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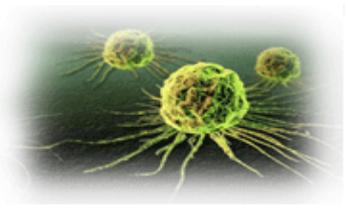
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HOPITAL
HABIB THAMEUR



Dr Rabii Noomene

Gastro-intestinal surgeon

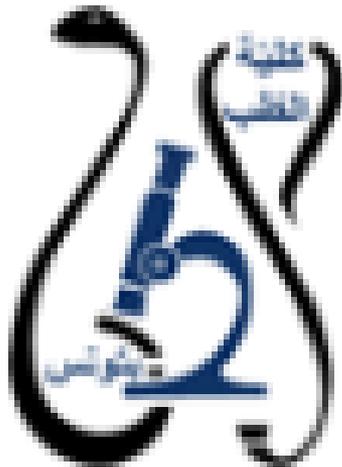
Department of general surgery

Habib Thameur Hospital Tunis

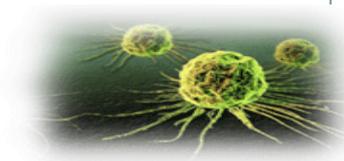
Tunisia

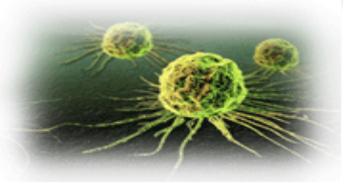


Faculty of medicine Tunis Tunisia



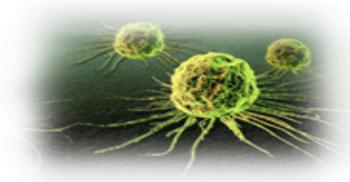
Associate professor of surgery and anatomy



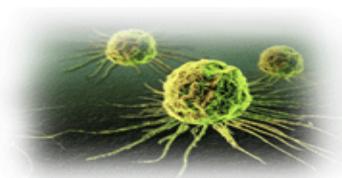


Dr Rabii Noomene obtained his Medical degree from the faculty of medicine, Tunis Tunisia, in 2002. He fulfilled his national medical services as a medical practitioner in many hospital of Tunis.

He completed his training in general and gastro-intestinal surgery at the Rabta hospital. He is currently a senior surgeon in the department of visceral surgery in the Habib Thameur hospital Tunis Tunisia. He is an associate professor of surgery and anatomy teaching in the faculty of medicine and the health science high school Tunis Tunisia. He has authored over then 20 journal peer-reviewed publications. He is a regular reviewer and Editorial Board member in several journals.



Research interest



Adult intussusception

J. Afr. Hépatol. Gastroentérol. (2012) 6:203-205

CAS CLINIQUE / CASE REPORT

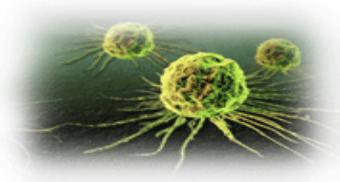
L'invagination intestinale chez l'adulte: mode de révélation rare de la maladie de Crohn

Adult intussusception: a rare initial manifestation of Crohn's disease

R. Noomene · A. Ben Maamer · H. Zaafouri · N. Haoues · A. Bouhafa · A. Cherif

© Springer-Verlag France 2012

Intussusception is an uncommon cause of intestinal obstruction. It occurs when a proximal segment of bowel telescops into an adjacent distal segment. In adult; it is often associated with an underlying pathology. Approximately 65% of cases are secondary to tumours growth. A few cases of intestinal intussusception; as initial manifestation of Crohn's disease; have been already reported. This complication leads generally to surgery. But there is no agreement upon the correct surgical treatment, although resection without prior reduction seems to be the best choice.

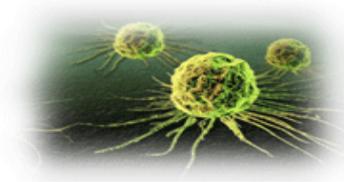


ECTOPIC PANCREAS OF THE ILEUM: REPORT OF A DOUBLE COMPLICATION

*Rabü Noomene¹, Ehsen Ben Brahim², Ahmed Bouhafa¹, Anis ben Maamer¹, Noomen Haoues¹,
Abdelaziz Oueslati¹, Abderraouf Cherif¹*

¹ Department of visceral surgery. ² Department of Pathology.
Habib Thameur Hospital Tunis. Tunisia.

The ectopic pancreas is defined by the presence of pancreatic tissue away from the pancreatic gland in the absence of any ductal or vascular connection. The authors report one exceptional case of aberrant pancreas located in the distal ileum with a double complication: Digestive hemorrhage and small bowel obstruction due to an entero-enteric Intussusception.



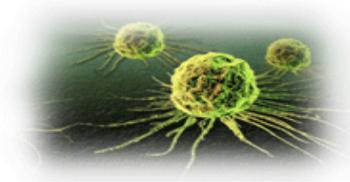
GISTs

Young female multiple gastric GIST presenting with lymph node metastasis: Sporadic or incomplete Carney's triad?

Rabii Noomene¹, Leila Mchirgui², Chiraz Chammakhi-jemli², Abderraouf Cherif¹

Presse Med. 2014; 43: 478-479
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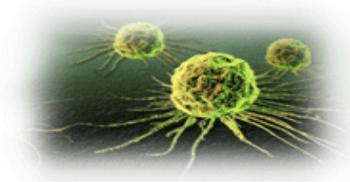


LE TRAITEMENT CHIRURGICAL DES GIST A L'ERE DES ITK: ETUDE DE 44 OBSERVATIONS

surgical management of GISTs in the TKI era: review of
44 cases.

Dr Rabii Noomene
Hôpital Habib Thameur
ATC 2014





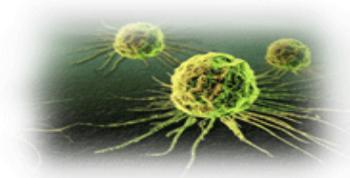
LES TUMEURS STROMALES GASTRO- INTESTINALE: ETUDE DE FACTEURS PRONOSTIQUES A PROPOS DE 38 OBSERVATIONS

Gastro-intestinal stromal tumors: A review of
prognostic factors

Dr Rabii Noomene

Hôpital Habib Thameur
ATC 2013





Mise au point

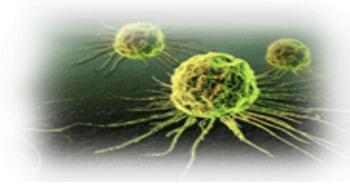
Les tumeurs stromales Gastrointestinales

Le GLIVEC en adjuvant : quelle durée?

Dr Rabii Noomene

Service de chirurgie générale HHT

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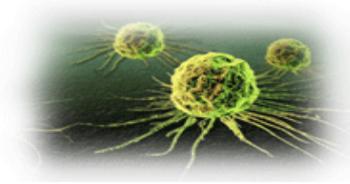
Hydatid disease

**PanAfrican
Medical
Journal**

Primary hydatid cyst of the gallbladder: an unusual localization diagnosed by Magnetic Resonance Imaging (MRI)

Rabii Noomene^{1,*}, Anis Ben Maamer¹, Ahmed Bouhafa¹, Noomen Haoues¹, Abdelaziz Oueslati¹, Abderraouf Cherif¹

Hydatid disease is endemic in Tunisia and has been considered as one of the most common surgical pathology. Several localizations have been described, but hydatidosis of the liver is the most frequent clinical entity. Primary hydatid cyst of the gallbladder is very rare. We report in this observation a new case of primary hydatid cyst of the gallbladder diagnosed by Magnetic Resonance Imaging (MRI).



Minimal invasive surgery

COLECTOMIE POUR PATHOLOGIE

NON TUMORALE

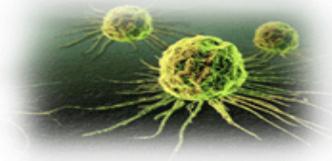
LAPAROSCOPIE VS LAPAROTOMIE

colectomy for benign lesion: laparotomy vs laparoscopy

Dr Rabii Noomen

Service de chirurgie générale Hôpital Habib Thameur
ATC 2012



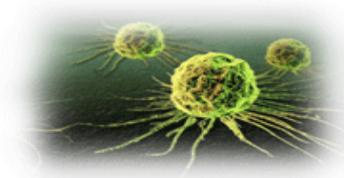


HOPITAL
HABIB THAMEUR

La chirurgie de l'obésité morbide bariatrique... ou « métabolique » ?

La chirurgie bariatrique
dans le traitement
du diabète de type 2

Service de chirurgie générale HHT



La chirurgie de l'obésité morbide *sleeve versus by-pass*

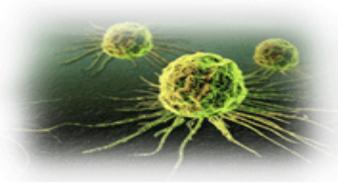
THE
GASTRIC
SLEEVE

THE
GASTRIC
BYPASS

VS

Dr Rabii Noomene

Service de chirurgie générale HHT ATC 2012



APPORT DE LA COELIOSCOPIE DIAGNOSTIQUE DANS LA PRISE EN CHARGE DES ASCITES EXSUDATIVES D'ÉTIOLOGIE INDÉTERMINÉE

R. Noomene¹, N. Haoues¹, M. Belhadj Salah², T. Dorra³, S. Sghaeir⁴, A. Bouhafa¹, A. Oueslati¹,
A. Ben Maamer¹, J. Kharrat³, A. Chadli², M. Habib Daghfous⁴, A. Cherif¹

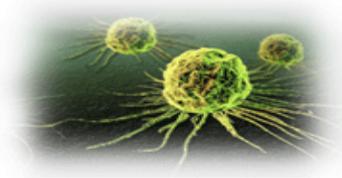
Tunis - TUNISIE

LE JOURNAL DE
CŒLIO-CHIRURGIE
La revue du chirurgien praticien

L'ascite exsudative est définie par une ascite contenant un taux de protide supérieur à 20 g/l et Rivalta positif. En Tunisie, les étiologies de ces ascites sont dominées par la carcinose péritonéale et la tuberculose péritonéale. Ces deux pathologies représentent des urgences diagnostiques et thérapeutiques. Leur pronostic reste réservé en cas de prise en charge tardive. Seul l'examen anatomopathologique des biopsies péritonéales est capable de confirmer l'une ou l'autre des pathologies dont les manifestations cliniques et les signes radiologiques restent très comparables.

L'objectif de cette étude est de montrer la place de l'exploration visuelle de la cavité péritonéale ainsi que celle des biopsies faites sous cœlioscopie dans le diagnostic étiologique des ascites exsudatives isolées.

MOTS CLÉS: Ascite, Laparoscopie, Tuberculose, Carcinose.



Hernia

Mise au point

Hernies de Spiegel

Rabii Noomene Ahmed Bouhafa Anis Ben Maamer Noomen Haoues
Abdelaziz Oueslati Abderraouf Cherif

la Presse
Médicale

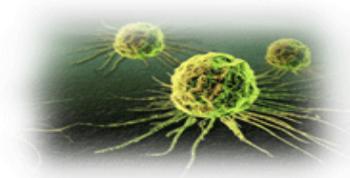
Spigelian hernias represent 1–2% of all abdominal wall hernias.

The pathogenesis often involves a dehiscence of the transverse and internal oblique muscle aponeurosis.

The diagnosis is made by physical examination; but sometimes it is complicated by obesity. The risk of strangulation is important and can reach 30%.

The abdominal CT scan is helpful in the description of hernia's topography and sometimes in diagnostic confirmation.

The treatment is surgical. The rate of recurrence after direct closure is considerable. Synthetic mesh repair seems to be a more adequate alternative. The advent of laparoscopy has improved the management of these hernias.



Tuberculosis

Journal Africain du Cancer / African Journal of Cancer

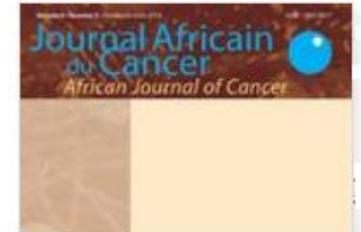
August 2014, Volume 6, Issue 3, pp 178-180

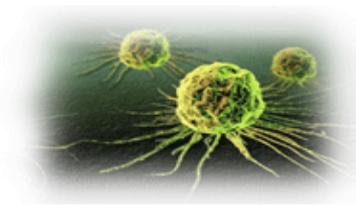
La tuberculose sigmoïdienne pseudotumorale : une cause rare d'occlusion intestinale aiguë

R. Noomene, M. Ayari, E. Ben Brahim, A. Bouhafa, A. Ben Maamer, N. Haoues, A. Oueslati, A. Cherif

Sigmoid Pseudotumoral Tuberculosis: a Rare Cause of Intestinal Obstruction

Segmental colonic tuberculosis is rarely encountered even in endemic areas. There has, however, been a revival over the last decade. Tumor-forming abdominal mass is an exceptional finding and often mimics malignancy. Clinicians should be aware of this localization and its wide spectrum of clinical presentation. We describe a case of pseudotumoral sigmoid tuberculosis in which surgery has been required for intestinal obstruction complication.





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