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Scientific Tracks & Abstracts



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Invading of renal cell carcinoma in inferior vena cava and right atrium with a huge metastatic thrombus

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Background: Renal cell carcinoma (RCC) with cavoatrial involvement represents a major surgical challenge. Several surgical techniques for the treatment of these tumors have been proposed, but because of a small number of patients and limited follow-up, substantial controversy about the best operative management still exists.

Case report 1: A 54-year-old woman, with no previous comorbidities, comes to the emergency room with low back pain, weight loss and edema of the lower legs. Computed tomography (CT) revealed a massive infiltrative expansive formation in the abdomen that affected practically the entire right kidney, measuring 8.2 cm x 7.6 cm that invaded the collecting system and was in close contact with the right hepatic lobe and the head of the pancreas. It also stood out the infiltration of the renal vein on this side and IVC extending to its intrahepatic portion, until the confluence of the suprahepatic veins, with almost complete luminal occlusion associated with the presence of retroperitoneal lymphnodes of a maximum of 10 mm.

Case report 2: A 61 year old man with abdominal mass, was presented in the hospital referring loss of weight (14kg in 1.5months). The patient underwent routine blood analysis which came out with a high CRP and D-Dimer. These results were interpreted as a sign of Covid 19 infection and the patient was treated for Sars-Cov-2. After 2 weeks, the CRP levels went up again. The tampon for Sars-Cov-2 resulted negative. CT found out a large, heterogeneous, solid mass in the right kidney, encasing right renal vena and inferior vena cava. An intracaval hypervascular lesion was seen inside vena cava.

Surgery: Right radical nephrectomy and right surrenalectomy was performed, vena cava inferior was freed from the tumor. After that, the thrombus in the right atria and then the remaining intracaval part was removed.

Conclusion: Advanced extension of renal cell carcinoma can occur with no apparent symptoms and be detected incidentally. In rare circumstances, atypical presentation of renal cell carcinoma should be considered in a patient presenting with right atrial mass detected by echocardiography. Renal cell carcinoma with inferior vena cava and right atrium extension is a complex surgical challenge, but excellent results can be obtained with proper patient selection, meticulous surgical techniques, and close perioperative patient care.

Recent Publications:

1. Andi Kacani, et.al, (2022). Invading of Renal Cell Carcinoma in Inferior Vena Cava and Right Atrium with a Huge Metastatic Thrombus. Open Access Macedonian Journal of Medical Sciences. 10. 107-110.
2. Andi Kacani, et.al (2021). A Huge Aneurism of Ascending Thoracic Aorta. Albanian Journal of Trauma and Emergency Surgery. 5. 883-886.
3. Andi Kacani, et.al (2021). Treatment of COVID-19 Complications at Home Conditions. Albanian Journal of Trauma and Emergency Surgery. 5. 823-828.

Biography

Andi Kacani is a cardiac surgeon at American Hospital, Albania. He has completed his Master's degree at the University Hospital of Tirana, USA. He has participated in various conferences and conventions.

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Predictors of dehydration following adenotonsillectomy in Jordanian pediatric cases

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The Hashemite University, Jordan

Objectives: This observational single-center study aims to measure the prevalence of dehydration among pediatric adenotonsillectomy patients in a tertiary hospital in Amman and to identify the risk factors that could be associated with it.

Methods: Data were collected by reviewing the health records of patients who underwent adenotonsillectomy between January 2015 and June 2020 at Ibn Al-Haytham Hospital. Inclusion criteria were any patient between 1 and 12 years old that has undergone routine adenotonsillectomy. Exclusion criteria were any adenotonsillectomy for neoplasm purposes, patients with reported developmental delay, and patients who underwent adenoidectomy or tonsillectomy alone. Collected data included patients' demographics, indication for adenotonsillectomy, type of surgical technique, and history of dehydration in the following two weeks post adenotonsillectomy.

Results: Three hundred and eighty-four patients met the inclusion criteria of this study. Two-thirds of the patients were male, and the majority of the cases were between 5 and 6 years old. The prevalence of post-adenotonsillectomy dehydration was 5.7%. Dehydration was more prevalent in children aged under three years old. Multivariate analysis revealed that age and gender remained significantly associated with dehydration after adjusting for the other variables.

Conclusions: Dehydration is a serious yet rare complication post adenotonsillectomy. Screening for dehydration pre and post discharge is highly recommended. There is a need for further multi-center and population-based studies to examine the full extent of dehydration complication. It is in the best interest of surgeons and all caregivers to provide the best quality of care for adenotonsillectomy cases. Avoiding dehydration and all other surgical complications would be part of the standards of high-quality health care.

Recent Publications:

1. Al Katatbeh M, Khasawneh L, Al-Mashakbeh Y, Hassaan W, Hendawy H, Abuelnaga M, Sweed A. Role of pre-incisional external bilateral ultrasound guide glossopharyngeal nerve block with diluted bupivacaine mixture in pain management in oropharyngeal surgery: A randomized control trial. *Am J Otolaryngol.* 2022 Apr 8;43(3):103468. doi: 10.1016/j.amjoto.2022.103468. Epub ahead of print. PMID: 35429850.

Biography

Yazan Al-Mashakbeh is a 25 years old newly graduated medical doctor from the Hashemite University-Jordan. He/she is committed to deliver the highest standard quality of care to patients. She/he is trained in evidence-based practice and shows interest in scientific research that emphasizes how to make patients' lives better and how we can help them efficiently and safely along with the latest preventive and therapeutic methods that aid in our greatest goal, making patient's life easier.

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Anorectal transplantation: the first long-term success in a canine model

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Objective: Anorectal transplantation is a challenging procedure but a promising option for patients with weakened or completely absent anorectal function. We constructed a canine model of anorectal transplantation, evaluated the long-term outcomes, and controlled rejection and infection in allotransplantation.

Methods: In the pudendal nerve function study, six dogs were randomly divided into two groups: transection and anastomosis, and were compared with a control using anorectal manometry, electromyography, and histological examination. In the anorectal transplantation model, four dogs were assigned to four groups: autotransplant, allotransplant with immunosuppression, allotransplant without immunosuppression, and normal control. Long-term function was evaluated by defecography, videography, and histological examination.

Results: In the pudendal nerve function study, anorectal manometry indicated that the anastomosis group recovered partial function 6 months postoperatively. Microscopically, the pudendal nerve and the sphincter muscle regenerated in the anastomosis group. Anorectal transplantation was technically successful with a three-stage operation: colostomy preparation, anorectal transplantation, and stoma closure. The dog who underwent allotransplantation and immunosuppression had two episodes of mild rejection, which were reversed with methylprednisolone and tacrolimus. The dog who underwent allotransplantation without immunosuppression had a severe acute rejection that resulted in graft necrosis. Successful dogs had full defecation control at the end of the study.

Conclusions: We describe the critical role of the pudendal nerve in anorectal function and the first long-term success with anorectal transplantation in a canine model. This report is a proof-of-concept study for anorectal transplantation as a treatment for patients with an ostomy because of anorectal dysfunction.

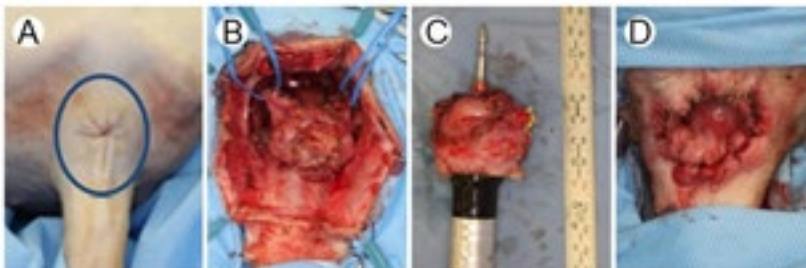


Figure: Anorectal transplantation in a canine model. (A) Circumanal skin incision. (B) The pudendal arteries, veins, and nerves are identified. (C) Anorectal graft. (D) Wound closure.

Recent Publications:

1. Araki J, et al. (2022) Anorectal Transplantation: The First Long-term Success in a Canine Model. *Ann Surg.* 275: e636-e644.
2. Galvão FH, et al. (2016) Allogeneic anorectal transplantation in rats: technical considerations and preliminary results. *Sci Rep.* 6: 30894.

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3. Seid VE, et al. (2015) Functional outcome of autologous anorectal transplantation in an experimental model. Br J Surg. 102: 558-62.
4. Araki J, et al. (2015) Normothermic preservation of the rat hind limb with artificial oxygen-carrying hemoglobin vesicles. Transplantation. 99: 687-92
5. Araki J, et al. (2014) Anorectal autotransplantation in a canine model: the first successful report in the short term with the non-laparotomy approach. Sci Rep. 4: 6312.
6. Araki J, et al. (2013) Anorectal transplantation in human cadavers: mock anorectal allotransplantation. PLoS One. 8: e68977.

Biography

Jun Araki has his expertise in evaluation and passion in developing surgical innovation. His open and contextual evaluation model based on responsive constructivists creates new operative techniques. He has built this model after years of experience in research, evaluation, teaching, and administration both in hospital and education institutions. The foundation is based on Supermicrosurgery, which allows anastomoses of nerves and blood vessels less than 0.5 mm.

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Comparison of kruis, manning and rome iv criteria in irritable bowel syndrome

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Irritable Bowel Syndrome (IBS) is a functional disorder of the gastrointestinal tract characterized by chronic abdominal pain, cramping, constipation, and diarrhea. Manning criteria, Kruis criteria and Rome IV criteria have shown that certain symptoms derived from a 15-items questionnaire differentiated patients with Irritable Bowel Syndrome (IBS) from patients with organic diseases. The purpose of the study is to find out the reliability and discriminatory value of the Manning criteria, Kruis criteria and Rome IV criteria in the differentiation of Irritable Bowel Syndrome (IBS) from organic diseases and to find out if the three criteria could be combined. The study is a prospective cross-sectional analytical study of one hundred and thirty patients who presented with Diarrhea or Constipation to the Department of Medicine, Department of Surgery, Department of Medical Gastroenterology, Vydehi Institute of Medical Sciences and Research Centre, Bangalore between September- February, 2019-2020. After taking informed consent, patients were subjected to preformed questionnaire in the language best understood by them. Patient underwent diagnostic investigations like Complete blood count (CBC), Erythrocyte Sedimentation Rate (ESR), C- reactive protein, Serum albumin and Colonoscopy. A total of 130 patients were interviewed for the study. Manning criteria had the highest sensitivity (88%) compared to Kruis criteria (81%) and Rome IV criteria (80%). Kruis criteria had the highest specificity (91%) compared to Manning criteria (87%) and Rome IV criteria (86%). On combining the three criteria, while the sensitivity is 94.4%, the specificity fell drastically to 58%. Hence everything considered it is best to ply with the individual criteria for the diagnosis of irritable bowel syndrome.

Recent Publications:

1. Kazi, Farha Naaz. et.al (2021). Phonosurgery for Adult Unilateral Vocal Fold Paralysis. Current Otorhinolaryngology Reports. 9. DOI: 10.1007/s40136-021-00330-0.
2. Kazi, Farha Naaz. et.al (2018). Chapter-10 Injection Laryngoplasty. DOI:10.5005/jp/books/13074_11.
3. Kazi, Farha Naaz. et.al (2020). Rare Causes of Unilateral Vocal Fold Paralysis: Report of 3 Cases with Review of Literature Rare Causes of Unilateral Vocal Fold Paralysis: Report of 3 Cases with Review of Literature.

Biography

Farha Naaz Kazi is an ENT/ Laryngologist and voice surgeon practicing at MPCT hospital, Navi Mumbai. She has completed a fellowship in phonosurgery and laryngology (Voice and Airway diseases) from Bombay hospital. She has expertise in treating vocal fold polyps, cyst, vocal fold palsy, early vocal fold cancers. She is trained and well versed with laser technology for treating voice disorders. She also has keen interest in swallowing disorders like oropharyngeal dysphagia and cricopharyngeal bar and diverticulum.

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