12th International Conference on

# Surgery and Anesthesia

August 17-18, 2018 Singapore

## Scientific Tracks & Abstracts

### Day 1

Tiffany Gould, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# Per-rectal bleeding in pregnancy is a case report of a 29-year-old female diagnosed with colonic adenocarcinoma in the second trimester of pregnancy

**Tiffany Gould**
John Hunter Hospital, Australia

A 29-year-old female presented to a rural emergency department with per-rectal bleeding, describing up to 20 episodes of painless hematochezia that day, on a background of bowels not opening for the preceding three days. She had some associated abdominal pain but denied any blood clots, change in bowel habits, weight loss, nausea or vomiting. She was 15 weeks pregnant at the time. There was no other past medical or surgical history and no regular medications. Her vital signs were within normal limits, abdomen was soft non-tender and per-rectal examination revealed bright blood but no other abnormalities. She had a proctoscopy done which showed internal haemorrhoids. The decision was made to further investigate the patient with a flexible sigmoidoscopy, this revealed a suspicious lesion in the descending colon which was biopsied. Histological analysis revealed a diagnosis of adenocarcinoma. The flexible sigmoidoscopy was followed by a formal colonoscopy confirming the tumor at 25 cm from the anal verge, as well as two benign polyps. A staging non-contrast MRI scan pre-operatively showed no evidence of any intra-thoracic, abdominal or pelvic metastases, there was no lymphadenopathy noted. There was an area of concentric thickening of the sigmoid colon. The patient was also reviewed pre-operatively by the obstetrics and gynecology team who commenced prophylactic oral progesterone, she was also referred to a specialist colorectal cancer center, however she elected to be treated in her local hospital. The patient proceeded to undergo a planned resection at the local rural hospital, the procedure was initially laparoscopic however was converted to an open approach because of difficulty visualizing the operative field secondary to the fetus (with the uterus noted to be above the pelvic brim). The patient underwent a left hemicolectomy with a primary anastomosis, the intra-operative leak test was negative. She was admitted to high dependency units post operatively with fetal monitoring. Her post-operative recovery was unremarkable, and she was discharged to home on day five. Histological results confirmed stage-IVB (pT4aN1cM1b) colonic adenocarcinoma.

## Biography

Tiffany completed a Bachelor of Medicine from the University of Newcastle, awarded with distinction in 2015. She has completed further studies in Advanced Surgical Anatomy, as well as a Diploma of Science and a Master of Traumatology awarded with distinction in 2017. Tiffany works as a clinical teaching fellow with the University of Newcastle, a general surgical registrar in Hunter New England Health and has commenced a research higher degree in the field of Colorectal Surgery and Preventative Medicine.

tgould201@gmail.com

**Notes:**

Krishna Chandra Dubey et al., Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



## Post-traumatic calvarial tuberculous osteomyelitis: A rare case report

**Krishna Chandra Dubey, Shushruta A Kumar, S Ashok Kumar, Ashok Kalyanshetti, Reshma Bhoir and Ankit Potdar**
MGM Medical College & Hospital, India

**Introduction:** In developing countries like India, tuberculosis is common, pulmonary tuberculosis being rampant. Extra pulmonary manifestations are also on the rise, but calvarial tuberculosis is still rare, incidence being 1 in 10,000. We at our hospital encountered such a rare case of calvarial tuberculosis reported here.

**Case Report:** A 12-year-old boy presented with right sided supra orbital swelling for 2 months associated with pain and evening rise of temperature. Patient had history of head injury followed by which he had developed a swelling over right side of forehead. Patient visited a family physician and was given symptomatic treatment with painkillers and antibiotics. On evaluation the patients pulse 86 beats per minute and blood pressure was 110/74 mm hg in right arm supine position, no pallor cyanosis icterus or lymphadenopathy, Glasgow Coma Score E4, V5, M6. Pupils bilaterally 3 mm dilated and equally reactive to light, air entry in chest bilaterally equal, no adventitious sounds heard, per abdomen examination normal. Local examination revealed a cystic swelling over right frontal bone just above the right supraorbital ridge measuring approximately 3 cm × 2 cm. His blood investigations and chest radiograph were within normal limits. Skull radiograph AP and lateral view showed destruction of right frontal bone. CT scan of head revealed right frontal bone destruction with a 1.2×0.5 cm extra axial collection. The preoperative diagnosis was made as post-traumatic pyogenic osteomyelitis. Patient underwent excision of the osteomyelitic tissue, pus smear was negative for acid fast bacilli, histopathological examination of which revealed epithelioid granulomas, Langhans giant cells and lymphocytic infiltrate suggestive of tuberculous osteomyelitis. Patient was started on AKT.

**Conclusion:** Although rare, tuberculosis can affect the flat bones of the skull. Hence a bird's eye should be maintained while treating any osteomyelitic deformity of the skull and tuberculosis should always be goal in mind.

### Biography

Krishna Chandra Dubey is surgeon working in MGM Medical College & Hospital, India and has exceptionally contributed in the field of surgery.

dubekrishna@gmail.com

**Notes:**

Szyluk K et al., Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# Five-year prevalence of recurrent shoulder dislocation in the entire polish population

**Szyluk K, Jasiński A, Niemiec P, Mielnik M and Koczy B**
District Hospital of Orthopedics and Trauma Surgery, Poland

**Introduction:** To our knowledge, the literature lacks papers presenting data on the prevalence of recurrent shoulder joint dislocation. This is due to a unique natural history of this condition as, recurrent shoulder dislocation; it is not possible, in contrast to e.g. flu cases, to state that the sum of recorded diagnoses equals the number of patients and then use these data to estimate the prevalence.

**Aim:** The aim of the study was to evaluate five-year period prevalence of recurrent shoulder dislocation in entire Polish population.

**Method:** The study involved the entire polish population between 01 January 2010 and 31 December 2014. Demographic data were retrieved from the central statistical office of Poland. Data on the number of shoulder joint dislocations were retrieved from the database of the national health fund.

**Result:** We identified 32,253 Polish residents with shoulder instability. About 0.1% of Polish residents suffered from recurrent shoulder dislocation. Males suffered almost two times more likely than females (66% and 34%, respectively) and male gender was recognized as a risk factor of instability (OR=2.07, $p<10^{-10}$). Females in eight decade of life had the highest risk of recurrent shoulder dislocation (OR=3.33, $p<10^{-10}$). In males the highest risk of recurrences was noted for the third decade of life (OR=1.78, $p<10^{-10}$).

**Conclusion:** The period prevalence rate of recurrent shoulder dislocation in Poland is 83.7 per 100,000 persons per five years. The rate of recurrent shoulder dislocation for general polish population is 0.1%. Males were suffered from recurrent shoulder dislocation almost twice as frequently as females (OR=2.07).

## Biography

Szyluk K is currently working as the Deputy Head of the Department VI at the District Hospital of Orthopedics and Trauma Surgery, Poland. He has 30 scientific papers to his credit. He was a participant, organizer and speaker at many international scientific conferences and a scientific reviewer of papers in magazines.

kszyluk@o2.pl

**Notes:**

Robert A Bancod, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# An intestinal bezoar rare cause of intussusception in the adult: Case report and management in Lautoka Hospital, Fiji

**Robert A Bancod**
Umanand Prasad Medical School, Fiji

**Statement of the Problem:** A 31-year-old, male, presently residing in suburbs of Nadi. He presented with severe right lower abdominal pain, episodes of vomiting, mild abdominal distension, and obstipation. He had a history of recurrent attack of shortness of breath with chest pain. He was febrile, hypotensive, having tachycardic and tachypneic. His nutritional status appeared adequate. His systemic reviewed of chest and CVS revealed orthopnea and hypotension. He had a grade 3 murmur on the left side of the chest. On abdominal examination, he had mildly distended no visible scars, tender, guarded, with palpable mass on the right iliac fossa. Examination of external genitalia, hernia orifice and renal angle were normal. On rectal examination, the rectal vault was empty. Appendicular mass with intestinal obstruction was considered.

**Purpose:** To investigate the clinical manifestation of gastrointestinal bezoar which mimic appendicular mass causing intestinal obstruction?

**Methodology & Theoretical Orientation:** A retro perspective clinical study using patient observation, in-depth interview, age, gender, symptom and sign, abdominal imaging study, surgical procedure, size and location of obstruction is recorded.

**Findings:** The patient was a 31-year-old male, with sign and symptom of abdominal pain, vomiting and abdominal fullness. Investigation showed leukocytosis, small bowel dilatation on radiograph and ultrasound scan confirmed an elongated appendix indicative of infective pathology. On plain chest X-ray showed moderate cardiomegaly and absence of free air under the diaphragm. Intraoperative findings revealed an inflamed appendix and dilatation of small bowel to the terminal ileum and caecum where there was an ileocecal intussusception.

**Conclusion & Significance:** In view of emergency setting, unprepared bowel, lack of preoperative diagnosis, with a high risk of grade 3 murmurs and pulmonary hypertension, a limited resection of the affected ileum. The ileocecal valve is preserved.

**Recommendation:** The treatment of adult intussusception is surgical. The frequent coexistence of underlying pathology makes surgical exploration mandatory.

## Biography

Robert A Bancod is the Associate Professor in the Department of Surgery at the Umanand Prasad Medical School at the University of Fiji. He has obtained his Bachelor of Science majoring in chemistry in 1979 from Manila Central University. He has received his Doctor of Medicine in 1983 from Virgin Milagrosa University, where he also pursued his internship. He then undertook rural rotation for two years. In 1987, he received his licensure to medical practice and joined the Kalinga-Apayao Provincial Hospital as a junior physician. He initially held the position of Senior Registrar and later was appointed the Principal Medical Officer at Labasa Hospital. He was then promoted to Chief Surgical Registrar at the Lautoka Hospital. He also, at times, held the Acting Surgical Consultant position at both the Labasa and Lautoka Hospital. September 2010 saw his move from the Ministry of Health to his current position as Associate Professor in Surgery. While pursuing his academic career, he is also a consultant in surgery at the Lautoka Hospital as well as an active practicing general practitioner at the United Doctors Medical Clinic, Lautoka.

robertb@unifiji.ac.fj

**Notes:**

Priya Dharshini Loganathan, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# The comparative outcomes of the use of cage versus non-cage in spinal fusion surgery

**Priya Dharshini Loganathan**
University of Manchester, UK

**Aim:** The aim of this audit is to compare the outcomes of the use of interbody cage versus no cage in patients undergoing lumbar spinal fusion surgery for spinal degenerative conditions.

**Method:** A retrospective analysis was performed on 86 patients who underwent single level spinal fusion surgery for spinal degenerative diseases from January 2013 to December 2015. These patients were followed up at three months, six months, one year and where possible, two years. Patients were divided into those who had surgery with cage and those who had surgery without cage. Patients 65 years old and above and below 65 were also analyzed separately. Pre and post-operative back pain and leg pain were assessed and compared using the Visual Analogue Scale (VAS) score. Post-operative rate of complications was also recorded.

**Results:** The results showed that after one-year, back pain had improved in 83% of patients with cage compared to 68% of patients without cage. Leg pain had improved in 79% of patients with cage compared to 66% of patients without cage. In patients under 65, there was a significant improvement in back pain in patients with cage (77%) compared to without cage (29%) [p=0.003]. There was also a significant improvement in leg pain in patients with cage (77%) compared to without cage (43%) [p=0.03].

**Conclusion:** In conclusion, the use of cage provides a better outcome for patients compared to non-cage, in improving back pain and leg pain, especially for patients below 65 years old.

## Biography

Priya Dharshini Loganathan is currently a medical student at the University of Manchester in England. She holds a degree in Biomedical Sciences (BSc) previously obtained from Kings College London University. Her passions include orthopedic surgery and she aspires to pursue a career in this field. She has presented her work in several national conferences and is currently involved in a few projects related to orthopedics and neurosurgery. She is enthusiastic, motivated and is a keen learner and is looking forward to gaining more knowledge and experience in the field of surgery.

priyalogan90@gmail.com

**Notes:**

Shabnam Islam, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# Blood transfusion in orthotopic liver transplant does not affect long-term survival: A single centre study

**Shabnam Islam**
Royal Perth Hospital, Australia

**Introduction & Aim:** Recent developments have reduced blood transfusion requirements in Orthotopic Liver Transplant (OLT). Some studies show increased transfusion causes increased mortality. Our findings in Perth, WA look for pre-operative factors that led to blood transfusion and its impact on patients.

**Method:** It is a retrospective review of 211 patients who received OLT during 2000 to 2013 at the Sir Charles Gairdner Hospital, Perth. Recipients were divided into 2 groups based on Red Blood Cell (RBC) transfusion requirement. A number of pre-operative factors such as hemoglobin, INR, platelets, cold ischemic time, albumin, bilirubin, creatinine, MELD score and operating time were analyzed with step-wise regression. The aim was to look for pre-operative factors that will impact red blood cell transfusion. The survival curve was then plotted to determine the relationship between transfusion and survival.

**Results:** The mean age when they received their OLT was 48.4  12.1 with a median of 52. Male to female distribution was 72% versus 28%, respectively. Survival was 90.5% at 1 year and 86.2% at 3 years. 105 patients (49.7%) received no RBC transfusion, 106 patients (50.3%) received at least 1 unit. Both group had similar MELD score of 17.30  8.7. 8 out of 32 HCC patients received RBC transfusion. Simple linear regression shows hemoglobin, INR, albumin, bilirubin, operative times to be statistically significant ($P<0.05$). Multiple linear regressions only found hemoglobin, albumin and operative times to be significant. Kaplan Meier survival curve comparing the two groups was not significant.

**Conclusion:** The overall transfusion rate was at 50.3% with an average of 2.75 units. This was consistent or even lower compared to other studies. Rather than RBC transfusion, it is generally other factors that are linked to a poorer outcome such as age, sex, HCC and comorbidities. Therefore, there is weak evidence to associate transfusion with increased mortality.

## Biography

Shabnam Islam is a surgical registrar working at Royal Perth Hospital in Western Australia. She is an advocate for surgical safety and improved patient care. She is currently pursuing her Masters in Surgery with University of Western Australia while working in WA State level 1 trauma centre in Perth.

shabnam.r.islam@gmail.com

**Notes:**

Nadia Saeed, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# Comparison between onlay and sublay method of mesh repair for incisional hernia

**Nadia Saeed**
Mafraq Hospital, UAE

**Objective:** To evaluate the repair of incisional hernia by two different methods on lay (conventional method) and sublay (retro muscular preperitoneal) methods at two different tertiary care centers of Karachi, Pakistan.

**Methodology:** Patients diagnosed clinically and confirmed ultrasonographical subsequently operated upon with either methods were included in this study. The primary endpoint was hernia recurrence. Secondary endpoints were operative time, length of hospital stay and postoperative complications of the two methods.

**Results:** A total of 80 patients were allocated in two groups, Group A (n=40) underwent incisional hernia repair by sublay method and the remaining in Group B, (n=40) by onlay method. The frequency of wound infection was found significantly higher in the sublay method of mesh placement (p=0.019). The frequency of seroma formation was significantly higher in the onlay method of mesh placement (p=0.076).

**Conclusion:** The sublay technique was proven to be very effective with minimal complications and low recurrence rate.

## Biography

Nadia Saeed is a General Surgeon practicing in United Arab Emirates and Pakistan. She is the member of Royal College of Physicians and Surgeons of Glasgow. She is well versed with all surgeries, all proctological and breast surgeries.

nadia_saeed94@yahoo.com

**Notes:**

Jasamine Coles-Black, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



## Three-Dimensional Printing in Surgery: Fab or Fad? A review of current progress in the literature

**Jasamine Coles-Black**
3DMedLab, Australia

**Statement of the Problem:** Despite emerging uses in various disciplines, 3D-printing in surgery remains in its infancy. With developing technology, there has been a recent explosion of research in this field. In this review, we will cover the science behind the technology, highlight the most prolific medical disciplines currently utilising 3D-printing, discuss emerging clinical applications, and highlight the strengths and shortcomings of the current state of 3D-printing in the medical space.

**Methodology & Theoretical Orientation:** A PubMed and Medline literature search for relevant terms related to 3D-printing and Surgery was performed between February 1980 to February 2017 to capture all literature on the topic. We then analysed the data collected to ascertain the main medical subspecialties currently utilising 3D-printing. We further plotted the data against time in years to highlight the rapid emergence of literature in this field.

**Findings:** We identified 392 related articles in the field of 3D-printing and Surgery and determined the 5 main Surgical specialties utilising 3D-printing to be: Maxillofacial surgery, plastic surgery, orthopaedic surgery, cardiac surgery, and neurosurgery. We also were able to demonstrate exponential growth in literature in the past 3 years.

**Conclusion & Significance:** Interest in 3D-printing in medicine is exponentially growing. As the technology develops and becomes more accessible, we expect to see its presence across a wider range of subspecialties. Whether it becomes entrenched into mainstream medical practice is yet to be seen, but clinicians would be remiss to not be aware of this promising technology.

### Biography

Jasamine Coles-Black is a surgical resident at Austin Health, Melbourne, Australia, where she is part of the hospital's 3D Med Lab. Her research interests are in the emerging applications of 3D printing in the medical field, and in the dissemination of 3D printing knowledge and skills to fellow health professionals. To date, she has published numerous articles in the field, and her research has received both local and international media attention. She is also a Research Engagement Officer at Research Platforms Services at the University of Melbourne, where she runs workshops upskilling clinicians in medical 3D printing and raises the general public's awareness of the technology via traditional and non-traditional media.

jasaminecb@gmail.com

**Notes:**

12th International Conference on

# Surgery and Anesthesia

August 17-18, 2018 Singapore

## Workshop

### Day 1

Ishant Kumar Chaurasia, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



12th International Conference on
SURGERY AND ANESTHESIA
August 17-18, 2018 Singapore

*Ishant Kumar Chaurasia*
*Fortis OPJ Hospital, India*

## Management of gunshot injuries

**Statement of the Problem:** Any discussion of gunshot injuries tends to evoke emotional reactions from citizens on both sides of the political issues. The simple fact remains that gunshot injuries are one of the major cause of morbidity and mortality in various cities in the world.

**Purpose:** It is therefore essential for surgeons who service these emergency departments to have a clear understanding of gunshot injuries and their management. This presentation validates recommendations of the international guidelines on gunshot trauma that advocate operative intervention to reduce rates of patient morbidity and the inherent limitations of complications.

**Methodology & Theoretical Orientation:** This presentation is based on database of 4 patients presenting with gunshot wound trauma. The standard trauma evaluation protocols were used for all. Management was dictated by the location of a penetrating injury and associated traumatic injuries. Emergency operative intervention with maximum salvage rule applied.

**Findings:** All patients attended in emergency room with unstable vitals and hemodynamic instability. Exploration was performed in all the patients. Chest and lung injury was found in 1 patient undergoing exploration, 2 of whom had abdominal trauma including bowel and spleen injury, undergone bowel resection and splenectomy. One patient presented with retroperitoneal peri-lumbar trauma undergone local exploration and damage control surgery. Most of the cases were associated with internal bleed and soft tissue injury. Postoperative complications occurred infrequently: Only one patient developed wound infection.

**Conclusion & Significance:** Prompt and accurate assessment of the gunshot injuries is essential, both clinically and radiographically. Gunshot wounds can injure organs directly as well as those located close to the bullet tract. These injuries may be found in adjacent cavities not traversed by the bullet. A high index of suspicion, as well as imaging, is important to diagnose and grade these injuries.

### Biography

Ishant Kumar Chaurasia has his expertise in evaluation and passion in improving health and well-being. He has completed his MBBS in 2012 and MS in General Surgery in 2016. He has worked in various prestigious centers like Wockhardt Mumbai, TejVedaant Group of Hospitals, Jaslok Hospital, etc. Currently, he is working as a Consultant Laparoscopic Surgeon at Fortis OPJ Hospital, India.

ishant.chaurasia@jspl.com

**Notes:**

12th International Conference on

# Surgery and Anesthesia

August 17-18, 2018 Singapore

## Scientific Tracks & Abstracts

### Day 2

Kenneth Chok, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



## Multi-disciplinary management for colorectal liver metastases

**Kenneth Chok**
Queen Mary Hospital, Hong Kong

Colorectal cancer is a worldwide public health challenge. It is the most common cancer and the second leading cause of cancer mortality in Hong Kong. More than one third of patients present at an advanced stage of disease at diagnosis and the liver is the most common site of metastasis. Selection criteria for early diagnosis, chemotherapy and surgery have been recently extended. However, resectability remains poorly defined. The presence of metastasis is the most significant prognostic factor. For this reason, surgical resection of hepatic metastasis is the leading treatment. The most appropriate resection approach remains to be established. The primary cancer and the hepatic metastasis can be removed by simultaneous resection or two-step resection. These two approaches have comparable long-term survival outcomes. For patients with a limited future liver remnant, Portal Vein Embolization (PVE) and associating liver partition and portal vein ligation for staged hepatectomy have been advocated. However, both have their pros and cons. Targeted biological chemotherapeutic agents and loco-regional therapies (chemoembolization, thermal ablation and arterial infusion chemotherapy) help to further improve favorable results. The recent debate about offering liver transplant to highly selected patients' needs validated results from large clinical studies. Standardized evidence-based protocols are missing and hence optimal management of hepatic metastasis should be personalized and decided by a multidisciplinary team.

### Biography

Kenneth Chok has completed his Graduation from the University of Hong Kong, Honk Kong. He is currently the Deputy Director of Liver Transplant Center at Queen Mary Hospital, Honorary Consultant at the Queen Mary/Tung Wah Hospitals and Clinical Associate Professor at the University of Hong Kong. His research interests focus on the advances in the management of hepatocellular carcinoma, biliary complications and hepatorenal syndrome in living donor liver transplantation. He is one of the pioneers in advocating minimally invasive hepatobiliary surgery and associating liver partition and portal vein ligation for staged hepatectomy in the territory. He has published more than 160 peer-reviewed articles in high impact journals including *Annals of Surgery, British Journal of Surgery and Liver Transplantation*. Owing to his outstanding research and clinical performance, he was awarded Carlos Pellegrini traveling Fellowship in 2015 from the American College of Surgeons. Apart from his excellent clinical and research works, he is committed to promote organ donation in Hong Kong and is currently the Honorary Treasurer for Hong Kong Society of Transplantation and Council Member for Hong Kong Liver Foundation.

kennethchok@gmail.com

**Notes:**

Gouda El-Labban, Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



12th International Conference on
SURGERY AND ANESTHESIA
August 17-18, 2018 Singapore

# The effect of time interval between endoscopic retrograde cholangiopancreaticography and laparoscopic cholecystectomy

**Gouda El-Labban**
Suez Canal University, Egypt

**Introduction & Aim:** The appropriate time for Laparoscopic Cholecystectomy (LC) following Endoscopic Retrograde Cholangiopancreaticography (ERCP) in patients with obstructive choledocholithiasis is controversial. We aim to compare early versus delayed LC after ERCP in patients with calcular obstructive jaundice as regards conversion rate, postoperative morbidity and hospital stay.

**Method:** This study was conducted on 124 patients who underwent LC after ERCP due to calcular obstructive jaundice. Patients were randomly classified to two groups; in the first group (early group, n=62) LC was performed within 72 hours after ERCP, while in the second group (delayed group, n=62) LC was performed after 6 weeks.

**Result:** Conversion to open cholecystectomy was significantly more incident when LC was delayed for more than 6 weeks after ERCP (22.6% in delayed group versus 6.5% in early group). The duration of surgery and the postoperative hospital stay in the early group was significantly shorter than that of the delayed group (42.3±10.6 minutes versus 72.2±16.8 minutes and 1.1±1.9 day versus 3.5±1.2 days, respectively). No statistically significant difference was found between both groups as regarding the postoperative morbidity.

**Conclusion:** Performing LC as early as possible (within 72 hours after ERCP) lowers the conversion rate to open cholecystectomy thus decreasing the anticipated postoperative morbidity and prolonged hospital stay.

## Biography

Gouda El-Labban is currently the Professor of Surgery. He has completed his PhD from the University of Birmingham UK in Hepatobiliary Surgery. He previously served as Head of the Emergency medicine Department at Suez Canal University Hospital. He served as a member in a major international project funded by the European Commission in Medical Informatics. Throughout his career, he has published many research studies in international journals and conferences. Part of his professional service is reviewing manuscripts and proposals for international journals with high impact factors, in addition to coordinating many conferences of Surgery and Laparoscopy. His main research interests are Hepatobiliary and Laparoscopic Surgery. His work at the SCU Hospital involves teaching undergraduate and postgraduate students and training postgraduates on operative maneuvers.

ellabbang@yahoo.com

**Notes:**

Tomasz Kameczura et al., Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



# The use of direct heart hypothermia by MET cooler reduces left ventricular systolic function impairment in animal experimental model of myocardial infarction: Ongoing study

**Tomasz Kameczura[1], Sebastian Stec[1], Marek Rajzer[2], Jerzy Wilinski[3], Stanisław Bartus[2] and Alex Pasek[5]**
[1]University of Rzeszow, Poland
[2]Jagiellonian University, Poland
[3]Blessed Marta Wiecka District Hospital, Poland

**Background:** The reduction of heart damage and improvement of patient outcome are the main goals in the treatment of myocardial infarction. For both crucial are the shortening of time to reperfusion and use of appropriate pharmacological treatment. Two commonly recognized milestones in this area are the techniques of mechanical reperfusion and new generations of antiplatelet drugs. Restrain of myocardial metabolic activity seems to be possible third way, which may have an impact on myocardial damage especially during the critical ischemia. The use of direct heart hypothermia to reduce myocardial metabolic activity is very promising tool for reducing left ventricle damage and improve patient's prognosis.

**Method:** The study is conducted using an animal model. We compare 20 domestic swine (Polish Landrace Pig), 10 in the Study Group (SG) and 10 in the Control Group (CG). The animals in both groups were randomly paired by age, sex and body mass. Animals in the CG are sequentially given analgesia, sedation and respiratory therapy. After that we get an arterial access (femoral artery), perform coronary-angiography and by using Balloon Catheter (BC) perform inflation in proximal part of LAD (POBA) (target prox/mid LAD with a diameter of 2.5-4.0 mm behind ostium DG1). After 45 minutes the BC is removed from the LAD. The animal is observed, monitored (if necessary appropriate medication is given). Past 48-hours since POBA the EF assessment (Ejection Fraction) of LV is performed. Then the subject is euthanized and staining of heart tissue is performed with quantitative assessment of Infarct Area (IA) and Area at Risk (AAR). Similarly, in SG the coronary angiography is performed with POBA LAD. After removal of BC from the LAD, a dry puncture of pericardium (pericardial catheter inserted to the pericardial sac) is performed, with subsequent 12 hours procedure of direct hypothermia of heart (saline 30 °C). 48 hours since POBA, there the evaluation of EF is made, subject is euthanized, then same staining procedures as in control group performed with quantitative assessment OD AI and AAR.

**Result:** Comparison of baseline EF and MVO in CG1 and SG1 showed no significant differences (all $p>0.05$). MVO was significantly reduced at SG2 and EF was significantly greater in SG2 comparison to the CG2. Similarly, for the EF and MVO significant difference was observed between the SG2 and CG2 ($p<0.001$).

**Conclusion:** Direct Heart Hypothermia (DHH) method by METcooler in acute experimental heart ischemia is a viable and safe method in an animal model. Dry pericardial puncture and lowering the temperature in the pericardial sac by applying a closed refrigerant circuit are relatively simple procedures that can be performed if necessary in a regular cath-lab/cardiology department. Preliminary results demonstrate that the DHH may be considered in the future as an additional method to reduce cardiac damage in the course of myocardial infarction.

## Biography

Tomasz Kameczura is Interventional cardiologist experienced in invasive cardiology, currently dealing with ACS's and elective PCI's and is the founder of NewTechMed LLC/NY/USA.

tomasz_kameczura@yahoo.com

## Notes:

Deepesh Kalra et al., Surgery Curr Res 2018, Volume 8
DOI: 10.4172/2161-1076-C3-041



## Metaplastic carcinoma breast (IDC and chondrosarcoma): A rare entity

**Deepesh Kalra, Shalu Gupta, Sami Anwar Khan and Bhanu Kaushik**
Sawai Man Singh Medical College, India

Meta-plastic breast carcinoma is very rare neoplasm. We report a case of meta-plastic breast carcinoma containing characteristic features of infiltrating ductal carcinoma and chondrosarcoma. A 62 year-old female presented with complaint of a lump in the right breast for the last 2 years. FNAC was suggestive of mucinous tumor. Tru-cut biopsy had been performed outside our institution, which was suggestive of a ductal carcinoma with mucinous component. Modified radical mastectomy of the right breast was performed and histopathology was suggestive of infiltrating ductal carcinoma and chondosarcoma of the right breast. All resected lymph nodes were free of metastasis. Immunohistochemistry was suggestive of a meta-plastic carcinoma with components of ductal carcinoma and chondrosarcoma with moderately positive ER, negative PR, positive pan-cytokeratin in ductal carcinoma component, positive S-100 and KI-67.

### Biography

Deepesh Kalra is the senior Surgeon/Consultant at the Sawai Man Singh Medical College, India and Professor of Plastic Surgery. He has completed his graduation in medical from the prestigious King Georges Medical College Lucknow India and his Post-graduation (MS) in General Surgery from King Georges Medical College Lucknow. He was trained in the field of Craniofacial Surgery by Prof. Ian T. Jackson of the Mayo Clinic USA. Further he was trained in the field of Microvascular Surgery by Dr. Robert Acland of USA. He has successfully performed more than 15 thousand operation. He has delivered several lectures at national and international seminars and presented more than 100 research papers. He has published several new techniques and published more than 20 research paper in national and international journals.

kd89.doc@gmail.com

**Notes:**