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

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7th Albanian Congress of Trauma and Emergency Surgery (ACTES 2023)

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November 10-11, 2023 Tirana, ALBANIA

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Albanian Society for Trauma and Emergency Surgery
ASTES

The University Hospital Center "Mother Teresa", Tirana, Albania

The University Hospital of Trauma, Tirana, Albania

Abstract submission...

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- ***End of regular fee;*** *November 09, 2023*
- ***Late Registration*** *(on desk registration); November 10, 2023*

Scientific Committee of ACS 2023 & ACTES 2023

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Abstracts Book

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ACS 2023 & ACTES 2023

November 10- 11, 2023, Tirana, Albania.

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

Aims and Scope

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

Contents:

OP – 01

Giant Retroperitoneal Sarcomas: When Surgery Becomes a Challenge

Valeria Tonini

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Abstract

Introduction: Retroperitoneal sarcomas are rare tumors. The incidence reported in the literature is 0.3-0.6 cases/100,000 inhabitants. In some Italian cities, the incidence is significantly higher, and it could be related to environmental pollution. However, since these are always small numbers, it is difficult to prove correlations with statistical data. Retroperitoneal sarcomas grow insidiously in the retroperitoneum, pushing the bowel forward, without leading to bowel occlusion. Therefore, they often reach gigantic size without giving symptoms. Faced with masses of enormous size, the surgeons may be perplexed about the possibility of radical surgery.

In this presentation I will report the results of surgical treatment of 59 giant retroperitoneal sarcomas, showing how size should not be a barrier to surgical treatment. The results can be good even after excision of giant masses, of course if the surgical procedure was conducted properly. Because retroperitoneal sarcomas have a high incidence of local recurrence and a lower incidence of distant recurrence, radicality of surgery is of great importance. In the absence of effective systemic therapies, surgery represents the mainstay of treatment with curative intent and complex multivisceral resections are frequently required. Many studies have demonstrated that the prognosis of patients with retroperitoneal sarcoma is better when surgeons adopt an aggressive surgical approach. Contiguous organs need to be resected en-bloc with the tumour, even if they are not clearly infiltrated by retroperitoneal mass. Therefore, surgeons involved in retroperitoneal sarcoma surgery must be able to excise en bloc any abdominal organ in contact with the retroperitoneal mass. The organs most frequently in contact with the mass are the kidney and colon, but any other organ (pancreas, liver, adrenal, etc.) may be involved and the surgeon must be able to remove it en bloc. It is therefore a very complex surgery. Because the best chance of cure is at the time of primary surgery, this rare and complex malignancy should be managed by an experienced surgical team in a specialized referral centre.

Keywords: retroperitoneal sarcoma, giant tumors, surgical challenge, multidisciplinary

OP – 02

Laparoscopic Hepatobiliary and Pancreatic Surgery: An Overview

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Abstract

Introduction: Although laparoscopic colorectal or gastric surgery has become widely accepted as a superior alternative to conventional open surgery, the surgical management of hepato-biliary-pancreatic disease has traditionally involved open surgery. Recently, many reports have described laparoscopic partial liver resection, lateral segmentectomy, and distal pancreatectomy. However, laparoscopic major hepato-biliary-pancreatic surgery, such as hepatic lobectomy and pancreaticoduodenectomy, has not been widely developed because of technical difficulties.

Material and Methods: We describe our experience with laparoscopic major hepato-biliary-pancreatic surgery, including right hepatectomy using hilar Glissonean pedicle transaction, and pylorus-preserving pancreaticoduodenectomy.

Results: The development of laparoscopic surgery also includes the more complex procedures of abdominal surgery such as those that affect the liver and the pancreas. From diagnostic laparoscopy, accompanied by laparoscopic echography, to major hepatic or pancreatic resections, the laparoscopic approach has spread and today encompasses practically all of the surgical procedures in hepatopancreatic pathology.

Conclusion: Although our experience is limited, and randomized study is necessary to elucidate the appropriate indications for and effects of the present procedures, we believe that laparoscopic major hepato-biliary-pancreatic surgery can be feasible, safe, and effective in highly selected patients, and that it will be one of the standard therapeutic options for carefully selected patients with hepato-biliary-pancreatic disease.

Keywords: Laparoscopic surgery, Pancreatic surgery, Hepato-Biliary Surgery

OP – 03

Principles of Liver Transplantation: from Anesthesia to ICU.

Filadelfo Coniglione [1, 2, 3], Gentian Huti [3], Asead Abdyli [3], Rudin Domi [3]

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Abstract

Introduction: The first human liver transplant operation was performed by Thomas Starzl in 1963. Liver transplantation has evolved dramatically over the past 50 years and has gone from a mostly futile endeavor to the definitive treatment of most types of liver failure, as well as hepatocellular carcinoma (HCC), in both children and adults. The anesthetic conduct presupposes a complete knowledge of the pathophysiology and physiological effects of liver transplantation on recipients; the anesthetic management for LT can be complicated and represent a real challenge. Monitoring devices offer information for the successful management of patients. Hemodynamic instability, requiring sophisticated monitoring.

Materials and methods: The European guidelines of the most relevant scientific societies were consulted. This analysis was possible using online searches especially on PUBMED, WOS, SCOPUS, with a maximum interval of 15 years backwards. The search was conducted using keywords such as "anesthesia in liver transplantation," "liver transplantation," and "hemodynamic monitoring in liver transplantation". The research conducted highlights that, the absence of uniformity between the various centers worldwide regards to anesthetic management. The choice of technique, (especially balanced anesthesia vs. TIVA), and the type of monitoring (press metric vs. volumetric vs. trans esophageal), remain discretionary and depend on the availability of the center and the experience of the team.

Conclusions: The outcome of liver transplantation depends on numerous factors, including the status of the organ, the degree of illness of the recipient, the type of surgical technique adopted, and finally, the anesthetic conduct and post-surgical treatment in intensive care.

Ad hoc training for dedicated anesthetists is desirable for the future, in relation to the complexity of the method and the pathophysiological response that affects patients. ESLD, as well as the experience required in interpreting the chosen hemodynamic monitoring.

Keywords: liver transplantation, ICU, cirrhosis

OP – 04

Principels of Surgery in Gynaecologic Oncology

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Abstract

Introduction: Surgery plays a pivotal role in the comprehensive management of gynecologic malignancies. This abstract delves into the fundamental principles that guide surgical interventions in gynecologic oncology, emphasizing the importance of precision, multidisciplinary collaboration, and patient-centered care.

Key Principles: Early Detection and Diagnosis: The cornerstone of successful treatment is early detection. Surgical principles in gynecologic oncology begin with accurate diagnosis through methods such as biopsies, imaging, and laparoscopic procedures.

Multidisciplinary Approach: Gynecologic oncology surgery is inherently multidisciplinary. The abstract explores the collaborative nature of surgical interventions, involving gynecologic oncologists, surgeons, radiologists, and pathologists.

Precision Surgery: Tailoring surgical procedures to each patient's unique circumstances is essential. The abstract discusses the principles of precision surgery, incorporating minimally invasive techniques and fertility-sparing options when appropriate.

Optimal Cytoreduction: In cases of advanced disease, achieving optimal cytoreduction is a key principle. The abstract highlights the importance of debulking procedures to enhance the effectiveness of adjuvant therapies.

Conclusion: Principles of surgery in gynecologic oncology are rooted in early detection, precision, and a multidisciplinary approach. Adherence to these principles ensures that surgical interventions are not only therapeutic but also contribute to improved outcomes and the overall well-being of patients with gynecologic malignancies.

Keywords: gynecologic oncology, surgery, principles, early detection, multidisciplinary, precision, cytoreduction, lymphadenectomy, guidelines, complications.

OP – 05

"Monster" Gallbladder! Lessons learned from more than 25 years with laparoscopic cholecystectomy!

Arben Beqiri

University Hospital Center "Mother Theresa", Tirana ALBANIA

Abstract

Introduction; Laparoscopic cholecystectomy is the gold standard in the treatment of symptomatic cholecystolithiasis. It is one of the most frequently performed procedures in visceral surgery and a benchmark in teaching young surgeons at the beginning of their residency.

Methods and Material; This is a review based on experience. The term "difficult gallbladder" indicates that the procedure may be challenging and hazardous. However, there is no clear definition of what is meant by a difficult gallbladder. In most articles, acute or chronic inflammation due to cholecystitis are cited as a source of surgical problems, but other conditions like previous cholecystostomy, liver cirrhosis, coagulation therapy or disorders, and previous upper abdominal surgery are quoted elsewhere. More generally, the term difficult gallbladder describes a cholecystectomy which is expected to be more difficult than a routine cholecystectomy.

Results; A challenging cholecystectomy may be predicted in most patients by exploring their medical history. Thus, the evaluation of biliary symptoms and anamnesis, comorbidities, and current medication are crucial. Acute cholecystitis, biliary pancreatitis, prior endoscopic sphincterotomy for clearance of bile duct stones, liver cirrhosis, anticoagulation therapy, morbid obesity, or prior major open surgery of the upper abdomen are strong indicators that cholecystectomy may become difficult.

Conclusion; There is no single absolutely verified pathway for how to deal with challenging situations in cholecystectomy. This is due to multiple diseases and factors causing such problems and individual patient risks and demands.

Keywords; cholecystectomy, Challenging situation, medical record, surgery

OP – 06

The Role of Robotic Systems in Colorectal Surgery. Is it Necessary, Indeed?

Onur Bayraktar

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Abstract

Introduction: The integration of robotic systems in colorectal surgery has sparked debates regarding its necessity, cost-effectiveness, and impact on patient outcomes. This abstract critically examines the role of robotic-assisted techniques in colorectal surgery, assessing whether they are indeed necessary or represent a luxury in the current healthcare landscape.

Key Points: Technological Advancements: The abstract provides an overview of the technological advancements in robotic systems, highlighting their potential benefits in enhancing precision, dexterity, and visualization during colorectal procedures.

Comparative Analysis: A comparative analysis between robotic-assisted and traditional laparoscopic colorectal surgery is conducted. The abstract explores existing literature to assess differences in outcomes, including postoperative recovery, complication rates, and oncologic outcomes.

Learning Curve Challenges: The abstract addresses the learning curve associated with robotic systems in colorectal surgery, acknowledging potential challenges and discussing strategies to optimize proficiency among surgical teams.

Cost Considerations: An analysis of the economic implications of incorporating robotic technology in colorectal surgery is undertaken. The abstract evaluates whether the potential benefits justify the substantial financial investment.

Patient-Centered Outcomes: The impact of robotic systems on patient-centered outcomes, including quality of life, postoperative pain, and cosmetic results, is explored. The abstract aims to discern whether these factors contribute to the necessity of robotic-assisted procedures.

Future Directions: Anticipating future developments in robotic technology, the abstract discusses

potential advancements and their implications for the role of robotics in colorectal surgery.

Conclusion: The necessity of robotic systems in colorectal surgery remains a subject of scrutiny. This abstract synthesizes current evidence to facilitate a nuanced understanding of the role of robotics, considering clinical outcomes, economic

factors, and technological advancements. Such an analysis is imperative for informed decision-making in the integration of robotic systems into colorectal surgical practice.

Keywords: robotic systems, colorectal surgery, necessity, luxury, outcomes, cost-effectiveness, learning curve, technology.

OP – 07

Complication of Laparoscopic Surgery and Its Management

Yılmaz Aslan

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Abstract

Introduction: Laparoscopy has become a standart procedure in some diseases by shorter duration of hospital stays, better cosmetical results, less blood loss and similar long-term oncological results compared with open surgery. By increasing number of laparoscopic procedures in urological practice, mortality and morbidity has started to be reported. The prevention of laparoscopic complications begins with patient selection and preoperative preparations. Most of the complications releated to laparoscopy occur during the first access. Big vessels, bowel, liver, spleen, pancreas, diaphragm, ureters and bladder are the organs those are at risk of injury during laparoscopic procedures. Laparoscopic devices malfunction and energy sources used; injuries may be more challenging than expected. In case of organ injuries, laparoscopic repairment and converting to open procedure are alternatives. In this presentation, laparoscopic complications and its management that laparoscopic surgeon must know will discuss.

Keywords: Laparoscopic surgery, Pancreatic surgery, Hepato-Biliary Surgery

OP – 08

Laparoscopic Ileocecal Resection for Perforated Cecal Diverticulitis. A Case Report and Literature Review

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Abstract

Introduction; Cecal diverticulitis is a rare disease that clinically resembles acute appendicitis. Although usually asymptomatic, it can cause inflammation, hemorrhage, and perforation. In most cases, the diagnosis is difficult and is usually made intraoperatively. There are various discussions in the literature regarding the treatment of cecal diverticulitis as well as complicated diverticulitis. The purpose of this article is to discuss a case of perforated cecal diverticulitis and different operative strategies. A 48-year-old male patient presents with a history of about 2 days of abdominal pain which was initially periumbilical and then localized in the right lower quadrant, nausea, fever up to 38.2 and leukocytosis. Abdominal ultrasound reported an appendix about 15 mm. The plan was to do a Laparoscopic Appendectomy. Intraoperatively, a perforated cecum diverticulum and a normal appendix were found. The patient underwent ileocecal resection with primary intracorporeal ileocolic anastomosis. Cecal diverticulitis is a rare condition in the Western population, but should be considered in the differential diagnosis in emergency cases with right lower quadrant pain, and the intraoperative findings are crucial in the strategy of the treatment.

Keywords; Cecal diverticulitis, complicated diverticulosis, Laparoscopic surgery, Acute Appendicitis,

OP – 09

The Impact of Laparoscopic Surgery in a Secondary Hospital Center

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Juliana Shahu[1], Gazmend Xhembulla[1]

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Abstract

Introduction: Laparoscopic surgery is a mini-invasive surgery that allows the surgeon to explore and perform various procedures within the abdominal and pelvic cavity. In Albania, laparoscopy began to be performed in the 90s, initially in tertiary hospital centers, but in recent years it has been extended to regional hospitals as well. At the Diber Regional Hospital, laparoscopy started at the end of 2020 and was chosen for biliary calculus and ovarian cyst

Material and methods: This study included 251 patients who underwent a laparoscopic procedure during a 30-month period starting from December 2020 - September 2023.This is a retrospective study and for the data, all the records of hospitalized patients in this time interval were used

Results: Cholecystectomy 242, 7 ovarian cysts, 1 exploratory laparoscopy for liver laceration, 1 Appendectomy. The male to female ratio was 1/5.9. During this period, only 8 cholecystitis were performed with laparotomy due to contraindications to laparoscopy. 59 cases were calculous cholecystitis where only 1 was converted to open surgery. 15 cases were post calculous pancreatitis. Only 1 patient had a wound infection. 2 cases required postoperative ERCP. Mortality was zero. The average daily attendance has dropped from 8.2 to 3.7

Conclusions: a safe procedure that can also be used in secondary hospital centers. It has a shorter operating time, lower post-operative morbidity and faster return to previous activity.

Keywords: laparoscopy, calculous cholecystitis, mini-invasive surgery

OP – 10

Recent Updates in the Management of Advanced Thyroid Cancer

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Abstract

Introduction: Thyroid cancer is one of the most common endocrine malignancies encountered in Albania. The incidence of advanced stage thyroid cancer has increased on the past decade and is associated with high mortality. The definition of advanced thyroid cancer is primarily connected with aggressive tumors, sometimes unresectable and refractory to radioactive iodine treatment. The advanced thyroid cancer treatment has changed for the better in recent years due to the availability of new effective therapeutic options. The extensive use of radical surgery and targeted therapies has improved considerably the patient outcomes even in the context of advanced malignant disease of thyroid. At the same time, there has been significant progress in understanding and defining the genetic profile and the molecular basis of thyroid cancer, leading to the development of the aforementioned targeted therapies, immunotherapies and gene-alteration specific therapies. In this review we have tried to summarize the current status of advanced thyroid cancer treatment options, in the perspective of an extensive use of targeted immunotherapies that have proven successful in these patients.

OP – 11

Comparison of Postoperative Bleeding Using Harmonic Scalpel and LigaSure in Thyroid Surgery

Francesk Mulita[1], Elias Liolis[2], Migena Albrahimi[1], Levan Tchabashvili[1], Konstantinos Tasios[1], Vasileios Papanikos[3], Christos Tsilivigkos[4], Andreas Antzoulas[1], Vasileios Leivaditis[5], Georgios-Ioannis Verras[1,6]

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Abstract

Introduction: Thyroidectomy is the most common operation in the field of endocrine surgery. The aim of this study was to compare the use of LigaSure vessel (LS) and harmonic scalpel (HS) in 1653 total thyroidectomies between January 2008 and March of 2023, with regards to analysis of surgical bleeding complications duration the hospital stays and operative surgical time.

Material and Methods; Methods It is a retrospective analysis of a prospectively maintained database. Patients have been categorized into two groups: Group A included 718 patients from January 2008 to May 2013 when LS was used, and the Group B included 935 patients from June 2013 to March 2023 when HS was used.

Results; From the total of 14 postoperative bleeding cases that occurred in patients of Group A, only in 4 of them it was necessary to have a reoperation. The other 10 cases involved minor haemorrhages, while from the total of 6 postoperative bleeding cases that happened to patients of Group B, there were 4 cases that needed a reoperation (p-value >0.05) and 2 patients with minor haemorrhages. The postoperative evaluation of minor bleedings revealed statistically significant differences between the two groups (p-value < 0.05).

Conclusions: Both devices exhibit identical safety profiles in thyroidectomies specifically regarding major bleeding complications that require reoperation. Additionally, HS was found to be more effective at achieving haemostasis, especially in the subgroup of patients with thyroid carcinoma. The results of the present study may be useful for high-volume centres performing numerous thyroidectomies every day.

Keywords: LigaSure; UltraCision; bleeding; complications; thyroidectomy.

OP – 12

Evaluation of Thyoid Nodules with FNAB

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Abstract

Introduction; The incidence of thyroid nodules has increased in the last 30 years due to the widespread use of imaging methods and incidental detection of small thyroid nodules. They are clinically common endocrine pathologies that most frequently require surgical intervention Thyroid fine-needle aspiration biopsy (FNAB) is the most accurate, reliable, and cost-effective test to evaluate thyroid nodules.

Materials and Methods: 60 patients over 16 years old who were evaluated in Hospital University Center "Mother Theresa", Tirana, Albania between January to October 2023 and underwent thyroid FNAC followed by thyroid surgery were analyzed retrospectively. The age, gender, thyroid FNAC, operation type, and histopathology of all the patients were reviewed. Individuals with a history of head and neck cancer were excluded from the analysis.

Results: No statistically significant relationship between the pathology results and demographic characteristics was found. A statistically significant correlation existed between the pathology and FNAB results ($p<0.05$). Although 87.5% of the patients were diagnosed as benign, 12.5% as suspicious, and 0 % as malignant in FNAC, all of these cases were diagnosed as benign in final histopathology results. Similarly, 21.9% of the patients

were diagnosed as benign, 58.8% as suspicious, and 19.4% as malignant in FNAC and all of these cases were diagnosed as malignant in final histopathology results.

Conclusion: FNAB remains the most important diagnostic tool to identify benign cases with a high accuracy rate. Anyway, the operation decision is not clear in suspicious atypia of undetermined significance/follicular lesions of undetermined significance. In conclusion, this study highlights the importance of FNA results and helps in surgical decision-making by emphasizing that the possibility of malignancy in the post-operative final histopathology report is higher, especially in the presence of suspicious FNAC results.

Keywords; FNAB, thyroid surgery, histopathology, benign, malignat, suspicious nodules

OP – 13

The Importance of Intraoperative Visual Identification of Recurrent Laryngeal Nerve during Thyroidectomies.

Bledi Masati[1], Asfloral Haxhiu[2], Elona Markeci[1], Eriola Petro[1], Eriol Braholli[1], Frenki Vila[2], Henri Kolani[2]

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Abstract

Introduction: Thyroid surgery, especially total thyroidectomy carries a potential risk of recurrent laryngeal nerve injuries and postoperative vocal changes or loss of voice. Nerve identification has decreased the rates of nerve injury during thyroidectomy. The aim of this study is to evaluate the importance of visual recurrent laryngeal nerve identification during thyroidectomies.

Materials and methods: One hundred thirty-eight (138) thyroidectomies completed by the senior author during the period April 2019 and September 2023 are retrospectively reviewed in two different hospitals. In all the cases the technique consisted in systematic search of the RLN in the tracheoesophageal groove where it crosses the ITA avoiding ligatures, sections or electro-coagulation before making a definite identification of the nerve which then takes place and is then safeguarded until laryngeal insertion.

Results: In 136(98.5 %) of the cases total thyroidectomy was performed and in 2(1.5 %) of the cases left lobectomy, guided by the endocrinologists. There was no operative mortality. There was one (0.72 %) temporary bilateral lesion of the RLN with complete return of right RLN mobility after six weeks and permanent loss of left side. Unilateral lesions occurred in two of cases 1.5 %) of which none with permanent vocal deficit confirmed by VLS from otorhinolaryngologists.

Conclusion: In two surgical services, one regional secondary and the other tertiary center, the routine use of direct intraoperative visualization of RLN during dissection is a safe technique and limits the possibility of RLN injury.

Keywords: Surgical technique, Thyroidectomy, Recurrent laryngeal nerve, Surgical anatomy

OP – 14

Subsequent Bleeding after Thyroid Surgery.

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Abstract

Introduction: Thyroid surgery is a common and generally safe procedure; however, subsequent bleeding remains a significant postoperative complication. This abstract aim to provide a comprehensive review of the incidence, risk factors, prevention, and management strategies associated with subsequent bleeding following thyroid surgery.

Key Points: Incidence and Timing: The abstract examines the reported incidence of subsequent bleeding after thyroid surgery and its temporal occurrence, considering both immediate and delayed presentations.

Risk Factors: A thorough analysis of risk factors contributing to subsequent bleeding is conducted. This includes factors related to patient characteristics, surgical technique, and underlying thyroid pathologies.

Preventive Measures: Strategies for preventing subsequent bleeding are explored, encompassing preoperative assessment, meticulous surgical techniques, and the role of hemostatic agents.

Clinical Presentation: The abstract details the clinical presentation of subsequent bleeding, emphasizing the signs and symptoms that clinicians should be vigilant about in the postoperative period.

Diagnostic Approaches: Diagnostic modalities for identifying the source and extent of bleeding are discussed. This includes the role of imaging studies and the importance

of timely and accurate diagnosis.

Conclusion; Subsequent bleeding after thyroid surgery is a multifaceted challenge. This abstract synthesizes current knowledge on its incidence, risk factors, prevention, and management, offering insights that can inform clinical practice and contribute to improved patient outcomes.

Keywords: thyroid surgery, subsequent bleeding, complications, risk factors, prevention, management strategies, outcomes.

OP – 15

Current Surgical Options of Locally Advanced Gastric Carcinoma (CRS, HIPEC, Prophylactic or Adjuvant, PIPAC)

Onur Bayraktar

General Surgeon Memorial Hospitals Group, Istanbul, TURKEY

Abstract

Introduction; Gastric cancer, a leading cause of cancer-related mortality, often presents challenges due to its aggressive nature and potential for peritoneal dissemination. Hyper thermic Intraperitoneal Chemotherapy (HIPEC) has emerged as a promising adjunctive treatment strategy for advanced gastric cancer, aiming to improve overall survival and reduce disease recurrence.

Several clinical studies have investigated the safety, efficacy, and survival benefits of combining HIPEC with CRS in gastric cancer patients. Encouraging outcomes have been reported, including improved progression-free and overall survival rates, particularly inpatients with peritoneal metastasis.

Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC) has emerged as a novel and minimally invasive therapeutic option for managing advanced gastric cancer, particularly in cases with peritoneal metastasis. Promising outcomes have been reported, including improved local control, prolonged progression-free survival, and enhanced quality of life.

The role of robotic systems in colorectal surgery. Is it necessary indeed?

Robotic surgery has been increasingly utilized in the field of colorectal surgery, offering numerous potential benefits over traditional laparoscopic and open surgical techniques. Robotic systems provide enhanced precision, dexterity, and visualization for complex procedures and may be beneficial in technically challenging situations such as dissection in a narrow male pelvis or in obese patients.

Despite these advancements, challenges such as cost, availability, and the need for specialized training persist. It may also increase surgical time and has significant costs.

Keywords: Gastric cancer, surgical treatment, minimally invasive surgery, function-preserving surgery, lymph node dissection,

OP – 16

Role of surgery in the tretment of advanced gastrik cancer.

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Abstract

Introduction: In neuroradiology and interventional radiology department at Universitary Hospital "Mother Theresa" Tiranë, paliative treatement of malignant neoplasia which cause biliary tracts obstruction is improved during these years. Because of advanced stage diagnosis and impossibility for surgery treatment of those pathologies, there is a need for paliative treatment placing a biliary drainage path and improving by this technique the quality of patient's life. The first choice is ERCP and the placement of biliary stent. When this technique fails, percutaneous drainage is aplicated. In order to evaluate the success of this technique and its influence in the patient's survival, it was necessary to conduct this study.

Study of epidemiological distribution, type of percutaneous drainage used, survival of patients after the intervention, survival according to gender, age and type of percutaneous drainage in patients treated at Neuroradiology Departament Universitary Hospital "Mother Theresa" over the period of 1 year (October 2019 – October 2020).

The main objective of this study is to present the importance of percutaneous drainage, the accuracy of this technique and other used techniques, and the evaluation of survival after intervention.

Material and Metods: Data for the accomplishement of this descriptive study were utilized by materials and files of Neuroradiology and Interventional Radiology at Universitary Hospital "Mother Theresa" and the data of General Office of Civil Status at Ministry of Internal Affairs.

This is a retrospective descriptive study conducted at the

Department of Neuroradiology and Interventional Radiology at Universitary Hospital "Mother Theresa". The files of 30 patients in this department are studied for period of one year (October 2019 – October 2020). With the support of General Office of Civil Status at Ministry of Internal Affairs is defined if these patients are still alive or they have passed away and the certain date of their death. Based on this data we have concluded about patient's survival according to age, gender and type of intervention.

OP – 17

The Importance of the Extent of Lymphadenectomy in Gastric Cancer: A Review of the Literature and our Experience.

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Abstract

Introduction: Gastric cancer is one of the most aggressive cancers, often diagnosed in advanced stages. According to the 2022 NCCN Guidelines on gastric cancer treatment, a surgical approach (distal, subtotal, or total gastrectomy, en bloc) is recommended for T1b-T4b stages including D1 (peri-gastric nodes) and D2 (nodes along the vessels of the celiac axis) dissection of lymph nodes. On the other hand, current literature argues for the impact of a more extended D3 dissection on oncologic outcomes. Our patients have all undergone gastrectomy with D2 lymphadenectomy. Our aim is to assess the postoperative results of our cases to those mentioned in the current literature.

Materials and Methods: We conducted a review of the recent guidelines and electronic databases (PubMed 2008-2023) concerning the latest practice on gastric cancer surgery and the extent of lymphadenectomy. The language of the articles was limited to English only. Furthermore, we have analyzed the post-operative discourse of 15 patients, who have undergone gastrectomy and D2 lymphadenectomy for gastric cancer.

Results: Gastrectomy combined with D2 lymphadenectomy remains the preferred approach for the surgical treatment of gastric cancer. When compared to D1 lymphadenectomy, D2 was correlated with higher operative mortality and postoperative morbidity (but not significant), and longer operative time.

Conclusion: Overall, D2 lymphadenectomy remains superior to D1 lymphadenectomy in terms of survival benefit. Asian researchers support the D3 approach in specific cases. When compared to other studies our patients have proportional results (both on complications and postoperative results). In our country, more control trials and long-term follow-up studies are required to assess such a procedure's benefits.

Keywords: D3 lymphadenectomy, D2 lymphadenectomy, D1 lymphadenectomy, postoperative results, gastric cancer.

OP – 18

Surgical vs non-Surgical Treatment of Pancreatic Tumors

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Abstract

Introduction*:* Pancreatic cancer has a predominance of over 50 years of age. Due to the nonspecific clinic that it presents, this pathology usually is observed on the very advanced stages. It is concluding that the incidence of pancreatic cancer is higher in men than in women, mainly due to occupational and lifestyle factors, exposure, the consumption of alcohol or tobacco.

The purpose of this study is to create a data overview of the surgical and palliative forms of treatment and to compare them, with the data observed in the treatments we use in the General Surgery Service at the University Hospital Center "Mother Teresa", Clinic III.

Materials and Methods: The study is cross-sectional, retrospective in nature, with descriptive content. The descriptive element is related to the evidence of data regarding the type of intervention, palliative treatment where we include the ERCP and surgical technique used in the treatment of pancreatic tumors. The data were obtained from the registers of the operating room, the Endoscopy department and the archive of Clinic 3 of the General Surgery Service at the University Hospital Center "Mother Teresa", to with a time span between the years 2017- June 2023.

Results: From the data and analysis of our study we conclude that Pancreatic Cancer is predominant in males in relation to females. It predominates in the ages over 60 years old. It is noted a predominance of surgical methods from 2017 to 2019 and, there is observed an increase of the palliative care through ERCP from 2020 to June 2023. The most common primary localization for pancreatic pathology is the head region of the pancreas.

Conclusions: The main surgical procedure followed is resection with biblio-digestive anastomosis of the type choledoco-duodeno anastomosis, while 1 indication for enucleation (insulinoma), 2 Whipple procedure are observed and continues with a predominance of procedures for stent placement with the ERCP in a time lapse from 2020 - June 2023.

Keywords: Pancreatic cancer, surgery, Whipple procedure

OP – 19

A Clinical Study of Intestinal Stomas in Emergency Laparotomies

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Abstract

Introduction: Intestinal stomas are used to divert the fecal stream away from distal bowel in order to allow a distal anastomosis to heal as well as to relieve obstruction in emergency situation. The aim of the present study was to identify indications for emergency laparotomy, commonly performed intestinal stomas and to study complications related to it. ***Material and Methods:*** This is a retrospective study and was carried out in the surgical unit of Mother Teresa University Hospital Center, from January 2022 to December 2022. All patients were admitted through emergency and underwent surgery for various reasons and were followed up to note any complication which resulted in the creation of intestinal stomas, and who fit in to inclusion criteria. ***Results:*** The most common indication for stoma formation was colorectal carcinoma (n=77) followed by sigmoid volvulus (n=16), perforated sigmoid diverticula (n=12), recto-sigmoid perforation by corpus alienum (n=6). A total of 106 patients underwent colostomy formation, of which 85 were end colostomy and 21 were Baguette colostomy. Thirty-one (31) patients underwent ileostomy formation, of which 9 were loop ileostomy and 10 were temporary end ileostomy, one was double barrel ileostomy. Nine (9) cases were treated with jejunostomy and 5 cases with duodenostomy. ***Conclusion:*** Fecal/intestinal diversion remains an effective option to treat a variety of gastrointestinal and abdominal conditions. Stoma formation is the best minimum surgical procedure to save the life in emergency intestinal surgery for obstructive cancer, inflammatory colic disease, anastomotic leaks with low mortality.
Keywords: Intestinal stoma; Fecal diversion; Emergency surgery; DCS (damage control surgery)

OP – 20

Colorectal Resections. A Single Clinic Cohort Study and a Minireview of Literature.

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Abstract

Introduction; Colorectal resections are very frequent operations in clinical practice and are often the focus of international multicenter studies, for the variability in techniques and outcomes. Besides the advanced technology, anastomotic leakage continues to remain the main concern after the surgery. This study is based on the protocol of a multicenter study developed by the European Society of Coloproctology in 2022, of which we were part. This study aims to provide a picture of the current practice of colorectal resections including surgical techniques and early postoperative outcomes at the General and Digestive Surgery Clinic 3, in Mother Theresa Hospital Center

Material and Methods; During the study period, all operations were recorded simultaneously during a six-month period and a follow-up of up to 30 days was carried out. Data were collected according to a ready format that includes patient demographic data, intraoperative data, clinical results, and follow-up.

Results; During April-October 2022 in the Clinic of General and Digestive Surgery 3, were performed 74

colorectal resections that met the criteria for inclusion in the study. • In 83.8% of patients who underwent a colorectal resection, a primary anastomosis was achieved and of these 56.4% of the anastomoses were performed with a circular or linear stapler…

Conclusions; Anastomotic leakage remains the most important surgical complication after colorectal surgery. The rate of anastomotic leakage in the study period April 2022- October 2022 in the Clinic of General and Digestive Surgery 3 is 4.8%. Further studies are necessary to reach meaningful conclusions.

Keywords: Surgery, resections, colorectal, anastomotic leakage

OP – 21

A Rare Case of Castelman Disease

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Abstract

Introduction: Castelman disease was first described in 1956 by Benjamin Castelman it is a rare, nonclonal lymphoproliferative disorder having distinct subtypes depending on its etiology, pathology, and clinical presentation. Nevertheless, the majority of published cases were observed in patients without immunodeficiency syndrome. The surgeon is an essential member of the treating team and usually becomes involved when biopsy is indicated. The lack of proper knowledge and even a formal definition of Castleman disease made it challenging and surprising the patient treatment. We present a case of a 68-year-old patient operated 3 years before for gastric cancer. After a CT scan was perform for abdominal pain an intrabdominal mass near the sigmoid colon was find. So, we present a rare case of colonic Castelman disease.

Keywords: Castleman's disease; Hyaline vascular type; Retroperitoneal tumor.

OP – 22

Retroperitoneal Abscess and Generalized Peritonitis as a Result of Perforated Sigmoid Diverticulitis

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Abstract

Introduction: Diverticular disease of the large intestine is a relatively frequent disorder, which in most cases does not cause serious concerns and remains undiagnosed. In rare cases, diverticulitis can perforate causing serious problems such as retroperitoneal abscesses or fecal peritonitis

Aim of the study: In this presentation, we will present the case of a 51-year-old woman, hospitalized due to a retroperitoneal abscess and fecal peritonitis as a result of perforation of the sigmoid diverticulum.

Case report: A 51-year-old woman is hospitalized due to severe abdominal pain with the presence of peritoneal signs mainly in the left quadrants, abdominal distension with absence of peristalsis during auscultation. The patient on admission seemed intoxicated and in a serious condition, although she was treated with parenteral antibiotics on an outpatient basis. At the same time, she had a high body temperature of 39 C, while also complaining of weakness and weight loss. The patient mentioned that these concerns started gradually, but intensified a week ago. In the biochemical analysis, leukocytes were found to be 21.3, neutrophils 89%, CRP 274 and D-dimers 3680…

Conclusion: Colonic diverticula complicated by large retroperitoneal abscesses and generalized peritonitis are not common in surgical practice, therefore as such they represent a challenge not only for surgeons but also for clinicians.

Keywords: diverticulitis, abscesses, perforation, colostomy

OP – 23

Primary Pancreatic Lymphomas. Case report.

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Abstract

Introduction; Primary pancreatic lymphoma is a rare form of pancreatic tumors that presents a diagnostic and therapeutic challenge due to its uncommon findings and differentiation from pancreatic adenocarcinoma. This is the case of a 41-year-old woman who presented with symptoms such as nausea, epigastric pain, hematemesis, and melena. During laparotomy, a large necrotic mass was identified in the body and tail of the pancreas, infiltrating into the stomach and duodenum. Biopsy of the mass confirmed lymphoma with large B-cell involvement. The patient was diagnosed and initiated chemotherapy.

Conclusion; We presented a rare case of PPL, and several clinical and radiological characteristics, as well as biochemical markers, are not specific to PPL. Patients with PPL have a much better prognosis than those with adenocarcinoma, and treatment differs widely from other pancreatic tumors, based on a clear diagnosis provided by histological examination. Combined therapy continues to be the optimal approach to PPL treatment but requires further evaluation.

Keywords Primary Pancreatic Lymphoma (PPL), Pancreatic lymphoma with large B-cell involvement, hematemesis, laparotomy, biopsy, chemotherapy.

OP – 24

A Case with Metastatic Disease to Gallbladder, Renal and Adrenal of RCC

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Abstract

Introduction; We present a case a woman 64 years old presented to our consult with pain in right hypochondrial area, dyspepsia, hypertension, with these symptoms in the past 3 months. She was operated right nephrectomy before 12 years for renal cell carcinoma, she has had chemotherapy.

Abdominal MRI shows a polyp on the gallbladder, a mass on the left adrenal (approx. 6cm) and a left small lesion approximately 1 cm suggesting for RCC. Laboratory test show normal results.

We build a team with urologist and general surgeon to make possible the resection of all metastasis and saving the kidney.

We performed cholecystectomy, adrenalectomy, partial resection of the left kidney, she had a very good post operatory period. She is released on 4 postoperative day.

Conclusion: Metastasis of RCC in gallbladder is very rare, must be taken in consideration on patients with previous history of malignancy. A multidisciplinary team must be formed in multiorgan disease to obtain the best result for the patient.

Keywords: Gallbladder, RRC, Adrenal, metastatic disease, Surgery

OP – 25

Our Experience in the Surgical Management of Hidradenitis Suppurativa. A Series of 2 Case Reports.

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Abstract

Introduction; Hidradenitis suppurativa is a chronic inflammatory disease of the skin, often with systemic involvement. The disease affects mostly the intertriginous anatomic locations like the axilla, groin, perineal, and gluteal areas. It is characterized by the presence of typical lesions like painful inflamed nodules, abscesses, fistulae,

scar formation, double- and multi-ended comedones. Its etiopathogenesis is not fully understood but numerous studies hypothesized that the disease is triggered by genetic and environmental factors like obesity, smoking, skin occlusion.

Material and Methods; We present a series of two case reports from our experience in the surgical treatment of severe hidradenitis suppurativa.

Results; Both patients were male, 27 and 44 years old, with a Hurley Stage III of Hidradenitis Suppurativa localized in the head and face, axilla, groin, perineal, coccygeal, and gluteal areas. None of the patients were obese, both were active smokers and one of them had diabetes. They had both been treated for more than 6 years with various medications and surgical drainage of skin abscesses without any improvement in overall health.

Conclusions; Surgical excision remains the treatment of choice in severe cases of Hidradenitis Suppurativa. A multidisciplinary approach is the standard of care in patients diagnosed with Hidradenitis suppurativa. Early diagnosis and treatment results in better aesthetic outcomes and improved quality of life in those patients

Keywords: Hidradenitis Suppurativa, Surgery, Treatment, Excision.

OP – 26

Chronic Groin Pain Following Inguinal Hernia Repair

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Abstract

Introduction: Pain in the inguinal region represents the most frequent postoperative complication after hernioplasty. This complication has also been recorded in patients whose hernias were corrected with prosthetic materials, and in those treated with conventional methods. Post-operative inguinodynia as a form of chronic pain is counted only if it lasts more than six months after the operation.

The purpose of this study is to present the incidence of inguinodynia in patients operated with the Lichtenstein technique or the Shouldice technique, based on our experience.

Material and Methods: The study was carried out in the Clinical Hospital of Tetove - Clinic of General Surgery during the period January 2021 - January 2023. The data on the duration of the pain, its intensity and other epidemiological data important for this study were extracted from the patients' records.

Results: In the period from January 2021 to January 2023, 137 patients with inguinal hernia were operated on at the General Surgery Clinic. All patients included in the study were men aged between 22 and 82 years old. In 47 patients (34%) the hernia was located on the right side, in 83 (61%) patients on the left side, and in 7 (5%) other patients bilaterally. Of the 137 operated patients, 7 of them (5.1%) reported pain in the inguinal region of varying intensity for a period longer than six months after the operation.

Conclusion: Inguinodynia remains one of the most serious complications after the correction of inguinal hernias, the treatment of which represents a real challenge for surgeons.

Keywords: inguinodynia, hernia, cause

OP – 27

Retroperitoneal Hydatid Cyst. A Case Reports.

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Abstract

Introduction; Hydatid cyst is a zoonosis caused mainly by the larval stage of the cestode worm *Echinococcus granulosus*. Hydatid disease (HD) is endemic in Mediterranean countries and most commonly occurs in the liver (55–70%) followed by the lung (18–35%). Tunisia is considered the most endemic Mediterranean country with mean annual surgical incidence of 12.6 per 100.000 inhabitants. Therefore, it has serious impacts on public health. A primary localization in the retroperitoneum is extremely rare, with a reported prevalence of 0.5–5% in endemic areas. Because it has an uncharacteristic presentation with often multiple organ invasion, there is a very high risk of misdiagnosis and a serious risk of surgery. Also, this form is very difficult to manage. In fact, there is a serious lack of discussion in literature as to how to manage primary retroperitoneal hydatid cysts.

We report a case of Patient L.R, female,32, was admitted at the chirurgical department with stomach discomfort. Attention is drawn to the difficulty in diagnosis and management of such a rare presentation…

Conclusion; Total cystectomy is the gold standard. When the complete resection is not feasible, unroofing and drainage followed by adjuvant antihelminthic therapy must be performed to prevent secondary recurrence of the cyst.

Keywords: Retro peritoneum-hydatid cyst, cystectomy, Surgery

OP – 28

Epidemiological Patterns and Etiology of Trauma at the University Hospital of Trauma in Tirana, Albania (2022-2023): A tertiary-center study"

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Abstract

Introduction: The University Hospital of Trauma (UHT) stands as Albania's sole tertiary hospital and, in its emergency department, receives around 4100 polytrauma cases monthly. We aim to investigate the patterns, magnitude, and causes of trauma cases presented at UHT in Tirana,

Material and Methods: This was an epidemiological study with a retrospective approach. Data were collected and analyzed on a desk review basis for the period January 2023-September 2023. Descriptive statistics were used to describe the cases presented to the UTH according to age, sex, etiology, types and mortality of trauma. ***Results:*** Approximately 0.3% of the Albanian population annually seeks specialized trauma care at a tertiary level. The majority of injuries occurred in individuals aged 15 to 65, with a male to female ratio of approximately 1.5:1. In the 2023 data concerning trauma etiology, car accidents showed an 83% increase from February to August, reaching a peak of 336 cases. Incidents involving hits with heavy objects surged by 75% from January to August, while injuries from sharp objects rose by 67% between February and July. The data also highlighted falls as a predominant etiology, registering the highest cases in June with 2335 incidents. Other notable categories included injuries from firearms, suicide attempts, and various other accidents, though these represented smaller percentages of the total trauma cases. The average length of stay at UTH was 7.23±0.55 days, and the hospital mortality rate was 2.7%±0.8%.

Conclusions: The UTH in Tirana plays a crucial role in providing care for trauma cases in Albania. The data underscores the importance of understanding trauma patterns and etiologies to implement effective preventive strategies and public health interventions.

Keywords: Epidemiological Patterns, Trauma, Etiology,

OP – 29

Pelvic Trauma: Classification and Guidelines.

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Abstract

Introduction: Pelvic trauma is one of the most complex management in trauma care and occurs in 3% of skeletal injuries. Patients with pelvic fractures are usually young and mortality rates remain high, particularly in patients with hemodynamic instability, due to the rapid exsanguination, the difficulty to achieve hemostasis and the associated injuries. For these reasons, a multidisciplinary approach is crucial to manage the resuscitation, to control the bleeding and to manage bones injuries particularly in the first hours from trauma.

Different classification systems exist, some are based on the mechanism of injury, some on anatomic patterns and some are focusing on the resulting instability requiring operative fixation. The WSES Classification divides pelvic ring injuries into three classes: 1) minor (WSES grade I) comprising hemodynamically and mechanically stable lesions; 2) moderate (WSES grade II-III) comprising hemodynamically stable and mechanically unstable lesions; 3) severe (WSES grade IV) comprising hemodynamically unstable lesions independently from mechanical status. This classification considers the Young-Burgees classification, the hemodynamic status and the associated lesions.

The optimal treatment strategy, however, should keep into consideration the hemodynamic status, the anatomic impairment of pelvic ring function and the associated injuries. The management of pelvic trauma patients aims definitively to restore the homeostasis and the normal

physiopathology associated to the mechanical stability of the pelvic ring.

Keywords: ABO; Angiography; External fixation; Guidelines; Injury; Internal fixation; Management;

OP – 30

Management Solution of Problems with Injuries Life Threatening in the Room of Reanimation

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Abstract

Introduction. Patients with life-threatening injuries are a major concern in the emergency department (ED). These injured people require timely care, as their lives depend on it, and a longer wait can result in organ failure, irreversible damage, and poor survival outcomes.

The purpose of this research is the evaluation, epidemiology, management, diagnosis, treatment, systematization and the results obtained for the injured in life-threatening cases with trauma, reducing morbidity, disability and mortality while increasing survival.

Material and Methods; in this retrospective study, we researched and analyzed the data of patients with critical traumatic injuries in DE treated from January-December 2021

Results. During the study period, we analyzed 75,899 ED patients. Of these, 689 cases or 0.90% were severely injured and traumatically admitted as a life-threatening traumatic medical emergency in the resuscitation room. Attacked age were males 389 cases or 56.45% and females 254 cases 36.86% and over the age of 16 were 46 cases or 6.67%. The main problem in the admission of the sick were the injured with disorders of consciousness, shock, cardiac respiratory failure, as well as problems at the systemic level.

Conclusion. The data obtained for the critically injured in the resuscitation room, was a high rate of morbidity, disability and mortality, and immediate multidisciplinary comprehensive diagnostic and treatment emergency medical procedures should be implemented in the resuscitation room. Also, these critically injured require structured and well-organized care in the DE in the resuscitation room, with educated medical staff, nurses and support staff, trained with the mandatory BLS, BTLS, PHTLS, ATLS courses, implementing and developing the algorithms standardized for structured care of the critically injured.

Keywords: DE, traumatic, life-threatening medical emergency, RKP. monitoring, management,

OP – 31

Implementation of the Managerial Autonomy Model in Memorial Public Regional Hospital of Fier

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Abstract

The implementation of Managerial Autonomy at Fier Memorial Hospital is a hospital health care reform and a model with dynamic interconnected processes, involving managerial interactions. At this stage of the implementation of MA at Memorial, its continuous monitoring and evaluation is vital to ensure that the expected results are being achieved and the model is successful, for extension and expansion in the public hospital system.

The objectives of Managerial Autonomy at Memorial are: (i) implementation of managerial autonomy in order to decentralize hospital decision-making as well as self-administration of human resources, creating modalities in the selection of medical and non-medical staff in order to increase hospital performance and activity; (ii) mobilization of human resources through the exercise of dual work practice, performance evaluation and signing of contracts with third parties (public/non-public); (iii) expanding the range of innovative services through the optimization of human resources, medical technology and increasing human resource capacities through training and ongoing education. The main directions of implementing managerial autonomy in Memorial are related to (i) analyzing the goal of implementing managerial autonomy; (ii) description of the implementation process of managerial autonomy; (ii) assessing the impact of the implementation of managerial autonomy on the mobilization of human resources in the hospital; (iii) efficiency, managerial responsibility, performance of resources and ensuring the sustainability of quality of hospital services.

We emphasize that the hospital's internal changes to adapt

to the status of managerial autonomy refer to the operational and administrative changes that Memorial is implementing in the current status of the autonomous managerial hospital. Memorial Hospital is implementing managerial autonomy within the system of responsibility, vertically towards the Government and the Ministry of Health and Social Protection and horizontally towards the citizens of the southern region, to whom it serves.

Keywords: autonomy, hospital, implementation, indictors, communication, system

OP – 32

Initial Assessment of Trauma Patients

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Abstract

Introduction: The initial assessment of trauma patients is a critical and time-sensitive phase in the realm of emergency medicine. This presentation outlines the fundamental components and principles of conducting an effective initial assessment, which is essential for promptly identifying life-threatening injuries and ensuring timely interventions for patient stabilization.

The primary objective of the initial assessment is to swiftly detect and address imminent life-threatening conditions. This process adheres to a structured approach, often following established protocols such as Advanced Trauma Life Support (ATLS).

Commencing with the evaluation of the patient's airway, breathing, and circulation (ABCs), healthcare providers prioritize the maintenance of a patent airway, adequate respiration, and a stable circulatory system. Any life-threatening issues identified during this phase demand immediate intervention.

Simultaneously, healthcare providers perform a concise yet comprehensive patient history and physical examination, gathering information about the injury's mechanism, the patient's medical background, and any pertinent details. This collected data serves as the foundation for subsequent assessments and treatment plans.

The secondary survey, a more detailed and systematic examination, follows the initial assessment. This phase involves a thorough head-to-toe evaluation aimed at detecting injuries that may have been initially overlooked. Diagnostic procedures, including imaging studies and laboratory tests, may be initiated during this phase to further assess and diagnose injuries.

The initial assessment places specific emphasis on identifying and managing conditions with rapid and potentially lethal deterioration, such as tension pneumothorax, cardiac tamponade, and massive hemorrhage.

Throughout the assessment process, effective communication among the trauma team members is paramount to ensure a coordinated and efficient response. This includes making triage decisions and facilitating swift patient transport to the most appropriate care facility, all of which contribute to optimal trauma patient management.

In conclusion, the initial assessment in trauma patients is a dynamic and systematic process designed to swiftly identify and address life-threatening injuries. By recognizing these injuries promptly, initiating timely interventions, and gathering critical patient information, healthcare providers and emergency responders play a vital role in ensuring the best possible outcomes for trauma patients. Training in these procedures is essential to equip healthcare teams with the skills and knowledge needed for successful trauma patient management.

Keywords: trauma care, outcomes, communication, assessment, trauma management.

OP – 33

Liver Trauma: Classification and Guidelines.

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Abstract

Introduction: Liver trauma is one of the most common abdominal lesions in severely injured trauma patients. In determining the optimal management strategy, the anatomic injury, the hemodynamic status, and the associated injuries should be taken into consideration. Liver trauma approach may require non-operative or operative management with the intent to restore the homeostasis and the normal

physiology. The management of liver trauma should be multidisciplinary including trauma surgeons, interventional radiologists, and emergency and ICU physicians.

The WSES classification divides liver injuries into four classes considering the AAST-OIS classification and the hemodynamic status: - minor (WSES grade I includes AAST-OIS grade I–II in patients with hemodynamically stable lesions); - moderate (WSES grade II includes AAST-OIS grade III in patients with hemodynamically stable lesions); - severe (WSES grade III and IV where WSES grade III includes AAST-OIS grade IV-V in patients with hemodynamically stable lesions and WSES grade IV includes AAST-OIS grade I-VI in patients with hemodynamically unstable lesions).

The majority of patients admitted with liver injuries have minor or moderate injuries and are successfully treated by non-operative management, while one third of severe injuries allow for non-operative management.

***Keywords**:* blunt abdominal trauma; emergency department; bleeding; WSES

OP – 34

Damage Control Surgery for Abdominal Emergencies

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Abstract

About 30-40% of trauma-related deaths are caused by uncontrolled hemorrhage (Duchesne JC et al. The Journal of Trauma: Injury, Infection and Critical Care, 2010). Many of these deaths could be avoided by high quality and standardized damage control surgery. This means a rapid termination of the surgical intervention after controlling the life-threatening bleeding and contamination.

By this technique, the patient is stabilized for clinicians to reverse the physiologic effects of the injury. According to the surgeon a multidisciplinary team consisting of anaesthesiologists, intensive care physicians, blood specialists, respiratory therapists, specialized nurses and others are necessary to ensure adequate stabilization of the patient.

Indications for damage control surgery are: 1) hemodynamic instability, 2) systolic pressure for more than 60 min < 90mm Hg; 3) temperature < 34^{o}C; 4) coagulopathy; 5) metabolic acidosis (pH < 7,2, base excess > 5 and worsening); 6) serum lactate > 5mmol/l; 7) more than 10 units of blood required.

Furthermore, if definitive repair is not possible, major venous injuries (e.g., injuries of retro-hepatic vena cava, great hepatic veins, trauma of pelvis veins), grade VI liver trauma, concomitant injuries like heavily bleeding pelvis fractures, as well as long operating times and suboptimal responses to resuscitation.

Damage control surgery can be divided into three phases: 1) emergency laparotomy phase; 2) ICU resuscitation phase; 3) definitive reconstruction phase; Ad1) Controlling haemorrhage, contamination control, abdominal packing and closure of the abdominal cavity by using a temporary closure system dominate this phase. Ad2) Step 2 is characterized by correction of factors like acidosis, coagulopathy, hypothermia by a multidisciplinary team; Ad3) This phase occurs when the intensive care team has succeeded in stabilizing the patient and balancing the physiological deviations.

The optimal time for definitive repair and closure of the abdominal wall depends on the severity and extent of the injury. In general, this is possible after 24-48 hours.

Although the application of the concept of damage control has greatly reduced mortality in severe abdominal trauma, it is also associated with complications like increased incidence of intra-abdominal abscesses (50-80%), development of entero-atmospheric fistulas (2-25%) and abdominal compartment syndrome (10-40%), especially if the emergency laparotomy is not performed carefully or correctly. Postoperative fascia dehiscence is also described in up to 25% after damage control surgery.

OP – 35

Nonoperative Management for Major Blunt Hepatic Trauma in Adults and Children.

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Abstract

Introduction: Based on hemodynamic stability, nonoperative management for low- and high-grade hepatic injuries is the first choice of treatment then operative treatment. Small clinics are still preferring primary operative approach instead of nonoperative one.

We are presenting a case (boy 3 years old) of nonoperative treatment of a grade IV blunt liver trauma (lacero-contusive injury of V, VI and VII segments) with massive hemoperitoneum.

Discussion: More than 80%-90% of liver injuries are managed without operative intervention. Early and late complication can be managed by interventional radiology procedures when it's possible. Success rate of conservative treatment is over 80%.

Conclusion: If no other abdominal injuries are evident and patient is hemodynamically stable nonoperative management for major blunt hepatic trauma in children and adults is the best choice of treatment.

Keywords: nonoperative, hepatic trauma, hospital stay

OP – 36

Abbreviated Laparotomy

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Abstract

Introduction; Shortened laparotomy (LAPEC) corresponds to carrying out the procedure as quickly as possible to leave room for resuscitation as quickly as possible. The intervention is limited to the observation of lesions and the summary control of active hemorrhage and/or digestive leak, followed by simple or even incomplete closure of the laparotomy.

Methods and Material; Based on our experience in hospital

Results; The early choice of LAPEC contributed to the indisputable improvement in results in the management of abdominal trauma, but also in that of non-traumatic and very serious abdominal emergencies. If the patient taken to intensive care or emergency arterial is alive, he is not yet cured, and subsequent management must be very attentive. Short laparotomy is called a laparotomy which is performed in 1 hour. During a hemorrhage Baroreceptors in the aortic arch and carotid sinus detect a drop in blood pressure This information is transmitted to the brainstem which immediately increases sympathetic tone This increase in sympathetic tone leads to tachycardia (oxygen transport is ensured by less blood which circulates more quickly) A vasoconstriction which favors the blood circulation of the heart and the brain to the detriment of all the other organs. The dogma of emergency visceral traumatology "See everything and fix everything". The concept of short laparotomy was first included by Stone et al in 1983.

Conclusion; Laparotomy short reduces mortality by 30% - 70%.

Keywords; Trauma, Laparotomy, Damage control.

OP – 37

Damage Control Laparotomy: Now what?

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Abstract

Introduction: Damage control laparotomy (DCL) has revolutionized the management of trauma and critically ill surgical patients. However, as the technique has become an integral part of contemporary surgical practice, new questions arise: What challenges persist, and what does the future hold for damage control laparotomy?

This presentation aims to explore the current challenges associated with damage control laparotomy and discuss potential avenues for advancement. Key objectives include examining the evolving landscape, addressing unresolved issues, and proposing directions for future research and clinical application.

Material and Methods: An extensive review of current literature, clinical experiences, and emerging technologies associated with damage control laparotomy was conducted. Cases studies and outcomes from diverse settings were analyzed to identify persistent challenges and gaps in our current understanding.

Results: The presentation will delve into the nuanced aspects of damage control laparotomy, addressing challenges such as optimal patient selection, timing of intervention, and evolving techniques. Insights gleaned from recent studies will be discussed, shedding light on areas where refinement and innovation are needed.

Conclusion: As we navigate the current landscape of damage control laparotomy, this presentation concludes with a forward-looking perspective. It aims to inspire discussions on potential advancements, emphasizing collaborative efforts to refine protocols, incorporate new technologies, and explore novel applications.

Keywords; Damage control laparotomy, patient selection, timing of intervention, evolving techniques

OP – 38

Liver Hydatid Cyst Rupture into Peritoneal Cavity after Abdominal Trauma. Case Reports

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Abstract

Introduction: Traumatic intraperitoneal hydatid cyst rupture is rare (1 – 16 %) but life-threatening complication if not diagnosed and managed in time.

Objective*:* The objective is to report the right way of management of hydatid cyst liver rupture into retroperitoneal cavity.

Material and Methods*:* Introduction of a patient with a blunt abdominal trauma having a hydatid cyst rupture.

Results: The patient is 16 years old; male was admitted to our emergency department with abdominal pain and urticaria. He stated that had been kicked in the abdomen during football game, only half hour before. His vitals where stable, He presented urticaria in the abdominal and back area, and a mild bruising in the upper abdominal quadrant. CT scan shows a liver cyst in segment 7 and free fluid in the perihepatic region and in pelvis. So, we decided to perform urgent laparotomy, excised the dome exposed the cavity of the cyst, lavage with hypertonic saline 3%, cholecystectomy, choledochotomy and drain Kehr. We removed the Kehr drain after two weeks. Post operatory prognosis was encouraging but the patient did biliary peritonitis after we removed the drain, so we perform another laparotomy. The patient was admitted several days after the second laparotomy.

Conclusions: Intraperitoneal rupture of hydatid liver cyst is a life-threatening complication. It is important to manage patients with surgical intervention as soon as possible with aggressive medical treatment for anaphylactic reactions.

Keywords: Hydatid liver cyst rupture, anaphylactic reaction, complications.

OP – 39

Laparoscopic Treatment of Colon Diseases with Single Incision Laparoscopic Surgery (SILS), 20 years' Experience.

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Abstract

Introduction: Single Incision Laparoscopic Surgery (SILS) has gained popularity as a minimally invasive approach for various surgical procedures, including those involving the colon. This abstract provides an overview of the 20-year experience of utilizing SILS in the treatment of colon diseases.

Material and Methods: A retrospective analysis was conducted on a cohort of patients who underwent SILS procedures for colon diseases over a 20-year period. Data on patient demographics, surgical indications, operative techniques, postoperative outcomes, and long-term follow-up were collected and analysed.

Results: The 20-year experience with SILS in colon disease treatment demonstrated promising results. The single-incision approach offered cosmetic benefits with a reduced number of incisions and smaller scars. Patients experienced shorter hospital stays, decreased post-operative pain, and faster recovery compared to conventional open surgery. SILS was successfully employed in various colon-related procedures, including colectomies and appendectomies.

Discussion: The findings suggest that SILS is a viable and effective approach for the treatment of colon diseases, particularly in cases of benign or early-stage diseases. Specialized training and expertise in minimally invasive techniques are essential for surgeons to achieve optimal outcomes. Patient selection is critical, with suitability determined by the specific disease, overall health, and surgeon's experience.

Conclusion: The 20-year experience with SILS in colon disease treatment supports its role as a valuable and minimally invasive option for eligible patients. Further research and advancements in surgical techniques may continue to enhance the applicability and outcomes of SILS in colon surgery.

Keywords: Single-incision laparoscopic surgery (SILS); colorectal cancer; SILS plus one

OP – 40

Endoscopic Treatment Approaches in Digestive System Cancers

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Abstract

Introduction: Digestive system cancers, which encompass a wide range of malignancies affecting various organs along the gastrointestinal tract, pose a significant healthcare challenge. Early diagnosis and treatment are crucial for improving patient outcomes. Endoscopic procedures have emerged as valuable tools in the management of digestive system cancers, offering minimally invasive approaches that can be highly effective. This text will provide an in-depth overview of endoscopic treatment modalities, their advantages, and their relevance in the context of digestive system cancers.

When cancer is confined to the mucosal layer, endoscopic mucosal resection can be performed to remove the cancerous tissue, sparing the need for more invasive surgery.

Endoscopic Submucosal Dissection (ESD): ESD is a more advanced technique for removing larger, early-stage cancers within the mucosal or submucosal layers.

Endoscopic Full Thickness Resection (EFTR): Endoscopic full thickness resection (EFTR) is a minimally invasive procedure that has become a viable alternative to surgery for treating early-stage

cancer. This procedure can help preserve the function of the stomach and reduce the risk of complications associated with surgery.

Conclusion; In summary, endoscopic procedures play a crucial role in the comprehensive care of patients with digestive system cancers. Their role in early diagnosis and treatment cannot be overstated, and their continued development holds promise for further improving patient outcomes in the field of gastroenterology and oncology.

Keywords: Endoscopy, Narrow-band imaging, Endoscopic resection, Endoscopic dissection, Gastric

OP – 41

Possible complications from our Experience During the Sleeve Gastrectomy

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Abstract

Introduction; Bariatric surgery is the surgical treatment for weight loss and the most effective method for achieving long-term weight loss. Laparoscopic Sleeve Gastrectomy is one of the most popular operations in modern times, which results in weight loss and relief of most of the obesity related diseases. The criteria for a patient to be a candidate for bariatric surgery are: BMI equal to 40 or greater than 35 and associated with conditions related to obesity such as hypertension, diabetes mellitus, sleep apnea, age 16-75 years, etc.

According to recent studies, the benefits of Sleeve Gastrectomy surgery are weight loss, improved breathing, lower blood sugar, the ability to be more physically active, and a lower risk of death from cardiovascular disease and some cancers.

The aim is to identify the pre operative complications during the Sleeve Gastrectomy procedure.

This research also tends to identify the correlation between hypertension, lipids profile, blood sugar, and weight before and after Sleeve Gastrectomy. Certain biochemical and clinical parameters are analyzed in patients undergoing Sleeve Gastrectomy and these parameters are compared before and after the procedure. In terms of time, the improvement of these parameters should be analyzed over time, as we believe that over time in different patients, we will have a variable rate of improvement in results.

Material and Methods; The research is of Retrospective type. The study includes patients who have undergone Laparoscopic Sleeve Gastrectomy at Kavaja Hospital from the period July 2022-July 2023. This number is expected to be up to 200 patients. Patients will be classified according to gender, age, BMI.

Conclusion; Based on our clinical experience and the results of other studies, we expect to be more careful during the entire procedure especially during the insertion of the Veres needle and the attachment of clips at the end of the removal of the stomach.

Keywords; Laparoscopic, Sleeve Gastrectomy, weight loss, complications

OP – 42

Left Laparoscopic Hepatectomy. A Case Reports

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Abstract

Introduction: Hepatic metastases are one of the main reasons for mortality in patients with gastrointestinal tract cancer. The appearance of hepatic metastases is generally associated with a poor prognosis for patients with these types of tumors. If hepatic metastases are left untreated, the average lifespan of these patients is typically 1-3 months, depending on the extent and aggressiveness of the primary tumor.

The objective of this case report is to comprehensively present the surgical approach and management techniques employed in the treatment of hepatic metastases through laparoscopy. By doing so, this report aims to provide a detailed and informative account of the surgical procedure and its outcomes, contributing to the medical knowledge and understanding of this particular treatment modality.

Patient A.B, 80 years old, was diagnosed 8 months ago with an 'Undifferentiated Adenocarcinoma of the Stomach.' In the work-up, it was found to be stage T3, N1, M1 stomach cancer. Preoperative imaging examinations revealed several sub-centimeter metastases in both liver lobes.

Conclusions: Laparoscopic left hepatectomy is more common but technically demanding. Parenchymal dissection should be peripheral to central with middle hepatic vein as the landmark. Bleeding is the most important issue in laparoscopic liver resection.

Keywords: Hepatic metastases laparoscopic technique, conventional approach

OP – 43

Percutaneous Bile Tract Drainage. Our Experience

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Abstract

Introduction: In neuroradiology and interventional radiology department at Universitary Hospital "Mother Theresa" Tiranë, paliative treatement of malignant neoplasia which cause biliary tracts obstruction is improved during these years. Because of advanced stage diagnosis and impossibility for surgery treatment of those pathologies, there is a need for paliative treatment placing a biliary drainage path and improving by this technique the quality of patient's life. The first choice is ERCP and the placement of biliary stent. When this technique fails, percutaneous drainage is aplicated. In order to evaluate the success of this technique and its influence in the patient's survival, it was necessary to conduct this study.

Study of epidemiological distribution, type of percutaneous drainage used, survival of patients after the intervention, survival according to gender, age and type of percutaneous drainage in patients treated at Neuroradiology Departament Universitary Hospital "Mother Theresa" over the period of 1 year (October 2019 – October 2020).

The main objective of this study is to present the importance of percutaneous drainage, the accuracy of this technique and other used techniques, and the evaluation of survival after intervention.

Material and Methods: Data for the accomplishement of this descriptive study were utilized by materials and files of Neuroradiology and Interventional Radiology at Universitary Hospital "Mother Theresa" and the data of General Office of Civil Status at Ministry of Internal Affairs.

This is a retrospective descriptive study conducted at the Department of Neuroradiology and Interventional Radiology at Universitary Hospital "Mother Theresa". The files of 30 patients in this department are studied for period of one year (October 2019 – October 2020). With the support of General Office of Civil Status at Ministry of Internal Affairs is defined if these patients are still alive or they have passed away and the certain date of their death. Based on this data we have concluded about patient's survival according to age, gender and type of intervention.

OP – 44

Thorax Drainage and Iatrogenies in Thorax Trauma

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Abstract

Introduction: Thoracic trauma accounts for up to 35% of trauma-related deaths in the US and includes a range of injuries that can cause significant morbidity and mortality.

Drainage of the pleural space by means of a chest tube is the most common intervention in chest trauma and provides the patient's life and a definitive treatment in most cases.

The insertion of a chest tube is indicated to remove the contents of the pleural space, which may be blood or air, but may also include other liquids, such as gastric or esophageal contents, chylous contents.

Drainage of the thorax is done in the medial or anterior axillary line in the 4-5 intercostal space behind the pectoral major muscle to avoid dissection of this large muscle and to avoid damage to the diaphragm which in exhalation reaches the level of the 5th rib.

Materials and Methods: I have chosen 5 cases with incorrect drainage, among these two with penetration into the liver, two with positioning on the surface of the ribs under the muscular layer and one case with incorrect insertion of two drains. Based on these cases of wrong drainage prompted me to make e modest reference regarding this really simple technique but which requires the necessary knowledge.

Conclusions: Since chest trauma is quite frequent nowadays, there is a need to obtain the necessary knowledge for this procedure to help the patient as soon as possible, which can be life-saving.

Keywords: Thoracic trauma, chest tube, iatrogenic injurues

OP – 45

A Challenging Case of Pneumothorax in a COVID-19 Pneumonia Patient. Can Fresh Frozen Plasma Pleurodesis be an Effective Treatment?

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Abstract

Introduction: One of the less reported severe complication in literature accompanying COVID-19 patients, is the occurrence of secondary spontaneous pneumothorax (SSP) as a result of severe lung tissue damage.

Material and Methods: In this case report, we describe the treatment of a patient with COVID-19 related spontaneous pneumothorax. Despite being a relatively rare incurrence, pneumothorax is a life-threatening complication for COVID-19 patients, and can greatly increase mortality, especially on patients with high O2 dependence. The majority of COVID-19 patients that will develop pneumothorax, are going to require thoracic tube placement, and only a few will need to be escalated to surgical treatment. Chemical pleurodesis is always an option that thoracic surgeons can utilize when surgery is no longer an option. Ours is the first report in literature to showcase the successful treatment of COVID-19 related pneumothorax using FFP pleurodesis.

Results; The multidisciplinary team of physicians decided to make use of intrapleural instillation of fresh frozen plasma (FFP) via the drainage tube. The procedure required 3 units of FFP, and the drainage system was modified, with the placement of the tube above chest level and under continuous suction, in order to drain the remaining air but not the FFP fluid. The air leak once again stopped, and a partial lung re-expansion was again noted on a new chest X-ray. After 10 days, the patient remained stable, reported no new dyspnea and the air leak had completely subsided.

The chest drainage tube was removed, and the patient was discharged home.

Conclusions; Reports on FFP utilization show no associated complications, as well as high success rates in treating air leaks. Taking all of the above into consideration, as well as the already high burden of the patient, the surgical team decided upon utilization of readily available FFP units instead. To the best of our knowledge, this is the first report of FFP employed for chemical pleurodesis in a patient with COVID-19 related pneumonia.

Keywords: argon plasma coagulation; autologous blood pleurodesis; spontaneous pneumothorax; thoracoscopy.

OP – 46

A Rare Case of Spontaneous Pneumothorax Recurrence 30 Years After Surgery in a Patient with Birt-Hogg-Dube Syndrome

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Abstract

Introduction: Birt-Hogg-Dube syndrome (BHDS), also known as Hornstein-Knickenberg syndrome is a rare, autosomal dominant genetic disorder characterized by a triad of clinical manifestations: skin fibrofolliculomas, renal tumors, and multiple pulmonary cysts. The exact incidence of BHDS syndrome is unknown. This hereditary syndrome is caused by mutations in the folliculin (FLCN) gene, located on chromosome 17p11.2, which encodes the folliculin protein.

Material and Methods; This case report aims to highlight the importance of increased vigilance and long-term follow-up in BHDS patients, even decades after surgical intervention, to detect and manage potential pulmonary complications effectively.

Results; We present a unique case of spontaneous pneumothorax recurrence in a 63-year-old patient with a history of Birt-Hogg-Dube syndrome. The patient had undergone surgical treatment for pneumothorax 30 years ago and remained asymptomatic until presenting to our clinic with acute dyspnea and a dry cough. A recurrent pneumothorax was diagnosed and treated with a chest tube. Further chest imaging revealed extensive ground-glass opacities and cysts in both lungs. The patient was diagnosed with active pneumonia. A conservative approach was adopted due to the pneumonia diagnosis, and the patient showed a successful recovery without pneumothorax recurrence.

Conclusions; This case highlights the importance of long-term follow-up in patients with Birt-Hogg-Dube syndrome and previous pneumothorax episodes.

Keywords: Birt-Hogg-Dube syndrome; Spontaneous pneumothorax; pneumothorax recurrence.

OP – 47

Optimizing Chest Trauma Management: Strategies and Guidelines

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Abstract

Introduction; Chest trauma, resulting from both blunt and penetrating mechanisms, poses a significant health threat, and its management demands precise strategies and adherence to established guidelines. This presentation introduces a comprehensive presentation on optimizing chest trauma management, delving into essential strategies and guidelines for healthcare professionals.

The presentation begins by outlining the various types and mechanisms of chest trauma, such as blunt and penetrating injuries, with a focus on their significance and prevalence in healthcare settings.

Subsequently, the initial assessment of chest trauma patients takes center stage. This involves a primary survey encompassing airway assessment and management, breathing assessment and intervention, circulation assessment and resuscitation, disability assessment, and environmental control. It continues with a secondary

survey, including history-taking and a detailed physical examination, accompanied by diagnostic modalities like chest X-rays, computed tomography scans, ultrasound, and arterial blood gas analysis.

The presentation then proceeds to address specific chest trauma injuries, including rib fractures, flail chest, pneumothorax, hemothorax, cardiac injuries, pulmonary contusion, and tracheobronchial injuries. The various management approaches are discussed, ranging from pain management, oxygen therapy, chest tube placement, surgical interventions, cardiac tamponade management, to controlling massive hemorrhage.

Additionally, it highlights complications and outcomes related to chest trauma, including long-term effects, rehabilitation, and follow-up. The critical role of prevention, pre-hospital care, and guidelines and protocols such as Advanced Trauma Life Support (ATLS) and those from the Eastern Association for the Surgery of Trauma (EAST) are emphasized.

Real-life case studies are presented to provide practical insights into chest trauma management, ensuring a comprehensive understanding of the topic.

In conclusion, the abstract emphasizes the significance of early recognition, appropriate management, and continuous education and training in chest trauma cases to optimize patient outcomes.

This presentation offers a holistic perspective on chest trauma management and equips healthcare professionals with the knowledge and tools to enhance the care provided to patients with chest trauma.

Keywords; Education, Trauma, Training, ATLS, Emergency medicine

OP – 48

Varicose Ulcers of the Lower Extremities

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Abstract

Introduction; Venous ulcers are the most common ulcers of the lower limb. It has a high morbidity and results in economic strain both at a personal and at a state level. Chronic venous hypertension either due to primary or secondary venous disease with perforator paucity, destruction or incompetence resulting in reflux is the underlying pathology, but inflammatory reactions mediated through leucocytes, platelet adhesion, formation of pericapillary fibrin cuff, growth factors and macromolecules trapped in tissue result in tissue hypoxia, cell death and ulceration.

Methods and Material; Literature Review**.** Developed under the auspices of the American venous forum, the clinical etiological anatomical pathological (CEAP) classification encompasses clinical (based on objective signs), etiological (congenital, primary and secondary), anatomical (distribution of reflux and obstruction) and pathophysiological (related to reflux or obstruction) mechanisms of venous disease. The clinical portion includes seven categories from non-existent venous disease to ulceration.

Results; Conventional surgery consists of saphenofemoral/ saphenous-popliteal flush ligation, disconnection of major tributaries, stripping/avulsion of varicose veins and perforator ligation through long incisions. This surgery aims at only the superficial venous system. Subfascial endoscopic perforator ligation

Standard laparoscopic equipment with two 10-mm ports is used to ligate the incompetent perforator veins.

Conclusion; Venous ulcers are the most common of all leg ulcers, with high morbidity and strain on economic resources, and have a negative impact on quality of life. It is unfortunate that many a times it is not properly diagnosed and, unnecessarily, expensive treatment is undertaken.

Keywords; Compression therapy, Surgery on veins, Venous hypertension, Venous ulcers Indian Jou

OP – 49

Rhabdomyolysis and acute Kidney Injury Following Trauma: A Comprehensive Analysis

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Abstract

Introduction; Physical trauma is a global health concern, contributing to more than one in every ten deaths. Although direct, severe kidney trauma is relatively rare, trauma to extrarenal tissues often leads to the development of acute kidney injury (AKI). Several factors, such as hemorrhagic shock, rhabdomyolysis, nephrotoxic drug use, and infectious complications, can trigger and exacerbate trauma-related AKI (TRAKI), particularly in the presence of pre-existing or trauma-specific risk factors.

Material and Methods; A literature search was conducted in Medline and PubMed to identify relevant clinical trials investigating trauma's effects on kidney function

Results; Injured, hypoxic, and ischemic tissues expose the

organism to damage-associated and pathogen-associated molecular patterns and oxidative stress. This initiates a complex immunopathophysiological response that leads to disturbances in the kidney's macrocirculatory and microcirculatory systems, resulting in functional impairment.

Conclusions; A more comprehensive understanding of the pathophysiology of rhabdomyolysis and subsequent AKI could broaden treatment options and help preserve kidney function. In clinical practice, the decision to initiate renal replacement therapy should not be solely based on myoglobin or creatine phosphokinase serum concentrations.

Keyword; AKI, hypoxia, trauma, RRT

OP – 50

Challenges in Anticoagulant Management for Patients with Chronic Kidney Disease

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Abstract

Introduction; Anticoagulation, in kidney disease (CKD) presents a demanding challenge in medical management. Patients with CKD often needed short and long-term anticoagulation, but they face an increased risk of experiencing both blood clotting and bleeding complications due to factors such as impaired kidney function, altered hemostasis and concurrent health conditions. Anticoagulant options include vitamin K antagonists (such as warfarin), novel oral anticoagulants (NOACs), or parenteral agents (unfractionated heparin or low molecular weight heparins). Warfarin, is commonly used but requires close monitoring due to unpredictable pharmacokinetics. Novel oral anticoagulants (NOACs) like apixaban or rivaroxaban have reduced bleeding risk compared to warfarin but should be dose-adjusted based on renal function. Consequently, regular assessment of renal function with eGFR measurements is crucial for adjusting doses when necessary. Yet, NOACs, still carry a risk of bleeding, and assessing the individual patient's bleeding risk factors is important. Thus, it is essential to involve a nephrologist or other relevant specialists in the decision-making process.

In summary, when selecting an anticoagulant, it is important to personalize the choice based on factors such, as the patient's kidney function, safety record, effectiveness and practical considerations. Individualized dosing and close monitoring are essential to achieve optimal efficacy and safety. Collaboration among healthcare providers is crucial to ensure proper selection and management of anticoagulation therapy in CKD patients. Consequently, the choice of anticoagulant should be based on the overall clinical picture, including the severity of CKD.

OP – 51

Nephrolithiasis and Pathological Fractures as the Presenting Symptoms of Primary Hyperparathyroidism. A Case Report

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Abstract

Introduction: Primary hyperparathyroidism (PHPT) is usually diagnosed as a secondary finding of hypercalcemia and its consequence in the body. PHPT can cause severe bone resorption leading to bone pains, pathological fracture and nephrolithiasis. Nephrolithiasis occurs in 7- 40 % of patients with PHPT. In the other and 50% of the patients with PHPT have fractures as the result of the disease. I will present a rare case with both, nephrolithiasis and multiple fractures secondary to PHPT.

Case: A 66-year-old woman was admitted at the orthopedics unit with coli femoris fracture, after a light exposure at home. She was diagnosed with nephrolithiasis and chronic kidney disease (CKD), 14 years ago. Her medical history showed three more fractures of her lower's limbs during these years, without or minimal trauma history. The patient was followed up only for her CKD problems, and had never been checked for her parathyroid glands.

Laboratory tests presented: elevated serum calcium level and elevated serum parathyroid hormone, Ca 10.1 mg/dl, Ca++ 1.37 mmol/l, PTH 1492 ng/L (15-65 ng/L).

Ultrasonography and scintigraphy were performed. They both showed massive adenoma of the sinister parathyroid gland (2x3 cm). The patient goes through subtotal parathyroidectomy. Three days after surgery both serum calcium level and parathormone level were within normal range.

Conclusion: Recurrent fractures without traumatic history in patients with nephrolithiasis always require

special attention towards the detection of primary hyperparathyroidism.

Keywords: Nephrolithiasis, Hyperparathyroidism, CKD

OP – 52

A Polyarticular Gout Flare in a Patient with Chronic Kidney Disease. A Case Report

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Abstract

Introduction; Chronic kidney disease has become a global public health problem associated with increased morbidity and mortality. Gout is a prevalent and burdensome condition despite the advances in our knowledge of its underlying mechanisms, prevention, and treatment. Gout and chronic kidney disease frequently coexist but conflicting recommendations exists regarding the treatment of gout in people with concomitant CKD.

Material and Methods; We present a case in which an 81-year- old man with a past medical history of diabetes, hypertension, osteoarthritis and gout presented with dysuria, pedal oedema, back pain, atraumatic bilateral wrists pain and swelling and right knee pain with inability to walk for the last 3 days. His physical exam was notable for fever, tachycardia, exquisite pain, erythema and swelling of right knee and both wrists. Labs showed high ESR, high PCR, anaemia with normal leucocyte range, very high serum uric acid levels and progressive levels of urea and creatinine during hospitalization. Ultrasound of the knee and wrists showed synovitis and its cytological fluid analysis identified crystals of monosodium urate even if he was receiving hypouricemic agents.

Results; Acute and prophylactic treatment of flare polyarticular gout in patient with kidney disease resulted in resolved inflammation and prevented progression of disease and bone destruction

Conclusions; This case highlights the diagnostic challenges a polyarticular gout flare poses and the importance of early involvement of specialists for prompt recognition, treatment and avoidance of unnecessary interventions.

Keywords; acute polyarticular gout, chronic kidney disease, urate lowering therapy

OP – 53

Predicting Dialysis Patient Survival. The Role of Cardiovascular Parameters

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Abstract

Introduction; Cardiovascular conditions continue to remain the leading cause of hospitalizations and mortality. Our study aimed to identify potential cardiovascular predictors of mortality in this population.

Material and Methods; In this single-center, prospective, cohort study we assessed the impact of cardiovascular risk factors on mortality rates in chronic hemodialysis patients. Cox regression and binary logistic regression analysis were carried out to identify potential predictors of mortality in this population.

Results; 308 consecutive patients receiving long-term hemodialysis, between 2012 to 2019, were enrolled in our study. 37.7% were female, the mean age was 52±15.6 years. Mortality in our cohort was estimated to be around 17.9%. Comorbidities, namely diabetes mellitus ($p=0.001$), peripheral artery disease ($p=0.001$) and stroke ($p=0.015$) were found to be important predictors of mortality. Our data showed that among the cardiovascular conditions, left ventricular hypertrophy (LVH) ($p<0.01$), grade III diastolic dysfunction (DD), 5.2 CI [3.86; 6.64], ($p<0.01$), elevated pulmonary artery pressure (ePAP), OR (95%CI) 1.624 (1.116-2.363), ($p<0.001$) and intradialytic hypotension (IDH) ($p<0.01$) were strong and independent predictors of all-cause mortality. Notably, no significant correlation was found between high blood pressure and mortality rates.

Conclusions; Our study revealed that left ventricular hypertrophy (LVH), grade III diastolic dysfunction (DD), elevated pulmonary artery pressure (ePAP), and intradialytic hypotension (IDH) were the most robust cardiovascular predictors of mortality. Our findings are consistent with current literature, placing cardiovascular events at the top, as leading causes of death among chronic hemodialysis patients. Adopting a proactive approach in managing these conditions, can help improve outcomes in this population

Keywords; Dialysis, cardiovascular, risk factors

OP – 54

Manifestation of Systemic Lupus Erythematosus in the Kidney

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Abstract

Introduction*;* Systemic Lupus Erythematosus (Systemic Lupus Erythematosus-SLE) is a chronic multiorgan autoimmune disease that can affect people of both sexes, all age groups and ethnic groups, but it is more common in females (80-90%) that in the age young. The kidney is the visceral organ most involved in SLE.

Materials and Methods; 70 patients were included in the study (15 were male with an average age of 21.80±4.20 years while 55 were female with an average age of 20.40±3.00 years), starting of the disease before 20 months. All patients were monitored in the period February 2022-February-2023. All patients met the clinical and laboratory criteria for SLE of the American Society of Rheumatology (1982).

Results; At the beginning of the study, the examined parameters of the female gender were shown with these values;

Conclusion; SLE, lupus nephritis and autoimmune diseases for experts should be taken as a research challenge with a long-term commitment with the aim of eradicating autoimmune problems. Therefore, the diagnosis and effective treatment of LN and SLE is a very complex step, which is why they are more than early diagnosis and rational qualitative therapies are necessary to stop the course of autoimmune diseases.

Keywords; Lupus nephritis, SLE, clinical manifestations

OP – 55

Dyslipidemia in Patients at Risk and Cardiovascular Disease

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Abstract

Introduction: Cardiovascular diseases (CVD) are numbered as the main and primary causes of disability and mortality in developed and developing countries. According to the World Health Organization, the prevalence of cardiovascular diseases will double by 2025. One of the main risk factors for CVD is arteriosclerosis as a result of apo/lipoproteinemic disorders (increased concentrations of lipoprotein(a), apolipoprotein B100, low-density cholesterol (LDL-ch) and triglycerides.

The aim of the paper: to determine the frequency of lipid abnormalities in patients at risk of cardiovascular disease.

Material and method. We conducted a cross-sectional study from January-2023 to June-2023, 200 patients were included in our study (130 men with an average age of 57.50±10.70 years and 70 women with an average age of 55.80± 11.50 years old, all patients visited in the outpatient department of Internal Diseases near the Tetove Clinical

***Results*:** The frequency of lipid profile abnormalities was as follows: low HDL cholesterol at 60%), ApoA1 decreased at 38.60%, hypertriglyceridemia dominated at -58.50%, Lp(a) high at 47.90 %, high LDL-ch at 65.80%, high ApoB100 at 57.0% and high total cholesterol at 58.20%. Low concentrations of HDL-ch, ApoA1 and hypertriglyceridemia mostly dominated in patients with diabetes mellitus.

Conclusion. In this population, the most common abnormality of lipids was: the decrease between the reference levels of HDL-ch and ApoA while the changes of LDL-ch, Lp(a) and apoB100. compared to the reference values and the results of the control group, therefore according to the results obtained, we can conclude that apo/lipoprotein disorders should be considered as a risk factor for CVD.

Keywords: cardiovascular diseases, lipid profile.

OP – 56

Spontaneous Perforation of Sigmoid Colon in a Patient with Diabetic Nephropathy and Abdominal Pain.

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Abstract

Introduction: Spontaneous perforation of the colon is defined as an unexpected perforation of the normal colon in the absence of diseases such as diverticulosis, external injury or tumors. Most commonly locations are sigmoid and recto sigmoid colon. The mortality rate of this disease is as high as 35% to 47%. It is more frequent in the elderly and the mean age at onset is more than 60 and about 61% to 81% have constipation history. Commorbidities affecting bowel movement, such as diabetes mellitus, ckd and multiple medications, have all been involved.

Diabetic nephropathy is associated with a greater risk for a variety of colonic disorders. Altered colonic motility and altered sensory as well as motor responses of the colon may be caused by dysfunctions in colonic smooth muscle or neural innervation.

Case presentation: A 74 yo male known for DN was admitted in nephrology department with urosepsis and 24 hours after hospitalization had severe abdominal pain spreading to the whole abdomen. He had history of chronic constipation. Laboratory assessment revealed; leukocytosis and elevated PCR. According to medical history and given the clinical status an abdominal CT scan was performed and revealed perforation of sigmoid colon. He was definitely diagnosed prior to surgery.

Conclusion: It is very important to increase the awareness about this disease in order to improve the accuracy of diagnosis. Patients should undergo surgery as soon as the disease is definitely diagnosed. The above underscore the need for early involvement of surgeons.

After surgery a multidisciplinary approach of nephrologists and surgeons is the key for optimal follow-up care of spontaneous perforation of colon survivors in diabetic nephropathy patients.

Keywords: spontaneous perforation, colon, diabetic nephropathy (DN), ckd, surgery

OP – 57

Nursing Management to the Patients with Epilepsy

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Abstract

Introduction; Disease of Epilepsy is primary and secondary. Subject of this presentation is over disease, etiopathogenesis, signs and simptoms, medical treatment and nursing management toward the patients suffer from it. How to menage them in normal life under the anti epileptic treatment, during the chrisis and during the epilepticus status. Work as a team.

Material and Methods; Nursing management is focus over the assessment of the patients, the behaviors of the patients, family history, medical treatment, the routine's life of the patient. Nursing care should be special to every patient depending from the needs.

Cooperation with the team and other medical disciplines is necessary to ensure the patients.

The team have to implement not only the experience but the new protocols in nursing care.

Results; Implementation of the last protocols of primary and secondary epilepsy's nursing care, in cooperation with medical staff, and multidisciplinary services is the key to ensure the patiens.

Knowing the epileptic crisis, epileptic status, behavior of the patients during the chrisis and during the normal life, it is also the key about their treatment. It is important to prevent epileptic chrisis, for better life.

Conclusion; The management of the epileptic chrisis of the patient, education of the patient, education the family members, education the tutor that take care to the epileptic patient, it is important to provide a better life, to provide the quality of the life, to decrease the chrisis and epileptic status.

If the patient takes regularu antiepileptic medication, if the patient go regulary to medical visit, if the tutors are well educated, patients should have a better quality of life. Nurses of the hospital and nurses of Public Health has responsability to evaluate the results of the epileptic patients' treatment.

Keywords; Disease epilepsy, patients, nursing care, management, medical treatment,

OP – 58

Cast Treatment of Tibial Fracture in Children

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Abstract

***Introduction**:* As there is a current increasing tendency to treat displaced tibial shaft fractures in adolescents surgically, it has become more important to predict failure of cast treatment for these patients. In the past, redisplacement of pediatric tibial shaft fractures has been reported at rates of 20% to 40%. Although the efficacy of the three-point index (TPI), gap index, and cast index has been demonstrated for upper extremity fractures in children, to date no index has been shown to accurately predict redisplacement for pediatric tibial shaft fractures. The aim of this study was to determine the predictive factors for redisplacement in pediatric tibial shaft fractures.

***Material and Methods**:* In all, 157 displaced pediatric tibial shaft fractures were evaluated retrospectively. Patient age, initial and postreduction fracture angulation, shortening and translation, quality of reduction, obliquity of fracture, associated fibular fractures, and 3 indices (TPI, cast index, and gap index) were analyzed. Receiver operating characteristic analysis was performed to determine the cutoff points and logistic regression was used to show the risk factors of redisplacement.

Results: There were 53 female and 104 male patients with a mean age of 9.1 (5 to 15 y) and 45 patients developed redisplacement during the follow-up. Mean TPI and gap index and initial and postreduction fracture translation were higher in patients with redisplacement, while TPI>0.855 and postreduction translation >18% were the only independent risk factors for fracture redisplacement. No differences were observed regarding associated fibular fracture, quality of reduction, initial/postreduction angulation, and shortening.

***Conclusions**:* The TPI>0.855 and postreduction translation >18% are independent risk factors for redisplacement of tibial shaft fractures in children. Although the gap index can be useful, the cast index is not an appropriate tool for these fractures.

Keywords: cast, facture, imobilisation, patient education.

OP – 59

Skeletal Traction and its Importance in the Treatment of Skeletal Fractures

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Abstract

Introduction: Traction is an important procedure used in the field of orthopedics and traumatology and means the gentle and gradual pulling of a damaged part of the human body. This procedure can also be used in other fields such as neurosurgery and rheumatology. It can be provisional or definitive treatment of skeletal injuries and diseases.

The purpose of applying skeletal traction is: restoring the normal length and relationships of bones and joints, repairing broken bones and immobilizing them in anatomical positions, reducing muscle spasms, and preventing and improving deformities that may appear during the treatment of theirs.

Material and Methods: Our study is retrospective and we studied the records of patients admitted to the traumatology department at the "Xhaferr Kongoli" hospital in Elbasan. The study covers the period from January 2018 to June 2023. During this time period, 79 patients underwent the application of traction. Of these patients, 59 (70%) underwent provisional traction and 20 (30%) underwent definitive traction.

Results: According to the diagnosis, we have: comminuted fractures 10 patients (17%), periarticular fractures 6 patients (10%), gunshot fractures 5 patients (8.5%), fractur/luxation. cervical 2 patients (3.5%), pelvic fractures 10 patients (17%), open fractures 26 patients (44%).

According to the place of traction application, we have: tibial ridge 56 patients (71%), femoral bicondylar 4 patients (5.4%), ulnar ridge 3 patients (3.8%), biparietal tuberosity 3 patients (3.8%), other places 13 patients (16 %).

Complications in our series include: fatal thromboembolism in 1 patient (1.26%), urosepsis in 3 patients (3.79%), pressure ulcers in 6 patients (7.59%), local infections in 18 patients (22.78%), reoperation failures in 2 patients (2.53%).

Conclusions: Skeletal traction is a very efficient treatment method in cases of various injuries to the skeletal system.

Complications in relation to the benefits are minimal and treatable. It is of great importance to know the application and care for patients who have undergone this procedure by all the different health care professionals.

Keywords: provisional traction and definitive traction, orthopedics, fracture, complication

OP – 60

Nursing Ethics

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Abstract

The word ethics derives from the old Greek ethos - habit, ethics and ethics - ethics: Ethics is science on morality (do not, Latin moris, which means habit, adet).

Object: give a clear description of the concepts and terms of ethics in the nursing sphere. Ethics is a very wide field, and has been a major pillar of medicine in all periods of history around the world, whose recognition and study are very much needed in practicing the profession for all health care staff. In the focus of this the importance of ethics in general is emphasized, which has an impact on the work of health personnel

To assess the knowledge, attitudes and experiences of nurses regarding health care ethics and legal rules in the field of nursing. : Providing ways to formulate answers to questions and guide actions. Provides a framework for solving issues, problems and conflicts. The essential issue of this paper is the ethical nursing attitude towards SUT patients

Material and Methods - The study is of a qualitative nature, the study included a total of 24 nurses of Reception, Consultation, Emergency at SUT, and their survey was conducted by questionnaires consisting of 10 questions.

Nurses in terms of knowledge on ethics have claimed that they have the highest ethical responsibilities in the field of nursing, and that they have acquired this knowledge from work experience, undergraduate studies and attendance at trainings, and, conferences etc

Conclusion - Ethics plays an important role in the professional work of health personnel, health staff *must* always be respected and work according to ethical norms

Keywords: communication, conflict, solutions, nursing ethics, role of nurses

OP – 61

Nosocomial Infection Rates, and Risk Factors for Postoperative Infection

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Abstract

Introduction: Nosocomial infections are a major health problem all over the world and represent a serious reason for the increase in morbidity and mortality rates of hospitalized patients. successful management of nosocomial infections requires good knowledge of these infections, to distinguish the patients who are most at risk of hospital infections, as well as the most frequent possible causes of these infections in the hospital where we work.

Aim of the study: to present our experience in the prevention of nosocomial infections as well as treatment protocols for patients complicated by these infections

Material and Methods: The study includes all patients hospitalized in the Department of Surgery and Urology of the Clinical Hospital of Tetovo during the last year respectively from January 2022 to January 2023, whose wounds were complicated by infections caused by nosocomial bacteria. The data of the patients included in the study were extracted from their medical records

Results: Out of 1274 patients operated on during the last year in these two wards, 31 of them or 2.9% were complicated with infection of operative wounds from bacteria isolated in the wards where they were hospitalized. Five other patients were complicated with urinary infections caused by E. coli bacteria, isolated in the urology department. The three most frequently isolated bacteria in these two departments were E. coli, Staphylococcus aureus and Enterococcus spp. In addition to the treatment of patients with appropriate antibiotics according to the antibiogram, we also undertake radical disinfection of the wards with the aim of eradicating these bacteria.

Conclusion: Good management of nosocomial infections requires careful implementation of algorithms for the prevention of these infections. Against the great progress that has been made for the control of these infections, they continue to be a risk for the hospitalized patients, especially the elderly and those with chronic diseases.

Keywords: nosocomial, infection, urology, surgery

OP – 62

Cesarean Section and the Reasons of its Rise Rate

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Abstract

Introduction: Cesarean section is a surgical intervention which has a high frequency all over the world. Even though, the WHO recommendations for cesarean section is15% and this percentage is exceeded many times in different countries worldwide. Factors that contribute in the rise rate of cesarean section include maternal and fetal factors.

This study seeks to identify some factors that affects the rising trend of cesarean section rate.

Material and Methods: This is a descriptive study conducted at "Koço Gliozheni" University Maternity Hospital, Tirana from January 2022 to December 2022. The data was obtained by collecting information from obstetrical clinical charts. For statistical analysis is used SPSS 20.0 version software.

Results: Out of 3729 deliveries, 1484(39.8%) are performed by CS and 2245 (60.2%) by vaginal delivery. The mean age was 26.2. Mothers who delivered for the first time by CS were 1098. Fetal distress was the most common indication in 280 cases (28.2%) followed by previous cesarean section 386 (26) % and other indication like: malpresentation, oligo-hydramnios, mother hypertension.

Conclusion: The rate of CS is high compared to WHO recommendations

Keywords: cesarean section, previous cesarean section, health education, vaginal delivery, fetal distress.

OP – 63

Highlighting the Importance of Routine Laboratory Examinations in Prediction of Mortality in Patients with Femur Fractures

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Abstract

Introduction: A fracture of the femoral neck represents a break in the vicinity of the pelvic joint, between the head of the femur and the main part of the latter.

This type of fracture occurs more often in people of the third age, the cause can be a fall, during which the weight of the body falls on the pelvis.

Osteoporosis is a factor that favors this type of fracture in most cases. Even when osteoporosis is severe, even a simple movement can be enough to cause a fracture of the femoral head.

In young people, femoral neck fractures occur more often after a strong impact, such as during a car accident or during extreme sports. Pressing down on one leg would have to be extremely hard to cause this type of injury. Nowadays, deaths caused by femoral neck fractures have increased a lot compared to previous years.

Femoral neck fracture needs surgical intervention in the first hours after the accident.

The laboratory plays an important role in reflecting the patient's condition during the treatment of femoral neck fractures. *Purpose:* To make known the importance of laboratory tests in femoral neck fractures; Knowing the population affected by these types of fractures; Awareness of how we can prevent these types of fractures.

Material and Method: The study material belongs to the period October 2021 to August 2022. The data for this study were obtained from the emergency room of a regional hospital. The study material includes the results of laboratory tests of patients with femoral neck fractures. The third age was the age group that predominated in the collected data.
Conclusions: To make known the importance of laboratory tests in cases with fractures of the femoral neck; To make known the population affected by femoral neck fractures and which part of it is more predisposed to suffer these types of fractures; Acquaintance with the laboratory examinations performed in cases of neck and femur fractures.

Keywords: fracture, femoral neck, laboratory tests, osteoporosis.

OP – 64

Trauma System in Europe. An Ongoing Challenge

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Abstract

Introduction; Adequate trauma care is strictly linked to an organized trauma system, but in several European countries a mature and effective trauma system has not been formalized yet. Although in Europe trauma is still the leading cause of death in younger age groups and different scientific societies have stressed this need, a pan-European government participation is still lacking; Another challenge is represented by the lack of leadership in trauma care mainly due to the hyper specialization effect with of "organ specific surgeons" with minimal interest in trauma.

Trauma care have been developed mainly in two different ways: in some countries the trauma leader is a surgeon with a specific background in orthopaedics and skeletal trauma, while in the rest of EU countries is a general surgeon; both systems have multiple limitations especially due to a progressive lack of exposure to trauma which is also associated to the progressive decrease of motor vehicles accidents that came along with the WHO Road safety action plan. Thankfully, in most European countries the rate of penetrating injury is quite low when compared to US or South America data and the lack of exposure on penetrating injury is even less.

Conclusion; The need for implementation and maturation of a dedicated trauma system in each European country should be strongly advocated and scientific societies should address this need to healthcare authorities. The present generation of surgeons might be the last generation that could act as principal stakeholder.

OP – 65

Indications for Limb-Sparing Surgery in Ewing Sarcoma, When and How?

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Abstract

Introduction: Ewing sarcoma is the primary bone tumor seen in children and young adults with an incidence of approximately 1 in a million. 80% of patients are under 20 years of age.

5-year survival for Ewing sarcoma with surgery or radiotherapy alone is <10% with multimodal treatment, 5-year survival is 60% to 70% in localized disease and 20% to 40% in metastatic disease.

All current practices use three to six cycles of neoadjuvant chemotherapy followed by local therapy and 10 to 12 months of treatment, usually given at 2 or 3-week intervals and including an additional six to ten cycles of chemotherapy based on existing national or international protocols.

Agents thought to be most active include doxorubicin, cyclophosphamide, ifosfamide, vincristine, dactinomycin, and etoposide

To provide local control; There is evidence that surgery alone is superior to RT alone.

It has been demonstrated that surgical resection should be performed with as negative margins as possible.

Keywords: Ewing sarcoma, surgical resection, international protocols.

OP – 66

Diagnosis and Treatment of Soft Tissue Sarcomas

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Abstract

Introduction: Soft tissue sarcomas are rare and heterogeneous tumors. They can manifest as high-grade and rapidly growing masses in patients. In cases of soft tissue sarcomas with low-grade histology, patients can present with a long-term, slow-growing progressive lesion. Over the past ten years, advancements in basic sciences have increased the number of various pathological markers in diagnosing tumor subtypes.

The diagnostic pathway should always start with a thorough documentation of the patient's history. Lumps that have not changed in size or shape over the years are most likely benign, whereas recently noticed, constantly-enlarging swellings should urge caution. In cases of recently-emerged soft-tissue swellings, a preceding trauma is sometimes described. Especially in elderly patients under anticoagulation therapy, this could be indicative of haematoma.

On the other hand, lumps quickly increasing in size in the absence of bruising should prompt further investigation.

Orthopedic oncology has made significant progress with implementing a multidisciplinary approach and advancements in chemotherapy and radiotherapy. Early diagnosis of these rare tumors thanks to increased awareness among clinicians will positively impact reatment outcomes. Inadequate treatments, often encountered in this unique patient population, can complicate subsequent surgical interventions for orthopedic oncologists.

Keywords: soft-tissue sarcoma, diagnostic pathway, therapeutic management

OP – 67

Tumors Like Lesions: Diagnostic Protocol and Surgical Treatment

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Abstract

Introduction; Musculoskeletal neoplasms are diverse group of tumors. Generally musculoskeletal tumors can be primary bone tumors, metastatic bone tumors, tumor-like lesions and soft tissue tumors. Sarcomas of the bone and cartilage comprise only 0.5% of all malignancies in humans. Benign bone and soft tissue tumors are 100 times more common than malignant tumors, with an overall incidence of 300 per 100,000 population. Most benign bone tumors arise in the metaphyses of long bones (e.g., non-ossified fibroma, unicameral or aneurysmal bone cysts, and osteoblastoma). Osteosarcomas involve metaphyses of long bones, especially around the knee. Lytic epiphyseal lesions in a child are chondroblastoma, clear cell chondrosarcoma, or infection. After the growth plate closure, it is most likely a giant cell tumor. Early diagnosis, multidisciplinary team of orthopedic surgeons, pathologists, oncologists, radiologists and other healthcare professionals and the selection of appropriate treatment contribute to the best outcome of treatment in patients with musculoskeletal neoplasms. The great complexity of the treatment and management of musculoskeletal tumors, demands the creation of strictly prescribed algorithms of diagnosis and treatment of patients suffering from neoplasms. Surgical techniques and method of treatment allow a better functional outcome and quality of life of treated patients.
In our institution, we have diagnostic protocols for musculo - skeletal neoplasms. The purpose of this study is a preview of diagnostic protocols and their implementation in our daily medical practice by presenting a case report of 21 year old female patient with osteoblastoma and secondary aneurismal bone cyst in the distal part of the right femur, giant cell tumor in the proximal part of the right tibia and osteolysis in the proximal part of the right fibula.

Conclusions: To optimize the care of tumors and reduce diagnostic and treatment errors, knowledge of hand tumor types and their clinical and laboratory characteristics is necessary for every surgeon.

Keywords: musculoskeletal tumor, diagnostic protocol

OP – 68

Surgical Treatment of Extremity Soft-Tissue Sarcomas

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Abstract

Introduction; Soft tissue neoplasms, are tumors arising from the soft tissues, like adipose, connective tissue, muscle and others around the bones in the body. Like all tumors they are classified in three groups, benign, intermediate and malignant tumors. Soft tissue sarcomas, overall incidence is around 3–5 cases/100,000 inhabitants/ year. They therefore represent 1 % of adult cancers. Accounting for only a small percentage of all cancers, the rare tumors are characterized by their heterogeneity, making accurate diagnosis and effective management crucial for improving patients' outcomes. According to the soft tissue neoplasms protocol, the diagnosis often begins with clinical examination of the patient followed with blood sample analysis, radiographic imaging such as MRI to locate the tumor and asses its size and extent. Definitive diagnosis, however relies on a biopsy to determine the specific type of sarcoma. The management of soft tissue sarcomas necessitates a multidisciplinary approach involving team of different medical specialist. Surgical extirpation is the primary treatment, aiming to remove the tumor with clear margins, to prevent recurrence. However, the location and size of the tumor can make complete removal challenging.
In such cases, neoadjuvant therapies like radiation and chemotherapy are employed to reduce before surgery,

improving the chances of successful resection. Additionally, adjuvant therapies may be used post- surgery to target any remaining cancer cells and reduce the risk of recurrence. In this study we present 3 patients with soft tissue sarcomas, treated with surgical extirpation, in our institution.

Keywords: soft tissue sarcoma, surgical extirpation.

OP – 69

Ultrasound Role as Diagnostic Tool Guidance Towards Final Diagnosis in Cholangiocarcinoma

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Abstract

Introduction*:* Cholangiocarcinoma is a rare but aggressive cancer affecting the bile ducts, and its early diagnosis is paramount for effective treatment. We present a case of a 59-year-old female patient with suspected cholangiocarcinoma, where ultrasound served as a diagnostic cornerstone.

Case Presentation: A 59-year-old female patient presented with a history of jaundice, abdominal pain, and unintentional weight loss. Initial blood tests revealed elevated liver enzymes and bilirubin levels. An abdominal ultrasound was performed as part of the diagnostic workup.

The ultrasound examination revealed dilatation of the intrahepatic and extrahepatic bile ducts. Within the common bile duct, a suspicious hypoechoic lesion was identified. The lesion measured 2.5 cm in diameter, and its location was consistent with the distal common bile duct. Color Doppler imaging showed no significant vascular flow within the lesion.

Based on the ultrasound findings, a fine needle aspiration (FNA biopsy was performed under ultrasound guidance, targeting the lesion within the common bile duct. Histological examination of the biopsy samples confirmed the presence of cholangiocarcinoma. Further imaging, including computed tomography (CT and magnetic resonance imaging (MRI, was performed to evaluate the extent of the disease.

Subsequent ultrasound examinations were used to monitor disease progression and assess the response to treatment. Ultrasound was instrumental in visualizing tumor size and its relationship with adjacent structures, aiding in determining the appropriate treatment plan for the patient.

Discussion: This case report highlights the crucial role of ultrasound in the diagnosis and management of cholangiocarcinoma. Ultrasound not only detected the suspicious lesion but also guided the biopsy process, leading to the final diagnosis of cholangiocarcinoma. It continued to be an essential tool for disease monitoring, helping clinicians make informed treatment decisions.

Conclusion: Ultrasound is a valuable diagnostic tool in the challenging diagnostic journey of

cholangiocarcinoma. This case emphasizes its pivotal role in guiding the final diagnosis and subsequent treatment of this rare malignancy, ultimately contributing to improved patient care and outcomes.

Keywords: Ultrasound, diagnosis, treatment, monitoring

OP – 70

The Multidisciplinary Approach of Complex Dental Trauma

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Abstract

Introduction: Intrusion defined as the axial dislodgment of a tooth into its socket, is considered one of the most severe types of dental trauma, and leads to crushing of periodontal ligament (PDL) fibres, the neurovascular bundle and alveolar bone. Intrusive luxation in the permanent dentition is an uncommon event, constituting only 2% of injuries, and is more common in the primary dentition. The nature of the injury is such that it damages all soft and some hard tissue components, causing a multitude of complications.

Traumatic dental injuries of permanent teeth occur frequently in children and young adults.

Falls, accidents and sport-related injuries are the most frequent causes of dental trauma.

Managing dental trauma is based on the type of injury and its sequalae is often complex and requires multidisciplinary approaches but damage of the dentition poses airway risk and trauma professionals must address it immediately.

If a patient with dental injury presents with polytrauma, is recommended following the trauma Advanced Trauma Life Support protocol.

In this lecture, the management of traumatic dental injuries will be presented.

Conclusion: Long term of clinical and radiographic follow-up is important for the prognosis after trauma. The maintenance of the tooth, after traumatic episodes, has a direct impact in the patient's quality of life, restoring psychological and emotional states.

Keywords: Intrusion; Multiple Trauma; Tooth Fractures.

OP – 71

Hybrid Treatment of Oral and Maxillofacial Fractures.

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Abstract

When the maxillofacial region is injured the most common facial fractures involve the mandible followed by the ZC, maxilla, and alveolar process. Some authors have reported zygoma as a more susceptible bone than the maxilla. The fracture may involve a combination of two or more facial bones. The most favourable sites of fractures (in descending order) in the mandible are the para-symphysis, body, angle, condoler region, symphysis, and coronoid process. Over the past 100 years, Major developments have been made in the care of victims of maxillofacial trauma such as external skeletal fixation, open reduction, craniofacial exposure, internal wire fixation, primary bone grafting, miniplates and orbital reconstruction. Therefore, such injuries adversely affect the quality of life less frequently today than once did, due to the advances that have been made by countless individuals from diverse disciplinary backgrounds. Collectively, these advances have provided great improvement in the primary and secondary correction of traumatic maxillofacial deformities. The study of many trauma patient cases for more than 20 years has bring in our opinion one combination method of treatment Hybrid treatment for maxillofacial trauma.

OP – 72

Osteointegration Dental Implants in Diabetic Patients.

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Abstract

Today, dental implants are one of the restorative methods to replace missing teeth. Improvements in implant design, surface characteristics, and surgical protocols made implants a secure and highly predictable procedure with a mean survival rate of 94.6 % and a mean success rate of 89.7 % after more than 10 years. Implant survival is initially dependent on successful osseointegration following placement. Any alteration of this biological process may adversely affect treatment outcome. One of the controversial discussed diseases is diabetes mellitus. Diabetes mellitus is a chronic metabolic disorder that leads to hyperglycaemia, which raises multiple complications caused by micro- and macroangiopathy. Diabetic patients have increased frequency of periodontitis and tooth loss], delayed wound healing. and impaired response to infection. In 1980, more than 150 million people worldwide were affected and that number had grown to 350 million by 2008. This trend highlights the need for better understanding of diabetes and its therapy and its impact on dental implant rehabilitation. In the past, diabetes was long time seen as a relative risk factor to dental implants. In contrast, today, there is a change in paradigm. Recent studies offer indirect evidence for diabetes patients benefiting from oral rehabilitation based on dental implant therapy. After tooth loss, patients avoid food which needs more effort to masticate which can lead to an adverse nutrition with poor metabolic control. A sufficient dental rehabilitation allows the patient to improve nutrition and the metabolic control.

OP – 73

Application of Laser in Oro Maxillofacial Surgery

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Abstract

Introduction; Laser light can be used effectively in clinical dentistry based on present scientific developments and technological advances . There are many advantages of laser surgery and involve the actual properties of the laser and its applications . The effect of laser modulation on biological tissues are based on heat generation. Understanding the interaction of these lasers with tissues is important in determining safe and effective protocols for their use in clinical practice. The coagulation of blood vessels in order to achieve haemostasis is very important for every surgical intervention.

Different laser systems can be used for the management of oro and maxillofacial pathologies with different rate of succes : Removal of soft tissues tumors , Removal of soft tissue cysts , Precancerous lesions, Frenulectomie, Preprosthetic surgical procedures Orthodontic treatments, Gingival hiperplasia, Vascular lesion , Periodontology

The advantage of laser surgery: short time of intervention, no scarring, good esthetic results without functional disturbance and anatomic alteration.

Lasers are novel and innovative technologies with many benefits for clinicians, patients and application in surgical dentistry

OP – 74

Modalities of Treatment of Vascular Pathologies of the Lip

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Abstract

Introduction; Haemangiomas present with variable morphology. Some are small and hardly noticeable, others are large and disfiguring The choice of treatment depends on the type of malformation (Vascular content) location, depth,and characteristics of flow of the lesion . Options include sclerotherapy, embolisation, resection, combination of these, laser therapy . Different methods can be used with different rate of success Laser therapy is one of the good methods to treat vascular lesion

The excellent tissue coagulation performed by laser is of great importance , especially in surgical procedures with high vascularity such vascular lesion Different lasers , different wavelengths absorbed hemoglobin and made possible the treatment of these lesions

The choice of therapy in vascular lesion depends of the anatomic location, accelerating growth, significant functionnal disturbance and aesthetic markings Treatment plan established for vascular lesion must consider aspects such : size, location, lesion hemodynamics, age of the patient . For the operator It is important to well determine the advantages and disadvantages of each modality of treatment To choose the right technique for the application

The treatment of vascular lesion of lip area is a simple, fast and safe manner , This method minimise the danger of massive haemorrage and huge anatomical structure loss. The approch is simple and with satisfactory results . Laser treatment versus conventionnal option is minimal invasive and with maximal aesthetic results .

OP – 75

Unilocular Residual Cyst of large Dimensions in Corpus Mandibulae. A Case Reports

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Abstract

Introduction; The nosology of cyst means a pathological cavity, lined with epithelium and inside of it has liquid content and semi solid. We have different types of cysts, in hard and soft tissues in Oro-maxillo-facial region. Residual cysts are inflammatory odontogenic radicular cysts of hard tissues of jaws, that are formed after tooth extraction, as a result of the remnants of granular tissue not well cured or dental apexes with periapical changes. Residual cyst can reach in large dimensions, localized above mandibular canal, avoiding the latter near basis mandibulae.

Methods and Material; Case Report: A 65 years old geriatric patient, recommended from a dentist, is presented with a residual cyst with large dimensions, unilocular, well-

defined a mandibular edentulous bone from Canin region until Angulus Mandibulae.

Results; The patient was asymptomatic and during the examination, swelling and erosion of the vestibular or lingual cortex of the alveolar ridge was not observed. The cystic formation was discovered from a panoramic routine radiography. As a result of large dimensions and proximity to important structures such as inferior alveolar nerve, the surgical technique that a surgeon chooses, must be very careful not to cause a pathological fracture of the mandible.

Conclusions; After dental extractions, it is very important the curettage process of granulomatous and radicular cystic formations. On the contrary, over time can be transformed in residual cysts, asymptomatically. The more time you pass without examining them, more its dimensions will increase, just like the case that we are presenting. Their dimensions increase until they erode vestibular and lingual cortical and cause swelling of the jaws. Also, they can penetrate in the nasal cavity and maxillary antrum. If these cysts suppurate, then the patient becomes symptomatic. Early diagnosis prevents their later complications.

Keywords; Residual cyst, Unilocular, Curettage

OP – 76

Decision Making Surgery in Gynecologic Oncology

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Abstract

Introduction; The aim of this presentation is to introduce clinically relevant and evidence-based principles of Gynecological Oncology surgery as a part of mission to improve the quality of care for women with gynecologic cancers.

Gynecologic oncology surgeons should be familiar with the anatomy of the abdomen and pelvis to be able to perform all complex and radical procedures required in the surgical management of woman cancer diseases. They must understand the principles of multiple surgical disciplines such as hepatobiliary surgery, urologic surgery, colorectal and intestinal surgery and vascular surgery.

Radical hysterectomy remains the standard recommendation at early-stage (Stage IA2-IIA) cervical cancer.

Endometrial cancer is the most common gynecologic malignancy. Hysterectomy with bilateral salpingo-oophorectomy represents the gold standard. Minimally invasive surgery, robotic assisted and laparoscopic, has replaced abdominal surgery for endometrial cancer staging. Sentinel lymph nodes are becoming the new accepted procedure for endometrial cancer staging. However, pelvic lymphonodectomy is required when sentinel lymph nodes are not available or not feasible and in patients with endometroid endometrial cancer Grade 3, or endometroid endometrial cancer grade 1 and 2 cervical stromal invasion odr tumor diameter greater than 2cm. Paraaortic Lymphonodectomy is indicated in type II endometrial cancer (serous, clear cell, carcinosarcoma), and if pelvic lymph node is positive.

Radical pelvic surgery, including the removal of the uterus, adnexa, and pelvic peritoneum and en block resection of the rectosigmoid, and a complete pelvic and paraaortic lymphadenectomy should be part of the surgical skills of a gynecologic oncologist because these procedures are required to achieve a complete tumor reduction in patients with advanced ovarian cancer. Advanced stage ovarian cancer frequently involves upper abdominal structures (liver, diaphragm, and spleen).

Pelvic exenteration for primary and recurrent malignancies is a complex and challenging procedure even for very experienced surgeons. Total pelvic exenteration (TPE) is a complex surgical procedure for advanced tumors and involves en bloc resection of the rectum, bladder, and internal genital organs (uterus, ovaries, bladder and vagina).

The objectives of the lecture are to improve diagnosis and referral, preoperative investigations, and surgical management (local treatment, groin treatment including sentinel lymph node procedure, reconstructive surgery) in gynecologic oncology.

OP – 77

Current Management of Locally Advanced Cervical Cancer, Recurrent / Metastatic Cervical Cancer: Paradigm Changing and a Case Report

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Abstract

Introduction: Cervical Cancer is the second most commonly diagnosed cancer and the third leading cause of cancer death among females in less developed countries. There were an estimated 527600 new cases and 265700 deaths worldwide in 2012.

Nearly 90% of cervical cancer deaths occurred in developing parts of the world.

The large geographic variation reflects differences in the avaibility of screening (which allows early detection of precancerous lesions) and in Human Papilloma Virus prevalence infection.

Early stage with cervical cancer can be cured by radical surgery with tailored adjuvant therapy.

Patients diagnosed with locally advanced disease stage: (FIGO IB2-IVA) despite radical chemoradiation plus high dose rate Brachytherapy experience 5-year DFS and OS 47-80%.

An unmet need is also from decades represented for patients of stage (IB1/2 – IV A) and the INTERLACE study PHASE III presented at ESMO 2023 will for sure change the paradigm of treatment.

Results from the GCIG INTERLACE trial presented in a Presidential Symposium at the ESMO Congress 2023 (Madrid, 20–24 October) showed a progression-free survival (PFS) rate of 73% and an overall survival (OS) rate of 80% at 5 years with induction chemotherapy prior to chemoradiotherapy (CRT) compared to rates of 64% (hazard ratio [HR] 0.65; 95% confidence interval [CI] 0.46–0.91; p=0.013)

Conclusions: Metastatic/ Recurrent Cervical Cancer is still a devastating disease. Immunotherapy is changing the face of cervical cancer. Imun checkpoint Inhibitors ICI have demonstrated increased PFS and OS in first line and relapsed settings.

Keywords: Metastatic Cervical Cancer, Immunotherapy, Human Papilloma Virus

OP – 78

Surgical Treatment of Congenital Malformations of the Female Genital Tract

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Abstract

Introduction; Female genital malformations or Müllerian anomalies are anatomic disorders affecting the female reproductive tract and the woman's health, leading to a variety of physical symptoms, findings, and reproductive outcomes. Patients with obstructive Müllerian anomalies generally present in adolescence with pain associated with the obstruction of menstrual outflow; thus, these disorders are frequently managed surgically. Because most gynecologists will care for women with Müllerian anomalies, an understanding of the usual presentation, evaluation, management, and reproductive health impact of these anatomic disorders is essential.

Currently, a wide range of non-invasive diagnostic procedures are available enriching the opportunity to accurately detect the anatomical status of the female genital tract, as well as a new objective and comprehensive classification system with well-described classes and subclasses. However, accurate diagnosis of congenital anomalies remains a clinical challenge because of the drawbacks of the previous classification systems and the non-systematic use of diagnostic methods with varying accuracy.

Patients with suspected complex anomalies, defined as anomalies resulting from disturbances in more than one stage of normal embryological development and having as a result anatomical deviations in more than one organ of the female genital tract, should be evaluated as follows: Abdominal and/or transrectal 3D ultrasound in a predefined and systematic manner where the shape and the deviations from normal cervical and uterine anatomy should be recorded and documented. MRI: Evaluation of the results is recommended to be performed by an imaging expert in collaboration with an experienced gynecologist. Hysteroscopy and Laparoscopy: These techniques should be offered by clinicians (endoscopic reproductive) and

surgeons with experience in the management of complex female genital anomalies in special centers after a thorough non-invasive evaluation.

The aim of this lecture is to evaluate clinically relevant classification systems and to discuss which is more suitable for the accurate, clear, and simple related to clinical management of congenital female genital anomalies.

OP – 79

Subtorsioned Vaginal Cystectomy in a 6-Week Pregnancy

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Abstract

Introduction; Vaginal cystectomy is a little used surgical technique although it has indisputable advantages over the abdominal technique. Vaginal cystectomy can be applied even when the cyst is large, in our case 13 cm, and when the patient is pregnant, because it is a mini-invasive surgical technique.

Materials and Methods; Our team has extensive experience in vaginal surgery, 3000 hysterectomies, 87 vaginal cystectomies in the last 8 years. The case we are describing is a 6-week pregnant woman with a rapidly growing 13 cm ovarian cyst. Douglas adhesions were excluded on patient history and on vaginal examination. The cyst was evaluated according to the IOTA protocol and was considered benign but with clinical evidence of subtorsion. Analyzes of tumor markers were negative. Vaginal cystectomy was proposed to the patient and family members, which was accepted. A vaginal cystectomy was performed through a posterior culdotomy. The cyst was punctured transabdominally and 900 cc of serous cystic fluid was removed. The cyst was completely exposed from the vaginal route. It was a periovarian cyst was found, which was removed with a ligature. The material was sent for biopsy. Colporrhaphy was done. The patient was discharged the next day. Amount of blood lost was 80 cc. Postoperative period without complications.

Results; Complete vaginal cystectomy was performed; the cyst was completely removed. Excellent postoperative period. Currently the pregnancy is normal and is 14 weeks.

Conclusions; Vaginal cystectomy is a valuable operative technique, feasible with surgical instruments that are in every gynecology operation room.

Keywords; Vaginal cystectomy, Intraoperative ultrasound, Vaginal ovarian cystectomy, Vaginal surgery

OP – 80

Management Challenges of Large Ovarian Cysts in Adolescents: A Complex Clinical Scenario - Case Report

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Abstract

Introduction*:* Ovarian cysts are relatively common in women of all age groups, but when they occur in adolescents and reach a significant size, they pose unique management challenges. This abstract discusses the multifaceted issues related to the diagnosis, treatment, and psychological impact of huge ovarian cysts in adolescent girls.

Case report; A 14 years old adolescent girl was seen during last week of October 2023 at Gynecology Service at CMC Tirana/Continental Hospital, Tirana, Albania. She presented with moderate pelvic pain. Patient referred that her Menarche was at 11 years old. She stated that was followed for irregular menstrual cycle in the last 2 years by couple of gynecologists by ultrasound examination only. During her presentation at our gynecological service, she had normal vital parameters. With full bladder with urine, a transabdominal gynecological ultrasound exam was performed (patent refers VIRGO), and reviled a multiseptated dexter ovarian cyst present with a 45 mm in diameter, Doppler negative and another 78 mm with normal border and hypoechogenic, ovarian sinister cyst present, Doppler negative…

Discussion*:* The diagnosis of large ovarian cysts in adolescents often occurs after the presentation of non-specific symptoms such as abdominal pain, irregular menstruation, or even as an incidental finding during routine medical exams. Given the potential complications associated with large cysts, including torsion, rupture, and interference with fertility, prompt diagnosis, full assessment

and treatment are crucial.

In conclusion*:* Managing huge ovarian cysts in adolescents demands a comprehensive approach that addresses both the medical and psychological aspects of the condition. Timely diagnosis, appropriate surgical intervention, mini-invasive surgery - laparoscopy, and emotional support are key components of successful management. Collaboration between healthcare providers, adolescents, and their families is vital in ensuring the best possible outcome for these young patients.

Keywords: Large ovarian cyst, adolescence, diagnosis, fertility and psychological impact, laparoscopy

OP – 81

Laparoscopic Hysterectomy, updated techniques

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Abstract

Introduction; Vaginal and laparoscopic hysterectomies have been clearly associated with decreased blood loss, shorter hospital stays, speedier return to normal activities, and fewer abdominal wall infections when compared with abdominal hysterectomies.

Material and Methods; This is a review based on experience. In TLH and LSH, the entire procedure is performed laparoscopically, including division of the uterine vessels. In TLH the cervix is removed, while in LSH it is left in situ. In LAVH and LH, part of the operation is performed laparoscopically and part vaginally. Uterine vessel division is performed vaginally in LAVH and laparoscopically in LH. In all of the above procedures, the uterus can be removed either through the open vault of the vagina or one of the abdominal ports.

Results; If the uterus is large and requires manipulation with a tenaculum, consider injecting dilute vasopressin sub-serosal prior to applying traction to the uterus. This can reduce bleeding associated with pulling and tearing of the uterine serosa.

Conclusion; Total laparoscopic hysterectomy is a safe and effective procedure for women needing a hysterectomy. A total laparoscopic capability makes the benefits of a minimally invasive approach available to more women, including obese and nulliparous women.

Keywords; Laparoscopic hysterectomies, Challenging situation, Effective procedure, Surgery

OP – 82

Traumatic Brain Injury and Endocrine System

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Abstract

Introduction: Traumatic Brain Injury (TBI) is a significant public health concern with far-reaching consequences. This abstract delves into the intricate relationship between TBI and the endocrine system, shedding light on how TBI impacts hormonal regulation and its potential long-term ramifications.

TBI disrupts the hypothalamic-pituitary axis, a critical component of the endocrine system. This disruption can lead to imbalances in the production of hormones, affecting various bodily functions. The consequences of TBI on the endocrine system are diverse, ranging from altered growth hormone secretion to thyroid and adrenal dysfunction. These hormonal imbalances can manifest as growth disturbances, fatigue, mood changes, and metabolic irregularities.

Recognizing the link between TBI and endocrine dysfunction is vital for comprehensive patient care. Early diagnosis and effective management of hormonal imbalances can significantly improve the quality of life for TBI survivors. Furthermore, understanding these complex interactions is essential for tailoring treatment plans to the unique needs of each patient.

Ongoing research in this field is paramount. It not only enhances our understanding of the intricate mechanisms involved but also offers the potential for innovative therapeutic approaches to mitigate endocrine-related complications post-TBI. As we delve deeper into this relationship, we gain the ability to provide better support and outcomes for the often-vulnerable population affected by TBI.

OP – 83

Anterior Lumbar Interbody Fusion - The Artistry of Spine Surgery

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Abstract

Introduction: Anterior Lumbar Interbody Fusion (ALIF) stands as a testament to the precision and skill inherent in spine surgery. This abstract delves into the artistry that underlies the procedure, highlighting its significance in the realm of spinal interventions.

ALIF is a surgical technique that involves accessing the lumbar spine from the front, creating an opportunity for interbody fusion and addressing a variety of spinal conditions. The abstract sheds light on the intricate steps involved, underscoring the meticulous craftsmanship required to achieve optimal results.

The artistry of ALIF extends to the restoration of spinal stability, alleviation of pain, and enhancement of a patient's quality of life. This presentation underscores the importance of individualized care and the application of advanced surgical techniques in achieving these objectives.

Moreover, the abstract explores the role of ALIF in addressing various spinal pathologies, such as degenerative disc disease, spondylolisthesis, and disc herniations. It emphasizes the surgeon's role in tailoring the procedure to suit each patient's unique needs.

In conclusion, Anterior Lumbar Interbody Fusion is celebrated as the beauty of spine surgery, a field that merges clinical expertise with the delicate touch of an artist. The abstract recognizes the transformative impact of ALIF on patients' lives, drawing attention to the skill and precision that make this procedure a true work of art in the world of spinal surgery.

Keywords: anterior lumbar interbody fusion, ALIF, posterior lumbar fusion, pseudarthrosis, nonunion

OP – 84

Outcomes of Kyphoplasty

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Abstract

Introduction; Vertebral compression fractures are increasing the economic, social and medical burden of modern society. While osteoporosis is the most common cause, certain types of cancer that either originate in the spine or spread from other foci are the main causes. Pain, inactivity, neurological deficit are some of the outcomes of this pathological types of fracture. Vertebroplasty and later kyphoplasty were designed as palliative procedures that have a big impact in pain relief and spine deformity. They consist of inserting a cement material inside the vertebral fractured body to restore the normal vertebral height, preventing kyphosis. The possible complications include cement extravasation and embolization, adjacent vertebral fracture and in some rare cases: the embolization of tumoral cells. The aim of this retrospective study was to review the actual literature, to point out the most effective strategies in follow up and treatment and to assess the outcome of patients suffering from vertebral compression fractures.

Material and Methods; We did a retrospective analysis of the vertebral compression fracture cases that underwent kyphoplasty in our department between 2018-2022. Clinical, imaging studies, epidemiological and therapeutic data were included.

Results; 32 patients were reviewed in this period, with age interval from 32 to 87 years old. Two patients were treated with open kyphoplasty and decompression. Three patients underwent kyphoplasty for vertebral hemangiomas, four patients for vertebral metastasis. Five patients underwent three levels kyphoplasty and six patients underwent two levels. After surgery, we documented notable decrease in pain scale and improvement of neurological condition. No cement extravasation or adjacent vertebral fracture was encountered.

Conclusions; Kyphoplasty remains a gold standard surgical procedure in cases of stable vertebral compression fractures. The immediate pain relief and correction of kyphosis are the major desirable outcomes. Even though a high number of the patients suffer from incurable diseases, they can have a favorable performance status and can lead a normal life, preventing early disability. Being a mini-invasive procedure and the low rate of complications

makes it more advisable.

Keywords; Kyphoplasty, vertebral height, Cobb angle, compression fracture, metastasis,

OP – 85

Surgical Treatment of Spondylodiscitis

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Abstract

Introduction; Spondylodiscitis refer to the infection disease of the intervertebral disc E. Coli, S. aureus, Propionibacterium Acnes and M. Tuberculosis are the most frequent causative agents. Risk factors include: foci of infection in other anatomical regions, immune system dysfunction, late spine procedure and poor nutritional status. The patients most frequently complain of low back pain, fever and limb weakness. First line treatment consists of IV broad spectrum antibiotic treatment until the microbiology studies suggest more sensitive drugs, for 6-8 weeks and bracing. Surgery is indicated in the documented presence of a spinal, paraspinal abscess, acute onset or a progressive residual neurological deficit, spine instability, kyphosis and in the failure of IV antibiotic regimen. A single stage of debridement, strut graft recontruction and posterior instrumentation remains the gold standard. The aim of this retrospective study was to review the actual literature, to point out the most effective strategies in follow up and treatment and to assess the outcome of patients with spondylodiscitis for surgical treatment.

Materials and Methods; We made a retrospective analysis of the patients with spondylodiscitis treated in the Service of Neurosurgery of the University Hospital "Mother Teresa" between 2015 and 2020. Epidemiological, clinical, imagistic and therapeutic data were evaluated.

Results; 15 patients were reviewed during this time period, 5 cases of tuberculous discitis, 9 cases of pyogenic discitis and one case of non-specific discitis. We had only one case of post spinal surgery, previously treated for lumbar disc herniation. Depending on the anatomical level, there were: 1 case of cervical disc level, 5 cases of thoracic disc level, 7 cases of lumbar disc level and 2 cases of sacral disc level All the cases presented initially severe neurologic deficit. They all underwent posterior decompression, 13 of them also underwent posterior instrumentation, due to spine instability. Post-operative period was marked by a decrease in pain scale, regression of neurologic deficit and early mobilization.

Conclusion; In the cases of clinical, laboratory studies, imaging studies of failure of antibiotic treatment, surgery intervention is indicated. Neurological deficit, spine deformity and spine instability are the clear cases, in which the early intervention can improve the clinical outcomes. We conclude that the posterior instrumentation is the most important surgical step to reduce the spine disability and improve the neurological deficit.

Keywords; discitis, spine deformity, debridement, posterior instrumentation, immunity dysfunction,

OP – 86

TH 10 Osteoid Osteoma, A Rare Case Report

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Abstract

Introduction; Osteoid Osteoma (OO) is a rare primary bone-producing benign neoplasm, with finite growth, characteristic for infants and young adults, presenting during first two decades of life (87%). OO incidence is only 10%. Thoracic OO is a rare finding, 12-17% of spine OO. Mostly affected posterior structures include: pedicles, facets, laminae, spinous & transverse processes. We present the sixth reported case in literature of Thoracic OO, evidenced until now.

Case report; We present a 69-years old male patient admitted to Neurosurgery Service complaining of chronic back pain, sphincter disfunction and inferior spastic paraparesis. Nocturnal pain persistence is referred with immediate relief after NSAIDs use.

MRI showed an ivory bilateral Th10 OO with spinal cord compression and myelomalacia. Laminectomy and en block extirpation were performed in our case. Histology documented OO.

Discussions; OO rarely exceed 10 mm, so it might easily be overlooked. It is a mesenchymal tissue oval lytic lesion, that contains osteoblasts producing immature bone. Plain

radiography, HRCT and MRI are useful instruments. OO can act as spinal cord compressing mass. They should be differentiated from: disc herniation, spondylosis, facet joins disease or degeneration, osteoblastoma, giant cell and cartilaginous tumours, Ewing's sarcoma, aneurismal bone cyst, osteochondroma, eosinophilic granuloma, osteomyelitis, psychosomatic illness, fibrous dysplasia and metastases.

We discuss the details of a case diagnosed and treated for thoracic OO.

Conclusions; Spinal thoracic OO causing spinal cord compression are very rarely reported. We report the characteristics of clinical presentation, radiological diagnosis and surgical as well as postoperative course of a very rare localization of OO.

Keywords: thoracic, osteoid osteoma, paraparesis

OP – 87

Craniopharyngioma: Transcranial Approach and its Validity

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Abstract

Introduction; Craniopharyngioma, a rare embryonic malformation originating from the craniopharyngeal duct remnants in the sellar and parasellar area, affects 0.5 to 2 cases per million annually, with a significant presentation in childhood and adolescence (30-50% of cases). This tumor accounts for 1.2 to 4% of all childhood intracranial tumors and manifests with neurological and endocrine symptoms. An accurate preoperative MRI is helpful to create in our mind the exact tumor topography and how is the relationship of the tumor with hypothalamus for decision-making on surgical strategy and what we can wait about the risk after surgery. Surgical treatment, using either a transcranial or transsphenoidal approach, is pivotal in tumor removal or reduction. Transcranial approach in general is used for the treatment of craniopharyngiomas with suprasellar extension via and with big components laterally. Endoscopy Transsphenoidal approach is generally accepted like the first choice in infradiaphragmatic craniopharyngiomas with sellar enlargement. This study aims to evaluate the validity of transcranial approach.

Material and Methods: By presenting some cases from our experience at Department of Neurosurgery, UHC "Mother Tereza", for the period January 2013- September 2023with intraoperative videos and the corresponding iconography, we show how useful, familiar and without complications is the pterional approach is in the treatment of this pathology.

Results: Personalized surgery for each patient which depend from the history of the disease and the clinical condition of the patient.

Conclusion: We should try to alleviate the neurological and general condition caused from endocrinological disorders and not to aggravate it further, the concept of limited neurosurgery. Our basic goal is to win time and to improve the quality of life by accompanying the residual part with radiotherapy treatment and to hope in the good News about the drugs in coming.

Keywords: craniopharyngioma, sellar, skull base, transcranial, transsphenoidal

OP – 88

Albania First Transorbital Endoscopic Surgery; Case Report of a Right Spheno-Orbital Meningioma Removal

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Abstract

Introduction; Sphenoid-orbital meningioma is a slow-growing benign neoplasm originating from outer layer of arachnoid meningeal epithelial cells. Surgery is the main and most effective treatment approach.

Transorbital neuro-endoscopic surgery (TONES) is

the newest technique combining different specialties like neurosurgery, ophthalmology, plastic surgery, to achieve access to orbit's content and anterior cranial fossa compartment. It is a minimally invasive with gross visualization via key hole endoscopy, first introduced by K. M. in 2007. First transorbital approach described in literature results in 2011 in USA, combined with trans-nasal route; while the first ever transorbital technique is performed in USA in 2015.

Methods and Material; Study case

Results; Transorbital neuro-endoscopic surgery (TONES) was the technical approach, done for the very first time in Albania. Through a small superior palpebrae incision, orbicular muscle is dissected to identify orbital marge. Periorbital dissection is performed in orbital's latero-superior wall, which is manipulated until temporal dura and muscle are evidenced. 'Ivory' sphenoid-orbital meningioma is debulked using CUSA. It is performed an excision on safe margins.

Conclusion; Meningiomas are the most common lesions managed via TONES, but its success depends on surgeon 'learning curve'. TONES has shown minimal morbidity rate, lower CSF leak compared to endonasal approach, no visible scars, minimal drug use needed and reports regarding this technique are encouraging. TONES is gaining field in neurosurgery based on patients' satisfaction, durability and long-term morbidity.

Keywords; endoscopy, transorbital, meningioma, mini-invasive, neurosurgery

OP – 89

The Role of Endoscopy in Neurosurgery.

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Abstract

Introduction; Endoscopy in neurosurgery, with the improvement of technology, has become an integral part in the treatment of various intracranial pathologies.

Aim; To present the current possibilities of using the endoscopic approach in neurosurgery.

Materials and methods; Review of charts, notes and operative videos during the last 5 years in a personal series of cases where endoscopy was used for the treatment of various intracranial pathologies.

Results; Endoscopy was used as the only method in the treatment of pituitary adenomas, tuberculum sellae meningioma, craniopharyngioma, simple or multicamera hydrocephalus, trigeminal neuralgia, spheno-orbital meningioma, orbital epidermoid cyst.

Endoscopy is used as a complementary method in the treatment of supra or infratentorial epidermoid cysts, facial decompression.

Conclusions; Neuro-endoscopy is now an integral part of the armamentarium of neurosurgery, improving operative results. After learning this technique in training courses, continued use brings safety of use even in more challenging cases.

Keywords; Neuro-endoscopy, Spheno-orbital meningioma, Treatment

OP – 90

Posterior Interosseous Nerve Syndrome (PINS) due to Proximal Radius Periosteal Lipoma with Mass Effect

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Abstract

Introduction; Lipoma is a common benign slow-growing soft tissue neoplasms. Periosteal lipomas of proximal radius causing posterior interosseus nerve (PIN) palsy are the rarest. Due to specific anatomical relationship, proximal antebrachial lipomas can easily compress PIN. We present a case report and report the related literature.

Material and Methods; A 55-years old female was admitted complaining of progressively growing lump in the anterior-lateral antebrachial region near left elbow. There was recent onset of weakness in finger extension more evident during manual work.

MRI showed a well-defined oval lesion in the dorsal aspect of proximal radius bone with inter-muscular laying between

m. supinator et extensor carpi radialis brevis of 7x5x3 cm in diameter. EMG study confirmed PIN compression syndrome.

An en-block extirpation was performed through extensor muscles. PIN and its muscular branches were well preserved. Histological examination confirmed lipoma. The postoperative course was uneventful and a good recovery was seen within 12 days.

We revised other three similar cases operated for the same clinical diagnosis by our team. Pertinent literature was reported.

Discussion; Periosteal radius lipoma related to compression of PIN has been rarely reported in the literature. We report our operative series and the surgical technique. MRI and EMG are the standard diagnostic methods. Intermuscular approach is safe in experienced hands for a total removal of the tumor.

Conclusion; Periosteal lipoma compressing PIN is a rare clinical finding. Total removal may be obtained through intermuscular approach. Intraoperative monitoring can assist to preserve PIN tiny branches.

Keywords: periosteal, lipoma, posterior interosseus, compression

OP – 91

Surgical Treatment for Trigeminal Neuralgia: Our Experience with Purely Endoscopic Microvascular Decompression.

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Abstract

Introduction: Trigeminal Neuralgia (TN), also referred as tic douloureux, is a neuropathic disorder characterized by paroxysms of excruciating, lancinating facial pain along the distribution of the trigeminal nerve. Trigeminal neuralgia treatment usually starts with medications (anticonvulsants, antispasmodic agents, Botox injection). If not, successful other methods are proposed: rhizotomy (glycerol injection, Balloon compression, radiofrequency thermal lesioning), radiosurgery (gamma knife) or surgery (microvascular decompression). This study aims to evaluate the outcomes of surgical treatment for TN.

Material and Methods: A prospective, non-comparative case series was conducted using the electronic medical record identifying all patients who underwent purely endoscopic microvascular decompression for TN in the Department of Neurosurgery, UHC "Mother Tereza", for the period January 2016- September 2023, by a singular surgeon (AXh). For the identified cases clinical data, imaging, intra-operative videos, post-operative neurological exams were collected. Subsequent to the initial assessment, long-term follow-up telephonic interviews were conducted with a focus on pain relief assessment.

Results*:* Demographics: The study included 36 patients of whom 65.71% were females, 34.29% were males. Etiology: Neurovascular Conflict (77.14%), Vestibular Schwannoma (11.43%), Pontocerebellar Angle Meningiomas: (8.71%) Cerebellopontine Angle Epidermoid Cyst: 2.86% Pre operatory clinical classification: TN1 78,8% TN2 20.3%, 1% trigeminal neuropathic pain Pre-operative BNI (Barrow Neurological Institute Pain intensity score): score 4 63.8 %, score 5 36.1%. Post-operative BNI: score 1 86.1%, score 2 8.3% score 3 5.6%. Current Treatment: 1 patient receive Tegretol.

Conclusion: Purely endoscopic microvascular decompression can significantly alleviate TN-associated pain, with the majority of patients experiencing complete pain relief.

Keywords: Trigeminal Neuralgia, Surgical Interventions, Pain Assessment, MRI Diagnosis

OP – 92

Surgical Techniques for the Treatment of Hemorrhoidal Disease: An Evolution Over the Years

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Abstract

Introduction: Hemorrhoidal disease, a common condition affecting millions worldwide, has seen significant advancements in surgical treatment techniques over the years. This abstract provides an overview of the evolution of surgical procedures for managing hemorrhoidal disease. The progression of these techniques reflects the medical

community's continuous effort to improve patient outcomes, reduce postoperative discomfort, and enhance recovery.

Historically, open hemorrhoidectomy was the gold standard, involving the surgical excision of hemorrhoidal tissue using a scalpel. Although effective, this procedure was associated with postoperative pain and a longer recovery period. To address these issues, closed hemorrhoidectomy techniques emerged, incorporating ligatures and stapling to minimize discomfort and bleeding.

Non-surgical approaches like rubber band ligation and sclerotherapy became prevalent for treating internal hemorrhoids. These techniques offered reduced invasiveness and relatively shorter recovery times. Later, minimally invasive procedures, such as stapled hemorrhoidopexy (PPH), laser hemorrhoidoplasty, and Doppler-guided hemorrhoidal artery ligation (DG-HAL), were introduced. These approaches aimed to combine effectiveness with quicker recovery and less postoperative pain.

In addition to the surgical techniques mentioned above, procedures like transanal hemorrhoidal dearterialization (THD) and the Longo procedure provided alternatives for managing hemorrhoidal disease by targeting the arterial blood supply and excising excess tissue.

Furthermore, technological advancements have allowed for the development of more comfortable and less invasive surgical methods, including radiofrequency coagulation, bipolar diathermy, and infrared coagulation, all contributing to an evolving landscape in the management of hemorrhoidal disease.

The choice of surgical technique depends on the patient's specific condition, overall health, and the surgeon's expertise. The evolution of these techniques reflects the medical community's commitment to improving patient care and enhancing the quality of life for those suffering from hemorrhoidal disease. Patients seeking treatment for hemorrhoidal disease should consult with healthcare professionals to determine the most appropriate approach based on their individual needs and circumstances.

OP – 93

The Laser Method as a Minimally Invasive Treatment Option in the Treatment of Anal Fistula and Hemorrhoidal Disease

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Abstract

Introduction: Anal fistula is a common condition that often requires surgical intervention to manage. Traditional surgical techniques can be associated with complications and a potentially prolonged recovery. This abstract explores the use of laser methods as a minimally invasive approach for treating anal fistula.

Material and Methods: This abstract provides a comprehensive overview of the application of laser therapy in the treatment of anal fistula. It summarizes the existing body of literature and clinical experiences, focusing on patient outcomes, safety, and the efficacy of laser-based treatments.

Results: Laser methods have demonstrated promising results in the treatment of anal fistula. They offer several advantages, including reduced postoperative pain, faster recovery, and a lower risk of complications when compared to traditional surgical approaches. Various laser techniques, such as laser ablation and fistulotomy, have been employed successfully, often in an outpatient setting.

Discussion: The use of laser therapy as a minimally invasive option for anal fistula treatment is a significant development in proctology. It not only minimizes postoperative discomfort but also allows for outpatient or office-based procedures, reducing the need for hospitalization. Laser methods are generally well-tolerated by patients, and the risk of infection or bleeding is notably lower compared to traditional surgical techniques.

Conclusion: The application of laser therapy in the treatment of anal fistula offers a promising alternative to traditional surgical approaches. Patients can benefit from reduced pain and quicker recovery, improving their overall quality of life. However, further research and long-term follow-up studies are warranted to assess the long-term effectiveness and safety of this approach.

Keywords: perianal disease, fistulotomy, laser treatment, anal fistula

OP – 94

Chronic Groin Pain Following Inguinal Hernia Repair

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Abstract

Introduction: Pain in the inguinal region represents the most frequent postoperative complication after hernioplasty. This complication has also been recorded in patients whose hernias were corrected with prosthetic materials, and in those treated with conventional methods. Post-operative inguinodynia as a form of chronic pain is counted only if it lasts more than six months after the operation.

The purpose of this study is to present the incidence of inguinodynia in patients operated with the Lichtenstein technique or the Shouldice technique, based on our experience.

Material and Methods: The study was carried out in the Clinical Hospital of Tetove - Clinic of General Surgery during the period January 2021 - January 2023. The data on the duration of the pain, its intensity and other epidemiological data important for this study were extracted from the patients' records.

Results: In the period from January 2021 to January 2023, 137 patients with inguinal hernia were operated on at the General Surgery Clinic. All patients included in the study were men aged between 22 and 82 years old. In 47 patients (34%) the hernia was located on the right side, in 83 (61%) patients on the left side, and in 7 (5%) other patients bilaterally. Of the 137 operated patients, 7 of them (5.1%) reported pain in the inguinal region of varying intensity for a period longer than six months after the operation.

Conclusion: Inguinodynia remains one of the most serious complications after the correction of inguinal hernias, the treatment of which represents a real challenge for surgeons.

Keywords: inguinodynia, hernia, cause

OP – 95

Appendiceal Tumours as Incidental Findings in Patients Undergoing Emergency Appendicectomy: A Retrospective, Single-Center Study

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Abstract

Introduction: Primary cancers of the appendix are very rare and most of them are usually found accidentally on appendectomies performed for appendicitis. Although these tumours are rare, there is a diverse histology.

Material and Methods: We conducted a single-center retrospective study of patients undergoing appendectomy at our institution for the suspended diagnosis of appendicitis. From January 2003 to December 2018 a total of 1809 patients underwent appendectomy under general anaesthesia. Patient demographics, type of procedure, and tumour histology were recorded.

Results; The mean age of patients was 32 years (range, 14 to 85). Of these patients, 821 (45.38%) were female, and 988 (54.62%) were male. In total 959 (53.01%) underwent laparoscopic appendectomy and 850 (46.99%) underwent open appendectomy. An appendiceal neoplasm was found in 17 patients (0.94%). Of these 17 patients, four (23.53%) were reported to have benign tumours, while 13 (76.47%) were reported to have malignancies. The most frequent appendiceal tumour was carcinoid, which was detected in 10 patients (58.82%).

Conclusions; Tumours of the appendix are very rare and the majority of them are malignancies. Early recognition is very important. There is no standard of care due to the rare frequency of these tumours.

Keywords: Appendiceal tumours; appendicitis; laparoscopic appendectomy; open appendectomy

OP – 96

Solid Pseudopapillary Neoplasm of the Pancreas, A Rare Indolent Entity, A Case Report and Literature Review

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Abstract

Introduction: Pancreatic Solid pseudopapillary neoplasm (SPN), first reported by Frantz in 1959, is an uncommon tumor, with a low malignancy, accounting for 1%-2% of all pancreatic tumors. An SPN primarily affects young women in their second and third decades of life. The diagnosis may be difficult, because of indolent clinical features.

Case presentation: we are presenting a 27 years young Caucasian female with accidentally finding from routine check-up by gastroenterologist, and computer tomography revealed with a pancreatic tail mass, symptomless, adjacent to spleen hilus. Intraoperatively was founded solid tumor in distal pancreas, adjacent to spleen hilus. In general anesthesia we have performed through laparotomy surgical treatment, distal pancreatectomy with splenectomy, and saving discovered accessory spleen. Postoperative recovery went well. HP. Macro findings are incapsulated gray colored nodular tumor located in distal pancreas, with 6.5 cm diameter, soft consistence; build with stromal hyalin, myxoid vascular and hemorrhagic foci and degenerative changes. Resection margins are R0. Immunohistochemistry reviled Solid Pseudopapillary neoplasm of pancreas, low grade, pT3pNx -UICC eighth Ed. B-catenin (+), Vimentin (+), E-cadherin (-). Proliferation cell Index measured with Ki-67 was low, about &%.

Conclusion: SPN is a rare neoplasm that primarily affects young women. Clinical manifestations are nonspecific. Surgery is the treatment of choice and R0 resection is curative. A close follow-up is advised in order to diagnose a local recurrence or distant metastasis. Young women presented with a large pancreatic mass, should be considered, even with diagnostic difficulties, as a possibility of SPN.

Keywords: Solid pseudopapillary neoplasm, pancreas, Frantz tumor, distal pancreatectomy

OP – 97

Necrotizing Retroperitoneal Fasciitis Spread to the Right Arm and Right Leg

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Abstract

Introduction: Necrotizing fasciitis is a severe soft tissue infection characterized by rapid and extensive necrosis of the fascial planes. We want to present a rare case presented in our emergency department in very severe conditions diagnosed with retroperitoneal fasciitis spread in right arm and right leg. We analysed a case presented in our emergency department, and literature review.

Results; Case: Man 56 years old presented in emergency department referred from another city in severe conditions, temperature 40, oliguric, with hypoxia (Sat 85%) hypertensive, pain in right fianch, right arm, Psoas sign positive in right side, crepitating in right arm, righ leg. Laboratory findings are high creatinemia, urea, 28000 WBC. Radiology shows a right abscess with air in right psoas muscle spread in right leg and right arm, pleural liquid in right side. He had a history of 5 days treated in local hospital. He is invalid of a injury in his spine several years before. After resuscitation, treated with liquids, antibiotics, the patient was taken in surgery room, we performed a fasciotomy extraperitoneal in right side, several incisions in right arm, thorax and right leg debridment and several drains in the wounds. The patient was medicated with betadine and peroxide water several times a day for 20 days. He had a uneventful recovery. He was discharged with ambulatory medication. Discussions: The diagnosis of retroperitoneal fasciitis should be made by exclusion since various and more frequently encountered disorders including acute pancreatitis, duodenitis, pyelonephritis, and appendicitis may present with similar imaging findings. The retroperitoneal fascial planes are secondarily involved in most cases.

Conclusion: We report a case of primary retroperitoneal fasciitis without an underlying source of infection. There is lack of data in the literature regarding the imaging features of primary retroperitoneal fasciitis, to the best of our knowledge.

Keywords: retroperitoneal fasciitis, debridement, surgery

OP – 98

Some Unusual Cases in Emergency Surgery

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Abstract

Introduction; Emergency surgery as Moshe Schein describes it, is far from the aristocratic other subspecialties of general surgery but it is also the area where most of efforts are done and lifes are saved. It requires knowledge, technical abilities and sometimes also inspiration and improvisation as Prof.Celiku calls it. I am presenting here some personal cases of the Regional Hospital of Korca in Albania which are not encountered often and together with a review of literature also the way we solved them.I think this presentation could be very educative for our general surgery residents and also interesting for our international guests to understand the emergency surgery reality of a peripheric hospital in Albania.

Material and Methods; We will speak about 6 cases operated in our emergency surgery OR of the Regional Hospital of Korca in the last two years.The cases speak about Diastasic cecal perforation due to complete splenic flexure cancer,Strangulated Spigelian hernia,Foreign bodies ingestion in gastric outlet obstruction,Amyand's hernia,Cecal diverticulitis mimicking acute appendicitis and Strangulated McBurneys incisional hernia.Together with the review of literature pictures and radiologic examinations will be showed.

Results; Short term and long-term results after the operations of the above cases will be shown together and most importantly with an interactive discussion from the pannel.

Conclusions; The diversity of some of these unusual and also advanced cases presented in emergency surgery and sometimes the lack of a well confirmed protocoll or maybe controversial studies will always provoke a "time out" in the middle of the procedure and need for the selection of the best operative option from the surgeon.

Keywords; Cecal perforation, colon cancer, amyand hernia, spigelian hernia,

OP – 99

The Influence of the Time of Surgical Intervention for Supracondylar Fractures of the Humerus in Children

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Abstract

Introduction; Supracondylar fractures of the humerus are the most common elbow fracture injuries in children. Despite the frequency of these injuries, the management of these fractures has long been debated by vascular and orthopedic surgeons.

Materials and Methods; The purpose of this study is to look at the effects of the surgical intervention time on the way the patient is treated and the complications after surgery. This is a retrospective study of children under 12 years of age who received hospital care due to a supracondylar fracture of the humerus at the University Hospital of Trauma for the period January 2021 - November 2022

Results; Data analysis for the 90 patients examined shows that the time of surgical intervention varies from 0 to 13 days with an average of 1.6 days. The regression results show that there is a negative relationship between the time of surgical intervention and the method of treatment; patients who were treated with "closed repair and plaster longette" the time of surgical intervention is about 2.2 days less than for patients treated with "open repair and internal fixation with kirshner rods" (p-value=0.00) while this time decreases up to 0.5 days for patients treated with "closed repair and percutaneous fixation with kirshner rods" (p-value=0.09).

Conclusions; Also, the regression results show that for patients whose time of surgical intervention is later, they had later complications (p-value = 0.00), emphasizing the importance of the time of surgical intervention. The results of the study show that the average intervention time of these fractures at the University Hospital of Trauma in Tirana is relatively high compared to the existing literature, thus increasing the possibility of complications and success of the patient.

Keywords; Supracondylar fracture, time of surgery, complications

OP – 100

Secondary Surgery in Neonatal Brachial Plexus Paralysis. 10-year Experiences

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Abstract

Introduction. Neonatal brachial plexus palsy is a complex disorder. Growth with the presence of muscular imbalance, contractures, the impossibility of a certain range of movements, leaves a series of deformities.

Surgical technique. The shoulder. The modified Sever procedure, modified L'Episkopo, Zachary, Green Tachdjian, Hoffer, Waters & Bae, m. Latissimus Dorsi and m. Teres Major transfers, m. Trapezius transfer, m. Levator Scapulae transfer, etc. are applied. In glenohumeral dysplasia, derotator osteotomy of the proximal humerus is applied.

The elbow. The most frequent deformities: paralysis or flexion weakness and flexor contracture. The Steindler procedure is applied, triceps to biceps transfer, bipolar transfer of the Latissimus Dorsi, functional muscle transfer, etc.

Forearm. The most frequent deformities: pronation posture with active supination deficit and supination posture and/or contracture. Applied: anterior release of flexor contracture, lengthening, reorientation of the biceps with or without release of the interosseous membrane, fusion of the distal radioulnar joint, destructive osteotomy of the radius, arthrodesis of the proximal radioulnar joint, etc.

Wrist and hand. The most frequent deformity is weakness or inability to extend the radiocarpal joint and fingers. Multiple tendinous transfer is applied with m.Flexor Carpi Radialis and m.Fexor Carpi Ulnaris, arthrodesis of the radiocarpal art, etc.

Conclusion. Neonatal brachial plexus palsy has a wide range of clinical presentations. The treatment should be careful and in stages, depending on the clinic and the age of the patient. Advances in operator technique have given good functional results.

Keywords: paralysis, brachial plexus, transfer, derotator osteotomy, tenodesis, arthrodesis, contracture release.

OP – 101

Conservative Treatment in Fracture Dislocation of the Proximal Humerus in 13 years old

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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. 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…

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; proximal humerus, Glenohumeral dislocation, Hippocratic Maneuver

OP – 102

Humerus Fracture Nailing Technique Pearls & Pitfalls, Experience in Albania

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Abstract

Introduction; Diaphyseal fractures of the humerus have been treated mainly with closed reduction and plaster immobilization followed by functional sarmiento type support with good results, however there are limitations in cases of nerve and soft tissue damage, multiple fractures, non-compliance or obesity. Open reduction with plate and screw fixation is the gold standard of surgical treatment, but problems such as excessive soft tissue stripping, radial nerve damage, and difficulty in segmental fracture are well recognized. Elastic intramedullary nails with three-point fixation give equally good results. But recently, the introduction of interlocking system and varieties of nails designs is now possible to treat humeral shaft fracture with minimally invasive surgery and results comparable to plate and screw osteosynthesis which requires opening and periosteal stripping with its own complications.

In anterograde nailing which is mostly done in a beach chair or supine position, therefore there is always difficulty in distal fixation with the free hand technique as it is difficult to locate the distal locking hole due to the smooth rounded anatomy of the anterior distal humerus and fear of neurovascular complications in both anteroposterior. and latero-medial closure.

In addition, anterior-posterior and lateral-medial locking techniques are associated with neurovascular complications, including radial and lateral cutaneous nerve injuries, as there is always a tendency for the drill tip to slip and cause iatrogenic injury.

Conclusion: The experience in the fixation of humerus fractures with intramedullary technique in Albania is limited and lacking. The lack of infrastructure for the realization of this technique has led to slow progress. Optimism in the young orthopaedic surgeons is a given hope.

We have realized 5 cases in total. The results are excellent. Shorter hospitalization, faster rehabilitation, mini-invasive, less wounds, less bleeding, faster consolidation.

OP – 103

Correlation between Carpal Tunnel Syndrome release and Palmar Fasciectomy for Dupuytren's Contracture on ipsilateral Hand.

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Abstract

Introduction: Carpal tunnel syndrome (CTS) and Dupuytren's disease (DD) are fibrotic

conditions that affect the connective tissue of the hand and limit its functionality.

Dupuytren's disease is a condition that affects the palmar fascia — the fibrous layer of tissue that lies underneath the skin and above the tendons, nerves, blood vessels, and bones in the palm and fingers. The exact cause of Dupuytren's contraction is unknown and very complex. It is a hereditary disease. This means family history and ancestry play a role. The problem is more common in men, people over age 40, and people of Northern European descent.

Case Presentation: A 69 years old man smoker, came to the hospital for the functional impotence of the *left hand*, for the permanent flexion contracture of the metacarpophalangeal joint (MCP) and proximal interphalangeal joint (PIP) of the 4th finger with extension deficit, for nocturnal paresthesia of fingers I-III and pain that radiates into the fingertips up to the upper arm resulting in difficulties of using arm for long hours of work.

Conclusions; The disposition in this case is the accordance of these two pathologies, Carpal Tunnel Syndrome (CTS) and Dupuytren's Contracture (DC). Performing both surgery treatment at the same surgical session, thereby has shown to have fewer clinical risk. In some patients, simultaneous surgical management of DC and CTS can be accomplished safely with minimal increased risk of Complex Regional Pain Syndrome.

Keywords; Carpal Tunnel Syndrome, Dupuytren's Contracture, Palmar Fasciectomy

OP – 104

Orthopedic Surgery in Multiple Sclerosis, A Care Reports.

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Abstract

Introduction: Multiple sclerosis (MS) is a chronic, immune-mediated inflammatory disease that attacks myelinated axons in the central nervous system, destroying the myelin and the axon in variable degrees and producing significant physical disability.

Patients with multiple sclerosis (MS) are at an increased risk for exacerbation of their signs and symptoms in the postoperative period.

We report a case for a patient in orthopedic surgery, of 25 years living with MS and EDSS (Expanded Disability Status Scale) score 7.5 planned for open reduction with internal fixation after Distal Femoral Fracture.

Anesthesia technique choice was General Anesthesia with laryngeal mask and no use of muscle relaxants, successfully administered without further complications

The anesthetic point of view for preoperative assessment, intraoperative considerations and postoperative management for patients with MS.

Keywords: Multiple sclerosis, preoperative assessment, risk for exacerbation

OP – 105

Pressure Ulcers in COVID 19 Patients, Prevalence and Characteristics

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Abstract

Introduction: The COVID-19 pandemic has been associated worldwide with a massive hospitalization of patients as well as a wide range of clinical complications for a variety of reasons. The most important complication of COVID-19 in hospitalized patients is Acute Respiratory Distress Syndrome, but in COVID 19 patients who presented a clinical course with considerable severity and also a prolonged hospitalization, other complications were also evident, including the most important one: the pressure ulcers. Patients with COVID-19 are prone to pressure ulcers due to clinical conditions such as inactivity, immobility of different degree, and mechanical ventilation. ***Aim****:* Evidence of the prevalence as well as the characteristics (clinical and epidemiological) of bedsores in COVID 19 patients

Material and Method: Patients hospitalized in the Infectious Disease Service, with the diagnosis SARS-CoV-2 infection, in the period September 2021-December 2021.

Results: out of a total of 2059 patients in Covid 1 and Covid 3 hospitals, 287 patients resulted with pressure ulcers. The average age of the patients was 63 years. The highest prevalence was found in people over 70 years of age with 76.12%. The largest number of new cases was observed in diabetic patients with 60.96%. First-degree ulcer was the most common pressure ulcer in 158 (55.38%) patients and the most frequent location was the sacrum with 254 cases (88.5%). One hundred and eighty-three (63.7%) patients were male.

In conclusion, the widespread prevalence of COVID-19 and the relatively long stay of patients in the ICU created unfavorable conditions for patients and the secondary occurrence of pressure ulcers. For this reason, it is important to evidence the use of appropriate measures for the prevention of pressure ulcers (decubitus) to avoid additional and prolonged hospitalization.

OP – 106

Epidemiology of Bacterial Pathogens in Surgical Wards and Intensive Care Units: Results from a Multicenter Point Prevalence Study

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Abstract

***Introduction*:** The epidemiology of causative pathogens in different hospital wards is of great importance. *Staphylococcus aureus* was the most frequent pathogen found in surgical wards and the second most frequent in hospital-acquired infection in Europe [1,2,3].

Material and Methods: Prospective, multicenter, two-week point prevalence study on the epidemiology of pathogens isolated from patients hospitalized in surgical wards and related intensive care units in University Hospitals of Trauma, Mother Teresa and Shefqet Ndroqi from 1 to 14 October 2021.

Results: A total of 26 pathogens were isolated from 20 patients. 11 were females, with a median age of 58 years. The most common pathogens were *S. aureus* in 7, followed by *E. faecalis* in 5*, K. pneumoniae* in 3, *A baumannii* in 3, *E. choli* in 3 isolated from purulent/wound collections in 18, urine culture in 6, and blood cultures in 2. 20 (76.9%) were MDR. The most common pathogen in the MDR group was *S. aureus 6 (30%),* whereas in non-MDR group *E. faecalis* prevailed 4 (66.6%). Among gram-positives, susceptibility to Vancomycin was 100%, Oxacillin 11.1%, and Ampicillin 80%. Among gram-negatives, cephalosporins, aminoglycosides, and fluoroquinolones were largely resistant, whereas carbapenems resistance was 50%.

Conclusions: *Staphylococcus aureus* and *Enterococcus faecalis* were the most frequent pathogens in surgical wards. Both maintained susceptibility to vancomycin, *E. faecalis* to ampicillin, and *S. aureus* reduced susceptibility to oxacillin.

Keywords: Bacterial Pathogens, Surgical Wards, ICU

OP – 107

Monomicrobial Necrotizing Fasciitis Caused by Pseudomonas Aeruginosa Based in a Retrospective Study.

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Abstract

Introduction; Necrotizing fasciitis is a rare and highly lethal soft-tissue infection. This study aimed to evaluate the microbiological characteristics and the microbial type clinical of necrotizing fasciitis. Only one patient with necrotizing fasciitis caused by Pseudomonas aeruginosa was retrospectively reviewed in our study. The prevalence of monomicrobial necrotizing fasciitis has been increasing. Pseudomonas Aeruginosa, a gram-negative specie and opportunistic microorganism is extremely rarely found in necrotizing fasciitis because was commonly found in polymicrobial infections.

Materials and Methods; The study is based in a retrospective review from the medical records of patients with confirmed diagnose of necrotizing fasciitis, who were admitted between January 2005 and March 2023 at the University Hospital Center Mother Teresa. The dates for our diagnose were collected from all the hospitals of Albania, most of them in Tirana. Materials were taken from wound cultures and blood cultures. Pseudomonas aeruginosa was identified by specific growth colony, gram staining and agglutination with specific antisera, and conventional biochemical tests with VITEK 2 (bioMérieux) compact system used in clinical microbiology laboratories.

Results: Thirty-seven patient were diagnosed with necrotizing fasciitis based on the medical records, only one patient with monomicrobial necrotizing fasciitis identified with Pseudomonas aeruginosa. The others were identified with Staphylococcus Aureus, Streptococcus B Hemolytic gr A, Escherichia Coli and Candida Albicans.

The patient was 65 years old, with a Hx of trauma and comorbidities as Diabetes Mellitus type II and chronic renal insufficiency. The most common complaint was pain and swelling of the legs with edematous, patchy, erythematous, and hemorrhagic bullous skin lesions. After 2 weeks the patient has done an amputation of the big finger, left foot.

Discussions; Pseudomonas Aeruginosa is a gram-negative bacterium and skin infections from it are rare. May cause localized epidermal infections, moderately serious infections (cutaneous folliculitis and otitis externa) and soft-tissue infections with perivasculitis secondary to bacteremia. Necrotizing fasciitis caused Pseudomonas aeruginosa can cause rapidly progressive and fatal necrosis of the fascia in the immunocompromised patients.

Keywords: Monomicrobial, Pseudomonas Aeruginosa, Necrotizing Fasciitis.

OP – 108

Splenic Abscesses as Complications of Infective Diseases

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Abstract

Introduction; Splenic abscesses are rare. There are five major causes: a) metastatic spread from septic foci-

including IV drug use, endocarditis, salmonella (in AIDS), osteomyelitis, TB, dental extractions, infected intravascular devices; b) spread from adjacent organs - pancreatic and subphrenic abscesses, gastric and colonic perforations; c) infection of splenic infarc – seen in hemoglobinopathies, including sickle cell disease and splenic artery embolization; d) splenic trauma, e) immuno - compromise. Frequently, isolated pathogens include gram-positive organisms (Enterococcus faecalis, Streptococcus agalactiae, Clostridium perfringens, Streptococcus anginosus, Staphylococcus aureus), gram-negative anaerobes (Escherichia coli, Klebsiella pneumoniae, Parabacteroides distasonis, Fusobacterium nucleatum...

Material and Methods; In this descriptive study we make a thorough review of literature combined with our experience in such cases.

Results; The abscesses may be single or multiple. Although most splenic abscesses are solitary, multiple abscesses more frequently develop from hematogenous spread. In approximately 50% of patients, blood cultures are positive. The treatment of choice for splenic abscess consists of broad-spectrum antibiotics and surgery. Splenectomy is still the most accepted standard surgical treatment of a splenic abscess.

Conclusion; Mortality from splenic abscess still ranges from 0% to 24%. Poor outcomes occur with immunocompromised patients, delayed diagnosis, and postponed operative intervention.

Keywords; Splenic Abscess, Splenectomy, Infective Diseases

OP – 109

Toxoplasmosis, a Disease both Old and New with an Unique Role in Transplanted Patients

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Abstract

Introduction; We have entered the time of transplant medicine. The number of transplanted patients is increasing in our country as well. Infections are a major complication in these individuals where one of the causative microorganisms is toxoplasma gondii. Our country has a high seroprevalence of this parasite, so knowing it, is a necessity. Toxoplasmosis is a worldwide infectious disease caused by the protozoan Toxoplasma gondii.

Material and Methods; We have collected data from literature and our experience with transplanted patients and their risk of toxoplasma infection.

Results; This parasite has a very favorable course in all immunocompetent individuals. In these patients, in more than 80% of cases, an asymptomatic infection appears. This pathology in people with compromised immunity is a very serious entity that often ends fatally. Immunocompromised individuals include patients with haematologic malignancies, especially Hodgkin's disease and other lymphomas, AIDS patients, and patients receiving immunosuppressive therapy with cytotoxic drugs or corticosteroids or patients with organ transplants. Both solid organ transplant (including heart, liver, kidney, pancreas, and small intestine) and hematopoietic stem cell transplant (HSCT) recipients' exhibit manifestations of Toxoplasma gondii infection that include pneumonitis, meningoencephalitis, chorioretinitis, myocarditis, or disseminated toxoplasmosis affecting many organs, septic shock.

Conclusions; Therefore, screening for this parasite is a task for all candidates who will undergo the transplant procedure. A combination of serological screening with chemoprophylaxis helps a lot in the fight against this pathology.

Keywords; Toxoplasma gondii, Transplant, Immunocompetent, Immunocompromised,

OP – 110

Emergency Part of the Treatment of Pelvic Fractures

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Abstract

Introduction: Pelvic fractures, often the result of traumatic incidents, demand swift and effective emergency care. This presentation elucidates the critical importance of the emergency phase in the comprehensive treatment of pelvic fractures.

The initial management of pelvic fractures during the emergency phase can be life-saving. This abstract delves

into the rapid assessment, stabilization, and resuscitation techniques required to address the immediate consequences of pelvic trauma. It underscores the significance of a multidisciplinary approach, where healthcare providers collaborate seamlessly to ensure optimal patient outcomes.

Additionally, the abstract emphasizes the necessity of diagnostic imaging to determine the type and severity of pelvic fractures. Timely and accurate assessments are pivotal in guiding treatment decisions, whether they involve conservative management, surgical intervention, or minimally invasive procedures.

The emergency treatment of pelvic fractures extends beyond fracture management. It encompasses addressing associated injuries, such as vascular or urological complications, that often coexist with pelvic trauma. The abstract highlights the need for vigilant monitoring and continuous evaluation to identify and manage potential complications promptly.

In conclusion, the emergency phase of pelvic fracture treatment is the cornerstone of successful patient care. Timely and efficient management during this critical period not only addresses immediate life-threatening concerns but also lays the foundation for subsequent phases of treatment, ultimately leading to the best possible patient outcomes.

Keywords; Pelvic fractures, Management, effective emergency care

OP – 111

Can Stem Cell Therapy be used Instead of Hip Replacement?

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Abstract

Introduction; Hip disorders are among the most common pathologies of clinical orthopedic practice. Congenital dysplasia, coxarthrosis, osteonecrosis and trauma are the major underlying etiologic factors of hip pathologies in adults. Several methods of treatment have been described and performed worldwide during decades. However, ideal clinical approach to regenerate joint cartilage or prevent patient from progressing end-stage degenerative joint disease has still been controversial in the means of not only developing innovative technologies but also clinical practice of the physicians dealing with such kind of cases.

Therefore, my speech is going to focus on the hip preserving interventions like stem cell therapy applied as the treatment of cartilage problems as well as the surgical developments regarding hip replacement surgery. In today's world, globalization drives patients to search different centers in order to reach high-quality health services from all over the world. Interconnection as well as sharing experience between healtcare providers and professionals is crucial to create pathways for the ideal medical treatment in every particular patient with right clinical indication.

Conclusion; The use of stem cells for hip OA appears to be safe and shows promising clinical outcomes in small case series. However, large-scale randomized controlled trials need to be performed to conclude the clinical efficacy, and further standardization in reporting the MSC makeup is important for further advancement of the field.

OP – 112

Clinical Advantage of Internal Brace Technique-Clinical Study

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Abstract

Introduction; Investigation of the clinical results of internal brace ligament augmentation technique compared with the simple anatomical repair of the ACL.

Material and Methods; From May 2016 to November 2019, 128 patients had surgery with the internal brace technique. During the same time, 104 patients had surgery with simple anatomical ACL repair. The mean age was 22.5y.o.for the first group and 26.8 y.o. for the second one. The minimum follow-up was 24 months. All the patients performed an x-ray and MRI. Two hypotheses were raised to assess the superiority of the internal brace technique vs. the anatomical one in the early post-op phase and the rehabilitation one.

Results; The mean surgery time was 71 (65-75) minutes for the IB and 62 (55-65) for the anatomical. We had two post-op infected knees in the first group (IB) and no infection in the second one.

The clinical stability test results were much better in the IB group using the KT 1000. The rehabilitation phase demonstrated a significant difference between the IB technique and the anatomical. The return to sport – time of the sportsmen was 6 months for the first group and 7-8 months for the anatomical. All the IB surgery patients had significantly more easy physiotherapy than the Anatomical ones.

Conclusions; IB-technique performs better clinical

outcomes than Anatomical repair. The presence of a foreign body (Ultrabraid) inside the knee may be a risky factor in the elevated infection rate. The IB technique costs are significantly more expensive compared to the Anatomical but the low physiotherapy costs compensate for the final result.

Keywords: internal brace, internal brace ligament augmentation, knee, ligament repair, ligament reconstruction

OP – 113

Trabecular Metal Technology in Hip Revision, Experience in Albania

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Abstract

Introduction; AUnique,HighlyPorousBiomaterial Trabecular Metal Material is made from elemental tantalum with structural, functional, and physiological properties similar to that of bone. The material features a 100% open, engineered and interconnected pore structure to support biological fixation and vascularization. The material has over 20 years of demonstrated clinical use in a variety of orthopedic applications.

Results; In 5 cases performed at the Trauma University Hospital, the short-term results (12 months of follow-up) are excellent both clinically and radiologically. Patients walk without pain, optimal ROM.

It seems to be a new technology for us and due to the lack of infrastructure, it has been challenging for us in coxofemoral revisions with massive acetabular bone defects.

Thanks to this technology, we manage to re-realize the first cases in hip revision reconstructive surgery. All cases showing good results at last clinical and radiological follow-up. One cases of heterotopic ossification were observed, but he did not required surgery.

All acetabular components were radiographically stable at last follow-up, showing evident signs of bone remodeling and osteointegration, without any radiolucent lines, sclerotic areas, or periprosthetic osteolysis

Conclusion: after a one-year follow-up for the use of tantalum porous semi/complete tantalum cup is promising and effective even in cases where a bone graft or augment is needed in massive acetabular defects.

OP – 114

Simultaneus billateral total Knee Replacement. Better for me and for you!! Case report:

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Abstract

Introduction; In a simultaneous procedure both knees are replaced in one opertion on the same day under one anesthesia, this means that there is one hospitalization and one recovery period. Certain patient is at higher risk for medical complications if they undergo simultaneous billateral Knee replacement surgery.

The ideal candidate for a simultaneous total Knee replacement would be younger, heathie non obese

Case report: Patient female 54 years, BMI =28, healthy. Gonarthrosis gr IV " bone to bone". Simultaneous billateral total Knee Replacement is PS cemented.

Operator time was 1 h each knee with tourniquet. Used 2 UI blood and gjeneral anestezia. After second day she walk with crutches and and after 6th day she lives the hospital. After 4th week she walks without crutches. Independently daily life she was in 3th month.

The advantage Simultaneous Billateral Total Knee Replacement (BTKR) are; only one surgital event; only episode anesthesia; shorter ability to reabilitate both new BTKR; shorter averollhospital stay

Disadvantage of a Simultaneous BTKR: Simultaneus procedure may require alonger hospitlization and more period of rehabilitation.

Conclusions: Bilateral simultaneous total knee arthroplasty was required in less patients with severe osteoarthritis of knee joints. Bilateral simultaneous total knee arthroplasty is safe, convenient, effective with early functional recovery, higher patient satisfaction and cost effective with acceptable cardiac, pulmonary and neurological complications in properly selected patients.

Keywords: complications, orthopedic, total knee arthroplasty

OP – 115

Lisfranc Fracture Dislocation Treatment

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Abstract

Introduction; Lisfranc complex injuries are a spectrum of midfoot and tarsometatarsal (TMT) joint trauma, more frequent in men and in the third decade of life. Depending on the severity of the trauma can range from purely ligamentous injuries, in low-energy trauma, to bone fracture-dislocations in high-energy trauma. Open reduction and internal fixation (ORIF) are a popular method for treatment of displaced Lisfranc injuries. However, even with anatomic reduction and solid internal fixation, treatment does not provide good outcomes in certain severe dislocations.

The purpose of this study was to compare ORIF and primary arthrodesis (PA) of the first tarsometatarsal (TMT) joint for Lisfranc injuries with the first TMT joint dislocation.

Material and Methods; Twenty Lisfranc injuries with first TMT joint dislocation were finally enrolled and analyzed in a prospective, randomized trial comparing ORIF and PA. They were 20 males and females with a mean age of 45 years and randomized to ORIF group and PA group. Outcome measures included radiographs, American Orthopedic Foot and Ankle Society (AOFAS) midfoot scale, Foot and Ankle Ability Measure (FAAM) Sports subscale, visual analog scale (VAS), and the 36-Item Short Form Health Survey (SF-36). Complications and revision rate were also analyzed.

Results; Ten patients were treated by ORIF, while other 10 cases were treated with primary arthrodesis. Patients were followed up for 36(range, 24-48) months. At final follow-up, the mean AOFAS midfoot score ($P < 0.01$), the FAAM Sports subscale ($P < 0.01$), the physical function score ($P < 0.05$), and the Bodily Pain score of SF-36 ($P < 0.05$) after ORIF treatment were significantly lower than PA group. The mean VAS score in ORIF group was higher ($P < 0.01$). In ORIF group, re-dislocation of the first TMT joint was observed in one case, and two patients had pain in midfoot. No re-dislocation and no hardware failure were identified in PA group.

Conclusion; There is no superiority of one technique over the other, but what determines the post-operative outcomes is rather the anatomical reduction. However, the severity of the injury and a quick diagnosis are the main determinant of the biomechanical and functional long-term outcomes. In our study PA of the first TMT joint provided slightly a better medium-term outcome than ORIF for Lisfranc injuries with the first TMT dislocation. However bigger series of patient are needed to draw statistically significant conclusion.

Keywords; Internal fixation; Lisfranc injury; Primary arthrodesis; RCT; Tarsometatarsal joint.

OP – 116

Comparative Study on Postoperative Outcomes of Unipolar and Bipolar Endoprostheses in Femoral Neck Fracture Patients

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Abstract

Introduction; This case study presents a comparative analysis of postoperative outcomes in patients with femoral neck fractures who underwent surgical treatment using either unipolar or bipolar endoprostheses.

Methods and Material*;* This case study presents a comparative analysis of postoperative outcomes in patients with femoral neck fractures who underwent surgical treatment using either unipolar or bipolar endoprostheses. Femoral neck fractures are common among the elderly population and often require surgical intervention to restore mobility and reduce pain

Results; The choice between unipolar and bipolar endoprostheses is a critical decision and it requires a preoperative study and planning in achieving optimal postoperative outcomes.

We conducted a retrospective analysis along the period of analyzing for 24 months post-operatively, in the department of Orthopedics, between 2020-2022. In this study, we examined a cohort of 60 patients with femoral neck fractures, with 30 individuals receiving unipolar endoprostheses and another 30 patients receiving bipolar endoprostheses.

The two groups of patients with mean age of 75.90 in bipolar group and 80.73 in unipolar group. The Harris Hip score in bipolar group of patients was 85,33% and in unipolar groups of patients was 81.43%.

Conclusion; The use of bipolar endoprosthesis in the management of displaced neck fractures in the elderly was associated with better mean Harris Hip Score and incidence of complications was limited. Bipolar endoprosthesis would be a better choice in elderly patients and rate of luxation is lower in comparison of patients treated with monopolar endoprosthesis.

Keywords; unipolar endoprostheses, bipolar endoprostheses, Harris Hip Score

OP – 117

Atypical Femoral Fracture (AFF) in 63 years old Female Patient with Osteoporosis Treated with bisphosphonates

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Abstract

Introduction: Osteoporosis is a worldwide disease characterized by reduction of bone mass and alteration of bone architecture resulting in increased bone fragility and increased fracture risk. Atypical femur fractures (AFFs) present a rare but serious condition associated with use of bisphosphonates in osteoporosis treatment. Atypical fractures are characterized by presenting after a minimal contusion, or in the absence of trauma; with periosteal or endosteal localization, in the lateral cortex, complete or incomplete, with transverse tracing and minimal comminution.

Case Presentation: A 63 years old female, that on May 19th, 2023, referred having a fall fromher own height while showering. With a past medical history of osteoporosis, 9 years of diagnosis in treatment with bisphosphonates and systemic arterial hypertension 7 years of diagnosis, treated with ACE inhibitor beta-blockers.

Discussion: Bisphosphonates are the initial therapy for osteoporosis, analogues of inorganic

pyrophosphate, inhibits osteoclast activity and bone resorption.

The American Society of Bones and Minerals (ASBMR) concluded that AFFs are fractures ofeffort or insufficiency that progress over time. When a complete fracture occurs, the endochondral ossification is activated, the BFs interfere with the remodeling phase, delay the remodeling of callus from calcified cartilage to mature bone.

Conclusions; While a unilateral AFF is diagnosed, a prior conservative treatment for the contralateral inferiormember, while keeping the patient under limited load with the aid of a walking stick may be proposed. If clinical and radiological improvement is not witnessed after two to three months with this treatment, prophylactic intramedullary nailing is recommended.

Keywords; Osteoporosis, Atypical femur fractures, intramedullary nailing

OP – 118

AVN of Femoral Head as a late Complication in Patients after COVID 19

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Abstract

Introduction; Late complications of COVID 19 are still under estimation. They mostly include cardiorespiratory system but they are not missing even in musculoskeletal system. Avascular necrosis of femoral head was seen in many cases after COVID 19 recovery especially in patient treated for a long time with corticosteroids.

Material and Methods; 15 cases with AVN of femoral head having been treated for a long time with corticosteroids during COVID 19 infection were studied. We have expulsed from the study all cases with previous hip pain and injuries as well as the patients treated previously with corticosteroids. Period of corticosteroid administration, MRI and radiographic images and severity of disease are studied

Results; 15 patients (13 male and 2 female) are treated in our clinic. Mean age 46.5 (33-58 years old). The course of infection was mild in 3 patients and moderate in 5 and severe in 7 patients. Steroid therapy (dexamethasone) was taken 8mg daily for more than three weeks. The onset of symptoms was about 15 days (10-30) after the infection. 5 patients underwent surgical treatment after one year.

Conclusions; AVN of femoral head can be a late complication of COVID 19. Administration of Corticosteroids for a long term should be used very carefully.

Keywords; AVN, corticosteroids, COVID 19

OP – 119

Knee Arthrosis and aCase Report of Total Knee Prosthesis in an Ankylosant Knee

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Abstract

Introduction; Gonarthrosis (knee athrosis) is a disease of the knee joint, caused by the wear of the cartilage between the thigh and the lower leg. Arthroplasty is the solution Total knee replacement is considered one of the most cost-effective treatments for final stage knee osteoarthritis to relieve pain and recover joint function. Many candidates for joint replacement have other joint lesions. Performing a Total Knee Replacement (TKR) in patients with ankylosed knees is technically demanding and associated with considerable complications.

Material and Methods; Case report and Principles knee arthrosis

Results; The patient after Total Knee Arthroplasty moves normaly without pain and crutches

Conclusions: TKR in patients with ankylosed knees has substantially improved the clinical outcome and the arc of motion. Due to its complexity, it must be approached as revision surgery, with careful preoperative planning.

Keywords: Ankylosis; knee; arthroplasty

OP – 120

Rupture of the Tibialis Posterior Tendon with Associated Bimalleolar Ankle Fracture

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Abstract

Introduction: The acute traumatic rupture of the tibialis posterior tendon in association with closed ankle fractures is rare and often under-recognized. There are twenty-eight known cases in the literature, and we report two further cases associated with bimalleolar ankle fracture dislocation.

Case 1: A 49-year-old presenting with valgus deformity at ankle joint with global tenderness following work injury as a mechanic. Plain radiograph showed displaced oblique comminuted fracture of lateral malleolus with valgus angulation at syndesmosis, with significant talar shift. The patient underwent open reduction and internal fixation with a 7 hole one-third tubular plate and screws.

Case 2: A 35-year-old involved in a motorcycle collision with a car presented with swollen left ankle and valgus deformity. Plan radiographs revealed bimalleolar fracture subluxation. Closed reduction was unsuccessful and hence direct medial approach demonstrated complete rupture of the posterior tendon. Medial malleolus was fixed using lag screws and washers. The tendon was repaired using modified Kessler technique in both cases.

Results: The tibialis posterior plays a significant role in the foot and ankle biomechanics due to its broad tendinous insertion. Acute traumatic rupture is rare as it is protected due to its deep-seated anatomic location within the deep posterior compartment of the leg. In both cases, there was retraction of the proximal end beyond incision margins and this can make tendon rupture difficult to identify intra-operatively as well. Upon identification, assessment of the tendon for degenerative changes was key to decide upon suitability for primary repair.

Conclusion: Despite its rarity, a high index of suspicion should be maintained in fracture dislocation of the ankle joint, especially when the mechanism is known to be pronation-external rotation.

Keywords: Tibialis Posterior, Tendon, Fracture, Bimalleolar, Ankle

OP – 121

Penile Urethral Strictures. Management by Buccal Mucosa Grafting. A Review of 135 cases.

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Abstract

To evaluate the etiology and characteristics of symptomatic penile urethral strictures and to represent the different techniques used based on the etiology of the stricture to

resolve successfully the stricture.

Material and Methods: The records of 135 men with symptomatic anterior urethral strictures were reviewed.18 of them where failed hypospadias repair where we used two stage buccal graft in 90 % of cases. 5 where trauma of penile urethra different causes where we used mostly dorsal buccal graft. 22 where panurethra stricture due to LS where we used Kulkarni technique. The rest we classified from different causes from iatrogenic and catheterization to venereal disease and we preferred the dorsal buccal graft

Result: The mean stricture length was 3.5cm (range, 2-7cm). After a mean follow up duration of 2 years (range, 1 - 4 years), 122(86.5%) patients had a successful urethroplasty as they were able to pass urine at one-year post urethroplasty without lower urinary tract symptoms, while 13(12.5%) had recurrence of the urethral stricture which was treated with internal urethrotomy. In 5 cases a redo urethroplasty was performed

Conclusions: Treatment of penile urethra stricture is a big challenge from different etiologies from failed hypospadias to LS or different other causes. Using buccal graft as a dorsal transplant in most of the cases is a valuable alternative in most of the cases. In long urethra stricture the Kulkarni technique can be employed while two stage Johansson procedure remain the gold standard in failed hypospadias repairs.

OP – 122

Laparoscopic Cyst Decortication

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Abstract

Laparoscopic surgical procedures have rapidly entered our daily urological surgical practices, leaving aside the long trial phases of classical medicine. The first truly laparoscopic surgery was laparoscopic cholecystectomy performed by Philippe Mouret in 1987. This operation has been accepted as the gold standard treatment in gallbladder surgeries in a short period of 10 years, thanks to its advantages of faster recovery, less hospital stay, less postoperative pain and better cosmetics. The first laparoscopic cyst decortication was performed by Hulbert in 1992. Both laparoscopic cholecystectomy and cyst decortication are the first steps of advanced laparoscopy. In this presentation, step by step laparoscopic cyst decortication will be shared along with the literature.

OP – 123

Surgical Management of Renal Tumors - Contemporary Trends

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Abstract

Introduction; Renal Cell Carcinoma (RCC) is the most prevalent renal malignant pathology which requires surgical treatment with very strict oncologic criterias. For a long time open Radical Nephrectomy has been considered the only surgical standard for the treatment of renal tumors in our country, but in the last years Open Nephron Sparing Surgery (oNSS) has been used as well. This surgical method is designed to preserve renal function by selectively excising the tumor while maximally preserving healthy renal tissue.

Compared to Radical Nephrectomy, NSS is a more complex surgical method, but in our study it was associated with a lower incidence of Renal Chronic Disease and better preservation of overall renal function post-operatively (160 patients total during 2016-2022). Despite these advantages, NSS is limited in small dimension and lower grade tumors. However, in these cases NSS shows comparable oncologic results to Radical Nephrectomy.

Both surgical methods have been applied, but always prioritising NSS to RN whenever oncologically possible. During the period 2017-2020 there were 94 total cases treated with surgery, of which 21 (22.3%) treated with NSS and 73 (77.8%) with open RN. In the last 2 years we have treated a total of 57 cases, 17 of which were treated with NSS (30%), 12 (21%) with laparoscopic RN and 28 (49%) with open RN. Clearly, regarding Radical Nephrectomy, the treatment trend seems to be directed towards mini-invasive and renal tissue preserving methods for obvious advantageous reasons compared to the open method, which has been used almost exclusively until now for the treatment of renal tumors.

In the first 6 months of 2023 we have treated a total of 16 cases of renal tumors; 5 LRN (31,2%), 5 NSS (31,2% and only 6 open RN (37.5%). Our future challenge will be implementing the laparoscopic method in NSS as well.

Keywords: renal tumor, radical nephrectomy, NSS, laparoscopy, renal function

OP – 124

Retrocaval Ureter: A Case Report

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Agim Hazrolli, Afrim Rustemi,
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Abstract

Introduction; Retrocaval ureter also referred to as circumcaval ureter or preureteral vena cava is a rare congenital anomaly with the ureters passing posterior to the inferior vena cava. The ureter classically courses medially behind the inferior vena cava winding around it and then passes laterally in front of it to then course distally to the bladder. Though it is a congenital anomaly, patients do not normally present with symptoms until the 3rd and 4 th decades of life, from a resulting hydronephrosis. The hydronephrosis may be due to kinking of the ureter, a ureteric segment that is adynamic or compression against the psoas muscle. It was initially considered as aberration in ureteric development; however current studies in embryology have led to it being considered as an aberration in the development of the inferior vena cava. Hence it is being suggested that the anomaly be referred to as a pre-ureteral vena cava. We present here a case of 39-year-old man with retrocaval ureter, which was the first case to be treated successfully at General Hospital of Prizren. A 39-year-old man presented with a history of dull right flank pain of 1 year's duration. Physical examination and basic laboratory investigations performed on her were normal. Abdominal ultrasound showed right hydronephrosis and urografia I.V and a retrograde right ureteropyelogram (RPG) showed right hydroureteronephrosis with an "S" shaped proximal ureter. A diagnosis of retrocaval ureter was made and confirmed at surgery.

Material and Methods; Data from 13 patients with retrocaval ureter were reviewed. Intravenous urography and retrograde pyelography had been used for confirming the diagnosis. All of the patients had been symptomatic and undergone surgery. A control intravenous urography had been performed 6 months postoperatively.

Results; A 39-year-old man presented with a history of dull right flank pain of 1 year's duration. Physical examination and basic laboratory investigations performed on her were normal. The clinical manifestations were right flank pain, mikrohematuria, and hydronephrosis. The control intravenous urography showed improvement of renal function.

Conclusions; Very few clinically symptomatic cases have been reported worldwide with these two cases being the first to be reported in Prizren. Treatment is surgical allowing for correction of the anomaly with resolution of symptoms

Keywords; Retrocaval ureter, flank pain, hydronephrosis, retrograde ureteropyelogram, pyeloureteric anastomosis

OP – 125

Renal Trauma

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Abstract

Introduction; Epidemiology, etiology and pathophysiology. Renal trauma is present in up to 5% of all trauma cases. It is more common in young men and has a general population incidence of 4.9 per 100,000 inhabitants. Prevalence is higher in urban settings. The most frequently used classification system is that of AAST (American Association for the Surgery of Trauma).

Material and Methods; Determination of the degree of injury according to the American Society for the Surgery of Trauma (AAST), the degree of kidney damage, determination of criteria in Imaging: criteria for radiographic evaluation of kidney injuries - the role of computerized tomography with contrast - illustrations, determination of the degree of kidney injury. Criteria for non-operative and operative management of kidney injuries. Surgical management - operative approaches. Presentation of complications.

Results; evaluation of our cases in the treatment of renal trauma in recent months, some cases treated in our clinic recently... during the pandemic.

Conclusions; renal traumas represent acute urological emergencies, and are often a big challenge for urologists.

Keywords; Renal trauma, Renal rupture, Nephrectomy, Renoraphia.

OP – 126

Comparison of Holmium Laser Enucleation of the Prostate and Minimally Invasive Simple Prostatectomy

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Abstract:

Introduction: The primary endpoint was to investigate and compare minimally invasive techniques in the management of large prostate gland volume, and the secondary endpoint was to evaluate the frequency and type of postoperative complications. Medical records of patients with 80-g or larger prostates who underwent holmium laser enucleation of the prostate (HoLEP), laparoscopic simple prostatectomy (LSP), or open prostatectomy (OP) due to medical treatment-resistant benign prostatic hyperplasia (BPH) were reviewed retrospectively. This is a summary of current literature on RASP and HoLEP to evaluate perioperative outcomes, common challenges.

RASP is indicated for prostates >80 mL, whereas HoLEP is size independent. There was no significant difference found in surgery time, PSA nadir, or long-term durability. The rates of prolonged urinary incontinence and bladder neck contracture are low in both surgeries.

Results and improvements in uroflowmetry and postvoid residual volumes are similar. HoLEP shows shorter hospitalization time, lower transfusion rates, lower costs, and higher same-day discharge rates. RASP offers a shorter learning curve.

Conclusion: HoLEP is a size-independent surgery that offers advantages to patients seeking a minimally invasive procedure. It has the potential to be discharged without a catheter on the same day. RASP may offer future directions with single-port simple prostatectomy but further research is needed to determine broader feasibility

Keywords: Prostatic hyperplasia; Prostatectomy; Urology, HoLEP

OP – 127

Transperineal Prostate Fusion Biopsy: Promising one shot Technique.

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Abstract

Introduction; Transperineal Prostate Fusion Biopsy, an innovative diagnostic approach, has revolutionized the detection and characterization of prostate cancer. This method combines the precision of magnetic resonance imaging (MRI) with real-time ultrasound, offering unparalleled accuracy in targeting suspicious areas within the prostate. Unlike traditional biopsy methods, it minimizes the risk of false negatives and complications.

There were three fusion biopsy techniques in routine practice; cognitive fusion, transrectal fusion and transperineal fusion. Each technique has own advantages and disadvantages. Patient selection for this procedure is meticulous, often involving those with elevated PSA levels or inconclusive prior biopsies. Not only does this technique improve diagnostic accuracy, but it also offers detailed information to guide treatment decisions. If patient is suitable for focal treatment transperineal approach is used to guide to treatment i.e. IRE (irreversible electroporotion).

Clinical studies have underscored the efficacy of transperineal fusion biopsy, demonstrating its superiority in detecting clinically significant prostate cancer. Transperineal approach was associated with higher clinical significant prostate cancer detection in case of anterior and apical lesions than transrectal approach. Infection rate due to biopsy is also very low in transperineal approach. We performed about 1000 transperineal biopsy and we didn't observe any significant infection related to procedure.

In conclusion, transperineal prostate fusion biopsy continues to evolve, ongoing research and technological advancements promise even greater precision and potential for early cancer detection. It is superior especially in anterior and apical lesions for significant prostate cancer detection with low risk of complication. It can be used to guide to focal treatment.

OP – 128

The First Cases of Laparascopic Procedures in Urology, our Experience.

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Abstract

The first laparoscopic nephrectomy was performed in1990 and since that time has been a dramatic increase in interest in laparoscopic procedures in urological surgeries. Here, we are going to present our experience with the first cases of laparoscopic nephrectom, identify the difficulties and discuss how to approach the solutions.

Materials and methods: We retrospectively reviewed data of the first laparoscopic nephrectomy cases between 2020 to September 2023

Results; A total of 93 patients, underwent laparoscopic nephrectomy. The mean operative time was 200 min (IQR, 150-340). The operative time was significantly reduced with the surgeons' experience. Of all cases, only four were converted to open surgery because of strong adhesions from previous surgeries. Of all patients, 20 were allowed intake on the first operative day while the others were allowed on the second postoperative day. Intravenous and oral analgesics were discontinued on the second postoperative day in all patients.

Conclusion; The learning curve in our series of cases is a little bit longer than similar study.

Preoperative study of computed tomography is the key of a successful procedures.

It is imperative a backup of all mini-invasive procedures including laparoscopic ones by authorities.

Keywords: nephrectomy, learning curve, laparoscopy

OP – 129

The Correlation of PSA and Trus Biopsy in Prostate Cancer

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Abstract

***Introduction*:** Prostate specific antigen (PSA) is a protein produced by prostate gland cells. PSA is increased in diseases such as prostatitis, hyperplasia and malignancy.

The correlation between different pathologies affecting the prostate gland and their corresponding elevation in PSA values is not constant, and exceptions may occur.

The purpose of this study is to identify the range and distribution of different prostate lesions affecting men, their association with age and evaluation of the association between total serum PSA and histological findings.

Materials and Methods: This study included a total of eighty specimens (both transurethral resection of the prostate and prostate biopsy) taken at the histopathology laboratory, in the urology service of the University Hospital Center "Mother Theresa" Tirana, Albania, for a period of one year. Materials obtained for Biopsy were examined under light microscopy for final evaluation and diagnosis. All PSA values were recorded for all patients before the procedure was initiated. Statistical analysis was done using tables containing data distribution in different formats and arithmetic mean ...

Results: About 59% of the subjects studied were in the 55-70 age group. maximal PSA value ranging from 0 to 7 ng / ml benign prostatic hyperplasia was the predominant lesion (58.75%) in the study population, while P <0.01 indicating a positive association between levels in increased PSA and chances of adenocarcinoma, results were statistically significant.

Conclusion: The results showed that the chances of finding prostate malignancy are in direct proportion to the trend of increasing PSA values, but not always a rule, but it makes the histopathologic assessment very detailed.

Keywords: Benign prostatic hyperplasia, prostate, prostate specific antigen,

OP – 130

Transobturator Tape in Treatment of Stress Urinary Incontinence: It is time for a new Gold Standard.

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Abstract

Introduction: Stress urinary incontinence (SUI) can significantly impair quality of life. A

A variety of treatments, both medical and surgical, have been used for manage it. Transobturator mesh, is a subfascial mesh, which it is established through a surgical technique with minimal access.

The objective of this study is to evaluate the effectiveness of the transobturator mass (TOT) in the treatment of female SUI and to analyze functional outcomes.

Materials and Methods; In total, TOT was applied to 11 patients with the technique from the outside-in (outside-in), and various outcome parameters were recorded. These patients were followed-up up to 6 months after surgery.

Results; The TOT success rate was 100% (%). A total of 10 patients (91%) were completely satisfied, while 1 (9%) was partially satisfied after the surgical intervention and no patient was dissatisfied with the surgical result. Associated complications with the procedure were few and were managed during the intervention (only in one case).

Conclusion; TOT is an effective surgical treatment of SUI with low complications and has

all the potential to be the gold standard in the treatment of female SUI.

OP – 131

Decompensation: A Critical Step in the Natural History of Cirrhosis, Predisposing Factors

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Abstract

Introduction: Hepatic cirrhosis is the terminal stage of most chronic liver diseases, with an increasing inpatient mortality. The main etiological causes are excessive alcohol consumption, chronic viral hepatitis B and C, and nonalcoholic fatty liver disease. The clinical presentation of cirrhosis varies with the etiology. This study aimed to evaluate the complications and mortality in hospitalized patients with decompensated liver cirrhosis.

Materials and Methods: This study included 212 patients with decompensated liver cirrhosis, in an only tertiary center University Hospital Center, Tirana, Albania. We have evaluated etiology, risk factors, complication and mortality inpatient hospitalization. The data analysis was done using SPSS version 25. The chi-square test was used to compare the differences between different predictors of mortality with $p < 0.05$ considered significant.

Results: The study included 212 patients with a predominance of men (82.1%) with an average age of 58.6 ± 10.1 years. The predominant age group was 51-60 years old (40.6 %). 55.2% of them belonged to CTP class C. The predominant etiology was alcoholic with 130 patients. Inpatient mortality was 20.3%. The most frequent complications according to frequency were variceal bleeding 81(38.2%), followed by acute on chronic liver failure (ACLF) 77 (36.3%), hepatic encephalopathy 64 (30.2%), SBP 48 (22.6%), HRS 28 (13.2%) and pleural versament 12 (5.7%) Multivariate Cox regression analysis showed that WBC, neutrophils, eosinophils, encephalopathy, total bilirubin, urea and Na were independent predictors of mortality.

Conclusion: Ascites was the most common complication followed by UGI bleed, hepatic encephalopathy, rebleeding, spontaneous bacterial peritonitis, and hepatorenal syndrome. Inpatient mortality was high. The most common causes of mortality were rebleeding followed by hepatic encephalopathy, HRS, and SBP.

Keywords; Hepatic cirrhosis, complication, mortality, decompensated cirrhosis.

OP – 132

Dermatis Artefacta. A Case Reports

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Abstract

Introduction: Dermatitis artefacta is a condition in which skin lesions are made or inflicted by the patient‘s own actions. Dermatitis artefacta is defined as the deliberate and conscious production of self-inflicted skin lesions to satisfy an unconscious psychological or emotional need. Patients with this condition require both dermatologic assessment and psychosocial support even they look having good health.

Results: Female patient aged 42 years old, comes to the dermatology service, complained of Pruritus in the face skin. During objectiv examination we saw two ulcerous lesions with a diameter of about 3 cm on both sides of the face. ulcerous lesions. During taking medical history, the patient reports that there were about 5 years that she had such lesions such and we suspected that she caused herself. She tickled the skin with a needle, because she thought that she had the skin parasite. Recently this action she did every Friday at 11 pm. Consultation with psychiatrist, finding that she had obsessive-compulsive disorder. Final diagnosis: Dermatitis artefacta. She is treated for obsessive-compulsive disorder and with topical antibiotics and hyaluronic ac creams to regenerate the skin.

Conclusions: Dermatitis artefacta occurs more commonly in women than men. They are usually found on sites that are readily accessible to the patient‘s hands, e.g. face, hands, arms or legs. When dermatitis artefacta is suspected, direct confrontation should be avoided. Instead the d should create an accepting, empathetic and non-judgemental environment. Close supervision and symptomatic care of skin lesions will hopefully lead to a doctor-patient relationship in which psychological issues may gradually be introduced. It could be a form of emotional release in situations of distress or part of an attention seeking behaviour. If appropriate, psychiatric referral should be recommended, although this is often refused. Resolution of the current underlying psychological problem will help a lot to resolve the skin problems.

Keywords: Dermatitis artefacta, poor therapeutic outcome, psychiatric background, rare

OP – 133

Lymphoblastic lymphoma (B-cell / ALL). Case Report

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Abstract

Introduction; Acute leukemia accounts for up to 30% of all childhood malignancies. Acute lymphoblastic leukemia (ALL)/lymphoblastic lymphoma (LBL) is a clonal hematopoietic stem cell disorder of B or T cell origin.

Objective: How to differentiate a Lymphoblastic lymphoma. LBL is an aggressive neoplasm of B cells or T cells. It is rare and accounts for 2% of all lymphomas.

Case Description: A 37 years old man, Caucasian was hospitalised with 2 months history of lumbago, weakness. He was conscious, no fever, no comorbidity. No familiar or personal history for hemopathies. 7 years before he had a trauma felt down from the second floor while working. The physical examination showed a pale skin, non-icteric , no mucosal or cutaneous haemorrhagic lesions. Hepatosplenomegaly, Laboratory findings: CBC showed Anaemia and thrombocytopenia. Biochemical panel at range; LDH 155 ui/l, Protein totale 6.0 g/dl, HbsAg, AntiHCV, AntiHbs, ANTIHBC, HIV1,2 Negative. Protein Electrophoresis: alfa1 globulin 5.4 g/dl (N. 4.9) Gama globulin 9.6g/dl (low), A/G 1. 87; BENCE JONES PROTEINURIA.: neg; Beta2mikroglobulinemi: normal; Leucocyte Immunophenotyping (bone marrow): CD3, CD4, CD8, CD56, CD117, CD13, CD14 negative cMPO negative, CD19 99%, CD10 90%, CD34 90%, CD33 70%, CD79a 99%

25% of cells are anormal with CD 45 neg. Monocitar population 2%. Granular series has low granularity…; Scintigraphy: Increased fixation in the anterior rib arches of the 9th,10th,11th dexter and sinister and on the vertebral bodies of T6, T7, T8, T9, T10, T11, T12, L1, L2.

Treatment: 4 cycles of HYPERCVAD.

Conclusion: The diagnosis was B-Lymphoblastic lymphoma /ALL, wich is a heterogeneous disease, which at present can be cured in approximately 80% of children. Improvements in long-term survival rates may have reached a plateau as further intensification of therapy may lead to a higher rate of treatment-related deaths.

Keywords; Acute lymphoblastic leukemia, hematopoietic stem, lymphoblastic lymphoma

OP – 134

An Unusual Case of Upper Gastrointestinal Bleeding

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Abstract

Introduction: Upper gastrointestinal bleeding is a common cause of presentation in the Emergency Department with high morbidity and mortality.[1]

Materials & Methods: 61-year-old male presented in the emergency room with massive hematemesis and melena. Clinical suspicion was of bleeding ulcer in the stomach or duodenum. Laboratory data noticed normochromic anemia. Patient was stabilized and an upper endoscopy was performed. Due to a big clot of blood in the stomach, the inspection was not complete.

Results: The next day the procedure was repeated and a fistula was noted in the fundus of the stomach. The patient underwent CT-scan which concluded that it was a communication between the fundus of the stomach and the tail of the pancreas. In this region a heterogeneous lesion infiltrating the lienal hilus and gastric fundus was noticed. It was also evidenced a fluid collection suggestive of lienal abscess, lienal vein thromboses, pulmonary and hepatic metastases. Due to these findings the patient was considered for palliative care only by the oncologist.

Conclusion: Pancreatic cancer presenting as gastrointestinal bleed is reported to be as low as 1.6-3% and is associated with late-stage disease and poor long-term prognosis. [1]With the development of new and more effective chemotherapies, it is likely that this complication in pancreatic cancer will be more common. Thus, raising awareness of this potential and probably fatal complication among physicians is vital in order not to miss it. [1, 2,3]

Keywords: upper gastrointestinal bleeding, pancreatic cancer

OP – 135

Ascitic Fluid Cholesterol: A Simple Marker for Malignant Ascites

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Abstract

Introduction: Ascites is of Greek derivation ("askos") and refers a bag or a sack. The word is a noun and describes pathologic accumulation within the peritoneal cavity. The differential diagnosis of ascites is a common clinical problem. However, the capability to distinguish malignant from non-malignant causes of ascites using available biochemical techniques would obviate many expensive and time-consuming diagnostic studies on patients presenting with ascites of unknown etiology. Therefore, this study was planned to evaluate the diagnostic efficacy of ascitic fluid cholesterol in comparison to triglycerides and glucose, in differentiating "malignant" from non-malignant ascites.

Materials & Methods*:* A total of 72 patients (64 with non-malignant ascites and 8 with malignant) were evaluated for triglycerides, cholesterol and glucose in serum & ascitic fluid at the same time.

Results: The mean ascitic cholesterol level was significantly ($p < 0.05$) higher in malignant ascites (83.3±31.1) than in non-malignant ascites (13.4 ±9.8), with a cut off level of 70 mg/dl for ascitic fluid cholesterol (p=0.0001) comparing with triglycerides and glucose respectively (36.0 and (109.1±37.2) in malignant ascites, and (40.9±45.8) and (147±46.5) in non-malignant ascites (p value was respectively 0.7 and 0.032).

Conclusions: ascitic cholesterol level was significantly ($p < 0.05$) higher in malignant ascites (83.3±31.1) than in non-malignant ascites (13.4 ±9.8), (p=0.0001). It helps in diagnose as a simple marker for malignant ascites. Triglycerides and glucose do not affect the diagnostic orientation of malignant ascitic fluids except, respectively, in the cases of chylous and tubercular ascitic fluids.

Keywords: cholesterol, ascites, triglycerides, glucose, non-malignant ascites, malignant ascites

OP – 136

Sensitization in Subjects with Allergic Symptoms.

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Abstract

Introduction: Allergic diseases affect approximately 20% of the global population. Data on prevalence rates concerning causative allergens are important in properly recognizing and treating allergic diseases.

Aim: To analyze the frequency and patterns of sensitization toward inhaled and food allergens through testing of specific plasma Immunoglobulin E (sIgE) in subjects with suspected allergic diseases.

Material and Methods: This is a descriptive cross-sectional study to analyze data of subjects of all ages and genders, with suspected allergic symptoms, who performed the sIgE-testing between January 2021 and March 2022 in a specialized laboratory in Tirana.

Results: Among 496 subjects tested for sIgE toward inhalant and/or food allergens, 242 subjects (48.79%) resulted positive (sIgE level $\geq$ 0.35 kU/l). The most frequently-identified allergens were timothy, D. farinae, bermudagrass, D. pteronyssinus, privet, olive (inhalants); and shellfish mix, potato, cow's milk, sesame, (foods). Statistically significant differences between the different age groups in sensitization were found for house dust mites ($p < 0.007$), egg ($p < 0.00001$), cow's milk ($p < 0.00001$) and shellfish mix ($p < 0.005371$). A statistically significant relationship was found between sIgE class and total IgE: the higher level of sIgE, the higher the possibility for an increased level of total IgE ($p < 0.03$).

Conclusions: These findings demonstrate that food allergies to cow milk and egg are more prevalent among infants and pre-school children, while allergies to house dust mites, grasses pollens, or shellfish show a higher prevalence among more aged subjects. An increased level of total IgE predicts a higher sIgE concentration.

Keywords: age group, allergen, frequency, sensitization, specific IgE.

OP – 137

Etiology and treatment of Acute Digestive Tract Disorders in our Practice

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Abstract

Introduction; Acute digestive tract disorders in children continue to present a worrying problem, increasing their morbidity and mortality rates everywhere in the world. In the treatment of children with these concerns, it is important to find their cause, respectively, if they are bacterial or viral.

The purpose of this presentation is to show the most frequent causes of acute digestive tract disorders in children treated in our clinic, as well as the method of their treatment.

Material and Methods*:* From January to September 2023, 734 children with acute digestive tract disorders were treated in our practice. The necessary data for this study were extracted from the records of these children.

Results*:* of the 734 children included in this study, 342 (46.6 %) of them were male and 392 (53.4 %) females. The age of the children included in the study was from a few months to 14 years old. All the hospitalized children complained of vomiting, abdominal pain and diarrhea, while some of them also had high body temperature and fever. Of the total number of children, 167 (23 %) were treated on an outpatient basis and then continued the treatment at home, while the other 567 (77 %), due to their serious condition were hospitalized and continued the treatment for some days. Feces analysis was performed on 132 children suspected of having bacterial gastroenteritis and it was positive in 14 of them. The anamnestic data stated by the parents of children with bacterial gastroenteritis showed that the most frequent cause of disorder was of viral origin present also in the family members or relatives of the children, while in those with bacterial infections the cause was contaminated food and water.

Conclusion*:* Acute digestive tract disorders remain a worrying problem among children in our countries, especially during the summer months. Although most of them are of a viral nature, a small number of them are bacterial and their treatment requires a more serious approach from pediatricians.

Keywords: acute, gastroenteritis, viral, bacterial

OP – 138

Systemic Disorders Resulting from severe Forms of Psoriasis

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Abstract

Introduction: Today psoriasis is conceived as a systemic disease which can induce numerous changes in the body and is the cause of various comorbidities. The treatment of these changes and comorbidities is the focus of many researchers all over the world with the aim of treating them in time with for preventing serious complications.

Aim of the study: In this study, we will present our experience in the treatment of patients with severe forms of psoriasis and with various complications as a consequence of the disease.

Material and methods: Twenty-three patients with severe forms of psoriasis accompanied by various organic disorders are in the focus of this study. The necessary data for this study were extracted from the patients› records.

Results: Of the 23 patients included in the study, 13 of them are men and 10 are women. The two age groups most affected by the disease in this study turn out to be those between 25 - 35 years old and the second group those between 50 - 60 years old. In our practice, the most frequent causes of comorbidities in patients with severe forms of psoriasis have been metabolic syndrome and its components such as atherogenic dyslipidemia, insulin resistance, systemic arterial hypertension, etc. Other comorbidities recorded in our patients with severe forms of psoriasis were cardiovascular and liver disorders (steatohepatosis). All patients, especially those with cardiovascular concern, have been intensively treated with medications that reduce the psoriatic inflammatory level caused by the disease and thus mitigate the cardiovascular risk. Even patients with hepatic disorders have been treated according to certain contemporary algorithms with the aim of minimizing the risk of serious liver damage.

Conclusion: In patients with severe forms of psoriasis, maximum care should be taken to prevent risks from the appearance of comorbidities, especially cardiovascular and hepatic ones.

Keywords: psoriasis, severe, cardiovascular, hepatic

OP – 139

Brest Unite

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Abstract

Introduction: What does it mean :To have better opportunities to be treated in the best possible way, according to high international standards and by highly specialized personnel for breast cancer; not to personally seek the oncologist and plastic surgeon and so on, but to be followed by a multidisciplinary team throughout the diagnostic and therapeutic process; to have high-level structures organized according to exact scientific criteria; having the opportunity to participate in multicenter, national and international clinical trials, and to have access to the most innovative therapies.

It started in 2000, the European Association of Breast Cancer Specialists (Eusoma) published recommendations on the requirements that a breast center should have.

The advantages of having a multidisciplinary team at your disposal: economic savings for health as well, because unnecessary tests or their repetition are avoided; the pilgrimages that many patients are often forced to make in search of different specialists are avoided; the personal opinions of a single doctor are replaced by a collective decision, which arises from the comparison of several professionals, which follows protocols and guidelines

Essential requirements that a bay unit should have: treats more than 150 new cases of breast cancer each year; ensures the presence of MDT staff; ensures timely diagnosis.

The goal: is to ensure the adequacy of diagnostic-therapeutic pathways and interventions (PDTA), based on the best scientific evidence, to guarantee the quality and safety of care and the avoidance of inappropriate tests and therapies, eliminating diagnostic duplication.

Today we talk about: GI Unite, Thyroid Unite, Melanoma Unite, Gynecological Unite, etc

Keywords: breast, cancer, unite

OP – 140

Early and Late Outcome, Mortality and Major Morbidity After Lung Cancer Surgery for Primary Carcinoma

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Abstract

Introduction; Radical surgical resection of lung cancer with or without adjuvant treatment is still a prerequisite for a cure. Advances in operative and postoperative care led to a decline in complications and mortality rates during the last decades. Despite different additional modes of treatment, survival is still poor. The objective is to examine the operative mortality and morbidity after lung cancer surgery and to identify factors associated with an adverse outcome.

***Material and methods*;** The study consisted of 1017 consecutive patients which were referred to the University Hospital of Lung Disease, "Shefqet Ndroqi," in Tirana, Albania, for lung carcinoma during an 18-years period (January 2004-December 2022). All patients underwent routine laboratory examinations, spirometry and preoperative CT-scan of the thorax and upper abdomen.

Results; Of 1067 patients, 748 (71.6%) were male and 319 (29.4%) were female. The mean age was 65.5±9.4 years (range 15-87 years). Lobectomy was the most used surgical modality in 674 (56.5%) patients, meanwhile pneumonectomy was performed in 123 (11.1%) patients. Minor complications during surgery occurred in 89 (7.7%) of patients. Continuous air leakage was the most prevalent complication after surgery occurring in 35.3% of patients, followed by lung atelectasis in 32.8%, and cardiovascular complications in 26.4%.

Conclusion; Our results show low mortality and morbidity after lung cancer surgery. However, patients with reduced lung capacity, older age, and those undergoing pneumonectomy should be treated with great care.

Keywords; Outcome, complications, lung cancer, thoracic surgery.

OP – 141

Study on Intraoperative Localization of Sentinel Lymph Nodes using Freehand SPECT in Breast Cancer Patients

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Abstract

Introduction; The diagnostic and therapeutic approach to axillary lymph nodes is considered indispensable in the treatment of breast cancer patients. The aim of this study is to investigate the effectiveness of 3D freehand SPECT (fhSPECT) in sentinel lymph node (SLN) mapping in breast cancer, compared with the use of a conventional gamma probe.

Material and Methods; We retrospectively compared the fhSPECT lymph node mapping modality, with gamma probe detection in early-stage, clinically node-negative breast cancer patients, with biopsy-confirmed malignancy. The two techniques were compared based on the average number of LNs excised per axilla. The duration of SLN mapping was also compared between the two groups. The performance of the two methods on obese and post-systemic therapy patients was evaluated. FhSPECT was used in 150 cases, while the gamma probe was employed in 50 cases.

Results; FhSPECT detected at least 3 nodes in 83.3% of the patients vs. 72.0% with the γ-probe ($p = 0.107$). The mean number of SLNs excised per axilla was 3.66 using the γ-probe and 4.18 with fhSPECT ($p = 0.03$). The average surgical time was 39 ±7 min with the γ-probe and 37.54 ±17 min with fhSPECT ($p = 0.228$). Sentinel lymph node biopsy (SLNB) mean surgical time evolved from 40.2 ±20.77

min to 32.35 ±10.46 min (p = 0.033). In obese patients, a reduction in surgical times was noted from 45.5 ±3.09 min to 44.04 ±20.9 (p = 0.27), in addition to a significant increase in average LN detection in the fhSPECT group (4.26 ±1.44) compared to the γ-probe group (3.2 ±1.65) (p = 0.043).

Conclusions; The use of the fhSPECT modality is effective and safe, and, when compared to the γ-probe, has significant advantages in SLN mapping.

Keywords; fhSPECT, breast cancer, conventional gamma probe

OP – 142

Breast Unit at "Lady of Good Council" Hospital - 1-year experience in the treatment of breast cancer

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Abstract

Introduction; Breast cancer is the most frequent malignancy in women worldwide and is curable in ~70–80% of patients with early- stage, non- metastatic disease. Management of breast cancer is multidisciplinary; it includes locoregional (surgery and radiation therapy) and systemic therapy approaches. This presentation shows the results of the 1-year work of the Breast Unit at our Hospital.

Material and Methods; For the realization of this study, were used data obtained from the records of patients diagnosed with breast cancer, who underwent surgical treatment at our Hospital, in the period 01.10.2022-01.10.2023.

Results; During 1 year, 47 patients were treated for breast cancer in our hospital. The interventions that have been carried out: -16 mastectomy + axillary dissection -24 quadrantectomy+extipation sentinel lymph node biopsy -3 palliative mastectomy -4 mastectomy + axillary dissection + remodeling with provisional expander + contralateral remodeling

Conclusions; In contrast to Italy, our patients tend to choose radical mastectomies, mostly for economic reasons.

Keywords; Breast surgery, multidisiplinary treatment, modern standarts

OP – 143

Treatment Challenges of Breast Cancer Patient, with Conservative Surgery

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Abstract

Introduction: Breast cancer is the most common cancer in women, with more than 2.3 million new cases diagnosed each year, and is among the leading causes of cancer-related death in women. Surgery is essential (standard of care) in the treatment of this disease and the conservative one is the surgical method of breast conservation where part of the breast is removed. This surgical method is the preferred modality in the early stages of breast cancer (T1-T2), young ages (where the aesthetic effect plays an important role), and the best imaging staging modality (T and N), it is MRI, combined with other treatment modalities, such as RT, CHT, Hormonotherapy. This surgery will depend on the location and size of the formation, as well as the size of the breast. In Albania, 1006 breast cancer patients were diagnosed during 2018-2022, and 228 underwent conservative surgery.

The purpose of this study is to evaluate cases where conservative surgery is the recommended surgical modality and to measure effectiveness in life expectancy and quality of life.

Material and Methods*:* In Albania, from 2018 to 2022, 1006 patients were diagnosed with breast cancer at the Oncology Service, and 228 patients were included in the study. The study included patients diagnosed with breast cancer and who underwent conservative surgery with SLNB or axillary dissection. Patients who had Mastectomy and axillary dissection or SLNB were excluded from the study.

Results: A total of 1006 patients, and 228 (22.6%) underwent conservative surgery. The average age of diagnosed patients is 56 years, from 27 to 81 years old, and 227 are women and 1 man. Most of the patients lived in Tirana (85 patients), followed by Fier and then Durres. During the study, the

formation was observed more in left breast (142) but 86 in right breast.

Conclusions: Conservative surgery is the recommended surgery in patient with early stage (T1-T2), in younger patient and with acceptable cosmetic defects. Proper staging with TRU-CUT biopsy, or breast MRI, or extemporaneous biopsy, must be performed carefully. It has high cost-effectively and if it is performed by skilled surgeons, can give very good results in life quality and in DFS.

OP – 144

Anterograde Perfusion is Superior in Acute Aortic Dissection.

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Abstract

***Introduction*:** Aortic dissection is a complicated problem generally occurring in patients with aortic dilation. Hypertension, atherosclerosis and connective disease are some of the risk factors. We analyzed our experience in matter of cerebral perfusion during surgery. Various techniques are described for the cerebral perfusion.

Materials and Methods: In this study were involved 84 patients which were operated for Acute Aortic Dissection (AAD) in our clinic. These patients were divided in 2 groups after propensity score matching. 1 group: 40 patients operated with anterograde cerebral perfusion, with subclavian artery or innominate artery cannulation. Group 2: 44 patients were operated for aortic dissection with femoral perfusion.

Results: All 84 patients were operated in for aortic dissection, there were 1 death from group 1 vs 5 deaths from group 2. Mean ICU staying was 4 days for group 1 vs 5.5 days for group 2, and there more blood transfusion in group 2 than in group 1.

Mean Hospital stay was 8 days in group 1 and 11 days in group 2.

Conclusion: Anterograde perfusion is superior in results of morbidity and mortality for acute aortic dissection. We are adopting it more and more frequent becoming gold standard for cerebral perfusion.

OP – 145

MICS-CABG. Technical Aspects and Future Perspective.

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Abstract

Introduction; Based on the current guidelines and contemporary evidence, CABG should be considered the standard treatment for advanced coronary disease, especially in diabetics with multi-vessel disease. Despite excellent long-term results, problems related to median sternotomy and the use of extracorporeal circulation play an important role in the decision of these patients against surgery. In fact, wound healing problems and the risk of stroke are the main factors that influence patient choice.

Minimally invasive coronary surgery (MIDCAB, MICS-CABG, TCRAT, HCR etc.) includes a set of coronary revascularization techniques that are performed through a left mini-thoracotomy at the level of the 4th or 5th intercostal space. These techniques aim at reducing the rate of wound healing problems and that of stroke while offering the same quality of revascularization. Several studies have shown that the minimally invasive revascularization techniques provide better short-term outcomes with regard to decreased ventilation and ICU time, reduced need for blood transfusion, and shortened hospital stay.

Overall, minimally invasive CABG appears to be a viable alternative to conventional CABG, offering a less invasive approach to coronary revascularization, which may be especially beneficial to high-risk patients.

This presentation aims to shed light on the technical aspects of minimally invasive coronary surgery and to describe the techniques we use to achieve revascularization through anterolateral thoracotomy.

Keywords: Myocardial revascularization, Mini-thoracotomy, Coronary artery bypass grafting

OP – 146

Coronary Artery Endarterectomy with the "Dome Rebuliding Technique" Combined with Surgical Revascularization

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Abstract

Introduction; Revascularization in patients with diffuse coronary atherosclerotic disease remains a challenge for cardiac surgery despite the modern-day perfection of surgical equipment and techniques. Combining surgical revascularization with coronary artery endarterectomy can provide benefits in these patients. However, various reports regarding postoperative morbidity and mortality create uncertainty about the recommendation of this procedure.

Material and Methods; From June 2012 to June 2020, 96 patients with a mean age of 63 years (from 47-82 years) underwent endarterectomy with the CDAR technique combined with CABG. After an average arteriotomy of 3.48 cm (from 2.5-6), and detachment of the atheromatous plaque, the coronary artery was reconstructed with a suitable venous flap (VSM 75%, 79 grafts) or arterial (LIMA 25%, 26 grafts) .

Results; 4.16% (n = 4) of patients developed acute perioperative myocardial infarction. Hospital mortality was 3.12% (3) of patients. In control after 6 months post op survival rate was 94.7%. In this control, 89 patients were examined by echocardiography or stress test. The control resulted in improvement of symptoms and class of angina according to NYHA. For a period of 1 week to 3 years post op, 30.2% (n = 29) patients underwent examinations for relapse or re-examination. Of these 25 patients underwent coronary angiography, which gave us these results in terms of permeability of vessels that had undergone endarterectomy and related grafts: LIMA-LAD 88.8% of cases the vessels remained open, in 1 case LAD was patent as flap length); OM-VSM 60% remained open (3 open vases, 2 blocked vases); RCA 66.6% of open vessels (6 open vessels, 3 blocked vessels); PDA-VSM 50% where one vase was closed and one had maintained patency. In the control performed 36.6 months post operator survival was estimated to be 88.5%.

Conclusions; Despite the limitations of this study, the data we present are sufficient to support endarterectomy as a legitimate alternative for revascularizing of a territory without which it would remain unperfused. Operator mortality is comparable to classic CABG and early and intermediate results look favorable. With the increase in the incidence of diffuse coronary artery disease, we consider it as a technique that should be in the armor of every cardiac surgeon to face any surprise in coronary artery surgery.

Keywords; Coronary artery endarterectomy, Dome rebuliding technique, CABG, Cardiac surgery.

OP – 147

Surgery for Type A - Aortic Dissection in Albania

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Abstract

Introduction: Type A acute aortic dissection is the most common acute aortic condition requiring urgent surgical therapy. Despite improvement in diagnosis and in surgical techniques, early mortality remains high, from 15% to 30%, and has been constant during the decades. Furthermore, many reports pointed out that surgical results depend on preoperative conditions, as these are the main determinant of early outcome.

There is no doubt that aggressive surgical treatment of type A acute aortic dissection has spared a large number of lives compared with medical therapy only. More recent data, however, reveal a different prognosis, suggesting that optimized medical management may be considered acceptable in certain high-risk groups. In the IRAD survey, surgery was not performed in 28% of patients with type A dissection for different reasons, and 42% of these were discharged from the hospital after intensive medical treatment. Chan and coworkers report in-hospital mortality rates of 55.9% in patients who did not receive surgery for clinical (advanced age and comorbidity) and social (family support and economic problems) conditions, and this mortality decreased to 42.9% after a learning period. Therefore, when the expected mortality is equal or higher than 58%, the possibilities for survival are similar, according to the IRAD surgery and others data, either for surgery or for medical treatment. In such cases surgery is no longer mandatory, and a careful evaluation of the individual patient

indicates more suitable strategies.

Improved care, earlier recognition of dissection using improved imaging modalities, development of vascular grafts of better quality, more effective hemostatic agents, and improvements in the safety of cardiopulmonary bypass are responsible for the increased quality of surgical results.

Conclusion: Treatment of acute type A aortic dissection is surgically challenging and is associated with high morbidity and mortality. We used to perform this type of surgery only from the last decade. Surgery for acute dissection of the ascending aorta and aortic arch can be performed with promising results at our clinic in Albania. Surgical techniques include all the spectrum of the routine procedures applied nowadays widely. Experience is necessary to improve the results in emergency surgery for acute aortic dissection.

Keyword: aortic dissection, surgical treatment, IRAD surgery

OP – 148

Epicardial Cyst: A Case Report

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Abstract

Introduction: Pericardial cysts are reported to be rare, but epicardial cysts are extremely rare. Classically, a pericardial cyst is considered a congenital anomaly where by incomplete fusion in embryogenesis leads to herniation or weakness in the pericardial sac, forming a diverticulum.[1] Most patients are diagnosed via incidental findings on routine chest imaging. Rarely, they can become symptomatic and require treatment or intervention.

Case summary; We report one case of an epicardial cyst that was symptomatic and required intervention. The patient had chest pain and dyspnea and came to the emergency room from the regional hospital with acute coronary syndrome and positive troponin. The computerized tomography (CT) angiogram, which shows several pericardial cystic formations, the largest measuring 4.5x2.4 cm, compressing the right ventriculi. Coronary angiography shows significant stenosis in the medial part of the LAD. The patient underwent the operation with a median sternotomy. No pericardial fluid was present; we found three cysts: one on the anterolateral surface of the heart, over the left anterior descending coronary artery, one near the right auricula, and one in the lateral wall of the left ventricle. They were attached to the epicardium. With cardiopulmonary bypass and cardiac arrest, the cysts were successfully resected, and LIMA – LAD by-pass was performed. The cysts contained serous fluid. The microscopic section showed lymphoplasmacytic and eosinophilic inflammatory infiltrates, as well as a homogeneous amorphous eosinophilic material.

The patient had an uneventful postoperative course and was extubated 6 hours after operation, transferring from the Intensive Care Unit to the Ward on postoperative day 2. The patient was discharged from our hospital on postoperative day 6 in good clinical conditions.

Conclusion; In our patient, excision was complicated because the cyst was located over the LAD. Furthermore, adhesions over the epicardium made it difficult to reveal the LAD. It was challenging to avoid injury of the LAD, we decided to operate with the patient under cardiopulmonary bypass. But in other cases, surgeons have to take into account off-pump surgical procedure as an opportunity to video- assisted thoracoscopic surgery.

OP – 149

Malignant Primary Left-Heart Tumors: Case Report of an Undifferentiated Pleomorphic Sarcoma in the Left Atrium

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Abstract

Introduction: Cardiac tumors occur either as secondary tumors metastatic to the heart or as cardiac primary tumors. The incidence of the latter is estimated to be 0.3% to 0.7% of all cardiac tumors. Only 25% of primary cardiac tumors are malignant, and of these, 75% are sarcomas. Malignant primary cardiac sarcomas are usually located in the right atrium and are most commonly angiosarcomas. In the left atrium, the most common malignant tumors are pleomorphic sarcoma and leiomyosarcoma. The most surgically challenging primary cardiac tumors are those that involve the left atrium and the left ventricle.

Case summary; We present the case of a 72-year-old woman who was admitted in the emergency department and later in the Cardiology department with worsening dyspnea over

the last 3-4 months. Initially, a TTE echocardiogram was performed, and a severe mitral obstruction due to a mass in the left atrium was found. The mass was suspected to be a myxoma and after a diagnostic angiography was performed that resulted with no stenotic arteries, the patient was admitted in the Cardiac Surgery Department. During surgery the solid white mass we found in the left atrium seemed to be attached to the posterior wall and infiltrated the posterior mitral leaflet. We excised the whole mass which was later found to be an undifferentiated pleomorphic sarcoma through histopathology. The patient was extubated 12 hours after operation, had a long and difficult recovery in Intensive Care Unit due to the respiratory insufficiency, transferred to the Ward on postoperative day 6 and discharged from our hospital on postoperative day 16 in good clinical conditions.

The patient underwent adjuvant radiotherapy and is currently under systemic chemotherapy.

Conclusion: According to several international studies, surgical excision in combination with chemotherapy and radiotherapy remains the best way to treat malignant cardiac tumors. Nevertheless, there are several challenges related to the area where the tumor is located and the cardiac structures it has invaded. Left side tumors seem less infiltrative but are harder to surgically access, whereas right sided tumors are more likely to develop metastases and their resection has shown no improvement in the survival rate. On the contrary, benefit has been shown in the resection of left atrial sarcomas.

OP – 150

Case Report and Short View: Vary Rare Case of Giant Aneurism of Ascending Aorta and Aortic Arch

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Abstract

Surgery of the ascending aorta is now standardized in our clinic. We can say that we are part of the experienced clinics regarding the volume of this type of surgery. There were lots of cases we had to touch the aortic arch too. We are going to present a vary rare case of an aneurism of ascending aorta and aortic arch with enormous dimensions described as giant aneurism.

The thoracic aorta aneurism is described as giant when the measures are more than 12 cm. We report a very rare original case of a giant aneurysm involving ascending aorta and aortic arch in a 40- old men that was referred as an acute aortic dissection. The patient underwent emergent surgery. Replacement of ascending aorta and aortic arch was performed under deep hypothermia and circulatory arrest with bilateral selective antegrade cerebral perfusion. Aortic arch surgery requires complex patient management beyond the manual replacement of the diseased vessel. The "team work" resulted in good postoperative course of the patient. Together we can do always the best.

Keywords: giant aneurism, ascending aorta aneurism, total arch replacement, antegrade cerebral perfusion

OP – 151

Multifocal, Biatrial, Primary Cardiac Embryonal Rhabdomyosarcoma

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Abstract

Introduction; Malignant primary cardiac tumors are rare, with atrial myxoma and rhabdomyosarcoma the common types in adult and pediatric populations respectively. Rhabdomyosarcomas are rare and are usually located in the atria; they present with symptomatology dependent on their location.

Material and Methods; A 63-year-old woman presented with the symptomatology of dyspnea, cough, and palpitations and was diagnosed with biatrial primary cardiac rhabdomyosarcoma, which required excision. The postoperative course was uneventful and the patient was discharged on the 5th postoperative day. Postoperative cardiac functional tests revealed an ejection fraction of 60%, consistent with the preoperative value, and no mitral

valve dysfunction.

Results; Biatrial rhabdomyosarcomas are extremely rare, with only 3 cases reported, including ours, reported in the literature, to the best of our knowledge. Transthoracic echocardiogram is useful in the diagnosis. They require surgical excision along with chemotherapy or radiotherapy. Their prognosis is poor, with a median survival of almost one year.

Conclusions; Primary biatrial rhabdomyosarcoma is an extremely rare diagnosis that can present with symptomatology based on the location, size, and number of masses. There is no consensus on how to manage them due to the scarcity of cases, but they are managed as single rhabdomyosarcomas. The majority require surgical excision, with subsequent chemotherapy or radiotherapy. The prognosis is very poor, with the majority of the patients not surviving longer than one year.

Keywords: Rhabdomyosarcoma, cardiac tumor, embryonal.

OP – 152

Aortic Valve Replacement with Aortic Homograft. Does It Have a Place for Women of Reproductive Age?

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Abstract

Introduction; Aortic valve replacement in women of reproductive age presents a challenging decision. The care of such patients is a multidiscipline one, involving gynecologists, cardiologists, and cardiac surgeons. Pregnancy is a uniquely challenging situation in a woman's life. It causes a significant burden on the circulatory system, especially in women with significant valvular lesions.

Material and Methods; We have made an in-depth literature review, of PubMed, research gate, to attempt an in-depth analysis of aortic valve replacement prosthesis, in women under 45 years of age. We will look at clinical manifestations, recommended imaging, and of course treatment. In addition, we will also mention our own department's experience through the presentation of an interesting case

Results: The ideal substitute for aortic valve replacement in young female patients with aortic valve disease is not known. Most of the paper's findings support the hypothesis that a living valve implanted in the aortic position can significantly improve long-term outcomes in patients. The guidelines recommended that whenever a valve replacement surgery is indicated in women at the child-bearing age, it is preferable (class IIa, level of evidence C) to consider a bioprosthetic valve to avoid maternal and fetal hazards associated with anticoagulation.

Keywords: Homograft, Aortic Valve, Women of reproductive age

OP – 153

An incidental finding: Pericardial Cyst. Case report.

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Abstract

Introduction; A pericardial cyst is a rare and benign cause of a mediastinal mass, is a fluid-filled growth in the thin sac (pericardium) that surrounds your heart. Pericardial cysts are most commonly located at the cardiophrenic angle or, rarely, in the posterior or anterior superior mediastinum. They are frequently asymptomatic and are usually incidental findings on imaging.

Case report

Results; The patient underwent cardiosurgical intervention for cystectomy through dexter lateral thoracotomy. The postoperative course was uneventful. The patient leaves the hospital on the third postoperative day.

Conclusions; The goal of pericardial cyst treatment is to prevent serious complications from the cyst pressing on your heart or lungs.

Keywords; Pericardial cyst, echocardiography, CT, MRI, Cardiac Surgery.

OP – 154

Deltopectoral Fasciocutaneous Flap versus Pectoralis Musculocutaneous flap for closure of Pharyngocutaneous Fistula

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Abstract

Introduction; The Deltopectoral flap and the musculocutaneous flap of the Pectoralis Major are two very important large flaps that are applied for the reconstruction of tissue defects, especially in the neck but also in the lower half of the face. The Deltopectoral flap was referred to for the first time in 1965 by Bakamjian, while the musculocutaneous flap of Pectoralis Major was first referred to in 1979 by Stephen Aryan.

The purpose of this presentation is to show the surgical techniques of applying these two flaps in the treatment of pharyngeocutaneous fistulas after laryngectomy.

Results; During the years 2010-2020, seven cases of pharyngeocutaneous fistulas were operated after laryngectomy. For minor fistulas, Deltopectoral flaps were used, while for major fistulas, Pectoralis Major musculocutaneous flaps were used. In one case, we used both flaps after the partial failure of the musculocutaneous flap.

Discussion; The Deltopectoral flap is a reliable flap, but the lack of muscle creates premises for the reactivation of pharyngeocutaneous fistulas, since muscle filling is an absolute necessity for the success of the intervention. This technical aspect is ensured by the musculocutaneous flap of the Pectoralis Major.

Conclusions; In the case of pharyngeocutaneous fistulas, the best solution is the application of the Pectoralis Major musculocutaneous flap, and in case of partial failure, the defect can be closed by combining it with Bakamjian's Deltopectoral flap.

Keywords; Deltopectoral flap, tissue defects, pharyngeocutaneous fistulas

OP – 155

Adjunctive Procedures to upper and lower Blepharoplasty in Periorbital Rejuvenation

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Abstract

Introduction; The periorbital region, a major impressionable area holds a special place in aging of the face. The upper third of the face, generally consisting of the forehead, brows, upper and lower eyelids, and temple region, is one of the first areas of the face to show age related changes. Our objective is to provide an overview of the various treatment options available to achieve an overall rejuvenation with combined surgical techniques. We have used multiple approaches simultaneously such as: trans conjunctival lower blepharoplasty, ptosis correction, A frame correction, lateral brow lift, canthoplasty, temple lift, and lipofilling to achieve our results.

Conclusion*;* The periocular region is the first to reveal aging changes on the face. The upper face and mid-face can be significantly improved by minimally invasive non-surgical and surgical procedures. In practice, the rejuvenation of this complex anatomical area requires a combination of therapies including fat excision, repositioning or transfer, simultaneous brow or mid-face lift, and adjunctive treatment for skin resurfacing and periorbital hollows. The dermatologist should be aware of the surgical treatment options and also the periocular complications of non-surgical treatments, mainly injectables.

Keywords: perioribital, rejuvenation, blepharoplasty, canthoplasty, ptosis, A frame, lipofilling

OP – 156

The Surgical Treatment of post Limb Amputation Wound

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Abstract

Introduction: Management of the post amputation wound and skin is an individualized and evolving process. Surgical treatment of this wounds, can be done with flaps or skin grafts. Large defects require composite flaps such as fasciocutaneous or myocutaneous flaps, which are flaps that include the muscle, fascia and skin.

The skin grafts that are used are two types: full thickness skin grafts and split thickness skin graft. Often the split thickness graft, especially when we have to do with a large defect, is put through the skin graft mesher.

After closing the defect, a soft gauze with a tight bandage is applied. This dressing is used to absorb moisture, protect the healing wound and control swelling. After the surgical procedure, the rehabilitation is a very important part of the healing process.

Case Report: A 27- year old man, after being treated for about one month in the UHC of Trauma, is hospitalized in the Burn and Reconstructive Surgery Department, in UHC "Mother Teresa", Tirana, with the diagnosis post limb amputation wound. He is stable with all the parameters in norms.

After escharotomy is performed, the patient underwent the surgery procedure two times, which results in the wound closing with skin grafts. For this patient is used split thickness skin graft, which is put through the skin graft mesher, before it is sutured to the wound.

After the surgery procedure, there are applied a soft gauze and a tight bandage to absorb the moisture and control swelling. This dressing is changed every one to two days.

All the procedures leaded to success and now the patient is ready for the next step, which is the rehabilitation.

Keywords: wound, skin grafts, amputation, surgery, limb

OP – 157

Major upper and lower Lip Reconstructions: The Dilemma, the Strategy, and the Aesthetics.

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Abstract

Introduction; The lips are the dynamic center of the lower face. They play multiple roles in in aesthetic balance, facial expression, speech, and they are not substituted by any other tissue. Given the complex functions, reconstruction of labial defects presents a challenge for plastic surgeons. The goals of lip reconstruction are both functional and aesthetic. There have been numerous flaps described to reconstruct the lips. We will be presenting our approaches in different case scenarios using free flaps, Webstern Bernard flap, Bucket Handle flap, Abbe flap, Island flap, Bandoneon flap, Karapandzic rotation advancement flap, etc

In planning a lip reconstruction, all aspects of flap design must be considered as they impact the ultimate aesthetic and functional outcome. A dynamic reconstruction with remaining lip tissue can provide superior results in terms of lip appearance and function in smaller lip defects. Reconstruction of large-scale defects often requires free-tissue transfer that provides static support of the lip. Further refinements in free-flap design are needed to provide dynamic reconstructions that re-create the function of the lip and preserve oral competence.

Keywords: lip construction, flap, Wbstern Bernard flap, Bucket handle flap, Abbe flap, Island flap, Bandoneon flap, Karapandzic flap, advancement flap

OP – 158

Burn Patient, Treatment Aspects from a Pharmacological Point of View

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Abstract

Introduction; The phases of burn care include the initial resuscitation, definitive wound management, and rehabilitation of the physical and psychological injuries as overlapping phases that must all begin within the first postburn day. Many studies have suggested that there are two distinct phases of metabolic alterations following burn injury: the "ebb phase" which occurs within the first 48 hours after injury followed by the "flow phase" which is characteristically associated with a hypermetabolic state

The aim is to describe the state of art regarding what we need to improve in the future in each phase of the burn disease from a pharmacological point of view.

Results; Improving endpoints of burn shock resuscitation and considering fluids as drugs. Understands Sepsis and infection challenges in diagnosis and treatment and use therapeutic drug monitoring(TDM) to improve outcomes from severe infections in critically ill patients.

Conclusions; Appropriate fluid management is the foundation of acute burns management together with pharmacology support airway management and ventilatory support. Sepsis prevention is critical in the management of the severely burned patient. Physiologic and metabolic changes after severe burns may alter the Pharmacokinetics of all drugs but especially of antibiotic and antifungal agents. Dosing strategies may need to be altered to optimize the Pharmacokinetics and Pharmacodynamics of these agents.

Keywords; Sepsis, Burn patient, pharmacological point, treatment

OP – 159

Surgical Repair of Macrostomia. A Case Report.

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Abstract

Introduction; Macrostomia or transverse facial cleft is a rare congenital condition that refers to an abnormally large mouth or oral opening. It has an etiopathogenesis still not fully explained. Macrostomia is a result of the failure of fusion along the orotrageal line during the fourth to the fifth week of embryonic life. The incidence of this congenital deformity is approximately 1/60000-1/300000 per fetovivo birth.

Material and Methods; We present a case of a seven-month-old baby with unilateral macrostomia on the right side.

Results; This case was solved using Z plastic of the skin, overlapping of the orbicular muscles as well as triangular mucosal flap for the commissure.

Conclusions; It is important to know there is still no "golden standard" regarding the technique chosen for the repair of this defect, therefore the best alternative is the selection of the technique according to the individuality of each case.

Keywords; Macrostomia, transverse facial cleft, lateral cleft lip, orotrageal line, reconstructive surgery

OP – 160

Penile Enlargement through Fat Grafting and Suspensory Ligament Release

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Abstract

Introduction: Penile enlargement is a surgical procedure aimed at increasing the size and girth of the penis. One of the techniques used for this purpose is fat grafting, which involves the transfer of fat cells from one part of the body to the penis. Another technique commonly performed in conjunction with fat grafting is suspensory ligament release, which aims to increase the visible length of the penis.

Fat grafting for penile enlargement involves the extraction of fat cells from areas such as the abdomen or thighs through liposuction. The extracted fat is then processed and purified before being injected into the penis. This technique aims to increase the circumference and overall volume of the penis, resulting in a fuller appearance. Fat grafting is considered a safe and effective method for penile enlargement, as it utilizes the patient's own tissue, reducing the risk of rejection or complications.

Suspensory ligament release is often performed in combination with fat grafting to enhance the visible length of the penis. The suspensory ligament is a band of tissue that attaches the penis to the pubic bone. By releasing this ligament, the penis can be brought forward, resulting in a longer visible length. This procedure is typically performed under general anesthesia and involves making a small incision above the pubic bone to access the suspensory ligament.

The combination of fat grafting and suspensory ligament release has shown promising results in penile enlargement procedures. Studies have reported significant increases in both flaccid and erect penile length, as well as patient satisfaction. However, it is important to note that individual results may vary, and the success of the procedure depends on various factors such as the patient's anatomy and expectations.

In conclusion, penile enlargement with fat grafting and suspensory ligament release is a surgical technique that aims to increase the size and girth of the penis. This combination procedure has shown positive outcomes in terms of both aesthetic appearance and patient satisfaction. However, it is crucial for individuals considering this procedure to consult with a qualified and experienced surgeon to discuss their expectations, potential risks, and realistic outcomes.

OP – 161

Dorsal Metacarpal Artery Flaps as useful Tools in the Reconstruction of Small Defects of the Fingers

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Abstract

Introduction; Small defects of the fingers sometimes result challenging in terms of reconstructing them in a safe and steady way. If bones, joints, or tendons are exposed, coverage of the defect must secure a strong closure that could protect such structures and allow for a fast recovery and immediate start of physiotherapy. Flaps based on the dorsal metacarpal blood supply could offer a versatility of closure in such cases.

Material and Methods; In a time-frame of two years, 4 flaps, based on the dorsal metacarpal artery blood supply of the hand, were applied on 4 patients. Three of the patients were adults and one a young boy of 10 years old. All wounds were after trauma sustained in different circumstances, one of them was after a deep burn that left of the dorsal surface of the index finger exposed to the phalange

Results; All interventions were done under general anesthesia, so that a torniquet could be applied on the arm, and better visualization of the supplying vessels could be achieved. A hand doppler was used to locate the supplying vessel, or to make sure that it was where it was expected to be. One of the flaps was based on the first dorsal metacarpal artery and was used to cover a wound on the tip of the thumb…

Conclusions; Dorsal metacarpal artery flaps are a very useful tool for closure of defects of the fingers, in cases when a skin graft cannot secure a safe and stable coverage. The sooner they are applied the better the result and the faster the recovery.

Keywords; Dorsal metacarpal artery flap, Foucher flap, perforator, blood supply

OP – 162

The Application of Schrudde Flap in the Reconstruction of the Parotid and Buccinator Areas of the Face

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Abstract

Introduction: In this presentation we undertake to reflect on the efficient application of the Schrudde flap in the reconstruction of large defects in the lower half of the face. Here we present four cases with large neoplasms in the parotid and buccinator area, where the possibility of reconstructing the defects is limited due to the difficulties to raise large local flaps that protect the anatomical configuration, without compromising the functional mimic mobility and with the possibilities of primary closure with direct suturing of the flap donation site. This flap attracted our attention due to its geometric configuration and large amplitude of rotational movements, which create great opportunities to use cervical tissue to close facial defects, without creating tension in the donor area.

The first case was a 54-year-old male who presented with a large exophytic neoplastic mass in the cheek area measuring 12 cm in diameter and extending from the anterior border of the masseter muscle to the right labial commissure. The second was an 83-year-old female who presented with a large spherical ulcerative mass with a hemorrhagic surface and covered with pyogenic crusts of 15 cm in diameter, occupying the entire parotid area of the face. The third case was an 80-year-old female with an ulcerative lesion of the same topography, mass and extent as the second case.

The fourth patient was a 96-year-old female who had two large neoplastic formations on both cheeks. To close the defect created after the excision of the left neoplasm, which was a horizontal malignant lesion under the zygomatic arch, extending to the submalar area, a Schrudee flap was applied. The fifth case was a 76-year-old male who presented with an 8 cm diameter ulcerative skin lesion at the mandibular angle.

During these clinical applications, this flap, although large in size, demonstrated vitality and safety in all cases. On the other hand, its aesthetic reconstructive results were satisfactory for patients.

OP – 163

Nasal Reconstruction Surgery after Continuous Positive Airway Pressure Delivered by Prongs

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Abstract

Introduction: nasal columella damage due to pressure necrosis after using nasal CPAP is very common in premature children and causes functional and aesthetic consequences.

Case report: we present the reconstruction of near-total columella necrosis in three children aged 5 years old caused by the prolonged use of nasal prongs during their neonatal period, using the modified Cronin technique and also an alternate technique for mobilizing the local tissues.

Discussion: columella is the most challenging part of nose reconstruction because of its anatomy and lack of local skin. Different techniques have been described in the literature for columella reconstruction. We used the modified Cronin approach in two of the children and an alternate technique that mobilizes local tissues to create the new columella in a one-stage procedure, without distortion and with no donor-side morbidity.

Conclusion: each case should be evaluated and the most suitable technique should be performed to achieve the best surgical outcome.

Keywords; Case report**;** Nasal deformity**;** Nasal reconstruction**,** CPAP

OP – 164

Anchor Breast Lift. Indications and when to Consider it vs Other Techniques?

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Abstract

Introduction: A breast lift or a mastopexy is a surgical procedure to correct the shape of the breasts, improve their firmness, and bring them into better proportion. It is done through the redistribution of the tissues, removal of excess, sagging skin, and raising the location of the areola to make them appear more perky.

Based on the requirements of the patient and the degree of sagging in the breasts, plastic surgeons use different surgical techniques to bring about the desired changes to a woman's breast region.

The most common breast lift techniques performed are crescent, donut, lollipop and anchor lifts. Among these options, the anchor technique is preferred by many plastic surgeons for the effective rectification of sagging breasts.

The anchor breast lift is very effective for treating breasts that exhibit excessive sagging. It derives its name from the shape of surgical incision required to perform the procedure, which is in the form of a nautical anchor.

There are three incisions made on the breasts. One is around the areola in a circular shape. Another incision is made vertically downwards from the areola to the bottom crease of the breast. The third runs along the crease under the breast in a crescent shape.

These cuts will allow your surgeon to access the underlying tissue and reshape them according to your goals. The nipple-areolar complex is moved up to a suitable height by making the necessary additional incisions. The areola may also be trimmed to reduce its size. After the excess skin is removed to tighten the breast, the skin is sutured back together.

We will present 5 cases treated with Anchor Breast Lift. We will describe why we favored this technique vs the others, the results immediately after the surgery and after some weeks or months and also the complications we faced. The main concerns before and after surgery of our patients are also part of the study

OP – 165

Impact of Fluid Resuscitation Regimes in Relative Risk of Mortality in Burned Patients

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Abstract

Introduction: Some studies have supported the opinion that patients who get greater volumes of resuscitation fluids have a higher chance of edema, complications, and probably bad outcomes. In the results of the International Society of Burn Injuries approximately half (49.5%) added colloid before 24h**.** This study aims to analyze the relative risk for mortality comparing resuscitation in the first 24 hours with Parkland and resuscitation with the use of Colloids.

Material and Methods: This was an observational prospective cohort study conducted in the Service of Burns of the University Hospital Centre "Mother Teresa" in Tirana (UHCT), Albania. The study includes adult patients with critical burns > 40% TBSA, hospitalized in the Intensive Care Unit of the service during the period 2014 to 2019. Resuscitation in the first 24 hours is done with Ringer Lactate according to Parkland and with Ringer Lactate with the addition of colloids after 12 hours.

Results: The data for organ dysfunction and organ insufficiency were the same in the two groups without statistical significance. Mortality in the RL group was 48% (24 deaths of 50 patients) while in the RL + Colloid rehydrated group was 46% (23 deaths of 50 patients). Patients which have 40-60% burns and are rehydrated with RL + Colloids have a risk of death 0.4 times less than those rehydrated with RL.

Conclusions; Resuscitation with Ringer lactate and Colloids in the first 24 hours of thermal damage is a rehydration alternative for the treatment of burn shock. This therapy especially helps patients with major burns > 40% TBSA who during rehydration require large amounts of fluids and are associated with severe plasma hypoalbuminemia. Number Need to Treat (NNT benefit) is 10 so 1 in 10 patients can benefit in lowering the risk of death with RL + Colloid rehydration.

Keywords: Burns, Mortality

OP – 166

Syndactyly as a Functional and Aesthetic Problem

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Abstract

Introduction; With an incidence of one case in 2000 to 3000 children born, syndactyly is the most frequent abnormality of the hand. If this anomaly is not corrected in the best possible way during early childhood, it can complicate the normal functioning of the hand.

Aim of the study: to present our experience in the treatment of children with congenital syndactyly, trying to ensure not only the normal functioning of the hand but also the best possible cosmetic appearance

Material and Methods: five children aged up to 2 years with congenital hand syndactyly, one of whom with bilateral syndactyly were included in this study. The children were treated in the period January 2023 – September 2023 at the University Hospital Center "Mother Theresa", Tirana, Department of Pediatric Surgery.

Results: of the five children included in the study, three of them were boys and two girls. The age of the treated children was between 2 and 4 years old. In all operated children, the syndactyly was of the simple form. Of the five children included in the study, in one of them, the syndactyly was bilateral. In the other four cases, the syndactyly was located in the left hand, and in all cases, it affected the 3rd web space. In three cases the syndactyly was complete in two cases incomplete. Before the correction of the anomaly, all children had a hand x-ray, in order to rule out synostoses, bone deformation, or hidden polydactylies. The technique we used to correct these anomalies was surgical release with skin grafting and the dorsal rectangular flap method. We followed the children for a period of at least 3 months, and in the postoperative period, we did not observe any major complications of the fingers involved in the anomaly. In one child, a partial loss of the graft was observed, which was successfully treated through regular cleaning of the wound. Our assessment, as well as that of the parents, was that the functional and aesthetic results were very good in all children.

Conclusion: Primary syndactyly is the most frequent abnormality of the hands and, if not treated well, it can lead to non-normal functioning of the hand as well as psychological problems in children.

Keywords: syndactyly, hand, functional, aesthetic

OP – 167

Blepharoplasy - Surgical or Chemical Technique?

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Abstract

Introduction; Droopy Eyelids are a medical and cosmetic condition that acquires traditionally a surgical treatment. But a novel option has been offered in our region as deep phenol and croton oil peel is being used lately by a surgeon.

Material and Methods; We treated patients both superior and inferior eyelids with chemical and surgical blepharoplasty and observed the results, the meetings of patients' expectations and complications.

Results; Surgical blepharoplasty treats skin flaccidity and herniated fat pads. The last ones are found in most of inferior blepharoplasty cases and most of superior cases. Surgical excision is the only treatment making phenol peel useless as it can treat only the excess skin. Chemical blepharoplasty has its own advantages: creates a new pulled skin, offers the most effective and permanent solution to dark circles around eyes as melanocytes are destroyed, is the sole procedure in patients who have constitutional borderline scleral show and lastly can be done months after surgery for maximum result of skin tightening. Both techniques have their risk of complications but with phenol you have no risk of bleeding and hematoma, wound dehiscence, ectropion, lagophthalmos, scar abnormalities, diplopia etc. On the other hand, it has its own complications: localized infection, post-inflammatory hyperpigmentation, hypothetical risk of web formation that happens only if the patient scratches the eyelid. Chemical blepharoplasty is the treatment of choice for patients that are phobic to surgery and/or anesthesia, cannot perform surgery because of their medical conditions or medications they take and for patients that do not wish to have a surgical scar even after a thorough consultation process.

Conclusions; Chemical blepharoplasty is associated with excellent results and a high level of patient satisfaction. Compared with surgical blepharoplasty the complications rate is quite low and the skin displays beauty and healthy shine as it removes wrinkles and blemishes.

Keywords; Blepharoplasty, surgery, deep phenol and croton oil peel

OP – 168

The Reconstruction of post Excisional of lower Lip Defects

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Abstract

Introduction: Pathologies of the lower lip, which require undergoing reconstruction surgical procedures, constitute a wide and challenging field of work, in the clinic of plastic surgery in UHC "Mother Teresa" Tirana. The lesions, which dominate are carcinomas and the most advanced used techniques, are wedge-shaped or W-shaped excision and various flaps. The most frequent complications of these methods include: microoris and post-surgical dehiscence. The purpose of this study is to identify the most important epidemiological data, regarding the reconstruction of post-excisional defects of the lower lip, most used surgical techniques, as well as the factors that affect post-intervention complications.

Material and Methods: This is a retrospective study, in which all patients included were from the department of Burn - Plastic and Reconstructive Surgery, UHC "Mother Teresa" Tirana, for reconstruction of post-excisional defects of the lower lip. In total, were included 127 patients who had this type of reconstruction, during the time period February 2021 to February 2023. Data were obtained from patient admission registers and processed using IBM SPSS statistics 27 and Epi Info programs. To describe and give an overview of the studied variables, was used descriptive analysis. To compare age between male and female groups, was used t-test for equality averages. Odds Ratio X2 and ANOVA were used in the case of studying the influence of different factors. Statistically reliable results were considered, all those results for which the P value was less than 0.05. So, the 95% confidence level is considered.

Results: The request for reconstructive surgery of post-excisional defects of the lower lip, has been constant in the time period February 2021 - February 2023, with a trend very easily increased. The average age affected and requiring this type of surgery was 66.5 years, without any significant difference between the ages of the Male/Female gender group. Almost 2/3 of the cases presented to the clinic were male. The highest incidence of morbidity, among others, is related to smoking. About a third of the patients included in the study are smokers and more than half of the men are such, while only one female was a smoker.

Keywords: labi inferior, surgery, lesion, carcinoma, reconstructive, flaps, microoris.

OP – 169

Best MAP for Kidney Graft Function.

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Abstract

Introduction: Transplantation offers near-normal life and excellent rehabilitation compared to dialysis and is the preferred method of treatment for patients with end-stage renal disease.

Materials and Methods: After ethics committee approval, a retrospective analysis of renal transplant interventions was performed in our hospital during the time period January 2007 to December 2022. Preoperative patient status, fluid management, hemodynamic parameters, anesthesia management and perioperative complications were recorded and analyzed.

Results: A total of 212 patients underwent renal transplant surgery, all from living donors and blood related to the recipient, 18 of whom underwent graft rejection. The most common comorbidity recorded was hypertension in 69% of patients.

The main cause of end-stage renal disease was chronic glomerulonephritis (83%). General anesthesia was the chosen technique in all patients, only one patient with epidural anesthesia. Invasive monitoring of blood pressure was done in all patients. 31 patients (14.6%) needed hemotransfusion. CVP maintained 7-9 mmHg and maximum 11-12 mmHg at the time of declamping. Mean arterial pressure is maintained above 80 mmHg. 82% of patients were transfused with crystalloid alone (NS and/or RL) while 18% of patients received a combination of both crystalloids and colloids. 207(97.65%) of patients were extubated postoperatively while 5(2.35%) required ventilator support. One patient died after the operation.

Conclusion: Recent advances in surgical techniques, anesthetic management, and immunosuppressive medications have made kidney transplantation safer. Non-liberal regimes in giving fluids, being guided by CVP and MAP, reducing the number of patients receiving blood transfusions, intraoperative physiological stability and postoperative care of renal transplant patients have contributed to the success of kidney transplants in our hospital by reducing the incidence of graft rejection in 8.5%.

Keywords: Anesthetic management, renal transplant

OP – 170

Perioperative Management of Patients with Prosthetic Heart Valves that Require Non-Cardiac Surgery

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Abstract

Introduction; Worldwide, about 13% of the 200,000 annual recipients of prosthetic heart valves (PHV) present for various surgical procedures. Also, more and more females are opting for pregnancies after having PHV. All patients with PHV present unique challenges for the anesthesiologists, surgeons and obstetricians (in case of deliveries).

They have to deal with the perioperative management of anticoagulation and a host of other issues involved. We reviewed the English language medical literature relevant to the different aspects of perioperative management of patients with PHV, particularly the guidelines of reputed societies that appeared in the last 20 years.

Methods and Material; Review of literatures. We discussed the perioperative assessment of patients with PHV, including focused history and relevant investigations with the inferences drawn.

Results; We examined the need for prophylaxis against infective endocarditis and management of anticoagulation in such patients in the perioperative period and the guidelines of reputed societies. We also reviewed the conduct of anesthesia, including general and regional anesthesia (neuraxial and peripheral nerve/plexus blocks) in such patients.

Conclusion; Finally, we discussed the management of delivery in this group of high-risk patients. From the discussion of different aspects of perioperative management of patients with PHV, we hope to guide in formulating the comprehensive plan of management of safe anesthesia in such patients.

Keywords; Anticoagulation bridging therapy, Heparin, Infective endocarditis, Low molecular weight heparin, Neuraxial block, Prosthetic heart valve, Vitamin K antagonist

OP – 171

New Guidelines on General Anesthesia Care for Cesarean Section

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Abstract

Introduction: General anesthesia is the least favorite technique of anesthesia in cesarean section (c/s). When are we obligated to use general anesthesia in c/s and why anesthesiologist are so afraid of it? Pros and con! Every anesthesiologist should be prepared for rapid induction in case of emergency. Wich are the main things that we have to keep in mind during general anesthesia in c/s? Postoperative care is also very important in this patient.

Material and Method: this material is a summary of guide lines and some recommendations on the most important measures we need to take when taking to OR a pregnant woman. General anesthesia vs regional anesthesia in c/s. Every young anesthesiologist as well as the experienced ones needs to be very careful in preparing a good plan of induction, maintenance and postoperative follow up. Some important steps are here by listed, based on the latest protocols.

Conclusion: Is necessary a multidisciplinary team and a detailed anesthesia plan for better results. Preanesthetic assessment, availability of special equipment if needed, consideration of difficult intubation. Rapid-sequence induction is the best technique. Observe fetal delivery and administrate opioide and muscle relaxant after delivery and umbilical cord is clamped. Evaluate postoperative issues.

Keywords: general anesthesia, maternal emergency, difficult intubation, maintenance of anesthesia, postoperative care.

OP – 172

Burnout through Anesthesiologist: True or Myth?

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Abstract

Introduction: Burnout is a syndrome characterized by depersonalization, emotional exhaustion, and loss of sense of achievement that results from unmanaged chronic workplace stress. About 25% of anesthesiologists are at high risk of developing burnout, according to several studies. The main risk factors of burnout can emphasize environmental social isolation, long work hours, lack of control over one's career. Burnout usually occurs in individuals with no history of psychological or psychiatric disorders. Anesthesia is extremely stressful, with the potential to severely damage. The relationship between professionals is a stress factor too. The anesthesiologists consider that surgeons are the cause for developing high levels of stress at work. Work overload can be associated with pressure to get lists going on time, travel between different hospitals or take care for more than a patient at same time. Some authors refer that burnout is an age-related problem, between 40 to 50 years old, related to gender, the women are reporting higher stress levels than men.

Clinical manifestations of burnout are nonspecific, fatigue, headache, rise in blood pressure and pulse rate, sleep and eating disorders and emotional instability and can be influenced by intrinsic and extrinsic factors.

The Maslach Burnout Inventory (MBI) is a well-recognized and validated tool for assessing burnout. Burnout can reduce the quality of medical care to the point of compromise patient safety. This condition may have serious consequences, including medical errors, suicides, accidents, abuse of substances and greater risk of cardiovascular diseases.

The burnout complications can be used as indicators of high levels of stress in anesthesiology.

Keywords: anesthesiologist, burnout, stress.

OP – 173

Advantages of Epidural-Spinal Anesthesia in Radical Cystectomy

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Abstract

Introduction; Bladder carcinoma is a malignancy with a growing tendency. According to the literature, about 75% are encountered as surface tumors, 20% as muscle-infiltrating tumors, and 5% as metastatic tumors. It is the most common urinary tract neoplasm, with urothelial carcinoma (UC) being the most common histologic type.

Material and methods; This retrospective analysis of patients with bladder tumors included 16 patients. The age of the patients is 46-77 years. Males 14 while Females 2.

Smokers 10 patients. ASA 2,3,4. D.M. type 1 and HTA 15 patients. Post PCI Standing 3 patients. Obese 6 patients. Epiural-spinal anesthesia 10 patients while general anesthesia 6 of them.

Results; In the M.I.M hospital from the year (2013 to 2023), 16 patients were treated for radical cystectomy. Regional-epidural anesthesia was performed at the T8-T9 level, while spinal anesthesia was performed at the L1-L2 level with opioid support. The average operation period lasted 3 hours. Hemorrhage on average up to 2 liters/patient, patients with regional anesthesia less than average. Transfusion averages 3 doses. All patients received anti-thrombotic therapy LMWH - 12 hours before surgery as well as antibiotic preventive therapy 2 hours before surgery. Patient mobilization was significant in regional anesthesia patients compared to general anesthesia patients. The average period of hospitalization was shorter in patients with regional anesthesia (4 days), and patients with general anesthesia (6 days). Post-operative ileus has developed in 3 patients who underwent general anesthesia.

Conclusion; Epidural-spinal anesthesia is the method of better choice in patients undergoing major urological interventions such as radical cystectomy compared to general anesthesia. The mobilization and hospitalization time were significantly faster. The pain and post-operative treatment have been easier.

Keywords; *Regional anesthesia, general anesthesia, radical cystectomy.*

OP – 174

Perioperative Management of Anticoagulant and Antiplatelet Therapy

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Abstract

Introduction: The perioperative management of patients on anticoagulant and antiplatelet therapy presents a complex and evolving clinical challenge. This abstract provides an overview of the strategies and considerations involved in optimizing patient safety during surgical procedures while addressing their ongoing need for these medications.

Material and Methods: A comprehensive review of the current literature, guidelines, and clinical experiences related to perioperative management of anticoagulant and antiplatelet therapy was conducted. The abstract highlights the critical aspects of decision-making and management in this context.

Results: Balancing the risk of thromboembolic events with that of perioperative bleeding is a central theme in the management of patients on anticoagulant and antiplatelet therapy. This abstract explores various strategies, including medication continuation, temporary discontinuation, bridging therapy, and reversal agents, to address the specific needs of each patient.

Discussion: The discussion centers on the importance of individualized management plans, collaboration between surgical and medical teams, and the role of current guidelines in guiding clinical decision-making. Timing, type of surgery, and underlying medical conditions are critical factors that influence perioperative management.

Conclusion: The perioperative management of patients on anticoagulant and antiplatelet therapy requires a tailored and patient-centered approach. By considering the specific risks and benefits for each individual, healthcare providers can optimize patient safety during surgery while minimizing the risk of thromboembolic events. This abstract underscore the dynamic nature of this field and the importance of staying current with evolving guidelines and strategies.

Keywords: perioperative management, anticoagulant therapy, antiplatelet therapy, bleeding risk, thromboembolic risk, clinical guidelines.

OP – 175

Anesthetic management of a Hereditary Thrombophilia Patient who underwent Cardiac Surgery. Case Report

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Abstract

***Introduction*:** Thrombophilic diathesis may cause severe problems in cardiac

surgical patients. Among these, antiphospholipid antibody syndrome is a coagulation disorder associated with recurrent thromboembolic events.

Evidence of a case with left ventricular thrombus, diagnosed previously with a form of hereditary thrombophilia, who underwent cardiac surgery.

Case Report*:* A29-year-old male, presented with portal and mesenterial venous thrombosis, left renal infarct, post antero-septo-apical infarction and a massive left intraventricular thrombus (evident in TEE and cardiac MRI). In laboratory exam: thrombophilic panel was positive for Lupus Anticoagulant, Prothombine G20210A (heterozygous) and MTHFR (C677T) homozygous mutant. He was scheduled for cardiac surgery. There were no abnormal values of antithrombin III, Protein C-S levels and anticardiolipin antibodies were negative. Pre-operatively values of INR were 1.07; aPTT 26.1s; PT 90.00%; D-Dimer 13.45ug/ml (normal range <0.5). Preoperative ejection fraction 32%, damaged global ventricular kinetic.

Induction of anaesthesia: midazolam (5mg) fentanyl(200µg), propofol 200mg and vecuronium (10mg).The activated coagulation time (ACT) was 95s after induction and 551s after injection of 30000UIof heparin to begin CPB.30min after the administration of heparin, the ACT was checked again and found to be369s, was followed by the administration of 10000UI of heparin, 5 min later, ACT was 520s.

It was decided that protamine would not be administered due to worries about the occurrence of thrombotic complications, weaning from CPB was successfully performed, the total CPB time was 86min.

Following the procedure, the patient was transferred to the ICU without experiencing significant bleeding. The goal of

the postoperative anticoagulation therapy was PT/INR 3.0 with intravenous heparin infusion during the NPO period and with oral warfarin after that.

OP – 176

Hypernatremia as *a Predictive Factor for Neurological Disfunction after Cardiac Surgery*

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Abstract

Introduction; Neurological disfunction (ND) still cause significant morbidity and mortality in the immediate postoperative period following cardiac surgery.

This study aimed to determine whether hypernatremia increases the risk of ND after exposure.

Materials and Method. From January 2020 -September 2022, 2415 consecutive operated patients aged 55.64 ± 13.13 were included in the study. In all these patients' the progression of sodium level, before, during and in first days of operation was observed. Hypernatremia exposure was defined as serum sodium > 145 mmol/L. 265 of them (11%) developed. ND and were assigned to case group. The remaining patients 2150 were assigned in control group.

Results. In a ND group 29 patients (1,1%) had mild stroke (confirmed with CT). 236 patients (9,9%) developed postoperative delirium. The range of hypernatremia 150±4 mmol/L. High value of natremia was found in 168 patients 63,3%. While the incidence of hypernatremia in control group was 23%. Hypernatremia showed a significant correlation with increased risk of ND after cardiac surgery. Higher atrium values were associated with longer neurological recovery ($p < 0.05$)

Conclusions; Hypernatremia was associated with an increased risk of ND after cardiac surgery. Giving a fresh oral water or iv hypotonic solution immediately after first observation of hypernatremia is a best choice to reduce postoperative ND

Keywords; Cardiac surgery, Neurological disfunction, Hypernatremia

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Clinical - Surgical Characteristics of Multivalvular Infective Endocarditis. A Case Report

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Abstract

Introduction; Infectious endocarditis is a potentially deadly disease that has undergone great changes both in terms of the host (human) and the cause (pathogen). Forms with multivalvular infiltration and especially those with 3 valves are rare.

Material and Methods; Its e retrospective case. Aim is to evidence of a case with valvular 3 endocarditis and interventional perforation, simultaneous conservative and surgical management, subject to anal fissure.

Results; Case report: A 38-year-old male presented with intermittent fever for 2 weeks, arthralgia, headache in end January 2020 in emergency room of infectious diseases hospital. He referred to having 4-5-day febrile episodes for about six months, and under medication with amoxicillin improved; In December 2019, he was operated on anal fistula. The case is subject to the protocol of fever with biological, microbiological and imaging examinations. Anemia was present Rbc 3.620 000mm3, Hgb 8.9 mg/dl, elevated CPR 86 mg/dl, fibrinogen 462 mg/dl, Procalcitonin 0.12, Ferritin 482 mg/dl, Bilirubin1.5 mg/dl. Blood culture- enterococcus faecalis; urine culture-sterile, gama interferon- negative, wright, vidal, weil felix -negative. Abdominal ultrasound recorded enlargement of liver 18 cm and spleen 16.4 cm so we performed CT scan of all body which confirmed the same image and minimal liquid in pericard. At 3rd day of hospitalization in consultation with cardiologist was realize TTE and then TEE where the 1.2 cm formation is seen in posterior lips of Aortic valve, small formations on the ventricular face of the mitral valve and 2 vegetations on the tricuspidal1.5 cm long and 1.2 cm2 surface. In communication with cardiac surgeons the patients transferred in Cardiosurgery unit for intervention.

Conclusions; Multivalvular endocarditis are very rare Early diagnosis and combined conservative and surgical

emergency treatment increase the chances of life saving, quality and life span.

Keywords; Infective, Multivalvular, Endocarditis

OP – 178

Is there Room for ECMO/ECLS for uncontrolled Septic Shock in the Pediatric Population?

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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. Sepsis is the leading cause of pediatric death worldwide. In the United States alone, there are 72,000 children hospitalized for sepsis annually with a reported mortality rate of 25% and an economic cost estimated to be $4.8 billion. The incidence of severe sepsis in the pediatric population is approximately 0.6–0.9/1,000, mortality ranges between 10% and 25%, and survivors from pediatric sepsis face the risk of disability. The role of ECMO is not fully established in pediatric sepsis.

Material and Methods: We have made an in-depth literature review, in addition to our own experience, to attempt to answer the question, Is there room for ECMO/ECLS for uncontrolled septic shock in the pediatric population? and the proper actions required. Studies on sepsis in children are few and the populations are limited. We will also present an interesting case, to support our hypothesis

Results: Concerning the utilization and management of ECMO in sepsis and septic shock in the neonate, survival has been reasonably good. However, in pediatric and adult patients, mortality has been >50% with the exception of a limited number of single-center publications. Despite limitations, pooled survival data from this review indicates consideration of ECMO in refractory septic shock for all pediatric age groups. In pediatric septic Shock, the indication for ECLS is straightforward only in principle

Keywords: ECMO, uncontrolled sepsis, pediatric population

OP – 179

Induced Peripheral/Central Catheter Blood Stream Infections

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Abstract

Introductions: Hospitalization in intensive care unit and the performance of complicated interventions requires the use of venous catheters. The number of venous catheters in world in intensive care has been increased in an extraordinary way. But their use is accompanied by complications, the most important of which is infection in blood circulation. Infection of the blood circulation, related to the placement of central venous catheters is also known by the name CLABSI. A CLABSI is defined as a primary laboratory confirmed bloodstream infection, that develops in a patient with a central line in place within the 48-hour period before onset of the bloodstream not related to infection at another site. CDC and other centers are providing guidance and tools to the health care community to assist and take actions in preventing and ending CLABSI.

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 CLABSI. The frequent use of central venous catheters, prolonged days of stay, the femoral region, result in increased incidence of CLABSI in 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 CLABSI in ICU.

Conclusions: The treatment of CLABSI today is still based on expert opinions and the cohort studies rather than robust scientific evidence. Such infection continues to increase complications, mortality and are quite costly. Physicians are encouraged to use algorithms based on approved protocols.

Keywords: Blood infections, CLABSI, central venous catheter, mortality evidence, ICU

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Transient Ischemic Attack after Carotid Endarterectomy.

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Abstract

Background: Carotid disease is one of the onset manifestations of cerebrovascular disease, which is among the main causes of morbidity, mortality and disability worldwide. Carotid endarterectomy (CE) has been shown to be beneficial in patients with symptomatic high-grade (70% to 99%) internal carotid artery stenosis. Trasient ischemic attack is one of the complications after carotid endarterectomy, which is described in our case report. Patient P.K., 60 years old, presented to the clinic on 25.09.2023 with clinical signs: blurred vision and headache. The patient is subjected to a radiological examination where critical stenosis of the 80-90% ACI sinister is evident. After the intervention performed under general anesthesia in the awakening phase, these complications were evaluated: Numbness ,Speaking difficulties,Loss of motor control in right arm and leg.After 24 hours under treatment with blood thinners, the patient regained all abilities. ***Conclusions:*** Patients who are candidates for carotid endarterectomy should be valued in an integral way to individualize their treatment according to presented risk factors in order to optimize the results of the procedure and, therefore, decrease postoperative morbidity-mortality and improve their prognosis. ***Keywords:*** Carotid endarterectomy, post-surgical complications,TIA.

OP – 181

Issues of the Obese Patients in ICU

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Abstract

Introduction: The prevalence of obesity in the world since 1975 has tripled and continues to increase. Currently, obesity is one of the biggest health problems that affects all age groups, peoples and different countries. This problem is also reflected in resuscitation patients, in which the reported prevalence reaches up to 20%.

One of the main objectives in the treatment of obese patients in intensive care is to prevent respiratory complications. Management of the obese in the intensive care unit may differ from patients without pulmonary problems or those who have developed ARDS since admission. Obesity is a risk factor related to the difficulty of intubation and mask ventilation. Studies have shown that the use of PEEP up to 12 cm H2O has been effective in minimizing atelectasis in the obese, as well as the "prone position" (turning upside down) is a therapeutic maneuver of choice in obese patients with ARDS.

The use of fluids in the obese should take into account increased circulating volume as well as cardiac overload and failure.

Obesity is also a risk factor for acute kidney injury (AKI). There is a linear correlation between BMI and IRA, with higher body mass indices (BMI) being associated with a higher incidence of renal problems.

Other problems of the obese in resuscitation are related to: increased risk for venous thromboembolism, both deep vein and pulmonary embolism, abdominal compartment syndrome or skin problems.

Conclusion: Obesity is associated with significant health risks. They affect 1/5 of patients in intensive care. Despite the fact that moderate obesity may have paradoxically lower mortality in resuscitation, the increase of adipose tissue has a negative impact on some organ systems, which increases morbidity and requires adaptation of treatment in resuscitation.

Keywords: Obesity, AKI, IRA, PCR

OP – 182

Severe Respiratory Failure due to Asthmatic Status in ICU. Case Report.

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Abstract

Introduction: Acute asthma is an episode of progressive increase in shortness of breath, cough, wheezing, or chest tightness, or some combination of these symptoms. If not treated immediately there will occur increase in flow resistance causing increased work of breathing, gas exchange inefficiency, respiratory muscle exhaustion and finally hypercapnic and hypoxemic respiratory failure. Acute severe asthma carries a high morbidity and mortality.

Material and Method: A 24-year-old female presented to the hospital emergency room with breathing difficulty. The patient was a known case of bronchial asthma since years. The patient presents one-day history of shortness of breath, cough, chest pain. The patient has a history of 5 years with regularly spotted bronchial asthma. She was shifted to the ICU, by which time she was severely breathless, unable to speak. Parameters in the lining: Koshient, dyspnea, polypnoe, Fr = 35 / min; SaO2 = 81% with 10l-O2 / min; Fc = 130 / min (RS); TA = 130 / 70mmHg.The physical signs that are encountered are tachypnea, tachycardia, wheeze, hyperinflation, accessory muscle use, pulsus paradoxus, diaphoresis, cyanosis. Due to the severity of the attack she rapidly desaturated and was intubated and provided mechanical ventilatory support. Over three days on the ventilator her condition gradually improved and she was extubated on the 4th day. She was also prescribed bronchodilators, steroids and other supportive medications. On the third day, the ventilatory mode was changed to SIMV. Early the next morning, midazolam infusion was discontinued and she was weaned to CPAP and then extubated. She showed good recovery with hemodynamic stability and was transferred to the ward the next day.

Conclusion: Acute severe asthma carries a high morbidity and mortality. It may be classified as mild/moderate/severe or life threatening. Peak Expiratory Flow rate is a good indicator of severity of the attack. B2 agonists by nebulisation are the first line of therapy for acute severe asthma. Nebulisation with anticholinergics is an adjunct as the support medication in an acute asthmatic attack. Steroids are to be given in all patients, but antibiotics to be prescribed only where indicated. Other modalities of treatment include Magnesium, volatile anaesthetics

Keywords: Asthma, mechanical ventilation, pneumomediastinum, acute respiratory failure.

OP – 183

Choosing Vasopressors: is there any better Combination in Septic Shock?

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Abstract

Introduction: Sepsis presents a challenge in nowadays in daily practice of every Intensive care therapy unit. This syndrome is a life threating 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. Vasopressors are cornerstone of sepsis treatment.

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 serve as a reliable information how to combine the vasopressors during treatment of sepsis.

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. If this combination fails, then dobutamine can be added if myocardial disfunction is verified. After that the combination dobutamine/noradrenaline can be substitute with epinephrine. In late phases if hypotension persist, hydrocortisone can be added.

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, vasopressors, septic shock

OP – 184

New Concepts on Hemodynamic Evaluation in ICU

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Abstract

Introduction: Hypoperfusion states are commonly faced in intensive care unit. Hypoperfusion due to cardiogenic shock leads to multiorgan failure, increasing morbidity and mortality. Hypoperfusion monitoring in ICU is mandatory to better explain the situation, to identify the cause of decompensation, and eventually correctly treat the patients.

Material and Methods: We checked the literature to summarize the monitoring scenarios and parameters recommended by the literature. Several models are available nowadays. Besides clinical examination, different biomarkers are proposed. Lactates, BNP, NT-pro BNP, CO2 gap (the difference of arterial and central CO2 partial pressure), mix venous saturation, and CRP are usually used to monitor the patients suffering from hypoperfusion.

Discussions: Clinical signs of hypoperfusion include altered mental status, decreased urine output, and increased lactate levels over 4. Monitoring lactate levels, mix venous saturation, CO2 gap, are of great importance of hypoperfusion monitoring in ICU. Noninvasive measurements as PICCO, Vigileo, and invasive monitoring through Swan-Ganz catheter can be adopted case by case based on clinical scenario and patient's comorbidities. Echocardiography examination (TTE, TEE) can be useful as well to determine the cardiac function, valve, and inferior vena cava.

Conclusions: Hypoperfusion states are common in ICU. Physiological evaluation based on clinical examination, and adequate monitoring are crucial for correct treatment of the patients to increase the likelihood of success and improve patient's prognose.

Keywords: shock, hypoerfusion, ICU

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Time to be Permissive in ICU: Lifelong Dilemmas!

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Abstract

Introduction: The enemy of "better" is often "the best" during treatment of the patients in intensive care units (ICU). Often junior physicians in ICU may face difficulties treating the patients due to lack of expertise and experience. So junior colleagues (but not only them) tend to overreact in front of difficult situation in intensive care unit. Those reactions may be helpful for the patients being right decisions, but in several moments can cause new complications due to drug side effects or performed procedures. The actual literature offers a variety of articles of so-called permissive strategies (hypotension, hypoxemia, hypertension, hypercapnia, and oliguria) in ICU.

Material and Method: Advantages of permissive hypotension include minimizing fluid administration amounts, minimizing excessive fluid administration side effects (interstitial edema formation in several target organs, electrolytes disturbances, and hyperchloremic acidosis), and minimizing the dose and the duration of vasopressors. Minimizing vasopressors can also reduces their side effects as ischemia of peripheral tissues, excluding regions of the body from perfusion, cerebral ischemia, tachyarrthymias, and coronary spasms. The contraindications of permissive hypercapnia are pulmonary hypertension and increased intracranial pressure.

Results: The guidelines for hemorrhagic stroke recommend having systolic blood pressure target between 130-150 mmHg, suggesting that lowering systolic blood pressure below 130 mmHg may be harmful to the patient. Prior of fluid administration the physicians must be ensured that the patient may be fluid responsive. Fluids are drugs and have their own side effects. The aim must be to correctly restore vascular bed without side effects as hypervolemia, edema, electrolyte disturbances, and acid base disorders. So can tolerate urinary output around 0.3 ml/kg/h for 4 hours.

Conclusions: Critical care thinking is a normal daily practice for every physician working in ICU. Individualizing the patients ("one size does not fit to all"), thinking before overacting, and not considering guidelines as tabu, are hallmarks of permissive treatment.

Keywords: ICU, oxygen target, permissive hypotension

OP – 186

Rare Complications in Sitting Position for Posterior Fossa Neurosurgery, Case Report.

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Abstract

Introduction: Sitting position is very useful in posterior fossa neurosurgical procedures. Venous Air embolism is one of the major consequences of this position.

Material and Methods: The patient EA, 36 years old, nothing in objective examination, bubble test neg, sitting position, LHERMITLE DOCLAS tumor and ARNOLD CHIARI, intraoperatively 7 episodes air embolism, drastic reduction EtCO2, hypotension tendency 80-90, bigeminy. 6 h after the surgery 500 ml bilateral pleural liquid was removed, remained intubated 1-st postoperative night with fio2 55% and PaO2 90-95. 1-st postoperative day, still intubated, again 1500 dexter and 1100 sin ne total was removed, PaO2 approximately 75 with fio2 45-50%, during weaning severe desaturation. After 6 h from the second liquid removal, the patient had made again massive bilateral pleural effusion and thoracic drainage was performed. Drain dexter 600 ml and thoracocentesis sin 600 ml. 2-nd postoperative day, no more pleural effusions were verified, and patient was extubated.

The patient SHK, 25 years old, in sitting position for Schwannoma resection. In preoperative cardiology evaluation Bobble test positive was verified. Nothing in medical history and preoperatively examinations. Episodes of air embolism intraoperatively and in early postoperative period massive bilateral pleural effusion was verified. Thoracocentesis 1-liter dx and 0.6 l sin, in 1-st postoperative day.

The patient FG, 40 years old, underwent to Occipital cerebral metastasis (Ca mammae 4 years ago) removal in sitting position. Air embolism was verified one episode with ETCO2 12.9 but no hemodynamic and respiratory disturbances. The patient was extubated in ICU.

Conclusion: During severe venous air embolism, the pleural effusion is often faced. This must be in consideration before extubating the patient.

Keywords: posterior fossa, neurosurgery, sitting position, air embolism

OP – 187

Guidelines of Non-Invasive Ventilation Use in acute on Chronic COPD.

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Abstract

Introduction*:* Acute exacerbations of chronic obstructive pulmonary disease (COPD) are a frequent cause of admission to hospital and the intensive care unit (ICU). During these episodes a major deterioration in gas exchange is accompanied by a worsening in the clinical condition of the patient, characterized by a rapid and shallow breathing pattern, severe dyspnea, right ventricular failure, and encephalopathy. Noninvasive ventilation (NIV) is used in nearly one third of COPD patients considered to have a poor life expectancy

This review summarizes the main effects of NIV in this pathology.

Material and methods: We reviewed the literature data and the current guidelines on the COPD and on non-invasive ventilation use and benefits on acute on chronic COPD.

Discussion: Noninvasive ventilation has been a major advance in the management of acute exacerbations of chronic obstructive pulmonary disease, reducing the need for endotracheal intubation, thereby reducing complications and hospital costs, as well as improving survival. It has been used in a variety of different clinical environments including the emergency room, on general wards, in intermediate respiratory care units and in the intensive care unit. However, inadequate patient selection and incorrect management of NIV increase mortality.

Conclusion*:* Randomized controlled trials have confirmed the evidence and helped to define when and where NIV should be the first line treatment of exacerbation of COPD. It should be regarded as part of standard therapy for patients who continue to have a respiratory acidosis after standard medical therapy. Furthermore, great attention must be devoted to risk of NIV failure, being always able to intervene with appropriate endotracheal intubation.

Keywords: Acute exacerbation, chronic obstructive pulmonary disease, noninvasive ventilation

OP – 188

A Critical Appraisal of Emergency Resuscitative Thoracotomy in a Western European Level 1 Trauma Centre: A 13-year Experience.

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Abstract

Introduction: Emergency Resuscitative Thoracotomy (ERT) is a lifesaving procedure in selected patients. Outcome mostly in blunt trauma is believed to be poor. The primary aim of this study was to determine the predictors of postoperative mortality following ERT.

Material and Methods: We retrospectively reviewed 34 patients ≥ 18 years who underwent ERT at San Camillo - Forlanini Hospital (Rome, Italy) between January 2009 and December 2022 with traumatic arrest for blunt or penetrating injuries.

Results: Of 34 ERT, 28 (82.4%) were for blunt trauma and 6 (17.6%) were for penetrating trauma. Injury Severity Score (p-value 0.014), positive E-FAST (p-value 0.023), Systolic Blood Pressure (p-value 0.001), lactate arterial blood (p-value 0.012), pH arterial blood (p-value 0.007), and bicarbonate arterial blood (p-value <0.001) were significantly associated with postoperative mortality in a univariate model. After adjustment, the only independent predictor of postoperative mortality was Injury Severity Score (p-value 0.048).

Conclusion: Our experience suggests that ERT is a technique that should be utilized for patients with critical penetrating injuries and blunt trauma in patients in extremis. Our study highlights as negative prognostic factors high values of ISS and lactate arterial blood, a positive E-FAST, and low values of Systolic Blood Pressure, pH arterial blood and bicarbonate arterial blood.

Keywords: Emergency thoracotomy, Resuscitation, Survival, Blunt trauma, Penetrating trauma

OP – 189

Acetaminophen Intoxication During Pregnancy: Case report and Principles of Treatment in ICU

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Abstract

Introduction; In Albania, APAP poisoning is the most common cause of poisoning. The occurrence of this poisoning in pregnant women is uncommon, and overall, the prognosis has been positive, except for the case we are presenting.

Case Presentation: We encountered a distressing case of a 21-year-old woman, 32 weeks into her pregnancy, who was presented at the ED with an acetaminophen overdose. She had ingested 13g of paracetamol initially, followed by an additional 15g after 8 hours. Ten hours after the second ingestion, she sought help at the Toxicology service, where we promptly initiated supportive treatment and administered NAC. Given her critical condition and acute fetal distress, a cesarean section was proposed and performed 23 hours after admission, with the family's consent. Regrettably, the fetus was stillborn, a male weighing 2500g, with an Apgar score of 0.0. The incoming pH was 7.109, and BE -11.1mmol/L. Within 2 hours post-surgery in the ICU, we diagnosed her with acute hepatorenal failure. Manitol, albumin infusion and Hemodialysis were the chosen treatment accompanied by supportive medication. a complete response to therapy was observed after 18 days.

Discussion: During the 18th week of gestation, CYP450 activity is detected in the fetal liver, rendering it susceptible to APAP-induced damage. The fetal liver has limited glutathione reserves to conjugate the toxic metabolite "NAPQI," which leads to mitochondrial respiration inhibition, cellular toxicity, and metabolic acidosis. Timely administration of NAC is crucial, ideally within 8 hours of a toxic APAP ingestion. Any delay in administering NAC increases the risk of hepatotoxicity.

Conclusion: The impact of APAP toxicity during the eighth month of pregnancy can result in both maternal and fetal Acute Hepatorenal Failure, leading to fetal death. Swift administration of the antidote, NAC, after acetaminophen intoxication, is vital to reduce mortality risk for both the mother and the infant.

OP – 190

How to Correctly Use of Antibiotics in ICU and PCT Role!

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Abstract

Introduction: Antibiotics (ABx) are limited today, and new antibiotics are not yet discovered. The unnational use of antibiotics can lead that will soon become ineffective. The WHO Global Action Plan on Antimicrobial Resistance 2015 summarizes that antimicrobial resistance is a crisis that must be managed with the utmost urgency. The Interagency Coordination Group (IACG) on Antimicrobial Resistance reported in 2019 that, "unless the world acts urgently, antimicrobial resistance will have disastrous impact within a generation." Deaths due to drug-resistant diseases "could increase to 10 million deaths globally per year by 2050."

Material and Methods: As much as 75% of all antibiotic doses are prescribed for acute respiratory tract infections, despite their mainly viral cause. PCT-aided therapy in such patients allows reduction in ABx exposure without any adverse impact on outcome. Effective antibiotic treatment is reflected by declining PCT values,31 consistent with its half-life time of about 20–24 hours. Serial determinations of PCT can be used to monitor the course of infection in sepsis patients. Appropriate empiric antibiotic therapy was associated with a significant decline in PCT from day 2 to day 3 ($\Delta PCT \geq 30\%$).

Discussion: Intra-abdominal infections are a common cause of infectious mortality in surgical ICUs. The duration of antibiotic treatment for their management is controversial. The use of PCT can reduce by 5 days the duration of antibiotics. Early diagnosis of neonatal sepsis is vital to improve the outcome. In the absence of reliable infection markers during the first hours of life, ABx treatment in newborn infants with risk factors for infection is started early, exposing a considerable number of patients to unnecessary treatment. PCT-guidance has been shown to significantly reduce antibiotic treatment duration and length of stay (LOS) in such cases

Conclusion: PCT helps me to prescribe antibiotics rationally and thus to save their power for future generations.

Keywords: procalcitonin, antibiotics, microbial resistance

OP – 191

Emergency Ocular Traumas - A Case Report and Literature Review

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Abstract

Introduction; To analyze different types of ocular trauma, their possible management, expectations depending on the respective area affected by the trauma, and to emphasize the importance of timely intervention in order to achieve the maximum result - which will be illustrated through a clinical case presented in our clinic.

Materials and Methods; Patient M.C., 56 years old from Klosi, presented himself at the clinic the day after an incident, after he was injured while cutting wood. He presented with pain and decreased vision in his left eye since the previous night. During the conversation with his family, the patient was described as having been under the influence of alcohol on the night of the incident. Visual acuity in the left eye was light perception. After the clinical evaluation, palpation revealed deep hypotony of the left eye as well as hyphema in the anterior chamber. In this way, a scleral rupture or perforation was suspected. B-scan showed vitreous hemorrhage and disorganization of the posterior structures. The patient was advised to undergo the intervention.

Results; After opening the bulbar conjunctiva, a comprehensive exploration of the sclera was performed. Unfortunately for the patient, a scleral rupture very close to the optic nerve (temporally corresponding directly to the macula) was evident. As a result of the difficult position for suturing, the external rectus muscle was cut, the wound was sutured and the muscle was regenerated in its place. Also, at the end of the intervention, the anterior camera was washed.

Conclusions; By describing this specific case, we demonstrated the importance of the area involved in the traumatic event, as well as the relevant expectations. Prognosis is related to physical/aesthetic preservation of the eye. No improvement of the visual appearance is expected due to the rupture of the macular area.

Keywords; Rupture of the bulb, trauma, macula, optic nerve.

OP – 192

Visual Results of Pupilloplasty In Ocular Trauma-Case Report. Technique: Cerclage Technique

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Abstract

Purpose: To report the visual results of different techniques for pupilloplasty of the iris in the eye after traumatic injury - which will be illustrated through a clinical case presented in our clinic where one of the most used techniques in pupilloplasty, Cerclage pupilloplasty, was used.

Material and Methods: Patient A.K., 28 years old from Kosovo, presented to the clinic one week after the incident, after he was injured while working with a nail. He presented with burning, watering, photophobia and decreased vision in his left eye, since the incident. Visual acuity in the damaged eye (left) was 5/10. Mydriases came as a result of pupil atony as a result of the trauma as well as interventions with a time difference that the patient underwent.

Results: Iris cerclage pupilloplasty creates a round pupil with minimal focal stress on the iris. The pupil is non-reactive, so it is important to leave an adequate pupil size (3.5-4.5 mm) for fundus assessment. It is safe and effective in reducing the inability to focus light in cases with sufficient iris tissue and improves visual acuity.

The patient is satisfied with the aesthetic and functional results of the operation.

Conclusion: We can conclude that pupilloplasty with iris cerclage technique is an approach that gives satisfactory results. Based on the functional results of the clinical case presented in the clinic, this procedure is safe with good visual results, as well as an aesthetically well reconstructed pupil.

We have the Visual Appearance permit with the achievement of 10/10 visual acuity as well as the clinic permit for the patient placed in the clinic.

OP – 193

Nasal Bone Trauma

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Abstract

The purpose of the study is the evaluation of nose traumas, the examination of their management methods as well as the aesthetic, structural and functional results.

Material and Methods: The patients who presented to the emergency department of the University Hospital of Trauma with craniofacial trauma for the period January 2022-January 2023 were analyzed. 430 patients presented to the hospital with craniofacial trauma in this time period were analyzed.

Results: Patients presented to the hospital with ocular trauma in the period January 2022-January 2023 are 430 patients, of which 52% had nasal fractures. Of these 28% women, 72% men, who were injured 62% car accidents, 22% sports injuries, 15% physical aggression. The distribution according to age is 5% ≤10 years, 16% 10-20 years, 27% 20-30 years, 24% 30-40 years, 16% 40-50 years, 7% 50-60 years, 3% 60-70 years, 2%≥70 years. Of the traumas presented, 45% linear fractures without depression, 27% unilateral depression with or without septum fractures, 18% bilateral depression with or without septum fractures, 10% multifracture. Of the patients presented with nasal trauma, 47% were left for follow-up, 53% underwent surgical management, of which 27% underwent surgical repair, 18% underwent DSN intervention and 8% underwent rhinoplasty.

Conclusions: The management of nasal trauma is a medical emergency with a high incidence of men in the 3rd-4th decade of life, which are presented mainly within the first 24h after the trauma. The most frequent cause of nasal trauma is car accidents. The predominant nasal traumas are those with linear fractures without depression. The most frequent management is intraoperative surgery.

OP – 194

Canalicular Traumas and their Repair while Preserving Anatomy and Function.

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Abstract

Introduction; Canalicular trauma refers to sudden physical injury that results in damage to the canal, part of the eye's lacrimal drainage system. The lacrimal canaliculi are located within the medial aspect of the eyelid. This area is different from the rest of the eyelid because it does not contain a tarsal substructure. Therefore, a force that displaces the eyelid from its firm attachment to the medial canthal tendon, lacrimal bone, and maxillary bone tend to cause avulsion on the medial aspect of the eyelid. Many types of trauma to the face can result in damage to the lacrimal drainage system.

Material and Methods; A case of trauma presented in the clinic with laceration of the inferior canaliculus in the left eye is presented. The patient is evaluated for the wound, with or without tissue loss, and then the surgical repair method is decided. The chosen method of surgical repair was with a "pigtail probe" (pig tail probe) by placing the silicone tube with the aim of preserving the passage of the canaliculi during the postoperative period as well as suturing the lacerated tissues.

Results; The patient presented to the clinic with a scar of the inferior canaliculus of the left eye after the selected surgical intervention, results in preservation of the anatomy and function of the canaliculus after recovery. The canaliculus works normally and we don't have watery eyes.

Conclusions; In cases of trauma to the lacrimal duct, it is very important to choose the right surgical method to preserve the anatomy and function of the duct so that the patient is not left with irreversible problems of the lacrimal ducts.

Keywords; trauma, canalicular trauma, surgical methods, probe pigtail, silicone tube

OP – 195

Perforative Trauma of the Eyeball. Surgical Treatment

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Abstract

Introduction; Penetrating and puncturing injuries to the eye (commonly referred to as open globe injuries) can result in severe vision loss or loss of the eye. Penetrating injuries by definition penetrate the eye, but not through and through - there are no exit wounds. Puncture injuries have both entrance and exit wounds Typically, to constitute one of these injuries, a complete peroration o the cornea and/ or sclera must be present.

Material and Methods; Penetrating or puncturing injuries should be evaluated and treated immediately. Depending on the material causing the injury and the location of entry, severe vision loss can occur. Globe exploration should be performed in case of suspected penetrating trauma with possible vitrectomy if there is vitreous hemorrhage with intraocular foreign body or retinal detachment. Otherwise, closure of the open globe is done primarily by focusing on the structures of the anterior segment, with all efforts made to return the eye to its pre-trauma condition.

Results; Patients presented to the QSUT with perforative trauma of the eyeball are managed surgically by personalizing the surgical strategy for each case depending on the specifics of each case (video illustration) with the aim of minimizing the consequences on the patients' vision.

Conclusions; Surgical management as soon as possible with the appropriate method according to the specifics of the case with perforation of the eyeball is essential in preventing further complications as well as maximally preserving the patient's appearance.

Keywords; trauma, eyeball, perforative, surgical treatment

OP – 196

Left Leg Ischemia post Iatrogenic left External Iliac Artery Occlusion

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Abstract

Introduction: Varicocelectomy is the most commonly performed operation for the treatment of male infertility. Many surgical approaches are used as each of them has advantages over the other and is preferred by surgeons. The left ligation technique consists in finding the refluent left spermatic vein through a traditional surgical oblique retroperitoneal approach. At this level the vein is generally unique and easy to ligate.

Vascular injury has been reported only one time as a complication of varicocelectomy due to iatrogenic trauma of left common femoral artery. Limb ischemia occurs because of a decrease in the blood flow to a limb, resulting in a potential threat to the viability of the extremity. Claudicatio intermittent, leg pain, coldness, and paresthesia are the most common symptoms.

We present the extraordinary case of a 34-year-old Albanian male, treated abroad by ligation of the left spermatic vein for left varicocele, 5 months before presentation in our service, who developed left leg ischemia due to ligation of the left external iliac artery in the same operation, unreported to the patient by the urologist. This fact is totally unusual.

He was successfully treated in our service by a left iliac-femoral bypass.

OP – 197

Surgical Methods Used in our Vascular Surgery Service for the Treatment of Femoro-Femoral and Femoropopliteal Arterial Obliterations.

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Abstract

Introduction: One of the most frequent forms of PAD is the Obliteration of the femoral artery, which supplies blood to the lower limbs. The gradual obstruction of this artery creates obstacles in the flow of blood to the limb, causing chronic ischemia. Symptoms include claudication and shortening of the distance the patient can describe walking without pain. In more severe cases, PAD can cause acute ischemia and gangrene, risking the loss of the limb.

Material and Methods: This is a retrospective study that includes all patients who underwent surgical procedures for the treatment of obliteration of the femoro-femoral and femoro-popliteal arterial segments, for a period of 6 years, extending from 2016 to 2021.In total, there were identified and collected data from 396 patients with obliteration of the femoro-popliteal arterial segments, who underwent surgical procedures .endarterectomy, bypass with Dacron and PTFE prosthesis, and saphenous vein arterial bypass.

Results: Bypass surgery with Dacron prosthesis achieves a higher degree of effectiveness for Femoro-Femoral and Femoro-Popliteal arterial obliteration above the knee level. Saphenous vein arterial bypass surgery achieves a higher rate of effectiveness for below-knee Femoro-Popliteal arterial obliteration.

In-hospital mortality of patients is low, for both locations of arterial obliteration. The 24h post-operative complications are estimated to be acute ischemia/thrombosis and hemorrhage, but the complication rate is low, which suggests a high operative success rate. The most frequent risk factors in patients with arterial obliteration in the lower limbs were. Male (93.18%), age over 60 years, smoking (79.5%), alcohol consumption (56.8%), Hyperlipidemia (62.9%), hypertension (81.8%) and type 2 diabets (44.7%).

Keywords*:* Femoro-Femoral arterial obliteration, femoro-popliteal arterial obliteration; Bypass with Dacron, PTFE prosthesis,

OP – 198

Conservative Treatment of Intermittent Claudication. Physical Therapy vs Medical Treatment.

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Abstract

Introduction: Claudication is a disabling symptom that affects almost 10 % of the population over 60 years of age. People of this age need to have an active lifestyle and improving their walking distance without pain is very important. Studies of the natural history of Peripheral Arterial Disease have demonstrated that the risk of amputation in these patients is around 1% per year and on the other hand, the cumulative 5-year permeability of endovascular or surgical revascularization procedures is around 60%. So even after a successful revascularization, the great majority of these patients will have to deal with claudication again after some time. On the other hand, these are risky procedures and occlusion of the treated artery has an important recurrence rate. For these reasons the actual guidelines recommend conservative treatment for claudication and revascularization for critical ischemia of the lower limbs.

Conservative treatment refers to controlling atherosclerosis risk factors, improving symptoms through systematic walking training and/or treatment with Cilostazol. Studies have not found a significant difference between the two modalities in improving walking perimeter.

In this presentation I will illustrate the pros and cons of each treatment modality in a series of my patients and will illustrate some of the basic exercises of physical treatment. Walking training is simple, has not any collateral effect and promotes a better general health and mental status in the elders, while medical treatment with Cilostazol is costly, adds another pill to medications for other disease and has a potential bleeding risk especially when combined with other antiaggregant drugs.

Conclusions: In my experience, repeated exercises for the calf muscles and walking daily for fixed distances is very effective in improving the quality of life of elderly people with Peripheral Arterial Disease.

OP – 199

Report of Ruptured Abdominal Aortic Aneurysms Presented in Emergency Department, four Years' Experience.

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Abstract

Introduction: Abdominal aortic aneurism is a common and life-threatening disease. Current outcomes with elective open repair are excellent, with perioperative mortality rates between 1% and 7%. Despite advances in operative repair, ruptured abdominal aortic aneurysm (rAAA) remains associated with high mortality and morbidity rates.

The purpose of this study is to compare the outcomes of open repair between patients with ruptured AAA presented early and late in emergency from the onset of symptoms and to highlight the importance of early diagnosis and treatment of AAA.

Materials and Methods: This are a descriptive study. The data are secondary, including patients hospitalized in Vascular Surgery Service at QSUNT, during the period January 2019- December 2022.

The study included 49 consecutive patients, presented in the emergency department diagnosed with rAAA. All patients had done previously an abdominal ultrasound and Angio CT of the abdominal aorta and inferior extremities.

Results: There is a significant relation between time of presentation of patients in emergency. Patients with rAAA who underwent surgical intervention within the first hour from the time of presenting to the emergency room had successful outcomes. Intra-hospital mortality among patients with rAAA was approximately 56.7%, of which 52.9% pre-operatively, 5.9% intra-operatively, and 41.2% post-operatively. Predictive factors of mortality were the diameter of the aneurysm, the level of anemia, and the time from the moment of presentation to the ER to the moment of incision in the operating room.

Conclusion: The outcome of symptomatic AAA patients that undergo open surgical repair is very favourable. Patient with rAAA should be treated immediately through surgical intervention despite the operative risks. The hospital course is associated with more complications, higher mortality, and higher treatment costs for patients with rAAA.

Keywords: Symptomatic and ruptured abdominal aneurisms, early preseantations, emergency

OP – 200

Popliteal Artery Aneurysms, Our Experience in Management

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Abstract

Introduction; Popliteal artery aneurysm (PAA) is uncommon, although the popliteal artery is the second most frequent location of arterial aneurysms. The aim of this study was to evaluate the epidemiology and outcomes of PAA treated surgically in our clinic.

Material and Methods; From 2008 to 2023, 33 patients with PAA measuring from 2 to 7 cm were operated in our department. All data were collected retrospectively. All patients, except one, had undergone ultrasonography examination and computed tomography angiography before treatment. Patients had a 30-day follow-up with clinical and ultrasound examination.

Results; Median age of the patients was, 68 years all patients were male. PAA were asymptomatic in 14 patients (42.4%), 2 patients had intermittent claudication, 2 patients presented with rupture of popliteal aneurysms, while the other patients (45.5%) had acute ischemia due to acute thrombosis in 11 patients, chronic thrombosis in 2 patients and distal embolization in 2 patients. From 33 patients, only one patient underwent thrombolysis with reteplase, all the others were surgically treated. 29 patients were treated with aneurysmectomy with prosthetic graft interposition using a posterior approach. In 2 patients, distal ligation of the aneurysm with femoral-popliteal bypass grafting was performed. Only one patient underwent trombectomy. During the follow-up period (30 days), no deaths were registered. There was only one limb amputation (the patient who performed trombectomy), one graft thrombosis and one fasciotomy (the patient that underwent thrombolysis). The limb salvage rate was 97%.

Conclusions; PAA are rare, only 33 patients were diagnosed and treated during the last 15 years in our clinic. The surgical treatment of PAA had excellent short-term results with no mortality and a high limb salvage rate.

Keywords; Popliteal artery aneurysm, posterior approach

OP – 201

Management of Rupture of Internal Carotid Artery after Stent Placement. A Case reports and Review of the Literature

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Abstract

Introduction; One of the major but fortunately rare complication of carotid artery stenting (CAS) is rupture of the internal carotid artery. A complication seen approximately in 1.1 % of CAS procedures according to the literature. Treating options include surgical repair or ligation, stent placement with covered or uncovered stents, temporary balloon occlusion and conservative management.

Case report- A 69-year-old woman with an 80 %, highly calcified stenosis of the right carotid artery, undergoes angioplasty and stenting of carotid artery by the interventional cardiologist. Two stents where needed because of the extend of the atherosclerotic plaque in right ACC, ACI artery. Contrast extravasation was seen after the last arteriography. Right after, the patient was complicated with bradycardia, hypotension and right lateral neck hematoma. She was resuscitated, brought to our surgery room normotensive but still unconscious. Tracheal deviation was observed during intubation. She underwent surgical exploration of the right carotid artery. A large hematoma and no active hemorrhage were found. Postoperative hemodynamic and neurologic parameters were normal. There was no need for further invasive procedures

Conclusions; CAS is available since 1994. Even though, there is little data to guide the management of this major CAS complication. The available literature supports that these patients may be managed conservatively with hemodynamic monitoring and follow up imaging or with endovascular techniques, if it is possible. Surgery can be reserved for selected cases. Our case was promptly complicated so we preferred surgical exploration. However, until further experience is available the management of each case may be individualized

Keywords: carotid artery, stenting, rupture, surgical exploration

OP – 202

Vascular Accesses for Hemodialysis. Creation of Arterio-Venous Fistula for Hemodialysis is the best Choice in Patients with Advanced Stages of Chronic Renal Diseases.

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Abstract

Purpose of the study: A-V fistula for hemodialysis is the first and best choice in patients in advanced stages of chronic renal diseases.

Materials and Methods: The current retrospective study was done at the Vascular Surgery and Angiology Unit of Tirana. Primary Arterio-Venous (AV) fistulas are made in 177 patients with end-stage renal disease for hemodialysis. All patients were operated under loco-regional anesthesia. Blood flow, patency and functioning of the fistula during hemodialysis were evaluated.

***Results*:** The results showed that 77% of AV fistulas performed in the radial artery with side-to-side anastomosis, and 80% of those with end-to-side anastomosis (T-L) were functionally tentless in the first year. Within two years, the operation rate of lateral and termino-lateral anastomosis was 50% and 55% respectively. In addition, the function rate was 90% in AV Fistula performed in the brachial artery with end-to-side anastomosis, either primary or secondary, at the end of the first year. However, a rapid decline was observed in the rate of function during the third year in both radial and brachial arteries based on AVF.

***Conclusions*:** We confirmed that superficial arterialized veins of the arm in primary AV Fistula were the most optimal and rational approach for hemodialysis, ensuring a sufficient blood flow during this process. In addition, in AV Fistulas failure, primary fistula should be replaced with AV Fistula, and secondary fistula is preferably done with brachial artery.

OP – 203

Encephalopathy Following the Carotid Endarterectomy, an Expresion of Hyperperfusion Syndrome

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Abstract

Introduction: Extracranial internal carotid artery stenosis accounts for 15–20% of ischemic strokes and carotid endarterectomy (CEA) is the most frequently performed surgical intervention in stroke prevention. Neurological complications following CEA are usually ischemic in nature, due to embolization or occlusion of the carotid artery. However, encephalopathy due to increased of cerebral flow is quite common in the first hours after surgery, but in a small subset of patients, encephalopathy is related to cerebral hyper perfusion or reperfusion causes post-operative neurological dysfunction, characterized by ipsilateral headache, focal seizure activity, focal neurological deficit and ipsilateral intracerebral hemorrhage or edema. Cerebral hyper perfusion syndrome, a serious complication of carotid endarterectomy, is easily missed when the patient presents as a medical emergency.

Although rare, it can lead to significant morbidity and mortality if not correctly recognized and treated.

Conclusions: Encephalopathy due to cerebral hyper perfusion or reperfusion syndrome is a rare but serious complication of CEA; Ipsilateral Headache, neurological deficit, encephalopathy and seizures are main clinical presentations. Contralateral carotid artery severe stenosis hypertension; recent ipsilateral surgery, age and preoperative hypertension are the main risk factors for hyper perfusion after surgery. Morbidity, hospital is ICU length of stay is increased in all the patients with encephalopathy due to CHS.

Keywords: Carotid endarterectomy; Encephalopathy; Cerebral hyper perfusion syndrome, Contralateral carotid stenosis; Hypertension

OP – 204

Thrombolysis of Ischemic Stroke: Time is Brain

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Abstract

Introduction; Upon arrival in the emergency room of a patient with a stroke, for which there is no known ischemic or haemorrhagic etiology, the Doctor carries out a rapid global clinical evaluation and rapid medical history with the help of the relatives or the patient himself. If the time of onset of clinical signs can allow for possible systemic or intra-arterial thrombolysis, immediately alert Radiology and, while waiting for a neuroimage to be performed (generally CT without contrast medium + CT angiography of the cerebral vessels and supra- aortic valves) evaluates the 1. eligibility criteria for thrombolytic treatment 2. the absolute exclusion criteria and 3. the relevant exclusion criteria, consulting the tables in your possession.

A complication of thrombolytic treatment, both systemic and intraarterial, is cerebral hemorrhage. In this case, urgent neurosurgical evaluation is required.

Conclusions. Thrombolytic treatment in acute ischemic stroke is a therapy that can save numerous human lives from long-term disabilities, with brilliant restitutio ad integrum results. Every minute, in the brain area deprived of oxygen, 2 million brain cells die. Doctors and nurses, in order to save as much time as possible, make use of operational check-lists; of tables for the eligibility and exclusion criteria; table of the NIHSS scale (with related sentences and images for aphasia – dysarthria). The decision, in fact, is often difficult as well as dutifully quick: in such cases it is necessary to make use of the experience or, failing that, the advice of the most expert doctors.

OP – 205

Satisfaction of the Staff and Family Members of the Patient in the Emergency - Case Presentation.

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Abstract

Introduction; Trauma has a different impact on the population regardless of age. This is because the victims of trauma are in most cases people who until the moment of the trauma enjoy full health. Intensive, coordinated work, multidisciplinary approach and common positive goal are some of the contributing factors in saving the patient's life. Our aim is to present a case of a child brought to the Emergency Department of our Hospital with polytrauma. The case, its management and the satisfaction of the emergency team and family members for action and rescue are described.

Primary health care in trauma has been distinguished with better outcomes. The child's family

members express gratitude even many years after the accident. The contemporary approach to

shortening the time before hospitalization, focusing on bleeding control, spinal stabilization,

monitoring of vital signs, and eventual correction remains a priority of teamwork and preparation for adequate treatment after admission to hospital institutions. The greatest satisfaction of our profession is when we manage to save the life of the patient who, without our help and professional action, has almost zero chance of survival.

Keywords: polytrauma, child, satisfaction, multidisciplinary care.

OP – 206

Triage in Centre of Urgent Medicine

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Abstract

Introduction: The triage considered the first moment of evaluating the patients based on clearly defined criteria to which the patients are prioritized.

What is triage? A system applied by medical or emergency staff to rationalize limited medical resources when the number of people in need for care surpasses available resources.

The purpose of triage to defines priorities for; treatment, evacuation and hospital transport

The Objectives are; to recognize signs, situations and conditions with high priority***;*** to elaborate an efficient decision-making process***:*** to ensure correct gathering of information***;*** to codify quickly with low level of error

The purpose of the paper is the retrospective analysis of the cases processed by the Dispatch Center recorded in the protocols and the archive database of the EMC.

The material treated is in the two-year period with special emphasis on the cases treated in the field conditions with the ambulance teams.

Results; All cases, health staff, ambulances, infrastructure and medical equipment presented to EMC during 2021 and 2022 were studied. The total of services in EMC in 2021 was 21760, and in 2022 was 29051 The staff consist: 99 health workers (30 doctors, 57 nurses, 4 laboratory workers and 8 drivers)

Conclusion; The implementation of triage affects the reduction of mortality, since emergency cases were treated immediately by doctors by administering intensive therapy and their immediate monitoring. We reached reduction of expenses by not making interventions, manipulations and examinations for non-urgent cases. The interrogation of emergency patients that the principle of providing assistance to emergency patients is related to the degree of importance of their clinical condition and not who comes first.

Keywords: triage, dispatcher, service, auto ambulance, emergency

OP – 207

The Role of Continuing Professional Education and Specific Training in Pre-Hospital Emergencies.

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Abstract

Introduction: Pre-hospital care is a critical component of the healthcare system, serving as the first point of contact for individuals in medical emergencies. The quality of care provided during these crucial moments significantly impacts patient outcomes. This research delves into the role of continuing professional education and specific training in the context of pre-hospital emergencies.

The study aims to evaluate existing training programs, assess their effectiveness, and identify areas for improvement to enhance the quality of pre-hospital care.

Through a *comprehensive literature* review and primary data collection methods, this research examines the current state of pre-hospital care training and education. By analyzing the impact of training programs on the skills, knowledge, and performance of pre-hospital care providers, the study seeks to uncover insights into their contribution to improved patient outcomes.

The findings of this research will not only shed light on the strengths and weaknesses of current training programs but also offer recommendations for enhancing the quality of pre-hospital care. These recommendations can inform healthcare organizations, governmental agencies, and training institutions in developing strategies to optimize pre-hospital care training and education, ultimately improving the lives of patients in emergency situations.

As the first *systematic exploration* of the role of continuing professional education and specific training in pre-hospital emergencies, this research carries significant implications for the field of emergency medicine and public health. It underscores the importance of ongoing professional

development in equipping pre-hospital care providers with the necessary skills and knowledge to deliver timely and effective care during critical moments.

Keywords: Pre-hospital care, continuing professional education, training, emergency medicine, patient outcomes

OP – 208

Clinical and Epidemiological Characteristics of Gastrointestinal Bleeding before and post COVID-19

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Abstract

Introduction: Acute gastrointestinal bleeding are common pathologies, with an annual incidence 40-150 cases per 100000 and are a common cause of hospitalization with significant mortality and morbidity, especially at the elders.

Aim: The purpose of this study is to evaluate the impact of Covid-19 on HGI through the comparison of epidemiological data of cases with digestive tract hemorrhage in the Emergency Department of QSUT in two different three-month periods in the years 2019 and 2022 (before and after Covid- 19).

Material and Method: A retrospective study, of the case-series type, was carried out in a total of 223 patients with bleeding of the digestive tract presented to the Emergency of QSUT in two different three-month periods in the years 2019 and 2022 (before and after Covid- 19). Data from the patients' medical records were reviewed.

Results: 142 cases (63.7%) with HGI were registered in the last quarter of 2022 and 81 cases (36.3%) in the last quarter of 2019. The average age of the patients was 62.75+15.18 years.

Conclusion: A significant increase in HGI cases was found in 2022 (Post Covid-19) compared to 2019. A decrease in the average age is observed in patients with CHD-HGI, although no increase in INR values is found in both populations; increased alcohol consumption (more patients with HGI), increased use of tobacco, increased use of anticoagulants, anti-inflammatories (steroids-non-steroids).

Keywords*:* TGI, diagnosis, endoscopy

OP – 209

Complete Mesocolic Excision: Indication Versus Risk

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Abstract

Introduction; Complete mesocolic excision (CME) for the treatment of colon cancer was first introduced in the West in 2008.

The first aim of this procedure is to remove the afflicted colon and its accessory lymphovascular supply by resecting the colon and mesocolon in an intact envelope of visceral peritoneum, which holds potentially involved lymph nodes.

The second component of CME is a central vascular tie to remove completely all lymph nodes in the central (vertical) direction.

In its original iteration, CME was performed via laparotomy, although many centers preferentially perform laparoscopic surgery, with its associated benefits and similar oncological outcomes, as the standard treatment for colonic cancer.

Here, we present the surgical techniques for CME in open and laparoscopic surgery, as well as the surgical, pathological and oncological outcomes of the procedure that are available to date.

Because there are no randomized control trials comparing CME to "standard" colon surgery, the principles underlying CME seem anatomical and logical, and the results published from the Far East, reporting an 80% 5-year survival rate for Stage III cancer, should guide us.

Keywords: Colon cancer, Complete mesocolic excision, Laparotomy, Laparoscopic colectomy, Surgical technique, Oncological outcome

OP – 210

Scrotal Kaposi's Sarcoma in HIV-negative Patient: A Case Report and Review of the Literature

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Abstract

Introduction; Kaposi's sarcoma (KS) is an indolent angio-proliferative tumor proliferation with spindle cells originating from endothelial and immune cells infected with human herpes virus type 8.

(HHV-8: also known as Kaposi sarcoma herpes virus [KSHV]). HHV-8 was identified as the causative agent of KS. This virus is present in 95-98% of cases with KS. Kaposi's sarcoma was first described by a Hungarian dermatologist in 1872 named Moritz Kaposi. The lesions are characterized by the proliferation of spindle cells of endothelial origin, which present different degrees of abnormal vascularization, inflammatory infiltrates and fibrosis. Red blood cells and hemosiderin deposits give the lesions their purplish appearance. Spindle cells are infected with HHV-8. HHV-8 encodes for a number of genes that induce proliferation, cytokine production and angiogenesis thus contributing to tumor pathogenesis. Kaposi's sarcoma has a variable clinic from minimal mucocutaneous lesions to extensive organ involvement. The skin lesions are classically characterized by macules, plaques and nodules that are of a purple, red, blue, dark brown or black appearance. Penile KS is relatively common, while isolated scrotal KS has rarely been seen. In this article, we will present a 73-year-old male patient with 3 purple scrotal lesions up to 0.5 cm in size.

Case report. In this case report we will address a 73-year-old male with 3 dark-colored nodular scrotal lesions with a diameter of 0.3, 0.5 and 0.4 cm. The lesions appeared 2 years ago and during this period they were treated several times by a dermatologist with local agents but without results. No other similar lesions were seen in other part of the body. Routine laboratory tests were all normal. The excision of the lesions was performed with spinal anesthesia and the material is sent for histopathological examination. In the Hematoxylin – Eosin staining the lesion demonstrated a proliferation of spindle cells with thin, slit-like vascular spaces, mild erythrocyte extravasation. Also, the immunohistopathological examination are performed and the lesions are: HHV8 (+++), D2-40 (+++), CD34 (+--), Ki67 20 %, MelanA (---), S100 (---). In this way the diagnosis of Kaposi Sarcoma is established. The patient underwent a total body CT and also a gastric endoscopy. The results of these examination are normal and no regional lymphadenopathy was observed. The serological tests for HIV, HbsAg, anit-HCV, TPHA and VDRL were negative.

Keywords: Kaposi Sarcoma, HIV negative, Scrotum, HHV8

OP – 211

Malignant Melanoma of the Rectum. A Case Reports.

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Abstract

Introduction: Malignant melanoma of the rectum is an extremely rare and very aggressive disease. This entity constitutes only 0.5-% of all rectal malignancies and less than 1% of all melanomas. Patients, predominantly women, typically present with local symptoms in the fifth or sixth decade of life.

Malignant melanoma of the rectum is an extremely rare disease. It typically presents in the fifth or sixth decade of life with nonspecific complaints such as rectal bleeding. Prognosis of malignant melanoma of rectum is very poor. On this abstract is presented the clinical, radiological, pathological features seen in a 70-year-old woman diagnosed with melanoma of the rectum stage IV (liver and bone metastatic lesions).

A 70-year-old woman presented with a previous history with symptom as bleeding intermittently for 4 months but without any pain, change in bowel habit, bone pain and constitutional symptom as weight loss, fatigue, malaise. Sigmoidoscopy demonstrated a mass in rectum inferior and computed tomography of the thorax, abdomen and pelvis and magnetic resonance imaging of the pelvis showed liver and bone metastatic lesions.

Discussion; All melanomas, whether cutaneous or mucosal in origin, originate from melanocytes, which are cells derived from the embryological neural crest. During fetal development, these cells migrate to many sites throughout the body, primarily to the skin. However, melanocytes also reside in the eyes (retina and uveal tract) and mucosal surfaces.

Conclusion; Malignant melanoma of the rectum is extremely rare, highly aggressive, and difficult to diagnose. Bulky fungating masses in the distal rectum obscuring the lumen without causing significant obstruction seen on CT and MRI scans raise the possibility of anorectal malignant melanoma.

Keywords: Imaging, malignant, melanoma

OP – 212

Trauma System in Albania. A challenge that Requires long-term and Sustainable Solutions.

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Abstract

Introduction Developing an effective trauma care system is an ongoing challenge in Albania, as it is in many countries. Trauma remains a significant cause of morbidity and mortality, particularly among the younger population in Albania. While the need for a structured trauma system has been recognized, there are several challenges that need to be addressed.

Lack of a Formalized Trauma System:

Inconsistent Data Collection and Quality Improvement:

Shortage of Specialized Trauma Care Personnel:
Infrastructure and Resource Limitations:

Challenges in Transportation and Prehospital Care:

Public Awareness and Injury Prevention:

Coordination Among Healthcare Facilities:

Advocacy and Government Support:

In conclusion, establishing a comprehensive trauma system in Albania is a multifaceted challenge that requires collaboration among healthcare stakeholders, advocacy, resource allocation, and a commitment to improving trauma care from the moment of injury through rehabilitation. This ongoing challenge is critical for reducing trauma-related morbidity and mortality in the country.

Keywords, Education, Trauma, Training, ATLS, Emergency medicine

OP – 213

Prostate Cancer in Albania: Correlation of Preoperative and Radical Prostatectomy Gleason Score/Grade Group: A Comparative Study.

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Abstract

Introduction: Prostate cancer is a complex disease that affects millions of men globally, predominantly in high human development index regions (HDI). The Gleason score (GS) places patients with prostate cancer in one of five categories (ISUP Grade Group). GS/GG is not only an important preoperative predictor of cancer behaviour but it is also used to help guide treatment.

Material and Method: It was observed the prevalence of PCa in Albania in a six-year period (2017-2022). Through retrospective study of 96 patients who underwent TUR-P and radical prostatectomy (PR) in this period, this study examined the correlations of preoperative GS/GG with age, prostate volume, PSA level including patients with preoperative GS≤6/GG1 and patients with preoperative GS≥7/GG≥2, examining the predictors of upgrade and downgrade results.

Results: The average frequency of PCa in last six years in our country was 19.7%. The average age was 71,4 (±8,17) years. The most common tumor was GS≤6/GG 1 (39.6%), pT2 stage (58.3%). The discordance between biopsy GS/GG and radical prostatectomy GS/GG was observed to be 58.3% in the current study. The initial low Gleason score was associated with a subsequent significant rise in the final scoring on postoperative histopathology.

Conclusion: About 2 in 10 patients that was exanimated have PCa. TUR-P is a modestly reliable method for defining GS/GG of PCa, considering high number of upgraded GS/GG on postoperative material. Accurate defining of GS/GG is significant for appropriate treatment of PCa especially in elderly patients whose GS/GG tend to be higher.

Keywords: PCa, ISUP Grade Group, Frequency.

OP – 214

Role of PD-L1 Expression in Lung Cancer

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Abstract

Introduction; Lung cancer is one of the main causes of cancer-related deaths worldwide. According to the American Cancer Society, the number of deaths from lung cancer is higher than the number of deaths caused by breast, colon and prostate cancers. Non-small cell lung cancer (NSCLC) constitutes over 80% of all lung cancer cases. This group includes mainly squamous cell carcinoma (SCC) and adenocarcinoma (AC). Early diagnosis and the use of the latest targeted therapies have contributed to a slight improvement in prognosis in patients even in advanced stages of the disease. Immunotherapy, which is a novel method of lung cancer treatment, also contributes to such improvements.

Material and Methods; The aim of this assessment was to review the local prevalence of PD-L1 expression in NSCLC and compare different specimen types. We reviewed cases of NSCLC stained with PD-L1 IHC Ventana SP263 assay and PD-L1 expression was assessed as a tumor proportion score (TPS) of 0-<1%,1-49% or >50% positive membrane staining within tumor cells.

Results; Programmed death-ligand 1 (PD-L1) expression on tumor cells by immunohistochemistry (IHC) is a predictor of response to immune checkpoint inhibitors used to treat advanced non-small cell lung cancer (NSCLC).

Conclusions; High PD-L1 expression (50% of tumor cells) is required for patients to receive first line pembrolizumab monotherapy. Assessing expected PD-L1 expression rates in real world specimens is an important factor in ensuring patients are accessing the most effective treatments available.

Keywords; lung, cancer, expression, PD-L1, immunotherapy, immunohistochemistry

OP – 215

Classification of Glial Tumors according to WHO 2021, What is Old and What is New?

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Abstract

Introduction: Neuropathologists play a key role in brain tumor diagnosis and management. Staying current with the latest classification systems and diagnostic markers is important to provide optimal patient care. The World Health Organization (WHO) Classification of Tumours, also known as WHO Blue Books, represents an international standardized tool in the diagnostic work-up of tumours. Publication of the 2016 World Health Organization Classification of Tumors of the Central Nervous System introduced a paradigm shift in the diagnosis of CNS neoplasms. For the first time, both histologic features and genetic alterations were incorporated into the diagnostic framework, classifying and grading brain tumors. The newly published 2021 World Health Organization Classification of Tumors of the Central Nervous System, May 2021, 5th edition, has added even more molecular features and updated pathologic diagnoses. We present, summarize, and illustrate the most salient aspects of the new 5th edition. We have selected the key "must know" topics for practicing neuropathologists.

Keywords: brain tumor, central nervous system, classification, diagnosis, World Health Organization

OP – 216

A Case Report of a Paratesticular Sarcoma.

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Abstract

Introduction; Primary tumors of Paratesticular region are a rare ethnicity. However, paratesticular sarcomas constituting a major part of these tumores, around 30% of all paratesticular tumors. PTS are particularely more frequent in elderly. Most common type of PTS is liposarcoma, followed by leiomyosarcoma, rhabdomyosarcoma, undifferentiated sarcoma and fibrosarcoma. Attributable to the origin of various structures of paratesticular region including, epididymis, specmatic cord, tunica vaginalis and strong fat-ligament-muscle supporting tissues, it is obvious that they can give rise to a various number and types of tumors in this region, with benign or malignant behavior. A small region with a large variability of tumors, is the main feature.

Materials and Methods; He is an old man of 74 y.o., presented in urology clinic with a swelling scrotal mass, which was clinicaly considered as scrotal hernia associated with hydrocele. Radical orchidectomy with high ligation was performed after that. In macroscopic examination the resected mass measured 11 x 7 x 5.5 cm, composed by high grade undifferentiated /pleomorphic spindle cell and chondroid sarcomatous components with necrosis and hemorrhage within.

Results; The prognosis of PTS is really poor with a survivance from 22-48 mo. Very aggressive with a high rate of recurences, , metastasis (a wide tumorectomy is required). Because of their rarity is not found a clear outcome between regional lymph node resection, radio and chemiotherapy treatment.

Conclusion; High grade paratesticular sarcomas with leiomysarcomaand chondrosarcoma elements are a rare histotype ethnicity. Their prognosis is fatal, despite wide surgical wide procedure of resection, uses of chemo and radiotherapeutic treatment.

Keywords: paratesticular, sarcomas, undifferentiated sarcoma, chondrosarcoma, pleomorphism, spindle cell, high grade sarcoma.

OP – 217

Successful Treatment of Morbihan Disease, and the Challenge of Follow – up

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Abstract

Introduction: Morbihan disease (MD), "solid persistent facial edema and erythema", "rosacea lymphedema", and "solid facial edema in acne", is a rare and often unrecognizable entity, that presents with a slow occurrence of persistent lymphoedema of the upper two-thirds of the face.

Our aim in this case, lies in the difficulty of the diagnosis by the pathologist, not receiving a correct orientation from the clinician, ineffective therapy trials and more difficult follow-up of the case.

Material and Methods: We report a 19-year-old male T.S. At the age of 15, he came to our hospital and complained about an edema and erythema of the zygomatic and infraorbital region, which didn't improve throughout the following days. He had no history of rosacea, or intake of new medications and his medical history included only a periodic presence of atopic dermatitis and acne.

Result: The result was satisfactory only after three years of misdiagnosis and the use of numerous therapies. The final diagnosis was established after analyzing the material obtained in three histopathological clinics in different countries.

Conclusion: Our case was initially referred to our allergology and dermatology department. After the all blood examinations, all normal, the Hospital multidisciplinary staff decided to give Etason which resulted in improvement of clinical symptoms. Then, we decided to perform a punch skin biopsy. Microscopic description was made, but with no result to put the final diagnose. With the permission of the parent, we took two second opinion and the final diagnosis was Morbihan Disease.

OP – 218

Small Cell Neuroendocrine Carcinoma of the Cervix: A Case Report and Review of Literature.

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Abstract

Introduction: Cervical cancer encompasses several histologic types, of which the most common is squamous cell (70 percent). Adenocarcinoma and its variants account for about 25 percent of cases, while other histologic subtypes are uncommon. Cervical neuroendocrine (mainly small cell) tumors represent only about 2 percent of all cervical malignancies the cause of which is generally associated with human papillomavirus (HPV) infection. Small cell neuroendocrine carcinoma represents an extrapulmonary variant of small cell lung cancer. In a series from the Surveillance, Epidemiology and End Results (SEER) database, the mean annual incidence in the United States from 1977 to 2003 was 0.06 per 100,000 women.

Although the disease has been described in women from 22 to 87 years of age, the mean age at diagnosis of small cell neuroendocrine carcinoma of the cervix is about 45 years.

Patients with small cell neuroendocrine cervical cancer have a poor prognosis and a predilection for nodal and distal metastases is very high. Common sites of metastasis included the lung, liver and bone.

We will present a case of a 34-year-old female patient who presented with a cervical polyp. After the polyp was excised, its biopsy was performed. In staining with Hematoxylin Eosin, the polyp presents dense infiltration of monotonous round atypical cells, some of which were arranged in a nesting pattern and focally in sheets. The nuclei of most of the cells showed a salt and pepper chromatin with inconspicuous nucleoli. On immunohistochemistry, the tumors cells showed positivity for cytokeratin, synaptophysin, chromogranin and CD56. The tumor was negative for CD45 and has a high Ki67 (~ 90 %).

Keywords: Neuroendocrine tumor, Cervix, Immunohistochemistry, poor prognosis.

OP – 219

Malakoplakia; a Challenging Clinical and Endoscopic Entity Case Report and Review of Literature

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Abstract

Introduction; Malakoplakia is a rare inflammatory condition that typically occurs in immunocompromised individuals. It presents a huge diagnostic challenge as it can mimic malignancy. Malakoplakia is defined histopathologically by Michaelis Gutmann bodies; whilst the exact etiology is unknown, it is believed to be associated with defective macrophage function and can present as nodules, plaques or ulcers.

Malakoplakia typically involves the urinary tract (60-80%), commonly the bladder (40%), renal parenchyma (16%), and rarely the ureter (11%). Other organs can also be involved, with the gastrointestinal system being the second most common site (15%). Other sites include the genital tract, skin, neck, tongue, lungs, and central nervous system.

Case presentation; We present a 70-year diabetic woman who presented at the Department of Urology with fever, macroscopic hematuria and pelvic pain. On examinations (ultrasound examination and cystoscopy), a papillomatous mass of the urinary bladder was observed. The patient underwent transurethral resection of bladder tumor (TUR-BT). The tumor was removed obtaining negative margins and it was sent for histopathological examination suspected as papiloma. The diagnosis of malakoplakia was based on microscopic findings that are specific for its diagnosis.

Discussion; The clinical diagnosis of malakoplakia is very difficult and requires confirmation by histopathology. The disease presents a huge diagnostic challenge as it can mimic malignancy and lead to serious misdiagnosis. Correctly diagnosing malakoplakia, means careful histological finding.

Urinary bladder malakoplakia should be considered in patients with persistent urinary tract infections and tumor mass at cystoscopy. Early diagnosis and careful antibiotic treatment is important to prevent unnecessary surgical interventions and possible complications.

Keywords; Malakoplakia, urinary bladder, Michaelis–Gutmann bodies

OP – 220

Papillary Carcinoma in the Ovarian Struma (Monodermal Teratoma) as an Incidental Finding During the Diagnostic of Endometroid Carcinoma. Case Presentation.

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Abstract

Introduction; Teratoma, as a germ cell tumor, of endodermal, mesodermal and ectodermal origin, has one of its most common localizations in the ovary. According to the literature, 5-20% of mature cystic teratomas consist of thyroid tissue. In ovarian struma, the composition of thyroid tissue exceeds 50%.

The frequency of ovarian struma between all ovarian teratomas is 3-5%. Mature cystic teratomas have a benign character and their malignant transformation, as in the case of papillary carcinoma, occurs in about 5%.

Evidence of the morphological characteristics of the thyroid tissue presents difficulties during the microscopic examination and requires an immunohistochemical support for determining the diagnosis.

According to the literature, just as in the case in this presentation, the diagnosis of this pathology is difficult due to the lack of typical symptoms and in most cases, it is incidental, as it happens in our case where, the primary clinical /imaging/ surgical diagnosis is endometrioid carcinoma also proven in the histopathological examination.

Microscopic examination of ovarian specimens was supported by immunohistochemical staining to conclude this rare diagnosis. The presentation of this case would serve us to build the clinical and immunohistopathological view for establishing the diagnosis of this pathology in other cases, even rare, in the future.

Keywords: Teratoma, Papillary Carcinoma, Ovary.

OP – 221

The Treatment of Incisional Hernias Continues to Remain Challenge in General Surgery

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Abstract

Introduction: Incisional hernias continue to be a problem in general surgery. Despite the fact that there are currently good materials for suturing operative wounds, as well as the possibility of preventing wound infection, incisional hernias continue to present a challenge to general surgeons.

Aim of the study: The purpose of this study is to show the incidence of incisional hernias in the Department of Surgery of the Clinical Hospital of Tetova, as well as the methods of their treatment.

Material and methods: The study includes 33 patients who were operated on for incisional hernia in the period from January 2021 to January 2022 in the Department of Surgery of the Tetova Clinical Hospital. The necessary data for this study were obtained from the patient records.

Results: of the 33 patients included in the study, 21 of them were women and 12 were men, while their age ranged from 28 to 72 years. The most frequent type of hernias in women were incisional hernias after Cesarean delivery (C-section). This form of hernia was recorded in 10 of the 21 women operated on for incisional hernia. In another 5 patients, incisional hernia was a complication of cholecystectomy, in three others as a result of recurrence of umbilical hernia, and in one patient, incisional hernia occurred at the incision site for appendectomy. In men, in 6 cases the incisional hernia occurred after primary hernioplasty, in two cases after cholecystectomy and in three other cases after various abdominal interventions. Incisional hernias have been recorded as a late postoperative complication from 2 to 11 years after the primary intervention.

Conclusion: despite the great advances in the materials needed for hernia correction, incisional hernias with their complexity continue to be a challenge for surgeons

Keywords: incisional, hernia, correction

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OP – 222

Placenta Praevia, Risk Factors and Maternal Outcome in UH "Koço Gliozheni "

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Abstract

Introduction: Placenta previa is known to be a significant factor associated with increased maternal morbidity. Its incidence is still rising because of increasing rates of its risk factors like cesarean sections, advanced maternal age, and in vitro fertilization. The purpose of this study was to evaluate risk factors and maternal outcome of patients with placenta previa.

Materials and Methods: This is a retrospective cohort study with 147 cases of patients with placenta previa admitted in University Hospital "Koço Gliozheni" throughout February 2016- July 2020. The patients 'diagnosis was confirmed with 2D and Doppler ultrasound. Data were extracted from medical records, and risk factors as well as maternal complications of placenta previa were studied. Statistical analyze was performed by using Chi-Square test, with admitted significance of $p<0.05$.

Results: The average age of the patients was 30.48 years old; the most affected age group was 30-35 years (36.05%). From 147 patients, 55.1% resulted to be multiparous, 38.78% had previous cesarean section, 20.41% had previous abortions, and 6.8% had performed in vitro fertilization. Mean gestational age was 35.63 weeks, meanwhile 50.34% of the patients delivered < 37 gestational weeks. Cesarean section was the mode of delivery in almost all cases (85.71%). Out of studied complications resulted that 6.08 % of patients had previa-accreta, 2.04% had previa-percreta, 16.03% had placenta abruption, and 8.84% of the patient's preformed hysterectomy. Patients with low lying placenta and those with partial placenta previa had higher rates of emergency and placenta abruption. Meanwhile patients with central placenta previa had higher rates of hysterectomy and association with placenta accreta spectrum.

Conclusions: Advanced maternal age, multiparity, in vitro fertilization, history of previous cesarean section and abortions are risk factors for placenta previa. Premature births, placenta accreta spectrum, placenta abruption and hysterectomy are possible complications of placenta previa,

Keywords: Risk factors; Placenta previa; Complications

OP – 223

Traumatic or non-traumatic surgical emergency or polyvalent emergency?

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Abstract

Surgical emergencies encompass a diverse range of conditions that require immediate intervention to mitigate potentially life-threatening consequences. This study aims to categorize surgical emergencies based on etiology, specifically distinguishing between traumatic and non-traumatic cases, and further exploring the concept of polyvalent emergencies that may involve multiple systems or organs.

We conducted a retrospective analysis of patients admitted to our surgical emergency department over a defined period. Patient demographics, clinical presentations, diagnostic interventions, and outcomes were reviewed. Traumatic emergencies were defined as those resulting from physical injuries, while non-traumatic emergencies included acute conditions arising from medical, infectious, or vascular origins.

Polyvalent emergencies were identified as cases requiring simultaneous intervention across multiple surgical specialties. A comprehensive assessment of the patient's condition, including laboratory investigations, imaging studies, and surgical consultations, was employed to determine the polyvalent nature of the emergency.

Preliminary findings indicate a substantial proportion of surgical emergencies arising from both traumatic and non-traumatic causes, emphasizing the need for a broad diagnostic approach. The identification of polyvalent emergencies highlights the complexity of certain cases, necessitating coordinated efforts from diverse surgical specialties.

Keywords: surgical emergencies, trauma, non-traumatic, polyvalent, multidisciplinary approach, immediate intervention.

OP – 224

An Unusual Cause of Biliary Colic

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Abstract

Introduction; Biliary colic is commonly associated with gallstone disease, but various atypical causes may present with similar symptoms, posing diagnostic challenges. We report a case of biliary colic caused by an unusual etiology and review the existing literature on such rare presentations.

A 42-year-old female presented with recurrent episodes of right upper quadrant abdominal pain, characteristic of biliary colic. Initial investigations, including ultrasound and laboratory studies, were inconclusive for gallstone disease. Further evaluation through magnetic resonance cholangiopancreatography (MRCP) revealed an anomalous biliary ductal configuration contributing to intermittent biliary obstruction.

The patient underwent endoscopic retrograde cholangiopancreatography (ERCP) to address the anatomical anomaly and alleviate the symptoms. Subsequent follow-up demonstrated resolution of biliary colic without recurrence.

This case highlights the importance of considering uncommon causes of biliary colic when standard diagnostic approaches yield ambiguous results. An awareness of such atypical presentations can guide clinicians in selecting appropriate diagnostic modalities and implementing targeted interventions.

Through a comprehensive review of the literature, we aim to contribute to the understanding of rare causes of biliary colic, providing insights into their diagnosis and management. Increased awareness of these unusual etiologies is crucial for accurate and timely intervention, ultimately improving patient outcomes.

Keywords: biliary colic, gallstone disease, atypical causes, magnetic resonance

OP – 225

Risk factors for Intrahepatic and Extrahepatic Cholangiocarcinoma in the United States: A Population-Based Case-Control Study

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Abstract

Introduction; Cholangiocarcinoma, a rare but aggressive malignancy arising from the biliary epithelium, poses significant challenges in early detection and effective treatment. This population-based case-control study aims to elucidate the risk factors associated with both intrahepatic and extrahepatic cholangiocarcinoma in the United States.

Utilizing data from a national cancer registry, we identified incident cases of cholangiocarcinoma and matched them with controls based on demographic parameters. Detailed analyses were conducted to assess potential risk factors, including demographic characteristics, medical history, lifestyle factors, and environmental exposures.

Preliminary findings reveal distinct risk profiles for intrahepatic and extrahepatic cholangiocarcinoma. Risk factors such as chronic liver diseases, biliary tract disorders, and specific environmental exposures were identified. Additionally, associations with demographic variables and lifestyle factors were explored.

Understanding the multifaceted risk landscape for cholangiocarcinoma is crucial for the early identification of high-risk populations and the development of targeted preventive strategies. This study contributes to the growing body of evidence aimed at unraveling the complex etiology of cholangiocarcinoma, ultimately informing public health initiatives and improving patient outcomes.

Keywords: cholangiocarcinoma, risk factors, intrahepatic, extrahepatic, case-control study,

OP – 226

Management of Blunt Chest Trauma

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Abstract

Introduction; Blunt chest trauma represents a diverse spectrum of injuries resulting from motor vehicle accidents, falls, and other traumatic incidents. This review systematically examines the current strategies and interventions in the management of blunt chest trauma, encompassing the initial assessment, diagnostic modalities, and therapeutic interventions.

The primary focus is on the identification and classification of injuries to the chest wall, pleura, lungs, and mediastinum. Advances in imaging techniques, including chest radiography, computed tomography (CT), and ultrasound, are explored for their roles in accurate and timely diagnosis. The significance of a multidisciplinary approach involving trauma surgeons, pulmonologists, and intensivists is emphasized for comprehensive patient care.

The evolving landscape of surgical and non-surgical interventions, such as thoracostomy, video-assisted thoracic surgery (VATS), and minimally invasive techniques, is discussed in the context of improving outcomes and minimizing complications. Additionally, the review addresses the importance of individualized management strategies based on the severity and specific characteristics of the chest injuries.

By synthesizing current evidence and best practices, this review aims to provide clinicians with a comprehensive understanding of the contemporary approaches to blunt chest trauma management. The insights derived from this review can guide healthcare professionals in optimizing care for patients with blunt chest injuries and contribute to ongoing efforts to enhance clinical outcomes in this challenging clinical scenario.

Keywords: blunt chest trauma, chest injuries, diagnostic modalities, therapeutic interventions, multidisciplinary approach, surgical interventions, minimally invasive techniques.

OP – 227

Treatment of Kidney and Ureteral Stones with Stone Light Laser Lithotripsy

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Abstract

Introduction; Stone disease affects approximately 8-10% of the global population, making it a prevalent health issue. Laser lithotripsy, performed through a ureteroscope in the urinary tract, is increasingly utilized worldwide for stone management.

Materials and Methods; In this study from October 2013 till September 2023, there were 266 patients treated. The age of the patients was 9-77 years. Males 149 while Females 107.

A pre-op examination was done with CT intravenous urography. The stones harness was assessed through the measurement of Houndsfield Units (HU) these ranged from 800-2670 HU.

The duration of time for procedure was 8-120 minutes. All patients had spinal anesthesia performed. 2 hours before the procedure Ceftriaxone was given. The patients were discharged 5 hours after the intervention, where they were subjected to antibiotic therapy for 5 days at home.

Results; All patients underwent successful stone fragmentation with one to three RIRS sessions. Frequent postoperative monitoring via ultrasound and native RTG revealed no major or minor complications. These results affirm the efficacy and safety of holmium laser lithotripsy for treating urinary stones in diverse patient populations.

Conclusions; Stone Light Laser Lithotripsy is gaining prominence, particularly in cases of hard stones. RIRS is the preferred method in our practice. The rise in infections presents future challenges due to antibiotic resistance, warranting further medical attention.

The treatment is quick and effective and the patient goes home the same day.

Keywords; Urolithiasis, Stone Management, Laser Lithotripsy, Kidney Stones, Ureteral Stones

OP – 228

Arterial Hypertension in Patients with Chronic Kidney Failure and Treatment

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Abstract

Introduction; Chronic Renal Disease (CKD) is an increasingly widespread disease globally and is closely correlated with high blood pressure, diabetes and cardiovascular diseases (CVD). Arterial hypertension (AHT) is a cause and consequence of CKD and affects the vast majority of CKD patients. Control of hypertension is important in those patients because it slows the progression of the disease. Existing guidelines do not provide a precise consensus on the optimal goals of blood pressure treatment.

The Purpose of this study: was to verify the correlation between AHT and CKD as well as the role of AHT in the acceleration of chronic kidney disease;

Materials and Methods: in a prospective "cross sectional" study, 100 patients with CKD in the third stage were examined according to the level of glomerular filtration GFR= 30-59 mL/min/1.73 m2. determined according to the formula MDRD (Modification of Diet in Renal Disease) within 12 months from three measurements every four months. Out of the total number of 100 patients (45 were female with an average age of 58.40±9.50 years, while 55 were male with an average age of 59.00±612.00 years. All patients were followed for a period of 12 months and every four months: lipid profile, serum urea, serum creatinine, uric acid, proteinuria, ECG, in some patients also blood pressure monitoring for 24 hours. The values of all parameters were followed at the beginning of the study and after the application of antihypertensive therapy.

Results: from the average measurements obtained within 12 months (measured every four months - a total of three measurements are presented in tabular and graphic form. From the obtained results, an increase in LDL-ch, triglycerides, total cholesterol and blood pressure was observed, while observed a significant decrease in HDL-ch and Glomerular Filtration Rate(GFR) which proves that there is a close relationship between high blood pressure, GFR and renal damage and acceleration of the renal disease.

Conclusion: in conclusion we can propose that the correlation between CKD and AHT requires a more serious approach in achieving blood pressure control, reducing proteinuria, avoiding salt in food, hypoproteinemic diet as well as healthy lifestyle modifications should be are always considered a vital issue. component of any antihypertensive therapy management as well as avoidance of all factors that contribute to the presentation of AHT.

Keywords: arterial hypertension (AHT), chronic kidney disease (CKD),

OP – 229

Perioperative Normothermia in Surgical Patients. Are we aware of the Problem? Can we do something more?

Mauro Zago

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Abstract

Introduction: Maintaining perioperative normothermia is a critical aspect of surgical care, impacting patient outcomes and recovery. This abstract delves into the awareness of perioperative normothermia as a concern and investigates potential avenues for enhanced management.

Inadvertent hypothermia is common in patient's undergoing surgical procedures. Hypothermia within the perioperative environment may have many undesired physiological effects that are associated with significant postoperative morbidity. Patient's temperature drops to below 35°C during the first hour of anaesthesia because of impaired thermoregulatory mechanism and patient getting cold in the operating theatre.

Finally, a core temperature plateau is reached, after which core temperature remains virtually unchanged for the remainder of the procedure. The plateau can be passive or result from re-emergence of thermoregulatory control in patients becoming sufficiently hypothermic. Mild hypothermia in the perioperative period has been associated with adverse outcomes, including impaired drug metabolism, prolonged recovery from anesthesia, cardiac morbidity, coagulopathy, wound infections, and postoperative shivering.

Keywords: perioperative normothermia, thermoregulatory control, Surgical patient

OP – 230

Assessment of Trauma Patient

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Abstract

Introduction: The assessment of trauma patients plays a pivotal role in guiding clinical interventions and optimizing outcomes. This presentation offers a thorough exploration of recent advancements in the assessment of trauma patients, encompassing both pre-hospital and in-hospital settings.

This presentation aims to provide a comprehensive overview of the evolving landscape in trauma patient assessment. Key objectives include evaluating recent technological and methodological advancements, discussing their impact on early diagnosis and intervention, and exploring their implications for improved patient outcomes.

Material and Methods: A systematic review of current literature, clinical studies, and technological innovations pertaining to the assessment of trauma patients was undertaken. The analysis encompasses a range of assessment modalities, including diagnostic imaging, point-of-care testing, and emerging technologies in pre-hospital triage.

This presentation is of significance to emergency physicians, trauma surgeons, nurses, and healthcare professionals involved in the care of trauma patients. By exploring recent advancements, it aims to bridge the gap between research and clinical practice, fostering a deeper understanding of how technological innovations can positively impact the assessment and management of trauma patients.

Participants are invited to engage in discussions that explore the potential paradigm shifts in trauma patient assessment, ultimately contributing to the ongoing evolution of trauma care practices.

Results: The presentation will present findings on recent breakthroughs in trauma patient assessment, emphasizing advancements in diagnostic accuracy, timeliness, and the integration of artificial intelligence. Case studies will be utilized to illustrate practical applications, showcasing how these innovations translate into enhanced patient care.

Conclusion: As we stand on the cusp of a new era in healthcare, this presentation concludes by synthesizing key takeaways and offering insights into the future of trauma patient assessment. It prompts a reflection on the integration of novel technologies, interdisciplinary collaboration, and the potential for personalized approaches to optimize patient care.

Keywords; patient care, Trauma patient, Management

OP – 231

Trauma Quest in Greece

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Abstract

Introduction: Implementation of trauma systems has markedly assisted in improving outcomes of the injured patient. However, differences exist internationally as diverse social factors, economic conditions and national particularities are placing obstacles. The purpose of this paper is to critically evaluate the current Greek trauma system, provide a comprehensive review and suggest key actions.

Material and Methods: An exhaustive search of the - scarce on this subject - English and Greek literature was carried out to analyze all the main components of the Greek trauma system, according to American College of Surgeons' criteria, as well as the WHO Trauma Systems Maturity Index.

Results: Regarding prevention, efforts are in the right direction lowering the road traffic incidents-related death rate, however rural and insular regions remain behind. Hellenic Emergency Medical Service (EKAB) has well-defined communications and emergency phone line but faces problems with educating people on how to use it properly. In addition, equal and systematic training of ambulance personnel is a challenge, with the lack of prehospital registry and EMS quality assessment posing a question on where the related services are currently standing. Redistribution of facilities' roles with the establishment of the first formal trauma centre in the existing infrastructure would facilitate the development of a national registry and introduction of the trauma surgeon subspecialty with proper training potential.

Definite rehabilitation institutional protocols that include both inpatient and outpatient care are needed. Disaster preparedness entails an extensive national plan and regular drills, mainly at the pre-hospital level. The lack, however, of any accompanying quality assurance programs hampers the the effort to yield the desirable results.

Conclusion: Despite recent economic crisis in Greece, actions solving logistics and organising issues may offer a well-defined, integrated trauma system without uncontrollably raising the costs. Political will is needed for reforms that use pre-existing infrastructure and working power in a more efficient way, with a first line priority being the establishment of the first major trauma centre that could function as the cornerstone for the building of the Greek trauma system.

Keywords: Education; Greece; Hellenic EMS; Pre-hospital care; Trauma system.

PP – 01

The Role of Bronchoscopy in Post-Tracheostomy Tracheal Stenosis

Rushan Muhameti, Arjeta Islamaj, Alda Sheshi-Ajdari, Valter Dilo; Petrit Malaj, Elona Hila, Mustafa Ibro, Xhemil Alizoti, Brikena Bode, Manjola Kalleshi

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Abstract

Introduction; Mechanical ventilation is a lifesaving modality for treating respiratory failure and for providing gas exchange support.

The difficulties that the medical staff is usually confronted is the discontinuation of Mechanical Ventilation. The combination of poor cough, high sputum volume, and poor mental status is a particularly worrisome combination, even if the patient is capable of passing an SBT. In one study, 97-80% of patients who met this combination of findings underwent reintubation.

The purpose of this presentation is to emphasis the importance of Bronchoscopy in early diagnosis of Post-Tracheotomy Tracheal Stenosis (PTTS) as a rare complication of long intubation.

Tracheostomy has been available for many years as a surgically placed artificial airway that permits longer-term placement as compared with ET tube.

Tracheostomy is considered to be more stable, more comfortable, and can allow lower doses of sedative and opioid medications.

Meta-analyses of prospective studies indicate that percutaneous dilatational tracheostomy is associated with less infection, scarring, and expense, with a trend toward fewer complications but higher rates of obstruction/de-cannulation. Although a small meta-analysis indicated shorter duration of MV and shorter ICU LOS with ‘‘early’’ tracheostomy, the optimal timing of tracheostomy remains unsettled. Some experts favor early tracheostomy for patients with Acute Physiology and Chronic Health Evaluation or combination of impaired mental status and poor oxygenation, since these groups tend to have long courses of respiratory failure.

Tracheal stenosis following tracheostomy is a well-established type of acquired benign stenosis in critically ill patients. Post-tracheostomy tracheal stenosis (PTTS) occurs in approximately 1–2% of patients as a late complication of tracheostomy.

Conclusions: The patient develops post-tracheostomy tracheal stenosis, a complication that accompanied 1-2% of patient that has gone under long-term endotracheal intubations.

PP – 02

Pneumoperitoneum an Unusual Complication of Mechanical Ventilation.

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Abstract

Introduction: Pneumoperitoneum **r**efers to presence of gas within the peritoneal cavity and is often the indicator of a critical illness, most commonly related with perforation of a hollow viscus which is resolved through surgery. Based on underlying causes it is divided in traumatic pneumoperitoneum resulting from abdominal trauma, such as perforation of a hollow organ due to injury, spontaneous pneumoperitoneum without any traumatic cause, like bowel perforation due to underlying diseases such as diverticulitis and iatrogenic pneumoperitoneum caused by medical procedures, such as surgery, endoscopy, or mechanical ventilation, where air is inadvertently introduced into the peritoneal cavity, also classified as an non-surgical pneumoperitoneum. In over 90% of cases, pneumoperitoneum is the result of perforation of a hollow viscus. Non□surgical pneumoperitoneum

from an intrathoracic route is the most frequently reported cause in non-surgical peritoneal air collection. Barotrauma secondary to either invasive or non-invasive mechanical ventilation can cause pneumoperitoneum often accompanied with extensive subcutaneous emphysema. This complication may lead to unnecessary laparotomy, however, if correctly diagnosed, it can be successfully managed conservatively avoiding surgical intervention. *Case report:* We report the case of a non-surgical pneumoperitoneum caused by barotrauma due to mechanical ventilation, in a 19-year-old patient who presented in our trauma center in a coma after a car accident, accompanied with subcutaneous emphysema and pneumomediastinum at the same time, which was recognized and managed conservatively with success.

Conclusion: Pneumomediastinum caused by barotrauma secondary to mechanical ventilation is an under-recognized complication which if properly diagnosed can be successfully treated without surgery.

Keywords: Mechanical ventilation, Barotrauma, Pneumoperitoneum, Conservative Management

PP – 03

Vitamin K-Antagonists vs DOAC in Patients with Acute Limb Ischemia and non-Valvular Atrial Fibrillation

Julinda Koci

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Abstract

Introduction; Finding the best treatment of anticoagulation in patients with Atrial Fibrillation and Acute limbs Ischemia, superior or inferior still remains an important decision in their treatment. Age, gender, other comorbidities and the risk of re-thrombosis or major bleeding depending on the dose of anticoagulation are some of the factors which need to be evaluated in every new case.

In this prospective study, we have included 80 patients presented in the Emergency department with diagnosis of Acute limb Ischemia and then transferred for treatment in the Department of Vascular Surgery, from January to October 18, 2023. All these patients underwent urgent surgery for revascularization procedures. We have included adult patients, with concomitant non-valvular atrial fibrillation; paroxysmal or unknown age; anticoagulated or not and if yes, the kind of anticoagulation used at the time. Our aim in this systematic review is to compare the efficacy of DOAC against VKA, concerning their superiority in protecting against re-thromboses, preventing deep vein thrombosis, major cardiovascular events, mortality and the risk for major bleeding, after the revascularization procedures (Thrombectomy with Fogarty Catheter, Bypass or Endostents).

In conclusion, we found no difference in terms of revascularization, but we noticed a predominance of DOAC-s (Rivaroxaban 20 mg or Apixaban 5 mg) versus VKA (Warfarin 5 mg or Acenocoumarin 4 mg), related with their efficacy in the above –mentioned end-points. We noticed high risk of bleeding in patients using Xarelto compared with other DOAC-s (Apixaban, Edoxaban) and those using VKA because of their inability to follow-up properly with INR. Those admitted with Acute limb ischemia and non-valvular AF anticoagulated with Sintrom had an INR< 2 in most cases. Between DOAC-s we evaluated Apixaban, as the most used because of its form-dose and the possibility in taking it twice daily, dose adjustment depending on concomitant disease (CKD) and HAS-BLED score.

Keywords: DOAC, VCA, non-valvular AF, oral anticoagulation, acute ischemia, revascularization

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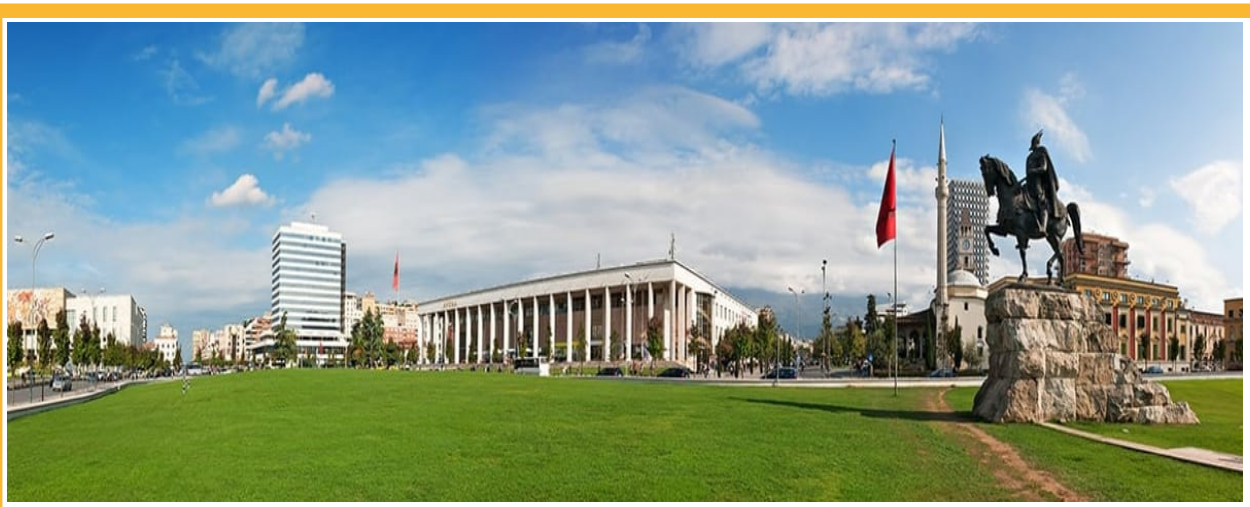

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