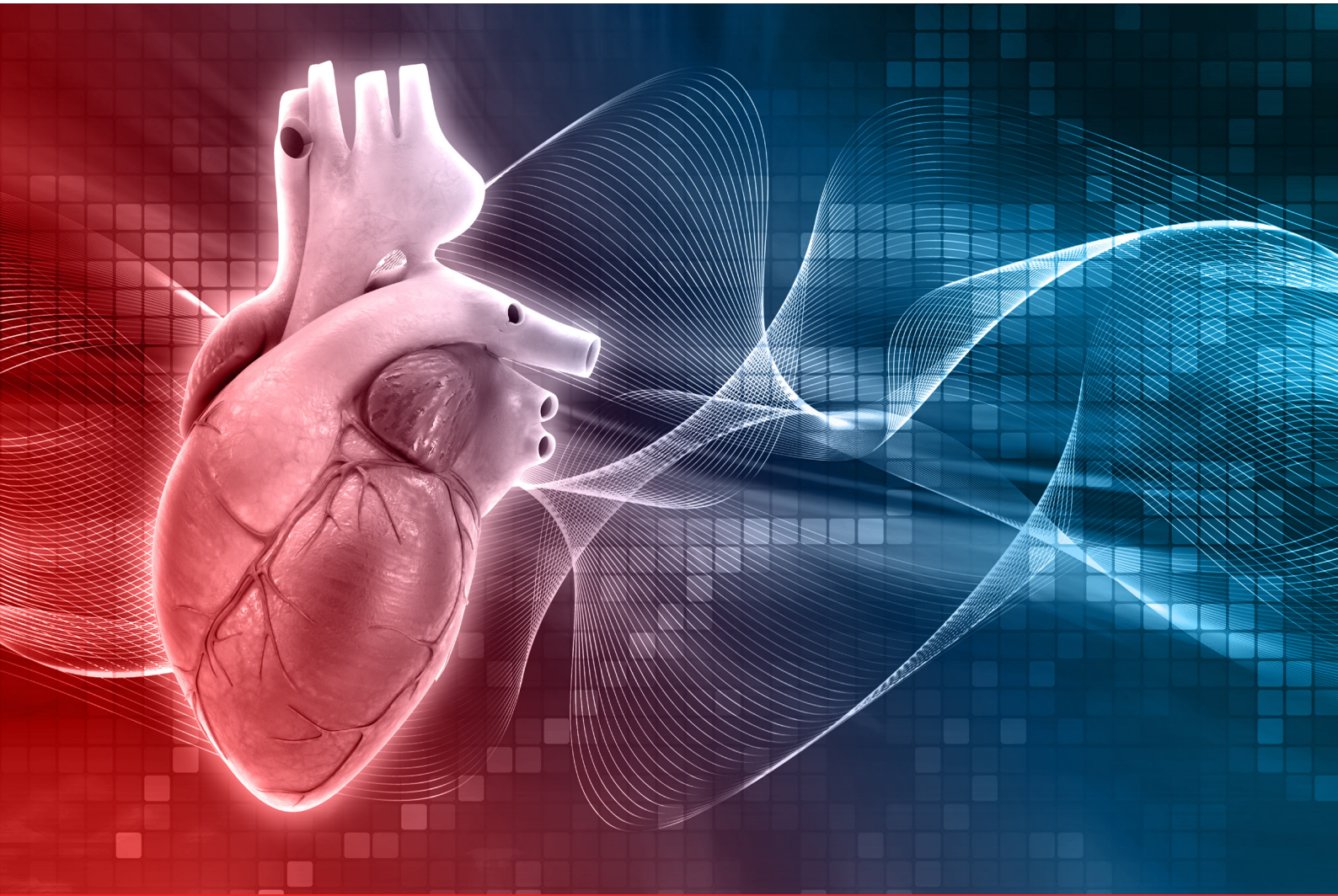
inovine
Scientific Meetings

NOVEMBER
25-26, 2022
DUBAI, UAE

WORLD HEART CONGRESS



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Scientific Program

Day 1

Scientific Progarm

Novmeber 25, 2022 | Dubai, UAE

8:30-09:00 @ **Registration**

09:00-09:30 @ **Opening Ceremony**

Keynote Forum

09:30-10:10

Title: Effect of Dipping Pattern on Cardiovascular Morbidity Assessed by LVH in Different Races with Assessment of Efficacy of Antihypertensive Medications on Dipping

Mohammed Abdelmoneim Mohammed Othman, AlDhannah Hospital, UAE

10:10-10:50

Title: Comparison analysis of tea and coffee in the light of their elemental contents

Pawel Konieczynski, Medical University of Gdansk, Poland

10:50-11:10 Networking and Refreshments Break

Oral Presentations

11:10-11:50

Title: Comparison of the anti-calcification effects of Entelon150® (grape seed extract), losartan, rosuvastatin on intravascular bovine pericardium in a rabbit model

Hong Ju Shin, Ansan Hospital, Korea

11:50-12:15

Title: Case series of Kawasaki Patients who get Heart Transplant Successfully

Negin Molazadeh, Rajaee Cardiovascular Medical & Research Center, Iran

12:15-12:55

Title: Interesting cases of venous disease

Ali reza, Medstar Clinic, UAE

12:55-13:55 Lunch Break

Keynote Forum

13:55-14:35

Title: The Development of Population–Based Cardiovascular Disease Registry is essential in Improving Care

Kadhim Alabady, Dubai Health Authority, UAE

Oral Presentations

14:35-15:00

Title: The effect of cardiac rehabilitation on left and right ventricular function in post primary PCI patients

Mahdi Zahedi, Golestan University School of Medicine, Iran

15:00-15:25

Title: Extended anticoagulation therapy in VTE: from evidence to guidelines

Ahmed Abaza, Al Dhaid Governmental Hospital, UAE

15:25-16:00

Title: Hypertensive crisis: clinical characteristics of patients with hypertensive urgency, emergency and pseudocrisis at a public emergency department

P. Maietta, Aversa Hospital, Italy

16:00 – 16:15 Networking and Refreshments Break

16:15-16:40

Title: TBA

Dr.Rafael Martinez Sanz, University of La Laguna, Spain

16:15-16:40

Title: The Impact of Digital Health in Optimization of Healthcare Services

Nour Eddin Haj Mohamad, Allm Inc, UAE

Video Presentation

16:40-17:05

Title: TBA

Ruchi Gupta, Cath lab, India

Panel Discussion

Awards, Thanks giving & Closing Ceremony

Day-1 Ends

Day 2

November 26, 2022 | ZOOM MEETING (Gulf Standard Time)

09:00-09:20	**Title: Acute ischemic stroke secondary to LA myxoma in a pediatric patient** **Amulya C,** Sri Jayadeva Institute of Cardiovascular sciences and research, Bangalore, Karnataka, India
09:20-09:40	**Title: Peri-operative fluid management in cardiac surgery What are we measuring and what are we aiming for?** **James Besanko,** Royal Adelaide Hospital, Adelaide, South Australia, Australia
09:40-10:00	**Title: Atrioventricular block mobitz 2 revealing hyperthyroidism: About a case** **KARIM FATIHA,** Chu-Ibn ROCHD, Morocco
10:00-10:20	**Title: The ambulatory measure of the blood pressure (mapa) in diabetic subjects** **Hamine Yousra,** Ibn Rochd University hospital, Morocco
10:20-10:40	**Title: A tale of two experiments: the use of a novel device in porcine subjects for heart transplant surgery** **James Besanko,** Royal Adelaide Hospital, Adelaide, South Australia, Australia
10:40-11:00	**Title: Clinico-biological particularities of silent myocardial ischemia in type 2 diabetics** **Hamine Yousra,** Ibn Rochd University hospital, Morocco
11:00-11:20	**Title: Challenges in communication in COVID-19** **James Besanko,** Royal Adelaide Hospital, South Australia, Australia
11:20-11:40	**Title: Hypertrophic cardiomyopathy simulating an acute coronary syndrome : Case report** **Hamine Yousra,** Ibn Rochd University hospital, Morocco
11:40-12:00	**Title: E-BABE-Encyclopedia of Bio analytical Methods for Bioavailability and Bioequivalence Studies of Pharmaceuticals** **Akib Bashir,** Mahareshi Markendeshwar University, India
12:00-12:20	**Title: Evaluation of the lipid profile of patients with type 1 and type 2 diabetes** **Hamine Yousra,** Ibn Rochd University hospital, Morocco

Panel Discussion

Awards, Thanks giving & Closing Ceremony

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WORLD HEART CONGRESS

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HYBRID EVENT

KEYNOTE PRESENTATIONS

DAY 1

Mohammed Abdelmoneim Mohammed Othman

AlDhannah hospital, UAE

Effect of Dipping Pattern on Cardiovascular Morbidity Assessed by LVH in Different Races with Assessment of Efficacy of Antihypertensive Medications on Dipping

Background: Hypertension is a serious medical condition that significantly increases the risks of heart, brain, kidney and other diseases, An estimated 1.28 billion adults aged 30-79 years worldwide have hypertension, ABPM provides the average of BP readings over a defined period, Nocturnal BP normally drop between 10-20 % of diurnal BP , loss of dipping cause serious complications.

Aim of the Study: Study relation between dipping status and end organ damage of the cardiac muscle assessed by presence of LVH in ECG & Echocardiography, the relation between antihypertensive type & dipping status & relation between dipping status & race.

Methods and Results: Study was designed as observational cross sectional Nested case control study. After assessing prevalence of dipping among studied cases ; cases were divided into groups based on dipping status then association was assessed with finding in ECG , echo ,ABPM and sociodemographic characteristics. Study was carried out in Al Dhannah Hospital Abu Dhabi UAE.

Conclusion: presence of LVH criteria in ECG in reverse dipper & non dipper was statistically significant than normal dipper with P value < 0.001 ,presence of LVH in Echo was statistically significant in non-dipping & reverse dipping groups than normal dipper with P value < 0.001 ,the best dipping was achieved by ARBIs then combination therapy then equally CCBs & ACEIs & the worst was BB that why BB was not preferred to be used as a solo antihypertensive drugs as it is not decreasing also the central aortic pressure , the worst dipping was in patients from Philippine, the best dipping was achieved in Arab then Indian then African but the number of African was low.

Biography:

Mohammed Othman has completed his MBCCH in 2001 from Mansoura faculty of medicine in 2001, Msc. In 2008 & PhD in cardiology in 2019 from Benha faculty of medicine in Egypt then MPA in healthcare management & leadership in 2022 from university of Degli Studi Guglielmo Marconi from Italy , he worked in teaching hospital in Egypt for 8 years then university hospital of Kuwait for 10 years then NMC AlDhannah hospital as cardiology specialist , head of cardiology & general medicine & acting chief medical officer he has many international publications in cardiology & participate in many registries.

Pawel Konieczynski

Medical University of Gdansk, Poland

Comparison Analysis Of Tea And Coffee In The Light Of Their Elemental Contents

The aim of the study was to compare the elemental contents of tea and coffee samples originating from different countries and continents (Asia, Africa, America, Australia and Oceania). The investigated samples were digested by microwave digestion technique and the elements were determined by using atomic absorption spectrometry (AAS). The magnitude order in which elements were assayed is as follows: Ca, K, Mg, Na, P, Fe, Mn, Zn. Several correlations between elements were found, such as between K-P and K-Zn, and statistically significant differences between tea and coffee, too. It was also revealed that by application of cluster analysis (CA) and principal component analysis (PCA) the studied samples of coffee and tea can be divided into groups in which the samples with similar element' contents can be found.

Biography:

Pawel Konieczynski studied Pharmacy at the Medical University of Gdansk (MUG), Poland and graduated from Faculty of Pharmacy at MUG in 1992 as a master of Pharmacy. He started his scientific and didactic work at the Department of Analytical Chemistry of MUG. He obtained his PhD degree in 1997 at MUG and in years 1997-1999 dr P. Konieczynski was a fellow of EU scientific scholarship (PostDoc) at the Department of Inorganic, Metallorganic and Analytical Chemistry at the University of Padua (Italy). His research interest is focused on analysis of metallic and non-metallic elements in medicinal plants. In 2018 he obtained the position of an Assistant Professor at the Medical University of Gdansk. He has published more than 50 research articles in SCI(E) journals.

Kadhim Alabady
Dubai Health Authority (DHA), UAE

The Development of Population–Based Cardiovascular Disease Registry is essential in Improving Care

Background: Data and evidence should be the drivers behind decisions about health and social care. The quality of cardiovascular data is fundamental to delivering high quality care for people diagnosed with cardiovascular. The primary purpose of cardiovascular evidence is to support the delivery of a good quality service to patients and service users.

Purpose: It is not possible to deliver to patients diagnosed with cardiovascular with appropriate care without having accurate information stored in a registry database to provide comprehensive, accurate information for cardiovascular and their risk factors management and intervention. Therefore, it is important to address cardiovascular data collection abd issues before establishing population–based registry.

Method: We used two approaches as follows:

1. Literature review to assess the available cardiovascular diseases registries.
2. In–depth interviews – a qualitative research technique focusing on different topics on cardiovascular information with cardiologist experts, researchers, data and Information analysts at public and private healthcare centres.

Results:

- The cardiologist experts highlighted that quality of cardiovascular and risk factors data is fundamental to delivering high quality care for people diagnosed with cardiovascular disease. The primary purpose of the population–based cardiovascular registry is to support the delivery of a good quality service to patients and service users.
- With regard to the referral of patients diagnosed with cardiovascular disease between hospitals for treatment, the major hurdle in registration is that most referred patients submit incomplete information related to their investigation i.e. angiography, coronary artery bypass graft (CABG), angioplasty, etc.
- The experts stressed that that ICD 10 coding need to be assigned correctly to each patient in the EMR including oncology departments.

- It was highlighted that quality of cardiovascular data is fundamental to delivering high quality care for people diagnosed with heart disease.

Biography:

Kadhim Alabady is a Fellow of the Royal College of Physicians and Surgeons of Glasgow. He has completed his Doctorate degree in Public Health and Epidemiology, Master's degree in Clinical Epidemiology (MSc), Master's degree in Public Health (MPH), all from The Netherlands universities with broad experience driving research and development (R&D) strategies and operations. He has been registered as an Epidemiologist Grade A with The Netherlands Epidemiological Society. He has numerous publications in the UK in mental illnesses, cancer, cardiovascular diseases, diabetes, dementia, autism, COPD, population health, road casualties and others.

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SPEAKER PRESENTATIONS

DAY 1

Comparison of the anti-calcification effects of Entelon150® (grape seed extract), losartan, rosuvastatin on intravascular bovine pericardium in a rabbit model

Hong Ju Shin
Ansan Hospital, Korea University, Korea

Calcification is the most important cause of valve failure in bioprosthetic heart valve. In previous studies, the anti-calcification effect of Entelon150® (grape seed extract), losartan, and rosuvastatin revealed. The purpose of this study was to compare the anti-calcification and anti inflammatory effects of Entelon150®, losartan, and rosuvastatin on intravascular bovine pericardium in a rabbit model. In total, 28 healthy rabbits were implanted with a bovine pericardium bilaterally in the external jugular veins and divided into 4 groups. Entelon150® group (n= 7) were treated with 7.7 mg/kg of Entelon150® twice daily for six weeks after tissue implantation. Losartan and rosuvastatin groups received 5.14 mg/kg (n = 7) and 1 mg/kg (n = 7), respectively, once daily for 6 weeks after tissue implantation. Control group (n = 7) took 1 ml of saline in once daily. After six weeks, calcium concentration was measured in transplanted bovine pericardium and histological/molecular analysis were performed on the surrounding tissues. In the Entelon150®, losartan, and rosuvastatin groups, the calcium concentration was significantly lower compared to the control group (Entelon150®, $P < 0.01$; losartan, $P< 0.05$; rosuvastatin, $P < 0.05$), and the decrease was most remarkable in the Entelon150® group (control, 0.066 ± 0.039 mg/g; Entelon150®, 0.013 ± 0.004 mg/g; losartan, 0.024 ± 0.016 mg/g; rosuvastatin, 0.022 ± 0.011 mg/g). In this experiment using a rabbit model, inflammation and degenerative calcification of the implanted intravascular bovine pericardium were reduced in the three treatment groups compared to the control group, and Entelon150® showed the most significant reduction effect.

Case series of Kawasaki Patients who get Heart Transplant Successfully

Negin Molazadeh

Rajaee Cardiovascular Medical & research center, Iran

Kawasaki disease (KD) is an acute, self-limited vasculitis of unknown etiology predominantly affects patients younger than five years. It represents the most prominent cause of acquired coronary artery disease in childhood. Once a giant aneurysm is formed, recovery is almost impossible and can result in coronary stenosis, obstruction, or acute thrombosis. Recent guidelines indicate that the diagnosis of KS should be made as early as possible so that prompt treatment can be initiated to minimize the risk of cardiac complications.

Case summaries: In this case series, two patients with giant coronary aneurysm who underwent successful heart transplantation, are presented.

Discussion: This study indicates that the long-term prognosis of patients with KD complicated by giant aneurysm's is good even if they are candidates for heart transplant.

Biography:

Negin Molazadeh, Cardiologist Heart Failure and Transplant specialist, finished My fellowship degree in Heart Failure and transplant in Rajaee cardiovascular Medical and research center, and now I am working in Aster Hospital Dubai ,UAE.

It will be my pleasure to have opportunity to speak about this rare case series with successful transplantations in Heart congress.

Interesting cases of venous diseases

Alireza Serati
Medstar Clinic, UAE

Chronic venous insufficiency, a devastating problem can affect Patient's quality of life is caused by obstruction in one part of the venous system. Venous system in many years has been in the area of negligence. Like arterial obstructive problems, approaches to venous disease with recently dedicated devices and techniques are emerging. There are many patients with some extent of venous insufficiency in different sites with different symptoms. In this case study we would discuss about different presentations of venous obstruction and venous insufficiency leading to various clinical presentations. By reviewing some real cases we would get familiar with some routine and prevalent venous disease and explain the scientific information and approaches to them.

Biography:

Alireza Serati working as a Consultant Cardiologist in a Private Subspecialty Hospital, Tandis Hospital, in Tehran, Iran. From 2015 - 2020 And he is a Director of Cardiovascular Service Line and Interventionist in a Private General Hospital, Shomal Hospital, in Amol, Mazandaran, Iran. 2015-present Interventional Cardiologist in a General University Based Hospital, Masih Daneshvari Hospital, Tehran, Iran. He has achieved Healthcare Professional Registration Certificate with DHA Unique ID:03765290 United Arab Emirates Residence.

The effect of cardiac rehabilitation on left and right ventricular function in post primary PCI patients.

Mahdi Zahedi

Golestan University School of Medicine, Iran

Acute myocardial infarction is the most severe manifestation of coronary artery disease. Cardiac rehabilitation programs following percutaneous coronary intervention (PCI) assist patients to get back to their daily routine and can improve their cardiovascular health. The aim of this study was to evaluate the effect of cardiac rehabilitation in patients after primary PCI on the left and right ventricular function. In this cross-sectional study, patient who underwent primary PCI following myocardial infarction were included. Month after the PCI procedure, 5 sessions of cardiac rehabilitation program were performed based on the patient's symptoms and according to the diagnosis by cardiologist. The duration of each rehabilitation session started from 20 min in the first session and reached 60 min in the last session. Exercises included walking on a treadmill and pedaling a stationary bike with limbs. Ventricular function was assessed after primary PCI and after the rehabilitation program. Patients were followed up by telephone after one year of the rehabilitation program. The findings of our study showed that the implementation of an exercise-based cardiac rehabilitation program improves left ventricular function in patients with myocardial infarction after primary PCI but does not affect right ventricular function. The findings also showed that cardiac rehabilitation program may be associated with the gender and the age of the patients.

Biography:

Mahdi Zahedi has completed his at the age of 29 years from Mashad University. He has got his Interventional Cardiology Fellowship on Oct 2018 and has got a proven educational experience as a university faculty member.

Extended anticoagulation therapy in VTE: From evidence to guidelines

Ahmed Abaza

Al Dhaid Governmental Hospital, UAE

Objectives: To explore the current available data on the value of extended therapy with anticoagulation in patients with VTE

Body: -There is a long-term risk of symptomatic recurrent venous thromboembolism after discontinuation of anticoagulation treatment, which keeps persistent for many years.

It starts from the 1st year by 10.3% to the 6-10 years by 3.1%, the risk decreases but still present.

-Recurrence of VTE after cessation of anticoagulation will be highest in unprovoked patients in comparison to patients provoked by surgery.

- Evidence from the clinical trials about the clinical benefit for extended VTE treatment shows a significant decrease of cumulative rate of recurrence for Rivaroxaban and Apixaban

- There is another important trial called: EINSTEIN CHOICE trial which evaluated Rivaroxaban Versus ASA for extended treatment of VTE, which showed significant reduction of VTE recurrence by both doses of Rivaroxaban (10 & 20 mg) Versus ASA usage. Patients with unprovoked and provoked VTE benefit from extended treatment with rivaroxaban. Also, there is similar major bleeding rates with rivaroxaban vs aspirin and vs placebo in the extended treatment of VTE patients.

- It's important to remember that's protection for patients with VTE means preventing recurrence without increasing risk of major bleeding.

- In the real world, according to ESC guidelines for management of acute pulmonary embolism and secondary prevention of pulmonary embolism in patients without cancer which consider reduced dose for extended anticoagulation after the first 6 month of treatment.

Hypertensive crisis: clinical characteristics of patients with hypertensive urgency, emergency and pseudocrisis at a public emergency department

P. Maietta
Aversa Hospital, Italy

Objective: To assess patients with hypertensive crisis, classified as urgency, emergency or pseudocrisis, and identify the associated variables.

Methods: We evaluated a total of 508 patients (57% women; 56.3±13.8 years old) with hypertensive crisis (diastolic blood pressure of 120mmHg), aged 18 years or over, seen at the emergency department of a public general hospital.

Results: The prevalence of hypertensive crises was 6/1,000; in that, 71.7% presented hypertensive urgency, 19.1% hypertensive emergency, and 9.2% hypertensive pseudocrisis. In the multinominal logistic regression, pseudocrisis and urgency conditions were compared to hypertensive emergency. Therefore, the presence of pain (OR: 55.58; 95%CI: 10.55-292.74) except chest pain and headache, and emotional problems (OR: 17.13; 95%CI: 2.80-104.87) increased the likelihood of hypertensive pseudocrisis. Age >60 years (OR: 0,32; 95%CI: 0.10-0.96) and neurologic problems (OR: 1.5.10-8; 95%CI: 1.5.10-8-1.5.10-8) protected against hypertensive pseudocrisis. The comparison of hypertensive urgency with hypertensive emergency showed that age >60 years (OR: 0.50; 95%CI: 0.27-0.92), neurologic (OR: 0.09; 95%CI: 0.04-0.18) and emotional problems (OR: 0.06; 95%CI: 4.7.10-3-0.79) protected against hypertensive urgency. Moreover, only headache (OR: 14.28; 95%CI: 3.32-61.47) increased the likelihood of hypertensive urgency.

Conclusion: Advanced age and neurological problems were associated to hypertensive emergency. Headache was associated with hypertensive urgency. Pain and emotional problems were associated with hypertensive pseudocrisis. Our results can contribute to identifying patients with hypertensive crisis who seek emergency services.

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ZOOM MEETING
Online Presentations

SPEAKER PRESENTATIONS
DAY 2

Acute ischemic stroke secondary to LA myxoma in a pediatric patient

Amulya C

Sri Jayadeva Institute of Cardiovascular sciences and research, India

Myxomas are uncommon in the paediatric age group. However, acute cerebral infarcts in children is most often secondary to a myxoma. Early diagnosis is essential in such cases to prevent further such episodes, thereby decreasing the risk of permanent neurological deficit. In the paediatric age group, a high index of suspicion is required to diagnose such rare causes. Most Myxomas are benign in nature, and hence surgery can offer complete curative resection and also help avoid further incidents of cerebrovascular accidents. Here, we present an interesting case of an 8 year old female child who presented with acute right sized hemiplegia, and was incidentally detected with a left atrial myxoma.

Peri-operative fluid management in cardiac surgery What are we measuring and what are we aiming for?

James Besanko
Royal Adelaide Hospital, Australia

In this paper, we discuss on the principles of peri-operative fluid management with the aid of local data from Royal Adelaide Hospital. This data is obtained from elective cases only. The consequences of inappropriate fluid balance are not to be underestimated, we focus two articles which support this. One relating to respective analysis of Aortic valve replacement and incidence of AKI post-operatively. The second, a prospective analysis, focusing on more latent outcomes.

Biography:

James Besanko is a Master of Philosophy candidate at the University of Adelaide and Cardiothoracic registrar at Royal Adelaide Hospital, Australia

Atrioventricular block mobitz 2 revealing hyperthyroidism: About a case

Karim Fatiha
Chu-Ibn ROCHD, Morocco

Hyperthyroidism is most often responsible for rhythm disorders at the supraventricular level (sinus or atrial tachycardia) often ricular (ventricular extrasystoles and anomalies of ventricular repolarization). Conductive disorders linked to hyperthyroidism are very rarely described (5 to 10%). And the mechanism of hyperthyroidism on the cardiac conduction system is not known with certainty. On the other hand, they are essentially represented by atrioventricular blocks (AVB), the most frequent of which is that of the first degree. It is with this in mind that we report the case of hyperthyroidism revealed during a BAV mobitz 2

The Ambulatory Measure Of The Blood Pressure (Mapa) In Diabetic Subjects

Hamine Yousra
Ibn Rochd University hospital, Morocco

The association arterial high blood pressure and diabetes is frequent.The purpose of our study is to show the contribution of the ambulatory measure of the blood pressure and the particularities of diabetic patients with high blood pressure.

MATERIALS AND METHODS : It is about a forward-looking study over a period of 1year, having concerned 100diabetic patients with high blood pressure,and 100 non diabetic patients with high blood pressure,followed up the cardiology service at Hospital Ibn Rochd.

RESULTS : The average age of our diabetic patients was 57,79±7,9years old, with a sex-ratio of 1,08against 49,60 ±10,8 years,and a sex-ratio of 1,43for the non diabetic patients.

The MAPA allowed to objectify an unbalanced HTA for 66diabetic patients,against 80unbalanced patients by the clinical measure, and 16patients balanced by MAPA against 20patients considered well- balanced by clinical measure,with a rate of concordance between MAPA and clinical measure of 80%,coefficient kappa of 0,77.

While in the group of obvious non diabetics, the MAPA showed that 72patients were unbalanced against 74according to the clinical measure, and 28patients balanced according to the MAPA against 26according to the clinical measure,with a rate of 72% concordance and a coefficient kappa of0,55.

CONCLUSION : Hypertension and diabetes constituently by their frequency and their complications present a real and major public health problem.

A tale of two experiments: The use of a novel device in porcine subjects for heart transplant surgery.

James Besanko
Royal Adelaide Hospital, Australia

Over the past 20 years there has been a shift away from cold storage as a method of organ preservation for heart transplant surgery. Now, devices which mechanically perfuse the heart are more common and thought to be superior. In these two studies, both a pilot study and then subsequent experiment, a novel device was tested in porcine subjects. The aim of these studies was to evaluate a novel organ transplant device which was expected to provide and maintain adequate oxygen concentration for 6 hours. The device is unique from other forms of mechanical perfusion as it is considerably smaller and perfuses the heart with Celsior solution rather than blood. End points of this study were pacing requirements, echocardiogram measurements and histology samples. This research contributes to an emerging body of literature that mechanical perfusion is preferred to cold storage as a form of organ preservation in heart transplant surgery.

Biography:

James Besanko is a Master of Philosophy candidate at the University of Adelaide and Cardiothoracic registrar at Royal Adelaide Hospital, Australia

Clinico-biological particularities of silent myocardial ischemia in type 2 diabetics

Hamine Yousra
Ibn Rochd University hospital, Morocco

The specificities of diabetic coronary artery disease, marked by the often insidious nature of its evolution, place silent myocardial ischemia (SMI) as the leading cause of death in type 2 diabetic patients.

MATERIALS AND METHODS : This is a prospective study of 80 recently discovered type 2 diabetic patients, followed at the CHU IBN ROCHD in Casablanca and having benefited from a clinical and biological cardiovascular assessment.

RESULTS : Silent myocardial ischemia was present in 16 patients (20%). The average age of our patients was 53 +/- 5.1 years. . The M/F sex ratio was 1.3. Blood pressure was significantly associated with SMI (61.25% vs 31.25%).

There was no positive correlation between SMI and glycemic control parameters. Stages 2 and 3 of microalbuminuria were more frequently associated with IMS (38.75% vs 22.5%) . Diabetics with SMI had a significantly lower mean HDL-C and apoB/apoA1 ratio compared to diabetics without IMS. The study of the other lipid parameters did not show any significant difference between the 2 groups. There was no significant correlation between the SMI and the other cardiovascular risk parameters studied (CRPus and BNP).

CONCLUSION : SMI is a frequent complication often associated with several clinico-biological parameters. Hence the interest of its screening and the evaluation of the overall cardiovascular risk in order to reduce its morbidity and mortality.

Challenges in communication in COVID-19

James Besanko
Royal Adelaide Hospital, South Australia, Australia

In the COVID-19 era, physical distancing, frequent cancellation of appointments and the use of masks have all posed as challenges for communication. In current climate more than ever, patients are relying on online resources for education. This study assessed whether YouTube videos may provide useful supplementary education for patients undergoing lung cancer surgery. We assessed 50 YouTube videos using the JAMA, Health on the Net (HON), and DISCERN scoring systems to educate patients regarding lung cancer surgery. This research contributes to important body of literature that online resources such as YouTube may be a useful tool in the armamentarium of any medical practitioner.

Biography:

James Besanko is a Master of Philosophy candidate at the University of Adelaide and Cardiothoracic registrar at Royal Adelaide Hospital, Australia

Hypertrophic cardiomyopathy simulating an acute coronary syndrome : Case report

Hamine Yousra
Ibn Rochd University Hospital, Morocco

The Hypertrophic Cardiomyopathy (HCM) is an inherited condition that affects the muscle of the heart. HCM reflects a huge nosologic framework. It can be hidden by a wide range of clinical presentations. Among these masks, there is a clinical painful form, with a symptomatology, which stimulates an acute coronary syndrome.

CASE PRESENTATION : The first case is a 54years-old patient, with history of diabetes, who was admitted to the emergency room for a constrictive, retrosternal chest pain.

The patient's vital were normal. Cardiac auscultation revealed a 3/6 systolic murmur over the apex.

The electrocardiogram revealed an electrical hypertrophy with negative apico-lateral T waves. The troponin was positive at 400ng/ml. Thus, The initial diagnosis of a high-risk non-ST-segment elevation acute coronary syndrome was established, and the patient was immediately transferred to our cardiology department. The echocardiography showed signs of symmetrical parietal hypertrophy with a thickness of up to 18mm at the side wall, with an intra-cavity obstruction with a peak systolic pressure gradient at 35 mm Hg at rest.

The coronary angiography did not reveal any coronary lesion. The cardiac MRI confirmed the diagnosis of hypertrophic cardiomyopathy.

DISCUSSION: The HCM is the most common genetic cardiac disease, and the most frequent cause of sudden death in young patients.

HCM can have many clinical presentations. While some individuals don't experience symptoms, others may experience chest pain, shortness of breath or fainting, especially during periods of exertion. Chest pain on exertion results from an increased demand for blood flow to the body and to the thickened heart muscle itself and may be worsened by distorted coronary arteries.

Acute dynamic LVOT obstruction elevates left ventricular filling pressure, increasing myocardial oxygen demands, and ultimately leads to ischemia.

CONCLUSION: The myocardial fibrosis in the HCM is a progressive phenomenon, which results from the necrosis, leading to a dysplasia of the small intramural coronary arteries, which can explain the ischemic clinical and electrical presentation.

E-BABE-Encyclopedia of Bioanalytical Methods for Bioavailability and Bioequivalence Studies of Pharmaceuticals

Akib Bashir
Mahareshi Markendeshwar University, India

Post-operative Nausea and vomiting is one of the complex and significant problem in anaesthesia practice. The incidence of post-operative Nausea and Vomiting (PONV) is 20% to 30% making it as the second most common complain after pain in post-operative period(1-4)

Nausea: It is an unpleasant sensation referred to a desire to vomit not associated with expulsive muscular movement.(5)

Vomiting: It is the force full expulsion of even a small amount of upper gastrointestinal contents through the mouth.(6)

Physiology of PONV: The pathophysiology of PONV is complex it involves various pathways and receptors mainly there are five primary afferent pathways involved in stimulating vomiting as follows:

- The Chemoreceptor trigger zone (CTZ).
- The vagal mucosal pathway in the gastrointestinal system
- Neural pathway from vestibular system.
- Reflex afferent pathways from the cerebral cortex.
- Mid brain afferents.(7,9)

Stimulation of one of these pathways trigger activate the sensation of vomiting via cholinergic (Muscurainic). Dopaminergic, Histaminergic, or Serotonergic receptors.(11)

The Neuroanatomical site controlling nausea and vomiting is an ill-defined region called vomiting center within reticular formation in the brainstem. It receives afferent inputs from above mentioned pathways Neurokinin-1 receptor or located in area Postrema and are thought to play important role emesis.(13)

CTZ is outside blood brain barrier and is in contact with CSF cerebro spinal fluid CTZ enables substances in blood and CSF to interact. Absorbed toxins or drugs circulating in the blood can cause nausea and vomiting by stimulation of CTZ. Its stimulation can send emetogenic tigger to the brain stem vomiting center to activate the vomiting reflex.(12)

Vomiting center can also be stimulated by disturbance of the gut, or oropharynx movement , pain, hypoxemia and hypotension.

Efferent signals are directed to glass pharyngeal, hypoglossal, trigeminal, accessory and spinal segmental nerves .

There is coordinated contraction of abdominal muscles against a closed glottis which raises intraabdominal and intrathoracic pressures . the pyloric sphincter contracts and the esophageal

sphincter relaxes, and there is active antiperistalsis within the esophagus which forcibly expels the gastric contents. This is associated with marked vagal and sympathetic activity leading to sweating pallor and bradycardia.

Biography:

Akib Bashir has completed his MSC MEDICAL TECHNOLOGY at the age of 31 years from C.T University and .I have done diploma in operation theatretechnologyas well as BSC in OPERATIONTHEATRETECHNOLOGY n was awarded with GOLD MEDAL for being topper of the batch.

Evaluation of the lipid profile of patients with type 1 and type 2 diabetes

Hamine Yousra
Ibn Rochd University hospital, Morocco

Type 2 diabetic patients, compared to type 1 diabetics, often present disturbances of the lipid balance responsible for an increase in the cardiovascular risk compromising the prognosis.

MATERIALS AND METHODS : It's a descriptive cross-sectional study of 270 diabetic patients followed in Cardiology consultation at the CHU Ibn Rochd in Casablanca it a period of 18 months from September 2020 to February 2022. The patients were subdivided into 2 groups: type 1 diabetics and type 2 diabetics.

RESULTS : This study included 148 men and 122 women. The average age of our patients was 52 years. The annual follow-up of these patients did not show any statistically significant difference between the 2 groups for diabetes control (mean HbA1c and mean fasting blood glucose levels of 10.37% and 13.27mmol/l respectively for type 1 diabetics). 1 and 10.62% and 12.72mmol/l for type 2 diabetics). Regarding the lipid profile during the same period, the average level of triglycerides was significantly higher in type 2 diabetics (1.76 mmol / l against 1.23mmol / l) and that of HDL cholesterol lower in diabetics type 2 (1.05 mmol/l versus 1.28 mmol/l), while there was no statistically significant difference between the 2 groups for the mean LDL cholesterol level (3.02 mmol/l against 2.95 mmol/l).

CONCLUSION : We have acquired confirmation, as in the literature, that type 2 diabetics have hypertriglyceridemia and lower HDL cholesterol, thus increasing the risk of cardiovascular events. However, the elevated LDL cholesterol level appears to be independent of the type of diabetes(2).

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