. The patient is subsequently admitted to the intensive care unit (ICU) for further resuscitation with the goal of restoring preinjury physiology before returning to the operating room for definitive surgery.

Material and Methods: Definitive surgery is realized step by step according to the patient's physiologic condition. The objective is to gain time to stabilize the severely traumatized patient and to optimize physiologic state before definitive repair. Damage control surgery is not focused only on anatomic issues and organ integrity, but minimize the metabolic insults of coagulopathy, hypothermia, and acidosis as well. These three factors interact together producing a deleterious dangerous vicious cycle called: the bloody vicious cycle.

Discussion: Coagulopathy is multifactorial. The coagulopathies mechanisms include hemodilution, hypotension, massive bleeding, massive transfusion, hypothermia, acidosis, coagulations factors consumption, hyperfibrinolysis, and inflammation. Acidosis is metabolic acidosis with large anion gap so lactic acidosis as hypoperfusion consequence. Hypothermia is very important and correlates with the severity of injury. Hypothermia leads to arrhythmias, low cardiac output, vasoconstriction, acidosis, coagulopathy, impaired immune system, and left shift of oxyhemoglobin dissociation curve.

Conclusions: Damage control surgery is the final step in surgical management to control anatomic integrity and lethal triad. Damage Control must be performed in suitable cases.

Keywords: damage control, lethal triad, trauma

OP – 94

Effect of Tocilizumab on Clinical Outcomes in Patients with severe Coronavirus Disease. Our Experience.Mustafa Bajraktari ^{1,2}, Enton Bregasi ², Edvin Bekteshi ².¹ *University of Medicine, Faculty of Technical Medical Sciences, Tirana, ALBANIA*² *Anesthesia and Intensive Care Service, American Hospital 2, Tirana, ALBANIA***Abstract**

Introduction: Post-SARS-CoV-2 infection leading to COVID-19 disease is associated with significant morbidity and mortality. The clinical entity, the COVID-19 cytokine storm syndrome (CSS) is a severe immunological manifestation of the disease associated with ominous consequences. Tocilizumab is an interleukin-6 inhibitor that has been shown to prevent catastrophic outcomes of CCS including the need for mechanical ventilation as well as reduce mortality

Material and method: Retrospective study from October 2020 to March 2021, 90 patients, from which: Gr 1, 45 patients, actemra i/v plus standard therapy: Gr 2, 45 patients standard therapy, oxygen, cortisone, antiviral, anticoagulant, etc. With involvement over 50% of the lungs, O₂ sat < 93%, patients under VM: Age over 30 years and the same concomitant diseases. They were evaluated; mortality and mortality change. Average days of stay and change in days of stay: Number of intubated patients

Results: Mortality in the group under treatment with Tocilizumab (Actemra), 8 patients, about 17%; Mortality in the group under standard treatment, 13 patients, about 28%; Average length of stay in the hospital, 10.5 days for the group when immunosuppressants are used and 17.5 days for the group of patients with standard treatment; The number of intubated patients in the group under immunosuppressant treatment, 12, and that under standard treatment, 17.

Conclusions; The use of Tocilizumab in the treatment of patients with significant pulmonary involvement affects: Decreases the length of stay of hospitalized patients Decreases the need for MV: Decreases mortality

Keywords: COVID-19, cytokine storm, interleukin 6, tocilizumab

OP – 95

Quality Indicators in the Emergency Department.Edmond Zaimi ¹, Eliziana Petrela ²¹ Emergency Service, University Hospital Center “Mother Theresa” Tirana, ALBANIA² Department of Statistic, University of Medicine of Tirana, ALBANIA***Abstract:***

Provision of facility-based emergency care in low- and middle-income countries is expanding rapidly. Unfortunately, these efforts rarely include measuring the quality or impact of care provided, which is essential for improving care delivery. Our aim was to define context-appropriate quality indicators that would allow uniform and objective data collection to improve the provision of emergency care across Albania.

In low-income and middle-income countries (LMICs), the need for quality emergency care has never been greater. It is estimated that 54% of morbidity and mortality worldwide can be attributed to emergency conditions. Emergency care systems are increasingly recognized as an essential delivery platform by which a significant proportion of death and disability is prevented. However, in many countries the coordinated delivery of quality emergency care is still in its infancy.

Keywords: health systems, health systems evaluation, health services research

OP – 96

LUCAS - Chest Compression System - an Innovation in Kosovar Medicine.

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Abstract

Introduction: LUCAS compression system is designed to provide effective, consistent and uninterrupted compressions in compliance with American Heart Association’s (AHA) protocols. It maintains high quality level of compressions and frees the hands of the rescuer (doctor, nurse) to focus on other life-saving therapies. It allows the rescuer to fasten seat belt during transport. It enables breath administration freely by all methods.

Acute cardiac arrest statistics: Nearly 383,000 sudden cardiac arrests occur each year in the US 147.7 per 100,000 adult population 88% of all sudden cardiac arrests occur at home. Survival from cardiac arrest is reported to be less than 8% nationally.

Survival rate from cardiac arrest without neurological deficits is about 1% Cardiac arrest is the leading cause of sudden death. In developed countries, the incidence of cardiac arrest is 1-2 cases per

1000 inhabitants. Based on research, it has been verified that in Kosovo, around 4.000-5.000 people a year suffer cardiac arrest.

Cases of 6 years with cardiac arrest, where chest compression was applied at the Emergency Medicine Center: Year 2016, Number of cardiac arrests= 104 (22.97 %); 2017=76 (16.78 %) 2018=67 (14.79 %); 2019 =69 (15.23 %); 2020 =65 (14.34%); 2021=15.89 (15.89%); Total =453 (100).

Conclusion: The health system of the Republic of Kosovo does not possess this equipment mentioned above at any level, as a directive of the European Union. The LUCAS compression device enables the delivery of continuous and even compressions.

At the same time, this device saves a member of the Reanimator team who can deal with airway management, defibrillation or therapy administration, and this automatically increases the quality and efficiency of patient resuscitation.

Keywords: LUCAS - Chest compression system, cardiac arrest, Emergency Medicine Center

OP – 97

Doctors Aid Doctors – DAD

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Abstract

Doctors aid doctors (DAD) is a nationwide deontological organization solely consists of volunteer doctors and dentists, arisen in the midst of a worldwide pandemic, where every doctor and dentist are fighting the war against COVID and the possibility of being next to your family is a luxury for those heroes. The primary aim of the organization is helping colleagues' and their immediate families in emergency health crisis situations. Based on the origins of the Hippocratic Oath, the doctrine of the organization is "your family is my family".

The aid may be as simple as accompanying a colleague's mother during their ER visit or complicated as getting through a failing system and obtaining hard to reach treatments when everything else fails, solely and exclusively by volunteer colleagues, renouncing their own time and effort.

DAD assures that your colleagues are with your loved ones as their family, even when you cannot be there for them. DAD gives you the peace of mind, knowing that you have 50.000

brothers and sisters all around the country, willing to go the extra mile. A core organization group consisting of 500 volunteer admins and well-organized WhatsApp and Facebook groups including 1 in every 3 doctors and dentists makes it possible to reach every corner of the country at the blink of an eye.

DAD has helped Turkish doctors and their loved ones in their darkest nights and contributed to our professional unity and solidarity.

Keywords: Doctors aid doctors, deontological organization, emergency health crisis

OP – 98

Cardiac Arrest in Patients with acute Myocardial Infarction

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Abstract

Introduction: Sudden cardiac arrest is the third leading cause of death in Europe. A significant number of out-of-hospital sudden cardiac arrests are associated with acute myocardial infarction. Cardiac arrest is a complication of an acute myocardial infarction caused by malignant rhythm disorder, in most cases ventricular tachycardia or ventricular fibrillation. They result in sudden death in 25%-50% of patients with prior acute myocardial infarction. Sudden cardiac arrest in these patients occurs during the first hours after the onset of symptoms.

The aim is to show from the total number of out-of-hospital reanimations in the given period in canton Sarajevo the number of successful reanimations (return of spontaneous circulation –

ROSC) and the number of successful reanimations in patients that went in to sudden cardiac arrest with prior acute myocardial infarction. Show the out-of-hospital management of these patients.

Material and methods: retrospective descriptive study that includes all out-of-hospital sudden cardiac arrest in the period from 1 January 2019 to the 31 December 2021 in canton Sarajevo that are associated with acute myocardial infarction in which there was the return of spontaneous circulation (ROSC). All patients from above-mentioned period were included in the study, without exclusion criteria related to their age, gender. Data was extracted from data registry of the Centre for education of the Emergency Medical Center of canton Sarajevo.

Keywords: out-of-hospital cardiac arrest, cardiopulmonary reanimation, acute myocardial infarction, return of spontaneous circulation (ROSC).

OP – 99***Challenges of Medical Tourism in Albania***

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Our objective is Description of medical tourism in Albania, the purpose of this activity, developments, benefits and challenges of a new type of attraction for our country.

Methodology: This is a descriptive material, created by representatives of the medical studio “e-Med”, which offers an exploratory approach on the role of medical services in the field of tourism.

Tourism is one of the most popular words recently in our country, taking into account the growing number of foreign citizens in the territory of the Republic of Albania. This trend has brought an increase in attention and investments in meeting the standards and capacities for the reception of tourists. A good part of these investments are oriented towards meeting the standards of medical services for foreign citizens, both by state institutions and by private entities, NGOs, both through outpatient services and through residential ones. This paper consists of a reflection of the experiences of various health subjects, and specifically the experience of the “e-Med” Medical Studio in the coverage with ambulatory service in the reception of three thousand foreign tourists for a period of one week, in the organizational challenges, operational, logistical and in further perspectives. This paper highlights the values of strengthening the capacities of the health system as a whole, the professional benefits of health entities that work with foreign nationals, the expectations of development in this sector, the analysis of completed projects and the challenges of the future.

Keywords: medical tourism, medical services, health entities

OP – 100***The importance of Optimal Functioning of the Chain of Survival in patients with Cardiac Arrest and other life-threatening Pathologies.***

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*United Hospital, Pristina, KOSOVO****Abstract***

Introduction: In the proper functioning of the emergency teams, the applicability of the chain of survival is important. This is possible only in contemporary institutions in which the necessary conditions are met: adequately educated, trained and motivated personnel, hospital infrastructure with adequate equipment, availability of complete ambulances and other post emergency support services such as ICU, Diagnostics, operating block etc.

The presentation clearly shows the optimal functioning of private institutions in the treatment of life-threatening pathologies such as Cardiac Arrest as a health emergency but also complex for successful treatment. RCPC as soon as possible and the connection with the emergency aid centers is a key factor.

Material and methods: The working material was taken from the documentation of United Hospital where we use the intranet and the workbooks and the work of 4 months was analyzed retrospectively.

Results: 30 cases were analyzed from the total number of emergency visits (316) and interventions on the way to United Hospital from the patient's home or different hospital centers for more advanced treatment. This is the best indicator to evaluate the importance of our institution formed a few months ago - UNITED HOSPITAL. 26 serious cases were received in the public regional hospitals and CCUK with threatening pathologies, mainly cardiac, and complete diagnosis and treatment were performed and sustainable clinical improvements were achieved in most of them.

Keywords: Cardiac arrest, chain of survival, simultaneous treatment.

OP – 101

Classification of Patellofemoral Joint Disorders

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Abstract

The patellofemoral joint is a complex articulation based on its dependence on both dynamic and static restraints for stability. Classification of patellofemoral disorders has been fraught with confusion. However, progress has been made in the classification and understanding of these disorders by improved understanding of the biomechanics of the joint and by clarification of the terminology to describe patellofemoral pathology. The term chondromalacia patella, although once used as an all-inclusive term for anterior knee pain, is now widely accepted as a term used to describe pathologic lesions of the patellar articular cartilage found at arthroscopy or arthrotomy. An adequate classification system should aid in proper diagnosis and treatment of specific problems. If properly devised, it should also aid in the comparison of results between different treatment centers. In addition, it should be a system that is simple and useful in the clinical setting with minimal use of complicated imaging techniques. Numerous systems for patellofemoral joint disorders have been reported. However, the classification necessary to guide treatment has not been established. A classification system that is appropriate for the patient should guide treatment, support the clinician, and be practical. Until such a classification is commonly used, it will remain difficult to comprehend, diagnose, and treat these disorders.

Keyword: classification; patellofemoral disorders; patellofemoral syndrome

OP – 102

Pylon Fractures Treatment: Antero-Lateral ApproachEdvin Selmani ^{1,2}, Ledian Fezollari ²

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Abstract

The Goal of this study is to present our experience in treatment of distal tibia fractures (pylon fractures) with antero-lateral approach.

Material and method: This are a prospective study that included 18 cases of pylon fractures treated during 2018-2021, on both hospitals University Hospital of Trauma and American Hospital Tirana.

Antero-lateral approach was used and open reduction and internal fixation of the fracture with locking distal tibial plate “L” shaped was used. Severity of fracture and type of fracture was done and follow up of patient clinically and radiologically was done. Pain score and range of motion of ankle joint was

measured. Complications such as superficial infection, deep infection, skin necrosis, nonunion or malunion were studied. A specific foot and ankle evaluation (the Orthopaedic Foot and Ankle score, AOFAS) were completed, along with an SF-36 quality of life evaluation.

Results: Most patients showed a good range of motion (ROM), achieving a mean AOFAS score of 65 points (out of 100 possible points). The SF-36 questionnaire revealed low mean scores in the physical functioning, physical role functioning and bodily pain domains, with 60, 37 and 51 points, respectively. The average score in the general health domain was 84 points (out of a possible 100 points).

Conclusion: There was significant functional and quality of life impairment in patients affected by this type of fracture. Anterolateral approach is a safe and effective approach to treat this kind of fracture

Keywords: tibia fractures, approach. quality of life

OP – 103

A Case Report of Sleeve Fracture of the Patella in 11 Years Old Boy

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Introduction; Fractures of the patella are common injuries in adults but a relatively rare occurrence in children. The patella is a sesamoid bone and considered part of the quadriceps extensor mechanism. The incidence of patellar fractures in skeletally immature patients is low, however, among skeletally immature children, sleeve fractures of the patella are the most common type of patellar fractures. Sleeve fractures are caused by rapid muscle contraction, and mostly affect children between 8 and 12 years of age. This fracture often involves the lower pole of the patella in the form of an osteochondral avulsion. It can be easily missed on plain radiographs since only a small fragment of bone may be seen. In many cases, a high riding patella on a plain radiograph may be the only and most prominent sign. In severely displaced sleeve fractures, open reduction and internal fixation are needed to achieve good clinical results. Conservative management may result in weakness of the extensor mechanism due to the high-riding patella and ossification of the patellar tendon. We present a case of sleeve fracture of the patella in a child and discuss the diagnostic modalities and treatment options for such fractures.

Case Report: A 11-year-old boy was admitted to the emergency room after having felt a severe pain in his right knee during riding his bicycle. Knee swelling, tense hemarthrosis, and periarticular tenderness were noted. On physical examination, an extension lag of 15° was observed. The active

range of motion of the injured knee was 45-90° of flexion. Radiography showed only a high-riding patella (Fig. 1). Sleeve fracture of the patella was diagnosed clinically based on the signs of a high-riding patella and a gap in the extensor mechanism at the lower pole of the patella. At the next day after the injury, we performed open reduction and internal fixation surgery with Kirshner wires and serclage.

Conclusion: Although sleeve fractures in children are uncommon, it should be considered a possibility in children with a chief complaint of pain around the knee. Open reduction and internal fixation were effective in the treatment of sleeve fracture of the patella.

Keywords: Sleeve fracture, open reduction, internal fixation

OP – 104

Comparison of Locking Plate and Intramedullary Retrograde Nail in treatment of Distal Femoral Fractures

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*Orthopedic Service, University Hospital of Trauma, Tirana, ALBANIA***Abstract**

Introduction: Despite the development of implants and the surgical techniques the optimal method for the treatment of distal femoral fractures remains controversial. The aim of this study was to compare clinical and radiologic outcomes in patients with supracondylar distal femur fracture who were treated using locking plate or retrograde nail.

Material and Methods: In this study were included 191 patients with distal femoral fracture treated at Hautpierre Hospital in Strasbourg. There were 128 patients with distal femoral fracture treated with locking plate and 63 patients treated with retrograde nail. In this study are compared the clinical and radiographic outcomes, including non-union, malunion, delayed union, implant failure, deep infection, time of union, and range of knee motion who underwent mini-invasive locking plate or retrograde nail for supracondylar distal femoral fractures.

Results: There were 3(2.3%) who sustained an implant failure in LP group, and no patient sustained an implant failure in RN group. From all patients treated with LP, 2(1.5%) of them were complicated with deep infection, and in RN group no patients complicated with deep infection. In LP groups patients 2(1.5%) patients occurred the complication of non-union. In RN group this complication was seen in 1(1.6%) patient. Malunion occurred in 2(3.2%) patients in RN group and in 3(2.3%) patients in LP group. Delayed union was seen in 3(4.8%) patients in RN group and 5(3.2%) patients in LP group. For all of these outcomes there were no statistically significant difference among two groups.

Conclusions: Clinical and radiographic outcomes, including range of knee motion, union time, malunion, delayed union, non-union, deep infection, and implant failure were similar in patients who were treated with retrograde nail or locking plate for distal femoral fractures. Retrograde intramedullary and locking plate have both similar clinical outcomes, so both techniques can be considered for distal femoral fractures treatment.

Keywords: distal femoral fractures, implant failure, non-union, malunion,

OP – 105

Orthobiologics in Orthopaedics and Traumatology

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“Orthobiologics”, refers to the use of biological substances to help musculoskeletal injuries heal quicker. They are used to improve the healing of fractured bones and injured muscles, tendons and ligaments and are derived from substances that are naturally found in body. Each of these biologic substances has some advantages and disadvantages.

Orthobiologics like platelet rich plasma, stem cells, autologous conditioned serum have evolved to the extent that they significantly influence modern orthopedic surgical practice. Injuries to the musculo-tendinous areas are notorious for inadequate healing and chronicity. A better understanding of the role of various growth factors and cells in the process of tendon healing, ligament repair, cartilage regeneration and bone formation has stimulated focused research in many chronic musculoskeletal ailments.

The substances include bone grafts, autologous blood, platelet-rich plasma (PRP), autologous conditioned serum and stem cells.

Bone grafts act by their osteoinductive, osteoconductive and osteogenic properties to stimulate new bone formation and have no effect on the healing of muscles, tendons and ligaments. Autologous blood, PRP and autologous conditioned serum deliver growth factors to the diseased areas to stimulate the repair process. A cell can be called a stem cell if it has the capacity to differentiate into multiple types of cells and the cell is able to self-renew. Stem cells are unique in the sense that they provide a means to replenish the dead or dying cells in areas where the cells have limited regenerative capabilities. They can be isolated from a number of mesenchymal tissues like bone marrow, fat, synovial membrane, periosteum and others.

Keywords; Orthobiologics, synovial membrane, periosteum

OP – 106

Rotationplasty Salvage Procedure as an Effective Alternative to Femoral Amputation in Osteosarcoma. A Case Report.Iilir Hasmuca ^{1,2}, Joannis Panotopoulos ²,
Gerhard Hobusch ², Reinhard Windhager ³¹ Department of Orthopaedics, University Hospital of Trauma Tirana, ALBANIA² Orthopedic Surgeon, Open Medical Institute, Medical University of Vienna, AUSTRIA***Abstract***

Introduction; Rotationplasty or Borggreve-Van Ness surgery is lower limb salvage surgery, indicated mainly in the management of femoral bone sarcoma and congenital femur malformations in children. It can also be an interesting surgery option for managing chronic osteoarticular infections, or in cases of non-union when curative therapy is no longer an option, as an alternative to femoral amputation. The principle of this surgery is to remove the affected knee and to apply a rotation of 180° to the distal part of the lower limb in order to give the ankle the function of a neo-knee. With the help of an adapted prosthesis, the aim is to allow patients to resume their social and professional activities by keeping most of their lower limb, thus avoiding the known complications of amputation (ghost limb pain, proprioceptive deficit, psychological disorders). Nevertheless, this surgery is complex and exceptional, with vascular, infectious, and psychological risks - the chimeric aspect of the lower limb may cause significant ill-being for the patient.

Case Report; 7-year-old boy in April 2022 was admitted in the emergency department of the Trauma Hospital of the city where he lives, with progressive pain in his distal left thigh. He and his parent refer that one week ago he suffered a small trauma in the kindergarten. Immediately was performed a simple X ray of the left Femur and the suspicions was something between chronic osteomyelitis and Osteosarcoma...

Conclusion; This is a rare and difficult surgical procedure, who needs a good medical team and a good preparation mentally and physically of the patient. Avoids the limb amputation and prepare the patient for a good incoming prosthesis of the limb.

Keywords; Rotationplasty, salvage surgery, femoral bone sarcoma

OP – 107

Total Knee Replacement with Megaprotheses in Patients with Osteosarcoma in the Distal Part of the Femur.

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University Clinic for Orthopedic Diseases - Skopje, Republic of North MACEDONIA.

Abstract:

Osteosarcoma is primary malignant bone tumor, that usually occurs in the long bones of the body, with worldwide incidence of 3.4 cases per million people per year. Osteosarcomas are predominant in the adolescent period or in the fifth decade of life and are accounted for around 20% of all primary bone tumors. Patients that are treated with carefully planned multi - disciplinary approach, have the best treatment outcome and are given the chance of long-term survival with good functional results. In recent times commonly used, is the combined treatment that includes neoadjuvant chemotherapy and wide bone tumor resection. Limb – salvage surgery such as total knee replacement with mega prostheses, has replaced amputation as the first treatment of choice in tumors in distal part of the femur or the knee. The low number of postoperative complications, the advantages in the implants design and materials and the early weight bearing has made the mega prostheses commonly used reconstructive treatment after bone tumor resection. According the literature the patients that undergo total knee replacement with mega prostheses surgery after bone tumor resection have better total survival rate, as compared with amputation patients. Because of the good functional results, as well as the better survival rate and patients' psychological factors the mega prosthetic reconstruction treatment is frequently used in present days.

Keywords: osteosarcoma, mega prostheses, bone resection.

OP – 108

Scarf Osteotomy in Osteoporotic Patients with Hallux Valgus

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Abstract

Introduction; The aim of this study is to evaluate the outcomes of the surgical treatment with Scarf Osteotomy in patients with osteoporosis with moderate or severe hallux valgus regarding the

correction of Hallux Valgus Angle (HVA) and Intermetatarsal Angle (IMA) compared to non-osteoporotic patients.

Materials and Methods: The timeline of the study was from 2015 to 2020 with 20 patients with the mean age of 61.6 ± 4.1 within the osteoporotic group and 63.5 ± 5.0 within the non-osteoporotic group. 12 osteotomies in osteoporotic patients and eight osteotomies in non-osteoporotic patients were seen at follow-up after 2 years after surgery. Preoperative bone density of T-Score 2.5 SD or more below is named osteoporosis and IMA and was used to define patient groups; mild hallux valgus was defined with IMA of 11-16 degrees, moderate hallux valgus was defined with IMA from 16 to twenty degrees, and severe hallux valgus was defined with IMA from 20 degrees or more.

Results: No statistical differences were found in HVA, IMA and between the osteoporotic patients and non-osteoporotic patients preoperatively, postoperatively, and therefore the final follow-up in mild to moderate hallux valgus. The mean AOFAS score ameliorated from 52.6 preoperatively to 89.1. Regarding satisfaction, ~ 83 you look after patients were very satisfied or satisfied. No evidence of complications and every one of the patients resulted with complete union of the osteotomy.

Conclusion: We believe that the surgical treatment is a safe, effective procedure for the correction of elderly patients with osteoporosis. In patients with moderate and severe hallux valgus the results of osteotomy have not any specific difference between the osteoporotic and non-osteoporotic groups

Keywords: Osteoporosis, Hallux valgus, Scarf osteotomy

OP – 109

Current Concepts in Antibiotic Prophylaxis in Orthopedic Surgery Alternatives, Timing, Duration.

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Abstract

Introduction: The obligatory use of antibiotic prophylaxis in surgery is already a widely accepted fact nowadays, furthermore the use of preoperative prophylaxis has been shifting out of the gray zone, and during the last decade has long been on the way to be considered a “must”. Meanwhile, the selection of the antibiotic, accurate timing of onset and the overall duration of therapy are still topics of high controversy.

The scope of this review article is to evaluate and challenge the treatment regimens that we are actually applying at our institutions. By assessing and reviewing the most common up-to-date research, guidelines and recommendations of authors and studies, that share similarities with our geography, ethnicity and demographics, we hope to raise awareness regarding the best available options and alternatives.

Thus, we could possibly orient our guidelines toward cheaper, more effective options that might not have been available before.

We have reviewed several unrelated protocols and guidelines, focusing more on local protocols applied on populations sharing similar characteristics and socioeconomical status with our own, and taking also into account the most alike common etiological pathogens encountered in SSID.

We should focus more on establishing the preop application as a routine protocol, and to make serious efforts to cease the practice of prescribing orals after discharge.

Since, even in developed countries the duration of therapy is still a controversy, strongly, this should be the topic of upcoming national scientific research orientation to better determine our position in between “single dose” and “continuous application till discharge” prophylaxis regimens.

Keywords: Antibiotic Prophylaxis, Orthopedic Surgery, treatment regimens

OP – 110

Profile of the disease in the Emergency Department. Our experiences.

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Abstract

Introduction; Health care is one of the basic needs of each community. Since considering to healthcare and investing in this sector increases labor productivity and service production, therefore, optimal resource allocation and use of resources is very important. Evaluation of health care programs can determine their quality and progress of implementation and failure or success rate. Hospital services absorb almost half of health sector costs, so efficiency promotion of these services through cost reduction and use of potential capacity of health care organizations is necessary. Diverse economic incentives have been used for cost reduction in hospitals. However, in the field of patient access to hospital services and the quality of services have not yielded to positive results. For preserving quality and accessibility, it is necessary to focus on cost containment indexes by attention to the appropriateness or inappropriateness of health care services. 1- 3 Overuse of emergency departments (ED) is of concern in Western society and it is often referred to as ‘inappropriate’ use. Patients assess their medical problems with worries and

Conclusion: Medical emergencies are common emergencies and hence a well-equipped ED and proper training of emergency physicians and paramedical team in are paramount in saving the lives of these patients.

Keywords: Emergency, Medicine department, Profile of the disease.

OP – 111***Administrative and Legal Aspects and Issues in Emergency Medical Services.***

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Abstract

Aspects and administrative and legal issues in emergency medical services is the important legal challenge that may arise in the establishment and implementation of emergency medical care standards as well as to crises and natural disasters. Legal standards of emergency medical care can be defined as the care and skill EMS and emergency medical care practitioners should exercise in particular circumstances, based on reasonableness and reasonableness and care that would be exercised in similar circumstances. SHME and other support services must be able to organize and effectively use limited medical resources in accordance with “crisis” standards of emergency

medical care. Uncertainty and unprofessionalism, courts will evaluate standards of emergency or crisis medical care, health care practitioners may react negatively to actual or perceived risks, and legal protections may ensure health care practitioners act in good faith because they cannot be held responsible for their civil wrongs that cause unwanted harm to the sick or injured during life-threatening medical emergencies. Most countries in the world during medical emergencies and natural disasters authorize EMS and support services to establish standards of care during medical emergencies and disasters in affected areas, regulate the scope of practice for licensed or certified health care physicians and to change licensing practices as necessary in emergent emergencies creating security to provide medical care with standards necessary for the health of individuals and the public..

Keywords. Aspects, administrative, legal, standards of emergency medical CARE.

OP – 112***Sports Trauma Emergency Training Program***

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Abstract

Ambulance services-Emergency health workers, must be well trained. At the same standards (ERC, AHA). Management must provide all training conditions. Emergency teams should be well equipped. Well-trained teams do the well work. The health and future of the injured person's depend on the first intervention. We have 4 MODULS, and we must think about a new MODUL for Sports emergencies. Nowadays, we are involved with sports in every aspect of our lives. Professional sports activities, sports activities in schools, private gyms, and so on. In the garden, outside, in neighborhood potentially injured.

Keywords: Sports emergency trauma, health workers, well training.

OP – 113***How we use DMPS Protocol during Medical Treatment - Surgical Problems.***

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Abstract

DMPS protocol is in use for many years by now. It is popular more as an official treatment of acute poisoning usually with metal mercury from the different sources. Mercury can be successfully removed by chelation effect of the DMPS protocol. The same treatment might be used as well for the chelation effect during chronic poisoning. This is less in use for no reason because it is safe. If your patient comes to you for this reason this is very suitable method to use for

the patient to get rid of heavy metal which is bonded to the tissue, cannot go out easily.

Using this protocol as a unique simple alternative method we can eliminate heavy metals from the body and improve patient health. To cure patients as well. Three registered medications are in use to make a chelation effect during the treatment. Unithiol® medication, Dimival® and Berlithion® which is support for making the channels for Unithiol® and Dimival® in order to do the “pick up” of the metals. The same chelation effect we have not only for the metal mercury (Hg) but for other metals as well (Al, Cd, Pb, Ar...). Sometimes patients come with analysis already done in some testing. Like from bio resonance testing on Bicom or similar, have symptoms of poisoning, metal color of the skin, chronic tiredness or the therapy like chemo do not function well. Then we advise to do DMPS. After the treatment we expect patient to be well, eliminate mycotic structures, and expect better function of the thyroid gland if we had trias disease already present. This trias usually heavy metal, candida infection, and hashimoto thyroiditis

Keywords. DMPS protocol, treatment, acute poisoning, metal, surgical problems

OP – 114

Efficacy of Drug Conversion of Paroxysmal Supraventricular Tachycardia Performed. A Retrospective Study.

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Abstract

Introduction: Paroxysmal supraventricular tachycardia (PSVT) is an abnormal heart rhythm that occurs suddenly, in most cases, in previously healthy individuals. It occurs most often due to the entry of the heartbeat pulse into the excitatory circuit which conducts the impulse in a circle, resulting in a markedly accelerated heart rate (120-230).

Therapy can be non-drug (performing various Valsavas maneuvers- coughing, holding a breath, drinking a cold water, immersing a face into the cold water, etc), drug therapy (various groups of antiarrhythmics) and electroconvulsive therapy.

The main objective of this paper is to investigate the percentage success of drug conversion of PSVT at the Emergency department (or emergency “rooms.” -ER) of the Institute of Emergency Medicine of Sarajevo Canton. The specific aim of this study was to investigate the relationship between the success of conversion and the age and gender structure of patients diagnosed with this arrhythmia. Also, the specific goal of the paper is to analyze the success of conversion in patients over the observed years.

Material and Methods: This is a retrospective study for which data from patient protocols at the Emergency department of the Institute of Emergency Medicine of Sarajevo Canton (ZHMP KS) in the period 2011-2020 were use

Conclusion: From the results of this study, it can be concluded that the percentage of successful conversions of PSVT in the outpatient conditions of the Institute for Emergency Medical Aid of Sarajevo Canton in the period from 2011-2020. higher than the number of patients in whom conversion was not achieved.

Keywords: PSVT (Paroxysmal supraventricular tachycardia), arrhythmia, ZHMP KS (Institute for Emergency Medicine of Sarajevo Canton).

OP – 115

Access Care and Emergency Treatment of Electrical Injuries in the Emergency Department

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Abstract

Electrical injuries are part of physical injuries, when damage to health or death occurs as a result of the action of technical or atmospheric electricity and lightning. Injuries can range from mild, moderate, severe and fatal injuries are just as likely to occur at home as in the workplace, with around 20 Australians dying each year from electrocution. There is no uniform and standardized procedure for treating victims of electrical injuries in Kosovo. Even if they have no risk factors, victims are often hospitalized, observed, monitored in the emergency department due to acute cardiac problems, and critical cases are treated in intensive care. We analyzed secondary data to determine the frequency of cardiac arrhythmia in survivors of thermal, electrical and/or mechanical accidents, causing burns, thrombosis, tetany, systemic injuries from the victim's fall. Given the inconsistencies found in the reporting of pathological conditions and injuries; electric burn wounds, a standardized system for classifying these pathological conditions is suggested. It is necessary to raise the preparation and skills of emergency health care professionals such as rapid triage, assessment, monitoring, treatment, care and transport with medical care to the hospital. There should be standardized protocols and procedures based on evidence for the treatment of victims with electrical injuries. The education and training of emergency medical care professionals with BLS, ACLS, BTLS, PHTLS, ATLS courses will affect the survival rate of victims with electrical injuries.

Keywords: Electrical injuries, victims, cardiac arrhythmias, burns, injuries, ED, BLS, ACLS, BTLS, PHTLS, ATLS

OP – 116***Middle Meningeal Artery Embolization of Patients with Subdural Hematomas***

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Abstract

Introduction; Treatment of refractory subdural hematomas in acute or chronic patients is possible by surgical or endovascular embolization of the middle meningeal artery using PVA particles and coils. Recent articles have demonstrated that endovascular technique has some advantages over surgery in patients with rc-SDH including patient whom has gone or not before in the surgery and also overall high cure rates with few complications.

In contrast patients with a-SDH and c-SDH with neurologic deficit in presentation are often treated with open surgery (ref). We started treating the CDH by embolization of the middle meningeal artery in february 2018 on the basis of these preliminary literature results.

In our study we have included patients with a-SDH, c-SDH and rc-SDH without neurologic deficit with the goal of achieving image-cure of SDH. The aim of the study is to present our results of embolization of the middle meningeal artery for endovascular treatment of acute and chronic subdural hematomas in patients without neurologic deficit.

Keywords; subdural hematomas, endovascular embolization, treatment

OP – 117***Microwave Ablation of Hepatic Metastatic Tumor***

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Abstract

Introduction; With all the measures taken, the trend of liver cancer cases has increased worldwide, as a consequence, this is accompanied by an increase in mortality by 43% (10.3 per 100,000 in 2016 (USA)) [1, 2]. Liver cancer is also associated with the lowest 5-year survival rate among all types of cancer (19%) [1]. Liver cancer (including intrahepatic bile duct cancer) was the ninth leading cause of cancer death in 2000 and rose to sixth in 2016 [3].

This shows that the identification of safe and effective treatments for liver cancer is urgent now. Microwave ablation is a thermal ablation modality that has particular applicability in treating hepatic malignancies primary tumors or metastases. Microwaves can generate very high temperatures in short time periods, potentially leading to improved treatment efficiency in larger ablation zones. We will show a patient male 55 years old. Post-surgery of colon cancer 6 months ago. Normal exam. There is a liver metastasis in the right lobe subcapsular 22mm. The patient was a good candidate for MWA.

Conclusions; MWA is an effective and safe alternative in patients/tumors that are not suitable for resection. Survival and recurrence outcomes after MWA are significantly improved with significantly shorter hospital stays and operative times, with little or no intraoperative blood loss

and minor complications. Its use should be extended more and more in the field of treatment of these patients depending on the therapeutic indications

Keywords: microwave, ablation, liver tumors, liver metastases

OP – 118

Role of Radiology in the Diagnosis and Management of Traumatic Injuries of the Spleen – Case series

Sonja Butorac (Saraçi)¹, Admir Mustafa¹, Vidi Demko¹, Bardhyl Veizaj¹, Najada Kallashi¹, Artan Gjika¹, Kujtim Alimeri¹, Spiro Kaçori², Amarildo Blloshmi², Elona Markeçi¹

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Abstract

General Considerations and Objectives: Trauma is the leading cause of death among the young population. In the past, exploratory laparotomy constituted the main approach in assessing and eventually treating abdominal trauma injuries. Meanwhile, technological advancements in Diagnostic Imaging and the increasing availability of CT scans, has resulted in Radiology obtaining a crucial role in the diagnosis/evaluation and treatment of acute traumatic injuries of solid abdominal organs, including the spleen. Compared to surgical treatment, interventional radiology has significantly decreased the morbidity and mortality that are associated with these injuries.

Materials and Methods: We will present a case series of patients with traumatic injuries of spleen collected during our work at the University Hospital of Trauma, focusing on its

radiologic diagnosis. Then we performed a literature review regarding the role of interventional radiology in the treatment of traumatic spleen injury.

Conclusion: Imaging data, especially those provided by CT scans play a crucial role in the diagnosis and management of traumatic injuries of the spleen, and have virtually substituted the exploratory surgical interventions. In hemodynamically stable patients with the appropriate indications, spleen angioembolisation has become the standard of care.

Keywords: Spleen injuries, diagnostic imaging, non-surgical treatment, interventional radiology.

OP – 119

Role of Diagnostic Imaging in Diaphragmatic Rupture: Case Series

Vidi Demko¹, Sonja Butorac (Saraci)¹, Admir Mustafa¹, Kujtim Alimeri¹, Najada Kallashi¹, Artan Gjika¹, Bardhyl Veizaj¹, Amarildo Blloshmi², Spiro Kacori², Erjona Zogaj¹,

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Abstract

Introduction: Traumatic Diaphragmatic Rupture can result following a blunt and/ or penetrating trauma. Computed Tomography (CT) is considered the examination of choice in its diagnosis.

Objectives: In this study we aim to present a case series from our experience in the University Hospital of Trauma, in addition to the challenges, and pitfalls we have encountered; performing a comparison of our data with the most recent literature.

Materials and Methods: Cases were grouped according to the mechanism of trauma, gender, age, common imaging signs, pitfalls, etc.

Results and discussions: A total of 14 cases were confirmed to have Diaphragmatic Rupture during a two-year period. Our main demographic and imaging data are similar to the literature. We confirm a dominance of blunt trauma over penetrating trauma, also a dominance of left diaphragmatic rupture compared to right side.

Keywords: Diaphragmatic Rupture, Diaphragmatic Hernia, CT scan, Blunt Trauma, Penetrating Trauma

OP – 120

The Importance of CT Urography in early Diagnosis of Anatomical Variations in Urogenital Tract: Case Presentation

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Abstract

Anatomic variations in the urogenital tract have generally been diagnosed through intravenous urography as a modality of choice. In recent years, computerized tomography (CT) urogram has replaced the traditional intravenous imaging of the genitourinary tract. Hematuria, tumoral mass, obstructive uropathy, and congenital collecting system abnormalities are indications for CT imaging. In this report, we present a young woman with intermittent right flank pain and recent urinary tract infection. Her history was also positive for spontaneous abortion. She was referred to the Radiology Clinic for a CT urography. Our aim, in this case report, is to highlight the role of CT urography in the early diagnosis of anatomical variations of the urogenital system and appropriate prevention of clinical progression.

Keywords: CT urography, Renal anomaly, Ectopic kidney, Urogenital

OP – 121***Multi-Disciplinary Team Staff its Importance, Specially in Oncology***

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Abstract

Introduction; MDT staff is an important and crucial element in every day work in every medical field, especially in oncology regarding complexity of a lot of elements: pathology, patient, comorbidity, new product in pharmacology, new attitudes, the evolution of attitudes, etc. The importance of this MDT staff is not only putting in evidence statistically the cases that are going under specific treatment, but analyzing any patient in any element that compound its pathology since the first presentation in Oncology Hospital and be sure that we are respecting all the current guidelines in any specific treatment.

It is necessary this evaluation to be done by a staff with specialist medical staff that represent specific specialty and also can be part of this staff young doctors, resident in training process and students.

In our hospital are different oncology MDT staffs like: breast and melanoma (soft tissue), gynecology, pneumology; our staff contribute in oncology MDT staffs in other hospitals like: upper and lower GI, urology, etc. But in this staff, we must improve our way of presentation of cases, discussion and decision making.

The MDT structure, which includes all appropriate disciplines that vary from different types of malignant pathologies, should contain the following specialties for each type of cancer: (COEs)

MDT at the Oncology Service will strive to adapt to this model of excellence that meets the global patient needs.

Conclusion: MDT staff is crucial not only for right treatment for patients but even for updating guidelines and impose to the decision-making structure in health the right

Key word: staff, oncology, multidisciplinary.

OP – 122***Breast Biopsy in support of Surgical Treatment. The Superiority of Bioptic Methods.***

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Abstract

Background: Lesions classified as suspicious in mammography and ultrasound, classified as BIRADS IV and V, have an increase in incidence and a decrease in the age of patients. The pre-operator and frozen biopsy have significantly increased the diagnostic certainty and have helped in the surgical tactics undertaken by the breast surgeons.

Material and Method: Through the PACS system for storing radiological images, which includes: echo, mammography, breast MR, as well as the ERIS system, where it is possible to store histopathological data, diagnostic reports and immunohistochemical data, we collected and selected 50 patients from January 2018 - January 2021 and evaluated the type of biopsy, presentation of the bioptic tissue and clinical findings as well as compared the diagnostic sensitivity.

Results: In the patients taken into consideration in the study, the age, the size of the lesion, the number of lesions and the correlation of the pre-operative and post-operative biopsy were evaluated. At the same time, the data were correlated with post operative biopsies. Excisional biopsies showed a trend towards a reduction in cases.

Conclusion: The increase in the incidence of breast cancer has directly indicated the increase in the number of breast biopsies, showing efficiency and increased sensitivity. The preliminary data evaluated by the pathologist clearly guides the breast surgeon in choosing the operative technique.

Breast biopsy remains the gold standard for establishing the nature of the lesion in breast abnormalities. The comparison of the preoperative biopsy with the post operative and intra operative biopsy showed a high sensitivity of the true-cut biopsy.

Keywords: BIRADS, Breast Biopsy, Surgical Treatment

OP – 123

Discordance in Clinical Versus Pathological Staging in Breast Cancer

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Abstract:

Background: Breast cancer is the most common type of cancer among women, and the most studied one. Actually, breast cancer treatment is being individualized second to the initial status of the disease (anatomical presentation, histological grade of tumor differentiation, nodal status of the disease and receptor status). One of the most important factors in breast cancer prognosis is the preoperative staging of the disease. Our study aims to determine the discordance between the clinical preoperative staging and the postoperative pathological stages of breast cancer patients.

Material and Methods: Data from medical records of non-metastatic breast cancer female patients, diagnosed at "Megis Medical Clinic" from January 2019 to August 2022, which have undergone surgery were collected with the agreement of every patient. The staging was done as per AJCC eighth edition. We aimed to study the discordance between the clinical classification and pathological staging based on T (tumor), n (nodal status). Chi-square test was used to determine factors that significantly correlate with disease discordance.

Results: A total number of 77 female breast cancer patients' records were analyzed. Among these patients, 77 % were hormone receptor-positive, 13 % were Her2 positive and 10% were triple-negative. Overall stage discordance was seen in 49.3% (n = 77) patients (upstaging in 32.9%, down staging in 16.9%). The discordance rate was 44.2% for T

stage (CT versus PT) and 54.5% for N stage (CN versus PN).

Conclusions: Based in our study about discordance between clinical and pathological staging, higher discordance in the nodal stage was found in half of breast cancer patients. This changes the disease prognosis, and it can also affect the chosen surgical treatment and radiotherapy. Accordingly underlining the need for a precise pre-operative staging. This information can help clinicians keeping in mind the change in disease staging and management.

Keywords: Breast cancer, clinical staging, pathological staging discordance,

OP – 124

Molecular Subtypes of Breast Cancer and Quadri-Negative Breast Carcinoma

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Abstract

Treatment protocols for breast carcinomas depend mainly on the status of hormone receptors (estrogen and progesterone) and human epidermal growth factor (HER2). The presence of one or more of these receptors suggests that a treatment targeting these pathways may be effective, while the lack of expression of all these receptors (triple-negative TNBC breast carcinomas) suggests the need for a more toxic chemotherapy. In the pursuit of efforts to develop targeted therapies for TNBC, differentiation of specific subtypes among TNBC is needed. The subtype of TNBC that expresses the androgen receptor (AR) has been shown to express genes consistent with a luminal subtype and may therefore be amenable to therapies targeting either the AR itself or other pathways typical of luminal subtypes. For the subclass of TNBC that lacks AR expression, which we call quadri-negative breast carcinoma (QNBC), there is currently no targeted treatment pathway. This presentation will summarize some of the current efforts to develop targeted therapy alternatives for TNBC and QNBC.

Keywords: Breast carcinoma, prognosis, targeted therapy, luminal tumors, TNBC, QNBC

OP – 125

Metaplastic Carcinoma of the Breast. Case Report and Review of Literature.

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Abstract

Background: Metaplastic breast carcinoma (MpBC) is a rare, fast-growing, special histologic subtype of breast carcinoma characterized by the presence of squamous and/or mesenchymal differentiation, detected often in later stages. It was described by WHO as a separate disease in 2000 and accounts for less than 1% of breast cancer. Most MpBCs are of triple-negative phenotype and neoadjuvant chemotherapy (NAC) is frequently utilized in patients with MpBC, but recent studies have reported overexpression of programmed death ligand 1 (PD-L1) in metaplastic breast cancers.

Material and Method: In this case report we will address a 73-year-old female with a large multinodular and solid breast mass of 3x4cm of LSQ which deformed the breast. The excision of the lesions was performed and after the biopsy examination together with immunohistochemistry, the diagnosis of MpBC was reached. The tumor was Triple-negative phenotype, with high proliferating index of Ki67=50%.

Discussion: Because of its rarity there is no standardized treatment guideline for MpBC patients. Patient with rapid growth of breast mass should be evaluated keeping in mind the metaplastic or sarcomatoid neoplasm. Special attention must be in Core biopsies and also Frozen biopsy due to the lack of adequate tissue samples.

Keywords: Metaplastic breast carcinoma, immunohistochemistry, treatment guideline

OP – 126

The Shrinkage Effects of Formalin Fixation and Histological Processing in Different Types of Tissues/Organ-Specific System. A Retrospective Study.

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Abstract

Background: Accurate measurement of tumor size and subsequent surgical margin assessment is critical for pathology reporting. Tumor size and surgical margin are two important prognostic factors and play key roles in determining patients' consideration for adjuvant therapy.

Material and Method: A summarise of previous studies related to the shrinkage effects of formalin fixation in different types of tissues.

Discussion: Given the importance of changes to tumor size and distance of tumor to nearest surgical margins, many studies have examined the shrinkage effect of formalin fixation and histological processing in a series of specimens. Many studies have shown that formalin fixation will cause a change in tissue size, which accounts for the tumor size discrepancies between surgeons and pathologists and may lead to the underestimation of tumor stage.

Tumor size is one of the important components in the AJCC staging system. Formalin fixation may cause tumor shrinkage and migration from T2 to T1 in NSCLC. Histological processing would cause a tumor stage shift from pT1b to pT1a in renal tumors. For accurate tumor staging, size measurements should be performed immediately after resection, in fresh specimen instead of after formalin fixation in this tumor. Formalin fixation is not the main cause of specimen contractility, and thus not the main contributor to overall specimen shrinkage. The post-excision cutaneous tissue shrinkage prior to formalin fixation due to the intrinsic contractile properties of the tissue.

Conclusions: The AJCC staging system should be revised and should specify how to measure tumor size and the status of specimens to be measured in future versions.

Keywords: histological processing, cutaneous tissue shrinkage, staging system

OP – 127

Primary Mucinous Adenocarcinoma of the Lung. A Case Reports.

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Abstract

Background: Mucinous adenocarcinoma is an unusual histological type of lung cancer, and its clinicopathological feature is distinctive from that of other histopathological types of lung adenocarcinoma. These tumors are characterized by the accumulation of pools of mucin that infiltrate and destroy lung parenchyma. The alveolar walls within the lesion may be lined focally by atypical mucinous epithelium. Another distinctive feature is the presence of epithelial tumor cells, either small clusters or single and scattered, floating in pools of mucin. These tumors demonstrated the ability to behave aggressively and metastasize in distant sites but the possibility of metastasis from another organ in which such tumors are known to arise (e.g., colon, breast, ovary) must be excluded histologically and clinically.

Material and Methods: The present study reports a rare case of a mucus-producing adenocarcinoma of the lung. A 60-year-old female patient was diagnosed with mucinous adenocarcinoma of the lung, which manifested as respiratory symptoms, including fever, cough and expectoration. The patient received thoracic tru-cut procedure, since the lesion was not surgically removable and other inspections could not establish the diagnosis. IHC examinations revealed Ck7 and TTF1 positive and Ck20 and Ca125 negative markers but no mutations in EGFR and ALK genes. The present study reports a rare mucus-producing adenocarcinoma of the lung, which is of bad prognosis.

Discussion: The case we are presenting as a rare type of pulmonary adenocarcinoma should be borne in mind that it is an aggressive type of cancer and should be differentiated from other types of metastatic mucinous adenocarcinomas from other organs.

Keywords: Lung mucinous adenocarcinoma, metastasis, IHC

OP – 128

Review of Carotid Endarterectomy: Eversion or Conventional plus Patch Angioplasty

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Abstract

In the fifties of the last century, the first successful carotid artery reconstructions were performed.

Nowadays carotid endarterectomy (CEA) is the main procedure in carotid surgery, as well as the most frequent vascular procedure. Two techniques of CEA are available: eversion and conventional plus patch angioplasty.

Eversion CEA performed by an experienced surgeon, is a safe, effective, durable and an anatomic procedure that reduces ischemic and total operative time. Simultaneous correction of the joined carotid kinking and coiling is possible, easy and safe, while the usage of the patch is excluded. Thanks to the oblique shape of the anastomosis, eversion CEA is associated with low-risk long-term restenosis. The postoperative hemorrhage and false anastomotic aneurysms occurrence during the follow-up period is very rare, almost impossible after eversion CEA.

But, the usage of carotid shunt during eversion CEA is not always simple. Proximal or distal extension of the carotid plaque can make eversion CEA more difficult and riskier. Conventional CEA plus patch angioplasty is indicated in cases when the carotid plaque is extended more than usual, as well as, if the usage of the carotid shunt is necessary, especially when the contralateral internal carotid artery is occluded and the retrograde pressure is very low.

In our service, in the last 2 years, we have performed CEA with around 70 % eversion and 30 % conventional plus patch angioplasty. The rate of death was 0 %. Eversion CEA should be the first choice in carotid surgery.

Keywords; carotid endarterectomy, patch angioplasty, carotid surgery

OP – 129

Surgical Treatment of Abdominal Aortic Aneurysm, A Retrospective Study

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Abstract

Purpose; To evaluate the results of the surgical treatment of Abdominal aortic aneurysm, in the period 2008-2015 in the Service of Vascular Surgery, UHC "Mother Teresa", Tirana, and to compared the transabdominal approach with the retroperitoneal approach, and to recommend methods for their improvement.

Material and Methods; In this retrospective study were included all new, cases operated on in the service of Vascular Surgery. UHC "Mother Teresa", Tirana from January 2008 to December 2015. 198 patients underwent AAA operations: 126 patients operations were performed with the transabdominal approach and 90 operations were performed with the retroperitoneal approach. Nine of the patients were classified American Society of Anesthesia (ASA) class IV. 18 patients were Women and 198 were Men. There were no significant differences between the groups for comorbid risk factors or perioperative care.

Results; Among the patients 8 died after operation transabdominal, 4 died after operation retroperitoneal. There was no difference between in the number of pulmonary complications, and there was difference in cardiac complications et gastrointestinal, the retroperitoneal approach was with a significant reduction in cardiac complications and gastrointestinal complications. Operative time was significantly longer in the retroperitoneal group. The patients in the retroperitoneal group required less intravenous narcotics and analgesics. Hospital length of stay were significantly lower in the retroperitoneal. The survival rates at the 12-month follow-up period were similar between the groups.

Conclusion; Our study shows that the actual protocol of Abdominal Aortic Aneurysm management in the Service of Vascular Surgery, UHC "Mother Teresa" achieves a good survival and quality of life.

Keywords; Aortic abdominal aneurysm, inflamator, mycotic, surgery, transabdominal, retroperitoneal, method.

OP – 130

Chest Wall and Sternal Resection; Results of Prosthetic Reconstruction

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Abstract

Introduction: Chest wall or sternal resection is performed for a variety of conditions: as primary and secondary tumors of the chest wall or the sternum, lung cancer, infections, radio necrosis and trauma. Chest wall resection involves: resection of the ribs, sternum, costal cartilages and the accompanying soft tissues.

Objective: Analyses of patients with Chest wall and sternal resection; Results of Prosthetic Reconstruction for period of time 2003 -2021 treated in thoracic surgery service.

Patients and Methods; We review the patients with chest wall and sternal resection in thoracic surgery service, in University Hospital "Shefqet Ndroqi" Tirana, during period of time December 2003, to December 2021. The variables of interest: age, gender, preoperative conditions, indications for treatment, type of operation, operative morbidity and mortality rates, late operation, and adjuvant outcome. Perioperative deaths: died within the first 30 days after operation or later but during the same hospitalization.

Results: Total patents treated in our hospital during this period was 93 patients. Rate male /female: 2 / 1. Mean age of presentation: 49.4 ± 18.5 years, the median age was 57 years and ranged from 16 to 73 years. The indication for resection was: - primary chest wall and sternal malignancy 45, - recurrent chest wall malignancy 11, - contiguous lung cancer (NSCLC) 11, - breast cancer recidive and metastasis 8. Multimodal treatment, 45(75%) patients.

Conclusion: Surgical and intensive treatment are very important and with low mortality rate. Medically surgical treatment in a particular patients should be done at the right and moment time, it is the key to success. *Methylmethacrylate reconstruction (Sandwich plastica)* provided enough stability for normal spontaneous breathing and cosmetic acceptability.

Keywords: chest wall, sternal, resection, reconstruction.

OP – 131

C7-TH1 Nerve Root Neurinoma presenting as Apical Mass: A challenging case.

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Abstract

Introduction; Neurogenic tumors of the thorax commonly occur in the posterior mediastinum. They originate from embryonic neural crest cells around the spinal ganglia and either sympathetic or parasympathetic components. Neurogenic tumors can be benign or malignant. Benign lesions are classified as either schwannoma or neurofibroma. Schwannomas are more common than neurofibromas. Patients with schwannoma are often asymptomatic and rarely manifest symptoms of spinal cord compression or have cough, dyspnea, chest wall pain, and hoarseness.

Material and Methods; A 52-year-old man was admitted to our clinic with the diagnosis of an apical mass in the left hemithorax confirmed by a chest x-ray. Five years ago, he was operated on for C7 - T1 neuroma by a neurosurgeon. The patient underwent surgery, hemilaminectomy, and unilateral facetectomy. Occasionally he made a chest x-ray that revealed an apical mass on the left lung...

Results; A computed tomography scan revealed a smooth, circumscribed neoplasm measuring 6x5 cm originating in the posterior mediastinum of the left hemithorax. Further preoperative diagnosis entailed a magnetic resonance tomography of the cervical and thoracic spine. MRI of the cervical and thoracic spine revealed a C7-T1 neuroma, measuring 6x5 cm extradural tumor with extension into the apex of the ipsilateral lung. The patient underwent surgery via inter scapula vertebral incision of the left hemithorax.

Conclusion; C7-TH1 nerve root neuromas are extremely rare. The extended posterior approach (inter scapula vertebral thoracotomy) is an efficient and safe procedure for the removal of the tumors at the TH1 level with a predominantly extraforaminal component in the apex of the lung extending up 6 cm laterally.

Keywords: chest wall; mediastinal tumor; lung; benign lesions

OP – 132

New Developments on the Treatment of Varicose Veins Diseases in Albania.

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Abstract:

Introduction: Varicosis veins are visible dilatations of the veins that come as a result of abnormal blood circulation. These expansions come as a result of damage to the internal valves of the veins, with the consequences of weakening the mobility of venous blood in the natural way, towards the heart, in the right atrium.

Disruption of mobility, stagnation and sometimes blockage of this circulation has consequences for the vein itself, resulting in its inflammation up to infection, thrombosis of the vein up to the rupture, resulting in venous hemorrhage or hematoma.

Material and Methods; In the study carried out in our country, in Albania, there is a combatibility if genetic predisposition up to 80 percent. But, also obesity, sedentary life, professions with long periods of standing, women's childbirth, are among the etiological factors of this pathology, which is quite widespread .

Results; In the studied population of 150,000 inhabitants, there is an incidence if the disease of 12 percent in men and 15 percent in women. Other colleagues who have studied the trend of this disease in our country have found similar results in terms of this nosology. The classical treatment of saphenectomy with stripping is giving way to radiofrequency, high temperature sclerotization, sclerotherapy foam, which even in our country is giving satisfactory results. Even in Albania, progress is made in this method of treatment thanks to the experience of our italian and greek colleagues who are in contact and exchange our experiences of daily clinical practice.

Conclusion: Varicose Veins Treatment is famed for its high success rate and the effectiveness of the treatment, but you should consider the possibility of complications, however minor.

Keywords; Varicosis veins, weakening the mobility, inflammation, thrombosis, treatment

OP – 133

Diabetic Client in Correlation with GAS and ICF as Evaluation and Teaching tools in “Diabetic foot unit” Running from Medical Students, Review of Literature and our Experience

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Abstract

Introduction: Diabetes mellitus (DM) is a chronic disease characterized by persistent hyperglycemia, associated with impaired body structure and functions at all organs. Limitations of physical daily activities, including work and social participation, are due to organ impairments.

Aim: Creation and realization of the students run centrum for Diabetic foot, using ICF and GAS approach, as teaching and evaluation tools in correlation with Diabetes patients, where medical students provide service learning and care opportunities.

Methods: Simultaneous preparation of the medical faculty staff and active student engagement from University “Fehmi Agani” in Gjakova by the EU Tutors. Gaining special competencies such as skills, knowledge, attitude for approach and treatment of Diabetic clients using ICF and GAS as tools. We have used new pedagogical approaches, where learning outcomes has been made in accordance with Bloom Taxonomy. Google form questionnaire was used for students’ evaluation.

Results: Voluntary and practice work of medical students was archived providing free service for medical care to diabetic clients and peer learning opportunities.

Conclusion: Opportunities for student’s medical education and care for diabetic clients, are achievable with dedicated and enthusiastic students supported by faculty medical staff.

Keywords: diabetes mellitus, education, International Classification of Functioning, Disability and Health; Goal Attainment Scaling, students running center, students care

OP – 134

Emergency Surgery for Cardiac masses.

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Abstract

Primary tumors of the heart are rare even in major cardiac surgery centers. Because of the low case numbers, there is an insufficient evidence base to determine the optimal treatment, particularly for malignant tumors.

Primary cardiac tumor is a rare disease with an incidence ranging from 0.001 to 0.3%, and 75% of cardiac tumors are benign. Atrial myxoma is the commonest type, which accounts for more than half of the benign cardiac tumors. Echocardiography is the most valuable diagnostic imaging technique

Although the existence of cardiac tumors has been known since the Middle Ages, they remain a diagnostic puzzle and a therapeutic challenge. The first successful resection of a cardiac tumor was carried out by Crafoord in 1954, using a heart–lung machine, and ensuing advances in cardiosurgical technique enabled resection of malignant tumors. There are no large studies of the best treatment for cardiac tumors, particularly the malignant forms; often, only single case reports are available. Patients with cardiac tumors should undergo surgery in a timely fashion in a specialized center. This holds for both malignant and benign tumors, particularly for atrial myxoma, which can cause serious secondary complications by embolization.

Keywords: Primary cardiac tumors, Myxoma, Minimally invasive surgery

OP – 135

Arterial Revascularisation

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Abstract

Introduction; Coronary artery disease remains the main cause of death. Surgical treatment (CABG) remains the best method and arterial grafts are the ideal solution for the long-term success of the

intervention. Although arterial revascularization intervention represents surgically technical difficulties it remains an objective and a main solution for the surgical treatment of the coronary disease in every

center. This is reflected by the big number of studies, arterial grafts and different techniques. This was also one of our main goal.

Material and Methods: The first arterial intervention with double mamary artery is done in 10 march 2006. From that time, we have performed 127 intervention with double mamary arteries. Average age of the patients is 52.9 ± 10 years. 104 patients presented triple vessels disease. Average number of grafts for patients was 3.07 ± 0.9 . Right mamary artery was used in situ in 98 cases, in 27 cases Y graft with the left mamary and in 2 cases the right mamary was used as a free graft. In 18 cases radial artery was used as the third graft – 16 June 2006 first "totally arterial revascularization". In the rest of the cases vena saphenous magma was used.

Results: Patients had a good post-operative period and were discharged after 9.6 ± 2 days. The follow up from three months to one year didn't present serious problems. Two deaths, one related to cerebro-vascular accident and the other from acuta pancreatitis.

Conclusions: although the risk and surgically difficulties arterial re-vascularization can be a successful procedure and should be the choise in young patients.

Keywords; Coronary artery disease, arterial revascularization, arterial grafts

OP – 136

Cardiac Trauma. Management Strategies short Panoramic View.

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Abstract

Introduction: Trauma is the leading cause of death in United States in the younger population. National Trauma Data Bank in 2017 reported that 140 000 Americans dies and 80 000 are permanently disabled as a result of trauma each year. Cardiac trauma is identified in less than 10% of all trauma admissions, and still it is associated with a much higher mortality than other organ system

injuries. Considering the lethality of this type of injury, better guidelines should exist to direct management. We have analyzed data from pub med, surgery books, reviews and original presentations from many institutions to present actual management strategies of cardiac injuries.

Cardiac injuries are classified penetrating and blunt. Penetrating trauma includes stab or guns wounds. All patients with a penetrating wound anywhere near the heart should be considered to have a cardiac injury. The penetrating cardiac traumas is a surgical emergency while for the blunt injuries the treatment consists mainly in observation.

The diagnose of the cardiac trauma include: clinical assessment, physical examinations, chest radiographs, echocardiography, cardiac enzymes, ECG, CT scan and even chest drainage. Despite many diagnostic tools we have, it is very important the right management of these tools and the time.

Conclusion: The Surgery teams should be familiar with the management of the cardiac injuries and the continuing education about this topic is the success key to manage better these emergencies.

Keywords: cardiac trauma, emergency, blunt trauma

OP – 137

The Association of Conotruncal Congenital Cardiac Lesions and Aortic Dilatation? Does it make Patients more Prone to Dissection?

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Abstract

Introduction; Thoracic aortic dilation (AD) has commonly been described in conotruncal defects (CTDs), such as TOF, TGA, TA. Several theories for this have been devised, but fairly recent data indicate that there is likely an underlying histologic abnormality, similar to that seen in Marfan and other connective tissue disease. But is there an increased risk in surgical emergencies with these patients

Material and Methods; We have made an in-depth literature review, of PubMed, research gate, to attempt a in-depth analysis of pediatric trauma. We will look at clinical manifestations, recommended imaging, and of course treatment. In addition, we will also mention our own departments experience

Results/Discussion; It has been known for over half a century that Aortic Dilatation is common in TOF patients. Although there are few case reports of aortic dissection and rupture in the literature, it appears to be rare in the setting of a conotruncal anomaly. The risk of ascending aortic dissection or

progressive aortic dilatation requiring intervention is significantly low, despite the presence of a moderately dilated ascending aorta in the many of these patients.

Keywords; Thoracic aortic dilation, conotruncal defects, surgical emergencies

OP – 138

Morphological Aspects and Treatment Strategies for Chronic Total Occlusions of the Coronary Arteries.

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Abstract

Coronary total occlusions are routinely found in patients suffering from chronic coronary artery disease. Their prevalence is between 20-50% and is higher in patients with prior coronary artery bypass surgery. Patients with CTOs have a higher risk profile, higher Syntax scores and in approximately 80% of the cases, a multi-vessel disease. Advances in technology that supports CTO-PCI and the increasing operator experience in high volume centers has raised important questions about the revascularization strategy. In the majority of cases, the treatment strategy for this group of patients should aim at achieving full revascularization. In this context CABG should be considered the first choice and percutaneous coronary intervention can be considered for patients with less advanced disease. It is not clear, whether successful CTO revascularization (CABG or PCI) have an impact on long-term outcomes. For these reasons, the treatment of patients in the presence of CTOs should be based on the current evidence on the treatment of multivessel coronary disease.

Keywords: Chronic total occlusions, Coronary artery disease, CTO, CABG, CTO-PCI,

OP – 139

Mitral Valve Infective Endocarditis caused by Streptococcus Constellatus, a rare Pathogen. A Case reports.

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Abstract

Introduction; Infective endocarditis (IE) is an acute or subacute endocardial infection caused by bacterial, viral or fungal microorganisms. It is associated with a high rate of mortality and morbidity. The diagnosis of IE is based on a combination of fever, presence of vegetation in echocardiography and positive blood cultures. In our case, a 42-year-old man, who complains of severe difficulty in breathing, body weakness, temperature, is presented to the emergency service. Echocardiography shows vegetation in the posterior leaflet of the mitral valve, severe mitral regurgitation. The patient was first treated with antibiotic therapy to control the infection, then underwent cardiosurgical

intervention. Here we report a case of mitral valve endocarditis caused by *Streptococcus constellatus* in a young patient

Keywords: Mitral valve, Streptococcus constellatus, Infective endocarditis, Cardiac Surgery.

Abstract

Background; Coarctation of the aorta is one of the most commonly encountered congenital heart defects (CHD), in the pediatric population. It is defined as a hemodynamically significant stenosis of the descending aorta, typically at the site of insertion of ductus arteriosus. It has an estimated incidence of 4-6 cases per 100,000 births, accounting for 5-8% of all congenital heart defects. Clinical presentation is heterogenous, varying from asymptomatic to congestive heart failure, acute pulmonary edema and shock, depending on the degree of coarctation, the development of collateral circulation and age at presentation.

Materials and methods; We conducted an observational, retrospective, cohort study collecting data from the medical records of the Department of Cardiovascular Surgery at the University Hospital Center “Mother Theresa” Tirana, Albania. Baseline patient characteristics, including demographic, clinical and surgical data of patients admitted in the span a fifteen year period (March 2004 – March 2020), were recorded.

Results; Between 2004 to 2020, a total of 85 patients were admitted with a diagnosis of Coarctation of the Aorta in the Department of Cardiovascular Surgery and underwent surgical treatment. Males represented 62.36% of our cohort. The highest incidence was reported in 2015 (17 patients) and the lowest in 2005, 2007 and 2012 (0 patients). The pediatric population was arbitrarily defined as patients under the age of 12 years old, encompassing in total 60 patients. ...

Conclusion; Our study revealed that despite its estimated prevalence, coarctation of the aorta is sporadic in our pediatric population. Only a small share of pediatric patients present as medical emergencies, requiring emergency surgery.

OP – 140

Surgical management of Coarctation of the Aorta: A fifteen year experience

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OP – 141

Anterior Acetabular Fractures, where we are and where shall we go?

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Abstract

Acetabular fractures occur primarily in young adults who are involved in high-velocity trauma. Since the advent of mandatory seat belt use, there has been a significant decrease in acetabular fractures to approximately an incidence of 3 per 100,000. There has been an increase in the number of acetabulum fractures resulting from a fall of less than 10

legs, likely due to increased osteopenia/osteoporosis. Little has changed since Letournel and Judet's landmark paper in 1993, and many of their findings remain the "gold standard" for treatment today. Among the most significant advances has been the advent of percutaneous fixation of some types of fractures. This activity describes the evaluation, diagnosis and treatment of patients with acetabulum fractures.

The combined transverse-posterior wall type is one of the most common acetabular fracture patterns, accounting for 24% to 32% of those lesions. Generally, the main fracture line of the transverse component crosses the acetabular dome and displaces the weight-bearing area, ultimately altering the mechanical forces of the hip. The effects of fracture malreduction or non-reduction are varied and are more likely to result in post-traumatic arthritis.

Keywords: Acetabular fractures, Line fractures, Management

OP – 142

Total Hip Arthroplasty

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Abstract

Total hip replacement (THR) is a procedure which can improve the quality of life in patients with osteoarthritis and one of the most successful surgeries of the recent century. Avascular necrosis, trauma, rheumatological diseases, developmental dysplasia of hip, femoro-acetabular impingement syndrome (cam and pincer lesions) are the main causes of the hip arthrosis. In the solution of the arthrosis; arthroplastic surgery is an important alternative. There are so many factors affecting the outcomes of hip arthroplasty. Experience, team working, implant quality, equipment, pre- and postoperative patient evaluation are some of them. Therefore, every patient needs detailed evaluation and planning before the operation. Evaluation of the patient by anaesthesiology, radiology, cardiology, internal medicine and physical therapy departments are as important as the surgery.

The commonest reasons for the failure of surgery are infection, wear loosening, dislocation, persistent pain, and fracture. The clinical results of the revision surgeries are not similar as primary surgery and also complication rates are higher. For the best results, all these factors must be under control and multidisciplinary co-working is crucial.

Keywords: Total hip replacement, osteoarthritis, arthroplastic surgery

OP – 143

Total Hip Replacement utilizing Dual Mobility Cups. An Alternative Approach for Young and Active Elderly Patients.

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Abstract

Introduction; Hip replacement surgery for painful arthritis in a worn-out joint has given many people a new lease on life. It has proven to be a highly successful procedure in relieving pain and restoring mobility. These days, it is becoming more common for people in their 50s to consider joint replacement, so they can return to activities they have given up due to hip pain. These younger patients are generally excellent candidates for a type of hip implant known as "dual mobility." In addition, active elderly patients are also very good candidates. It provides excellent range of motion and has been shown to reduce the risk of dislocation as well as significantly less wear and tear on the prosthesis over time.

Material and Methods; Studies have shown that one of the main advantages of dual mobility cups design is that it virtually eliminates the risk of dislocation. We have made an in-depth literature review, in addition to our own experience, to highlight the benefits of this procedure. In addition, we have looked into the cohort of patients that have had a previous hip replacement, that were treated with a revision dual mobility cup. The literature reviews include PubMed, Research Gate, and the results of our own patients. We will present data regarding age, sex, time spent in hospital, operating time, suggestions from our practice and complications.

Results/Discussion; Our results have been very promising, in terms of dislocation rate, return to normal activities, control of postoperative pain, but most importantly patient satisfaction. It is a procedure that does not require a steep learning curve, and recent papers reveal a tendency to increase the indications. Regarding long term follow up, it is of paramount importance to support this technique.

Keywords: dual mobility cup; patient satisfaction; young patients.

OP – 144***Timing for Surgery in elderly Patients with Hip Fracture: Influence in Surgery Outcome.***

Artan Bano

Orthopaedic Surgeon, University Hospital of Trauma, Tirana, Albania.

Abstract

Hip fractures are one of the most frequent type of fractures in elderly patients. Lower morbidity and mortality rate after early surgical treatment of these fractures compared to delayed treatment have been reported. There are guidelines for the best management of these fractures. In addition, time to surgery for hip fractures within 48 hours, in most of the institutions, appears to become the best practice. Data supporting multidisciplinary approach

as substantially important practice to follow, in order to make the patient fit for surgery as soon as possible.

Keywords: Hip fracture, Elderly Patient, Timing for Surgery

OP – 145***Postoperative Rehabilitation following Hip Fracture.***

Artan Bano

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Abstract

Nowadays, the incidence of hip fracture is increasingly widespread in the elderly individuals. Orthopaedic surgeons all around the world have been focused on the best surgical treatment. Large data studies support lower rate complications, shorter hospital stay and better functional outcomes once a proper rehabilitation program in and out of the hospital is applied. Patient characteristics, implant choose and surgery design, patient co-morbidities, delirium and sarcopenia are some of predicting factors, affecting the outcome and return to preoperative patients' independence. Multidisciplinary approach in rehabilitation process of these patient remains the best treatment.

Keywords: Hip fracture, hospital stay, rehabilitation

OP – 146***Flap Delay. An old Concept Revisited. Experience with the Sural Flap***

Sokol Isaraj, Albana Aleks, Lorela Bendo

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Abstract

Introduction; Delaying the flap was once a common means of getting to have a longer and safer flap for reconstruction in areas where the arterialized flaps were not anatomically possible and when random flaps were extensively used. With the emergence of new methods of identifying blood vessels to the

skin this maneuver was left aside but not forgotten. I have found it very useful for increasing the survival rate of the reverse sural flap especially for more distal defects of the leg and foot. This is a report of two cases where the reverse sural flap was used to cover defects on the dorsum of the foot and the calcaneal area after an acute trauma and an unstable posttraumatic scar respectively. Experience has shown that survival of sural flap for more distally located defects is compromised by the venous congestion and delaying the flap by 10-14 days can increase survival and ensure success of the procedure by improving the venous return of the flap in the first place. The first procedure is done under sedation with the patient in supine position. The designed flap is incised, incision including the deep fascia leaving this latter attached for 4cm approximately at the intended pedicle. The flap was restored in place in two layers. The second procedure is done after approximately 14 days, the need for two operations being the main disadvantage of this method.

Although the experience with this technique is scarce, it is a very useful tool in the toolbox of the plastic surgeon dealing with the lower limb reconstruction.

Keywords; Flap Delay, blood vessels, Sural Flap

OP – 147

Fascio-cutaneous Flaps Application, an Efficient Surgical Alternative for the Easy and Safe Coverage of the Exposed Bone Structures in Inferior Extremities. Three Case Reports.

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Abstract

Introduction; The inferior extremity remains one of the most fragile regions for the coverage of the tissue defects with bone exposure, due to the following morpho-functional features of its anatomical structure:

The problematic longitudinal axial vascularization in the provision of arterial pressure irrigation and tissue venous drainage.

A lymphatic system with an anti-gravitational drainage, very problematic in its damages.

The important potential muscles, very problematic for the supporting function in their use as reconstructive and covering material.

The solid bones difficult in reconstruction and functional rehabilitation of their supporting functions, easily exposed in trauma, and in infectious or neoplastic pathologies.

In this presentation we are giving three fascio-cutaneous surgical alternatives applied in three clinical cases:

The patient V.M., 35 years old, with "Bone ischemic necrosis of inferior third of tibia, after one year exposure from a post-combustional ulcer", is covered with a sural fascio-cutaneous flap with reverse blood supply. After the treatment, he is transferred in Durres Hospital for the treatment of bone necrosis.

The patient E.S., 26 years old, with "A multiple fracture in the middle third of tibia, with an exposed ischemic bone fragment", is covered with fascio-cutaneous medial sural flap supporting on Posterior Tibial Artery perforators. After the treatment, he is transferred in Trauma Hospital of Tirana for the treatment of bone fragment necrosis.

The patient G.M., 54 years old, with "Post-combustional trochanteric trophic ulcer with an osteo-myelitic bone exposure, is covered with posterior femoral flap supporting of Deep Femoral Artery perforators, after a trochanteric osteotomy to the healthy bone tissue. After a year period

without problems and relapse of bone inflammatory phenomena, the patient is considered cured.

As a conclusion, it can be said that the most efficient surgical alternatives for the reconstruction of the covering tissue integrity on the defects with bone exposure in the lower extremities are the fascio-cutaneous flaps, which have minimal interference with the morpho-functional problems of the tissue structure in these extremities.

Keywords; Fascio-cutaneous Flaps, axial vascularization, lymphatic system

OP – 148

Reconstructive Techniques of the Inferior Eyelid, our Experience after the Surgery on the Orbital Region.

Gentian Zikaj ¹, Gjergji Belba ¹, Gezim Xhepa ¹, Nardi Kola ¹, Sokol Isaraj ¹, Ilir Nezha ², Albana Aleksi ²

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² Anesthesiologist, Burns-Plastic Service, University Hospital Center "Mother Teresa" Tirana, ALBANIA

Abstract

Oncologic surgery of the inferior eyelid and orbital region is a challenge in plastic surgery. This region presents difficulties and possible in both functional and cosmetic complications, including ectropion, corneal exposure etc. Adequate oncologic surgery requires extensive knowledge of the anatomy of the eyelid and the lacrimal apparatus. There are various options available for reconstruction in order to perform not only a consistently successful oncologic surgery, but, it's very important, associated with an acceptable functional and cosmetic result. We present examples of our experiences in reconstructive surgical techniques that can be used after the excision of tumors of the lower eyelid, with descriptions of the different flaps and grafts employed in our department in recent years. We also review the surgical techniques according to the site and size of the lesions, and combined with the other lesions.

Keywords: Eye, Orbital, Tarsal, Reconstruction.

OP – 149

The Role of Sentinel Lymph Node Biopsy in Skin Cancer

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A sentinel lymph node is defined as the first lymph node on a direct lymphatic drainage pathway from a primary tumor site, being such the most likely location to bear occult metastasis. Having a sentinel lymph node biopsy can tell whether cancer cells have spread to a nearby lymph node. Numerous studies support that sentinel lymph node status is the most important prognostic factor to stage progression of melanoma and high risk non melanoma skin cancers such as squamous cell carcinoma and Merkel cell carcinoma. 20 cases have been presented, most with squamous cell carcinoma and the rest melanoma. Methods included are surgical excision, radionuclide injection for sentinel finding, gamma probe device, and biopsy. Sentinel lymph node biopsy has a significant impact on survival and its use has led to increased accuracy of the procedure and improved patient outcomes.

Keywords: sentinel lymph node, biopsy, melanoma, Merkel cell

OP – 150

Overview of the Surgical Approach Rejuvenating the Periorbital Region.Vladimir Filaj¹, Ina Kola¹, Erisa Kola², Ferdiola Gjonaj²

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Abstract

Background: The eye is an important component of facial aesthetics and blepharoplasty can play a vital role in facial harmonization and aging process. Blepharoplasty is one of the most commonly performed facial cosmetic procedures, alone or in combination with other cosmetic surgeries such as brow lifting or facial lifting or other facial and skin rejuvenation. This presentation aims to provide an overview

of the upper and lower eyelid blepharoplasty techniques, proper selection of the patients, meticulous preoperative planning, importance of consultation and patients goals, precise measurements and observing any asymmetry in facial features, careful evaluations of periorbital anatomy and signs of aging and tips how to manage the complications.

Results: Our gold standard is combining surgical and non-surgical treatments for optimal results. We use autologous fat injection in combination with blepharoplasty to achieve a youthful appearance. We will present several cases using this approach. Our fat grafting technique involves, 3 steps: fat is harvested in the lower abdomen or inner thigh; fat is processed with centrifugation; fat is transferred in 1ml syringes and injected in the middle third of the face and inferior orbital rim in the supra-periosteal plane.

Conclusion: Both upper and lower blepharoplasties are technically demanding operations that require careful planning and meticulous execution to achieve optimal outcomes and avoid complications. In the hands of experienced surgeon autologous fat injection is an excellent procedure performed separately or in combination with cosmetic blepharoplasty. Nevertheless, the goal remains the same, achieve a youthful and natural look to the periorbital region.

Keywords: blepharoplasty, facial cosmetic procedures, autologous fat injection

OP – 151

Post Traumatic Crooked Nose Rhinoplasty

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*Burns-Plastic Service, University Hospital Center “Mother Teresa” Tirana, ALBANIA****Abstract***

Introduction; The nose is frequently traumatized in facial injuries and this often results from motor vehicle accidents, sports-related injuries, and altercations. Subsequently, posttraumatic nasal deformity is one of the most common reasons that patients seek consultation in the doctor’s office. Depending on the type of nasal deformities, this can result in functional impairment and aesthetic problems. Two challenging problems to be addressed in the posttraumatic nose include the crooked nose deformity.

Crooked nose doesn’t follow a vertical, straight line down the centre of your face, which can make some people feel

self-conscious. Depending on the cause, crooked noses will have different degrees of crookedness and these could vary from slight to more dramatic.

While a crooked nose might affect breathing, usually the only cause for worry in our patients is aesthetic appearance.

Having a crooked nose may be a result of an underlying issue with the bones, cartilage and tissue that are inside the nose. Some of these may typically include: Injuries or trauma (e.g., a broken nose that has healed crooked); Birth defects; Tumors; Severe infections; A previous nose surgery. Depending on the cause of crooked nose, the nose may be C-, I-, or S-shaped.

In some cases, the nose may just point to the right or left side of your face, meaning that it follows an oblique trajectory rather than a vertical one.

A *deviated septum* occurs when the internal wall that separates the left and right nasal passages leans to one side and partially blocks one side of your nose. It is possible to develop a deviated septum after an injury, but some people are born with one.

Having a deviated septum may result in loud breathing, difficulty sleeping on one side or suffering from nosebleeds.

We will present a part of our experience in treatment of post traumatic crooked nose. Our results is really good and the patients satisfaction was really high.

Rhinoplasty can deliver the following results: Nose size reduction; Nose length reduction; Bridge/hump removed or reduced; Nostril size and shape adjustment; Asymmetry amended; The tip of the nose reshaped; Breathing difficulties improved

Keywords; Crooked nose, deviated septum, Rhinoplasty

OP – 152

Evaluation and Treatment Criteria of Acute Abdomen

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Abstract

The term acute abdomen refers to signs and symptoms of abdominal pain and tenderness, a clinical presentation that often requires emergency surgical therapy. Because of the potential surgical nature of the acute abdomen, an expeditious workup is necessary. Whereas imaging studies have increased the accuracy with which the correct diagnosis can be made, the most important part of the evaluation

remains a thorough history and careful physical examination. Laboratory and imaging studies, although usually needed, are directed by the findings on history and physical examination. Abdominal pain is conveniently divided into visceral and parietal components. Determining whether the pain is visceral, parietal, or referred is important and can usually be done with a careful history. A detailed and organized history and a thoughtful physical examination is critical to the development of an accurate differential diagnosis and the subsequent treatment algorithm. The physical examination should always begin with a general inspection of the patient to be followed by inspection of the abdomen itself. Digital rectal examination needs to be performed in all patients with acute abdominal pain, checking for the presence of a mass, pelvic pain, or intraluminal blood. A number of laboratory studies help confirm that inflammation or an infection is present and also aid in the elimination of some of the most common nonsurgical conditions. Improvements in imaging techniques, especially multidetector CT scans, have revolutionized the diagnosis of the acute abdomen. A number of studies have confirmed the utility of diagnostic laparoscopy in patients with acute abdominal pain. Algorithms can aid in the diagnosis of the patient with an acute abdomen.

Keywords: Acute abdomen, abdominal pain, emergency surgical therapy,

OP – 153

A National Study of 23 Major Trauma Centers to Investigate the Effect of Frailty on Clinical Outcomes in older People Admitted with serious Injury.

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Abstract

Introduction; Older people are the largest group admitted to hospital with serious injuries. Many of them are living with frailty, a risk factor for poor recovery.

Materials and Methods; In this multicenter observational study (FiTR 1), collected data was extracted from all 23 adult major trauma centers in England on older people (aged ≥65 years) admitted with serious injuries over a 2.5 year period from the Trauma Audit and Research Network (TARN) database.

Results; Between March 31, 2019, and Oct 31, 2021, 193156 patients had records held by TARN, of whom 16504 had eligible records. Compared in patients with a

CFS score of 1–2, risk of inpatient death was increased in those managing well (*CFS score of 3*), living with very mild frailty (*CFS score of 4*), living with mild frailty (*CFS score of 5*), living with moderate frailty (*CFS score of 6*), and living with severe frailty (*CFS score of 7–8*).

Conclusions; The study found an association between preinjury frailty and inpatient death after serious injury in older people admitted to major trauma centers in the UK. Additionally, secondary outcomes of longer duration of hospital and a greater risk of post-injury complications were both associated with frailty severity. The incorporation of frailty into all clinical assessments of trauma would allow more accurate, and biologically appropriate, early risk prediction for nuanced clinical management.

Keywords: CFS, Frailty, Older people, Trauma, Prefrailty injuries

OP – 154

A Review of Patients visiting ED with non-Cardiac, non-Traumatic in Origin, Chest Discomfort

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Abstract

To highlight the actions needed for an ED doctor, to diagnose and prescribe analgesia, for non- cardiac, non-traumatic chest pain.

Material and Methods; From the ED of a tertiary hospital in Athens, and for a period of 3 months from August to October 2022 regardless of gender and age, with reported chest pain over 5 days, of non-cardiac and non-traumatic in origin, 50 patients were included. All patients underwent chest X-rays and complete blood tests. Upon discharge, the patients were given a combination of simple analgesia and prescription analgesia in the form of pregabalin. Finally, we asked all patients to be followed up in a week.

Results; In 8 patients, a change of treatment was required. The medication regimens contained the usual analgesics with the addition of tramadol. A fairly important finding is that out of the 50 patients with Chest Pain, only in 5 patients (a percentage of 10%), there was a significant pathology). One patient with lung tumor, one with pulmonary embolism, one with breast tumor, one with neglected pneumothorax, and one with HZV. All these patients were admitted to the hospital for further treatment after a chest CT. We contacted those patients who gave their consent, within 7 days, and 55 % reported no symptoms.

Discussion; Chest pain often concerns doctors of all specialties, not only doctors working in ED, and is one of the most common causes of referral or hospital visits. It is a clinical entity that can disguise serious diseases, mainly in the cardiovascular and respiratory systems as well as other systems. It is necessary to take a thorough history, a thorough clinical examination, and at least a chest X-ray and a laboratory test once in the ED department. Once serious conditions have been ruled out, simple analgesia will be able to relieve the pain.

Keywords; ED, chest pain, non-traumatic, non-cardiac, chest discomfort

OP – 155

Urachal Anomalies as a Cause of Omphalitis in Adults. A Case Reports.

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Abstract

Umbilical cord infections are characteristic of newborns and young children, while they are rarely seen in the elderly. The etiology of omphalitis in the elderly may be the result of infections from foreign bodies such as piercing, while rarely also the result of infections of the remnants of the ductus urachus.

The purpose of our study is to present the case of an elderly woman who was treated in the Surgery Department of the Clinical Hospital of Tetovo due to a severe infection of the umbilicus as a result of the persistence of the remnants of the ductus urachus.

Case report: A 37-year-old woman presented to the Department of Surgery because of a large abscess in the peri-umbilical region. During the examination, an advanced

abscess of the umbilicus, and purulent discharge from the umbilicus. The patient reports that she had several infections in this region, which were treated with antibiotics and analgesics. Laboratory analyzes indicate a large increase in the number of leukocytes and CRP. The ultrasonographic examination showed a collection of liquid between the peritoneum and the subcutaneous space. Abdominal CT showed a cystic formation below the abdominal wall in the projection of the umbilicus. After that, the surgical intervention was decided and during the operation the resection of the remnant of the urachus was done. After two days of hospital stay, the patient was released for outpatient treatment.

Conclusion: The incidence of urachus remains is very rare in the elderly. But sometimes, even in adulthood, these remains can be the cause of serious infections that require surgical treatment.

Keywords: urachus, adult, surgery

OP – 156

Management and Treatment of Severe Burns

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Abstract

Introduction; Burns continue to remain a serious problem everywhere in the world, both in developing and developed countries. They are accompanied by high rates of morbidity and mortality, especially at both ends of the age spectrum, in children and the elderly. The treatment of people with burns remains very complex and often requires close cooperation between general surgeons, plastic surgeons, anesthesiologists and sometimes also dermatologists.

Aim of the study: The purpose of this study is to show the experience of the Department of Surgery at the Clinical Hospital of Tetova in the treatment of patients with burns of degree III - IV.

Material and methods: This study includes 7 patients hospitalized in the period January 2021 - January 2022 in the Department of Surgery of the Tetovo Clinical Hospital due to III-IV degree burns. The data on the treatment of these patients were extracted from their records.

Results: Of the 7 patients included in this study, four of them were children up to the age of 6, while the other 5 were adults. One of the elderly persons with massive burns on the body surface due to direct contact with the electric current died immediately after arriving at the hospital. In all the children treated in our department, the cause of the burn was the injury with hot water, this due to the carelessness of the parents.

Conclusion: The treatment of patients with burns is very complex and requires a collaboration between different specialists. The way of the initial treatment has a great impact in reducing the rate of morbidity and mortality in these patients.

Keywords: burns, treatment, complications

OP – 157

Fractures of Spongiotic Areas of the Skeleton as Indicators of Osteoporotic Installations

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Abstract

Introduction: Osteoporosis is a metabolic disease characterized by loss of bone mass. The bone weakens and looks like honey bread under a microscope. It is a serious, progressive and economically

costly disease. It is considered a silent disease and bone fracture is often the first sign of osteoporosis. It is responsible for more than two million broken bones and \$ 19 billion in costs each year. By 2025, experts predict that osteoporosis will have increased about five times as much

Material and Method: The study material belongs to the period January 2020 to February 2022. We have used the file service of the University Center “Mother Teresa” Tirana; Emergency service at the University Trauma Hospital; File service of the Xhaferr Kongoli Regional Hospital in Elbasan.

Our study material includes 62 patients with injuries of spongy bone areas caused by minimal trauma, such

as simple falls even from body height, body rotations, immediate lumbar flexion, etc. All are fresh fractures; from the moment of the fracture until their presentation in the Hospitals no more than 10 days have passed. By sex: Male (16 -26%); Female (46-74%) By age: Up to 50 years old (10-16%); 51-60 years old (20-32%); 61-70 years old (25-40%); Over 71 years old (7-12%)) According to the fracture area: radial fractures (18 - 29%); vertebral column fractures (12 - 19%); trochanteric fractures (32 - 52%).

Conclusions: To prevent and slow down the phenomena of osteoporosis, especially in women before, during and after menopause. To prevent as much as possible accidental injuries, which cause fractures of the spongy areas of the skeleton, in the elderly. To specify the cause of osteoporosis in men and women and to take appropriate measures

Keywords: fracture, spongy area, osteoporosis, thrombolytic complications.

OP – 158

Nursing Care in Pediatric Fractures

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Abstract

Introduction: In today's modern times, there has been an increase in the number of the pediatric fractures, and this is related to lifestyle, obesity, sports activities, the use of motorbikes or mini-skates. In addition to traumatic injuries, there are also some medical pathologies that increase the risk of fractures and require a longer period to be treated. About 80% of pediatric fractures are located in the upper limbs. Knowing that children's bones are weaker, more porous than the bones of adults, they require a more specialized treatment from the medical staff.

Purpose: Caring for pediatric fractures is a challenge to orthopedics because during their treatment, measures must be taken to prevent skeletal injuries such as preventing growth or growth with deformities. The responsibilities of the medical personnel consist in recognizing the pathologies that favor fractures and providing first aid at the scene or in the hospital. Nurses play an important role during the period of immobilization with plaster cast to avoid complications or their early detection.

Material and method: Our study is a retrospective study conducted in the period June 2021 - March 2022.

A number of 53 children with skeletal injuries were observed, out of which 45 cases with bone fractures and 8 children with fractures in pathological areas. Of these, 32 were boys, and 21 girls. The oldest was 17 years old, the youngest was 2 years old and the average age was 8.5 years old.

Results: After handling the cases taken into consideration, the results achieved were: 35 patients (66%) were completely recovered; 8 patients (15%) were under plaster cast treatment; 5 patients (9.5%) were under physiotherapeutic treatment, and 5 patients (9.5%) were in the follow-up of their basic disease.

Conclusions: The provision of qualified assistance prevents complications or deformities in the treatment of pediatric fractures. Careful observation of nursing care in immobilization of the plaster cast prevents complications related to this treatment such as edema, cyanosis or pain.

Keywords: fracture, pediatric age, nursing care, plaster cast, bone pathology

OP – 159

Polytrauma and Laboratory Examinations

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Abstract

Introduction: The term “polytrauma” is used frequently in trauma practice and literature. It refers to multiple injuries that involve multiple organs or systems. This condition is in contrast to isolated trauma injury where there is a single injury encountered. The evaluation, management, and prognosis of polytraumas are significantly different from isolated injuries.

Studies reported a decrease of 1.8% in all-cause mortality per year since 1966.

Laboratory diagnostics in polytrauma is primarily oriented to evaluation of state of a patient, the compensatory abilities of his or her body, prediction of posttraumatic period course, development of complications and outcomes, as well as to evaluation of efficiency of treatment. The aim of this study is to analyze and increase information about laboratory examinations in polytraumatized patients.

Study material and method: In a level 1 trauma center, from 1 January 2019 - 31 December 2020. 110 patients/cases (36 female, 74 males, with median age 45 years) were classified as polytraumatized. Neurological death was the leading

cause (45.3%), followed by hypovolemic shock (29.1%) A total of 68 patients required emergency intervention and 26 patients required emergency treatment using interventional radiology.

Conclusions: To clarify the causes of polytraumas. Familiarity with laboratory examinations that are performed in case of polytrauma.

Keywords: polytrauma, laboratory examinations.

OP – 160

Optimal Tubeless Ventilation - high Frequency Jet Ventilation

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Abstract

Background: There are many diseases, such as open tracheal resections, carina resections, and many other operations in the ear, nose and throat area, which can only be performed using Jet catheters. Patients in intensive care also benefit from jet ventilation, such as ARDS patients, patients with bronchopleural fistula, patients undergoing intracranial pressure therapy or respiratory therapy (mucolysis). Pulmonology, bronchoscopy, thoracic surgery and many other medical fields benefit from this unique and effective nonintubation method.

Methods: In our clinical study, with high-frequency jet ventilation, it is clearly shown that a sufficient tidal volume can only be achieved through a combination of normal and high-frequency jet ventilation, i.e. the SHFJV.

Patients with massive airway obstruction and limited lung compliance benefit from the SHFJV method more than from any other method of jet ventilation.

Results: Patients treated with jet ventilation were always well supplied with oxygen. A gas check was performed several times in all patients during the operations and postoperatively, with all parameters being within the normal range. Even with 40% O₂, the gas check also measured normal values. None of the patients were at risk of aspiration.

OP – 161

Drowning and the Importance of Cardio Pulmonary Resuscitation First Aid.

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Abstract

Introduction: Drowning is the experience of being unable to breathe as a result of strained and uncontrolled immersion in water. according to the WHO (World Health Organization) , 500,000 deaths per year or 0.7% of deaths are caused by accidental drowning.

The cause of Water Drownin: Poor swimming skills, accidental falls of children and the elderly. Muscular fatigue, Measuring abilities, Muscular knee.

Congestion - Loss of consciousness unexpectedly shortly after diving, this phenomenon is favored if diving occurs after exposure to the sun or after intense physical activity or even after eating.

Traumas of the skull and vertebral column

Hyperventilation can cause an immediate loss of consciousness.

Various pathologies of the major systems (Cardiovascular, Central, Nervous, Respiratory)

The intoxication effect of Alcohol and Narcotic Substances or Medications alter the status of knowledge itself. Animal toxins poisoning and insect bites

Keyword CPR, Drowning, Revocery position

OP – 162

The impact of Covid 19 and the Surgical Residency Training.

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Abstract

Introduction: The coronavirus disease 2019 (COVID-19) pandemic has greatly affected every facet of the health care system, damaging not only clinical systems but also

affecting medical education severely. When considering medical education, surgical residency training has probably been the most affected during the COVID-19 pandemic because the core of residency training is clinical experience and clinical skill proficiency, which have been reduced because of multiple factors in the pandemic.

The aim of this study is to evaluate the effect of Covid 19 - Pandemia on surgery residency training in our hospital, the “Mother Teresa” University Hospital, a Tertiary University Hospital Center in Albania, the only center for training general surgeon residents. It is a

questionnaire-based study, and the researched target group includes residents, program directors and both.

The main impact to surgical residency training is the reduction in number of patients and the conversion of face-to-face meetings into virtual ones. Non-essential elective operations, emergency operations, minimally invasive surgery (MIS) and endoscopy were suspended. Some residents reported decreased working hours because of reduced patient volume and elective operations. Out-patient workload was also reduced to allow staff deployment to high-need clinical areas and non-essential consultations were either postponed or converted to virtual consultations via teleconsultation. Educational activities such as lectures or case discussions have decreased. Participation and attendance at surgical meetings and conferences was affected also. The policies of lockdown and quarantine or the “stay at home” policy, has resulted in fewer trauma cases and related surgeries, reduced patient volume for some disease which induced less clinical exposure.

Conclusions: The impact of COVID-19 on surgical trainees has been experienced globally and across all specialties. Negative effects are not limited to operative and clinical experience, but also the mental health and wellbeing of trainees. Delivery of surgical training will need to move away from traditional models of learning to ensure trainees are competent and well supported.

Keywords: residency training surgical fields, covid 19 pandemic, emergency operations, elective operations, educational activities

OP – 163

Surgery and Covid-19 Infection. Part II

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Abstract

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.

In response to the Omicron wave, this surgical network organization has launched a new study, CovidSurg-3. This study has determined the impact of SARS-CoV-2 patients who are vaccinated or have had previous SARS-CoV-2 infection, and monitor adaptations to COVID-

19 (e.g. changes to patient pathways or patient selection). Data have been collected from December until 28 February 2022.

They collected outcomes data for almost 20,000 patients with perioperative SARS-CoV-2 infection, across 937 hospitals in 89 countries.

Based on these data, the international team tried to give answers to the most important questions;

- Is surgery safe in the Omicron-era?
- Does SARS-CoV-2 vaccination reduce patient risk?
- Do patients who test positive for SARS-CoV-2 need to be delayed before surgery?
- Can we relax COVID restrictions and increase surgical volume?

Was our honor, to be part as before, of such large and important project. We kindly hope, that these important findings of this study, will be part of surgical guidelines all over the world.

Keywords; SARS-CoV-2, surgical, GlobalSurg network

OP – 164

An Overview of Geriatric and Surgical Pathology in Albania

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Abstract

Introduction: Aging of the worldwide population is progressively increasing, in relation to augmented life expectancy (LE), which in 2016 was around 71.4 years according to the World Health Organization (WHO), with a greater expectation in women than men all over the world. The overall life expectancy in Albania at birth is 78 years [1]. We intercept an increase of the cases we treat with surgical pathology from emergency and elective surgery. We evaluated the panorama in general of the cases as the first step to a deeper study of the situation in the future.

The aim of the study is to have an overview of the situation so to take the necessary steps for a better treatment of this category of patients.

Material and Methods: After we took all the necessary permits for the study, we used our hospital data for all the elderly patients >70 years. We analyzed hospitalised in university centre hospital Mother Theresa" for 12 years (from 2005 to 2017), we used excel and SSPS to evaluate the data.

Discussion: We see an increase of the cases starting from 2005 to 2010. Life expectancies in Albania is increasing and with this there is an increasing elderly population with more complex co-morbidity. Surgery in the elderly is challenging in terms of decision making, managing co-morbidity and post-operative rehabilitation with high morbidity and mortality. This is also a contribution of the increased competency of the surgical and anaesthesiology team. Analysis of complications and deaths demonstrates that age makes only a minor contribution to the risk of surgery, and that postoperative morbidity reflects preoperative health status.

Conclusion: The workload of general surgery in the elderly is becoming more complex. This challenge has to be addressed with improvements in outcomes. The data presented here reinforces the need for new models of care with increased multidisciplinary geriatric care input into elderly surgical patient care in the perioperative period

Keywords; Elder people, life expectancy, surgical pathology

OP – 165

Nutritional Challenges in Oncologic Patients after Surgery and Complications of Covid19.

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Abstract

Introduction: The coronavirus 2019 (COVID-19) pandemic has challenged many health care systems and put them under unprecedented pressure. Maintaining adequate nutrition helps bolster the patient's immune system and subsequently helps the body fight against COVID-19 infection. Maintaining adequate nutrition becomes more pertinent in patients with cancer who are already immunocompromised because of their disease and cancer therapy. In this editorial, we focus on the challenges of maintaining adequate nutrition in addition to providing comprehensive cancer care during the COVID-19 pandemic.

Almost all nations and their citizens have been deeply affected by various aspects of this pandemic, from emotional breakdown to loss of life. As of April 30, 2020, there were 3,261,473 confirmed cases of COVID-19 with 230,381 deaths across the globe.¹ With this high disease burden, it is important to ensure that the most vulnerable subset of the population is receiving adequate attention, guidance, and care.² Nutrition constitutes an important but not prioritized aspect of cancer treatment. From the oncology perspective, COVID-19 has affected almost every aspect of cancer care.

Currently, there is no definitive antiviral agent or specific vaccine against COVID-19, which means that COVID-19 treatment regimens vary widely in hospitals across the world. Treatment options include, for example, remdesivir, hydroxychloroquine, azithromycin, and plasma therapy. In addition to these drugs, adjunctive therapies such as vitamin C, vitamin D, zinc, and melatonin are joining the treatment protocol for patients with COVID-19.

Placement of a percutaneous endoscopic gastrostomy tube may be considered an elective procedure, so we are facing difficulties placing those tubes because most elective surgeries such as this one is currently on hold because of the COVID-19 pandemic.

Keywords: COVID-19, health care systems, nutritional problems, Oncology patients

OP – 166

Biosynthetic Resorbable Prosthesis is Useful in Single-Stage Management of Chronic Mesh Infection After Abdominal Wall Hernia Repair.

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Abstract

Background: The goal of this clinical trial was to report the results about the efficacy of treatment of chronic mesh infection (CMI) after abdominal wall hernia repair (AWHR) in one-stage management, with complete mesh explantation of infected prosthesis and simultaneous reinforcement with a biosynthetic poly-4-hydroxybutyrate absorbable (P4HB) mesh.

Material and Methods: This is a retrospective analysis of all patients that needed mesh removal for CMI between September 2016 and January 2019 at a tertiary center. Epidemiological data, hernia characteristics, surgical, and postoperative variables (Clavien-Dindo classification) of these patients were analyzed.

Results: Of the 32 patients who required mesh explantation, 30 received one-stage management of CMI. In 60% of the patients, abdominal wall reconstruction was necessary after the infected mesh removal: 8 cases (26.6%) were treated with Rives-Stoppa repair, 4 (13.3%) with a fascial plication, 1 (3.3%) with anterior component separation, and 1 (3.3%) with transversus abdominis release to repair hernia defects. Three Lichtenstein (10%) and 1 Nyhus repairs (3.3%) were performed in patients with groin hernias. The most frequent postoperative complications were surgical site occurrences: seroma in 5 (20%) patients, hematoma in 2 (6.6%) patients, and wound infection in 1 (3.3%) patient. During the mean follow-up of 34.5 months (range 23-46 months), the overall recurrence rate was 3.3%. Persistent, recurrent, or new

CMIs were not observed.

Conclusions: In our experience, single-stage management of CMI with complete removal of infected prosthesis and replacement with a P4HB mesh is feasible with acceptable results in terms of mesh reinfection and hernia recurrence.

Keywords; chronic mesh infection, mesh explantation, abdominal wall hernia

OP – 167

Actinic Keratosis - New Concepts in Diagnosis and Treatment

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Abstract

Introduction: Actinic keratosis is a dysplastic proliferation of keratinocytes with a high potential for malignant transformation. For many years, CA has been considered a premalignant lesion and as a separate entity from Squamous Cell Carcinoma, but in recent years this concept has changed and many researchers present CA as a SCC. The rate of progression from CA to SCC in various studies is shown to be 0.025%-20% per year, and it is now proven that about 60-80% of SCC develop from CA. CAs are mostly located in areas exposed to the sun, and precisely the accumulated sun damage over the years, along with other individual factors, are risk factors. They appear clinically as macules, papules or hyperkeratotic lesions on an erythematous base, often multiple and hyperpigmented. The diagnosis is based on clinical examination, dermatoscopy and in some situations histopathology is necessary. Early diagnosis and initiation of therapy is a key factor in a good prognosis. Treatment modalities include local medicine, ablative medicine, surgery and radiotherapy, and the treatment protocol is individual based on many different factors related to the pathology and the patient.

The purpose of the presentation: To know the new contemporary concepts in the diagnosis and treatment of CA. Our experience in several clinical cases diagnosed and treated with CA. Results and Conclusions: Early diagnosis and initiation of personalized multidisciplinary treatment of CA is a necessity.

Keywords: Actinic Keratosis, skin neoplasia, Squamous Cell Carcinoma, ultraviolet radiation.

OP – 168***Management of Intraocular Trauma with complex Lesions, A case Report and Literature Review.***

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Intraocular injury from foreign body, is the less frequent ophthalmic presentation to an emergency department. Although usually self-limiting, Intraocular injury can cause severe pain during the first 24 h. This pain may not be adequately controlled by oral analgesics.

Complex case of intraocular trauma. Nail damage tool. The patient, 37, from Prishtina M.Ll. accidentally injured with a nail, presented to the clinic 10 days after the injury. The case in question was sutured in Kosovo. He presented to us with scleral perforation and traumatic retinal detachment.

In the clinic, re-suturing of the sclera, lens implantation and surgical procedure for retinal detachment were performed.

Keywords: Intraocular injury, ocular anesthetic, topical analgesia

OP – 169***Primary Actinomycosis of the Foot. A Case Study and Review of the Literature.***

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Skender Ukaj ², Minur Bajrami ⁴,
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¹ University Clinic for Traumatology, Skopje, RN MACEDONIA² University Clinical Center, Prishtina, Kosovo³ PZU Orto plus ped, Skopje, RN MACEDONIA⁴ General Hospital, Kumanovo, RN MACEDONIA***Abstract:***

A parasitic disease called actinomycosis occurs when bacteria spread through body tissues, causing abscesses, inflammation, and pain. It affects the skin or deeper parts of

the body and can sometimes affect the blood.¹ The symptoms of actinomycosis may mimic those of other diseases or even neoplasms. Remission and exacerbation of symptoms occurring in parallel sequence with the initiation and cessation of therapy is a phenomenon that should increase suspicion of actinomycosis in any of its manifestations.²

Microbiology, histopathology, and MRI revealed the presence of an unusual infectious agent, *Actinomyces* spp., which is also known as Madura foot.³ This implies a serious difficulty in getting a bactericidal concentration of the effective drug into areas of active infection, and seriously questions the possibility of restoring the involved tissues.^{4,8}

Diagnosis was confirmed by isolation of the organisms by anaerobic culture giving typical molar tooth colonies. Final confirmation was done by histopathological examination.

Keywords: Actinomycosis, Foot, Unusual Wounds, Fistula, Amputation

OP – 170***Surgical management of complicated Lupus Discoid. A case reports.***

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Introduction: Discoid lupus erythematosus is a skin disease characterized by various skin lesions. It is a variant of systemic lupus erythematosus and appears mainly on the face and

areas exposed to the sun. Discoid lupus erythematosus usually presents with lesions on the skin of the neck, cheeks, scalp, bridge of the nose, ears, and arms.

Case Report: At the pediatric dermatology clinic, patient J.T. was diagnosed with discoid lupus and was treated with oral cortisone and plaquenil. In the middle of the left arm, the patient had a sign of panniculitis that was installed a month ago. The patient comes urgently with cellulitis, with erythema of the left arm, with edema, with local temperature, with severe pain and with a body temperature of 39°. The patient had leukocytosis, increased PCR, increased CK. Although treatment was started immediately

with Vancomycin, Amikacin and Flagyl, after two days an abscess was formed and it was drained in surgery under general anesthesia. After receiving a rigorous treatment between the dermatologist and infant surgeon, the patient's condition improved.

Conclusion: Although Discoid Lupus is not a systemic disease, it can cause panniculitis, which acts like an entry point for infections that can aggravate life-threatening conditions.

Keywords: Lupus Discoid, Paniculitis, Surgery

OP – 171

Necrotizing Fasciitis of the Lower Extremities, Type-I: A Case Report.

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Abstract

Introduction: The purpose of this study is to report the occurrence of a very rare case of nosocomial fatal necrotizing fasciitis of both legs caused by a combination of *Pseudomonas aeruginosa*, *E. Coli* and *Staphylococcus* spp. N. F is a rare infection of the superficial fascia and subcutaneous cellular tissue, with an extremely rapid progression and potentially fatal accompanied by systemic signs. It is more frequently polymicrobial, type-I and a combination of aerobic and anaerobic bacteria, often lead in a very quick and severe progression of the disease.

Methodology (Case report): A patient, 45 years old with no Hx of accidents before or skin diseases, no chronic diseases have been presented with a injury of the knees at the department of orthopedy, EC. He had severe pain of the both legs. Her mother complained for pains of the both legs for more than 2 years but never made a clinical examination. He presented with difficulties of walking, painful, warm legs, no

frissons, cyanotic and necrotic elements of inferior extremities covered by bulous elements filled with a sero-hemorrhagic liquid, Nikolschi +, a weak pulse of both popliteal arteries.

Results and Discussion: Necrotizing fasciitis is very rare case in Albania, from 2010 till now not more than 30 clinical cases are presented in our departments of microbiology and infectious disease.

Conclusion: Necrotizing fasciitis leads inevitably towards a severe sepsis, multiple organ failure with high mortality rate (12-57%) and needs an early diagnosis.

Keywords: Necrotizing Fasciitis, *Pseudomonas Aeruginosa*, *Staphylococcus aureus*, *staphylococcus* spp, *Escherichia Coli*, *Klebsiella* spp.

OP – 172

Gastric MALT Lymphoma Presenting as a Giant Ulcer and Importance of Endoscopic Biopsy in its Diagnosis. A Case Report.

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Abstract

Introduction; MALT lymphoma, classified as an indolent B-cell non-Hodgkin lymphoma, arises in extra-nodal sites from the malignant transformation of B lymphocytes that are mainly triggered by infection or autoimmune process (1). Although they can exist in different organs such as the salivary gland, thyroid gland, breast, lung, bladder, skin, and orbit, MALT lymphomas are most frequently detected in the gastrointestinal tract (2). The most frequently affected organ is the stomach, where MALT lymphoma is incontrovertibly associated with chronic gastritis induced by a microbial pathogen, *Helicobacter pylori* (3). The incidence of gastric MALT lymphoma is increasing, but the diagnosis is difficult (4). Most patients are asymptomatic or complain of non-specific symptoms (4).

Case description: The patient SH. P was a 69-year-old female, and she was admitted to our hospital because of

stomachache, nausea, and abdominal discomfort. Physical examination showed no pathological signs. The blood routine test showed moderate anemia (Hemoglobin 9.3 mg/L). The fecal routine test and occult blood test were normal. The blood biochemistry test, tumor markers, and the urine routine test were all in normal ranges.

Gastroscopy identifies in the antral region a giant ulcer, with irregular lips of the dirty base which occupies a large part of the antral region, with extension from angulus ventriculi to the pyloric sphincter by occupying a considerable part of it. (biopsy with large numbers of samples was taken -over 10). Biopsy showed atypical lymphocytes and gastric lymphoma non-Hodgkin was suspected. Stool antigen test for *Helicobacter Pylori* was positive. CT scan identified irregular thickening of the antrum wall and Paraaortal Sinister Lymphonodes with diameter up to 6 mm diameter but no metastases. In immunohistochemistry of morphological and immunofenotypical data compliant with the lymphoproliferative disease of the B cell lymphoma (malt lymphoma). Chronic gastritis in active phase is also present. Neoplastic cells: CD20 positive, negative CD3, CK AE/AE3 negative. Citoceratin 7 negatives. CD 117 negative.

Conclusions; The early diagnosis of gastric MALT lymphoma is difficult because its symptoms and endoscopic findings are nonspecific. Therefore, if an abnormal mucosa is observed during EGD, gastric MALT lymphoma should be considered, and multiple biopsies and EUS should be performed.

Keywords; MALT lymphoma, B lymphocytes, gastric ulcer

OP – 173

Conservative Treatment of Spontaneous Corneal Perforation in Patients with Rheumatoid Arthritis.

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Abstract

Introduction: Spontaneous perforation of the cornea is a consequence of chronic autoimmune diseases that lead to the thinning of the corneal layers and the loss of their ability to regenerate or close eventual defects that may be

superficial or deep. Usually, the treatment of perforation or spontaneous ruptures must be surgically repaired with sutures or a total or partial corneal transplant. The purpose of our study is to demonstrate a case control of a successful conservative treatment of a

spontaneous corneal perforation in a 79-year-old patient with a diagnosis of rheumatoid arthritis for over 25 years without regular treatment.

The patient presented with severe pain in the left eye, loss of vision and blepharospasm, eyelid edema and redness. Conjunctival and ciliary congestion and a linear perforation of the cornea from 9 to 3 o'clock and partial iris prolapse were observed in the ophthalmological examination using a biomicroscope slit lamp. The patient's vision was HM(hand movement) and intraocular pressure was 7.1mmHg. During other examinations by optical coherence tomography of the anterior segment of the eye was detect total athalamia (loss of the anterior chamber) and adhesion of the iris to the endothelium of the cornea, in the center of the cornea in the OCT-A image was observed discontinuity of its layers and prolapse of the iris in the place of perforation. In ultrasonography of eye and orbit, no significant changes were seen except for irrelevant exudative vitreous change. The fundus was impossible due to non-transparent mediums. Due to the comorbidities and poor surgical prognosis, conservative treatment was decided with antibiotic drops (moxifloxacin), corticosteroid drops (dexamethasone), lubricants, regenerative gel. The placement of therapeutic contact lenses was also prescribed. After 7 days, the formation of the anterior chamber and the retraction of the iris as well as the partial closure of the corneal perforation were verified. On the 14th day, all complementary examinations were repeated, where again the condition had improved with total closure of the perforation and the patient's BCVA was 6/20, IOP 12.2mmHg.

Conclusion: The conservative treatment of spontaneous perforation of the cornea is a success for the patient mainly where without surgical intervention the healing and the return to normality of the histological and anatomical condition of the cornea and other parts of the anterior segment of the eye.

Keywords: Cornea, Optical coherence tomography, conservative treatment.

OP – 174

Two-Stage Urethroplasty with Buccal Mucosa.

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Abstract

Introduction: Long segment strictures of the pendulous urethra may be considered for a multi-stage repair, especially in the setting of lichen scleroses (LS), previous hypospadias repair, recurrence following prior reconstruction, Buccal graft offers the best material for two stage procedures.

Objectives: To evaluate the results of two-stage and urethroplasty in adults with complications following multiple failed hypospadias repairs or lichen scleroses.

Materials and Results: Since 2002 -2021 we have realized 340 urethroplasties. Of them we did 16 two staged procedures. 11 for failed hypospadias. 4 for lichen sclerosis and 1 for damaged urethra from gunshot wound. After an interval of 4-6 months depending on tissue healing, the patients progress to tabularization. Cystoscopy is performed to assess the urethrostomy and the urethra more proximally, especially in the setting of a previous proximal repair. The most common complications following second stage tabularization are distal suture line dehiscence, urethra-cutaneous fistula, and recurrent stricture. We find 3 patients with urethro-cutaneous fistula, one patient with suture line dehiscence and 2 patients with recurrent stricture. All this patient needs further surgeries to fix the complications.

Conclusion: Staged buccal mucosa graft urethroplasty is often necessary to manage difficult anterior urethral strictures that involve the pendulous urethra. Multistage urethroplasty should replace “2-stage” urethroplasty as the accepted terminology as it is not uncommon for patients to require more than two procedures complete successful tabularization.

Keywords: urethra strictures, Buccal graft, urethroplasty

OP – 175

Giant Abdominal Neuroblastoma Case Report at 6 Months Old Baby

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Abstract

Introduction: Abdominal tumor is one of the most challenge pathology in pediatric surgery. Pediatric surgeon is the corner stone of treatment for these pathologies.

Case report: 6 months old baby is consulted by our team. From several days, parents has palpated a big mass in abdomen. CT scan shows a very big mass, 7 x 7 cm, which is in close relation with the right kidney. Vena cava is infiltrated by the tumor. The pediatric oncologist asked for the surgery consult. After the consult, it was decided to operate the baby. Treatment plan was at least excisional biopsy, or total resections of the tumor.

Operation: Right side transversal laparotomy extended on the left side. Very big mass which is located on hilum of right kidney but without infiltrated kidney. Vena cava is isolated beneath and above the mass. Right renal vein was infiltrated. Mass is dissected free from all the part. Part of wall of VC is resected. The right renal vein is occluded from the mass and part of dissection. The viability of the right kidney is preserved from collateral vascularity. The VC is occluded from the mass, so the collateral vascularity has been already presented. Total resection of the mass has been performed.

Conclusions: In big abdominal tumor when vena cava is infiltrated, several important principle must kept in mind when undertaking vena cava resection. Resection of inferior vena cava can be done safely, because an extensive collateral venous supply will have developed in most cases. With right-sided kidney tumors, resection of the suprarenal vena cava is also possible provided the left renal vein is ligated distal to the gonadal and adrenal tributaries, which then provided collateral venous drainage from the left kidney.

Keywords: abdominal tumor, resection, laparotomy, neuroblastoma

OP – 176

Urinary Tract Obstructions due to Malignancy.Matilda Imeraj ¹, Albiona Poci ², Ermira Imeraj ³¹ Department of Nephrology, UHC “Mother Theresa” Tirana, ALBANIA² Department of Oncology “American Hospital” Tirana, ALBANIA³ Pharmacist, FSDKSH, Tirana, ALBANIA**Abstract**

Background and aim: Malignant upper or lower urinary tract obstruction is an ominous sign in cancer patients. The obstruction usually develops slowly, and therefore may produce only a few signs and symptoms. More commonly, urinary tract obstruction is extrarenal and is caused by compression of the ureters by tumor mass (such as with cervical carcinoma) or by prostatic disease compressing the urethra. Bladder cancer is the most common malignancy involving the urinary system. Urothelial (transitional cell) carcinoma is the predominant histologic type in the United States and Europe, where it accounts for 90 % of all bladder cancers. More than 50% of the patients develop kidney complications (despite successful decompression) in patients with cancer and this is a central theme in onco-nephrology. Patients receiving nephrectomy (in the case of upper urinary tract neoplasms) or cystectomy, either with neobladder or urinary diversion (in the case of bladder cancers), renal function deterioration is extremely common. Kidney transplant recipients have a greater risk of cancer and a higher risk of cancer-related mortality. Therefore, prevention, early detection, long-term monitoring, and treatment of kidney complications in patients with urological malignancies undergoing surgery are very important. Conclusion: The role of the nephrologist would be key to support urologists and oncologists toward a multidisciplinary management of these patients.

Keywords: Urinary tract obstructions, malignancy, renal function, treatment

OP – 177

Treatment of Benign Prostatic Hyperplasia with XPS Green Light LaserArb Rexha ¹, Rezart Xhani ², Nexhat Rexha ¹, Shpresa Rexha ¹, Ardian Jusufi ³, Avdyl Hoxha ¹, Tobias Pottke ⁴, Hasan Ceni ⁵¹M.I.M. Hospital, Gjakova, KOSOVO²Urology Service, University Hospital center “Mother Theresa” Tirana, ALBANIA³Urology Service “Isa Grezda” Hospital Gjakova, KOSOVO⁴Klinik für Urologie, Vivantes Klinikum Am Urban, Hamburg, GERMANY⁵Royal Diagnostic Center Tirana, ALBANIA**Abstract**

Introduction; When medical management of BPH symptoms is ineffective or the side effects of medications can not be tolerated, men may choose a surgical procedure to correct the problem. According to EAU and AUA guidelines on the management of male non-neurogenic lower urinary tract symptoms (LUTS), XPS is superior to TURP about to intra-operative safety and postoperative complication rates such as bleeding. In the present study,

Material and Methods: Indications for treatment were: patients with a catheter, patients after urinary retention of uroflow Qmax<5ml/s, residual urine in the bladder after urination >50ml, impaired quality of life, the obstructive form of the prostate with enlargement of the calyces of the kidneys and the urinary ducts. From October 2013-September 2022 we treated 204 patients, ages 43-88 years. Transrektal prostate volume was 43-350ml. Routine biochemical blood tests were performed on all patients including PSA analysis.

Results: Green Light Laser Vaporisation procedure ensures shorter hospital stay, shorter catheterization time, and minimal bleeding. Discharge on the second, and third day, and resume normal activities in 5-7 days with caution. Return to normal activities varies from 4 to 6 weeks. Success turns out to be long-term in terms of improving urine flow. Erectile dysfunction was not observed in these patients.

Conclusion: Treatment of BPH with XPS Green Light Laser Vaporisation it's a safe procedure with minimal bleeding. It offers a minimally invasive alternative to surgery in the treatment of BPH and rapidly restores natural urine flow. It also significantly improves short-term and long-term functional outcomes and is worth promoting more.

We recommend that hospitals adopt the GreenLight XPS service, so that case management becomes possible.

Keywords: Benign Prostatic Hyperplasia, Treatment, XPS Green Light Laser

OP – 178

Cervical Spine Injuries with Spinal Cord Involvement. Our Experience and Review and the Latest Treatment Preferences

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Abstract

Most spinal injuries (60%) affect healthy young men between the ages of 15 and 35 with cervical spine injuries being the most common. The leading cause of spinal cord injuries is blunt trauma most commonly due to motor vehicle accidents (48%) followed by falls (21%) and sports injuries (14.6%). Assault and penetrating trauma account for approximately 10-20% of cases. Spinal cord and spinal cord injuries are a major cause of disability, affecting mainly young healthy individuals with significant socio-economic consequences and lifetime care and rehabilitation costs exceeding one million US dollars per patient, excluding losses financial related to wages and productivity. Over the past several decades, the average age of the spinal cord injured patient has increased, which is attributed to a significantly higher proportion of fall-related injuries in the elderly.

Survival is inversely related to patient age and neurologic level of impairment, with lower overall survival for patients with high tetraplegic compared with paraplegic impairments. Imaging methods for evaluating patients with acute spinal cord trauma have changed dramatically in the past decade, particularly with the development of thin-section multidetector computed tomography (MDCT) and isotropic datasets that provide sagittal reforms and high-resolution coronals. MDCT allows a comprehensive assessment of spinal cord injury that has largely replaced radiography, except in the pediatric population. Magnetic resonance imaging (MRI) has become the procedure of choice for evaluating the spinal cord and surrounding soft tissues when a reliable neurologic examination cannot be performed.

Keywords: Trauma, Cervical injury, cord injury,

OP – 179

Pitfalls in Stabilization of the Injured and Degenerative Spine.

Michael Pfeiffer

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Abstracts

Ankylosing spondylitis is a chronic systemic and inflammatory rheumatic disease with a variable course of the axial skeleton. The disease manifests predominantly during the third decade, although early manifestation as of the age of 15 has been previously described. Additionally there appears to be a latency of several years between the first manifestation and final diagnosis of disease

Patients with ankylosing spondylitis are at significant risk for sustaining cervical spine injuries following trauma predisposed by kyphosis, stiffness and osteoporotic bone quality of the spine. The risk of sustaining neurological deficits in this patient population is higher than average. The present review article provides an outline on the specific injury patterns in the cervical spine, diagnostic algorithms and specific treatment modalities dictated by the underlying disease in patients with ankylosing spondylitis. An emphasis is placed on the risks and complication patterns in the treatment of these rare, but challenging injuries.

Keywords: Injured spine, pitfalls, management

OP – 180

Tips and Tricks to Avoid them without “Space Technology”

Michael Pfeiffer

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Abstracts

Every week, patients come into my office expecting to hear they'll need orthopedic spine surgery. I'm happy to report that most of them will never see the inside of an Operating Room.

That may seem like an odd point of pride considering that I'm a spine surgeon. While I love getting people back to an active and pain-free life, I won't perform unnecessary surgery when more conservative options are available. If surgery is eventually recommended, my patients can trust that we worked together to explore every alternative.

Most bone, joint and/or muscle pain requires no surgical intervention. Instead, it can often be treated with physical activity, lifestyle modifications and a focused commitment to taking care of one's health. My patients are often relieved to find out that they don't need spine surgery. Some even apologize for "wasting my time," but if I can put my patients' minds at ease with reassurance and education, then I consider that time very well-spent.

In this article, I will share with you the same advice I give my patients. I hope that it will help you conservatively care for your musculoskeletal pain while improving your overall physical health.

Keywords: Injured spine, pitfalls, management

OP – 181

Ulnar Nerve Entrapment at Elbow. Operative Techniques Treatment.

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Abstract

Importance: Ulnar neuropathy at elbow is the second most frequent entrapment neuropathy, affecting 6% of population. Surgical criteria are based in a general agreement, but remains controversial which procedure is associated with the best results & the fewest complications. This data can help evaluate the effectiveness of operative techniques in symptomatic cure.

Material and Methods: The study analysis included 26 out of 35 patients with 'Ulnar neuropathy at elbow' diagnosis, treated between January 2017- March 2022 at the Department of Neurosciences, University Service of Neurosurgery, QSUT. 9 patients from the time period January-June 2018 were excluded from this study analysis due to lack of access

to data. Data sources as medical records and documentation copy of instrumental examinations were extracted from archives of *Statistics Service & Hospital Registers, QSUT*. Phone follow-up was applied as well.

Results: We report 26 patients analysed retrospectively (female: male ratio 1:2.71). 29 operated extremities were studied: 26 with CuTS, of which 2 presented with ipsilateral CTS & 1 bilateral; 2 with contralateral CTS. There were 11 patients gr. II McGowan & 15 patients gr. III McGowan.

There are no positive elbow's flexion-extension test cases, indicative of transposition technique. All patients were clinically evaluated at a distance of 1-3 years post-operatively & 19% presented objective symptoms. Long-term follow-up shows motor and sensory improvement for gr. II McGowan patients, while gr.III McGowan patients show only sensory & grip improvement, with persistence of muscular atrophy.

The most frequent cause of compression was determined fibrosis & hypertrophy around the Osborne ligament (13/26).

Conclusions: Clinical stage of neuropathy is the decisive factor influencing prognosis. Simple decompression in-situ is sufficient in most cases. Dynamic intraoperative testing of sulcus competence, to assess (sub)luxation of the ulnar after decompression, determines the final operative technique.

Keywords: ulnar neuropathy, decompression, Gr. McGowan, dynamic test, clinical stage, operative technique.

OP – 182

Abcess of Ileopsoas Muscle Complicated with Lumbar Epidural Empiema. A Case Reports

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Abstract

We present a very rare case of abcess in the right ileopsoas muscle which was complicated with purulent epidural collection at the lumbar spine level L3-S1.

The patient, male 44 years old, complained of severe back pain following heavy weightlifting. Two days after the backpain was accompanied first with weakness of the inferior limbs and afterwards urinary incontinence. The MRI showed a big abcess in ileopsoas muscles and purulent

collection in the epidural lumbar space communicating between them through L4-L5 intervertebral foramina on the right side.

Surgery was performed immediately doing L3-L4 laminectomy, evacuating the purulent collection, decompressing the dural sac and respective neural roots.

Keywords; Abscess, lumbar epidural empiema, complication, surgery

OP – 183

Traumatic Brain Injuries- Some Actual Treatment Concepts and Strategies

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Abstract

Introduction:

Traumatic brain injury (hereinafter TBI) is one of the leading causes of the short-term and long-term damaging clinical outcomes often including disabilities or even death.

Various therapeutic strategies, Scores and TBI management concepts were compiled, recommended and developed by professional Associations and experts world-wide in recent decades. However due to complexity of the TBIs, the lack of worldwide unified standards- and guidelines leaves some practical uncertainties both in clinical practice and fundamental research of this field.

The purpose of this work is to compare the current recommendations of some existing guidelines and standards for TBI Treatment and Management that are mostly in use in Europe, US and Asia, review the knowledge at hand, synthesize it with our own empiric concepts and strategies and translate it into practical recommendations that could be utilized in the clinical practice relative to TBIs.

Nevertheless, these recommendations could be used only when there is evidence to support them and in case-by-case basis. They do not constitute a complete or universal TBI protocol for clinical use.

The intention is that these presented concepts and options be condensed in a simplified and practical manner and to subsequently be used by others to enrich the TBI treatment protocols that necessarily need to incorporate consensus and clinical judgment in areas where current evidence is sparse or insufficient.

Apart from the neurosurgeons, the subject surely is of interdisciplinary interest for orthopaedic, traumatologist, anaesthetists, neurologists as well as general surgeons and practitioners who may have TBI patients in their clientele, even if they do not treat such patients themselves all the way.

Hopefully, this work may provide practical references and tips to these clinical professionals during TBI diagnosis and treatment, maximizing the therapeutic efficacy in the process.

Keywords: Traumatic brain injury, therapeutic strategies, management of trauma

OP – 184

Management of secondary Insults in Severe Transcranial Puncture Injury: A Case Report

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Abstract

Background: Perforating traumatic brain injury (pTBI) affects civilian and military populations resulting in significant morbidity, mortality, and healthcare costs. Perforating brain injury in civilian is very rare. Because rarity of this injury, there is no standard management protocol. We report a case of perforating head injury with iron rod, review the literature on the subject and discuss the challenges in the management of such case. brain damage, this can significantly improve the prognosis and final outcome.

Case presentation: B.Sh 1997, a 25-year-male brought to the emergency department with approximately 30cm perforating iron rod in the head, entering via parietal region, left side of midline and coming out of the right temporal supramastoidal region. He was injured in his work place, and this fact is an indicator of the importance and awareness of the use of protective measures in the workplace...

This is an original retrospective case report study, the patient was treated in Intensive Care Unite in University Clinical Center of Kosova. The main focus of this paper is the study and management of secondary insults in this unusual and bizarre injury. Because this type of head injury is quite rare, the protocols for this type of injury are limited, therefore the reporting of these injuries in general and the management of

secondary insults in particular is significant for publication.

Conclusion; The role of decompressive craniectomy, intra and postoperative hypothermia, ventilation therapy, nutrition, the role of steroids in those cases, analgetics and sedatives are some aspects of the management of this paper study.

Keywords: Secondary Insults, Management, Injury, ICU, trauma.

OP – 185

Endonasal Endoscopic Approach for Pituitary Macroadenomas.

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Abstract

Introduction: Pituitary macroadenoma (MA) is the most common suprasellar lesion among adults. They are considered such when they are over 10mm and are encountered twice as often as microadenomas. In magnetic resonance, they have the intensity of brain tissue, but they often have necrosis, hemorrhage, or cystic transformation, thus having a different intensity.

Material and Methods; Review of clinical, imaging, and operative records of MA cases surgically treated in the Neurosurgery Service, Mother Teresa UHT and in the ENT Service, American Hospital.

Results; During the study period, 65 cases of pituitary adenoma were operated with endonasal endoscopic approach in the neurosurgeon-ENT team. Of them, 49 patients had macroadenomas. Age 9-80 years. Hormonal status: 30 nul cel, 9 PRL, 8 GH, 1 ACTH, 1 ACTH, GH, PRL. In 6 cases, the operation was for residues/recurrences. During the intervention, in 19 cases there was intra-op LCS leakage, but only in two cases there was CSF fistula (the defect was repaired again) and no meningitis. Diabetes insipidus was present pre-op in 3 cases which did not improve after

surgery. In 9 cases it was transient. GTR resection was achieved in 34 cases. The cases when the GTR resection did not reach were over 3 cm, with narrow diaphragms, or lateral orientation.

Conclusion; Although macroadenomas are challenging lesions, experience, close cooperation of neurosurgeon, ENT surgeon, anesthetist-reanimator and endocrinologist is the key to successful treatment of MA.

Keywords; Pituitary macroadenoma, Diabetes insipidus, neurosurgeon

OP – 186

Foundation on the Neuronal Doctrine

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Abstract

Nerve tissue has a special structure, where branches from cell bodies can describe long distances along very complicated paths, it can also happen that branches from different cell bodies are intertwined with branches of other cells. Such a complicated structure of the nervous tissue has been one of the reasons that strongly hindered the development of these studies. The neuronal doctrine represents nerve cells as polarized structures that communicate with each other in specialized synaptic spaces and that form the developmental, functional, structural and trophic units of the nervous system. Neuronal theory has provided a powerful analytical tool in the past, and has been used as a basis for the development of neuroscience. The history of neuroscience considers Cajal and Golgi to be the main contributors to the early studies of nerve cells. First, the historical context of the development of the neuronal doctrine, the influence of the studies of Cajal and Golgi, the development of research methods (which were influenced by the technological limits of the time) by Cajal and Golgi, as well as the influences from the contemporaries of of them in the neuronal doctrine, the objections and affirmations for this doctrine will also be discussed. The topic also discusses the relationship between the neuronal doctrine and the cell theory, the applicability of this doctrine in neuroscience today and the contradiction in relation to the recent discoveries that this doctrine has. There is no reason for the neuronal doctrine to be separate from the original cellular theory. Nerve cells represent a case of many classes of cells that have developed during evolution, for which general rules apply. Despite the history of the development of the neuronal doctrine, today we must know

that nerve cells have developmental origins as independent entities, and that communication between nerve cells takes place in one direction in synaptic spaces, where two nerve cells are in contact with each other and not consecutive to each other. Also, coupled neurons, neurons connected by gap junctions, presynaptic dendrites, postsynaptic axons and multiplex nerve cells, are not in contradiction with the concept of how a nerve cell should be

Keywords: Neuronal doctrine, Cajal, Golgi, neuron, nervous tissue

OP – 187

Current Trends in the Management of Oral and Maxillofacial Trauma.

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Abstract

Introduction: Oral and Maxillofacial trauma is classified into injuries involving the lower, middle and upper thirds of the face. It includes the soft and hard tissues of the face and oral cavity and teeth. Oral & Maxillofacial surgeons have played a major role in the evolution of facial trauma management, and are currently at the forefront of management and advances in these treatments. Oral and Maxillofacial injuries occupy a spectrum of complexity. At one end are minor dentoalveolar injuries managed as an outpatient. At the other end are multisystem, life threatening injuries requiring tertiary hospital admission, multidisciplinary treatment and complex reconstructive procedures. Central to managing these facial injuries is a strong dental education. Facial trauma may be life-threatening as a result of airway obstruction or haemorrhages. Longer term functional complications may arise including injury to vital sensory structures responsible for vision, olfaction, hearing and taste. Motor nerve and soft tissue injuries with scarring may impair facial expression, an important nonverbal form of communication. Psychological distress is common in those patients who suffer cosmetic deformity. Non anatomical repairs of underlying facial bones and associated soft tissues may also result in changes to occlusion and speech. Reconstruction of the oral cavity without consideration for dental rehabilitation will complicate the prosthetic outcomes following healing. Reconstructive goals in managing oral and maxillofacial trauma include returning the patient to as close to their pre-injury status as soon as possible, and an early return to function. In cases of severe trauma, multiple surgical procedures may be required to achieve this goal. The treatment includes

multidisciplinary and complex surgical interventions based in best actually technical progress.

Keywords: Maxillofacial trauma, life threatening injuries, Trauma Management

OP – 188

Post-traumatic Implant Surgical Rehabilitation of the Alveolar Ridge of the upper Jaw.

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³ *Martini dent Pristina, KOSOVO*

Abstract

Introduction; Dental trauma can be defined as an injury to the oral region including the lips, teeth, periodontal tissues, tongue and/or alveolar processes. The aims of management will depend on the age of the patient, type of tooth (primary or permanent) and the extent of the injuries. The treatment varies from preserving the tooth, extraction of the tooth and immediate implant placement. Immediate implantation is defined as placement of the implant into alveolus of the extracted teeth immediately after extraction.

Materials and methods; A 45-year-old patient, suffered teeth and dental bridge fracture and injury during car accident. Immediate teeth extraction was performed and Immediate implantation with bone ridge preservation was performed, to rehabilitate the lost teeth. Patient underwent successfully for prosthetic rehabilitation 8 months after these procedures.

Conclusion; Affected traumatized teeth often have a reduced prognosis and, in some instances, may require extraction. The majority of dental trauma is initially seen within a primary rather than secondary care setting. General dental practitioners should therefore be able to effectively manage the most common dental injuries, and to refer the complicated ones to oral surgeon. Dental implants are reliable to replace teeth lost because of traumatic dental injury. The timing of implant placement may be immediate, early, conventional, or late and is determined by the extent of the trauma, remaining growth, and conditions of the hard and soft tissues.

Keywords; Dental trauma, implant placement, Branemark protocol.

OP – 189

3D Printed Surgical Positioning Rib Graft Jig in Combined Orthodontic Surgical Management of Pruzansky/ Kaban Type IIB and Type III Hemifacial Microsomia.

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Abstract

Background: Hemifacial microsomia (HFM) is the second most common facial birth defect in which the tissues on one side of the face are underdeveloped. The affected children often presented a variety underdevelopment structure of the face such as the mandible, maxilla, ear, facial soft tissue and muscles, and the facial nerve. They are associated with notable deformities, including facial asymmetry, chin deviation, occlusal abnormalities, and potential airway compromise. ared for by a multidisciplinary craniofacial team providing specialized, coordinated treatment.

Introduction: Costochondral grafts (CCG) are considered the best method for condylar reconstruction in young

children with Pruzansky/ Kaban type IIB and type III HFM. The orthodontic surgical intervention immediately corrects the facial asymmetry by eliminating the hypoplastic mandible and the negative influence on the normal maxillary growth simultaneously with ramus height restoration. However, CCG precise surgical positioning is a challenge in these patients due to mandibular hypoplasia when the glenoid fossa is difficult to identify, or it might be absent. The aim of the 3D printed jig is to manage the precise suitable placement position and fixation of the costochondral rib graft in relation to the contralateral unaffected temporomandibular joint and soft tissues.

Conclusion: In patients with Pruzansky/Kaban type IIB and III HFM, orthodontic surgical intervention to restore the height of the ramus with CCG leads to an immediate correction of facial asymmetry. The advantages of the 3D printed surgical positioning rib graft jig technique include preplanning of the orthodontic and surgical procedures for accurate CCG positioning. The virtual planning results in full control of the surgery, accurate osteotomies orientation and precise rib graft fixation screws.

Keywords: Costochondral grafts, Hemifacial microsomia, Pruzansky/ Kaban classification, ramus height restoration

OP – 190

Fibula Free Flap in Mandibular Reconstruction. Our Experience in Tirana.

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Abstract

Introduction; Mandibular Bony defects are most often caused by trauma, tumors, infections, or congenital anomalies; this can lead to poor quality of life and poor esthetic. Despite the development of newer techniques like prostheses and distraction osteogenesis, bone grafts are still used for management of nonunions and defects to promote healing. Bone grafts have been used in reconstructive surgery for a century and recent advances in microvascular techniques have made fibula free flap transfer a viable option for reconstruction of facial bone defects.

In 1975, Taylor et al transferred the first free fibula through

the posterior approach and the technique was further improved by Gilbert who described the lateral approach, which was later evolved by Chuang et al, who popularized the osteomyocutaneous fibular flap. In 1994, Hidalgo further expanded indications for fibular free tissue transfer by describing osteotomy techniques that permit shaping fibula to mimic the mandible, making fibula the workhorse for head and neck reconstruction that it is today.

We are going to present two clinical cases employing fibular free flap to reconstruct mandible segment in young persons, who can benefit of the best rehabilitation opportunity. Discuss indications, technique and pitfalls of this free flap.

Keywords; Mandibular Bony defects, trauma, congenital anomalies, fibular flap

OP – 191

Inflammatory Odontogenic and Non-Odontogenic Pathologies in Oro-Maxillo-Facial Region. Clinical Cases Report.

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Abstract

Introduction: Inflammatory odontogenic and non-odontogenic pathologies are the most frequently pathologies in oro-maxillo-facial region and affect all ages of people and both genders. These inflammatory pathologies are polymicrobial infections, gram-negative and gram-positive, cocci are the most frequently found.

Purpose: The introduction of these clinical cases is to demonstrate how the different clinical cases of inflammatory pathologies in oro-maxillo-facial region are managed, if they are not treated in the right time, can be lethal for the patient.

Materials and methods: In this oral presentation, we introduce different clinical cases of inflammatory pathologies in oro-maxillo-facial region of different forms, associated or not with high temperature and third grade of trismus. Surgical management is based on two principle; incision and drainage(I&D) and support with antibiotics, steroid and nonsteroid anti-inflammatory medicaments by intravenous perfusion.

Conclusion: Because of the loose interconnections, the purulent material can spread very quickly into the parapharyngeal space and from there downwards into the mediastinum, or upwards into the base of the skull. Multiple complications have been reported as a consequence of odontogenic and non- odontogenic infection such as: angina Ludwig, infratemporal and temporoparietal fossa abscesses, deep neck infections, meningitis, osteomyelitis, intracranial abscesses, cavernous sinus thrombosis, necrotizing fasciitis, airway obstruction ect. Late complications, especially those who can lead to the mediastinitis, can be lethal for the patient. The correct diagnosis and immediate treatment of these pathologies should be at the right time.

Keywords; oro-maxillo-facial, Inflammatory pathologies, odontogenic

OP – 192

Primary Intracranial mixed Germ Cell Tumor in a Pediatric Patient

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Abstract

Introduction; Tumors of the pineal region are a rare clinical entity, comprising approximately 3%-8% of pediatric tumors. Based on their histopathological features, they are typically classified as pineal parenchymal tumors and germ cell tumors [1]. Pineocytomas, pine blastomas, pineal parenchymal tumors of intermediate differentiation, papillary tumors of the pineal region, and germ cell tumors (GCTs) are the differential diagnosis for neoplastic masses in the pineal region. GCTs account for half of all tumors detected in the pineal area, with pure germinomas accounting for the majority [2]. Imaging studies are paramount in evaluating pineal region lesions and establishing an accurate diagnosis, with MRI representing the gold standard.

Material and methods: We present the case of a 16-year-old boy presented with recurrent frontal headaches that had progressively worsened in the span of a few months along with visual disturbances including blurry vision, deviation of the right eye and difficulty moving the eyes up and down were observed. Neurological examination showed signs

of increased intracranial pressure including fixed, dilated pupils bilaterally.

Results: A head MRI revealed a pineal gland lesion. The patient underwent a gross total resection (GTR) of the tumor, through a suboccipital craniotomy. Histopathological examination revealed the tumor consisted of 2 distinct components. The larger component showed glandular, honeycomb-like structures consisting of tumor cells with vacuolated cytoplasm and a smaller component containing large, pleomorphic tumor cells with prominent nucleoli, organized in sheets with numerous mitotic figures and some apoptotic bodies. These features alone with immunohistochemical studies were consistent with yolk sac tumor and germinoma.

Conclusions: This case report seeks to draw attention to the elusive clinical and histopathological presentation and management of this infrequently encountered pineal gland tumor. We aim to highlight the significance of considering pineal gland tumors in pediatric patients with clinical feature of increased intracranial pressure.

Keywords: germ cell tumors, neoplastic masses in the pineal region, immunohistochemical studies

OP – 193

Merkel Cell Carcinoma as a Neuroendocrine Cutaneous Tumor. A series of 6 cases and Review of Literature.

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Abstract

Background: Merkel cell carcinoma is a very rare disease and a highly aggressive primary cutaneous neuroendocrine carcinoma primarily affecting elderly and immunosuppressed individuals. It is first described as trabecular carcinoma by

Toker in 1972¹. It starts when cells in the skin called Merkel cells start to grow out of control. Merkel cells are thought to be a type of skin **neuroendocrine cell**, because they share some features with nerve cells and hormone-making cells. Merkel cells are found mainly at the epidermis. In 2008, genomic integration of the Merkel cell Polyomavirus (MCPyV) was identified as the primary oncogenic driver for about 80% of MCCs, while the remaining MCPyV-negative cases were subsequently shown to harbor a high tumor mutation burden with prominent UV-signature⁹⁻¹³. Several other candidate cells of origin for MCC have been proffered for the negative MCPyV-negative cases, including epithelial and non-epithelial progenitors^{7,8,14}. A subset of MCCs arise in association with squamous cell carcinoma in situ (SCCIS), which provides the opportunity to query the molecular genetic alterations in each component to determine a possible etiologic relationship between the two. Harms et al., applied targeted next generation sequencing to seven paired in situ squamous cell carcinoma (SCCIS) and MCPyV-negative MCC samples, sequencing these components separately.

Conclusion: Merkel cell carcinoma (MCC) is a rare malignant skin neoplasm with the potential for local recurrence, spreading to regional lymph nodes (LNs) and distant metastases. It has a poor prognosis and it is very important a diagnosis in early stages. Also a correct differential diagnoses between other pathology is important in order to proceed with a multidisciplinary approach and treatment.

Keywords: Merkel Cell Carcinoma, immunohistochemistry, histology, neuroendocrine tumor.

OP – 194

Painful Toe, A Case Presentation.

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Abstract

Glomus tumors are benign neoplasms, characterised by pain, that are frequently diagnosed with delay. They are rare and of mesenchymal origin, composed of cells that resemble perivascular smooth muscle cells (glomus cells)

of the normal glomus body. A glomus tumor can appear in any part of the body. It generally appears in the extremities, and especially in the subungual area of the hand. Less commonly it is reported in the foot.

Case report of a patient, a young female of 32 yrs., which has been suffering since 5 years with complains of paroxysmal pain in the hallux of the left foot. She has been evaluated by several surgeons, without a specific diagnosis. The characteristic complains of paroxysmal pain, and exacerbation of this feature under light pressure or from cold temperatures, were also her main complains. The final diagnosis on histopathologic exam was Glomus tumor. The importance of knowing this entity is to limit the unnecessary diagnostic exams and surgical procedures that affect the quality of life of a patient that suffers from this pathology.

Keywords: glomus, pain exacerbation, hallux, neoplasm.

OP – 195

The Presence of BRAF Gene Mutation and its Significance in Ameloblastoma Recurrence

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Abstract

Introduction: Ameloblastoma is the most common odontogenic tumor of epithelial origin. It is classified as a benign tumor with slow growth, but its biological behaviour can be modified towards local aggression. Its clinical course can be recurrent and aggressive but it rarely spread in distance metastases. Certain studies have linked this behaviour of some ameloblastoma to the presence of a single BRAF mutation or associated with other mutations. Radiologically it has characteristics similar to giant cell tumor, aneurismal bone cyst, or metastases from renal tumors. In clinical practice, ameloblastoma is represented as tumor on the mandible angles (80%), maxilla (15%), but it can be found in other locations. The definitive diagnosis is realized only through histopathology where the testing of BRAF gene mutation by immunohistochemical techniques has prognostic value. In this brief report we have identified the clinical cases of ameloblastoma in 4-year period and will present the case of a 47-year-old patient diagnosed with recurrent ameloblastoma in specific histopathological examinations whose BRAF mutation was identified.

Keywords: ameloblastoma, recurrent, Braf mutation

OP – 196

Bone Marrow Biopsy in the Diagnostic and Stadificatin of Lymphoproliferative Disorders.

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Abstract

Background; Bone marrow biopsy is a valuable diagnostic tool for histologic classification and clinical staging of any patient with lymphoproliferative disease. But it is not rare that the bone marrow biopsy puts the pathologist in front of some challenges, which will also be presented in our study.

Material and Methods; In this study we have investigated 78 bone marrow biopsies from patients with lymphoproliferative disease or which were only suspected for lymphoproliferative diseases. The specimens were received at the Pathological Service, at QSUT from January 2019 to December 2021

Results; In the current study, a total of 78 cases of BMB assessed or resulting in S. LPD were studied. It is noted that for each year there is a significant prevalence of NHL in relation to other diagnoses of LPD.

In relation to age, a predominance of lymphoproliferative disorders is observed in the V-VI decade of life, while in terms of gender, a predominance of males over females is observed in the ratio 1.7:1.

Conclusion; The time distribution of different diagnoses, in relation to age and gender, maintains mostly the same trend throughout the three years.

Avoiding errors in the histologic interpretation of bone marrow biopsy specimens, requires an unprecedented degree of collaboration among pathologists, haematologists, investigators and samplers, laboratory technicians, and other scientific personnel.

Keywords: bone marrow, biopsy, lymphoproliferative disorders, IHC

OP – 197

Primary Umbilical Endometriosis Presenting as Umbilical Hernia

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Abstract

We report a rare case of symptomatic primary umbilical endometriosis and review of the literature on topic. A 46-Year-old woman was referred to the hospital with an umbilical pain and bleeding for the past few weeks.

The CT scan of the abdomen was reported as consistent with an umbilical hernia with narrow neck possibly containing mesentery or intra-abdominal fat. The next step in management was surgery and excision of the mass for further microscopic examination.

Histological examination confirmed the excised tissue was endometriosis. Follow-up continues in the gynecological clinic.

Conclusion; Endometriosis is a gynecological disease characterized by the growth of endometrial glands and stroma outside the uterine cavity. This pathology affects 7-10 % of women of reproductive age.

Primary umbilical endometriosis (PUE) is even rarer with unclear pathogenesis.

Complete excision and histology are highly recommended for obtaining a definitive diagnosis, to exclude malignancy and to prevent recurrence.

Our case aims to highlight the importance of considering endometriosis in the differential diagnosis of any premenopausal woman who presents with umbilical swelling and pain, regardless of its association with menstrual cycle.

Keywords: endometriosis, umbilical, primary

OP – 198

Management of Infectious Disease in Trauma Patient

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Abstract

Accidents and trauma are one of the world's most serious but neglected health problem. The fast moving transportation systems, unprecedented and unplanned urbanisation and changing social patterns have contributed to the global increase in the incidence of trauma to human body.

Traffic accidents are an endemic disease which affects mainly the young adults in the economically productive age groups and are the leading cause of death in persons under 44 years of age. Globally,

26% of all deaths in the age group of 15-44 years in 2015 were due to injuries. Infections in Traumatized Patients Accidents or violence can result in penetrating trauma.

Contaminated penetrating foreign bodies introduced at the time of wounding cause infection, especially high velocity projectiles, which result in cavitation. Surgical debridement reduces potential infection; however, perioperative antibiotics are usually indicated owing to studies demonstrating high rates of sepsis in the pre-antibiotic era. Open injuries have a potential for serious bacterial wound infections, including gas gangrene and tetanus, and these in turn may lead to long term disabilities, chronic wound or bone...

Keywords; Infectious Disease, Trauma Patient, Management

OP – 199

Laryngitis in a Child with COVID-19. A Case Reports

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Abstract

Introduction: Infections with COVID-19 are manifested by a variety of clinical signs, while trachea-laryngitis is not a frequent concern of these infections, especially in children.

In this report, we will present the case of a 14-year-old child with moderate upper respiratory problems after COVID-19 infection.

The case: A 14-year-old boy comes to our service because of slight breathing difficulties. The patient complains of subfebrile temperature for three days, accompanied by body weakness and anorexia. On the day of presentation, he also complains of a sore throat, difficulty in breathing and pain during swallowing. In the physical examination, a slight pain was observed during palpation of the throat (in the submandibular region). On auscultation, no pathological sounds were heard in the lungs, while a light laryngeal stridor was heard. Examination of the throat showed a redness of the pharynx accompanied by a slight edema. Complete blood count, liver enzymes and kidney function tests were within normal limits. X-ray of the lungs show clear images without any pathological changes of the lungs. Immediately after the examination, the patient was treated with nebulized racemic adrenaline. After that, the patient's condition improved noticeably. The nebulizer sessions were repeated two more times at intervals of 3-4 hours until the complete stabilization of the patient. After that he continued the treatment with Pulmicort aerosol, accompanied by antipyretics and vitamins. At the same time, a pharyngeal swab was taken from the patient for microbiological examination, which was negative, while the test for COVID-19 was positive. As per protocols established for patients with COVID-19, he was isolated at home for two weeks

Conclusion: In the periods of worsening of the infections with COVID-19, great care should also be paid to patients with atypical clinical picture for COVID-19 in order to diagnose and isolate them in time

Keywords: COVID-19, atypical, laryngitis

OP – 200

Acute Renal Injury as a Consequence of Crush Syndrome

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Abstract

Introduction; Crush syndrome (Bywaters syndrome, rhabdomyolysis traumatic) is defined like systemic event that results from injury of blood pressure, which manifests itself in dysfunction of great number to system or bodies and more often ship until injury acute to kidney (Acute Kidney Injury-AKI). More cases Frequently occur usually tall accidents in traffic, earthquakes, disasters of incurred from man like attacks terrorist, war, accidents in mining, torture etc. Cases with damage Landslide present some from challenges more of gave me in medicine urgent oxen demand triage AND treatment as much as you fast. Injuries traumatic can of causing damage of big of muscles, rhabdomyolysis and necrosis acute tubular with AKI.

Material and Method: us our work have analyzed 258 patients with rhabdomyolysis with etiology to miscellaneous and kia of treated in clinic of nephrology (Faculty of Medicine, Skopje) in the last 10 years (2011-2021). results: from total number of patients like consequence of crush syndrome oxen place rhabdomyolysis and AKI were 12 patients from to whose patient (8 men and 4 women, with age identical of 32.70±5.00 years old...

Conclusion: AKI is associated with rhabdomyolysis ABOUT cause of crush syndrome it's A causal primary of morbidity AND mortality IN disasters natural or of INCURRED from the man. In conclusion can of we say that the connection between AKI, crush syndrome AND rhabdomyolysis at all it is around 18-20%, not of underestimated the cracks other of including IN the etiology of this syndrome. Ways more of good ABOUT of decreased AKI of KIDNEY They are prevention of INJURY from crush syndrome AND avoiding as much as you QUICK to the cause AND treatment of HIS how more urgent.

Keywords: crush syndrome, acut kidney injury (AKI), rhabdomyolysis traumatic

OP – 201

Lipid Profile Disorders in Uremic Patients Treated with Chronic Intermittent Hemodialysis

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Abstract

Introduction: Among the most frequent disorders that appear in patients with chronic renal failure (ChRF) and uremic patients treated with repeated chronic hemodialysis (HD) are disorders of lipid fractions, namely uremic dyslipidemia. In patients with ChRF and uremic patients treated with HD, the lipid fraction of 90-95 % dominates high values of triglycerides (TG).

The purpose of the work was to verify the disorders of lipid fractions in uremic patients treated with chronic HD as well as their relationship with the degree of GFR-Glomerular Filtration Rate and stages of ESRD.

Material and Methods: The study included 90 patients (50 men and 40 women, with identical average age of -57.00 ± 14.00 years) treated with chronic HD over 12 months, with a frequency of dialysis - three times in the week from 4.5 hours. In the study we also had a control-volunteer group (No=90) of healthy individuals with identical average age of -56.00 ± 11.50 years. In all patients (also in the control group), we analyzed the concentrations of lipids (total cholesterol, triglycerides and TG), HDL-ch and LDL-ch, once at the beginning of the month before the beginning of HD sessions in a period of 12 months.

Statistical analysis: the obtained results were processed in SPSS version 16, standard deviation \pm SD, analysis of variance (Anova two factor) and Pearson's test.

Results: The concentrations of TG and LDL-ch were presented with a very significant increase and with a significant statistical difference for $p < 0.0001$ compared to the control group. HDL-ch concentrations in our study also in uremic patients treated with HD u manifested with low values for $p < 0.0001$ compared to the values obtained by the group controller of healthy individuals.

Conclusions: Disturbances in lipids metabolism are evident even at the early stages of CKD. Application of the statins in the treatment of uremic dyslipidemia should be a regular pharmaceutical component applied to patients with chronic uremia treated with repeated HD...

Keywords: lipid disorders, uremia, chronic renal failure, uremia.

OP – 202

Renal Anemia as a Hematopoietic Disorder in Patients with Chronic Kidney Failure.

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Abstract

Introduction: Anemia as a result of chronic kidney failure (ChKF) results in the typical symptoms of general anemia. Nephrogenic anemia consists of a reduction in the total number of erythrocytes (Er), hemoglobin (Hb) and hematocrit (Htc). The main causes of anemia in patients with ChKF are: reduced production of Er, shorter lifespan of Er and the fastest destruction of Er. Renal anemia occurs more often in patients with diabetic nephropathy and renovascular arterial hypertension. Anemia in patients with ChKF is of the type: normocytic, normochromic, and hypo proliferative.

The purpose of the paper was to document the presence of anemia as well as the therapeutic effect of stimulating erythropoiesis (Erythropoietin ampoule) in patients with ChKF in the preterminal phase.

Material and methods: In the cohort-prospective study ("cross sectional" 60 patients were included (35 were male and 25 were female) with an identical mean age of: 52.00 ± 14.00 years, treated for about 12 months Examinations of hematological parameters (Er, Hb, Htc) were done at the beginning of the study in the Clinical laboratory and after the treatment with erythropoiesis stimulus (Amp.

Erythropoietin of 2000-4000 units per week subcutaneous supplemented with ferro (III) hydroxy saccharides every week from an ampoule dissolved in 150 ml of NaCl intravenously.

Results: after two months of treatment in all patients a significant improvement of the blood count and symptoms of anemia was observed.

Conclusion: in conclusion, we can prefer that the examination of hematological parameters in patients with ChKF should start in the initial stages of the disease, while the treatment of anemia should be the first step of nephrologists and internists in order to prevent its consequences.

Keywords: chronic renal failure, renal anemia

OP – 203

Troponin, Hypersensitivity in Cardiac Emergencies.

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Abstract

Introduction; The new criteria for diagnosing myocardial infarction are the detection of rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above 99th percentile of the upper reference limit. Cardiac enzymes are proteins from heart muscle cells that are released into the bloodstream when heart muscle is damaged. Therefore, measuring cardiac enzymes is often an important step in diagnosing MIs. Current clinical practice is to measure two different cardiac enzymes when an MI is suspected: creatine kinase (CK), and troponin (T). Troponin: is a complex of three regulatory proteins, Troponin C, Troponin T and Troponin I, which controls calcium and interfere the interactions between actin and myosin in the cardiac and skeletal muscles. It is essential for the muscle contraction. Troponin I and T are specific indicators to the heart muscle, while Troponin C is connected to the cardiac and skeletal muscle.

Aims of the study was to prospectively evaluate the usefulness of the cardiac troponin as predictors of subsequent cardiac events like myocardial infarction; to evident the importance of troponin application in prevention of myocardial infarction complications; to show the role of laboratory examinations in the diagnosis of myocardial infarction.

Materials and methods; This is a retrospective, analytical study for a specific period of time and the collected data is represented in tables and graphics. The study was carried out between September 2012 and September 2018. This study data has been collected from the Coronarography data of the patients registered in Tirana. During this period of time, there is a number of 308 patients with positive troponin tests of coronarography that were taken in consideration for this study. From these 308 patients: 208 of them were diagnosed with myocardial infarction.

Results and discussion; Elevated Troponin Levels were reported in Coronary Acute Syndrome in a percentage of 12.01% of the cases; in Angina Pectoris with 8.76%

of the cases; Retrosternal Chest Pain with 10.06% of the cases. There was easily distinguished the correlation between positive troponin and lipid profile. The results of our study do not match with the data of Dr. Muelleer C. (2009 Massachusetts Medical Society); their study results indicated that 17% of the patients suffered Myocardial Infarction.

Conclusions; According to our analysis, troponin results were positive in 67.33% of the cases.

During the study, 79 of the patients were diagnosed with dyslipidemia, that's why it is considered as one of the most important risk factors. Troponin T is used as an aid in the diagnosis of myocardial infarction, to monitor the therapy of diagnosed myocardial infarction and to provide a prognosis, as well as to monitor unstable angina.

Keywords: Troponin, myocardial infarction, complications, results, cardiac enzymes, heart muscle, actin, myosin, risk factors, diagnose, dyslipidemia.

OP – 204

Covid-19 Patients Undergoing Cardiac Surgery. A Surprising Mild to Moderate Disease Course!

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Abstract

Cardiac surgical patients are often discharged to a rehabilitation facility to complete the convalescence in a protected setting. This care pathway is usually reserved for elderly and fragile patients, with severe and invalidating comorbid conditions. Diversely from other observations on perioperative COVID-19 reporting mortality rates of 30-40%.

Cardiothoracic practice may not be in the frontline of the Coronavirus response but the service must respond to the demands of the pandemic, and in doing so has been considerably affected.

Cardiac surgical patients are often discharged to a rehabilitation facility, to complete the convalescence in a protected setting. This care pathway is usually reserved for elderly and fragile patients, or for those with severe comorbid conditions.

Keywords; Covid-19 Patients, Cardiac Surgery, management

PP – 01

Late seroma in Breast Reconstruction after Administration of COVID-19 Vaccine. A Case Reports.

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Fluid collection surrounding breast implants is a known issue in plastic and reconstructive surgery with diverse etiologies. There have been several cases worldwide reporting late seroma formation after covid vaccine administrations in breast augmentation and breast reconstruction post mastectomy. We hypothesized the formation of the seroma as a post SARS-CoV-2 mRNA vaccine side effect as other diagnosis had been excluded. This is our experience and management in a case 5 years post op, 2 months after the patient has completed both doses of the covid vaccine.

Materials and Methods: A thorough examination and history of the background cause, breast ultrasound, seroma drainage, FNA, Immunohistochemistry, Surgical explanation and capsulectomy, Biopsy

Keywords: breast implant, COVID, seroma

PP – 02

Consideration about Chronic Obstructive Pulmonary Disease

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Chronic obstructive pulmonary disease (COPD) is characterized by airway obstruction. Prevalent worldwide, COPD contributes significantly to health care costs due to high M&M.

The diagnosis of COPD is determined by clinical assessment of airflow limitation and symptoms such as cough and wheezing; however, the detrimental effect of COPD symptoms on the patient's quality of life is often underestimated.

PP – 03

Eosinophilic Ascites. A case Report.Eva Shagla ¹, Liri Hoxha ², Adriana Babameto ¹, Fatmir Bilaj ²¹ *Department of Gastro-Entero-Hepatology, University Hospital Center "Mother Theresa" Tirana, ALBANIA*² *Department of Clinical Semiology and Imaging, University Hospital Center "Mother Theresa" Tirana, ALBANIA****Abstract***

Background: Eosinophilic gastroenteritis (EGE) is a rare gastrointestinal disorder characterized by nonspecific GI symptoms, with abnormal eosinophilic infiltrate of the intestine wall and exclusion other causes of secondary eosinophilic infiltration. EGE has 3 clinical presentations depending on the depth of eosinophilic infiltration of the bowel wall: mucosal, muscular, and subserosal types.

The serosal form (39% of EGE cases may result in eosinophilic ascites (21%). In this case, a favorable outcome can be achieved after a short course treatment with corticosteroids. We present two cases of an eosinophilic ascites. The first one 20-years old male with diffuse abdominal pain and tenderness for 2 weeks. His physical examination was significant for moderate's ascites. A peripheral blood smear was showing eosinophilia with an absolute eosinophil count of 56%, and normal liver function tests. Ascetic fluid analyses showed significant eosinophilia. The second case a 53-year-old female with ascites, vomiting and diarrhea. Laboratory examination showed: peripheral blood eosinophilia 16%, normal liver function tests, ascetic fluid with eosinophilia predominantly. All causes of ascites were excluded. Ultrasonography of the abdomen and pelvis showed no liver or renal disease except mild ascites. Echocardiography revealed no abnormality. MR enterorrhaphy showed a normal small bowel and colon as well as ascites and a thickened omentum and presence of ascetic fluid. Endoscopic examination was normal. In both cases treatment with oral corticosteroid resulted in the normalization of laboratory and disappear of ascetic fluid and clinical improvement.

Conclusion: Despite its rarity, eosinophilic gastroenteritis needs to be recognized by the clinician because the disease is treatable, and timely diagnosis and initiation of treatment could be of major importance.

Keywords: Eosinophilic ascites, gastroenteritis, ascites, corticosteroids.

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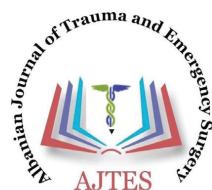
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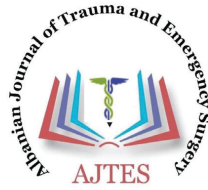
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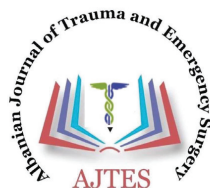
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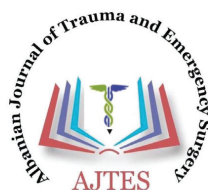
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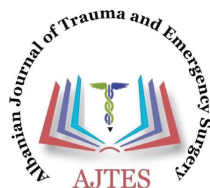
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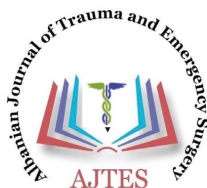
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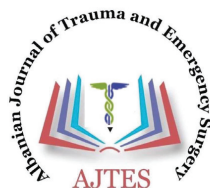
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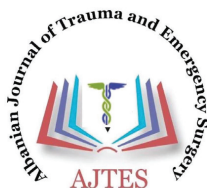
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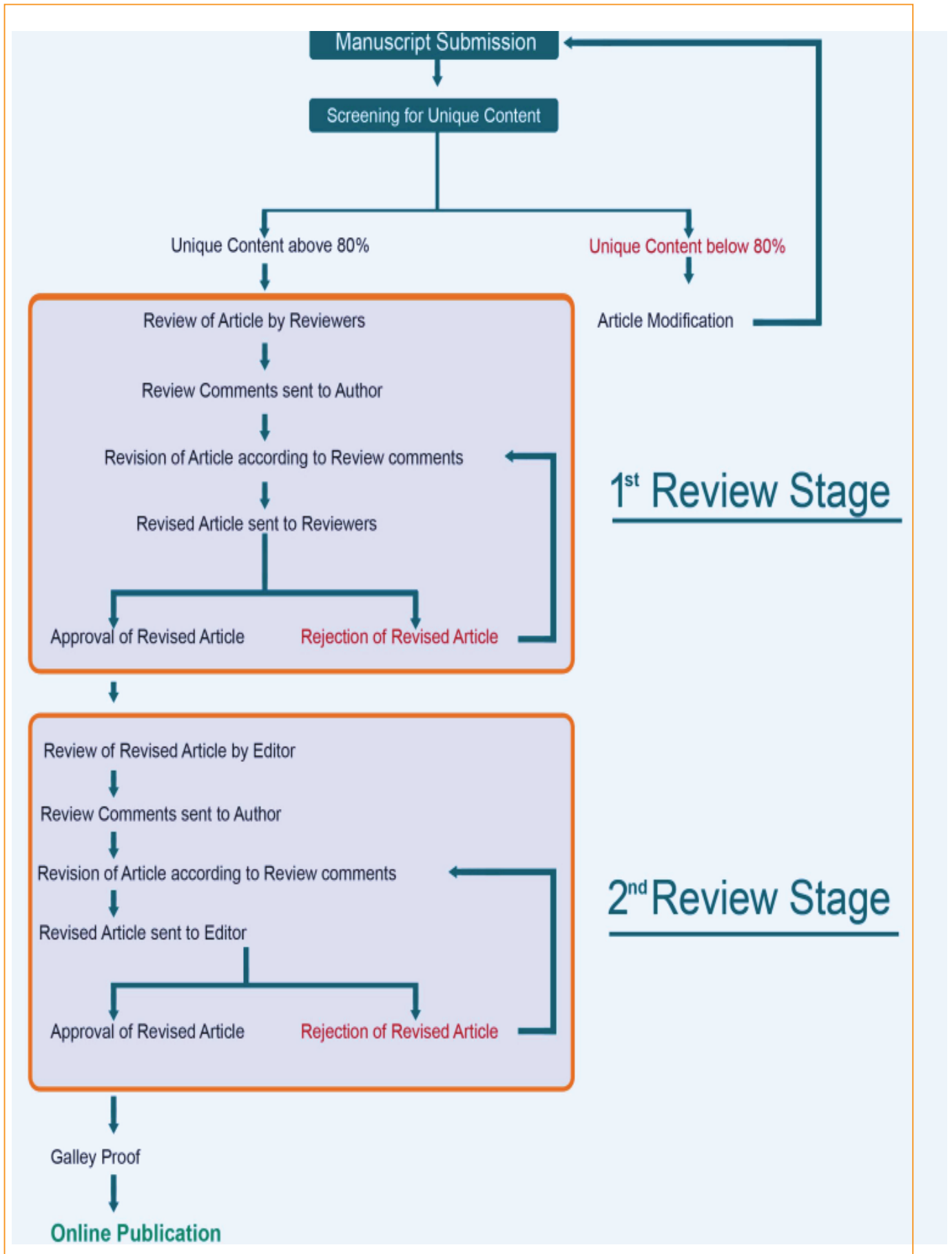
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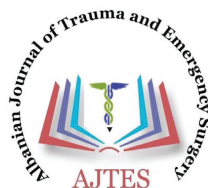
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