

Proceedings of

12th International Conference on

OSTEOPOROSIS, ARTHRITIS AND MUSCULOSKELETAL DISORDERS

March 13-14, 2019 | London, UK



Hosting Organization: Pulsus

40 Bloomsbury Way, Lower Ground Floor

London, UK WC1A 2SE

Ph: +44-203-769-1778

E-Mail: osteoporosis@pulsusmeet.com | osteoporosis@pulsusevents.org

12th International Conference on
**Osteoporosis, Arthritis and
Musculoskeletal Disorders**

March 13-14, 2019, London, UK



Keynote Forum



12th International Conference on
OSTEOPOROSIS, ARTHRITIS AND MUSCULOSKELETAL DISORDERS
March 13-14, 2019, London, UK



Ravichandran Subbaraj

NMC Day Surgery Centre, UAE

Serum homocysteine levels and the risk of osteoporosis

Osteoporosis is a major health problem which has devastating health consequences through its association with osteoporotic fractures. Prevention of osteoporosis by identifying the risk factors is a major challenge in the field of medicine. Elevated homocysteine level in blood can be a potential risk factor for the development of osteoporosis. We aim to study if a person with high circulating level of homocysteine has a decreased Bone Mineral Density (BMD), thus establishing an association between homocysteine and the risk of developing osteoporosis.

Method: Patients between the age group of 40-70 years attending BMD camps between July 2015 and December 2015 were included in the study. All of them underwent BMD test and blood samples were sent to the laboratory for estimation of serum homocysteine levels. The results were collected and analysed to see if there was any association between serum homocysteine levels and osteoporosis.

Results: Out of the 58 males and 20 females with normal BMD, none had elevated serum homocysteine. 21 out of the 58 males and 47 out of the 82 females with osteopenia had elevated serum homocysteine. Of the 27 males with osteoporosis, 25 had elevated serum homocysteine while among the 125 females with osteoporosis, all 125 had elevated serum homocysteine levels.

Conclusion: From our study we concluded that people with high circulating level of homocysteine had a decreased Bone Mineral Density (BMD), thus establishing an association between homocysteine and the risk of developing osteoporosis.

Biography

Ravichandran Subbaraj completed his MBBS, Diploma in Anesthesiology and then his Maser Degree in Orthopaedics in 2005 from Madurai Medical College, India. Furthermore, he also completed his Advanced Revision Arthroplasty Training at John Flynn Hospital, Brisbane, Australia and a Fellowship in Adult Joint Reconstruction at University of Göttingen, Paderborn, Germany. He has over 10 years' experience in Orthopaedics and has worked in various institutions such as, as Professor and Chief Surgeon of Arthroplasty in the Department of Orthopaedics at the Mahatma Gandhi Medical College and Research Institute, Pondicherry, India as well as a Consultant Orthopaedic Surgeon at Apollo Hospital, Chennai, India and has been the author and reviewer of more than 20 publications in both international and national journals of repute. Ravichandran Subbaraj keen areas of interest are Complex, Primary as well as Revision Knee and Hip Replacements, Trauma Management, Arthroscopy, Sports Medicine as well as management of Osteoporosis and Vitamin D deficiency and Stem Cell Therapy for Cartilage Regeneration. Ravichandran Subbaraj is a member of Indian Orthopaedic Association and held various administrative posts in National Orthopaedic Associations. Ravichandran Subbaraj converse with his patients in English, Tamil, Malayalam, Telugu and can understand basic Hindi.

ravi53403@gmail.com

Notes:

12th International Conference on
OSTEOPOROSIS, ARTHRITIS AND MUSCULOSKELETAL DISORDERS
March 13-14, 2019, London, UK



Anthony Cavazos

Madison Medical & Sports Rehabilitation Center, USA

Harnessing the power of peptides in treating osteoporosis and its sequelae

Osteoporosis is estimated to negatively impact 200 million people worldwide. It is a “silent” disease in that it doesn’t manifest itself until one suffers its endpoint, a fracture. One in three women over the age of 50 years and one in five men will experience an osteoporotic fracture in their lifetime. Medical research and literature have been lukewarm regarding secretagogues usage in osteoporosis protocols. One of these peptides, namely, sermorelin has been widely studied since its birth in the early 1990’s. It upregulates human growth hormone in 70% of patients which leads to increasing bone mineral content. Newer peptides such as ipamorelin also are efficacious in building bone mass but are not commonly utilized by medical providers. On the other hand, anabolic agents such as teriparatide and abaloparatide have seemed to be the new darlings on the block but long-term side effects are unknown. It is the conclusion of this author that secretagogues are underutilized by the medical establishment and have much benefit to offer the osteoporotic patient.

Biography

Cavazos, or as his patients address him, “DrC”, has been practicing medicine for over 30 years. He graduated with honors from the University of Michigan Medical School and completed a family medicine residency outside Pittsburgh, PA. After residency he practiced Emergency Medicine in Ohio for nearly 10 years. Despite the hustle and bustle of the ER pace, his patients were always treated with respect and compassion. DrC then moved to New Jersey & worked in various urgent care settings. But he was frustrated with the state of patient care as it only focused on symptom control; not the core issue. He then began studying vitamin, hormone, integrative and regenerative medicine. DrC opened his own practice, DrC360, nearly four years ago and is only looking forward to growth and excitement!

drc@doctorc360.com

Notes:

12th International Conference on
OSTEOPOROSIS, ARTHRITIS AND MUSCULOSKELETAL DISORDERS
March 13-14, 2019, London, UK



Michael Borsky

Etzelclinic, Switzerland

Autologous-Conditioned-Plasma (ACP) therapy in severe knee osteoarthritis

Knee osteoarthritis is a major problem in the European population from a medical as well as from an economical point of view. Surgical treatment implicates a long absence from work. Alternative treatments postponing major surgery to the age of retirement from work would be beneficial. Methods and Material: Patients with severe knee osteoarthritis qualifying for knee replacement but not yet ready for major surgery are treated by four intraarticular injections of ACP (double syringe system, arthrex) Injections are performed once a week. Lequesne and VAS score before and four weeks after treatment are evaluated. Two years after treatment patients are contacted via telephone. Those not having had a knee replacement in the meantime and not requiring pain killers in daily living are considered as midterm success. Results: As far 168 patients were treated, 71 men and 97 women aged 64.2 +/- 10.9 years. 24 (14.3%) showed no effect. Lequesne score was 11.6 +/- 4.0 before and 3.9 +/- 2.7 (p<0.001) after treatment. Regarding the Lequesne classes 107 patients were classified to the extremely severe and severe group before treatment whereas after treatment 153 patients were classified as mild or moderate (p<0.001). Consequently, the VAS score dropped from 6.4 +/- 1.9 before to 2.2 +/- 1.5 after treatment (p<0.001). Two years after treatment 139 patients were contacted (no one lost for follow up). 93 (66.9%) of them being classified as midterm success (no knee replacement, no necessity of pain killers). Conclusion: Intraarticular Autologous-Conditioned-Plasma (ACP) therapy shows excellent short-term results reducing significantly the Lequesne score and class as well as the VAS pain score. Furthermore, the majority of the patients does not require major surgery for another two years, thus often postponing the time of surgery to the age of retirement and avoiding higher costs from incapacity to work.

Biography

Borsky is practicing surgery for 30 years. Graduated from the University of Zurich he spent most of his residency in institutions around the city of Zurich, including the Zurich University Hospital. At last head of surgical department in a country hospital in the larger Zurich area he founded together with another colleague in the year 2000 the "etzelclinic", a surgical and orthopaedic unit. In the meantime, the "etzelclinic" accommodates 8 surgeons, each team dealing only with one joint. Borsky was from the beginning pushing the "orthobiology" treatments additionally to the surgical treatments of knee diseases, especially in knee osteoarthritis, being amongst the first in Switzerland offering intraarticular Platelet -rich plasma (PRP) preparations.

borsky@etzelclinic.ch

Notes:

12th International Conference on
OSTEOPOROSIS, ARTHRITIS AND MUSCULOSKELETAL DISORDERS
March 13-14, 2019, London, UK



Wagih El Masri

Keele University, UK

Traumatic spinal cord injuries: Prognostic indicators of neurological recovery

The management of Traumatic Spinal Cord Injury (TSCI) has been controversial for the last two centuries. Better visualisation by CT and MRI together with improved instrumentation & increased safety of anaesthetic 35 years ago resulted in a change of practice from Active Physiological Conservative Management (APCM) of the spinal cord injury together with all its medical and non-medical effects to resources being directed to a focused surgical management of the injured spine with fragmentation of management of other effects of cord damage. This was based on the assumptions that surgical decompression and stabilisation will result in better neurological recovery, prevention of neurological deterioration, earlier mobilisation and completion of rehabilitation, shorter hospitalisation and reduced cost of management. Unfortunately, those who advocate surgical intervention are basing the same principles of management to the neurologically intact and the neurologically impaired patient whose physiology is impaired, whose spinal cord is patho-physiologically unstable and who are at risk of neurological deterioration by surgery and by early mobilisation. Furthermore, to date there is no evidence that; neurological outcomes, duration of rehabilitation, period of hospitalisation or cost of management are improved by surgical intervention on the spine of patient with cord injury and the opposite is likely to be true. A Spinal Cord Injury (SCI) results in a multi-system impairment and malfunction, paralysis, sensory loss and a potential wide range of medical and non-medical complications. The injured spinal cord is physiologically unstable and can be further damaged by non-mechanical complications. Hypoxia, hypertension, hypotension, sepsis, hypothermia, fluid overload can easily occur causing more neurological damage. Patients require scrupulous simultaneous attention of all effects of paralysis to ensure; maximum neurological recovery, prevent complications including long term pain, achievement of maximum range of movement of the spine essential for independence in the wheelchair to minimise cost of support in the community, ensure safe and convenient functioning of all body systems, ensure long term maintenance of health to minimise readmission with complications and enable the patient to actively contribute to the society. The prognostic indicators of neurological recovery based on the initial sensory sparing without intervention will be demonstrated and discussed. The irrelevance of traumatic biomechanical instability, spinal canal encroachment and cord compression on prognosis of neurological recovery in patients with sensory sparing on presentation will be demonstrated. The possible disadvantages, complications and hazard of surgical stabilisation, surgical decompression and early mobilisation will be discussed. The outcomes of APCM will be demonstrated. The importance of future research with relevant outcomes to target will be highlighted.

Biography

Wagih El Masri Prof W S El Masri FRCS Ed; FRCP Clinical Professor of Spinal Injuries - Keele University Consultant Spinal Injuries – Hunters Moor Neurorehabilitation Centre Birmingham Emeritus Consultant Surgeon in Spinal Injuries Robert Jones and Agnes Hunt Orth.Hospital Trained in the speciality of spinal injuries at Stoke Mandeville, Oxford, Guys Hospitals & the USA between 1971 and 1983. To date personally treated 10,000 patients with traumatic Spinal Injuries. Developed, and led the Midland Centre for Spinal Injuries (MCSI) between 1983 & 2014. Took responsibility for the management of the injured spine, the multisystem malfunction as well as the range of non-medical and physical effects of cord injury in the acute, subacute, rehabilitation phases as well as in the long term. Lectured worldwide in developed and developing countries. Contributed to the literature with over 135 publications. Documented the prognostic indicators of neurological recovery following Traumatic Spinal Cord Injuries. Demonstrated that with Active Physiological Conservative Management neurological recovery occurs irrespective of the degree of Biomechanical Instability, Canal encroachment or Cord Compression. Introduced the concept of "Physiological Instability of the Injured Spinal Cord" Peer reviewer and on the Editorial Boards of a number of Journals Held the offices of: President of the International Spinal Cord Society, Chairman of the British Association of Spinal Cord Injury Specialists, Executive Member of the BSRM . Founder Member and trustee of a number of charities that support Health Care professionals and patients. Raised about six million pounds from charity to rebuild and furnish the MCSI. Advisor to WHO 's International Perspectives on Spinal Cord Injury which was published in 2013 Member of the NICE Guideline Developing Group in spinal injuries. Obtained a number of awards including: the Medal of the International Spinal Cord Society, National Hospital Doctor Team Award for Innovation, Outstanding achievement award from the Chinese Society of Spinal Injuries, Outstanding Consultant Achievement award by the Spinal Injury Association, Hon. Presidency of the Romanian Spinal Cord Society, the Paul Harris Fellowship of the Rotary Club. The concepts, issues and facts demonstrated in this presentation can be revisited from a recent publication in the journal "Trauma".

bellstonehse@btinternet.com