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AJTES

ALBANIAN JOURNAL OF TRAUMA AND EMERGENCY SURGERY

Volume 1 - Issue 1 - November 2017

Focus on
"Trauma and Emergency Surgery"
and not only...

official publication of

Albanian Society for Trauma and Emergency Surgery
ASTES

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Structure and Format

AJTES is a periodical journal that includes editorials, reviews, original articles, case reports, short report, ideas and opinions, book reviews, perspectives, seminars, symposium and mini-symposium, ethics and rights, health care policy and management, practice guides. The structure of each edition of the publication comprises section categories determined by Editor and reflects the views of the Editorial Board.

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This is the first issue of the AJTES "Albanian Journal of Trauma and Emergency Surgery", which is the official journal Publication of the ASTES –"Albanian Society for Trauma and Emergency Surgery" as a forum of scientific writing for all health professionals and not only, with the hope that it will mirror and reflect advanced thinking, by sharing them with colleagues in the Albania and wider.

Together with the professors Rifat Latifi, Arben Gjata, Xheladin Dracini, Etmont Çeliku, Nikollaq Kaçani, Arben Beqiri, Arvin Dibra, Mihal Kërçi, Artid Duni, , Fadil Gradica, Myzafer Kaçi, Rustem Çelami... and many other colleagues, friends, goodwill and highly honored Universities in the scientific and academic world.

Our goal is to transform the attitudes and actions in the ongoing activity into academic writing based on the best local, regional and wider practice, based on these in the history of success or failure, service evaluation or program measurements, implementations and new protocols of treatment, attitudes and changes as a pros and cons.

The journal will probably cross the boundaries of its favourite area "Trauma and Surgical Urgency" and not only, thus becoming a forum of scientific thinking for all levels of medical service and additional services for the benefit of the entire society, where we find everyone from the hospital, nursing, outpatient, hospital, education and prevention services, who from this point of view can be both contributing and benefiting from the impact of the latter. Being included in the academic and teaching world of the Albanian space and not only, this magazine will serve the students and specialists in their first attempts, to the most sophisticated seekers, the PhD-s and the academic staff, to the kind analyzes and important researchers.

The magazine will add a very important color of medical journals in the country, bringing together the need for quality and standards, which is the actual stage of a lifetime.

Most congratulated wishes for all the splendid contributors to this number, also for their patience, and a special thanks to the editorial staff and the hard work of the staff, countless prosperity and success!

Agron Dogjani MD, PhD, FACS
Prof.Asc. of Surgery
General Surgeon, University Hospital of Trauma.
Lecturer at Medical University of Tirana.
President ASTES (Albanian Society for Trauma and Emergency Surgery)
Editor of AJTES (Albanian Journal of trauma and Emergency Surgery)

Official Publication of the Albanian Society of Trauma and Emergency Surgery - ASTES

Aims and Scope

Our aim is to promote interest, knowledge and quality of care in emergency and trauma surgery. ASTES was formed in 2017, it seeks to promote best practice in the provision of emergency and trauma surgery and acute care surgery, from pre-hospital care through diagnosis, intervention and intensive care to rehabilitation. This is supported by Countrywide & International collaboration, scientific research, development and delivery of training courses, and the work of the specialist sections (Polytrauma, Visceral & Chest Trauma, Skeletal Trauma & Sports Medicine, Neurosurgical, Anesthesia - Reanimation, Acute Care Surgery, ENT & Ophthalmology & Maxillofacial, Radiology, Nurse service, Disaster & Military Surgery...etc.) ASTES holds an annual scientific meeting – the Albanian Conference for Trauma and Emergency Surgery (ACTES) and produces a bi-annual journal – the Albanian Journal for Trauma and Emergency Surgery

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Abstracts

1-st Annual Conference of Trauma and Emergency Surgery

ASTES

November 10 -11
Tirana, Albania

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ORAL PRESENTATIONS

1. The Current Status of Emergency and Trauma Care in Albania: A Cross-Sectional Descriptive Study of 42 Public Hospitals.

Rifat Latifi[1], Agron Dogjani[2]

[1]Professor of Surgery, New York Medical College, Valhalla, New York and University of Arizona. Director, Department of Surgery and Chief, Trauma and General Surgery, Westchester Medical Center, Valhalla, NY, USA

[2]Associate Professor, Medical University of Tirana, University Hospital of Trauma, Albania

Abstract

Background: Trauma and emergency surgery has become a substantial but neglected disease worldwide, particularly in low- and middle-income countries (LMICs). Moreover, emergency departments (ED) are often not structured, and are staffed with healthcare providers who have minimal emergency training and experience. Albania, although has a national trauma center, the emergency medicine needs significant reforms in order to be able to manage the growing industrialization. The aim of this study was to describe the current readiness of emergency and trauma care in Albania.
Methods: The international Virtual e-Hospital Foundation (IVeH) conducted a cross-sectional descriptive study of 42 ERs in Albania in 2014, using modified WHO established criteria, as part Integrated Telemedicine and e-Health Program of Albania. We assessed the following elements: (1) specialized training and/ or certifications possessed by healthcare personnel providing emergency medicine services, (2) interventions performed in the ED, and (3) the ability to provide essential management of trauma and emergencies.
Results: Across the 42 ERs surveyed, less than half (37.1–42.5 %) of physicians and one third of nurses (7.1–26.0 %) working in the ERs received specialized trauma training. About half (47.9–57.1 %) of the ER physicians and one fifth of the nurses (18.3–22.9 %) possessed basic life support certification. This survey demonstrated some significant differences in the emergency medical care provided between primary, secondary, and tertiary hospitals across Albania (the significance level was set at 0.05). Specifically, these differences involved spinal immobilization
($p = 0.01$), FAST scan ($p = 0.04$), splinting ($p = 0.01$), closed reduction of displaced fractures ($p = 0.02$), and nurses performing cardiopulmonary resuscitation (CPR) ($p = 0.01$). Between 50.0 and 71.4 % of the facilities cited a combined lack of training and supplies as the reason for not offering interventions such as rapid sequence induction, needle thoracotomy, chest tube insertion, and thrombolysis. Mass casualty triage was utilized among 39.1 % primary hospitals, 41.7 % of secondary, and 28.6 % of tertiary.
Conclusions: The emergency services in Albania are currently staffed with inadequately trained personnel, who lack the equipment and protocols to meet the needs of the population. There is a need for further advancing of these services, as critical elements of healthcare services. New study should be performed in view of some recent developments in emergency services in Albania.
Keywords: Trauma, Emergency Medicine, World Health Organization, International Association for Trauma and Surgical Intensive Care, Guidelines for Essential Trauma Care, Low and middle-income countries (LMICs), Emergency medical care, Trauma care.

2. Polytrauma – Definition & Management Aspects and Trauma Score?

Dogjani Agron[1]
General Surgeon, University Hospital of Trauma, Tirana, Albania

Abstract
Introduction: It is defined as "a clinical condition by the action of an external agent causing profound physiometabolic changes involving several systems simultaneously with life - threatening consequences." In Germany, more than 20 000 people die each year The main cause of M & M & D in childhood and adolescence Responsible for 80% of adolescent deaths Responsible for 60% of child deaths 73% of them caused by AA in the age group of 25-34 years Causes large and social loss -the country's economy
Purpose; Discussion about polytrauma, principles and their assessment at all levels; during the transport, in the Emergency Department, OR, ICU…
Identifying the concepts of triad, primary assessment, secondary evaluation ... and the primacy of concepts "Scoope and run" as the foundation of the concepts of ATLS...
Examination of the pre-hospital management elements related to the time of the accident, the way of transport, transport time

etc ... the value of "Golden Hour" & "Platinum 10 minutes" as key element in managing trauma.
Recognition of the pre-hospital and hospital trauma system, and their levels in the most appropriate trauma treatment. How are trauma teams structured.
Types of vertical vs. horizontal trauma management, which would be most adapt to our conditions...
How much do we know ABCDEFGH ... of the trauma, how and how deeply we know them and is their implementation possible in the practical activity of any individual or institution ... where the traumatized patient gets the greatest benefit. .
Key words: Trauma, polytrauma, trauma management, trauma assessment...

3. Trauma data scheme over the last three years in a tertiary hospital for trauma in Albania

Nikollari Luan[1]
[1]*University Hospital of Trauma, Tirana, Albania*

Abstract

Background: Despite advances in technology, hospital infrastructure, and human resources, trauma continues to be a major problem of public health not only in Albania as a developing country but worldwide as well.
The aim of the study is to give a complete and comparative picture of trauma epidemiology of our hospital.
Material and Methods: This is a retrospective study conducted in the time frame of January 2013 up to December 2017.All the patients presented with trauma in our hospital during this period of time are included in this study. Demographic data, mechanism of injury, affected body regions, and mortality are analyzed.
Results: A total of 173,411 patients with trauma were presented during this time frame, about 34,602 patients per year, 95 patients per day. Out of them about 3200 patients (8.7%) in year had needed hospital treatment.21% of the patients were treated in intensive care unit and the rest in other services. Most of the patients were male (68%) with the mean age 15±65years.72% of injuries were attributed to blunt trauma. The most affected body regions resulted: the cranial-spinal trauma with 50.3% injuries, followed by the trauma of extremities and pelvis 29.4%, and by polytrauma 10.6%. Mortality in ICU were 18% and in clinics 5.1%. Motor vehicle collisions were the first cause of death (44%) in 2016and up to 48% for 2017.
Conclusion: Trauma in Albania has propensity to rise. Awareness-raising programs for pedestrian and driver education, road safety improvements are necessary. More attention and promotion among healthcare professionals to continue medical education from the government is needed.

4. Necessary elements in trauma management.

Degjoni Rudina[1]
Health Insurance Fund of Albania

Abstract

The emergency medical service of trauma is organized in the SUT as a special field of health activity in order to provide emergency healthcare for citizens whose lives, a certain body or certain parts of the body are endangered due to accident or injury. The initial assessment of a person who has been critically injured by multiple trauma is a challenging task and every minute can distinguish between life and death. Over the past 50 years, the assessment of trauma patients has evolved due to an improved understanding of the distribution of mortality and the mechanisms that contribute to morbidity and mortality in trauma.
Patients' health care at the Trauma Hospital requires effort management by all persons involved in providing this care. This begins with the way of organizing, directing and coordinating the provision of trauma care. Trauma patient management should include all aspects of care that needs to be tailored to the environment and emergency needs of the patient. Trauma remains the leading cause of deaths and disabilities in Albania with the highest prevalence. The initial management of a patient with poly trauma is of vital importance for minimizing patient morbidity and mortality. The main principle behind trauma management is to increase the team's organization approach, so all traumatic "victims" are best managed by a specialized team. The initial assessment of a critically injured person is a challenging task and every minute can distinguish between "life and death".

5. The key of the emergency radiologist in the management of polytrauma **patients**trauma patients.

Mustafa Admir[1]

[1]*Department of Radiology, University Hospital of Trauma, Tirana, Albania*

Abstract

The management of trauma patients has become a very relevant issue and one of the major challenges in the western countries. In the assessment of polytrauma patients, since the last 2 decades, radiological imaging methods have been increasingly used in order to provide a quick and thorough survey of craniocerebral, cervical, abdominal, pelvic and limb traumatic injuries. Among imaging methods, conventional radiographs (CR) have precise but limited indications. In most European hospitals, UltraSonography (US) represents the method of choice for patients referred following blunt abdominal trauma, whereas multislice computed tomography (MSCT) remains a second-line method of investigation, although it provides a fully comprehensive assessment of their injuries and allows for their categorization according to the severity of traumatic injuries. In fact, injury prevalence, radiation dose exposure, and costs represent important considerations in all of the emergency departments, where a growing number of patients seeking medical attention is seen. In the large majority of our patients, who do not show the need for a formal hospital admission, after the physical examination has revealed the clinical suspicion of minimal single-organ injury, US provides an adequate assessment of abdominal traumatic injuries and triage those few who are subsequently to be evaluated by means of MSCT. In the majority of this patients' category, with low to very-low grade of potential injuries, CR can detect all types of skeletal fractures (except for the skull and the hips). Overall, the role of the emergency radiologist has become of primary importance in the management of trauma patients, and this all the more so since development of interventional radiology affords therapeutic procedures alternative to surgery critically ill patient.

Keyword: trauma patients, conventional radiographs, computed tomography.

6. The Importance of Dorsal Ganglion Root and the shape of inter-vertebral foramina, in the treatment of post traumatic and post-operative pain.

Vaso Apostol[1]

University Hospital of Trauma, Tirana Albania.

Abstract

In all our cases, studying the mechanisms of phantom pain at patients which happen to have also infected post-operative wounds of the stump, we observed that the neuroma of the stamp correlates with lesions of the area surrounding the foramina responsible for the dermatom which corresponds to that neuroma. The administration of lidocaine, not only relieved the stump pain, but also improved the healing process of the wound. Based on this observation, we have assessed with CT-Scan all our neuropathic pain patients, with infected post-operative wounds, diabetic wounded foot, diabetic and vascular gangrene, post-operative neuroma and postoperative allodynia, in order to study the peri nervous area in the vertebral foramina. (in every case) It resulted the presence of a correlation between pain relieve, regional neuro-vegetative reaction, healing proces and lidocaine administration in the affected corresponding foramina.We emphasize that changing the feature of the foramina, in fact we are changing the projection of a process

Keywords; mechanisms of phantom pain, diabetic wound, feature of vertebral foramina.

7. Surgeon-performed US can change your (and your patient) life

Mauro Zago[1]

*General Surgery Dept, Minimally Invasive Surgery Unit, Head, Policlinico San Pietro - BG - Italy**

Abstract

Ultrasound (US) is nowadays a part of daily clinical practice for many doctors in different fields. In the acute care setting, FAST (Focused Assessment with Sonography for Trauma) and e-FAST (extended FAST) have gained a pivotal, evidence-based role in the management of trauma patients over the last 2 decades, but have not yet been universally-adopted in many countries as routine. The concept of the US probe as an 'any time, anywhere' extension of the surgeon's physical examination, for getting quick clinical answers, while well-affirmed in publications, remains far widespread practice. Outside of the trauma setting, there is plenty of applications of US in acute situations (pre-hospital emergencies, acute

abdominal emergencies, soft tissue infections, deep venous thrombosis, pulmonary emboli, fractures, interventional maneuvers, shock management, etc). The reasons for slow penetration of US in the armamentarium of the general, acute and trauma surgeon are multi-factorial. From the educational side, the length and the extensive undifferentiated curriculum of the vast majority of available residential ultrasound courses is often seen as a problem by surgeons, as the notion of spending time learning things not immediately-reproducible or useful for the common problems encountered in their practice has been another reason for leaving acute care surgeons far from US. We discuss real life case-scenarios managed with clinical US, showing how crucial is the decision-making value of this tool when used by the surgeon.

8. Considerations on Incisional Hernia

Kaci Myzafer[1], Llazani Arvit, Shehi Drini[1], Dibra Arvin[1], Dracini Xheladin[1], Celiku Etmont[1]
[1]Surgery Department, First Surgery Clinic, UHC"Mother Theresa", Tirana, Albania

Abstract

We bring you to attention incisional hernia as a pathology not so rare in surgery department that must be evaluated in total because of the complexity of the disease.
Introduction: we analysed the patient according to the size of the hernia, the incision of the first operation , which prosthetic material was chosen, co-morbidity associated, which technique was performed, for the operation and the early postoperatory complications.
Materials: We choose 120 patients retrospectiv diagnosed with incisional hernia on the first clinic of general surgery, they were scheduled and the data were analysed with excel 2007.
Conclusions: No hernia patient or hernia defect is the same. Additional evidence is needed. Collaborative evaluation of the outcomes of various repairs and prosthetics is imperative. On an individual basis, the types of repairs within a given surgeon's armamentarium should be matched to the goals of the patient tempered by the characteristics of the hernia defect and the co-morbidities of the patient which might affect the surgical outcome.

Key words: incizional hernia, comorbidity, surgery

9. Non technical skills in emergency setting

Mauro Zago[1]
*General Surgery Dept, Minimally Invasive Surgery Unit, Head, Policlinico San Pietro - BG - Italy**

Abstract

Performances of medical teams are strongly related to their non technical skills proficiency. This is even more relevant for teams working in stressful and time dependent situations, like ED, trauma bay, operating room, etc.. A professionally prepared Team could really be Team (Together Everyone Achieve More) only when these so called soft skills are developed too.
Communication, leaderships, fellowership, handover protocols are only a sample list of the very often underestimated issues in medical teams. Awareness and audit on these aspect of a team performance are paramount. The lack of them could be responsible of unsuccessful outcome. Education and training in this field should therefore be planned and sistematically implemented.
Non technical skills (NTS) are both individual and collective. Any single member of a group could be helped to rise the overall performance by respecting some established and agreed rules, developed by time by the team itself.
Periodical Morbidity&Mortality rounds should usually address the team performance about NTS, in order to recognize possible areas of improvement.

10. Necrotizing fasciitis, techniques and outcomes

Bogdan Diaconescu[1]
Surgeon & Anatomist "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

Abstract

Despite advances in antibiotic and surgical management and supportive care, necrotizing fasciitis are aggressive infections, multimicrobial in origin, due to the synergistic action of anaerobes and aerobes and associated with significant morbidity and organ failure, and high mortality. The rapid progression makes quick diagnosis and treatment critical. The two commonest pitfalls in management are failure of early diagnosis and inadequate surgical debridement.

These infections are often mistaken for cellulites or innocent wound infections and this is responsible for diagnostic delay. There are many predisposing factors including diabetes mellitus, alcoholism, immunosuppressant, renal and hepatic disease, vascular disease and obesity are common co morbidities. The essentials of successful treatment include early diagnosis, aggressive surgical debridement, antibiotics, and supportive intensive treatment unit care. Incision and drainage is an inappropriate surgical strategy for necrotizing soft tissue infections; excisional debridement is needed. Hyperbaric oxygen therapy may be useful, but it is not as important as aggressive surgical therapy. Survival is higher among patients who receive surgical treatment. Although there are clinical practice guidelines in place, there still remains much variability in choice and duration of antibiotic therapy, time to initial surgical debridement, and use of adjuvant medical therapies. The prognosis of the disease depends on a lot of factors including but not limited to patient age, disease extent, and co morbidities

11. Use of Controlled Negative Pressure in Healing Wounds

Skender Veliu[1], Jasmina Kröpfl[1]
Splošna bolnišnica Ptuj, Slovenia

Abstract

Controlled negative pressure is used as a supportive method in healing wounds. Positive effects in healing are proven with acute and chronical wounds. Research shows that controlled negative pressure enhances healing speed, reduces edema, increases blood pressure in the sorrounding area of the wound, removes wound excretion and enhances growth speed of granulation, it also reduces bacteria count and the amount of potentially harmful products such as: endotoxins, exotoxins, cytokines and matrix metalloproteinases.
Other positive effects include reduce in number of changes of sterile gauzes, easier medical care for the patient, reduce in healing expenses and reduced time of hospitalisation.
This method is widely used clinically, effective and safe. This article presents basic guidelines for use of controlled negative pressure in healing wounds of different etiology and our multiannual experience in use of this method.
Keywords: acute and chronical wounds, controlled negative pressure therapy, experience.

12. Surgical Consideration about Incarcerated abdominal wall hernia

Haxhirexha Kastriot, Zylbeari Lutfi, Bexheti Sadi, Behxheti Nasir, Ismani Ekrem, Dika – Haxhirexha Ferizate
Department of General Surgery Clinical Hospital – Tetove Macedonia

Abstract

Incarcerated abdominal hernia can be recognized by a history of groin bulge, clinical symptoms of pain or bowel obstruction, and imaging studies such as abdominal native radiography, CT scan or sometimes abdominal ultrasonography. Open tissue repair is commonly utilized technique for acutely incarcerated inguinal hernias; however recently other surgical modalities such as use of prosthetic mesh are widely accepted.
Objective: the aim of this study was to show the outcome of the patients undergoing surgery due to incarcerated abdominal wall hernia
Methods: the patients in this study were grouped according to the type of hernia during the admission (inguinal, umbilical, incisional, femoral). The patients were evaluated in terms of risk factors affecting their health condition such as age, gender, concomitant diseases, and the presences of intestinal strangulation and necrosis.
Results: Inguinal hernia was the most frequent cause of incarcerated abdominal wall hernia especially in males, followed by umbilical, incisional and finally femoral hernia which was most frequent in females. The rate of intestinal resection due to strangulation and necrosis was found significantly higher among femoral and inguinal hernias as compared to the other types of hernia (umbilical and incisional). Concomitant disease, strangulation, advanced age (> 65 years), and time from the onset of symptoms were found to have significant influences on morbidity and mortality.
Conclusion: Incarcerated abdominal hernias are surgical emergencies with high morbidity and mortality rates. This is the reason that in the patients

with high risk of incarnation, surgery should be planned under elective conditions.
Key Words: Abdominal wall hernia; incarceration; strangulation

13. Pancreatic Cancer –Surgical Procedures

Kaci Myzafer[1],Shehi Drini[1], Llazani Arvit[1], Dibra Arvin[1], Dracini Xheladin[1], Celiku Etmont[1]
[1]Surgery Department, First Surgery Clinic, UHC"Mother Theresa", Tirana, Albania

Abstract

Background; Pancreatic Cancer remains one of the most lethal malignant tumors, diagnosed at late stages of the disease due to its insidious clinical presentation. It is ranked as the ninth most common cancer, but is the fourth in number of deaths with an overall 5 year survival rate of less than 5 %.
Due to the vague clinical manifestation of the disease, 80 – 85 % of the patients with pancreatic carcinoma are found to have unresectable disease at the moment of diagnosis because of the locally invasive tumor and/or metastasis. So, in these cases the quality of life is the primary purpose of any intervention and the main symptoms that need palliative treatment include obstructive jaundice, gastric outlet obstruction and pain.
As studies say, surgical treatment prevails among all other current treatment modalities, providing a better quality of life and prolonging survival. Radical surgical treatment remains the goal standard treatment for the resectable stage of the disease.

14. Radiotherapy use in benign conditions. Need for reappraisal!

E. Cekani[1]

[1]Oncology Institute of Southern Switzerland, Department of Radiation Oncology, Bellinzona, Switzerland.

Abstract

The majority of patients receiving radiation therapy,(RT) are being treated for cancer, however, historically radiotherapy has been given to many patients for a variety of benign conditions including inflammatory and proliferative conditions. Furthermore, the RT is also employed for the treatment of a wide range of benign neoplasms. Its use for benign conditions differ widely all over the world. With a notably decline in UK on the lasts decades, to a standard indication for a very few conditions in USA up to a longer list of indications with very well settled protocols in Germany.
This review aims to give a broad spectrum of its use all over the world, finding best pattern of care from countries with a proper experience and highlighting its importance on the area of science developments and technology supports for a better optional treatment to our patients.
Trying to emphasize our future interest to a better quality health services for the patient in our country also suffering from these conditions in which RT may provide a preservation or recovery of various quality of life aspects.
Knowing that RT is not working via one particular mechanism but through a complex interaction of different effects like reactions on connective tissues, vascular system, painful processes, it implies in this way many medical specialties, gaining interest into many disciplines and offering a standard solution or at least a treatment option in many conditions outside the neoplastic environments.

15. Actual trends in the management of acute appendicitis.

Dracini Xheladin[1, 2]; Celiku Etmont[1]; Dibra Arvin[1]; Kaci Myzafer[1]; Jorgoni Inid[1]; Masati Bledi[1].
[1]Departament of Surgery, University Hospital Center "Mother Teresa", Tirana, Albania.
[2]University of Medicine, Tirana, Albania.

Abstract

Appendicitis acute remains the common cause of acute abdomen in younger adults and the standard operative procedure is an appendectomy.
The aim of this study is to explore in literature the actual trends in the management of acute appendicitis and to determine the role of antibiotics in this context.
All the data collected from the literature reviewed confirmed that it is not possible to treat all the cases of appendicitis with antibiotics alone. On the other hand, once a diagnosis of acute appendicitis is

confirmed, the administration of antibiotics is mandatory. Antibiotics reduce the bacterial load and can delay appendectomy, or can definitely manage appendicitis in some selected cases.
In our opinion, in spite of these selected cases, appendectomy remain the gold standard of treatment for acute appendicitis.

16. How to avoid BD injuries during Laparoscopic Cholecystectomy? Tips and Tricks

Beqiri Arben[1,2]
[1]Department of Surgery, University Hospital Center "Mother Theresa" Tirana, Albania.
[2]Faculty of Medicine, Medical University of Tirana Albania…,

Abstract

Despite all studies and many published papers warning of the importance and potential of iatrogenic biliary tract injuries, these complications continue to occur
This presentation suggests the incidents reported in our experiences, and the possible causes for it, and presents "tips" on how to minimize them. These "recommendations" intend to present some technical details that may be of importance to all who carry out this type of operation on a regular basis.
Common CBD abnormalities remain one of the most catastrophic complications of open and laparoscopic cholecystectomy. In laparoscopic cholecystectomy doubles the risk of damage to the bile duct compared to open cholecystectomy. Between 34% and 49% of surgeons are expected to cause such damage during their careers. The mechanisms responsible for bile duct damage are overtraining, the failure to identify the anatomy of the Callot triangle, excessive electrocautery use and anatomic biliary abnormalities.
Avoiding injury can be achieved with the best exposure of the Callot triangle, the metered use of the electrocautery and the secure application of the clip. Per-operative cholangiography helps prevent bile duct damage. Ultrasonography and computerized tomography play an important role in the initial assessment of patients with bile disorders.
This presentation was made to document our experience in the management of patients with bile disorders.

17. Acute mesenteric ischemia: Navigating beyond comfort

Pantelis Vassiliu[1]*
[1]National and Kapodistrian University of Athens ,Greece

Abstract

Mesenteric ischemia presents with vague clinical signs, evolves rapidly to non-reversible bowel necrosis leading to major morbidity and mortality. The general surgeon is usually the clinician encountering these patients.
The optimal outcome in this situation comes from the early suspicion based on the contradiction between the mild clinical signs and the complain of pain. Based on suspicion thorough lab and imaging evaluation will establish the diagnosis. Early diagnosis when the ischemia is still reversible may lead to an effective intravascular intervention that optimizes outcome, with minimal morbidity. Delayed diagnosis will lead to an operative intervention (thrombus reception, revascularization, resection of dead bowel), with a potentially debilitating outcome. A simple and effective algorithm in presented with the goal to allow the clinician to navigate from the "muddy waters" of the initial presentation of mesenteric ischemia to the comfort of early diagnosis and optimal management.

18. Incisional Hernia – Surgery and Complications

Kaci Myzafer[1],Shehi Drini[1], Llazani Arvit[1], Dibra Arvin[1], Dracini Xheladin[1], Celiku Etmont[1]
[1]Surgery Department, First Surgery Clinic, UHC"Mother Theresa", Tirana, Albania

Abstract

Background; Incisional hernias are still a common and well-known complication after abdominal surgery. In this study we want to take in

consideration the treatment techniques and their effects in early and late complications.
Methods; One-hundred-twenty patients recieving open abdominal hernia repairs, using prosthetic materials such as polypropylene mesh, are taken in consideration in this study. Mesh was placed as onlay, sublay and underlay techniques. Local, early and late complications regarding the mesh placement technique are obtained from medical records.
Conclusion; Important in decreasing complication rate is using the appropriate surgical technique, preferebly the sublay mesh repair technique, avoidinig the direct contact of the mesh with the bowel, adequate tissue preparation and a good drainage system. To be emfasized is the surgeons experience, directly related to complication rates.
Keyword; Incisional hernias, abdominal hernia,

19. Acute Gastro Intestinal Haemorrhage state of the art and what we do?

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Abstract

Background; Acute upper haemorrhage is a common medical and potentially surgical emergency, with an incidence of up to 150 per 100,000. Although its incidence is declining, the mortality remains high. The increased use of non-steroid anti-inflammatory drugs by the general population and the increased prescription of anti-platelet agents and anti-coagulants after cardiovascular interventions and for prevention of cerebral vascular accidents may have aggravated the situation. Patients with acute upper gastrointestinal bleeding commonly present with hematemesis and/or melena. The initial evaluation of patients involves an assessment of hemodynamic stability and resuscitation if necessary. It is important to identify those patients who are at risk of ongoing bleeding and death. Endoscopic exploration follow, with the goal of both diagnosis, and when possible, treatment of the specific disorder.
Conclusion; The present to review the current standard treatment of the most common upper GI bleeding emergencies in adults as supported by evidence-based medicine with some practical considerations from our own practice experience.

Keyword; Acute upper haemorrhage, hematemesis, melena, bleeding emergencies…

20. Thrombosis in the surgical patients, diagnostic and therapeutic challenges.

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Abstract

Treatment of deep vein thrombosis to surgical patients in post operation period it's necessary and have aim to interrupt complications. Aim of this publication its prophylaxis and treatment of thrombosis in post operation period with low molecular heparin approved once a day in period from 7 to 40 day. From 23 patients male are 8 and woman are 15, in age from 17 to up of 80 year, traumatic and elective cases who are cure to Department of surgery and traumatology in Tetova. To 18 (69.57%) of patients it's notice good prophylaxis effects. The best method for diagnosis it's ultrasound (color Doppler). Deep vein thrombosis request continuous treat and team work with aim to reduce number of complications and cases of death. The best drug for treat its low molecular heparin
Key words: thrombosis, low molecular heparin

21. Enhanced Recovery Pathway vs Traditional Pathway in colorectal Surgery
A review of the literature in years

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Abstract

Introduction: Tumoral, inflammatory and diverticular diseases of the colon are a daily challenge of surgical activity all over the world, involving a large number of patients. The quality of life and safety of these patients, and also the financial costs are the reasons why so many studies are continuously focused in this topic. In this review of the most qualitative evidence-based studies we will analyze some of the main components of the Enhanced Recovery Pathway (ERP) vs. Traditional Pathway (TP).
Methods: Some of the most debated components of the Enhanced Recovery Pathways (ERPs) discussed in this review are: Mechanical Bowel Preparation (MBP), Antibiotic Prophylaxis (AP), Postoperative Ileus (PI) [Early Postoperative Oral Intake (POI), Postoperative Analgesia (PA), Mechanical Treatment (MT)]. For each of the above mentioned components, the most qualitative and quantitative studies in years are taken in consideration.
Conclusion: This review touched only a few crucial topics related to the ERPs. ERPs have started playing a key role in the perioperative care of colorectal surgery patients and is challenging old traditions and dogmas.
Keyword; diverticular diseases, Antibiotic Prophylaxis, Postoperative Analgesia, Mechanical Treatment

22. MANNHAIM Peritonitis Index as an Evaluative Tool in Predicting Mortality in Patients with Peritonitis

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Abstract

A scoring system which can compare patient populations and severity of illness, objectively predict mortality, morbidity and can help to evaluate the treatment strategy is the dire need for evaluative research of intensive care. Keeping in mind that perforation peritonitis is the commonest surgical emergency in the lower rungs of the society which we encounter in our rural hospital, this study was undertaken to evaluate Mannheim Peritonitis Index (MPI) scoring system in defining the prognosis of the patients and to be able to deliver better patient care and furnish efficient management. It was a crosssectional study of 160 patients of perforation peritonitis who were admitted in surgery department over a period of three years. MPI score was calculated for each patient of peritonitis as per the score sheet. ROC analysis was done to identify the best cut off for MPI. The cut off from ROC curve came out to be 26. Sensitivity and specificity of MPI in predicting mortality was calculated to be 100% and 65.54 % respectively. The rate of mortality was 5.7%. This was a pioneering study in India where MPI scoring system has been applied specifically for patients of perforation peritonitis in a rural hospital setup. As there was an increase in mortality with the increment of MPI scores so we deduce that MPI score proved to be a useful tool to predict the mortality in patients of peritonitis.

Key words: MPI Score, Mortality, ROC Curve, Perforation Peritonitis

23. Perforated duodenal ulcer in an adult patient with an irreducible Bochdalek hernia: A case report

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Abstract

Introduction: In most referred cases, Bochdalek congenital diaphragmatic hernia is diagnosed and treated in the immediate neonatal period. It is not uncommon for this defect to be associated with other congenital malformations, such intestinal malrotation, Meckel's diverticulum etc. However, this condition is very rare in adults, making it a

challenge to correctly diagnose and thereafter appropriately treat.
Case presentation: We report the case of a 23-year old male patient, A. M., who presented at the Emergency Unit with acute abdominal pain, nausea, vomiting, general weakness and heavy cold sweating. Chest and abdomen X-ray examinations were performed showing shadows of small intestinal loops in the left hemi-thorax. A CT-scan procedure was initiated but could not be terminated due to the worsening of the patient's conditions following the assumption of the oral contrast. The surgical intervention revealed a perforated duodenal ulcer and an irreducible Bochdalek hernia containing the jejunum, ileum, colon ascendens and transversum. The duodenal perforation was sutured, as well as the diaphragm (Prolene, two-layered) and a Ladd colon pexia was performed. Due to the presence of biliary leakage from the sub-hepatic drain, the patient underwent another surgical intervention and a subtotal ventricular resection was carried out a week later. The patient was discharged with the wound having healed by first intention.
Conclusion: This case shows a rare association of a perforated duodenal ulcer and a congenital Bochdalek hernia and Meckel's diverticulum in an adult patient, highlighting the challenge of diagnosing and treating such condition.
Keywords: Bochdalek hernia, duodenal ulcer, intestinal malrotation.

24. Emergency System in Albania, its challenges since its creation

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Abstract

The 127/112 is the phone number for the medical emergency cases.
The number is also free from the mobile phone and is active throughout all the country. If the call is made from a phone booth it doesn't need either coin or card.
The 127 does cope with medical emergencies. The service is called for road accidents, agricultural accidents, accidents of all types, trauma, burns, fainting, mountain accidents, hypothermia, poisoning, industrila accidents and in all those situations where there may be risk to life or safety of someone. The 127/112 should be called also in cases of earthquakes, train accidents, floods, explosions, emergency pollution (toxic clouds, loss of dangerous substances)
In the Operational Center operates also the Mountain Rescue for interventions in the mountains, for hiking and mountaineering accidents, cave rescue.
To request the aid simply dial 127/112 to contact the Operational Center which coordinates the medical aid from the place of emergency until the hospitalization.
The 127/112 Central can cope with any medical emergency even if maxiemergenza (floods, earthquakes, explosions, plane crashes, ecc.) thanks to a direct contact to other operating force as: Police, Fire Department, traffic police.
The Operational Center 127/112 provides in real-time also the detection of beds in emergency department of regional hospitals, allowing the patients final destination depending on the disease and the severity.
The calles are answered by qualified and specialized operators and nurses that organize the rescue; these people need accurate information to send the most appropriate means of assistance in relation to the severity of the event and the area where you are.
Answers may contribute significantly to helping those in need; respond calmly to all the questions.
Who asks questions is not the same person making the rescue.

25. Pre-Hospital Trauma assesment, incitement of modern trauma management

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Abstract

Traumatized patient treatment is based on three key elements: Organization: continues training: quality assessment. An efficient trauma system organization includes: treatment at the accident scene,

transportation, developed and specialized hospital networks and rehabilitation.

PHLS (Pre-Hospital Trauma Life Support) model, shows the best organizational level in terms of pre-hospital care.
Addressing traumatic emergencies at the scene of the accident, treatment at the scene and during hospital transportation, along with other stages of traumatized patient treatment, like Pre-Hospital Trauma Life Support (PHLS), Advanced Trauma Life Support (ATLS), ATCN (Advanced Trauma Care for Nurses) or AMLS (Advanced Medical Life Support), is also the perfect didactic model, as many publications have shown.
The first objective of PHTLS courses is the training of doctors, nurses and medical emergency technicians for the management and treatment at the scene of traumatized patients.
The second objective is to create clinical scenarios where participants through problem solving techniques, recall and review anatomy, physiology and principles of physiopathology and clinical assessment, to identify and treat injuries.
The third objective is the active understanding of the role of teamwork (trauma team). In order to provide an efficient treatment of the traumatized patient, to increase the Life quality and reduce the disability, it is important to coordinate and harmonize the work by specialists.
At the end of the course the participants are able to describe:
Scene Evaluation: Identifying potential risks and protecting the team, the scene, and the patient. Based on the type of accident and damage, a decision is made to handle it.
Evaluation and treatment of the traumatic patient means.

26. Trauma and the role of National Center of Medical Emergency, an approach between current problems and the challenges of modern trauma management!

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Abstract

Injury is a major cause of premature death and disability worldwide (5 million people/year). Most existing injury control strategies focus on primary prevention, that is avoiding the occurrence of injuries or minimizing their severity – or on secondary prevention – providing adequate medical response to enhance treatment and there by minimize harm following an injury.

This theme is an overview of trauma in Albania regarding epidemiologic and statistics data from UTH and NCME, which provide us information for the number of mortality, morbidity, age group.

In the contemporary management of trauma, an important role has also NCME, the institution responsible for coordinating all components which are dealing with a traumatic event. The data obtained from the NCME represent in real-time and accurately the number of traumatic cases, the causes and dynamics of trauma, classification by gender, age and health status of the patient.

Conclusions: In trauma management, continuous problems arise which require both current and long-term solutions such as: improvement of logistic infrastructure of ambulances and hospitals, road infrastructure. A continuous training of medical staff at national level to increase the quality of service. The training of police, firefighters in giving first aid. Informing and raising awareness of citizens through promotional campaigns, especially in public and private institutions, schools, etc. to be more cooperative actors, searching help by calling the emergency number and giving immediately information, prevention of disability and saving lives.

27. Prehospital Trauma care

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Abstract

Trauma is the leading cause of death for patients in their first four decades of life.It is therefore essential

to optimize trauma care, not just in the hospital, but also in the field when trauma patients have their first contact with medical providers. The treatment that patients receive in the field can significantly alter their outcome. Prehospital Emergency Medical Service (EMS) systems rely on advances in therapy and management, often developed for patient care in the hospital setting, but over time, has reached prehospital care providers.
Prehospital trauma care is an important component of all trauma care systems and definite care of trauma patients needs to start early in the field. The training of prehospital care providers ranges from minimally trained first responders to attending physicians trained in trauma surgery or trauma anesthesia. Because of these discrepancies in training and experience, the prehospital system needs to carefully review and, if appropriate, adopt new technologies, techniques and tools to improve patient care of trauma patients in the field. The key components to successful prehospital trauma care are the well-known ABCs of trauma care: Airway, Breathing, Circulation. Establishing and securing the airway, ventilation, fluid resuscitation, and in addition, the quick transport to the best-suited trauma center represent the pillars of trauma care in the field. While ABC in trauma care has neither been challenged nor changed, new techniques, tools and procedures have been developed to make it easier for the prehospital provider to achieve these goals in the prehospital setting and thus improve the outcome of trauma patients.
Keywords: Emergency, prehospital, trauma,ABC

28. Drowning Assessment and Rapid Management

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Abstract

Background; Optimal prehospital care is a significant determinant of outcome in the management of immersion victims worldwide. Bystanders should call emergency number immediately where this service, or similar service, is available. In developing countries, children may be transported more frequently by family members, by taxi or private vehicle, and from a greater distance. An individual may be rescued at any time during the process of drowning. The patient should be removed from the water with attention to cervical spine precautions. If possible, the individual should be lifted out in a prone position. Theoretically, hypotension may follow lifting the individual out in an upright manner because of the relative change in pressure surrounding the body from water to air.Bystanders and rescue workers should never assume the individual is unsalvageable unless it is patently obvious that the individual has been dead for quite a while. If they suspect injury, they should move the individual the least amount possible and begin cardiopulmonary resuscitation (CPR).
As in any rescue initiative, initial treatment should be geared toward ensuring adequacy of the airway, breathing, and circulation (ABCs). Give attention to cervical spine stabilization if the patient has facial or head injury, is unable to give an adequate history, or may have been involved in a diving accident or motor vehicle accident.In the patient with an altered mental status, the airway should be checked for foreign material and vomitus. Debris visible in the oropharynx should be removed with a finger-sweep maneuver.
Keywords: Drowning, prehospital care, outcome, management

29. The ECG in Emergency Medicine

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Abstract

The electrocardiogram is the recording and graphic reproduction of the electrical activity of the heart at various stages of its activity. It is a fundamental and irreplaceable diagnostic tool, but it is always appreciated, linked to the clinical framework and the history of the patient's illness.The electrocardiogram (ECG) is an ideal tool for the practice of emergency medicine. It is non-invasive, inexpensive, easy to use, and it yields a wealth of information. All emergency physicians interpret multiple ECGs every day and at times the most critical decisions of any given day are

based on ECG interpretation at the bedside, such as in the assessment of the pa- tients with chest pain, dyspnea, or even shock. However, although the ‘‘high profile’’ disease states such as acute coronary syndrome classically are linked with this indispensable tool, we use the ECG for much more. Although traditionally the ECG is thought of as a cardiologists tool, it is really the domain of any medical practitioner making real-time assessments of patients the emergency physician, the internist, the family practitioner, the intensivist, to name a few. As such, we all must become very comfortable with the many facets and subtleties of ECG interpretation. We should be ex- pert in the urgent and emergent interpretation of the ECG.
In this issue, we examine the ECG in traditional and nontraditional realms. Diagnosis of dysrhythmia and acute coronary syndromes is an obvious focus of this text. Several articles take an in-depth look at other mor- phologic issues we are often confronted with on the ECG; namely intraventricular conduction delays, the manifestations of electronic cardiac pacemakers, and the subtleties of ST segment/T wave changes as they pertain to the many syndromes that cause them.

30. Transport of Neonate in risk: When and how should we transport a neonate in risk?

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Abtsract

Background: The right treatment of the neonate in risk, in specialized centers that offer polyvalent care has reduced neonatal morbidity and mortality. Neonatal transport has its own strings since 1960, when newborns were transferred to specialized centers. That’s why a well organized transport system of neonatal emergency is very important, so newborns can have the right treatment in the right time. In-uterine transport is the safest and most appropriate way for newborns, but unfortunately premature birth, perinatal diseases and congenital abnormalities cannot always be prevented, thus continuously requiring the transport of newborns from centers where they cannot take the necessary care.

These newborns are often in critical condition and outcome partly depends on the efficiency of the transport system. In Albania this transport is organized from centers of a lower level of medical care toward the reference center. Most of the neonates are transported even when they are not stable and / or without adequate transportation assistance.Ambulances are often unsuitable for neonatal transport, and this often requires long hours, mean while the conditions in which newborns are held are inadequate.The transport of newborns in such conditions increases the risk for accidental events that’s why it is very important to have appropriate tools and well-trained staff. Most of transferred babies suffer from hypothermia and hypoglycemia, and 75% of them have serious complications.

Keyword: neonate, newborns, transport system, hypothermia and hypoglycemia

31. Management of Head Trauma

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Abstract

Generally, head trauma related mortality rate has been observed as 20-30 people / 100.000 people/ year in accordance with the developments in the field of medicine. It is a major health problem considering the high mortality and disability rates. For treatment and follow up, well-equipped Intensive Care Unit, 24-hour accessible Emergency Service Specialist and Neurosurgeon are all needed. Upon quick recovery of the general condition of the patient, radiological imaging should be performed when needed. The indication to take Cranial CT in our hospital has been determined with 5 criteria; which will be indicated during the presentation. Forty-nine patients were operated due to head trauma in our hospital within the last 5 years. The age range of the patients has been determined between 2 and 72 (mean age-24). 50% percent of the patients presented with falling down from height (25 cases), 10% with penetrating foreign body injury (5 cases), 20% with in- & non-

vehicle traffic accidents (10 cases) and 20% with being attached (10 cases). The GCS score of 32 patients (64%) was between 12 -15, 11 patients (20%) between 8-11 and 7 patients (14%) was 7 and below. Ventricular or lumbar drainage were applied to five patients due to ventricular bleeding related hydrocephalia or cerebrospinal fluid fistula. The GCs score of 4 exit us patients was 7, 5, 5 and 3. Surgical indications are the GCS score and increased intracranial pressure detected in the Cranial CT.

32. Brain- Heart Axis in traumatic Brain Injury

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Abstract

Diagnosis of cardiac injury is easily overlooked in trauma patients. The concept of brain-heart interaction is an interesting research field. The neuro-cardiac axis theory and neurogenic stunned myocardium phenomenon could partly explain the brain-heart link. Several observational retrospective studies have demonstrated worse outcomes in head injury patients who had positive serum troponin as well. Also studies have shown a favorable effect of beta-adrenergic blockers in patients with traumatic brain injury in terms of reducing the overall TBI-related mortality. However, several questions remain to be answered in the prospective clinical trials.

33. Brachial plexus and peripheral nerve traumatic lesions: guidelines.

Alimehmeti Ridvan[1*], Dashi Florian[1], Saraci Myfit[1], Cecia Arba*, Pajaj Ermira[1], Brace Gramoz[1], Kerxhalliu Jetmira[1].

Abstract

Background*:* Traumatic brachial plexus and peripheral nerves lesions are very important for the quality of life of the patient. Recent developments in technology in medicine offer better results in managing these lesions.

Aim of study*:* To reveal recent updates in the guidelines for the management of nerve lesions, indications for surgery and palliative treatment and rehabilitation.

Materials and methods:The most relevant literature references and the extensive surgical experience of the Service of Neurosurgery at UHC "Mother Theresa" has been reviewed and the current protocols of treatment exposed.The indications for treatment of nerve lesions vary according to patient conditions at admission, modality and site of lesion. The accompanying lesion of adjacent structures and their specificity and timing of repair has to be correlated with the best surgical choice for nerve repair. The rate of success relies on team work.Rehabilitation and pain management is very important in overall result.

Conclusion*:* Nerve repair highly influences the quality of life of the injured patients. Updating the involved medical staff with the correct indications for the timing and modality of treatment is advisable.

Keywords: brachial plexus, peripheral nerves lesions, guidelines, nerve repair

34. Multidisciplinary management of cranial electrical burns.

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Abstract

Background: Scalp reconstruction after cranial electrical burns, often poses a challenge to plastic surgeons due to numerous reasons like inelastic nature of scalp, hairy nature of scalp and others. Surgical treatment of deep burns of the scalp and skull involved excision of necrotic bone and soft tissues with trephanation of the bone to permit granulation tissue formation followed by skin grafting.

The aim of this article is to discuss our experience on

multidisciplinary surgical treatment of cranial electrical burns.

Materials and methods: We report patients operated on for electrical cranial burns at the Plastic and Reconstructive Service, University Hospital Center "Mother Teresa"Tirana, between August 2009 and May 2017.

Results: Eight patients with various scalp and calvarial defects resulting from electrical burns to the head, were reconstructed. The incidence of scalp burns in our patient population was 3.59% for electrical injuries and 0.85% for all burns during the study period. The surgery consisted in complete excision of the sequestrum, preserving dura intact. Ensuing defect were covered with local transposition flap. The donor area was covered with split thickness skin graft.

Conclusions: Multidisciplinary surgical team, in our experience, is essential in the treatment of cranial electrical burns. Early surgical attempt to cover the defect with a well-vascularized tissue provides excellent healing, osteogenesis, short hospital staying, and low rate of infection.

Keywords: cranial electrical burns, multidisciplinary management, scalp and calvarial.

35. Management of Subdural Hematomas, some case reports and review of literature.

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Abstract

Background: A subdural hematoma (SDH) is a collection of blood below the inner layer of the dura but external to the brain and arachnoid membrane (see the images below). Subdural hematoma is the most common type of traumatic intracranial mass lesion.Acute subdural hematomas have been reported to occur in 5-25% of patients with severe head injuries, depending on the study.The usual mechanism that produces an acute subdural hematoma is a high-speed impact to the skull. This causes brain tissue to accelerate or decelerate relative to the fixed dural structures, tearing blood vessels.

The aim of this article is to give a review of the general concepts of the etiology, classification, and treatment of subdural hematomas illustrated with cases from personal experience. The choice of the surgical approach is also considered.

Materials and methods: Review of cases diagnosed and treated with subdural hematomas at the Neurosurgery service, UHT.

Results: Classification of subdural hematomas depends mainly on the timeframe from the disease onset. Imaging modalities such CT scan and MRI of the brain together with on time diagnosis remain the cornerstone about a correct treatment in cases of subdural hematoma.

Conclusion: Acute traumatic subdural hematomas are often accompanied by other brain injuries such cerebral contusions. Craniotomy often accompanied by decompressive craniectomy is the preferred approach. Subacute subdural hematomas can be treated safely by trepanation and fenestration. Chronic subdural hematomas, when uncomplicated with evident membranes and septae, can be treated with good results by trepanation and fenestration.

Keywords: subdural hematomas, arachnoid membrane, dural structures

36. Management of C_4-C_5 fracture with Approach 360^0without the spinal instrumentation. A case report

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Abstract

Background: The C3, C4, and C5 vertebrae form the midsection of the cervical spine, near the base of the

neck. Injuries to the nerves and tissue relating to the cervical region are the most severe of all spinal cord injuries because the higher up in the spine an injury occurs, the more damage that is caused to the central nervous system. Depending on the how severe the damage to the spinal cord is, the injury may be noted as complete or incomplete.
The aim of study is to review and explore surgical treatment (360^0surgical approach without instrumentation)
Methods: We present a case report of a young male patient who suffered a C4-C5 fracture after a motor vehicle accident treated with a 360^0surgical approach without instrumentation.
Results: We present this young patient, where the selected surgical approach without using spinal instrumentation resulted has a favorable outcome.
Discussion: The spinal instrumentation in this era of modern surgery widely practices in the treatment of spinal diseases. Although the excellent results in spinal instrumentation, the morbidity and mortality are not negligent. In cases of cervical traumatic fractures in carefully selected patients spinal instrumentation is not necessary, avoiding the high risk of infection and pseudoarthrosis.
Keywords: C4-C5 fracture, 360^0 approach,spinal instrumentation

37. The Sensation as a deviation from our Memory

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Abstract

The matthematical solution of Da Vinci's sketch of Vitruvan Man, confirms that the sketch is the grafical presentation, in one plane, of the individable (Atomos), and represents the correlation's formula between our unperceivable, three dimensional Form, and its perceivable, and three dimensional homologous. The latter presents the first principle of our feature.
This ideal correlation is a constant and stands in the time space, graphically presented, as the correlation between the ideal cube's transformations into its correspondent ideal sphere.
The sketch expresses the ratio between the first principle of the three-dimensional, featured and perceivable matter, which has the atribution of the endless movement and change with the three dimensional, unperceivable, unfeatured and unchangeable form.
The transformation process represents the neccesity of the feature's vanishing, because its completing (theorically) means the ideal harmony or our Memory. The ideal ratio is sensible to every feature's deviation in every sequence of time, so it is sensible to any amputation from the memory.
Thus, without our Memory, we lack understanding our feature's deviation. If our sensation is a rythmic deviation from the ideal ratio (Memory or Harmony), then, mathematically and logically results that every physical condition represents a projection which follows the direction of this dynamic ratio's deviation. The dynamic ratio of this correlation (Memory-Feature) can be expressed only in sounds, words or symbols.

Keywords*;* Vitruvian Man, Memory, Feature, Sensation

38. Rehabilitation of hemiparesis patients after head trauma.

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Abstract

Background: Head traumas are one of the most frequent causes of disability in adults. Cerebral injuries lead to motor, cognitive and behavioral deficits. Rehabilitation after head trauma is an important part of the treatment strategy.
The aim of this study is to highlight the importance of early rehabilitation of patients with Hemiparesis after head trauma which leads to: 1- Prevention of complications. 2-Initiation of motor commands usage.

Material and Methods: This is a prospective study, including 52 patients, who were rehabilitated from January 2015 to 2016. The rehabilitation protocol was applied with 4 phases: the first phase (rehabilitation of patients in coma), the second phase (prevention of complications), third phase (initiation of motor commands) and the fourth phase (autonomy or recovery phase). Ashworth scale is used for evaluation of spasticity on the first day (D1) of the month (M1, 3, 6, 9, 12). The criteria for progression phase…
Results: 52 patients were rehabilitated with hemiparesis, including 39 males and 13 females with an average age of 50±5 years old. 35 patients are fully rehabilitated within 6 months, 4 patients remained with 2nd degree of spasticity according to the Ashworth scale at the end of the 9th month, 3 patients remained with 1st degree spasticity at the end of the 9th month, 5 patients (non reversible coma) remained with 4th degree spasticity at the end of the 12th month.5 patients dead in the first month.
Conclusions: Early rehabilitation of patients with hemi-paresis leads to prevention of complications and initiation of motor commands usage.
Keywords: hemiparesis, head trauma, rehabilitation

39. Management of vascular injuries of Neck, Chest and Extremity

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Abstract

This study aims to evaluate our clinics approach to vascular injuries in the light of literature. In the civilian life penetrating traumas, and blunt traumas contribute around 60-65 % , and 35-41 % of the vascular injuries respectively. The rate of amputation necessitating after these injuries varies among 1.5-25 %. The factors that effect this rate are the time of diagnosis, technique performed and postop therapy. In this study in one of our series of patients which were admitted to the Emergency Department, are evaluated retrospectively. Patients were cured, 12% patients died because of politrauma and hypovolemic shock. In 15 % patients amputation was performed. Three of these patients 1% had primary amputation. All of the amputations are performed in the blunt trauma group. Our results show that popliteal artery injury in blunt traumas has the greatest importance. Absolute findings of vascular injury necessitates exploration. In doubt dupplex sonogram and angiography are helpful. Per-op angiography arter reconstruction reduces the morbidity rate.

Keywords: vacular injury, popliteal, duplexx sonogram, angiography, management

40. Traumatic blunt cardiac injury

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Abstract

Blunt cardiac injury (BCI) is not uncommon among trauma patients; it ranges from asymptomatic myocardial bruise to cardiac rupture and death. BCI are caused most often from motor vehicle crashes in 20% of cases, however, the true incidence may reach up to 76% based on the associated injuries, intensity of chest injury, complexity of injuries and presence of autopsy studies. A high index of suspicion, up-to-date diagnostic protocols and appropriate, prompt management are mandatory. The appropriate close monitoring after initial stabilization is required to avoid missed injury and complications. Although BCI is a challenge in the critical care, consensus and clinical trials are lacking.

41. Diagnosis and Treatment of Penetrating Cardiac Trauma

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Abstract

Background: Trauma in general represents the third most common cause of death in the United States after neoplasia and cardiovascular disease, claiming more than 150,000 lives each year (1, 2). Cardiothoracic injury causes 25% of deaths immediately following trauma, and the majority of these fatalities involve either cardiac or great vessel injury due to the high prevalence of this type of injury, an understanding of the pathogenesis, manifestations, and management of penetrating cardiac trauma is becoming increasingly important to medical personnel.
Methods: 11 patients are treated for a period of six years. All of them had sharp incisions except one with gunshot. Five of the patients are intervened in emergency. Two after transthoracic cardiac echography, 3 patients are operated in Regional Hospital of Durres, 1 in University Hospital of Trauma, 4 patients were observed and were not necessary to intervene. Five patients had injuries in the right ventricle, one in he left ventricle and one in the pulmonary artery. In two cases we performed sternotomy and in the others left anterior thoracotomy. In all the cases we suture the heart with monophilament sutures with pladegs.
Results: The patients had a good post-operative period and left the hospital after 5.6 ± 2 days. No myocardial infarction and no mortality. All the patents had a good cardiac function after discharge
Conclusions: Penetrating cardiac trauma is an emergency. The patient that survives and arrives in hospital had good chances and should be treated in emergency. In all the cases that the patient is stable and incision not deep we should diagnose and evaluate the patient.

Keyword: Penetrating cardiac trauma,sternotomy, cardiac echography

42. Traumatic diaphragmatic rupture: a case report.

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Abstract

Diaphragmatic rupture often results from blunt abdominal trauma. The mechanism of injury is typically a motor-vehicle accident.
Given that the most common mechanism is motor vehicle collisions, it's perhaps unsurprising that young men are most frequently affected. Estimated incidence is ~4.5% (range 0.8-8%) of patients who sustain blunt abdominal or lower thoracic trauma 1-2; the most common herniated viscera are the stomach and colon.
The left hemidiaphragm is involved three times more frequently than the right, possibly because the liver has a buffering effect. Most ruptures are longer than 10 cm and occur at the posterolateral aspect of the left hemidiaphragm between the lumbar and intercostal attachments, spreading radially.
Here in, we depict the medical records of a 67-year-old male patient with traumatic diaphragmatic rupture. The patient got involved in a two-car collision. Computed tomography revealed complete rupture of the left diaphragm and herniation of intraabdominal organs into the left chest cavity. Diagnostic laparoscopy and laparoscopic repair of diaphragmatic defect was carried out. The postoperative period was uneventful, and full expansion of the left lung in the chest X-ray was noted during the follow-up in the third month.
The article aims to give a review of the literature concerning the diagnostic steps as well as treatment modalities of traumatic diaphragmatic rupture.
Keywords: diaphragm, rupture, trauma, laparoscopy.

43. Surgical management of Penetrating Chest Injuries.

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Abstract

Penetrating chest trauma is generally less common but more deadly than blunt chest trauma. Thoracic wall penetration occurs most often from gunshots and stabbings, which comprise up to 10 and 9.5 percent, respectively, of all major trauma in the United States. Other causes of penetrating thoracic injury include being impaled by objects as a result of industrial accidents, falls, collisions, blast injuries, and fragmenting military devices. The incidence of penetrating thoracic trauma varies geographically. The aim of this article is to describe the incidence of the penetrating pulmonary injuries, the ultimate techniques used in its operative management, as well as the diagnosis, complications, and morbidity and mortality.

However, in countries or regions engaged in warfare, up to 95 percent of military deaths may result from a penetrating mechanism. Urban centers tend to have higher rates of interpersonal violence and a correspondingly higher percentage of injuries involve penetrating mechanisms compared to rural regions. The majority of lung injuries can be managed non-operatively, but pulmonary injuries that require operative surgical intervention can be quite challenging. Recent progress in treating severe pulmonary injuries has relied on finding shorter and simpler lung-sparing techniques. The applicability of stapled pulmonary tractotomy was confirmed as a safe and valuable procedure.

Advancement in technology have revolutionized thoracic surgery and ushered in the era of video-assisted thoracoscopic surgery (VATS), providing an alternative method for accurate and direct evaluation of the lung parenchyma, mediastinum, and diaphragmatic injuries.

Key Word; Penetrating chest trauma, mediastinum, and diaphragmatic injuries.

44. Delayed presentation of post traumatic diaphragmatic hernia

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Abstract

Introduction: Blunt traumatic rupture of the diaphragm is a serious injury that is often difficult to diagnose. It is an uncommon injury whose incidence is raising because of the increasing number of road traffic accidents. Better pre-hospital and hospital resuscitation of severely injured patients and improved diagnostic facilities.

Material and Methods: Twenty three (23) patients with traumatic diaphragmatic hernia discovered at least five months after injury are described; M/F: 17/5. Diagnosis: Chest radiographic findings that indicate diaphragmatic traumatic rupture.

Results: The diagnosis was most often made by a chest or abdominal radiograph, but barium ingestion confirmed the diagnosis in ten patients; Chest CT-scan in 20patients; Magnetic resonance imaging (MRI) in five patients. Intercostals drainage of gastric contents provided the diagnosis in one patient considered as left hydro pneumothorax. The mean age presentation 50.5 average 18-65 years old. All but seventeen (17) hernias occurred on the left side. Stab wounds were the etiological factor in 5 patients Blunt trauma in sixteen (16) patients, Idiopathic may be congenital in one (1) patient

Conclusions: History of trauma must be investigated to diagnose patients with a delayed post traumatic diaphragmatic hernia. When radiology or symptoms suggest bowel involvement, barium studies are appropriate. Repair is accomplished through the ipsilateral chest, with primary repair of the diaphragm preferred over patch repair. All cases whether diagnosed pre-operatively or intraoperatively must be repaired surgically, either by laparotomy, thoracotomy, and a thoraco-abdominal approach or by minimal access surgery. Laparotomy should be the preferred approach in unstable patients.

Key words: Diaphragmal trauma; Thoracotomy repair, laparotomy repair.

45. Inferior limbs amputations in diabetic patients following long-term artherial complications in Vlora's Regional Hospital.

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Abstract

Introduction: In this article we are discussing the epidemic spreading of the "diabetic foot" in diabetic patients because of the peripheral vascular disease at many levels of the lower limbs (from femoral level to the foot). We have recorded 92 amputations in our Hospital from 2000 - 2015, in a city that counts 150,000 inhabitants.
In this study we have recorded 92 cases of lower limb amputations in both genders with 62 males and 30 females, varying from 50-80 years old. 42 of this cases have gone through a femoral amputation of one limb. 12 cases have gone through crural amputation of one or both limbs.
18 cases of Lisfranc amputations and 16 cases of atypical amputation. In this study we have also included 4 cases of upper limbs amputations due to microartherial complications in non-diabetic patients and patients with Raynaud syndrome.
In 4 of this cases after the crural amputation we have needed a reintervention that led to the amputation of the lower limb at a higher level. Also in 8 cases with Lisfranc amputation we have needed a reintervention trying to save the calcaneous bone and in two cases we went on to amputate at crural level. In most of the cases we have performed an histological exam of tissues and vases. In all cases we have observed the formation of calcific deposits that have transformed the walls of the vase in a rigid structure. at higher levels in their limbs.
Key words: amputation, diabetic gangrene, atypical amputation, Lisfranc amputation, femoral amputation.

46. The role of the Emergency Physician and Challenge in the management of multiple injured patients: Experience from the tertiary health care UCCK institution.

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Abstract

Entry: The emergency doctor in the emergency department on average accepts 15 to 27 every day injured with different types of injuries. Of these injured, some come directly and many of them are referred to by regional hospitals. Emergency doctors face various problems in managing the injured with multiple traumas. This study aims to detect problems by extracting various complaints, suggestions and possible solutions in the management of patients with multiple traumas.
Methods: Retrospective study was investigated in January-August 2017 cases of emergency injuries for the period of 8 months. Investigated the injured and injured in traffic accidents as; age, sex, occupation, vital signs evaluation, methods of cardiopulmonary reanimation, medical actions, status of life parameters, statistical parameters, structure index, arithmetic average and standard deviation. Statistical Tests: X2-test and T-test. Verification of the tests is done for the confidence level 95% and 99%, respectively for $p < 0.01$ and $p < 0.05$, the results are expressed in the diagram and percentage.
Results: Based on the results obtained, the age at the multiple affected was 35-45% males were mostly victims of trauma, while in the road traffic accident were 65% and considered the main etiologic factor. More system injuries caused many problems in managing the injured. Quick access, monitoring, diagnostics and proper treatment were prerequisites for maintaining the health of the victim.
Conclusion: A good, well-educated and trained team in multiple trauma management and implementation of standard actions and procedures is a good key to effectively managing the multipletraumas, minimizing major problems and serious complications.

Key words: multiple injuries, trauma, emergencies, medical acts.

47. Continued education in the Emergency Medicine

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Abstract

Backgrond; Emergency medicine represents a medical specialty that includes care for ill patients with undiagnosed and unknown illnesses at the time of their appearance at a medical center requiring immediate medical attention in terms of diagnostic orientation and rapid medical operations. Emergency doctors offer first aid in diagnosing and treating the patients in the acute phase of their pathology, and are responsible for coordinating medical operations, along with other specialists regarding the admittance, follow-up and placement of the patient hospital.
Emergency doctors' education to act independently is based on the experience of ancestors and is compulsorily developed within the emergency medicine system. Developing skills to act in a timely manner, with certainty and competence, requires a resident system and another experienced practitioner in the field (university lecturer) to respond to the preparation of future specialists in this field (accountable and progressive responsibility).
Continued education in emergency medicine summarizes, In-depth knowledge of this field of medicine (training at medical conferences, online training, onlinel response questions to solve various medical situations, etc.).
Continued education in emergency medicine is one of the most important elements to have skilled specialists to act in a timely manner with the power to resolve the diverse and varied clinical situations that arise in this service.

48. Overcrowding and resiliency of ED

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Abstract

This article summarizes the efforts of emergency department physicians to diagnose cerebellar heart attacks in vertigo patients. Vertigo is defined and identified as a dizzy syndrome. Differentiation of usual dizzy syndromes such as benign positional vertigo, M. Menier, migraine vertigo, and vestibular neuritis.
Approximately 10% of patients with cerebellar infarction appear with vertigo and un-palliative neurological deficits. Most of them may have other signs of central vertigo, specifically nystagmus "direction changing" and severe ataxia. While the majority of patients presenting in emergency repatriation with isolated vertigo have benign disorders; approximately 0.7-3% have cerebellar infarctions. Persons with cerebellar infarction may at all times be in good condition and may be neglected, so 35% of cerebral infarctions are misdiagnosed. 40% of misdiagnosed patients may end up in death due to high risk of complications. Clinical diagnosis in such cases is very important because CT sensitivity in such cases is 26%.

49. Clinical presentation and treatment of acute obstructive laryngitis in children

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Regional Hospital - Diber

Abstract

Acute laryngitis is one of the most frequent complications in children and is usually caused by an acute viral infection of the upper airway. This syndrome affects about 15% of children, and is usually more frequent between the ages of 6 months and 7 years. Acute obstruction of the larynx is a

complication that often requires an emergency treatment.
Objective: To present a review the most common signs and characteristics of the acute obstructive laryngitis in children for better diagnostic and adequate treatment. .
Methods: thirty seven children aged between one and six years with signs of inspiratory stridor, cough, hoarseness and difficult breathing were included in this study. Some of the children had at the same time and the prodromal signs of rhinorrhea, cough, and sub-febrile temperature.
Results: we analyzed 37 children with acute laryngitis in a period from January 2015 to Jun 2016. The male female ratio was 20: 17, while the age of patients was 2.5 – 6.5 years. The peak incidence of laryngitis was observed in two seasons respectively in the months from January to February and May to June. The most common complaints of children were inspiratory stridor, cough and dyspnea.
Conclusion: acute obstructive laryngitis is a pediatric emergency that can affect any child. This condition requires a quick and adequate treatment by pediatrician.
Key words: acute laryngitis, dexamethasone, epinephrine

50. Differentiation clinical of Cerebellary Stroke fom Veriginous Syndromes in Emergency Department

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Abstract

This article summarizes the efforts of emergency department physicians to diagnose cerebellar heart attacks in vertigo patients. Vertigo is defined and identified as a dizzy syndrome. Differentiation of usual dizzy syndromes such as benign positional vertigo, M. Menier, migraine vertigo, and vestibular neuritis.
Approximately 10% of patients with cerebellar infarction appear with vertigo and un-palliative neurological deficits. Most of them may have other signs of central vertigo, specifically nystagmus "direction changing" and severe ataxia. While the majority of patients presenting in emergency repatriation with isolated vertigo have benign disorders; approximately 0.7-3% have cerebellar infarctions. Persons with cerebellar infarction may at all times be in good condition and may be neglected, so 35% of cerebral infarctions are misdiagnosed. 40% of misdiagnosed patients may end up in death due to high risk of complications. Clinical diagnosis in such cases is very important because CT sensitivity in such cases is 26%.

51. Medical Treatment of the Acute Abdominal pain in Therapeutic Emergency Department of University Hospital of Trauma.-

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Abstract

Background: In the Department of Emergency occur frequent cases of abdominal pain. Normally the acute abdominal pain is caused by intra-abdominal pathologies so their management and medical treatment should be performed at the appropriate level. Depending on the diagnosis, abdominal colic patients need immediate surgical interventions or not.
Propose: Management and treatment of abdominal colic in the Emergency department of the Trauma University Hospital
Method and Material: This study was conducted during the period September 2016- September 2017 at University Hospital of Trauma. During this period, 11000 different cases were handled in Therapeutic Emergency Department based on medical documentation (daily cards, performed examinations and consultations with specialist doctors).
Results: Only 3558 cases of abdominal colic occurred during this period. There were 1335 cases

of spastic colitis, 923 cases of enterovirosis, 555 cases with cholecystitis, 525 cases with renal colic and 220 cases were sent for surgical treatment at "Mother Teresa" Hospital
Conclusion: In the medical treatment of abdominal colic we should consider the history, laboratory and imaging examinations, the use of medications and the cost of medical service.
Keyword: abdominal pain, medical treatment, Abdominal Trauma

52. The Evaluation of Patients with Psychiatric Problems in General Medical Emergency

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Abstract

Background: Some psychiatric emergencies often arise in non-psychiatric settings such as general hospitals, emergency services and give rise to stress for all persons involved. These situations may be life-threatening and must therefore be treated at once.
Aim: evaluation of psychiatric patients in general medical emergency.
Method: Literature review and a short description of the situation in General Emergency in UHC of Tirana "Mother Teresa". After the de-institutionalization movement the data show a rapid increase in the rate of psychiatric patient emergency visits. Psychiatric emergencies are often, but not always, caused by mental illness. Likewise, the people presenting with physical illness frequently have a concurrent psychiatric problem or may develop it subsequently. Immediate treatment directed against the acute manifestations is needed, both to improve the patient's subjective symptoms and to prevent behavior that could harm the patient or others. A significant proportion of people with mental and behavioral problems visit the hospital on an emergency basis. The same problem happened in Emergency department of UHC "Mother Teresa" confirmed by respectively needs o consult the patients or to admit them in respective unit or services.
Conclusions: the evaluation and triage of psychiatric patients in General Medical Emergency is very important not only for the patients and its treatment, but also for medical staff to be secure in their every day work in emergency unit.
Key words: Psychiatric emergency, mental and physical illness, consultation, evaluation, general hospitals.

53. Difficult patients and their management in emergencies

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Abstarct

Background: Difficult patients are the ones who initiate, cause, extreme reactions in the Emergency Staff. They are patients with personality disorders, drug addicts, under depression, etc. They are manipulative, incompatible and conflicting people who make the staff go through anger, fear, and anxiety. These situations require management of patients in order to provide proper treatment.
Objective: Treatment of these patients can be very similar to one another once the emergency staff classifies the patient's behavior into acceptable and unacceptable. So this study aims to make this classification easier and also the treatment protocols unified.
Conclusions: In order to make the management and treatment easier should exist an effective communication between doctors, nurses, medical personnel and the patient, because these patients are very manipulative and they can cause problems between emergency staff.

54. The panel Laboratory Test in Trauma and Emergency Surgery

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Abstract

Bacground. The Center for Disease Control and Prevention estimates that trauma is the sixth leading cause of death worldwide, resulting in five million or 10% of all deaths annually.
Types of trauma include gunshot wounds, car accidents, concussions, etc. Medical traumas are repaired with surgeries, however they can still cause psychological trauma and other stress factors. Monitoring patients and making sure their body does not go into shock is an essential guideline when it comes to medical trauma care.
The "panel laboratory test" usually consists of some constellation of the following test: Blood Type and cross match, Complete Blood Count, Chemistry Panel, Urine Pregnancy Test (indicated in all women of childbearing age),Urine Drug Screen, Urinalysis (indicated for abdominal or pelvic trauma to evaluate for haematuria in retroperitoneal injury), Arterial Blood Gas (or Venous Blood Gas), Coagulation studies (APTT, INR and Platelet Count).
Objective: To elucidate the significance of laboratory test for accurate diagnosis and management of severe trauma in adults.
Material and methods: Relevant research and review articles were identified by searching: Journal Emergencies Trauma and Shock, Journal of Injury and violence Research, Trauma Protocol Manual Final and Family Practice notebook.
Results: The author review a variety of laboratory tests routinely ordered on trauma patients and the value of each tool and its use in the trauma patients.
Conclusion: Routine laboratory panels are little value in the management of severe trauma in adults.
Key words: Trauma, adults, urinalysis, laboratory panels.

55. Cervical and Laryngeal Injuries in our clinical practice: Laryngeal Reconstruction

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Abstract

Background: Cervical injuries are not rare nowadays, because of automobile and work-related accidents, also not to be neglected are neck and laryngeal injuries originated from suicidal attempts. Management and treatment of cervical injuries is of key importance, as often they are life threatening for the patient.
Purpose: Presentation of some cases of cervical and laryngeal injuries, work and suicide related, with high life-threatening risk if not treated promptly and properly
Patient and method: This study shows five cases of cervical and laryngeal injuries; 2 of the cases were from work related accidents, and 3 cases from suicide attempts.
The age of the patients with work accidents were 49 and 53 yrs old, and of those with suicide attempts were 27, 29, and 59 yrs old. The first two cases were injuries from angel grinder, while the remaining e suicide attempts cases were from cutting tools. All patients underwent surgical reconstruction of laryngeal cartilages and neck soft tissue.
Results: In all patients, the cannulas were removed two weeks after injury/surgery, and none ended up in laryngeal stenosis.
Conclusions: Cervical injuries must be treated as a surgical surgery because of life threatening risks, such as asphyxiation but also hemorrhagic shock. In order to avoid laryngeal stenosis proper cartilage reconstruction must be performed keeping in consideration the normal laryngeal anatomy. Inadequate reconstruction may lead to laryngeal stenosis.

Keyword: Cervical injuries, laryngeal cartilages, laryngeal injuries.

56. 20 years experience in treatment and study of oral and maxillofacial trauma

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Abstract

Injuries to the face vary widely in severity. They range from the most trivial to those associated with life threatening complications. Injuries of the face can either occur in isolation, or they can be associated with significant injuries elsewere on the patient, some of which may also go unnoticed initially. In some facial or head injuries, sight threatening complications may also be associated. These may not be immediately obvious. Initial assessment and management can therefore be very challenging, as all these variables need to be taken into account. The oral and maxillofacial surgeon must be prepared to intervene surgically when the general health of accident victims allows. Definitive facial injuries repair may delay until life threatening injuries are corected or the respiratory, neurologic, and cardiovascular status of patient has been stabilized. During last 20 years of our study the of patients with traumatic injuries is seriously incrise. The treatment was based on best international experience and local too. Adaption of new concepts and new hardware has improve final results of treatment.

Keyword*:* maxilla fractures, life threatening, Injuries to the face

57. Posttraumatic facial nerve paralysis - Transmastoid nerve decompression as a reliable surgical treatment

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Abstract

Background: The facial paralysis is one of the complications of the head trauma generally due to traffic accidents or accidents at work, with severe impact on patient's quality of life.

Purpose: The purpose is to present the results of transmastoid facial nerve decompression as a reliable surgical technique for the treatment of posttraumatic facial nerve paralysis.

Patients and Methods: 9 patients with complete posttraumatic facial nerve paralysis were treated; 5 females and 4 males with mean age 29 years old (range 2,5 to 53 years) were treated. The patients were selected based on clinical criteria (complete facial nerve paralysis Grade VI House-Brackmann)…

In all the patients was performed a transmastoid decompression of the facial nerve with tympanoplasty and ossiculoplasty in cases where tympanic membrane and ossicular chain were involved.

Results: In all the cases was obtained Grade I-II House-Brackmann facial nerve function at 6 months to 1.5 years follow-up.

Conclusion: Surgical therapy for the posttraumatic facial nerve paralysis is the treatment of choice when there are clinical, electrophysiological and radiological data of the irreversibility of the injury. The late surgical treatment could be considered because he can offer good results of facial nerve function.

Keywords: facial nerve, trauma, transmastoid decompression

58. Ocular Traumas and their management in Albania

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Abstract

Ocular trauma, although not an everyday encounter for many ophthalmologists, is a serious problem for health system and economy. An estimated 2.6 million eye injuries annually result in more than a billion dollars a year in total costs to society according to the United States Eye Injury Registry, 96 percent of ocular trauma injuries occur in males, most of whom are under 35 years of age; sadly, most of these injuries are preventable, 2015. Ocular trauma is prevalent in Albania as well, unfortunately we do not have solid date on incidence and prevalence of such injury, however we do face these injuries often enough. In general, the more serious types of ocular trauma, such as ruptured globes and corneal lacerations requiring surgical reconstruction are less

frequently seen by most ophthalmologists. Ocular trauma are classified in two main categories; opened or otherwise called perforated and closed or otherwise called contusive ones. In order of urgency, these are: injury to the globe itself; compartment syndrome; optic nerve injury; bony injury; foreign bodies in the orbit; and injury to the eyelids. According to our data, most of such injuries are from rural area. In our country, for such trauma, service of ophthalmology at Mother Teresa University Center of Tirana, Albania, so for a better and more accessible health service, such service must be offered even to regional hospitals in order to enhance standard of care of eye surgery across the country.
Keywords: Ocular trauma, incidence and prevalence, care, surgery

59. Indications and results of the vitreoretinal surgery in our center

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Abstract

Purpose: To determine the main eye pathologies leading to surgery of retina and vitreus and to report its results.
Material & Methods: 37 operated eyes of 37 patients were included in this retrospective study. The main indications that led to vitreoretinal surgery were as follow:
14 (37,8 %) cases with penetrated or/plus perforated eye trauma
9 (24%) with regmatogen retinal detachment
8 (21,6%) with vitreous hemorrhage
5 (13,5%) with drop nucleus or or IOL
1 (2,7 %) with endophthalmitis
All of the patients were undergone 23 G PPV
Results : Visual acuity, intraocular pressure and retina position (attached or detached) were noted pre and post operatively.
Mean age of the patients: 56 y (33-70)
29 male and 8 female.
Mean follow up time: 14 months, Mean preop and postop visual acuity respectively hand motion and 0,3 (with correction)
Silicone oil or SF6 and C3F8 was used to keep the retina attached.
4 of the cases needed more than one surgery to reattach the retina.
2 cases needed antiglaucomatose drops to take under control the elevated eye pressure.
Conclusion: 23 G instrumentation is safe and effective method in a variety of vitreoretinal diseases. It is a good alternative against 20 G and 25 G techniques even in trauma cases. We need larger controlled group studies for more efficacy and safety data.
Keywords: vitreoretinal surgery, regmatogen retinal detachment, vitreous hemorrhage

60. Management of dental trauma in the pediatric patients

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Abstract

Background: Facial trauma that results in fractured, displaced, or lost teeth can have significant negative functional, esthetic, and psychological effects on children. Dentists and physicians should collaborate to educate the public about prevention and treatment of traumatic injuries to the oral and maxillofacial region. The greatest incidence of trauma to the primary teeth occurs at 2 to 3 years of age, when motor coordination is developing. Dental injuries could have improved outcomes if the public were aware of first-aid measures and the need to seek immediate treatment. Because of optimal treatment results follow immediate assessment and care; dentists have an ethical obligation to ensure that reasonable arrangements for emergency dental care are available.
Assessment includes a thorough medical and dental history, clinical and radiographic examination, and additional tests such as palpation, percussion, sensitivity, and mobility evaluation. Intraoral radiography is useful for the evaluation of dento-alveolar trauma. If the area of concern extends beyond the dento-alveolar complex, extra-oral imaging may be indicated. Treatment planning takes into consideration the patient's health status and developmental status, as well as extent of injuries.
Conclusion: Management of dental trauma is complex and requires a comprehensive and accurate diagnostic and treatment plan. It is also important to consider the biologic, functional, aesthetic and economic aspects, as well as the patient's desire. Physicians who provide primary care for the children have a unique position to provide diagnostic, educational and preventive dental care for patients.

Keywords: dental trauma, pediatric, alveolar, dental trauma.

61. Orbital floor reconstruction

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Abstract

Background: The orbital floor reconstruction is one of the latest challenges in Maxillo-Facial trauma. There are 120 cases participating in research, in which there are applied the orbital floor reconstruction with titanium mesh plate and with free bone graft from the anterior wall of the maxillar sinus. There will be describe the indications and there will be compared the both reconstruction techniques.
Material and method: part of the study are 120 patients with massive facial trauma. In these group there are applied two different techniques for the orbital floor reconstruction. The titanium net reconstruction and the free bone graft from the anterior wall of the maxillary sinus. In both groups the esthetic and functional effect has been satisfactory.
Results; in the trauma university hospital in 92 cases there are applied the orbital floor reconstruction with titanium net, for the reason of the massive facial trauma were with high potential. In the other 28 cases the trauma has been with low potential and mainly localized in one half of the middle part of place.
Conclusion: in 76% of the cases is applied the reconstruction of the orbital floor and its medial wall with titanium net. The functional effect has been satisfactory, including the esthetic effect. In 24% of the cases is applied the free bone graft reconstruction from the anterior maxillary sinus. In these cases has been a lower damage so the graft was the best choice.
Keywords: diplopia, orbital floor reconstruction, Maxillo-Facial trauma

62. Fractures of the middle floor, our attitude and results, our experience in Regional Hospital Durres, Albania.

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Abstract

The first description of maxillar fracture was as early as 1650 BC. The maxillary fractures occupy an important place in the work of the maxillofacial surgeon. Their main focus is mainly accidents, especially those with motor and car. In treating these fractures attention should be paid to the overall condition of the patient, which in most cases is compromised and requires resuscitation. Our priority was to evaluate the type of fracture and the fixation and fixation only in the surgical path.
The goal of treatment in facial fractures is to achieve anatomic reduction and restore function while increasing patient comfort and making postoperative care easier. During the past few decades, the surgical treatment of maxillar fractures has advanced significantly. Rigid internal fixation and early return to function have replaced the use of wire osteosynthesis and prolonged use of maxillar fixation (MF). Advantages include avoidance of maxillar fixation, early mobilization of the mandible, shorter period of hospitalization, increased patient satisfaction and earlier return to the workplace. Thus, the use of rigid internal fixation obviates these difficulties and it has gained widespread acceptance.
Keyword; maxillar fracture, osteosynthesis, maxillar fixation.

63. Penetrating Orbit Injuries; the challenge to Emeregency Surgery

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Abstract

Penetrating orbital injuries pose a serious threat to vision, ocular motility, and in some cases, life. The setting and causes of eye injury are diverse, but previous studies have demonstrated that the risk and type of injury
is often correlated with age, gender, and race. Pediatric ocular injury is often accidental and may be preventable.
A focused history and prompt ocular examination are essential to immediate management. Foreign body presentations may be diverse and non-operative management may be considered inselected cases.
Resource availability and conditions at presentations may also influence the management decisions.
These cases presentations has described such a scenario in developing country like Italy and is expected to be interest across various medical specialties.

64. Assessment and Management Approach in Maxillofacial Trauma

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Abstract

Maxillofacial injuries are frequently met in the practice of emergency medicine. More than 50% of patients with these injuries have multisystem trauma that requires coordinated management between emergency physicians and surgical specialists in oral and maxillofacial surgery, otolaryngology, plastic surgery, ophthalmology, and trauma surgery.
Trauma to the maxillofacial region mandates special attention. Important sensory systems are contained within the face like; vision, auditory, somatic sensation, gustatory, olfaction and vestibular. Also, vital structures in the head and neck region are intimately associated like; airway, blood vessels, nerves and gastrointestinal tracts. Lastly, the psychological impact of disfigurement can be devastating. General medical management consists; administration oxygen and isotonic crystalloid fluids. Administration packed red blood cells if indicated. Check the tetanus status of the patient and administer indicated. Administer antibiotics for open fractures until the fractures are repaired and the soft tissue wounds are closed.
Pain management consists; use oral medications for minor injuries and parenteral medications if the patient cannot take oral medications, nothing by mouth. For anti-inflammatory control, use ibuprofen, naproxen, or ketorolac. For central control, use narcotics like codeine, oxycodone, hydrocodone, meperidine, morphine. Open reduction and internal fixation of facial fractures results in a patient with a satisfactory facial appearance and restoration of their occlusion and function. High-impact facial fractures often are associated with other bodily injuries that may be life threatening.
***Keywords**:* Maxillofacial injuries, surgery, management, outcomes

65. Surgical Management of traumatic frontal sinus fractures, case series from a single institution and literature review

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Abstract

The optimal management of frontal sinus fractures remains controversial. Fortunately, the severity of these injuries has diminished with more stringent auto-safety regulations, changing the treatment paradigms used to repair these injuries. Appropriate patient selection and close follow-up may allow for conservative management strategies when dealing with frontal sinus fractures, largely replacing the more morbid and invasive techniques that have been the mainstay for years. Because acute and delayed

sequelae can arise after the initial injury, patients should be thoroughly counseled about the importance of follow-up and the need to seek medical care if they develop any concerning signs or symptoms.

66. Epidemiology of ocular traumas in our Ophthalmology Service, a retrospective study.

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Abstract

Background: Traumatic ocular injuries can cause severe morbidity that has a great medical, social and economical importance. They represent the leading eye-related cause of hospitalization in developed countries. About half a million peoplein the world are blind as a result of eye injuries. About 30-40% of monocular blindness is due to ocular trauma.
Patinets and Methods*:* The study duration spanned over a period of two year. In this study we describe 126 cases collected after detailed analysis of all trauma patients admitted to QSUT. Our goal is to reflect the etiology of different ocular trauma types and describe patient distribution according to age, gender, occupation, level of education etc. by statistical analysis. SPSS 16.0 was used and mean and standard deviation were calculated for continuous variables. For categorical variables we calculated percentages and correlation by Chi Square.
Results: Ocular traumas affect more frequently the 30-40 age group and about 77% of cases were males. Most of the patients were from urban areas of Central Albania. Higher frequency of such trauma was noticed in unemployed individuals with low level of education.
Conclusion: Ocular trauma is a complex and heterogeneous entity with different causative etiologies and a wide range of clinical significance of visual impairment. Because of the severity of visual impairment caused, such traumas result in very important morbidities, including temporary or permanent loss of vision. Health education and appropriate preventive measures, elimination of hazard materials from general reach and occupational safety practices and administrative legislation represent a good strategy to prevent and decrease ocular traumas.

Keywords: ocular injuries, trauma, vision, ocular trauma

67. Middle third of the face fractures that affect the maxillary sinus

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Abstract

Background: Middle third of the face fractures include maxilla, maxillary sinus, orbit, and neighboring bones. In the management of the middle third of the face traumas, is important to evaluate the maxillary sinus which it is not treated in time, can cause subsequent complications for the patient such as neuralgia-like pain, infections, vision problems, loss of boundaries of the osteo-meatal complex etc.
Purpose: To provide a clinical statistical overview of the upper facial traumas affecting the maxillary sinus treated in our OMF surgery service.
Patients and Methods: This is a clinical statistical study of descriptive nature. For the realization of this study, the charts of n = 42 patients age10-72 years treated in the O.M.F surgery service with various middle third of the face traumas, were used . In the period of time January 2011-December 2016. The data collected from the clinical record and hospital records for the hospitalized patients were statistically analyzed with the SPPS 19 system.
Results: Maxillary sinus involvement was found in n=35 of the cases or 83.4% .
Males (86%) were more affected than females (14%). The most affected age group was 21-40 years old followed by the age group 41-60.
Surgical treatment in all cases was osteosynthesis with miniplates .
Conclusions: In treatment of the middle third of the faces traumas with maxillary sinus involvement, attention should be paid to the repositioning of all maxillary sinus walls, the osteo-meatal complex as well as the alveolar process together with the maxillary posterior teeth. Before repositioning these fragments, careful cleaning of the mouth and exception of a sinus infection prior should be done to avoid failure of the treatment.

Keyword: maxilla fractures, maxillary sinus, osteosynthesis, miniplates

68. Reconstruction of 1/3 part of upper auricular with graft from nasal septum in two stages. (Skin Flap Pocket Technique)

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Abstract

Background: The choice of technique is based on the missing ear components and the availability of tissue for defect coverage.
Purpose: To obtain an aesthetically acceptable ear.
Patient and Method: We present two cases of partial traumatic ear amputation due to bite from another human being. Graft from the nasal septum is taken in both cases after performing a septoplasty. After taking cartilaginous graft from septum, an refreshments of the edges of amputation is performed and fixation of the graft with the cartilage of auricle in the place of amputation and then its insertion with auricle cartilage in amputation location and insertion in subcutan retroauricular pocket
Both cases underwent to a second intervention after three months, where dislocation from retroauricular region, is performed dislocation of auricle and its modeling.
Results: On the first period there was not noticed any infection or graft reabsorption. During follow up 1 year, and 5 years for the second patient we had satisfying esthetical results. Cartilaginous graft and the covering skin had thickness, size and color of other auricle. Esthetical defect is visibly decreased.
Keywords: Ear amputation, partial ear amputation, pocketing technique, men-bite to the ear, septal graft

69. The management of maxillofacial trauma at University Hospital of Trauma, 3 years experience.

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Abstract

Trauma management has evolved significantly in the past few decades thereby reducing mortality in the golden hour. However, challenges remain, and one such area is maxillofacial injuries in a polytrauma patient. Severe injuries to the maxillofacial region can complicate the early management of a trauma patient owing to the regions proximity to the brain, cervical spine, and airway.
Purpose: Analyze the incidence and scale of maxilla-facial damage during 2009-2011 in order to improve the management and solve the quickest and most efficient method of treating them.
Patients and Methods: This is a retrospective study of patients registered in the National Trauma Register at the Tirana Military Hospital during 2009-2011. Recorded data include etiology, diagnosis, and type of injury, deployment, tooth condition, soft tissue injuries, and treatment method, time between trauma and treatment and length of stay in hospital.
Results: During 2009-2011, a total of 231 cases with maxilla-facial damage, soft tissue damage (bone) have been reported. These injuries are most common in men, 196 cases, approximately 84%, in the 21-30 year age groups, and in the summer season. The main etiologic factor is road accidents, 112 cases or 48% of cases, There is a significant link between etiology of sex (male, female), fracture site patient age ($p < 0.001$). In severe cases, respiratory tractostomy has been applied. The treatment of bone injuries is done with 3 methods (orthopedic + osteosinose surgical + combination)
***Conclusions**:* Maxilla-facial injuries are treated with various techniques that are selected based on the experience of the surgical team. It is important to achieve functional and aesthetic results in the fastest possible time.
Keywords*:* maxillo-facial damage, maxillary mandibular fractures, tracheostomy

70. An overview of the fractures of the distal radius.

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Abstract

Fractures of distal radius account for up to 20% of all fractures treated in emergency department, one of the most common injuries encountered in orthopedic practice. They are characterized by the frequency and diversity of forms that they submit. These fractures are 6 times more common in women of menopausal age, because of the higher prevalence of osteoporosis at this age group.
Abraham Colles is credited with description of the most common fracture pattern affecting distal end radius in 1814, and is classically named after him. Colles' fracture specifically is defined as metaphyseal injury of cortico-cancellous junction (within 2−3 cm of articular surface) of the distal radius with characteristic dorsal tilt, dorsal shift, radial tilt, radial shift, supination and impaction. Although the last two centuries have been passed, still there is not a commune international agreement regarding the classification and treatment protocols. There are many classifications for fractures of the distal radius. There are several ways to treat these fractures starting from the conservative treatment with gypsum to the surgical treatment with internal osteosynthesis with plate and screws or osteosynthesis with external fixation.

Keywords: external fixation, classification, fractures, radius, instable fractures.

71. Knee osteoarthritis, the current concepts in diagnosis and treatment modalities.

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Abstract

Knee osteoarthritis (OA) is a common non-inflammatory degenerative disease of the knee joint. It affects mainly aged population and it is one of the leading causes of disability among older people. The proportions of people affected with symptomatic knee OA is likely to increase due to the aging of the population and the rate of obesity or overweight in the general population.
Trauma to joint due to repetitive movements in particular squatting and kneeling are also common risk factors of knee OA.
This progressive and disabling disease can be resulted from a combination of risk factors, including advancing age, genetics, trauma, knee misalignment, increased biomechanical loading of joints through obesity, augmented bone density and an imbalance in physiological processes.
Persistent knee pain, limited morning stiffness, and reduced function are the three symptoms that are recommended for the diagnosis of knee OA.
Conventional plain radiograph is the first diagnostic procedure usually requested. Radiographic examination has several limitations whereas MRI has the capability to visualize all the structures within the knee joint. Imaging studies are necessary for both diagnostic confirmation as well as extent of joint involvement.
Both non-pharmacological as well as pharmacological modalities of treatment are useful in managing the symptoms of knee osteoarthritis. Surgery should be considered only in patients who do not respond to medical therapy.
The prevalence and risk factors of knee osteoarthritis have been described in the first part of this review. The review also provides the current evidence for accurate diagnosis and management of OA including non-pharmacological, pharmacological and surgical approaches.
Keywords: knee osteoarthritis, epidemiology, pathogenesis, diagnosis, treatment

72. Surgical treatment of symptomatic flat foot in children with bio-absorbable sinus tarsi implant

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Abstract

Background: Flatfoot is a common foot shape that doctors sometimes call pronated foot. When a person with flatfoot stands up, the arch in the middle of the foot disappears. The foot seems to lie flat on the ground.
Goal: There are many techniques and implants used for correction of pediatric flat foot deformities. This paper aims to show early results of a new technique used for the first time in Albania with bio-absorbable screws in sinus tarsi.
Material and Method: In our study we included the first 10 cases operated in Albania with diagnosis of Painful Pediatric Flat Foot with BFFI (bio-absorbable flat foot implant). The age of patients varied from 9 to 14 years old. Follow-up was until 2 year. Clinical functional and radiological evaluation was document before and after the treatment.
Results: 8 out of 10 feet and excellent clinical and radiological results with complete correction of flatfoot deformities. 2 feet (1 patient) had good result but not full correction because of late presentation and old age (14 years old) which is in the limits of the techniques indications. Additional shoe insoles were needed for this case.
Conclusion: BFFI is an excellent choice of implant and for correction of painful flat foot deformity in children. Age limit between 9 and 14 years old should be respected. In severe cases augmentation of this technique with advancement of tibialis posterior tendon is indicated.

Keywords: Flat foot, sinus tarsi implant, BFFI.

73. Management of upper extremity injuries, our experiences.

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Abstract

Background: Injuries of the upper extremity represent almost a frequent problem in the ED. These wounds must be treated actively and effectively while optimal anatomical repair and functional recovery must be taken in consideration because they may have significant consequences. The surgical treatment of upper limb wounds depends on several factors such as the type and extent of injury, the nature of the wound, the interval between injury and treatment, and of course the age of the patient.
Materials and Methods: The study includes 127 patients affected by different traumatic injury to the upper leg.99 of them (78 %) were males and 28 females (22 %) with an average age of 34 years. In all the patients principal injuries involved the upper limb, whereas 19 patients (15 %) had an additional injury. All the patients was successfully treated by promptly surgical intervention and repair.
Results: Overall 127 patients were included in the study. Most of them had palm injury (87), 27 forearm injury and 13 patients injury of the arm.
The most common etiological factor was accidental trauma with the sharp objects, followed by road traffic accidents, and penetrating and stab wound injuries. Concomitant orthopedic injuries were registered in 8 patients (6.3 %). In six cases the wound has been associated with tendon damage. Fingers salvage rate was about 95%.
Conclusion: Effective wound treatment and management is of particular importance in treating patients with upper extremity injuries. Functional recovery was achieved in almost all the patients included in this study
Key words: upper extremity, injuries, emergency department, wound treatment

74. Volar perilunate dislocation associated with fracture. A case report and Review of the Literature

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Abstract

Background: Perilunate dislocation of the carpus is an intracarpal dislocation with the lunatum as pivot. It is a rare and severe pathology in young patients, due to high energy trauma to the wrist and falls of the outstretched hand .There are different types of perilunate dislocation such as posterior dislocation (the most frequent form) and anterior or volar dislocation.
The aim of this article is to describe the treatment algorithms and to evaluate the treatment outcomes.
Patients and methods: We present a case of a volar perilunate dislocation associated with the fracture and dislocation. A 23 year old (female) right hand dominant was present in local hospital with bilateral dislocation of the cubiti after fall from grace. After treatment at the emergency room, the patient was transferred one week later in our hospital.
On the standard radiographs a palmar dislocation of the lunate bone with the fracture of the capitatum bone, a fracture of the radial styloid process and a fracture of ulna were identified. Subsequently open reduction via volar approach showed that the lunate was completely disrupted from its dorsal and palmar ligaments. The lunate was secured with two Kirschner wires, the fragment of the capitatum was removed, osteosynthesis with one screw for fracture of the radial styloid process was made, plate and screws for the ulna fracture were used. The wrist was immobilized for six weeks. After six weeks was removed the Kirschners wires and physiotherapy started.
Results: Three months after the operation the patient still had restriction in wrist function, the wrist was painless, but the range of the motion was diminished. The grip strength of the right wrist was strikingly diminished compared to the controlateral wrist.
Keywords: Volar perilunate dislocation, lunatum, Kirchner, fracture.

75. Bilateral calcaneal fracture, evaluation of percutaneous repair approach. A case report

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Abstract

Background: The calcaneus fracture is the tarsal bone injury most commonly due to fall from height. The calcaneus fractures account for about 2% of all adult fractures and 60% of tarsal bone injures. Calcaneus fractures result from height falls and 5-9% of them are bilateral. They are associated with lumbar and/or dorsal spine fractures, subtalar joint damage, soft tissue injuries and may be complicated by a compartment syndrome in 10% of cases. Calcaneus fractures affects the person's gait if not restored.
The aim of this article is to evaluate the use of percutaneous repair.
Patients and methods: We present the case of a 22 year old male with bilateral calcaneum fractures both Tongue Type (Essex Lopresti Classification) following a high fall accident. The case on arrival was subjected to ABC emergency protocol. Following a period of 1 day post trauma he was operated for bilateral calcaneal fractures.
Results: The patient continued to progress and was subsequently transitioned into bilateral CAM walkers. In the following weeks, the patient was again upgraded to full weight-bearing with physical therapy. The fracture sites were completely consolidated with minimal to no pain in his bilateral heels and full ambulation.
Conclusion: Percutaneous repair, offers a viable alternative to ORIF for calcaneal fractures. A percutaneous approach also does not disrupt the potentially fragile soft tissue envelope in a calcaneal fracture. Although this outcome is positive, larger studies are needed to confirm percutaneous approaches and closed reduction in calcaneal fracture.
Keywords: Bilateral calcaneal fracture, percutaneous repair

76. Wound`s treatment aspects in electric hand injuries.

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Abstract

Introduction and the aim of the study: Electrical burns are deeper tissue injuries caused by continues transfer of energy in the in the human body and characterized by morbidly and invalids higher than the incineration of all other etiologies.
Methods: Retrospective study includes four years last activity: From 2013 to 2017. This study has the total number of 18 patients with burns electric hand wounds that we handle and operate treated at Service of Reconstructive Surgery at NTCH, Tirana, and in service of Burns and Plastic Surgery in the University Hospital Centre "Mother Teresa", Tirana.
Results: In all cases is solved the problem of reconstruction of hand wounds caused leisure electrical burns; Where to cover the wound in most cases is used skin transplant, partial or complete, in 49,2% of cases; local flaps in 11%; Distal flaps(abdominal, inguinal) at 7,93%; fascio-cutaneal flaps in 6,34%; cross finger flaps at 1,58% and direct closure in 19,8%; amputation of fingers (at different levels of joint because the gangrene) and hands in 4%.
Discussion and conclusions: The epidemiologic studies as allowed us to determinate the actual level of care in burn hand, as well as to build up contemporary protocols in order to improve the treatment with the objection of decreasing sequels. Development and clinical application of the method of operation is based on the plastic surgical possibilities, which helps in arriving at solid with good results. For the realization of these surgical procedures needed special training for the surgical team.

Keywords: Electric Hand burns; Treatment.

77. Rehabilitation following total knee replacement surgery

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Abstract

Background: Knee joint plays an important role in the stability and mobility the body. Rehabilitation following total knee replacement surgery (TKR) is an important part of treatment strategy.
The aim of the study: 1-To evidence the importance of early rehabilitation of patients undergoing TKR. 2-To educate patients regarding weight bearing.
Material and Method: This is a prospective study, including 37 patients, who were treated at our service during January 2016- June 2017.The rehabilitation protocol was applied with 5 phases: 1.Protective phase (1-7 post-op days) 2.Transitional phase (weeks 2-4)3.Outpatient early phase (weeks 4-6) 4. Outpatient intermediate phase (weeks 6-12)5.Return to average level activity (3+months).
Criteria's for progression phase: 1-Minimal pain, inflammation and swelling. 2-Good lower extremity strength of >=4/5 throughout.
Results: 37 patients were rehabilitated with total knee replacement. 29 of them were females, 8 of them males with an average age of 60±5 years old and 8.5 days hospital stay. One patient had hemiparesis of other side. Four patients had multiple sclerosis as a comorbidity.
70% of patients were rehabilitated within 3 months and 30% of patients continued rehabilitation up to 6 months due to having hypotonic quadriceps muscle.
Conclusion: Early rehabilitation post TKR leads to improvement on blood circulation, prevents pulmonary embolism, reduces pain and inflammation. It increases motor control, muscular strength, functional independence, range of motion (ROM), and the mobility.

Keywords: total knee replacement, early rehabilitation, surgery

78. Architecture of human proximal end of femur, its physiologic and clinical importance

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Abstract

Background: The femur is the longest, most voluminous and strongest bone in the human body. It

is composed of the upper extremity, body and lower extremity and provides several muscular origins and insertions. The upper extremity is composed of the head, neck, greater trochanter and less trochanter. The head of the femur articulates with the acetabulum of the pelvis to create the hip joint.
The aim of the study is to evaluate the architecture of anatomical features of femoral upper extremity in order to understand how these features correspond to normal physiologic load bearing and to investigate osteoporosis-related changes of these structures.
Patients and methods: 30 upper extremity femora portions were evaluated clinically and radiologically during a period of two years from May 2015 to May 2017. Ten portions were also evaluated scintigraphically and among the overall number of patients ten of them were children. In their cases, the anteversion, retroversion and cervical-diaphyseal angles, which if not corrected at that age predispose the children to secondary coxarthrosis later in life.
Conclusions: The study concluded that the anatomy of the femoral upper extremity is designed to support physiologic load bearing mechanism and also to distribute body load from vertebral column to lower extremities. Osteoporosis treatments should be used during the last three years of premenopausal age up to three years after menopause in order to protect these bony features and thus prevent upper extremity fractures. In children correction of anteversion angle should be made after age of eight, while correction of cervical-diaphyseal angles can be made after the age of twelve.
Keywords: proximal end of femur, architecture, osteoporosis, anteversion

79. Damage Control Orthopedic Surgery

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Abstract

The concept of damage control surgery was first described for the purpose of treating medically unstable patients with abdominal trauma. The purpose of such surgery is rapid control of hemorrhage and contamination, not definitive repair of injuries. Following successful resuscitation, when the patient is medically stable, a return to the operating room is scheduled for repair of injuries and abdominal closure.
Damage control orthopedics (DCO) represents the application of this methodology for treating musculoskeletal injuries in patients with multiple trauma. The goal is to provide rapid stabilization of orthopedic injuries while avoiding prolonged surgical procedures, giving the surgical team the best opportunity at minimizing hypothermia, acidosis, and coagulopathy. Definitive treatment is postponed until the patient is successfully resuscitated and medically stable.
The consensus statement of the Eastern Association for Surgery of Trauma relating to the timing of long bone fracture fixation in patients with multiple trauma concluded that there is no compelling evidence that early long bone stabilization either enhances or worsens outcome for patients with severe head injury or for patients with associated pulmonary trauma.
Critics argue that damage control protocols contradict decades of experience and the accumulation of data supporting the superiority of early fracture fixation in patients with multiple trauma. Proponents infer the success of damage control orthopedics based on studies showing that patients treated with damage control orthopedics seem to have results that are better than might have been expected based on their ISS scores.
With this in mind, temporary external fixation makes sense for those patients too sick to undergo early definitive fixation of their orthopedic injuries. Although damage control protocols do make theoretic sense, prospective data are lacking. Additional study may be required before damage control protocols are universally accepted.
Keywords*:* damage control surgery, early fixation, ISS scores

80. Preventing infection in orthopedic and skeletal trauma surgery.

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Abstract

Background: Surgical site infection still remains one of the greatest surgeon's fears, and also an old but not totally solved problem. Prophylaxis with broad-spectrum antibiotics is used depending on surgeon's preferences, availability, and patient's general medical condition.
The aim of the study is to investigate whether the duration of the therapy with antibiotics, comparing our novel approach with a single preoperative dose versus other schemes, has any impact on the incidence of surgical site infection, and if this protocol is safe for trauma patients.
Patients and methods: The investigation was performed in the Orthopedic Clinics of the University Trauma Center from June 2015 to January 2017. 170 patients, including trauma and orthopedic patients were treated with a single dose antibiotic prophylaxis within 30–60 min before the surgery, at the time of induction anesthesia or at least 10 min before inflation of the tourniquet.
Results: A total number of 170 patients were treated in our unit with a single dose of antibiotics for the period of study. 67 patients had traumatic injuries of the extremities while the remaining 103 had elective surgery for various orthopedic pathologies or hardware removal. From the 170 patients treated with the single dose prophylaxis 3 patients or 1.7% developed SSI. The incidence of SSI in the control group of 2270 cases was 1.23% (28 from 2270 cases) $p>0.05$. We had one infected case (1.49%) from trauma patients ad two infections (1.94%) in the elective surgery group. $p>0.05$
Conclusion: The incidence of SSI in our group wasn't significantly different from that in the control group (or to what previously local studies have showed). Also we didn´t observe any significant difference regarding infection between trauma and elective orthopedic cases.
Keywords: Surgical site infection, antibiotic prophylaxis, SSI.

81. Orthopedic pitfalls in evaluation and treatment strategy in trauma emergency medicine

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Abstract

Background: Orthopedic injuries and musculoskeletal disorders constitute a large portion of patients presenting to the Emergency Department. All trauma patients should be managed initially in the same manner, with similar guiding principles of trauma care regardless of their underlying injuries. Orthopedic injuries may be dramatic, but they should not draw attention away from more critical elements of initial patient assessment and treatment. The emergency physician must assess the patient according to ABCDEs emergency protocol.
Once the primary survey has been addressed, proceed to the secondary survey, which should be a thorough, but rapid physical examination from head to toe to assess for all injuries. When perform evaluating the pelvis for stability, apply gentle anterior-posterior and lateral compression. Visualize and go through range of motion of all joints and document all lacerations, abrasions, and contusions. Physical examination of orthopedic injuries includes inspection for deformity, color change, palpation for tenderness, range of motion, and assessment of neurovascular status.
The orthopedic injuries that most notoriously escape detection by the primary care physician are closed tendon injuries of the hand, carpal bone injuries, occult fractures about the elbow, femoral neck fractures, posterior dislocation of the shoulder, epiphyseal plate injuries, fractures of the pubic ramus, patellar tendon rupture, Lisfranc injuries, compartment syndromes, and multiple injuries. If hemorrhage is life threatening, it must be controlled. If the limb is nonfunctional it should be stabilized.
Keyword: orthopedic injuries, ABCDEs emergency protocol, trauma care

82. Management of hip fractures

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Abstract

Background: In the revision surgery of septic-aseptic hip prostheses, we often encounter the

necessity to cope with the loss of bone structure. Periprosthetic bone anomalies are both acetabular and femoral, which can be treated with different surgical methods.
The aim of the presentation is on acetabular and femoral reconstructive methods in aseptic and septic mobilization.
Patients and methods: Based on the G.I.R classification and the type of septic-aseptic immobilization as well as chronic pathological diseases, we have used treatment with antibiotic loaded compressive and non-compressive cement - as well as two-stage treatments in prosthetic infections. With this kind of technique we have been treating 105 cases (76 female and 39 males) from 2010 to 2017. In these cases 20 patients were infected. Average of patient's age was 65-80 years. In 70% of cases, acetabular revision was performed. Periodic checks every 3 months during the first year, later on every year. All controls have been made clinically and radiography checked.
Results: 65% very good, 30% good, 5% not good. Walking without crutches after 60 days, rapid recovery post operatory (from the third day the patient starts mobilizing). Good functional recovery.
Conclusions: In order to serenely cope with a complete revision of the hip, it is always necessary to correct preoperatory diagnosis, evaluate the potential for possible infection, to evaluate the relationship between the mobilization components and the anatomical vascular structures and to revise revision materials including bone graft and cement. These methods assure fast functional recovery, short hospital stay and low financial costs.
Keywords: hip fractures**,** acetabular and femoral reconstructive methods, cement

83. Partial endoprosthetic replacement for intertrochanteric hip fractures in third age patients.

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Abstract

Background: Intertrochanteric fractures are considered one of the three types of hip fractures. The anatomic site of this type of hip fracture is the proximal or upper part of the femur or thigh bone. The mean age for this fracture is 81 years. In this group, the major contributing factors are osteoporosis and the propensity of older patients to fall.
The aim of this study is to evaluate the treatment of intertrochanteric fractures with partial cemented bipolar endoprosthetic replacement in elderly, chronic illness and osteoporotic patients.
Patients and methods: From April 2016 until May 2017 we studied a group of patients with intertrochanteric fractures treated with partial cemented bipolar endoprosthetic replacement, aged 75 and over, with concomitant chronic diseases. Fractures were classified by AO: 31.A1.2; 31.A1.3; 31.A2.1; 31.A2.2; and 31.A2.3.All fractures were treated by cemented bipolar replacement, under spinal anesthesia and in subtypes 31.A2.2 and 31.A2.3 circumferential cerclage wire for the trochanteric fragments was used. All of the patients were mobilized the next day and allowed to walk on crutches the third postoperative day.
Mean follow up was 6 months.
Results: 17 patients were treated in our group.Postoperative rehabilitation protocol was successful in all of them allowing walking and progressively weight bearing very early compared to other traditional techniques. Mean hospital stay was 4 days. 14 patients were followed 6 months postoperatively with no complications and three patients were lost on follow up. Two patients reported light pain in the trochanteric area.
Conclusions: Partial bipolar cemented prosthetic replacement is a good treatment option for intertrochanteric hip fractures in elderly and complicated patients providing early mobilization and rehabilitation, short hospital stay, less postoperative complications and quick return do normal life for those patients.

Keywords: intertrochanteric fractures, elderly, partial endo-prosthetic replacement

84. Neglected quadriceps tendon ruptures, treatment outcomes

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Abstract

Background: Quadriceps tendon rupture is uncommon with an incidence of 1.37/100,000 per year and often overlooked in emergency. In elderly patients, tearing results usually from indirect traumatism by sudden quadriceps contraction, after a long time of tendon weakening due to previous injury or systemic disease (renal insufficiency, diabetes, rheumatoid polyarthritis, gout, hyperparathyroidism, disseminated erythematous lupus, or obesity).
The aim of the study is to evaluate the treatment outcomes of quadriceps tendon rupture.
Patients and methods: We represent the cases of two patients older than 70 with neglected quadriceps tendon rupture.
The first patient was treated 6 months after the traumatic disorder with the "Codvilla" technique, reinforced with wire. The patient was immobilized for four weeks with spica cast, and after this period underwent physiotherapy. The motion of the flexion-extension at the knee was gradually applied, according to Lyon school approach (Ph.Neyret).
The second patient was treated three months after the traumatic disorder using "Scuderi" technique, but without wire reinforcement. The patient was immobilized for six weeks in the spica cast, and underwent physiotherapy after this period.
Results: The surgery results were good, but it was observed insufficiency in the flexion of the knee with about 15 degree compared with contralateral knee, weakness of the extensor mechanism. Patella alta or baja was not present.
Conclusion: Loss of motion, especially flexion, is a common complication, after rupture of the quadriceps tendon, reported by many authors in their studies. This kind of outcome was present in our two patients.
Keywords: quadriceps tendon rupture, rehabilitation, Codvilla, Scuderi, wire.

85. The use of maggot debridement therapy as an alternative in wound treatment

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Abstract

Maggot debridement therapy (MDT) was first introduced in the US in 1931 and was routinely used there until mid-1940s in over 300 hospitals. With the advent of antibacterials, maggot therapy became rare until the early 1990s, when it was re-introduced first in the US. Sterile maggots of the green bottle fly, Lucilia (Phaenicia) sericata, are used for MDT.
This article reviews clinical use of maggots, their mechanism of action and clinical efficacy for wound healing.
The renaissance in maggot therapy is due in large part to recent technological advancements that have solved or minimized many of the treatment's earlier drawbacks: the need for reliable access to this perishable medical device, simplified application, and low-cost production.
Maggot therapy is used to debride a number of complicated skin and soft tissue wounds such as ulcers of different etiology, traumatic wounds and burns, but also as a treatment for osteomyelitis.
The maggots work through three mechanisms of action; they debride wounds by dissolving necrotic tissue, clean wounds by killing bacteria and promote wound healing. The larvae have a broad antibacterial action against Gram-negative and Gram-positive bacteria, including MRSA.
MDT is a simple, efficient, well tolerated and cost-effective tool for the treatment of wounds and ulcers, which do not respond to conventional treatment and surgical intervention.
Key word; Maggot debridement therapy, wound healing, osteomyelitis…

86. The value of ultrasound in trauma emergency

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Abstract

Emergency ultrasound also known as FAST (Focused Assessment with Sonography in Trauma), is an exam that lasts no more than three minutes and it includes 4 views. EFAST stands for extended focused assessment with sonography in trauma. The aim of this method is to point out blood presence in the abdominal cavity following a penetrating and blunt trauma in these area, peritoneum, pericarditis or hemopericardium and air and blood in the pleural space. The advantages and disadvantages of this method in the hemodynamically stable traumatic patients from hemodynamically unstable traumatic patients are described.The details of this method, the technique of using the ultrasound, and the anatomical structures that are seen are also described.There is proper counseling to raise the sensitivity, reduce positive and negative results and eliminate artifacts. It is shown that E = or extension is related to pneumothorax diagnosis. There is also a "road map" of the patients with thoraco-abdominal trauma when they are unstable hemodynamically; when positive data in the ultrasound are present they are sent straight to the operating room. Those with negative data in the ultrasound examination are drawn to the CT or are subjected to a second ultrasoundexamination. We will also discuss about pediatric emergency especially about pneumothorax (presenting three case reports) focusing on ultrasound priorities in this emergent diagnosis. The ultrasound values will also be shown in the diagnosis of rib and long bone fractures as well as its usage in locating foreign Rx transparent bodies.

Keywords: ultrasound, examination, FAST, abdominal trauma

87. Diagnostic and treatment methods of intracranial aneurism

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Abstract

A cerebral aneurysm (also called an intracranial aneurysm or brain aneurysm) is a bulging, weakened area in the wall of an artery in the brain, resulting in an abnormal widening, ballooning, or bleb. Because there is a weakened spot in the aneurysm wall, there is a risk for rupture (bursting) of the aneurysm. Intracranial aneurism is one of bleeding causes of subarachnoid hemorrhage (HSA) that causes a high mortality (about 50%). In this presentation we will refer some cases reported in our clinic, we will describe the diagnostic methods, treatment and follow-up of these patients. Our clinic has a long experience in surgical and endovascular treatment of this pathology.

Keywords: intracranial aneurism, subarachnoid hemorrhage, endovascular treatment

88. Vascular Trauma from Head to Toe: Our Experience in Diagnostic Radiology

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Abstract

Introduction*:* Vascular injuries, as a major source of morbidity and mortality, constitute a serious complication in patients with both penetrating and/or blunt trauma in different regions of the body. Thus, timely diagnosis and subsequent adequate treatment of vascular injuries are critical to reducing morbidity and mortality. In addition to clinical and laboratory findings, radiology plays a crucial role in the prompt diagnosis of such cases. CT angiography (CTA), in most institutions worldwide, as in our own, has replaced conventional or digital subtracted angiography (DSA) in the diagnosis of vascular injuries to different body regions, including head

&neck, chest, abdomen, pelvis and extremity trauma, thus constituting a first line radiological modality in stable patients with suspected vascular injuries.
Methodology and Findings: All patients included in these case series underwent initial clinical, laboratory and imaging workup, including US as a crucial bedside preliminary test. After initial evaluation at our emergency, all stable patients – meaning patients that were not in need and didn't undergo immediate surgical exploration – with suspected vascular injury underwent CTA aiming to define the extent of any suspected vascular injury.
Conclusion*:* In summary, we emphasize the role of radiological examinations and especially CTA, aided in a minority of cases by DSA or MR, in the prompt diagnosis of vascular injuries and in thus improving patient morbidity and mortality.

Keyword*;* Vascular injuries, CT angiography, digital subtracted angiography

89. Radiological classification of pelvic fractures

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Abstract

Pelvic fractures typically occur as a result of high-energy injuries. Associated organ system injuries are observed commonly with pelvic fractures because of the energy imparted to the patient. Head, chest, and abdominal injuries frequently occur in association with pelvic fractures. Fractures of the extremities and spinal column also can occur in patients with pelvic fractures. Hemorrhage may accompany pelvic fractures. Most hemorrhage associated with pelvic fractures occurs as a result of bleeding from exposed fractures, soft-tissue injury, and local venous bleeding. Arterial injuries also may contribute to hemorrhage with pelvic fractures, albeit less commonly than venous bleeding. Radiological diagnosis of pelvic fractures and their classification is a very crucial part in the management of these patients. In this article we present our experience with patients diagnosed with pelvic fractures at University Hospital of Trauma in Tirana. The radiological evaluation of these patients has consisted in plain radiographs, ultrasound, retrograde cystography and multislice CT.
Keywords*:* pelvic fractures, classification, radiological

90. CT scan in evaluation of non-traumatic acute abdomen

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Abstract

The role of CT imaging in the diagnosis and management of acute abdominal pain is well established, but its utility is limited in a minority of cases. The aim of this presentation is to quantify the degree to which radiological and clinical findings differ. Interobserver variability in CT reporting was also assessed. We report our experience in evaluation of patients with non –traumatic acute abdomen.
Acute abdominal pain may be caused by a myriad of diagnoses, including acute appendicitis, diverticulitis, ruptured abdominal aortic aneurism,aorticdissection, myocardial infarction,torsion, cholecystitis , pancreatitis, cholangitis, gastritis, ulcerative colitis,IBD, urinary tract infection, GERD, gastroenetritis, peptic ulcer, perforated bowel, mesenteric iscemia, hernia, cancer, pneumonia, endometriosis, ovarian cysts, PID, ectopic pregnacy, Intussesception and many more as some rare cases such as bowel perforation due to fish bone, soft tissue diseases or thoracic, lumbar spine, pelvic bone pathologies, which can mimic acute abdomen. .
Imaging plays an important role in the treatment management of patients because clinical evaluation results can be inaccurate. Performing computed tomography (CT) is most important because it facilitates an accurate and reproducible diagnosis in urgent conditions.
Also, CT findings have been demonstrated to have a marked effect on the management of acute abdominal pain.
Keywords: CT imaging, acute abdominal pain, traumatic acute abdomen.

91. Politrauma on pregnant patient, which is more useful ECHO, CT or MRI?

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Abstract

Pregnant patient represents a special subgroup of trauma victims. Physiological and anatomical changes in the patient's organism significantly influence the type, severity, extent of outcomes of injuries. Radiation protection considerations are of utmost importance in this patient group; therefore, the diagnostic imaging algorithm and protocol is to be adapted accordingly. Clear priorities have to be defined based on the understanding that the primary goal is to guarantee the survival of the mother. Imaging algorithm, techniques and typical findings are introduced beyond introduction of general considerations regarding significance of imaging evaluation of trauma patients, with special emphasize on the indications and possible use of modalities using ionizing radiation.
Organogenesis occurs predominantly between 2 and 15 weeks' gestation. This is the period when the fetus is most susceptible to the teratogenic effects of ionizing radiation, which include microcephaly, microphthalmia, mental retardation, growth retardation, behavioral defects, and cataracts. Teratogenic effects are extremely unlikely in fetuses before 2 weeks of gestation and after 15 weeks of gestation. That said, estimated doses range from 2.4 rad in the first trimester to 4.6 rad in the third trimester. An older study that is probably not representative of current technology suggested fetal doses of up to 5-10 rad. Therefore, the radiation dose of pelvic CT is likely at or below the estimated threshold level for induction of congenital malformations. In practice, studies have shown the incidence of malformations is not measurably increased after in utero irradiation in humans.
Keyword: pregnant patient, trauma, radiation protection.

92. Osteopatia condensans disseminata s. Osteopoikilosis

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Abstract

Osteopoikilosis is part of the osteodispersive group, which is a difficult issue in terms of diagnosis and differential diagnosis. Often from lack of experience and low frequency diagnosis it is not immediately determined and requires different consultations.During 2012, four cases have been reported with this disease, which is considered rare, with a prevalence of 1/50000.
Cases represent a non-specific clinic, with undefined pain, and usually after a slight trauma. Two cases have been hospitalized, one with bone metastasis and the other in rheumatology. The last case, two years ago, has caused a fracture, but doctors have been unclear in diagnosing this bone disease.All cases present oval bone erosion, mainly in metaphys and epiphyses, which do not confuse. All laboratory examinations in all cases are negative.
The authors discuss the radiological aspect of this pathology, differential diagnosis, spread of lesions, accompanying diseases and give an opinion on the progress of fractures that appear in these cases.

Keyword*:* osteopoikilosis, osteodispersive, oval bone erosion.

93. The significance of Angio-CT in the diagnosis of acute and chronic pulmonary thrombembolia

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Abstract

Pulmonary Thromboembolia (TEP) is a potentially life-threatening condition that requires proper

diagnosis and treatment.
Computed **tomography** angiography (CTA) is excellent to diagnose or exclude a TEP, hence representing the first-choice diagnostic technique in patients suspected of acute thromboembolism.
Due to its wide availability and low invasiveness, CTA tends to be over-utilized. Correct implementation of the rules on clinical decisions for TEP improves the most appropriate use of CT in the diagnostic routine. After acute thromboembolism, a small part of the patients develop Chronic thromboembolic pulmonary hypertension (CTEPH), which is another life-threatening condition that can be diagnosed with CT. In chronic tombembolics involving the main pulmonary arteries, thrombectomy results quite successful, both in terms of quality and high life expectancy.
For this reason CT is becoming the first choice method for diagnosing chronic pulmonary hypertension as it can identify patients who may benefit from thrombectomy.
Keyword; Pulmonary Thromboembolia Computed tomography angiography, pulmonary hypertension

94. CT imaging of blunt abdominal trauma

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Abstract

Background: Blunt abdominal trauma is a leading cause of morbidity and mortality among all age groups.The true frequency of blunt abdominal traumais unknown.
The aim of this article is to discuss and review imaging modalities as an essential part in diagnosis of blunt abdominal trauma.
Patient and methods: We present the case of a 55 year old male presented at our clinic following a car accident. Patient was unconscious, his HR was 109 bpm, BP 131/70 mmHg, and hematocrit 31.0.On physical examination suprapubic ecchymosis, and an unstable pelvis was noticed. Abdomen was soft. Head CT, C-spine CT and CXR were normal. Pelvic plain film revealed bilateral SI joint disruptions, right hip dislocation and pubic symphysis diastasis. Abdominal US noticed small perisplenic fluid collection and no other abnormalities. Patient also underwent abdominal CT as well as part of his radiological evaluation
Results: Based on radiological finding patient was diagnosed with bowel and mesenteric vessel injury (indicated by extravasated contract in low-mid abdomen) and spleen laceration.Intraoperatively IMA avulsion, sigmoid colon ischemia and a large septated spleen were revealed. Patient underwent a sigmoid resection and ORIF of right hip. He was discharged after 14 days of hospitalization.
Conclusion:Assessment of hemodynamic stability is the most important initial concern in the evaluation of a patient with blunt abdominal trauma. In the hemodynamically unstable patient, a rapid evaluation for hemoperitoneum can be accomplished by means of focused assessment with sonography for trauma (FAST). Radiographic studies of the abdomen are indicated in stable patients when the physical examination findings are inconclusive.
Keywords: CT, blunt abdominal trauma (BAT), FAST

95. Emergency radiology of the abdomen: a case report of paralytic ileus.

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Abstract

Background: The “acute abdomen” is a clinical condition characterized by severe abdominal pain, requiring the clinician to make an urgent therapeutic decision. The differential diagnosis of an acute abdomen includes a wide spectrum of disorders, ranging from life-threatening diseases to benign self-limiting conditions. The most common causes of “acute abdomen” at our institution are urinary colic, acute pancreatitis, acute cholecystitis, small bowel obstruction, acute pancreatitis, acute diverticular disease, and non- specific, non-surgical abdominal pain (‘dyspepsia’, constipation’).Adynamic ileus is the failure of passage of enteric contents through the small bowel and colon that are not mechanically obstructed. Essentially it represents the paralysis of intestinal motility.

The aim of this article is to give a review of paralytic ileus focusing on its diagnostic pathway and treatment.
Materials and methods: We present the case of a 67 year old patient, admitted in our emergency department with abdominal pain and vomiting from a week. Physical and laboratory examination found: lack of bowel movement, electrolyte imbalance, dysthyroidism and painful abdominal distension. Plain abdominal radiographs demonstrated uniform distribution of gas throughout the bowel, including the colon and rectum. CT confirmedmarked distension of bowel loops with air-fluid levels. No evidence of mechanical obstruction was seen.
Results: The treatment of the patient was conservative (required a hospitalization for nasogastric decompression and to get the proper fluids until the issue was fully resolved).The patient was discharged from the hospital in two days.
Conclusion: CT findings have a substantial effect on the treatment management of patients with acute abdominal pain. Treatment without surgery is possible during the early stages of paralytic ileus, thus early diagnosis is very important.
Keywords: paralytic ileus, emergency, radiology,conservative.

96. Damage control surgery in trauma patient

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Abstract:
Management of multiple trauma patients has changed in the last period. Damage control surgery offers a simple effective alternative to the traditional surgical management of complex or multiple injuries. In the management of severe injuries, particularly for patients who had developed a fatal triad (hypothermia, coagulopathy, and acidosis), packing has appeared as the key to effective damage control surgery (DCS). The damage control concept is appropriate for the treatment of major liver or pelvic injuries and is associated with significant survival advantages compared with traditional prolonged surgical techniques. Post-operative angioembolization is also reported in damage control surgery prior to removal of packing, if rebleeding is suspected. The goal of the damage control is restore physiology not anatomy. The surgical aim is control of hemorrhage and prevention of secondary complications.
First phase can be done at a local hospital before transfer to a major trauma center for resuscitation and definitive repair. Reasonable surgical procedures and damage control principles increase the survival rate of severe liver trauma. The damage control laparotomy is significant advances in the management of massively injured trauma victims.

97. Current Management of Vascular Abdominal Trauma

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Abstract

Vascular trauma is the most common cause of mortality and significant morbidity of patient sustaining penetrating or blunt abdominal trauma. To this end, the ability to deal with injuries to the vascular tree of the abdomen in the most expeditious manner is a must for every trauma surgeon. Knowledge of anatomy and surgical techniques that will provide rapid exposure to aorta and aortic branches, vena cava, portal vein and their branches, proximal and distal control without causing more injury of any vessel, combined with skillful ability to provide definitive or temporary revascularization and establish blood flow to the intestines, liver and other solid organs, or lower extremities is essential.
There are number of well established exposures and techniques that have stood the test of time and will help treating trauma patients with massive vascular injuries, and should be part of every surgeon's armamentarium and trauma center. In most recent years, however, new techniques such as temporary shunting, stenting and embolization of solid organs (liver, spleen and pelvic embolization primarily) have become common and have been proven lifesaving adjuncts to trauma surgery. While multidisciplinary approach is often required, the initial approach by the trauma/general surgeon must

be well focused, planned and systematic, and should avoid adventuristic moves or decisions. While damage control surgery may be part of this armamentarium, the named vessels should be addressed surgically. I will describe few of these techniques during this presentation.

98. Laparoscopy in Trauma: when and how?

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Abstract

The modern concept of diagnostic laparoscopy for trauma began in the early 60ies. The literature shows that a variety of laparoscopic techniques are applicable to patients with abdominal trauma.
The *main benefit* of laparoscopy for trauma is reducing the rate of nontherapeutic, negative laparotomies and the potential in minimally invasive organ repair with a subsequent decrease in hospitalisation. The *major risk* of applying laparoscopy to trauma patients is the possible potential of delay to definitive treatment. As a screening tool laparoscopy obtains a potential risk of missed injuries, and of course, procedure-related complications.
The *basic prerequisite* for laparoscopy in trauma is the stability of the injured patient. The current approach to abdominal trauma is a judicious use to determine the need for operation. In *blunt trauma* it may have a role as an adjunct to CT in nonoperative management of solid organ injuries. In these cases laparoscopy can be helpful to evaluate the injury, detect occult lesions especially to the mesentery, small bowel and diaphragm and, select patients for nonoperative treatment.
In *penetrating trauma* laparoscopy appears to offer a greater scope. It can be of importance in the evalution of peritoneal penetration. The difficulty in evaluating peritoneal penetration in lower chest stab wounds and the efficacy of laparoscopy has been documented in the literature. Also in gunshot patients with wounds of entry and exit but without diffuse peritoneal signs or hemodynamic instability the diagnosis of peritoneal penetration and any further damage can be established by laparoscopy.
Besides its role as a diagnostic tool laparoscopy offers the exciting potential to be therapeutic. Small wounds of the diaphragm can be laparoscopically sutured, stapled or covered with prosthetic mesh. Suturing of gastrointestinal perforations and hemostasis of low grade solid organ lacerations by using adhesives are further benefits of laparoscopy in trauma.
In summary, minimally invasive surgery has already established itself as a useful tool in the management of trauma.

99. The managment of Pancreatic trauma

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Abstract

Pancreatic and combined pancreatico-duodenal injuries remain a dilemma for most surgeons and despite advances and complex technical solutions, they still carry a high morbidity and mortality.The management varies from simple drainage to highly challenging procedures depending on the severity, the site of the injury, and the integrity of the duct. Accurate intra-operative investigation of the pancreatic duct will reduce the incidence of complications and dictate the correct operation. Grade I and II pancreatic injuries are considered minor and are managed conservatively or by external drainage if needed. When ductal injury to the body and/or the tail of the pancreas is suspected, the best and safest treatment is resection. Grade III–V pancreatic injuries are complex and require resection, and internal and external drainage. In only 10% of combined injuries will a pancreatico-duodenectomy, or Whipple procedure, be required.Indications for considering pancreatico-duodenectomies are massive disruption of the pancreatico duodenal complex, devascularization of the duodenum, and sometimes extensive duodenal injuries of the second part of the duodenum involving the ampulla or distal common bile duct.

100. Acute open traumatic rupture of Diaphragm caused by abdominal firearm and stab wounds injuries – our experience.

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Abstract

Bacground: Comparing two different entities, firearm and stab wounds, causes acute open traumatic rupture of Diaphragm (a TRD), due to penetrating thoracic-abdominal wall.
Objective: Thoracic-abdominal penetrating firearm and stab wounds often responsible for acute traumatic rupture of diaphragm, raising multiple organ injuries and increasing morality rate.
Material & Methods: A retrospective study for all patients who were treated in our hospital from 2003 to 2012 due to thoracic-abdomen firearm and stub injuries. A total of 211 patients, with thoracic-abdomen penetrating wounds, divided in two groups, firearm (F) and stab (S) were followed. A group of 40 patients surgically treated, with acute open traumatic rupture of diaphragm (aTRD), reviewing charts for diagnostic, age groups, and sex, sides of injured diaphragms, concomitant thoracic and abdominal organ injuries, and operative protocols.
Results: Acute open traumatic rupture of diaphragm (aTRD) occurs in 18.95 %, male dominating with 89.65%; group age frequency from 20-49 years, both genders. Average age of aTRD group was 34 years; left side of diaphragm injured in 62% in both groups (F and S); grade III diaphragm injury 79 %; concomitant injuries in 55% in firearm group; most injured liver, lung and spleen. Overall mortality rate were 10%.
Conclusions: Thoracic-abdominal penetrating firearm and stab wounds carry high risk and suspicious of acute open traumatic rupture of diaphragm. Suspicious on these lesions, early establishment of the diagnosis, immediate therapeutic and surgical proper treatment are basic factors in the outcome of diaphragmatic acute open injuries.
Keyword: Thoracic-abdominal penetrating wounds, firearm and stab wound, acute open traumatic rupture of diaphragm.

101. Challenges in assessment and management of pediatric trauma in Albania

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Abstract

In western countries there are data in all of medical problems, while we face challenged to relay in our medical data base, we refer to western medical statistics. In the United States, injury remains the leading cause of death and disability in children. Based on data from the National Trauma Database, the leading mechanisms of injury were falls in children 0-9 years of age, and motor vehicle collisions (MVCs) in children ages 10-18. Overall, MVCs accounted for more than 60% of trauma-related deaths in children under age 18. Although blunt trauma accounts for the majority of pediatric injury, in children without insurance or with public insurance penetrating trauma accounted for 21% of injuries among adolescents.
While the general ATLS approach to trauma is similar in both adults and pediatrics, there are anatomic and physiologic differences to consider in the pediatric trauma patient. Trauma classification is important to help with triage decision making and rapid assessment of severity. Tools available include the Glasgow Coma Scale (GCS), Trauma Score (TS), and the Pediatric Trauma Score (PTS).
The pediatric trauma score includes six components and is designed to assist with rapid triage of the injured child. It has good correlation with injury severity and mortality risk, but should be used with caution in patients with isolated blunt abdominal trauma as the PTS does not correlate well with trauma severity in this group.
In conclusions*:* Pediatric trauma and injuries are prevalent, need of proper assessment and management is essential, however, we do face lack of training in trauma discipline, especially assessing and managing emergency trauma patient, adult and especially pediatric ones. Basic Life Support and Advanced Life Support are not mastered by majority of medical professionals in Albania, so such action to improve these aspects is crucial.
Keywords: Trauma, injury, children, Pediatric Trauma Score, assessment, management

102. Consideration of penetrating abdominal trauma, a retrospective study.

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Abstract

Background
Nowadays penetrating trauma is increasing because of the growth of violence in our society. The penetrating injury (PI) constitute about 6% of the hospitalized cases and 10% of visits to the emergency department (ED), they are calculated to the second as the leading cause of death after motor vehicle accident (MVA) and occupied 20% of deaths related to injuries in USA.[1]
Objective: The purpose of this study was to evaluate the management results of patients with penetrating abdominal injuries.
Patients and methods; We have used a standardized data collection instrument, case records of all patients with penetrating trauma (PT) diagnosed between January 2015 and August 2017. All patients who had performed or not emergency laparotomy (EL) after sustaining Blast injuries (BI), Gunshot wounds (GSW), Stab wounds (SW), Sharp tools wounds (STW) were included in our study.
Results; We have recorded 102 patients (Pt)[93(91%) male & 9(9%) female] with PAT in this study. Of 102 Pt, 47 (46%) were coming from Tirana and 55 (54%) from another hospitals. The mean age was 34.6 (10-80) years. The distribution of data based on mechanism of injury was; 2 (2%) of Pt was after BI, 34(33%) of Pt was after GSW, 55 (54%) of Pt was after SW, 11(11%) of Pt was after STW, were included in our study.
Conclusions; Management of PAT remain a serious issue in ED. The outcome of treatment are depended from mechanism of injury, age, presence of shock in admission, number of injuries organ, associations with extraabdominal injuries…
Keyword: Penetrating abdominal trauma, operative management, emergency laparotomy,Hemodynamic instability, Gunshot wounds (GSW), Stab wounds (SW)

103. Ileum perforation due to Blunt Trauma to Inguinal Hernia a case report

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Abstract

Background: Small bowel perforation and rupture resulting from abdominal trauma in association with right inguinal hernia is a rare complication. A high intra luminal pressure can result in rupture and irregularly shaped perforation that lead to a resection of injured bowl.
Case report: A 58-year-old male patient with a 3-year history of a right inguinal hernia who presented at the emergency room 6 hours later after he was kicked during a fight. The patient complained of severe pain in abdomen and the abdominal examination revealed a tender irreducible right inguinal hernia. The hemodynamic state presented with hypotension 70/40 mm Hg and bradycardia 47/min before inotrope drugs administration. Laboratory investigations showed leukocytosis, anemia. An abdominal echography revealed free liquid and blood in Douglas cavum and a plain abdominal X-ray showed pneumoperitoneum. General anaesthesia with rapid sequence induction was induced.
An emergency midline laparotomy was performed where found a considerable amount of exsudat and blood. There were four irregularly perforations and rupture in the ileum 10 cm from ileocecal valve.A resection of 50 cm of ileum and a termino-terminal anastomosis was done consequently. The postoperative period was uneventful. The patient was discharged on the 8th postoperative day.
We found same cases in literature where the ileum is the most frequent injured bowl. Rupture and perforation of intestine occurs from trauma to an inguinal hernia that generates spikes of pressures exceeding 300 Hg. Another explanation is that compression of the small intestine against the pubic bone and pubic tubercle may add to the mechanism of injury.
Keyword; Small bowel perforation, inguinal hernia, pneumoperitoneum

104. Education opportunities in Trauma surgery

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Abstract

For the surgeons interested in trauma and emergency surgery a thorough evaluation of educational opportunities is the goal of this presentation. Educational opportunities vary according to:

- The level of expertise of the interested Surgeon (resident, specialist, experience)
- The local culture of the area each works (North Europe & Mediterranean, Central Europe, USA, South Africa)
- The time each one wishes to devote to his training (formal fellowship, short education trip, experience on the field, courses).

In a country were the inaugural educational activity of the new-born Trauma society takes place we consider this navigation through the educational opportunities in the world of trauma, a timely offer.

105. Algorithm based approach to penetrating and blunt trauma

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Abstract

Selectively conservative treatment for penetrating injuries to the abdomen is a widely recognized approach. Emergency laparotomy is performed on patients who are either hemodynamically unstable, or show symptoms & signs of peritonitis. The remaining patients who do not reveal these findings are hospitalized for observation, selectively followed-up non-operatively and discharged if no further additional symptoms, signs or complications occurs. During the observational period, laparotomy may be mandatory according to findings of frequent physical examinations and laboratory tests. Overall, it can be stated that, a selectively conservative approach based on physical examination and laboratory tests in penetrating abdominal injuries is a safe approach and has the potential of avoiding unnecessary radiologic evaluations or surgical interventions. Penetrating left thoracoabdominal injuries are accompanied by diaphragmatic injuries in 25-30% of cases, about 30% of which later develop into diaphragmatic hernias. Diagnostic laparoscopy is the gold standard for diaphragmatic examination in patients with penetrating left thoracoabdominal injuries. Additionally, multislice computed tomography is also valuable for detecting diaphragmatic injuries.
Blunt trauma often presents with multi-trauma involving more than one anatomical structure of the body including thoracic, abdominal, and pelvic injuries. Currently, the majority of abdominal solid organ injuries are treated non-operatively. Emergency laparotomy is indicated for patients who are either hemodynamically unstable, or reveal symptoms & signs of peritonitis.
This presentation aims to render our results of algorithm based approach to penetrating and blunt trauma in a span of eight years.

Keywords: trauma, penetrating, blunt, algorithm approach

106. The managment of Spleen Trauma.

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Abstract.

Background: Intra-abdominal organ injuries are sustained by 40-50% of polytraumatised patients. The spleen is most commonly affected. While 95% of pediatric cases will not require surgery, this is the case with only 60-80% of adults.
Methods: Vast majority of splenic trauma can be managed non operatively. Surgical treatment is indicated in patients with unstable circulatory conditions. Organ preservation is desirable if the spleen is the only organ injury. Of techniques available for this purpose, tissue adhesives, coagulation, partial resection and mesh splenorrhapy are the most suitable.
Results: Tissue adhesives are commonly used with good success with superficial lacerations. Coagulation techniques are also suitable for organ

conservation with lower grade injuries. Splenorraphy with resorbable mesh is the method of choice in higher degree injuries as it permits rapid and permanent hemostasis. If an injury only involves one pole or one half of the spleen, resection of that part of the organ is an option. Partial resection is best performed with a stapler using absorbable staples. Total fragmentation or separation of the hilus is treated with an immediate splenectomy, sparing the tail of the pancreas.
Conclusion: Most patients with splenic injuries can be managed non operatively. The aim of surgery is to stop the bleeding and stabilization of the patient. If splenectomy required patients should be immunized with pneumococcus vaccine and informed of their immune defect.

107. Management of liver trauma: should we operate or not?

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Abstract

The liver is one of the most commonly injured organs in abdominal trauma. Management of liver injury has changed in the last period. Advancement of imaging studies plays a key role in the conservative approach. Non-operative management of both low- and high-grade injuries can be successful in hemodynamically stable patients.
Introduction of computed tomography (CT) scan, use of ultrasonography in trauma and availability of angiography has revolutionized the management of liver trauma.
Angiography plays a vital role in the conservative management of the liver injury. Extravasation of contrast seen on CT scan requires emergency angiography and angioembolization in hemodynamically stable patients. The grade of liver injury alone does not accurately predict the need for operation, and non-operative management is rapidly becoming popular for high-grade injuries.
Hemodynamic instability with positive focused abdominal sonography for trauma and peritonitis is an indicator of the need for emergent operative intervention.
Although surgical intervention for hepatic trauma is not as common now as it was in the past, the trauma surgeons should be familiar with the emergency surgical skills necessary to manage complex hepatic injuries, such as packing
The main indication of the operative approach to the blunt liver injury is hemodynamic instability, not the grading of the injury. Although a higher grade injury has higher potential for failure of non-operative management, hemodynamic instability remains the most important branch of the decision tree indicating operative intervention.
Operative intervention in high-grade injuries has a high mortality as well.

108. Consideration about the Hemorrhage Control in Liver Trauma.

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[3]Surgery Service University Hospital Centre "Mother Teresa" Tirana, Albania.

Abstract

Background: Control of hemorrhage in major injuries of the liver remains a challenge for surgery even nowadays. Surgeons often face difficult situations in its management. The aim of this study was to evaluate our experience in controlling hemorrhage in severe liver trauma.
Materials and methods: The study was conducted prospectively, in the time frame of January 2009 to December 2012. We analyzed 173 patients with hepatic trauma.

Results. Temporary hemostatic maneuvers in urgent laparotomy were: bimanual compression in 13 cases (15.3%), Pringle maneuver in 23 cases (27%), perihepatic packing in 10 cases (11.8%), tamponade into the injury tract in 4 cases (4.7%), and Foley balloon catheter in 2 cases (2.4%). While, definitive hemostatic methods in urgent laparotomy included: electrocautery coagulation in 12 cases (14.1%), hemostasis and bile-duct ligation with hepatic closure in 41 cases (48.2%), hemostasis and bile-duct ligation

without hepatic closure in 6 cases (7.1%), tamponade with vascularized omental flap in 7 cases (8.2%), anatomical hepatic resection in 1 case (1.2%) atypical hepatic resection in 7 cases (8.2%), and ligation of the right hepatic artery in 1 case (1.2%). The success of treatment has a statistically significant relationship with grade of liver injury (z=5.2912, p=<0.00001), associated intra-abdominal injuries (z=4.0743, p=0.00005), the quantity of blood transfusion (p=0.03207) and age (p=0.04944). Overall mortality was 13%.
Conclusion: Perihepatic packing and the application of two-stage surgery has significantly increased the survival rate in severe liver trauma.
Keyword: Liver Injury, Control of hemorrhage, hepatectomy, relaparotomy.

109. Triaging and management of hidden abdominal trauma in Pregnancy

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Abstract

Nowadays, trauma is a common and important complication of pregnancy and remains one of the major contributors to maternal and fetal morbidity and mortality.
Case report; A 35 years old pregnant woman, in her third trimester of current pregnancy presented to University Maternity Service, with complains right lower chest and right upper quadrant, that was started that started a few hours ago. Patient did no disclose any fallen or trauma. It was her third pregnancy, where her previous pregnancies had been delivered vaginally at term pregnancy without any specification to mention. Patient was not fully and appropriately medically followed up during this pregnancy as per protocols of pregnancy care. Patient presented at admission office of tertiary maternity around 22:00 (22:15). Her vital parameters were assessed and were within normal ranges for this stage of pregnancy: Arterial Blood Ultrasound obstetrical examination, fetus at term pregnancy (41-42 weeks, cephalic), FHR rate normal 140/min. Laboratory test CBC and Biochemical panel was ordered, other than Hb. 9.5 g/dL, liver function, renal function and other parameters were within normal range.
Conclusion: Nowadays, triaging and properly management of emergencies in Albania, especially non obstetrical emergencies, principally when required multidisciplinary approach is beyond perception challenging and often puts to high risk, with death consequences of the patient, and also puts to jeopardy medical professionals, when triaging is more medico-institutional duty.
Keywords: Pregnancy, trauma, hemorrhage, triage, management

110. Anesthesia and surgery: Impact on endocrine system and metabolism

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Abstract

Anesthesia and surgery exert an important influence on patient homeostasis during the surgical intervention. This is manifested as stimulation or inhibition of certain metabolic processes or endocrine response of the organism. Surgical trauma triggers increased secretion of cortisol, antidiuretic hormone, renine, catecholamines, or fluctuations in plasma calcium levels. Also due to change in secretion of these factors are manifested metabolic deviations that are manifested with hyperglycemia, increased catabolism and lipolysis, electrolytic and osmolar disorders, etc.
Untreated pain, anxiety and agitation, acidosis, hypoxia and tissue injury are most frequent factors generated by anesthesia and surgery leading to such changes.
These factors are present from the patient's entry into the operating room, when anxiety is common. Many patients entering OR show increase of catecholamines, hyperglycemia, difficulty in managing blood sugar values in diabetics, glycemic exaggerated responses in cases of glucose administration.
Induction of anesthesia has a certain influence on hormonal and metabolic balance. Inhibition of CNS by anesthetics produces decrease in serum

catecholamines, a tendency to decrease glycemic values, increasing the risk of hypoglycemia in insulin dependent diabetics. This event is difficult to diagnose during anesthesia, so repeated glycemic control is needed.
Loco-regional anesthesia produces a weaker influence on endocrine system and metabolism. Observed moderate response to surgical stress is due to better blockade of painful impulses from the surgical wound. Blood sugar fluctuations are less pronounced during this type of anesthesia.

111. Prevention and support for Acute Kidney Injury in Traumatic Patient and Emergency Surgery.

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Abstract

Perioperative acute kidney injury (AKI) is not uncommon and is associated with considerable morbidity and mortality. Recently, several definition systems for AKI were proposed, incorporating both small changes of serum creatinine and urinary output reduction as diagnostic criteria. Novel biomarkers are under investigation as fast and accurate predictors of AKI. Several special considerations regarding the risk of AKI are of note in the surgical patient. Co-morbidities are important risk factors for AKI. The surgery in itself, especially emergency and major surgery in the critically ill, is associated with a high incidence of AKI. Certain types of surgeries, such as cardiac and transplantation surgeries, require special attention because they carry higher risk of AKI. Nephrotoxic drugs, contrast dye, and diuretics are commonly used in the perioperative period and are responsible for a significant amount of in-hospital AKI. Before surgery, the anaesthetist is required to identify patients at risk of AKI, optimize anaemia, and treat hypovolaemia. During surgery, normovolaemia is of utmost importance. Additionally, the surgical and anaesthesia team is advised to use measures to reduce blood loss and avoid unnecessary blood transfusion. Hypotension should be avoided because even short periods of mean arterial pressure <55–60 mm Hg carry a risk of postoperative AKI. Higher blood pressures are probably required for hypertensive patients. Management relates to treating life-threatening problems, maintaining effective ventilation and circulation, removal (or reduction) of nephrotoxins and, where appropriate, establishing either renal replacement therapy and its alternatives.

112. Treatment of Malignant Hyperthermia

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Abstract

Malignant Hyperthermia (MH), is a rare emergency that happened during General Anesthesia.
In Albania, during five last years have three cases diagnosed with Malignant Hyperthermia (MH), and two of them have been fatal finishing with death of two patients. Only one is saved.
Malignant hyperthermia (MH), is disease passed down through families that causes a fast rise in body temperature (fever) and severe muscle contractions when the affected person gets general Anesthesia. Malignant hyperthermia's inheritance is Autosomal dominant. The defect is typically located on the long arm of chromosome 19 (19q13.1) involving the ryanodine receptor. More than 25 different mutations in this gene are linked with malignant hyperthermia. In this article I shall represents problems happened when during General Anesthesia, unexpected has e Malignant Hyperthermia.
Malignant hyperthermia (MH), occurs in 1 in 5,000 to 50,000 instances (mainly in young people), in which people are given anesthetic gases.
Acute Management of MH crisis include: Stop exposure of triggering agents and give 100% O2, notify surgical team to abort intervention, administer 2.5mg/kg Dandrolene (or Azumolene) in repeated doses and 3 gr Mannitol, place the catheter Foley, monitor core temperature, O2, CO2, urine output, Astrupograme, correct Hyperkalemia or other biochemical abnormality, correct cardiac problems. Complications are plenty after Therapy as: Kidney failure, rhabdomyolysis, KID, Respiratory failure, muscular dystrophy.
Mortality was greater than 80% when do not put the right diagnosis, but with correct and fast diagnosis

and the current management, however, mortality is now less than 5%.

Key words: MH- Malignant Hyperthermia, CACNA1S - calcium voltage-gated channel subunit alpha1 S, RYR1 genes - ryanodine receptors 1, KID-disseminated intravascular coagulation.

113. Prokalcitonin, as a potential marker of sepsis

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Abstract

Introduction; Sepsis remains a major public health problem. His rapid diagnosis in the medical emergency service is a challenge for the clinician. Today's diagnostic methods are many, but not all are feasible by our health system
Purpose: To identify the role of procalcitonin (PCT) as a potential marker ofsepsis.
Materials and Methods: The study involved 157 patients. Based on clinical data, laboratory, serological, and imaging examinations which led us to final diagnosis our study can be divided into several groups; patients with sepsis or septic shock were (N=64); patients with viral infection (N=11); patients with local infections erysipelas, urinary tract infections, localized abscesses, tonsillitis, etc.) N= 29); clinical conditions associated with systemic inflammatory response (N=38).
Results: During the study period, 707 patients were reported. The average age of sepsis patients resulted in 50.39 years old DS 19.6 years. Females accounted for 52% of patients. The most affected age was between 55-75 years. The average leukocyte count in the study population was 11921.75 cells/mm³ and DS 5600.557 cells/mm³ and granulocytes at a mean value of 76.06%. Blood culture resulted positive in 12.44% of cases
Conclusions: Procalcitonin is a very good sepsis marker. It's a priority compared to other markers due to its specificity and sensitivity. It should be a marker to be used in medical emergency service.
Kye words: Sepsis, Procalcitonin, marker, SIRS

114. Acute Kidney Injury Due to Rhabdomyolysis.

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Abstract

Rhabdomyolysis is a clinical and biochemical syndrome that occurs when skeletal muscle cells disrupt and release creatine phosphokinase (CK), lactate dehydrogenase (LDH), and myoglobin into the interstitial space and plasma. The main causes of rhabdomyolysis include direct muscular injury, strenuous exercise, drugs, toxins, infections, hyperthermia, seizures, meta-bolic and/or electrolyte abnormalities, and endocrinopathies. Acute kidney injury (AKI) occurs in 33-50% of patients with rhabdomyolysis. The main pathophysiological mechanisms of renal injury are renal vasoconstriction, intraluminal cast formation, and direct myoglobin toxicity. Rhabdo-myolysis can be asymptomatic, present with mild symptoms such as elevation of muscular en-zymes, or manifest as a severe syndrome with AKI and high mortality. Serum CK five times higher than the normal value usually confirms rhabdomyolysis. Early diagnosis and saline volume expansion may reduce the risk of AKI. Further studies are necessary to establish the importance of bicarbonate and mannitol in the prevention of AKI due to rhabdomyolysis. Rhabdomyolysis (Rh.) and myoglobinuria as a cause of acute intrinsic renal injury (AKI) are a well desribed,

but uncommon (about 5% from the cases with AKI) conditions in the last thirty five years. The complexity of variant etiologic moments involved in the production of high myoglobinemia, together with the insufficient basic and clinical knowledge-makes difficult the precise and early diagnosis of this syndrome.
Key words: Rhabdomyolysis, acute kidney injury (AKI)

115. Non Invasive Ventilation in the Department of Emergency

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Abstract

CPAP and BiPAP are the first and main forms of non-invasive positive pressure ventilation (NPPV) used in the emergency department.
Every EMS service should have protocols and patient care procedures that clearly state the role of CPAP in their care for patients. You can find the protocols at:www.jems.com/CPAP protocols.
The main goal of CPAP is to reduce breathing so that the patient does not get worse (does not require intubation), and does not suffer from breathing (arrest). Patients who are intubated have mortality nearly seven times higher than those who are not, or are with CPAP.
It has been shown that CPAP rapidly improves vital signs, gas exchange, respiratory performance, decreased sleep feeling and the need for endotracheal intubation in patients suffering from asthma, SPOK, pulmonary edema, cardiac insufficiency and pneumonia. In patients with cardiac insufficiency, the CPAP improves hemodynamics by lowering the load prior to loading and post-loading.
Several studies have shown that using CPAP on the ground reduces the need for intubation up to 60%.
Indications;When the patient has short-term respiratory-shortness of breath (except trauma); Is smart and capable of implementing commands; It is in age and shape to fit the CPAP mask; Patients with respiratory rate higher than 26 per minute; Has systolic blood pressure above 90 mmHg (CPAP can increase intrathoracic pressure, reduce frontload, therefore PA may decrease even further)

116. Microbiology of Ventilator - associated Pneumonia in multiple Trauma patient of ICU.

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Abstract.

Introduction: Hospital acquired infection are a major worldwide public health problem. They constitute an important cause of morbidity, mortality, prolonged hospital stay and increase of treatment costs. Ventilator-associated pneumonia (VAP) is defined as pneumonia that occurs 48-72 hours or thereafter following endotracheal intubation or tracheotomy tube, characterized by the presence of a new or progressive infiltrate, signs of systemic infection, changes in sputum characteristics etc.
Objective: To determine the causative agents of infections among intensive care unit patients undergoing endotracheal intubation and tracheotomy, the predominant infecting organisms, and their resistance patterns.
Materials and Methods: This prospective study was carried out in **168** multiple trauma patients recovered in ICU. The microbiologic agents were identified in **147** (**87.5%)** of cases, by fiber optic bronchoscopes with brush sampling, and samples from tracheotomy tube and cannula and were used Blood-Agar, Mac Conkey, etc.
Results: From a total of **168** ICU ventilator-associated patients, hospitalized during 2012-2014, with multiple trauma and cerebral comma, out of this **91.67%** were male and only **8.3%** were female. The most frequent microorganisms isolated were Pseudomonas aureuginosa with 31.9%, Staphylococcus aureus 25.2%, etc.
Conclusion: The rate of nosocomial infection is high in intensive care unit patients, especially for respiratory infections. The predominant bacteria were Pseudomonas aeruginosa, and Staphylococcus aureus (resistant organisms). Factors such as endotracheal intubation or tracheotomy, prolonged

hospital stay, postoperative status, and age over 60 years were significantly associated with infection.
Key word; Ventilator-associated pneumonia, tracheotomy, Hospital acquired infection

117. Preoperative Evaluation of the Patient with Pulmonary Disease

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Abstract

Preoperative pulmonary evaluation is important in the management of patients with lung disease who are undergoing elective cardiothoracic or non cardiothoracic surgery. In some instances, preoperative pulmonary evaluations may also contribute to the management of patients being considered for urgent surgery.
The incidence of postoperative pulmonary complications (PPCs) is high and is associated with substantial morbidity and mortality, and prolonged hospital stays. Perioperative pulmonary complications in patients undergoing elective non cardiothoracic surgery can be more accurately predicted than in patients undergoing elective cardiothoracic surgery. Effective strategies to prevent complications in the postoperative period are few. Incentive spirometry and continuous positive airway pressure are the only modalities of proven benefit. Identifying patients who are at risk for the development of PPCs and managing their underlying modifiable risk factors aggressively prior to surgery is essential.
Postoperative pulmonary complications contribute significantly to overall perioperative morbidity and mortality rates. Such complications account for about 25% of deaths occurring within 6 days of surgery. The frequency rate of these complications varies from 5-70%. This wide range is due to variations among studies in the definition of postoperative pulmonary complications, as well as variability in patient- and procedure-related factors.
The goal of perioperative pulmonary management is to identify patients at high risk of significant postoperative pulmonary complications, so that appropriate interventions can be provided to minimize that risk. In most cases, even in high-risk patients, the procedure can be performed safely as planned, but occasionally postponement, modification, or cancellation are warranted.

118. Endocrine and metabolic response to anesthesia and surgery

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Abstract

The surgery, injury, and infection can induce several pathophysiological endocrine and metabolic changes. These changes are usually proportionally to the magnitude and the duration of the cause, the more major the surgery, the more intense the metabolic response to it.
The mediators of this endocrine and metabolic response include cytokines and neuroendocrine mediators. Cytokines are primarily released by macrophages and monocytes.
These proteins are responsible for the inflammatory phase and they include tumor necrosis factor, interleukins, colony stimulating factor and interferon. After the injury or surgery, tumor necrosis factor (TNF) is the first increasing cytokine. IL1 and IL6 are the most important. IL6 mediates the acute phase of the response, whereas IL1 can cause an intense activation of hypothalamic-pituitary-adrenal axis and PAF. The levels of these interleukins often correlate with the severity and duration of the injury or surgery. PAF increases microvascular permeability, induce cardiac depression and hypotension, bronchoconstriction, and cyclooxygenase pathway stimulation. Prostaglandins induce vasodilatation and hypotension, whereas thromboxanes increase platelets' aggregation and the thrombosis' rate. The colonic stimulating factors increase the hempoietic cells production and another cytokines release as well.
The anesthetic techniques to reduce endocrine and metabolic stress response include:
premedication, assurance of the right depth of anesthesia, opiates, TIVA, epidural catheter. We aim to give a review of the latest literature concerning the pathophysiological endocrine and metabolic response due to surgery. We also will discuss about the impact of the metabolic stress response on patient's outcome

and the anesthetic techniques to reduce endocrine and metabolic stress response.

Key words: anesthesia, surgery, metabolism, premedication, opiates, TIVA, epidural catheter

119. Sepsis in immune compromised patients

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Abstract

Background; Sepsis is a big problem for public health system. It's a syndrome that occurs both in patients with immune deficiency and in patients with compromised immunity.
Purpose: To provide an overview of cases with sepsis in immune compromised patients hospitalized at the Service of Infectious Diseases, Tirana during the period time 2009-2013.
Material and Methods: In this study we have included 707 patients diagnosed with sepsis, based on the 2001 Consensus Conference SCCM/ESICM/ACCP/ATS/SIS. Patients with immune system pathology were selected from these.
Results: Out of 707 patients with sepsis, 15.27% (107) of them were compromised immune. Of these 107 patients undergoing study, immunodeficiency resulted in diabetes mellitus in 5.2%, HIV/AIDS 4.5%, malignant pathology 1.6%, alcoholic cirrhosis 1.2%, autoimmune pathology 0.99%, post-transplant patients 0.84% and hemopathy 0.7%.
Conclusion: Immunity compression is a major problem with increased sepsis. Our study was closed only in our clinic, so we think that cases of sepsis in immunocompromised patients is higher in account and even in percentage.
Key words: sepsis, immunodeficiency, diabetes mellitus, HIV/AIDS.

120. Current trend in management of the complex Kidney injuries, review literature and our experience.

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Abstract

Background: The kidney injury occurs in approximately 8%–10% of blunt or penetrating abdominal trauma. In the majority of cases, kidney injuries are minor and self-limiting. CT plays a major role in investigation of kidney trauma. Surgery is effective in patients with complex injuries who have failed a trial of conservative therapy.
The aim of study is to evaluate grade IV kidney trauma in period from 2005-2016.
Materials and methods: We retrospectively reviewed the records of 53 renal injuries over a 10 - year period from June 2005 to August 2016. The patients with complex kidney trauma were included in this study. Minimally invasive therapies such as stenting and perinephric drainage of urinoma were also implemented.
Results: Of 53 blunt kidney trauma patients, 40 patients (75.7%) had low-grade kidney injuries (Grades I-III), 11 (21%) had Grade IV, and 2 (3.3%) had Grade V kidney injuries. All patients had gross hematuria on initial presentation. On CT, renal lacerations with perirenal hematoma were found in all patients. Co-existent visceral injury was seen in 3 patients (1 liver laceration, 2 splenic laceration, 1 intestinal injury, and splenic injuries). Of these 3 patients that underwent laparotomy splenectomy was done and a restoration of ileum in one patient. Patients with urinary extravasation were treated with broad-spectrum antibiotics and D-J Stenting. Hematuria resolved over a period ranging from 2-7 days (mean 5 days). In one patient we decided to correct with surgery a case with urinoma which did not resolved spontaneously after 2 weeks of conservative treatment.
Conclusion: NOM of kidney trauma, specifically in complex injuries, requires constant monitoring both clinically and with radiological investigations. The

use of CT for diagnosis and grading has contributed to the increased use of conservative management. Urinary extravasation resolves spontaneously in majority of the patients.
Keywords: kidney trauma, management, injury, polytrauma patient

121. Management of iatrogenic the urethra and bladder injuries

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Abstract

Bladder trauma is due to blunt injury from road traffic accidents in 85% of cases.
About 90% of cases associated with pelvic fractures will have rupture of the bladder associated with them. The remaining 15% of bladder injuries are due to penetrating trauma are result of the surgical misadventure (iatrogenic) or external violence.
The bladder is the most frequently injured organ during pelvic surgery, most often in obstetric or gynecological procedures
Bladder injury may occur on opening the peritoneum, or more frequently, during the dissection of the bladder off the cervix and upper vagina.
Other reported miscellaneous iatrogenic bladder injuries are those secondary to
Orthopaedic treatment of pelvic fractures, placement of an aorto-iliac bypass graft, bladder perforation during insertion of an intrauterine device or catheter injury
All the penetrating injuries to the bladder should be explored and repaired and drained either with a urethral or suprapubic catheter for 8-10 days. In the acute setting, the same management principle as for bladder injuries from external trauma apply. Low grade injuries can be repaired laparoscopically. Similarly intra peritoneal rupture of the bladder should be explored and repaired.
Extraperitoneal bladder rupture has been shown to be managed effectively by urethral catheter no16-20Fr. together with epicystomy for 10 days.
A better staging of urogenital trauma can be obtained by means of CT scan or Magnetic Resonance.
Nevertheless some major blunt injuries and in cases most penetrating injuries, iatrogenic injuries of the ureter and bladder require immediately surgical management.
The operative techniques of surgical repair must be known by the urologist.
Keywords: bladder injuries, overview, management trauma

122. Vulvar, vaginal and perineal trauma and their treatment

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Abstract

Background: Traumatic disruption of the female perineum is not uncommon. Women are at risk during parturition; additionally, their increasing participation in sports activities increases the incidence of injury to this area.When tissue disruption extends to deeper tissue planes or involves the vascular anatomy or structural integrity of the perineal support system, operative intervention is required.
The aim of this study is to evaluate the features, methods of treatment and outcomes of vulvar, vaginal and perineal trauma.
Materials and methods: 39 females with traumatic damage of vulvar, vaginal and perineal region were treated and followed-up during 2010-2015 year period.15 patients had trauma due to accidents. They were presented with hematomas of genital area and perineum and were treated mainly conservatively and by suturing.
Results: 12 of them had trauma following first sexual contact. They were presented with vaginal lacerations and lacerations of vaginal fornices. The defects were close by sutures. 12 of them had trauma due to parturition causing damage to the posterior commissure as well as perineal muscles displacement. The defects were closed, the perineal muscles were approached to one another and the mucosa was reconstructed.
Conclusions: Vulvar, vaginal and perineal trauma should be treated carefully and as quickly as possible. Care must be taken to prevent hemorrhages that accompany them. The treatment should be made under anesthesia and antibiotic prophyphilaxis should

be used. All the patients should undergo regular follow-up.
Keywords*:* vulvar, vaginal, perineal, trauma, treatment

123. Urologic Trauma in Children: Special Considerations, a review.

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Abstract

Background: The pediatric urologic trauma in children remain rare occurrences with the emergency department of a hospital or ambulatory care center.
Purpose: The aim of this abstract is to therefore cover common emergent and urgent padiatric urologic consultations from birth to childhood (Trauma).
Methods: Searching the information for the trauma of kidney and the bladder in the past.
Results: Children in particular are at on increased risk of renal injury due to several unique anatomical features of the pediatric axial skeleton and surrounding soft tissue. The perirenal fat the smaller paraspinal and the abdominal muscles contribute to the increased susceptibility to renal trauma in the pediatric trauma. The 10% -12% of renal injuries are associated with some preexistingrenal anomaly. The indications for surgery are similar to that in adults, that is ongoing hemodynamic instability, a pulsatile or expanding retroperitoneal hematoma, or, rare, penetrating trauma. An initial tral of bedrest, urethralcatheter drainage, and serial hematology is thus warranted in most stable patients with high-grade injuries. The bladder trauma is a relatively rare event approximately 5% - 7% of pediatric patients. Pelvic fracture is associated in more than 95% of cases. Bladder rupture can occur either in an intraperitoneal or extra peritoneal fashion and, has the similar to the management in adults.
Conclusions: Patients who fail conservative management usually present with ongoing hemorrhage secondary to an expanding hematoma requiring transfusion, persistent urinary extravasation despite upper tract diversion, or abdominal and flank pain. The intraperitoneal injury is the best treated by laparotomy and repair of the laceration using multiple layers of absorbable suture.

124. Bulbar urethral strictures treated with the technique of end-to-end anastomosis.

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Abstract

Background: Bulbar urethral stricture is an obliterative process in the bulbar urethra which results from fibrosis due to distraction in that area caused by trauma. Stricture formation is localized and formed within a short period from injury.Open surgical techniques include two main approaches: resection of the stricture with end-to-end anastomosis and substitution techniques by grafts or flaps, namely substitution urethroplasty.
The aim of study is to determine the outcome of end-to-end anastomotic urethroplasty in blind post-traumatic stricture of bulbar urethra.
Material and methods*:* 22 patients with bulbar stricture were operated duringJanuary 2008 tillDecember 2016.Average age of patients was 46 years. All patients had undergone 2 to 4endoscopic operations (uretherotomiainterna) before the plastic reconstruction of their urethra. The urethra was longitudinally opened and explored and the stenosis was resected. The proximal and distal ends of the urethra were cut in an angled method over a distance of 5 mm and tension-free end-to-end re-anastomosed with 4x0 vicryl sewing material was performed. An18 Fr silicone catheter and a suprapubic catheter were placed for three weeks. .
Results: The average duration of the operation was 70 min. The flowmetrybefore the patients left hospital showed in 20 cases good micturition-value (13.–21.0 ml/sec.) and the patients were satisfied. One patient showed no improvement of his micturition. No signs of incontinence or impotence as

a consequence of the operation could be seen. The patient with no postoperative improvement had to undergo an internal urethrotomy with good results.
Conclusion: Delayed end-to-end anastomotic urethroplasty is an effective procedure for traumatic posterior urethral strictures with success rate of about 92%.
Keywords: urethral strictures, end-to-end anastomosis, post-traumatic

125. Diagnosis and treatment of renal trauma

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Abstract

Background: Renal trauma occurred approximately in 8-10% of abdominal trauma. It is often associated with other abdominal injuries, and in this case diagnosis and treatment becomes more difficult.
The aim of this study is to present the diagnostic methods, treatment and outcomes of renal trauma.
Materials and methods: This is a retrospective study covering the time frame 1991-2014.Etiological factor, grade of injury, method of treatment, morbidity and mortality were analyzed.
Results: The main cause was firearm followed by motor vehicle accidents; fall from heights and iatogenics. Local pain was present in 98 % of cases, hematuria 95% and muscular defense 87%.Initially, all cases with hemodynamic stability status were treated conservatively. Twelve patients with grade 4, 5 renal injuries were treated by surgical procedures. In 70% of the cases renorrhaphy was performed, in two other partial resection, and a Double – J ureteral stent was used in 50% of cases.
Conclusion: In all cases of renal trauma with stable hemodynamic status conservative treatment is recommended. In every case of renal trauma, our challenge should be the preservation of the kidney.
Keywords: diagnostic methods, treatment, outcomes, renal trauma.

126. Concepts on diagnosis and treatment of genital trauma in men

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Abstract

Background: External genital trauma occupy an important place in trauma and they consist of 1-5% of trauma in general.Traumas of external male genital organs are listed after kidney and bladder trauma.Urethral trauma combined with pelvic fractures occupy 52% of cases of urogenital trauma.They need to be diagnosed and treated quickly.Care must be taken to avoid possible compilactions.
The aim of study is to review some of the concepts in diagnosis and treatment of genital trauma in men.
Material and methods: A case report of a 28 year old patient with penis trauma. The patient presents with penis fracture from trauma after erection. The diagnosis was established by a history and clinical examination as well asultrasound examination. The patient had immediate surgery under spinal anesthesia. A lateral incision of the penis was used. The site of injury was identified, hematoma evacuation was made,tunica albuginea defect was closed and cavernous corpora lips were approached.
Conclusion: The trauma of the external genitals should be treated in most cases to the hospital. Quick diagnosis using Doppler ultrasound provides accurate data on trauma and damaged organ vascularization. The surgeon should not hesitate for surgery because of the later complications.

Keywords: genital trauma, penis fracture, Doppler ultrasound

127. Management of male genital organs injuries after GSW

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Abstract

Background: The male genital organs injuries are not common. In most of cases, from the initial presentation and the penile hematomas these cases result in penile exploration. In some cases a scrotal exploration is needed.
The aim of this article is to present our 7 year work experience of these damages in this area.
Patients and methods: In this study we have examined the cases with GSW. Based on the evidences we had 6 cases of gunshot wounds of penis. In all the cases the penile exploration was done and in 2 cases the scrotal exploration was needed. Because of the penile skin edema, the penile exploration is accompanied with circumcision and lacunar incision of the radix penis. In the cases of scrotal exploration, only in one case the testis was not preserved. In the entry and exit hole of the bullet, in the corpora cavernosa and spongiosa the wounds are treated with debridement and primary suturation using prolene in corpora cavernosa and vicryl in corpora spongiosa.
Results: In 2 of the cases where the gun was less than 10 cm away from the penis, an erosion of penile dorsal skin which is probably from the gunpowder is seen. Erectile dysfunction is not seen in any cases. The urethra was damaged tangentially in 3 cases and after the primary suturation, no urethral stricture or dysuria was seen.
Conclusion: The male genital organs injuries by small caliber weapons, in most of cases the wounds are smaller than expected. With our methods the results are optimistic.
Keywords: GSW, male genital organs injuries, management

128. Renal iatrogenic bleeding after PCNL procedure – Percutaneous transcatheter arterial embolization

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Abstract

***Background**:* Bleeding is one of the most common and most important complications of percutaneous nephrolithotomy (PCNL), which is mainly controlled with conservative treatment options. Transcatheter arterial embolization is required in less than 1 % of the patients undergoing PCNL.
The aim of this article is to present our experience in treatment of iatrogenic renal hemorrhage after the PCNL procedure.
***Materials and methods**:* From May 2013 - until April 2017 we performed 35 PCNL. All the PCNL procedures were performed by a "single" access. The patients witch had hemorrhage complications from iatrogenic lesions of renal peripheral arteries were individuated by angio-CT scan. We report the cases witch didn't resolve with conservative treatment.
***Results**:* Only Two patients of 35 were complicated by persistent hematuria and anemia, not controlled by conservative treatment. In one patient we performed nephrectomy after several blood transfusions as the patient and the family refused the embolization procedure. In another patient, female 31 years old, the selective peripheral renal artery embolization of the lower pole was performed with success, preserving the kidney and saving it from nephrectomy.
***Conclusion**:* We believe that when it's possible, after failure of conservative treatment for iatrogenic renal hemorrhage, it can be successfully treated in experienced centers with prompt angiography and arterial embolization of the injured vessels.

***Keywords**:* PCNL, iatrogenic renal hemorrhage, percutaneous transcatheter arterial embolization

129. Telemedicine For Disaster Management: Development and Validation of the NATO's Euro-Atlantic Disaster Response Coordination Centre's Catastrophic Disaster Field Exercises

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[4.] Secretary of State, Ministry of Health, Bucharest, Romania

Abstract

Introduction: Several studies and experiences have demonstrated the practicality, effectiveness, and safety of telemedicine for trauma and emergency management. However, when it comes to disaster management, it has remained a vastly underutilized and under studied field. During 2013-2017, NATO, under the auspices of the Science for Peace and Security Program, has worked on developing a Multinational Telemedicine System (MnTS) for disaster response.

Materials and Methods: Review of prospectively collected data on creation of MnTS including the concept of operations, and communications protocols used in disaster management in Consequence Management Exercise in Ukraine (2015), Montenegro (2016) and Bosnia and Hercegovina (2017) were analyzed.

Results: Using multinational multidisciplinary expertise an integrated system, including hardware, communications protocols and Web-based platform was developed. Moreover, it was successfully tested and validated in three major multinational (19-34 nations), NATO supported and organized, catastrophic mass casualties disasters field exercises in collaboration with local governments in Ukraine, Montenegro and Bosnia and Hercegovina.

Conclusions: A MnTS telemedicine in disaster response and management is possible and it has been incorporated in the NATO's Euro-Atlantic Disaster Response Coordination Centre's Exercises. There is a need for further studies of the role of MnTS deployment in real disaster management using structured and coordinated multi-national approach with specific metrics and indicators. Level I trauma centers should be involved.

130. Organizational experiences on surgical & trauma management immediately after urban terrorist attacts in Turkey

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Abstract

Mass casualities and terrosit attacks are up to date potential problems of all countries. This problems cause serious number of trauma-related deaths and injuries. The aim of modern medicine and health care is to reduce the proportion of these deaths and injuries. Analyze of the experiences gained from events and organizational rehabilitation are needed in order to prevent the travma related preventable dead and disability.

We analyzed our experiences immediately after incident that we learned from events, benefits and mistakes of our exercises like; medical interventions carried out in the field, triage performed on the field, transport to the emergency service unit, emergency services, emergency service security, crowd management, medical and judicial records, emergency service triage, emergency operations, medical imaging, operating room triage and intensive care management, and secondary referrals carried out in advanced hospitals

We aimed to present our organizational experience within the scope of surgical and trauma management that we have achieved in the scope of terrorist attacks and security operations against terrorists in Turkey in the last decade.

Keywords: terrorist attacks, trauma, management, organizational experience

131. Role of albanian medical support to stability operations.

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Abstract

Introduction: Albania has gradually increased the modest contribution to stability operations in composition of multinational forces. Transformating of Albanian Medical Service is performed in accordance with medical doctrine of NATO. The Albanian Medical Support provides medical treatment and the same tasks which are recognised by medical services of NATO countries participating in the missions..
Objective: To present the organisation, planning, challanges, combat motivation and the level of medical treatment to Stability Operations..
Material and Methods: This study was conducted for assesment of the combat, motivation factors. In the study as sample were taken (60 military medical personnel) that were sent in mission in Afganistan during 2010-2016. Data collection was completed with a questionnare in which is preserved anonimity. The answers of the respondents were various.
The Albanian Medical Support provides human resources and adequate services in the Alliance missions. It is organised on progressive basis to conduct medical treatment, evacuation, resupply functions essential to the maintenance of the force health. This has increased the need to adapt medical procedures and guidelines to cope with the challenges and to provide more effective medical support to stability operations.
Conclusion: The Albanian Medical Support has the ability to provide the acceptable medical standarts in support of peace and security of the region. The achieving of NATO standarts is an important motivation to the stability operations..
Key word; Medical Support, medical personnel, Stability Operations, mission in Afganistan

132. Psychological health of military personnal.

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Abstract.

Introduction: Serving in the Armed Forces is a positive experience for many. It may improve or not, a person's social and psychological trajectory, bring structure to daily life, develop resilience, and provide training and education that may not otherwise have been accessible in civilian life. Mental ill health is common in the general population, affecting one in four people in any given year. **Objective:** Our study aims to find the psychological costs of combat mostly in soldiers exposed to violent combat events such as frequent enemy firefight or soldiers are injured in combat, or witness the death or wounding of a civilian or coalition member are at substantially increased risk of suicidal ideation, depressive symptomatology, and PTSD.
Material and Methods: The metodology used to conduct the study is a comprehensive review of the literature on military service, mental health, and PTSD data's collected by the Psycho-Social Section of the Albanian Army. Also, a survey was applied with the Special and Commando Forces, with a sample of N=100 military servicemen and provides information about the mental health conditions of the active-duty servicemen that were deployed to a combat zone during the Peace Operations in Afganistan.
Conclusion: The results of this study will support the hypothesis that combat service is associated with mental health problems and that the mechanism is driven by potentially psycho-traumatic incidences experienced during combat zone missions. In particular, we find that frequent enemy firefight, wounding or injury, and observing the death or wounding of a coalition/ally or non-combatant is associated with a substantial increase in the risk of suicidal thoughts and PTSD.
Keyword; psychological trajectory, Mental ill health, suicidal ideation, depressive symptomatology

133. Approach to Mass Trauma

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Abstract

Introduction; Mass trauma experiences that have an impact on children and adolescents include natural disasters, human-made disasters, including intentional, i.e., terrorism, and unintentional, i.e., chemical and nuclear accidents, disasters, and wars. Increasingly, there are several factors that have evolved to create a frequency and severity of mass trauma not previously seen. These factors include the rapid growth of populations, globalization of communication and commerce, industrialization of underdeveloped countries, and rapid changes in weather patterns spawning major storms
The Aim; this article is focused on the large groups and populations of children and families who are affected by mass trauma within a relatively short period of time. Important to an understanding of the psychological effects of mass trauma are the definitions of the following terms-disaster, primary and secondary stressors, acute and chronic stress reactions, resilience, and cumulative risk.
There are primary and secondary stressors that result from disasters that can contribute to both acute and chronic stress reactions. Primary stressors are part of the direct exposure to harm or threat of harm during the disaster impact and secondary stressors occur as consequences of the disaster impact, i.e., adversities in the aftermath, such as loss of home, school or injury, or the need to relocate. In a majority of cases, recovery is the naturally expected outcome of acute stress responses, which include regressed or disrupted behavior, tearfulness, sleep or appetite problems, and other signs of distress, after a disaster when adequate support is available.
In conclusions; major trauma in today's era posses not only a medical, psychological, economical but also a national and global security matter, so well preparation is needed, and takes time, physical, economical and human resources long term investment.
Keywords: Mass trauma, populations, caretakers, terrorism

134. Evaluacion of the risk Factors that Influence the Appearance of Diabetes HBP and other Diseases in the Armed Forces.

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Abstract

Introduction: Obesity, family predisposition, smoking, life-style are among others, some risk factors for many highly prevalent and potentially fatal chronic diseases, including diabetes, cardiovascular diseases, etc.
Objective: The aim of this study is to evaluate some of the risk factors that influence in the appearance of these diseases in the ranks of the Armed Forces.
Methods: This is a cross-sectional study conducted through the interviews made to the ranks of the Land Forces Command that were presented to the medical center of the command for any medical visit for a 2 months period. Data like blood pressure, glicemia, BMI, and questions around medical history, family predisposition, feeding habits, etc were collected from the interviews and has been processed by the SPSS program.
Results: The study shows that overweight and obesity is more common in the elderly males, due to increased total calories intake and decreased physical activity. Obesity and family predisposition for diabetes shows important factors for the appearance of type 2 diabetes. Smoking, family predisposition and changes in diet shows potentially risk factors for High Blood Pressure.
Conclusions: The ageing population, increased total calories intake and decreased physical activity, smoking, family predisposition, and obesity are some of the factors that influence in the appearance of diabetes, HBP and many other diseases.

Key words: Burn-out, fatigue and frustration, exhaustion, depersonalization

135. Our experience in blast injuries after Gerdec explosion

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Abstract

Background: In the last decade, the risk of terrorist attacks has increased largely almost worldwide. In this setting, disaster response personnel must understand the unique physiopathology of injuries associated with explosions and must be prepared to assess and treat the people injured in such tragedies.
Objective: To explain the classification of explosives and in connection with it to identify the major types of explosive and blast injuries, and the management options in the cases of explosions and blast injuries.
Material & Methods: Efforts to dismantle Albania's stockpiles of obsolete munitions took a catastrophic turn on March 15th, when a series of explosions occurred as crews were clearing out a storage depot in Gërdec, on 15th of March 2008, at 12:15 a.m hours. Gërdec is located 10 km northwest of the capital of Albania, Tirana; near the national highway Tirana-Durres and at a distance of 3-4 km in air line from National Airport.
Conclusion: The explosive and blast injuries now present true modern epidemic diseases that threaten the very survival of the free world. A thorough understanding of detonation and blast dynamics by the treating teams is required to better correlate the injury patterns presented. This is also critical for revision of current multiple casualty protocols. It is up to the medical establishment to prepare suitable protocols, coordinate manpower and secure medical resources to successfully handle such events.
Key words: BLI (Blast Lung Injury); CT (Computerized Tomography); DPL (Diagnostic Peritoneal Lavage); FAST (focused abdominal ultrasound); IED (Improvised Explosive Device)

136. Teaching and teaching for nursing staff at the "Aleksander Xhuvani" University, Faculty of Medical Technical Sciences. Elbasan, Albania

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Abstract

Background; The Faculty of Medical Sciences was born in the academic year 2001-2002, with a branch of General Nursing, later enriched with physiotherapists, technical laboratories, imaging, and speech therapists, midwives. Today in this faculty, the studies follow 6 important branches of health activity in the country.
Purpose: To provide information on the activity of this major faculty in the field of medicine, to generalize the academic staff of the faculty of medical and technical sciences in teaching teaching, learning and collaborating pedagogues-students in the field of science as well. Organization and participation of students in scientific works, shkecore conferences, writing of articles in student-level scientific journals, etc. Study programs in the second cycle: Created in the direction of the study in "Master of Science - and aims to equip students with the necessary knowledge for this level. Inclusion of members of academic staff in their qualification is realized through many scientific activities, protection doctoral studies, completion of scientific master studies, participation in the regular annual international scientific conference of our faculty with Italian colleagues of Bari L, Aquiles as well as our compatriots in the areas of Kosovo, Macedonia etc. Academic and support staff is one level high education, there are 3 Prof Dr, 4 Ass.Prof.Dr., 5 doctors of science, Master of Science. Continuously required experimentation in the qualification of teaching, and cooperation on this problem at all levels.

137. Nursing care in the fractures and early complications after gyps immobilization

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Abstract

Background; Nursing care should be competent and always on maximum vigilance especially for the first few days after the laying of gypsum, when edema is likely to increase in volume and cause very serious complications from the compression of soft neurovascular structures and the skin itself
Purpose: To assess the application of gypsum applications, the functional results of gypsum applications.
Patients and Methods: 142 patients with complications from gypsum applications for fractures and various lichens in the upper and lower anatomies, as well as in the neck vertebral column, thoracic column and lumbar spine were retrospectively studied. In this study were considered the age of the patient, the type of damage, the time of immobilization in the gips after the injury; especially associated skin and neurovascular injuries. All of these patients were treated in the gypsum unit at the University Hospital of Trauma.
Results: In our study series, 142 patients were 105 males and 37 females with a 2.8: 1 ratio. The level of complications in these 142 patients was different from unweighted stretching until the appearance of decubitus sizes different, redesigned in gypsum or even worse my ischemic manifestation with volkmann type contractures. The types of gypsum used are the longitudinal ribs applied to all patients for the first 10 to 14 days, then the circular gypsum according to the localization of the fracture
Conclusion: The use of gypsum in the treatment of fractures is a method already confirmed and with very good results.

Keyword: Nursing care, neurovascular structures, decubitus

138. Nursing care in the Patient with External fixation device after GSW.

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Abstract*;*

Background; The assessment of gunshot wounds is important even in peacetime. These weapons are still free and used for criminal purposes. Fire damage is associated not only with fractures but also with soft tissue injuries, which complicates the problem even more.
The Aim: Successful treatment is also the use of the external fixator in the treatment of fractures of the incidents caused by firearms. we have studied the performance of 43 cases with these injuries, treated with external fixator. The identification of our nursing experience and its spread in all surgical services is the purpose of this work, which on the other hand will affect the increase of the quality of service for these types of injuries still present in modern times.
Material and Method: In our study we have included 43 victims of GSW from 2010 to June 2017. Out of these injured 8 are women, while 35 men among them have 3 children. From these injuries we found 7 fractures 12 femoral fractures, 9 of the humeral bone, 5 metacarpal lesions, 9 fractures of the pylons, and 1 femoral bikondilary fracture.
Conclusions: The application of the external fixator as a modern way to cure fractures caused by firearms has been widely used in our service at the University Hospital of Trauma.
Keyword; GSW, external fixator, vascular disorders, edema control…

139. Nursing assessment of traumatized patients in the preoperative phase

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Abstract*;*

Background; Although anesthesia protocols determine the right and proper anesthesia support obligations for traumatized patients in the pre-operative stage, over 30 years of experience enriches

our knowledge and experience as anesthetics. On the other hand, ever-increasing demands, difficult cases require assessments of traumatized new in the non-operative phase.
The Aim: For the topic to be considered; as a main goal we have evidenced in our study of the important position of the / anesthesiologist during the operation and in particular his evaluation of the clinic-biochemistry of his health situation.
Material and Method: During a one-year period May 2016 - May 2017, 30 were traumatized in the clinical, biochemical, general, health, cardiac, pulmonary, urinary, etc. all these examinations to assess the general health before being surgically intervened. They were injured with single trauma and in 6 cases with politrauma. The treatment line has been the gravity of trauma, the threat of life, as well as in 3 cases the treatment has at the same time been solved two or more problems.
Conclusions: Evaluation of the health situation before the traumatized or even more seriously traumatized operator is an important moment in the work of the anesthetistist. This moment concerns the gathering of health information in the radiological, radiographic ecographic plan etc.
Keyword; politrauma, surgically intervened, Anesthetist Nurse

140. Nursing care in trauma patient with skeletal traction

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Abstract

Background; Nursing care deals with the application of the traction sheave protection in the plan of the possibility of infection, a-liking of massage m, annually to eliminate the trajectory venous delivery as well as the application of anti-aggregate drugs, aspirin, xarelto, heparin derivatives, and the like.

The Aim: To evaluate functional outcomes of skeletal tract applications as a privative or definitive treatment in the treatment of upper, lower, and basal fractures.

Patients and Methods: Seventy-seven patients with serious and severe lesions were retrospectively studied, requiring the use of skeletal tract as both initial and definitive treatment. Of these, there were 53 patients with impaired and lower side 12, upper 10, 10 with damage to basin 2 for damage to the cervical colon without medullary damage, and 3 patients with firearms and communal fractures of the articular knee and femoral head. While patients are in the skeletal tract the investigation of the overall health situation continues
Results: Of these 79 individuals, skeletal tract is used as the ultimate treatment method at 20, while at 59 or 75%, which is a ¾ figure of general trait, has been a temporary treatment and is complemented by osteosynthesis of fracture in 57 patients, immobilization of the fracture in 2 individuals where implantation on gypsum was applied.
Conclusion: The application of skeletal traction as provisional or definitive medication is a technique already confirmed in the orthopedic and traumatology service. Indications of its use are clear and the outcome of the treatment is successful.
Keyword; external fixator, vascular disorders, edema control, osteosynthesis

141. Nursing care in general anesthesia at Emergency department in University Hospital of Trauma

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Abstract

Background: In the emergency system, there are elements that cause insecurity and potentially cause reasons that need to be evaluated very seriously, on the one hand is the risk of delayed treatment especially surgical treatment and on the other hand the complete lack of preoperative preoperative treatment of the patient
Purpose: In the above topic the main purpose is to present our experience in dealing with these injured and treated in the emergency trauma hospital system. Identifying our study of these problems, the ways of their solution and the completion of the treatment.
Patients and Methods: During a two-year period, February 2015- February 2017, 30 patients with various traumatic injuries were surgically treated in the emergency system with problems in determining the diagnosis and gravity of the injury. Out of these injured, there are 25 males and only 4 females. Of

these patients, 23 of them required general anesthesia, and only 7 were surgically treated under spinal anesthesia.
Conclusions: Anesthesia applications in the emergency system are unforeseen and difficult to resolve. Polytheistic patients in the emergency room are unprepared for a very serious manipulation, such as surgical intervention. They may be eaten, not clinically and laboratory examinations, etc. Anesthetist is required, with special care and high vigilance to detect the possible complications in time.
Keyword; polytrauma treated patients, emergency system, laboratory examinations

142. Early stages of locomotor rehabilitation after femoral diaphysis fractures

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Abstract

Background: The flurry of road traffic, high constructions as well as many other developments created conditions for the increasment of locomotor trauma, in this framework also the bone fractures and the need for their treatment and physiotherapy. In this context, the treatment of diaphysis fractures requires assessment not only in the surgical, but also in physiotherapy and rehabilitation.
Purpose*:* Extensive information on the consequences, especially knee freezing, femoral diaphysis fractures, inadequate physical rehabilitation, as well as the absolute necessity of starting this rehabilitation as early as possible.
Patients and Methods*:* In a period from February 2014 to February 2017, 24 patients with femoral arterial fracture in the Department of Rehabilitation of the Trauma Hospital were presented at the level of 1/3 downstream of 11 individuals, at the level of 1/3 middle, 9 individuals and in 1/3 upper 4 patients. All of these patients have been the subject of our physiotherapeutic and rehabilitative work for an ongoing period in three patients.
Conclusions*:* The systematic application of rehabilitation and physiotherapy procedures after femoral flutter fractures is indispensable in the regeneration of the knee movements no longer in the minimum volume to have a more or less normal function of the knee. Fractured femoral diaphragm injuries especially those who have broken 1/3 of its inferiority are more predisposed to the extracellular anchilosis of the knee.
Keyword; physiotherapy, Rehabilitation, retrograde setbacks…

143. Spinal anesthesia and other anesthetis methods during its duration

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Abstract

Background: Spinal anesthesia, also called spine block, subaracnoid block, intradural block and intrathecal block, is a form of regional anesthesia involving injection of a local anesthetic agent into the subarachnoid space, usually through a needle, usually 9 cm long. For obese patients, there are 12.7 cm long veins. The point of the spinal needle has a small point or slope.
Purpose: This study is linked to the creation of optimum conditions without pain and no side effects for the patient who needs surgical manipulations at Th-5 level. On the other hand, we want to present our experience on the problem in question.
Patients and Methods: All interventions in our study series are applied to individuals with impaired inferiority, for the period from November 2015 to August 2017. There are altogether 800 patients out of which 720 males or 90% 80 women or 10%. In 80% of its use situations are emergency conditions where patients are usually eaten with other illnesses as well. The maximum age of its use was 87 years of age, the minimum 14 years and the average of 52 years. Postoperative analgesia also mentioned with non-steroidal anti-inflammatory medications is also good.
Conclusion: An overview of our experience is an easily applicable anesthesia, with accurate indications and good results for the patient, for the anesthetist as well as for the anesthetic aid. Our experience is very

positive and we recommend its application also in service and other surgical services.

144. Obligatory tasks of nurse technicians during surgical procedures on planned intervents of locomotor trauma

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Abstract

Background: Various traumatic injuries have always accompanied man during his daily activites. The trauma has been present in all wars of men's existence, for the occupation of new lands, wildlife hunting, the death and death struggles between tribes and so on.
Purpose: Dealing with the problems of locomotor trauma, ways of solving them and sharing our experience beyond this Conference is the object of this work that is being presented in this scientific session.
Patients and Methods: All our interventions involved in the study are applied to individuals with impaired inferiority injuries, in scheduled operations and for the period from November 2015 to August 2017 there are a total of 800 patients out of whom 720 male or 90% and 80 females or 10%. In 100% of their treatment situations are conditions of placental surgery supplemented with clinical and biochemical examinations as well as other analyzes. The maximum age of its use was 87 years of age, the minimum 14 years and the average of 52 years. The anesthesia used has been spinal for minor and general lesions of the upper anesthesia. The osteosynthesis material was 700 and 87.5%, in 30 cases we used the external fixator or 3.75% and in 70 other cases we applied the intr and medular palm or at 8.75%.
Conclusion: The prespective of our experience is the surgical treatment with accurate indications as a suitable medication with good results but with the need for a physiotherapy and adequate rehabilitation.
Keywords: nurse technician, locomotor trauma, osteosynthesis

145. Spinal Trauma: The significance of applying scientific methods for the better management of long-term and short-term complications

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Abstract

The importance of having a more efficient process for the assessment of patients and for the optimization of nursing and medical interventions is the feature of achieving a system that sufficiently and flexibly reaches to such a degree that it satisfies and ensures the proper assessment of those patients who need to receive an urgent treatment and assessment. The sooner the spinal damage assessment is applied, the safer will be the intervention and the better will be the management of the problem or problems caused by this traumatic factor.
The application of this method does not necessarily require profound knowledge of health complexities because the main priority, in this case, is the provision of assistance in due time and the prevention of long-term complications and to reduce to a great extent the highest risk, i.e. the life of the patient. The multidisciplinary decision-making and cooperation plays a primary role in this process, as it carries out the essential professional tasks of identifying and immediately starting the treatment of this problem, which poses a high risk to the life of the patient.
Professional health figures are required to have detailed competences, regulated by protocols and administrative norms that guarantee professional training and an appropriate patient identification to provide proper intervention. The scientific research of the recent years increasingly reveals the importance of interdisciplinary interaction as a fundamental feature in organizing interventions and in the relations between the patient and the medical clinic or hospital.
Keywords: spinal trauma, scientific methods, management, complications

146. Prevention of nosocomial infection at Emergency Department of Trauma

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Abstract

Background: Hospital patients are susceptible to infection because of underlying diseases and medical interventions such as surgery, intubation or antibiotic use, and their exposure to microorganisms from other patients, the hospital environment or hospital staff. Firstly, nosocomial infection rates have fallen with time. This trend is evident in all intensive care populations and is thought to be principally due to the adoption of preventative bundle strategies. Secondly, rates remain consistently higher in trauma patients than in other intensive care populations.
Purpose: Propose of this paper is to provide policies and procedures to prevent the spread of infections among health care staff and patients. Our case is based on neurosurgery services.
Methods; This editorial examines the epidemiology of nosocomial infection in trauma intensive care. Specifically, ventilator associated pneumonia, central line-associated blood stream infection, and catheter-associated urinary tract infection rates are described. Two important trends are observed. The reasons for this are likely to be multifactorial. Recognizing the particular vulnerability of this patient group should prompt especially rigorous efforts at prevention, early diagnosis, and management.
Conclusion: Measures to prevent nosocomial infection are varied, and include aseptic handling of wounds, hand washing before and after every patient contact, and restrained antibiotic use.
Keywords: nosocomial infections, multiple trauma, pneumonia, sepsis, Wound care…

147. Our experience on nursing care following percutaneous coronary interventions; our experience

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[3] Nurse, Digestive Surgery Department, University Hospital "Mother Teresa", Tirana, Albania

Abstract

Background: There are several studies discussing the optimal medical care for percutaneous coronary interventions; however there are less explicit guidelines to support nurses in providing care. Their role, level of training, specific duties and limitations on caring and prevention of complications following such procedures is less clear compared to the physician's role.
Purpose: This study describes the practice standards and priorities of care of cardiovascular nurses in "Mother Teresa" Hospital's Heart Units.
Patients and Methods: Basic care was discussed with nurses on our Heart Unit. An oral questionnaire was also realized, aiming at the routine of care, most common complications and the need for assistance from a skilled physician. Data were compared to current literature results.
Results: Data were collected from March 2017 to June 2017. From a total of 1203 patients that had an interventional procedure 437 were followed at our Heart Unit. 157 patients (35.9%) had PCI besides the coronary angiography, 37 patients (8.4%) had pace maker implantation and 6 patients (1.3%) had cardiac catheterization.
Conclusions: Nursing care in this setting is mandatory and minimizes the risk of potential life-threatening situations by identifying them at an early phase. This also permits to minimize the attending physician's direct involvement. However, compared to other studies, a diversity of practice patterns are observed in different centers. Increasing evidence to support evidence-based practice and guideline development is necessary to promote high-quality care and improved patient outcomes.
Keywords: Nursing care, percutaneous coronary interventions, complications…

Key words: shoulder dystocia, fetal macrosomia, gestacional diabetes.

148. Shoulder Dystocia, the contribution of Midwifery in this Dysfunctional Labor

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Abstract

Background
Shoulder dystocia is a serious obstetrical emergency. Shoulder dystocia occurs when the shoulders of the fetus fail to deliver spontaneously. Some reasons of this obstetrical emergency are: fetal macrosomia, pregestational and gestational diabetes, previous shoulder dystocia, multiparity.
Aim; The purpose of this clinical inquiry project was to explore the rate of the shoulder dystocia in the department of Maternity Hospital " Mbretëresha Geraldinë ", Tiranë.
Methodology; This clinical inquiry project is based on the collection of information from the 1400 clinical charts of the obstetric department from Maternity Hospital " Mbretëresha Geraldinë " . For data analysis, SPSS 20 statistical package was used. This is a descriptive study and values will be presented in frequency and percentage. It was considered significant values of p <0:05 (5%).

Results; Between March to May 2015 at the Maternity Hospital " Mbretëresha Geraldinë " from the survey of the 1400 clinical charts of the obstetric department results that were born 1400 babies. 991 (70.8%) were born by vaginal delivery and the others 409 (29.2 %) by cesarean section. 1306 (93.2%) babies were born with weights < 4000 g and 92 (6.8%) with weights > 4000 g. From 92 babies with weights > 4000 g, 60 (65.2%) of them were born by vaginal deliveries and the others 32 (34.8%) by cesarean section.
Conclusions
By analyzing data collected we found those 34 children who born by vaginal delivery and weighing> 4000 g had complications where asphyxiating birth dominated and less other types of complications: clavicle fracture, brachial plexus injury, and necessity for resuscitation.

149. The nurse's role in the treatment of children with fractures

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Abstract

Background: The fracture is the complete or partial breakdown or partial collapse of the bone, under the action of a mechanical force. It is always associated with damage of various degrees, and soft tissue injuries. It happens when the bone is the subject of a force exerted on it.
The aim: The purpose of this study is the radiographic evaluation of fractures and to make a good classification according to the classification. Determine the cases of immediate surgical intervention. Determine cases of immediate surgical intervention and when to treat them conservatively. Calculation of the incidence for the ages of 1 to 18 years of age in the Shkodra region is another goal of this study. Evaluation and recognition of other accompanying injuries as destabilizing factors of the fracture.
Matherials and methods. They have studied various trauma cases from the age of 1 to the age of 18.The most affected sex turns out to be malesand especially 16 years teenagers.
Results and discussion. Fractures are the result of crashed, shocks, accidents. In addition to bone damage, it may also include soft tissue injuries, nerve damage, and blood vessel damage.
Key words: fractures, orthopedy, accident (casualty), child, extremity.

150. Nursing care in head traumatic injuries

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Abstract

Background: Head traumas result to cause half of the deaths that come from the trauma in general. Among the many trauma victims, the head is the most damaged part of the body. Almost 75% of victims from fatal traffic accidents confirm brain damage to autopsy. In the United States, the incidence of head injuries is estimated to be 200 per 100,000 people. Based on a population of 260 million, this figure is approximately half a million per year. About 1/7 of these are dead before they reach the first aid service. 80% have minor injuries. Moderate and severe injuries account for 10% of injuries per year.
Purpose: Identification of way how we to provide a higher quality nursing care in cases of cranial trauma.
Patients and Methods: is of a descriptive type, where the all cases presented at the Shkoder Regional Hospital have been studied and identified and the nursing interventions have been prescribed during January - December 2016.
Conclusion: some of the interventions that a nurse should take into account are: Quick stabilization of aspiratory system by ensuring good ventilation, strictly maintenance of right blood pressure, especially in the presence of a lesion, doing a head scans as soon as the patient's cardiopulmonary condition allows and the rapid emptying of any hematoma that is causing an effective mass. He/she evaluates the patient for signs of lowering cellular infiltration such as dizziness, syncope, visual disorder, irritability and nervousness, decreased level of consciousness, paresthesia, motor weakness, paralysis, and pupil response to light.
Key word: head trauma, nursing care, hematoma.

151. Nursing Care in Patients' Traction Use

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Abstract

Introduction*:* The traction is the application of an attractive force to a part of the body. The traction is used to minimize muscle spasms, immobilize the fracture and increase the space between opposing surfaces of an articulation. The nurse plays an important role in minimizing discomfort associated with immobilization.
Scope and Purpose:This study aims to determine the importance of nursing care in patients who use traction. During the therapy, the patient needs to mobilizes the muscles and un-immobilized articulations. During exercises the nurse, should be ensured to maintain the traction force and the patient needs to have an appropriate position to prevent complications occurring as a result of non-application of the proper driving direction rules.
Material and Methods:This is a quantitative and analytical study. Information was taken from medical and nursing cards, for a period of 1 year, 2015-2016, in the service of the Trauma and Orthopedic Hospital in Tirana, to determine the importance and progress of rehabilitation in patients who use the traction.
Results:In the study, were included 100 patients, who had used the traction. From the study of these cases it resulted that: With the increase of nursing staff knowledge in the assistance provided to traumatized patients, 70 of these patients tolerated well the traction and referred to having quickly acquired the ability to self-care.
Conclusions:The main tasks of nursing staff in patients who use the traction are the following: Reducing anxiety, providing comfort, and increasing self-care skills. The patient must correctly understand the purpose of using the traction.
Key words:Traction,immobilization, self-care.

152. Nursing techniques for open wounds in Emergency Service at University Hospital of Trauma

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Abstract

Background: Penetrating trauma is a major serious health problem with serious consequences, not only for life but also for its quality after the end of treatment. Trauma injuries, whether accidental or deliberate, are the main causes of deaths in the first four decades of the lives of individuals who suffer from them. Musculoskeletal trauma along with the polytrauma of different systems and organs are

serious accidental injuries even though different origins.
Purpose: Evidencing our experience in the nursing survey of locomotor-traumatized patients firstly in contact with nurse and medical care at the University Hospital of Trauma.
Patients and Methods: The type of study is retrospective. 180 patients were studied in a period of time for one year, from February 2016 to February 2017. They were diagnosed with "open locomotor trauma". From this total number there are 120 men injured (67%) and 60 women (33%). All patients are with open wounds with different degrees of classification according to Gustillio and of them 70 patients or 39% are of the third degree, 66 patients or 37 % are of the second degree and 43 of them or 24% are of the first instance. Treatment in the emergency system consisted mostly of wound healing, immobilization of the fracture, application of antithenary serums and the onset of urgent treatment.
Results: An important element that significantly affects the final outcome is first aid at the venue, temporary immobilization and immediate delivery to the Trauma Service.
Keywords: nurse care, polytrauma, emergency service

153. Knowledge and Practice of Nursing Staff towards Infection

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Abstract
Background; nurse and other health care professionals are constantly exposed to microorganisms many of which can cause serious or even lethal infections. Nurses in particular are often exposed to various infections during their nursing activities. Therefore nurses should must have necessary knowledge to infection control practice.
Aim of the study: This study aimed to describe the epidemiology of nosocomial infections, including the sites of infection, etiologic agents, and antimicrobial agent resistance.
Epidemiology of nosocomial infections: The incidence of nosocomial infections varies by body site and is determined to a large extent by underlying disease conditions in the patients and their exposure to high-risk medical interventions, such as surgical operations and invasive devices. According to our experience and the experience referred by other centers results that the most common nosocomial infections were urinary tract infections (UTI), followed by pneumonias, surgical site infections (SSI), and primary bloodstream infections (BSI). The risk factor that predispose the patient's of becoming infected are divided into two categories, intrinsic and extrinsic factors. The intrinsic risk factors are those that are dependent by health condition of the patients. Knowledge of the intrinsic risk factors is useful because special precautions can be employed to protect patients identified as highly susceptible to infection. Extrinsic factors that most frequently contribute to nosocomial infections are certain high-risk medical interventions, such as surgical operations and the use of invasive devices. Antimicrobial agents have a important role on the character of nosocomial infections. Today is clear that the major nosocomial pathogens either are naturally resistant to clinically useful antimicrobial agents or possess the ability to acquire resistance. Recent data reported that mortality, likelihood of hospitalization, and length of hospital stay were at least twofold higher among patients infected with resistant pathogens than among patients infected with susceptible pathogens
Recommendations: for the successful prevention of the nosocomial infection nurses must update knowledge and practice through continuing educational programs about infection control.
Conclusion: Based on our experience results that the role of nurses is crucial in the prevention and successful management of the nozocomial infections.

Keywords*:* nurses, nosocomial infection, control

154. Kite or Ponseti Method for Clubfoot treatment?

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Abstract
Introduction; Clubfoot is a congenital pathology and its treatment is achieved with serial casting. Its treatment is a challenge due to high incidence of

relapses. Kite was the first author who described his method aiming to correct the cavus component. Ponseti described his method of treatment with gradual serial casting in supination and Achilles tenotomy.
The Goal; The Goal of treatment is to compare the Kite and Ponseti Method in treatment of idiopathic clubfoot, showing which one is most effective and has shorter time duration of treatment.
Material and Method; This is a prospective study conducted on University Trauma Hospital. Statistical analysis was done with the package SPSS 20.We used ANOVA test to compare these tow method of treatment with $p < 0.05$.
Results; Our series included 90 patients from January 2013 until December 2013. There were 56 male patients (30 bilateral + 12 right leg + 14 left leg = 86 feet).There were 34 female patients (20 bilateral + 14 right = 54 feet). In total there were 140 feet. The time if starting the treatment varies from second day to 250 day after birth.

Conculsion; Male sex is predominant in this disease. Ponseti method results as better method compared with Kite with higher success rate and shorter time of treatment. The sooner the time of treatment is the higher the success rate.
Keyword. Clubfoot, Ponseti , Kite, cast

155. Vigilance nursing in the thrombotic complications after pelvis injuries

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Abstract

Background: Embolic thromboembolic complications are considered as major complications of death and important factor of long-term morbidity. Even in world literature is considered a "silent killer". In the frequency plan there is almost an equilibrium distribution with the infection, while in the mortality plan is many times higher. Venous thrombosis affects up to 10% of cases in inferior anesthesia, angiographic, cardiac, cerebral, etc. On the other hand, there is also a significant economic impact.
Purpose: Increasing the major and mortal complications of this pathology requires the alteration of concepts around it. As well as the radical improvement of its treatment and nursing obligations in its vigilance and early detection.
Patients and Methods: 38 patients retrospectively studied fever fracture treated with conservative, longitudinal and lateral traction for 45 days. The Injured were 30 men and 8 women. All adult adults all anticoagulant and anticoagulant treatment was applied after 2011, treatment with xarelto or rivaroxaban has started as the most revolutionary media in the prevention and treatment of venous thrombosis.
Results: We used a scheme that is also recommended in world literature on xalerto, or rivaroxaban for up to 35 days from the onset of basal fracture treatment.
Conclusion: The implementation of protocol by nurses in the prevention and treatment of this major complication is necessarily applicable and in this context nursing is the first detective of this complication.
Keywords: thrombotic, pelvis, coagulants

156. Burned wounds degrees and diagnosis,our experience and review on Literature

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Abstract

Background: As a result of many years of research, the intricate cellular mechanisms of burn injury are slowly becoming clear. Yet, knowledge of these cellular mechanisms and a multitude of resulting studies have often failed to translate into improved clinical treatment for burn injuries. Perhaps the most valuable information to date is the years of clinical experience and observations in the management and treatment of patients, which has contributed to a gradual improvement in reported outcomes of mortality. This review provides a discussion of the cellular mechanisms and pathways involved in burn injury, resultant systemic effects on organ systems, current management and treatment, and potential therapies that we may see implemented in the future. Significant advances have been made in the management of burn damage in the past decade. Mortality and morbidity have dropped significantly as a result of major enhancements in critical care,

metabolic support, infection control, and wound management.
Purpose: Managing a burning wound is challenging it because the treatment needs to be continuous adapting to the biology of the unstable wound, which is dictated by the burning damage process, the person's response to injury, and the wound environment. Caring for the volatile wound is essential.
Results: Deterioration of skin integrity associated with thermal injuries, ability to exchange gases related to upper respiratory tract oedema, CO poisoning and alveoli capillary membrane oedema, liquid volume deficiency related to wound losses, capillary discharge and fluid suppression, pain associated with burning and venous donation.

Keywords: burning, nursing diagnosis,burn injuries

157. Maternal and neonatal postpartum care in primary service

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Abstract

Background: The postnatal period is a critical stage for mothers and newborn babies. Most maternal and infant deaths occur during this process. The mission of the reproductive health sector is to protect and improve the health of women and children, prevention and problem solving.
Purpose: of this study is to validate the quality of postpartum health care in the primary service.
Patients and Methods: The study was carried out in the primary service no. 4 Tirana in the years 2013-2016. Only those who had given birth to a living child were selected from the cards. Our study is prospective with two components: descriptive and analytical. Statistical analysis was using Excel 2007 software and IBM SPSS 20. In all cases, we considered as statistically significant values of p <0.05.
Results: The number of the women who participated in the study was N = 220, the average age is 28.3, around 60.92% are from Tirana, 51.36% of women with secondary education predominate. An important statistical connection was between parity and birth mode where females born for the first time trend to arise with the planned S/C. It turned out that motherhood is a significant factor for the age of childbirth.
Conclusions: This study is a valid and reliable measure of the postpartum quality of postpartum care and can be used in research to assess the quality of postpartum care both for mother and child as well as to note the changes that can be made on a continuous basis.
Keywords: primary care, postpartum care, counseling, mother and child health

158. Pre-hospital care of the adult trauma patient, European model

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European Resuscitation Council
Italian Resuscitation Council

Abstract

Introduction: Pre-hospital service has very importance when it comes to trauma patient , but not only . The pre-hospital emergency service is the first contact with trauma patient ,whose special care is given by the medical staff, and in the most of cases results in a great deal of help for the patient life. The realization of a god and quality triage at the scene of the event, is a great importance in the well-functioning of the pre-hospital service, until the arrival of the patient in the hospital .
Objectives : Accurate rapid evaluation and treatment of trauma patients in pre-hospital care .The right triage of trauma patient at scene in cases where there is more than one patient.
Methods : An example of these lectures was taken by Italian model, Swiss and German for pre- hospital service . The Italian model is different from German and Swiss model, as Italy continues to have doctors, and nurses in the major part of their service, while Swiss and Germany have paramedics or Rettungsdienst in the major part of their service.
Results: In the most effective healthcare for pre-hospital service is German Service , second Swiss model and third Italian model , in terms of

techniques, treatment, and management of trauma patient .
Keywords: Pre-hospital, Trauma, Triage, Management, Service , Healthcare

159. Efficacy and benefits of combined treatment with peritendinous, hyaluronic acid (HA) and physical therapy in patients with supraspinatus tendinopathy.

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Abstract

Background: Physical therapy and peritendinosus hyaluronic acid (HA) injections have both shown promising results in the treatment of shoulder tendinopathies. However, the superiority of treatment combining physical therapy and HA is unclear.
Patients and Methods: Relevant studies published between 2000 and 2016 were identified by searching PubMed, Scopus and Web of Science. Based in this studies, that explain using of physical therapy (especially eccentric style exercises and stretching to prevent stiffness + instrumental physiotherapy) compare with studies of benefits from using HA injections in tendinopathies we have reached in our key-points conclusions.
Results: Despite the limitations of our study, the results obtained in the most of the assessed scales are consistent and support the use of subacromial HA injections as adjuvant treatment to physical therapy in the management of supraspinatus tendinopathy. Behind studies done in these years, treatment based only on physical therapy was sufficient to reduce pain and improve function.
Conclusions: The combination of physical therapy with subacromial HA reduced the number of rehabilitation sessions and recovery time. Combined treatment may not only increase patients quality of life but it might also benefit the healthcare system and society by reducing rehabilitation costs and time off work.

Key words: Tendinopathy, hyalyronic acid, physiotherapy

160. Knee Sanguine Efusiones to Athletes and Physiotherapeutic Manipulations

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Abstract

Background; As a result of the increase in sports activities and participation in them has increased knee injuries as well as in the direction of hemarthrosis or even more so associated with damage to other structures. The hematical gathering on the athletes' knees without damage to its soft structures constitutes a dangerous potential for the athlete's future.
The purpose of the paper: In this retrospective material we have the main aim to present competitive athletes who have undergone traumatic knee haematoma, its consequences and especially under the perspective of sport continuity, as well as the assistance provided by physiotherapy and post-traumatic rehabilitation procedures.
Material and method of study: The study period includes the years 2000 -2017. They are all competitive sportswomen with regular sports activities and exercise from 3 to 12 years. The average injury rate was 23.4 years, with the minimum age of 14 and the maximum 28.7 years old. In the study material there are 13 males and 3 females. Depending on the injured side we have: Right right is damaged in 12 cases 75% Left left is injured in 4 cases 25% Separated by sports types we have: Fut-boll. .7 cases are 44%, Basket-boll. .4 is 25%; Volej-boll. .3 cases19%, Athletics 1 increased 6%, Wrestling - 1(6%) case. In our study series, 6 athletes or 37.5% of the general population needed surgical interventions. Rehabilitation procedures consisted of tonicisation of the quadriceps femoris muscle, increased volume of movement
Conclusions Haemarthrosis traumatic knee articulation to athletes is just the external phenomenon of injury. Deepening the study and identifying the accompanying injuries is a primary duty and physiotherapy and a demand for athletes to solve their problem Correcting associated injuries both in the pathway and in a conservative way is a necessity for successful pursuit of sports activity.

161. Alexander Plum's nursing experience in treating wounds in the district of Kurbin

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Abstract

Background; The town of Lac is the capital of the district of Kurbin. It has a population of nearly 55,000 inhabitants with an area of 273 ² km. It is located in the northwestern part of the country bordering the Lezha district. It is also a dusty center, now no longer. **Purpose of the paper:** To inform the scientific forums, and not only, but also the colleagues of the health service that in Laç despite the difficulties, the abyss, the concepts of the people; work is done, first aid is even a satisfactory level and we have the successes and sadisfaxion of the work.
Patients and methods: 148 patients were retrospectively studied over a period for 12 years, from 2005 to June 2017. Mainly with injuries caused by various traumatic agents. Gunshot wounds (GSW) - 36, 24% of the studied series. Vulnus lacero contusive (VLC) 56 or 38%, incised wounds (IW) 32 or 22%.
Results: All of these injuries are personally handled by the author of the article, so the method is unique. Patients' follow up was also done by the author of the work and this was done until removal of sutures or three weeks after the injury.
Conclusion: Surfactant surgical manipulations are also possible to be performed by nurses, certainly excluding the deep wounds. I think that our experience should spread to other circles as well.
Keyword; Vulnus lacero-contustive, incised wounds, Gunshot wounds

162. Emergency Nurses and their Qualification.

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Abstract

Compared to other hospital sectors, polyvalent (central) emergency is distinguished by a heterogeneous clientele of patients and a marked complexity of injuries and illnesses. Service staff should be guided by deeper knowledge to always be able to understand the patient in serious condition and deal with empathy in relevant situations. Through a university qualification in a specialized center, the research, the current knowledge on the treatment of emergencies and a full perspective on the development of this discipline will be gained in the future.
Purpose; The qualification of emergency nursing staff aims to translate the knowledge necessary for this specialty, to train staff for a professional assessment and care specialized in emergency cases and to show the various forms of organization in this specialty.
Material and method; Qualification is implemented in full compliance with the criteria set by the CEECV. It is offered in a timely manner and is comprised of theoretical and practical part
Results; The close combination of theory and practice is well supported in the qualification process, contributes to professional self-awareness and the orientation of patients in emergency situations.
Conclusions; This calification serves to deepen the professional knowledge of emergency nurses in this specialty. Certification is only successful if you close all exams, practices and course assignments
Key words; Qualification of Emergency Nursing Personnel, heterogeneous clientele of prospective developmental patients established by the CEEC

163. Hospital infections the role of nursing service in prophylaxis, education, and management

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Abstract

Aim: Awareness of professionals, relatives and visitors to Hospital Infections. The infection bites are all hospital facilities that serve to spread the

infection, just as medical staff Infectious or nozocomial infections are circulating and acquired in the hospital during the hospitalization of patients, therefore, receiving another infection plus during hospital stay. There are no incubation periods either at the incubation time or at the time of lying. Infection begins with the onset of temperature on the third day after laying (48 hours to 72 hours). Incidence and cost: Infants receiving hospital attend 2 to 12% (on average 5%) of the patients. IS have mortality of about 1% and contribute to a 3% mortality increase in other diseases. Causal pathogens, gram-negative bacilli occupy the bulk of the list of pathogenic germs of IS
Purpose: Knowing the protective measures for IS reduces the risk of occurring nosocomial infections in the patients and the health worker. Minimizes the rate of nosocomial infection and protects the health personnel and visitors from the risk of infection.
Conclusion: From the observation, ISs in hospitals are present and problematic, but that much work and care by staff can be eliminated. More information is available from the staff. Awareness and engagement in all structures for this classroom
Keywords: infection, contamination, tubes, incubation, sterilization

164. Validity of Alvarado score as a predictor for appendicitis acuta

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Abstract

Background: Appendicitis is defined as an inflammation of the appendix. Despite diagnostic advancement in medicine, appendicitis remains a clinical emergency and is one of the more common causes of acute abdominal pain. The emergency department (ED) clinician must evaluate the larger group of patients who present to the ED with abdominal pain of all etiologies with the goal of approaching 100% sensitivity for the diagnosis in a time-, cost-, and consultation-efficient manner.Several investigators have created diagnostic scoring systems to predict the likelihood of acute appendicitis. The best known of these scoring systems is the Alvarado score.
The aim of this study is to evaluate the diagnostic accuracy of Alvarado score as a tool for predicting acute appendicitis
Materials and methods: This is a retrospective study which involves 100 patients of surgery service at University Hospital Centre "Mother Teresa", Tirana, Albania. All the patients were hospitalized for acute appendicitis during May - June 2017 time frame and they have been subject to surgical intervention.
Results: 20 patients were evaluated with 5-6 Alvarado points, 58 of them had 7-8 points and the remaining 22 patients had 9-10 points. None of the patients had below 5 Alvarado points.80% of patients had more than 7 Alvarado points.
Conclusion: Alvarado scoring system is still a very valuable tool in the diagnosis of acute appendicitis especially in the setting of emergency departments where the 5 points cut-off can be used to differentiate the patients who need surgical consultation from ones who don't. 7 points of Alvarado can't be used as a tool alone to select patients who will undergo surgery due to its 80% sensitivity.
Keywords: appendicitis, Alvarado, diagnosis, acute abdomen

165. The Management of pancreatitis acuta

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[2]*University Hospital of Trauma, Tirana, Albania*

Abstract

Background; Acute pancreatitis (AP) is one of the most common diseases of the gastrointestinal tract, leading to tremendous emotional, physical, and financial human burden.
During the past decade, there have been new understandings and developments in the early and late management of the disease.
The aim of this study is the determination of measures which should be undertaken for the efficient treatment of acute pancreatitis.
Materials and methods; The study include 200

patients with acute pancreatitis of surgery sector in tertiary hospital Mother Teresa in the period 2008-2017, where 100 patients represent the study group and 100 others control groups.
The results of the study have shown that patients undergoing aggressive rehydration within the first 24h have a lower mortality and morbidity than those who have not previously been hydrated.
The study group has been submitted to ERCP within the first 72 hrs, while the control group underwent conservative therapy. Those who have been submitted to ERCP had fewer complications.
It has been discovered that antibiotics can provide definitive treatment of infection without the need of the surgery. In a report of 28 patients treated only with antibiotics, more than half of them have avoided the surgery and mortality was the same for the group that underwent surgery and for the conservative group .
Conclusions Early intravenous hydration is useful in the first 12 24 hours.
PA and acute colangitis should undergo to ERCP within the first 24 hours.
Key words: acute pancreatitis, management, rehydration, minimal invasive methods, open surgery.

166. Penetrating neck Trauma, a case report

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Abstract

Background: The neck region contains a high density of vital organ structures within a relatively small and unprotected anatomic region, making it one of the most vulnerable areas of the body for injuries. Neck wounds that extend deep to the platysma are considered penetrating injuries. Zone I injuries are the most lethal.
Objective: A case report with anterior neck penetrating wound.
Methods: Clinical, psychiatric and radiologic examinations were performed.
Results: In this abstract is presented a 53 year old man case who was admitted to the Hospital of Trauma with pain in the anterior region of the neck and local bleeding. On examination were seen two wounds, one with diameter 1 cm and deep, the other 3 cm diameter and less deep, subcutaneous emphysema with no difficulty in breathing. Neuropsychiatric examinations concluded for suicidal self-injury in a situation of emotional pain. He declared that he had been through depressive episodes 2 – 3 times but did not seek medical care. During hospitalization he developed fever 39 °C and dysphagy. A Cervical CT was done showing paravertebral, paraesophageal fluid collection (Posterior Mediastinum) contrast-enhanced. No significant stenosis of trachea. Pneumomediastinum. He was kept under observation, received conservative treatment and high doses of antibiotics. Psychiatric care was recommended.
Key words: trauma, neck injury, penetrating wounds, posterior mediastinitis, psychiatric disorder.

167. Gallbladder pathologies and their surgical management

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Abstract
Background: Elective laparoscopic cholecystectomy is established as the treatment of choice for symptomatic cholecystolithiasis and is now proposed for the treatment of acute cholecystitis. Although laparoscopic cholecystectomy has nearly replaced the older, open operation, surgeons still perform a small but significant number of planned open cholecystectomies and conversion to an open operation occurs in about 7% of laparoscopic cases.
The aim of this study is to evaluate the main pathologies that affect gallbladder, their clinical presentation, diagnosis, surgical management and possible post-surgical complications.
Patients and methods: This is an analytical retrospective study.161 patients (119 female patients and 49 male patients) of surgery department, University Hospital "Mother Teresa" were selected randomly January to March 2017. 55% of patients were presented at the emergency department while

45% of them were having a planned surgical consultation.
Results: Cholecystolithiasis and acute cholecystitis were the two most common pathologies encountered. Only 10 % of patients were treated by laparoscopic cholecystectomy while others were treated by different methods of open cholecystectomy. 21% of patients suffered post-surgical complications. The hospital stay was shorter for patients that underwent laparoscopic approach.
Conclusions: Female patients are the most affected from surgical pathologies of gallbladder, the difference of female male ratio narrows after the age of 70.Laparoscopic cholecystectomy is a safe procedure for acute cholecystitis, resulting in fewer complications and shorter hospital stay than open cholecystectomy.
Key words: open cholecystectomy complications, pathologies of gallbladder,

168. The Evolution and the complications in pancreatitis acuta.

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Abstract;

Background: Even in well-treated cases of pancreatitis acute, it is possible the aggravation of clinical signs and the manifestation of complications. Factors affecting the agression of the disease are: first acute pancreatitis, preexisting cardiopulmonary affection, palpitation of an abdominal mass. Increased levels of LDH, hyperglycaemia and hyperleucocytosis indicate a sever evolution. Pancreatic Evolution can go to healing, chronic manifestations, complications, and recurrence. Acute pancreatic complications include pancreatic abscess, ascitic pancreatic fistula, pancreatic phlegmona, mechanical icter, serious hemorrhage and peritoneal perforation.
Clinical signs are characterized by sepsis, severe respiratory disturbances, worsening of glycemic values and increased blood amylase over 600 units per liter.
The Aim of this study is the evaluation of the evolution of AP and the complications that may appear in the acute pancreatitis.
Material and Method In this study were included 50 patients from 269 patients of the surgical sector in the Durres Regional Hospital in the period 2005-2009. Tran and Costa criteria are used to observe visceral insufficiency.
Results: The most frequent visceral dysfunctions are the circulatory cardiac insufficiency present in 16 patients from the group of 50, acute renal failure present in 6 cases, observed hepatic insufficiency in 8 patients and hematologic in 9 patients.
Conclusions Pancreatitis Evolution can lead to healing, chronic manifestations, complications and recurrences.
Major visceral dysfunctions present at the beginning, or appearing during evolution present a major criterion of gravity and unfavorable prognosis.
Key words: evolution, complications, pancreatic abscess, hyperglycemia.

169. The effects of rapid wound sealing on post-surgery infection complications.

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Abstract

Background: Since all traumatic wounds become contaminated,wound infection after clean surgery is an expensive and often underestimated cause of patient morbidity, and the benefits of using prophylactic antibiotics have not been entirely proven. Several studies indicate that surgical site infection is one of the most prominent post-operative complications. The ITClampTM50 device is intended for acute short term use to control severe bleeding in trauma wounds, lacerations (including scalp lacerations) and junctional bleeds reducing wound contamination. It is a self-locking surgical clamp with suture needles that penetrate the skin, everting the skin edges and anchoring it to the skin. Pressure is evenly distributed across the bars sealing the skin over the wound, while the adjustable locking

mechanism increases or decreases pressure across the wound to achieve a tight seal and wound closure.
The aim of this study is to test the effectiveness of the iTClamp to reduce risk of wound infection followingtrauma and post-surgery infection complication in hospitalized patients
Materials and methods: Seventy hospitalized patients of University Hospital of Trauma in Tirana, Albania were enrolled in this study divided into three groups: control (no treatment),early iTClamp treatment and standard gauze treatment.Physiologic parameters were monitored throughout the experiment and blood samples and post-surgery wound specimen's samples were collected to analyze microbial contamination. Infectionrate of complication in hospitalized patients was the primary endpoint.
Results: Summary of data and results.
Conclusion: The iTClamp showed statistically significant improvement in reducing post-surgery infection complication and estimated blood loss when compared to the use of hemostatic gauzes group and notreatment group.
Keywords: surgical infection, early wound sealing, prevention, iTClamp.

170. Peritoneal Primary-Spontaneous Bacterial a case report and review of literature.

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Abstract

Peritonitis is one of the major emergencies that significantly compromises life, primary peritonitis requires full attention and immediate intervention. To realize the latter, one needs to be well acquainted with every physician, to be diagnosed as soon as possible and to act as quickly as possible to improve the condition of the sufferer.
The purpose of this paper is to inform about this emergency, under which conditions, what are the patients who are at risk of developing primary peritonitis and most importantly: Patients with peritonitis generally seem unwell and in acute distress. They may have a passing temperature of 38 even though patients with agitated sepsis may become hypothermic.
Tachycardia may be present in the release of inflammatory mediators, intravascular hypovolaemia from anorexia, vomiting and temperature, and peritoneal cavity loss. Progressive dehydration may make the patients hypotensive (5-14%) also become oliguric and anuric periton sever risk to pass into septic shock. What should a new doctor, a newly graduated doctor when faced with such a situation. Better to have a piece of peritoneum on the bowel than a piece of bowel on the peritoneum. It is a simple system here: if you do not agree wiith the style or requirements of the man above you, leave. The essential purpose is to protect health and preserve life and quality of it. Attached to the presentation also a case report
Key word. Peritonitis, septic status, hypovolemia…

POSTER PRESENTATIONS

171. Severe thoracic trauma initial Evaluation and Management: analyses of our cases period of time July 2004- July 2017.

Gradica Fadil[1]*, Dogjani Agron[2], Lisha Lutfi [1] ; Skenduli Ilir[1], Buci Skender[2], Mici Afron[2], Osmanaj Shkelzen[2], Demko Vidi[6], Ruci Sokol[2], Argjiri Dhimiter[5], Cani Alma[3], Kokici Fahri[3], Vata Ylber[4], Bozaxhiu Dorian[4].

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Abstract*:*

Introduction: Severe thoracic trauma is main cause of deaths in US about 10-20 % of deaths. Causes of Severe Thoracic Trauma are. Penetrating trauma .Gunshot wounds; Stab wounds; Lower mortality rate – less massive, less multi organ injury

Aim of study: Analyses of patients with Severe Thoracic Trauma, Initial Evaluation and Management analyses of our cases period of time 2004-2017 treated in thoracic surgery service

Material and methods: Patents treated in our hospital during July 2004- July 2017 are 95 patients. Rate male /female 3:1. Age of presentation 9-71 years old, mean age presentation 49 years old. Blunt chest wall trauma 36 (38%) and penetrating chest wall trauma 59(62%) patients. Ribs and sternal fractures, two or more costal fractures in 15(15.7%) patients (flail chest 7 patients); unilateral pneumothorax 34 (35.7%)patients, bilaterally pneumothorax 10 (10.5%)patients; massive hemothorax 12 (12.6%)patients, pneumomediastin et subcutaneous emphysema 6(6.31%) patients Hammans syndrome, lung contusion and parenchimal pulmonary hematoma in 15(15.7%) patients; bronchial rupture 2(2.1%) patients, tracheal rupture 1(1%) patient.

Results: Only medical treatment in 22(23%) patients; uni lateral pleural tub drainage 42(44%) patients, bilateral chest drainage 18(18.9%) patients; thoracotomy in 29(30.5%) patients, wedge resection, lung hemostasis and aerostasis from lung lacerations, bronchial lobar rupture left lower lob 1(1%) patient, bilateral thoracotomy 3(3%) patients, clamshell incision in 1 (1%) patient.

Conclusion: Most common injury locations was lung and chest wall and less common abdominal and cranial trauma .Surgical and intensive treatment are very important and with low mortality rate.

Key words: Penetrating thoracic injury, blunt trauma of chest wall, surgery treatment.

172. The role of computed tomography in abdominal trauma

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[2]Radiologist, General Hospital of Burrel, Mat, Albania
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Abstract

The care of the trauma patient is demanding and requires speed and efficiency. Evaluating patients who have sustained blunt abdominal trauma (BAT) remains one of the most challenging and resource-intensive aspects of acute trauma care. Missed intra-abdominal injuries continue to cause preventable

deaths. Physical examination findings are notoriously unreliable for several reasons; a few examples are the presence of distracting injuries, an altered mental state, and drug and alcohol intoxication in the patient. The CT scan remains the criterion standard for the detection of solid organ injuries. In addition, a CT scan of the abdomen can reveal other associated injuries, notably vertebral and pelvic fractures and injuries in the thoracic cavity.
CT scans, unlike direct peritoneal lavage (DPL) or Focused Assessment with Sonography in Trauma (FAST) examinations, have the capability to determine the source of hemorrhage. In addition, many retroperitoneal injuries go unnoticed with DPL and FAST examinations.
CT scans provide excellent imaging of the pancreas, duodenum and genitourinary system. The images can help quantitate the amount of blood in the abdomen and can reveal individual organs with precision. The limitations of CT scans include marginal sensitivity for diagnosing diaphragmatic, pancreatic and hollow viscus injuries. Also, they are relatively expensive and time consuming and require oral or intravenous contrast, which may cause adverse reactions.

Keywords*:* abdominal trauma, intra-abdominal injuries, CT scan, imaging

173. Bilateral cryptorchidism in a 10 year old male. A case report

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[2]*Health Care Center, Durres*

Abstract

Cryptorchidism or undescended testis is a very common anomaly of the male genitourinary system. It is one of the established risk factors for testicular tumours. Cryptorchidism is characterized by the failure of descent of testis in the scrotum. It is more commonly seen in premature male neonates. The pathogenesis of cryptorchidism remains largely unknown, but is most likely multifactorial, involving genetic and environmental risk factors. Spontaneous descent occurs by 6 months of age in 66% of infants. Cryptorchidism is associated with syndromes such as Down, Klinefelter and prune-belly. We present the case of a 10-year-old boy complaining of dull aching chronic lower abdominal pain. He also had abdominal discomfort. He didn't give a history of absence of both the testes in the scrotum since birth. There was no history of urinary infection or any other complains. He was an otherwise healthy child. On examination of the abdomen, there were no palpable masses. The scrotum was empty and underdeveloped.Routine blood investigations were normal. Ultrasonography (USG) of the abdomen and pelvis reported absence of testes in the scrotum. The chest X-ray was normal. There was no evidence of any lymphadenopathy in the retroperitoneum. Both kidneys were normally functioning and there was no evidence of ureteric obstruction. Features were suggestive of intra-abdominal testesand an empty scrotum.Treatment for persistent cryptorchidism is orchiopexy, a surgical correction in which the testicle is placed and fixed in the scrotum. The patient underwent surgical procedure. The patient underwent two surgeries apart from 4 months. The patient is actually fully recovered.

174. Approach to Head CT Scan

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Abstract

Cranial computed tomography (CT) is an extremely useful diagnostic tool used routinely in the care of ED patients. Cranial CT has assumed a critical role in the practice of emergency medicine for the evaluation of intracranial emergencies, both traumatic and atraumatic. With an understanding of the position and appearance of normal intracerebral structures (and artefacts) common acute cerebral disorders can be easily assessed by the non-radiologist, facilitating the correct diagnosis and the appropriate management The EP needs to be able to accurately interpret and act upon certain CT findings without specialist assistance, because many disease processes are time dependent and require immediate action. Here we'll try to present a simplified approach to computed tomography (CT) of the head to facilitate the understanding and diagnosis of common acute cerebral abnormalities in the critically ill patient. Computed tomography (CT) has become the diagnostic modality of choice for head trauma due to its accuracy, reliability, safety, and wide availability. The changes in microcirculation, impaired auto-regulation, cerebral edema, and axonal injury start as

soon as head injury occurs and manifest as clinical, biochemical, and radiological changes. Proper therapeutic management of brain injury is based on correct diagnosis and appreciation of the temporal course of the disease process. CT scan detects and precisely localizes the intracranial hematomas, brain contusions, edema and foreign bodies. Because of the widespread availability of CT, there is reduction in arteriography, surgical intervention and skull radiography.

Keyword*:* cranial computed tomography, diagnostic modality, head trauma

175. Central Neurocytoma, a case report

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Abstract

Background: Central neurocytomas are WHO grade II neuroepithelial intraventricular tumors with fairly characteristic imaging features, appearing as heterogeneous masses of variable size and enhancement within the lateral ventricle, typically attached to the septum pellucidum.
The aim of this study is to investigate the MRI features of central neurocytoma.
Methods: Case report of a 35 year old female with 8 months of worsening daily headaches. These headaches were diffuse, lasted for several hours, and mostly occurred in the morning. She was initially diagnosed and treated for migraines but later she had epileptic attack and diplopia
Results: A 33x22mm heterogeneous mass within aqueducts cerebri, with calcified and hemorrhagic foci and extending downwards till fourth ventricle. It's originating from the right paramedian posterior aqueduct wall (tectum), and also extending to and involving the tegmentum of mesencephalon at its right paramedian aspect. CSF flow obstruction secondary to described aqueductal mass, with resultant triventricular hydrocephalus). is important in preoperative planning. Although IN is a relatively rare lesion, it should be considered in the differential diagnosis of intraventricular lesions in the presence of such typical MR findings. However, a definitive diagnosis requires immunochemical study and electron microscopy.
Key words: central neurocytoma, aqueductal cerebri, MRI, hydrocephalus, Kosovo

176. Intracranial dermoid cyst. Case report

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[3]*Department of Emergency, UCCK, Pristine, Kosovo*

Abstract

Background: Intracranial dermoid cystic tumors account for <1% of all intracranial masses.
The aim of this article is to give a review about intracranial dermoid cysts focusing on their diagnostic methods.
Patients and methods: We present the case of a 52-year-old male, having headaches, nausea and a history of 2 episodes of new onset seizures. On presentation, the patient had a normal physical exam, including a complete neurological and cranial nerve exam.Precontrast MRI; TSE/T2Wsequence in axial/coronal planes; 3D – HI-resolution T1W sagittal; FLAIR/T2W axial; FLAIR/T2W, Flash/T2W oblique coronal plane, GRE/T2W axial. Post-contrast TSE/T1W sequence in axial, coronal and sagittal planes. Diffusion weighted and ADC mapping, postcontrast: TSE/T1W sequence in axial, coronal and sagittal planes.
Results: Subsequent MRI of the brain revealed an oval and lobulated 47x34x30mm (TRxAPxCC) non-enhancing T1-hyperintense mass in right cavernous sinus, with compression of surrounding mesial temporal lobe and right anterolateral aspect of mesencephalon. Findings are consistent with ruptured dermoid cyst, given the evacuated sebum content at its lower half. Sebum particles in millimetric sizes are seen within right Sylvian fissure, anterior horns of lateral ventricles and to a lesser extent within left Sylvian fissure, right parietal sulci, cerebral aqueduct, and basal cisterns. No restricted diffusion is seen,

eliminating the possibility of epidermoid. A shunt catheter is evident traversing between right lateral ventricle and right parietal bone; besides, slit-like right lateral ventricle is noted (likely secondary to over-draining shunt catheter).
Conclusion: Intracranial dermoid cysts are benign rare slow-growing tumors that upon rupture, however, widespread presence of T1 hyperintense droplets and leptomeningeal enhancement can be noted–making MRI the best imaging modality for diagnosis of this rare entity.

Keywords: Intracranial dermoid cyst, ruptured, MRI, UCCK, Pristine, Kosovo

177. Aspects of Breast Lymphoma. A case report

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[3]*Regional Hospital of Durres, Albania.*

Abstract
Introduction: Primary non-Hodgkin's lymphoma of the breast (PBL) is a rare disease, accounting for only 0.4-0.5% of all breast malignancies, 0.38-0.7% of all non-Hodgkin lymphomas (NHL), and 1.7-2.2% of extranodal NHL. The median age of patients with diagnosed PBL ranges from 60 to 65 years. The disease occurs almost exclusively in women. Bilateral breast involvement accounts for 11% of all breast lymphomas. The clinical presentation of PBLs is usually no different from that of carcinoma.
Case presentation: A 65 years old patient presented with a mass 6 cm of the right breast. Suspected for a primary breast carcinoma was performed tumorectomy. Histopathology and immune histochemistry; Extranodal non-Hodgkin Lymphoma –Diffuse large B-cell lymphoma (DLBCL) type; CKAE1/AE3 (-), CD 20(+)/CD 79a (+)/CD 3(-)/Bcl 2(+) and index of proliferation Ki 67=85%, ER -/PR -, (stage IE)
Conclusions: Primary non-Hodgkin lymphomas of the breast, though rare, should be considered in the differential diagnosis of breast malignancies.
At present, a standard treatment doesn't exist yet. Once the diagnosis of lymphoma is made patients are treated with some combination of chemotherapy, radiation therapy, and surgery.
Keywords: primary breast lymphoma, diffuse large B cell lymphoma, extranodal non-Hodgkin lymphoma.

178. Abdominal Surgery for Abdominal Trauma

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Abstract

Major advances have taken place in the management of trauma patients in the last two decades. Advances in pre-hospital care and resuscitation have enabled the early survival of many injured patients. Another shift is the change in the spectrum of severity of injury, characterized by high energy blunt and penetrating abdominal trauma resulting in severe multi-organ injuries.Damage Control as practiced today has three separate components. Phase I consists of abbreviated laparotomy for rapid control of hemorrhage and contamination. Intra-abdominal packing and temporary abdominal closure, completes this critical step. The patient is then moved to the intensive care unit (ICU) where phase II of Damage Control Surgery (DCS) is executed. This consists of core re-warming, correction of coagulopathy and acidosis. Once normal physiology has been restored, re-exploration is undertaken for definitive management of injuries and abdominal closure, constituting phase III of DCS.

Keywords: Trauma, management, multi-organ injuries, Damage Control Surgery

179. Assessment and Management of Abdominal Stab Wound

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Abstract

Abdominal stab wound exploration forms part of a strategy developed by surgeons to allow a more selective approach. It is a safe, rapid, and cost effective tool in the management of asymptomatic patients who present with an anterior abdominal stab wound. This approach has no place in the treatment of patients who are unstable, who have peritonitis, or who have evisceration. Patients with peritonitis and those who are hemodynamically unstable should undergo mandatory laparotomy.
The objective is to reduce the number of patients with trivial or no intra-peritoneal injury who are subjected to laparotomy. However, a high degree of diagnostic accuracy must be maintained to limit the frequency of missed injury. A reduction in unnecessary hospitalization is also targeted.
Abdominal stab wound exploration, subsequent diagnostic peritoneal lavage, serial clinical evaluation, or both are used to further assess patients in whom an exploration cannot definitively exclude peritoneal penetration and serial clinical evaluation is done as part of management.

Keywords*:* Abdominal stab wound, laparotomy, management

180. Benign paroxysmal positional vertigo (BPPV) following cranial trauma. A case report.

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Abstract

Vertigo is a common symptom in individuals who have experienced blunt trauma of the head, neck, and craniocervical junction. Injuries that result from motor vehicle accidents, falls, assault, and contact sports may cause vertigo.
The most common vestibular pathologic condition associated with head trauma is benign paroxysmal positional vertigo (BPPV), which occurs in about 28% of individuals with head trauma. BPPV seems to have a predilection for the older population (average age, 51-57.2 y). It is rarely observed in individuals younger than 35 years without a history of antecedent head trauma. In 1952, Dix and Hallpike performed the provocative positional testing named in their honor.
Although some controversy exists regarding the 2 pathophysiologic mechanisms, canalithiasis and cupulolithiasis, agreement is growing that the entities actually coexist and account for different subspecies of BPPV. Differential diagnoses for benign paroxysmal positional vertigo (BPPV) can be divided into 3 main areas of pathology: labyrinthine, vestibular nerve, and central sites of lesions.
BPPV can be successfully treated with the Epley and Yacovino maneuvers, as well as with various nonstandard maneuvers. A Dix-Hallpike test is performed immediately following the procedure. If nystagmus is observed, the procedure is repeated. After the procedure, the patient is instructed to avoid agitation of the head for approximately 48 hours while the particles settle and to return in 1 week for a follow-up examination.
Keywords*:* benign paroxysmal positional vertigo (BPPV), cranial trauma, Dix-Hallpike,Epley

181. Elefantiasis nastro verrucosis and ulcus cruris associated with arthritis rheumatoid ankylosing, a case report.

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Abstract

Introduction: Lower extremity cutaneous ulcers are common pathologies in dermatology. Factors favouring this pathology are many, such as: Venous Insufficiency, Lymphatic Insufficiency, endocrine pathologies, mechanical trauma, and lack of physical activity due to pathologies or sedentary life.
Purpose: The introduction of this case, in which some of the above-mentioned factors have created a vicious circle and rendered the situation endangering the patient's life. On the other hand, the doctor's

difficult position to choose a treatment mode, the worst the worst.
Case Presentation: The patient with the initials D.S, born 1961, is presented in May 2014, with dg. Elefantiasis et Ulcus cruris dex. The patient is known and treated by our 7-year clinic.
Results: The patient received a biopsy scan to differentiate a cutaneous carcinoma from Elefantiasis clinically diagnosed nastro verrucosis and verified in this biopsy. In consultation with the rheumatologist resulted in worsening of rheumatoid arthritis, in total ankylosis of the lower aneurysms.
Conclusions: Veno-lymphatic insufficiency of render becomes a cause for ulcerative and recurrent infections. The vertebrate formations of elephantiasis are the source of indurations and new ulcerations. Ankylosis of the extremities diminishes the physical activity and personal hygiene of the patient.
Keyword; cutaneous ulcers, Ulcus cruris, nastro verrucosis, ankylosis..

182. Level of panic disorder within students of Medical University of Tirana actually faculty of Public Health in co morbidity of substance use alcohol.

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Technical Medical Sciences Faculty Tirana, Albania,

Abstract

Introduction: Anxiety disorders have distinct and persistent physical and psychological symptoms which are not explained by the existence of another disorder.
The Aim; The study is designed to find out the prevalence of anxiety disorders especially level of panic disorder in students first – second and third of University of Medicine in Tirana actually students of Public health and to search out any correlation between anxiety and usage of substances (alcohol).
Material and Methods; It is an epidemiological cross-sectional study completed in periods of time during 2015-2016, were interviewed 1667 students from five faculties of Medical University of Tirana. During the second phase after application of acceptance and exclusion criteria the total number of population in study resulted in 1282 students.
Results; The prevalence of panic disorder between students of University of Medicine in Tirana was 29.6%, where the consume alcohol was 22.5%, where students of Public Health had high level of panic disorder 89.2%...
Conclusions; It resulted that majority of students experience some levels of anxiety and this can have an impact in academic performance even school drop outs which is an alarming fact. It is recommended to offer an immediate intervention to address this mental health issue as well as to raise the awareness of medical university curricula's improvement.
Key words: anxiety, medical university students, generalized disorders

183. Renal abscess in a pregnant women. A Case report.

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Abstract

Introduction: The development of a kidney abscess is extremely rare despite the fact that urinary tract infections are quite common during pregnancy. The pathogenesis of renal abscess has changed over the years. Nowadays, more than 75% of the renal abscess arises from a previous urinary tract infection
The Aim: To present the case of a pregnant woman with renal abscess who was successfully treated only with antibiotics.
Case report: The patient a 27 year-old woman, pregnant in the third trimester, 27 weeks, presents at the Infectious Diseases Clinic with high fever, vomits, right flank pain, for several days. Laboratory examination resulted with anemia Hgb 8.7g/dl, RBC $3.48x10^6$, WBC $1.97x10^3$, high level of neutrophils 92%, PLT $2.78x10^5$.Inflamatory parameters were elevated ESR 56 mm/h, PCR 98 mg/L, fibrinogen 566 mg/dl. Urinalysis revealed bacteria and 40-50 white blood cells. Urine culture revealed growth of E.coli. Blood culture was negative. An ultrasonography showed abscess, 3.2x4.8 cm, in the left renal parenchyma. The predisposing factor was urolithiasis. The patient was treated with intravenous

Ceftriaxone. The lesion was resolved by antibiotics alone for 6 weeks course duration.
Conclusion: Treatment in the right time and way preserves a good prognosis for the kidney and safety for the pregnant woman.
Key words: Kidney, abscess, pregnancy, urinary tract infection.

184. Prolonged fever presented as manifestation of sigma cancer.

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Abstract.

Introduction: It is well-known that cancer diagnosed or not, can cause fever, accounts for up to 25% of cases of fever of undetermined origin. Only a few types of solid tumors have been associated with FUO, including colon cancer.
The Aim: To present five cases of sigma cancer presented at the beginning as prolonged fever, with their clinical and laboratory data.
Results: Five patients, four male and one female of age from 60-70 years old presented at our infectious disease service with a history of fever, weakness and abdominal discomfort lasting from 2 to 4 weeks. The laboratory tests showed anemia in two cases and increased inflammatory parameters in all five. Blood culture was positive in one patient revealing Streptococcus Bovis. No identified cause was shown from a large number of examinations. CT scan at these patients revealed changes of colon mucosa and final diagnosis was made by colonoscopy and biopsy.
Conclusion and discussions: Cancer of the sigma even though is a rare cause of fever should be taken into consideration in the differential diagnosis of patients with prolonged fever where no other identified source is revealed despite lacking of gastrointestinal symptoms, and these cases indicate that.
Keywords: Fever, sigma cancer, colonoscopy, Streptococcus Bovis.

185. Medical definition in non traumatic emergency at University Hospital of Trauma.

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[2]University Hospital of Trauma Tirana, Albania

Abstract.

Introduction: The medical treatment is performed of daily therapy in non traumatic Emergency at University Hospital of Trauma. The daily therapy includes of medical treatment and diagnostic determination.
Objective: To present the medical hospitalization report related to daily therapy in non traumatic Emergency at University Hospital of Trauma.
Method and Material: The study was conducted in non traumatic Emergency during the period of time 2014-2015. The study is based on (medical records, performed examinations and consultations with specialist's doctors).
Results: Age of cases was 17-83 years. There were treated 6% in gastroenterology unit, 8% in neurology unit, 10% in pathology unit, 3% in infective unit, and 9% in surgery unit. A considerable number of the patients have taken the medical treatment for the appointed time at home. .
Conclusion: The daily medical therapy consisting of medical recording, first aid given aid and diagnostic determination in non traumatic Emergency at University Hospital of Trauma.
Key words; medical treatment**,** non traumatic Emergency, medical recording

186. Amanita phalloides poisoning, a case report.

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Abstract
Introduction: Amanita phalloides (death cap) is the most common and fatal cause of mushroom

poisoning, due to containing significant toxins. In the absence of a definitive identification of the mushroom, all ingestions should be considered serious and possibly lethal.
Case report: An amateur 60-year-old man collected forest mushrooms and had its soup for dinner .He began experiencing nausea, vomiting, abdominal cramps and diarrhea 8-10 hours after ingestion .The village physician mis-diagnosed him with gastroenteritis and treated him with saline. He was admitted to the emergency unit in Tirana 48 hours after ingestion. He had a medical history of cardiac disease. Liver-function test were markedly elevated, creatinine level 14 mg/dl and hyperkalemia. He did a session of hemodialysis. Nephrologists and toxicologist concluded in diagnosis of amanita poisoning. Because of cardiac disease he developed shock and subsequently died six hours later.
Discussion: A.phalloides is generally considered the most toxic of the world's cyclopeptide-containing mushroom. The clinical manifestations are caused by the cyclopeptide phallotoxins and amatoxins. Phalloidin, a cyclic heptapeptide, causes gastroenteritis like effects 6-12 hours after initial ingestion.Amatoxins inhibit RNA polymerase II, thereby interfering with DNA and RNA transcription. These toxins mainly affect tissues with high rates of protein synthesis, including the liver, kidneys, brain, pancreas and testes.
Conclusion: A careful patient history is the cornerstone of the diagnostic process. The physicians must be awareness of amanita toxicity in the differential diagnosis of acute gastroenteritis and renal failure. The intoxication can progress to acute liver, renal failure and eventually death.
Key word; amatoxins Phalloidin, cyclopeptide phallotoxins, cornerstone multiform…

187. Acute kidney injury and hepatic failure after Acetaminophen overdose. A case report

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Abstract
Introduction: Acetaminophen (APAP) is a widely used antipyretic and analgesic drug. Acetaminophen can cause liver injury when taking in doses exceeding 6-10g/day. Acute kidney injury (AKI) occurs in 2-10% of patients with APAP overdose and is reported as approximately 10-40% of patients with severe hepatic failure.
Case Report: An 18 years old girl was exposed to intentional APAP overdose 22 tablets of 500mg. She was admitted at the emergency unit 16 hours after ingestion with malaise, abdominal pain and nausea. Her medical history was unremarkable. Vital signs were normal. Laboratory studies: hemograma, urea, creatinine, glucose, potassium were normal while AST: 99UI/l, ALT: 108UI/l. A urinalysis shows only trace protein. At the initial she was treated with N-acetylcysteine orally but after 3 hours was switched to intravenous route because of vomiting and continued for 5 days. After 52 hours of ingestion she developed fulminant hepatic failure with elevated transaminases AST: 9330UI/l, ALT: 8380UI/l and coagulopathy APTT: 73.1sec, INR: 7.898, PT: 7.87%, Total protein: 5.7g/dl. While liver function subsequently improved, serum creatinine levels rose to a maximum 7.7mg/dl on day 8-th and it gradually declined without the need for dialysis. Her complete recovery was after 28 days of ingestion.
Conclusion: The occurrence of AKI induced by APAP overdose cannot be predicted but it should be kept in mind that nephrotoxicity may occur. In all cases of APAP overdose we suggest following serum creatinine levels and urinalysis during the first week regardless of the degree of hepatic failure or quantity of APAP ingested.

Key word; Acetaminophen, liver injury, Nephrotoxic, fulminate hepatic failure

188. Schmidt Syndrome, a case report.

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Abstract

Introduction: Schmidt syndrome refers to the combination of autoimmune adrenal insufficiency

(Addison's disease) with autoimmune hypothyroidism and/or type 1 diabetes mellitus (T1DM), and is part of a larger syndrome known as autoimmune polyendocrine syndrome type II or polyglandular autoimmune syndrome type II.
Material/methods: Presentation of a case with the impact of endocrine multi glandular functions and detects in our Clinic of dermatology, with total hair loss, the only complaint at the time of admission
Results: The patient aged 41 years old, from Kosovo, come in our clinic in June 2012. The patient complains about hair loss in everywhere in the body. In clinical examination, skin is white, lifeless facial expression as well; slow movement and speech. The patient reports that there is a decrease in weight, body weakness, loss of sexual desire and experience depressive emotions. A further significant complaint was sustained diarrhea for years. Concerns were first started in 2004. Laboratory tests resulted affected all endocrine glands values: prolactin 0.49 ng / ml, LH 0.11 UI / l, Testosterone 0,02ng / ml, urinary free cortisol 4.1 ng / 24 hours, 10.3 TSH mIU / l. It was also noted slight anemia, hypoglicemi, TA 80/60 mm / hg. RM of head was normal with no any abnormality of the pituitary gland. Diagnosis Schmid Syndrom.
Conclusions: The patient fulfills the conditions of Schmidt syndrome, because all endocrine glands are affected, suprarenal glands, gonads, thyroid glands and presents a series of symptoms and signs related to autoimmune dysfunction of endocrine glands.
Keywords; Schmidt syndrome, Addison's disease, suprarenal glands, autoimmune dysfunction

189. Neurotrophic Keratopathy defect after Herpes Zoster Virus Infection. A case report

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Abstract

Introduction; Neurotrophic keratopathy is a degenerative disease of the corneal epithelium caused by any condition affecting the trigeminal nerve or its branches characterized by a reduction or absence of corneal sensitivity.
Case report: A 56-year-old man presented with a 2-year history of redness, photophobia, and blurry vision in his right eye. He referred a recent herpes zoster virus infection, one month ago. He reported similar previous episodes, no medical problems or fever. His vision was 20/50 in the affected right eye. Right eye is notable for diffuse injection. Corneal sensation was absent in the right eye. There were no lesions on the face or eyelids. An anterior ocular examination with the use of fluorescein stain revealed new central large corneal ulcer, which appears to have heaped up smooth margins, slight peripheral staining, and some central pooling with fluorescein. There was present a dense surrounding infiltrate on the cornea and associated moderate inflammation of the anterior chamber, with 1mm of sterile hypopion. A gram stain and corneal swab culture was negative. Pressures are 22 mmHg in the right eye. Normal iris with no rubeosis. The pupils were equal in size and reactive, with no afferent pupillary defect. A dilated retinal examination was unremarkable. Based on the Mackie classification, it was second stage. Main differential diagnoses are made with bacterial and fungal keratitis. He was treated with oral acyclovir 800mg x 5/day; prophylactic antibiotic drops were added to the preservative-free artificial tears. The lesion resolved with a residual scarring; the patient's vision was compromised.
Conclusion: Although the diagnosis is quite easy, management and treatment require a variable number and type of medication according to the disease stage, and there is still no available medication that can improve corneal sensitivity.

Keywords: corneal ulcer, Neutrophic keratopathy, herpes zoster virus.

190. The Eosinophilic Fasciitis. A case report.

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Abstract

Introduction: The Eosinophilic fasciitis is a disease characterized by inflammation and thickness of the

muscular fascia and the indurations of the area affected. Changes in eosinophils level are not specific and can present a challenging in diagnosis that depends on a careful clinic evaluation. The definitive diagnose is based on histological findings.

Case Report: The patient represents with an induration of the muscles of the legs and arms, without any other organ involvement, without Reynoud phenomen, without face involvement. Complete blood test with differential was normal, sedimentation rate, PCR, immunologic findings (AAN, ENA-screen) were normal. on histological examination were seen lymphocytic infiltrate containing plasma cells and eosinophils. Diagnosis: Eosinophilic fascitis

Discussion: The key to diagnosis is histological findings the tissue eosinophils may be focal around adnexal structures or diffuse within the tissue infiltrate. In more extensively involved cases the changes can extend to the dermis. The epidermis is typically not involved, though mild atrophy can be seen in a minority of cases. but according to the fact that the patient has been on steroids for a long time before the specimen was taken the typical images can be disguised. The chosen therapy was on corticosteroid regimen and the patient should be on periodical follow-up to avoid aplastic anemia, though it is a rare complication. After recovery there was no need of maintenance therapy.

Key word; Eosinophilic fasciitis, Reynoud phenomen, aplastic anemia

191. Skin and mind interact together. A Case report

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Abstract

Introduction: It is the interaction between mind and skin from the embryonic development. There is a complex interplay between neuroendocrine and immune systems and the skin. Dermatitis artefacta is a condition in which skin lesions are made or inflicted by the patient's own actions. Some psychiatric disorder are skin picking disorder, trichotillomania, obsessive-compulsive disorder, body dysmorphic disorder, dermatitis artefacta etc. Dermatitis artefacta is defined as the deliberate and conscious production of self-inflicted skin lesions to satisfy an unconscious psychological or emotional need.

Results: Female patient aged 42 years old, comes to the dermatology service, complained of pruritus in the face skin. During objectiv examination we saw two ulcerous lesions with a diameter of about 3 cm on both sides of the face ulcerous lesions. During taking medical history, the patient reports that there were about 5 years that she had such lesions such and we suspected that she caused herself.

Conclusions: Dermatitis artefacta occurs more commonly in women than men. They are usually found on sites that are readily accessible to the patient's hands, e.g. face, hands, arms or legs. Picking may result in significant tissue damage and often leads to medical complications such as localized infections even septicemia. When dermatitis artefacta is suspected, direct confrontation should be avoided. Instead the doctor should create an accepting, empathetic and non-judgmental environment.

Key word; Dermatitis artefacta, psychiatric disorder, skin picking disorder, trichotillomania,

192. Treatment with the transplant from iliac bone, in maxillary and mandible injury defected by GSW

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Abstract

Background: This is a prospective, historical study aimed at highlighting the importance of using transplants in replacement of bone defects that have not previously been applied to the hospital ours.

Purpose: Management and evaluation of surgical treatment with bone transplantation in maxilla-mandibular injuries in order to provide in a shorter and fuller time the function of patient aesthetics

Patients and Methods: The study included two patients aged 25 and 40, males, with damage to maxillas and mandibles associated with bone and soft tissue loss. The patients were diagnosed and treated at the Central Military-Traumatology Hospital during 2011.

Results: Patients were provided with tracheostomy (one of them) breathing routes, subjected to surgical intervention by applying the bone transplant and its fixation with the Straktker's miniploak sound bone. Postoperative condition has been good. The check was done up to a month after the patients did not show up again. Patients have become the function of aesthetics since the first stage.

Conclusions: In maxillo-facial damage from firearms, treatment of patients begins with the provision of respiratory tract, stopping hemorrhage and treating soft tissue (bone). Use and fixation with miniploaks of transplants in bone defects, soft tissue plastics from surrounding tissue restores aesthetics of function in a short time.

Keywords: transplant, cubes, miniplates, maxillo-facial damage, miniploaks…

193. Massive facial damage from gunshot wounds (hunting weapon), accompanied by eye loss. A Case report

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Abstract

Hunting is a popular pastime in Albania, and injuries are quite common. The instruments used to kill game are inherently dangerous, and hunters often place themselves in dangerous situations, such as tree stands, to improve their success.

Purpose: To detect major maxillo-facial injuries caused by firearms in order to present the difficulty of eliminating defects in the first phase to highlight the importance of treating these defects in two or more stages.

Material and Method: A 12-year-old patient is present at the Emergency of the Central Military Traumatology Hospital -Tirana after an accident (blow by his brother) with facial tissue injuries, maxillary bone loss, orbital bone left, frontal bone loss, with both eyes bleeding, with nasal bleeding. Urinary tracheostomy occurred and at the first moment left eye removal was removed and closure of buccal, frontal and plastic orbital defects with glides from the surrounding tissues. The patient underwent CT scan of the CT scan, CT pulmonary, mandibular ro. The first week, the patient was fed with gastric probe. Bone defects will be treated in a second stage.

Conclusions: Firearms cause major damage, with tissue loss in two or more organs. Their treatment at one stage is difficult, as correcting two or more defects created requires several stages. Inhaling airways, halting hemorrhage, and soft tissue plastics is the first stage of urgency. The replacement of plastic bone defects constitutes later stages.

Key words: Tracheostemy, ocular enucleation, hemorrhage, plastic.

194. Paraneoplastic Pemphigus, a rare Autoimmune Blistering Disease. A case report

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Abstract

Introduction: The pemphigus families are rare autoimmune blistering diseases affecting skin and mucous membranes. Paraneoplastic conditions occur in association with malignancies. Paraneoplastic pemphigus is characterized by painful swelling and denudes areas of the mouth, lips, esophagus and skin... The clinical presentation of paraneoplastic pemphigus may resemble that of PemphigusVulgaris, however, a severe refractory stomatitis is more typically seen with paraneoplastic pemphigus and may resemble erythema multiform.

Results: Patient female, aged 62 years old complained about the presence of erosive lesions in the oral mucosa, painful especially during the process of chewing food. She had 8 months suffering from this problem. During the objective examination were seen multiple erosions in oral and oro- pharyngeal mucosa and erosions in the skin of the back. Biochemical blood test was in normal range, a thoraco- abdominal CT didn't show any abnormality for any malignancies. Histopathology examination show: intraepidermal bulla, expressed acantholisis , expressed inflammatory infiltrates with lichenoid pattern with vacuolar changes in basal layer . Lichnoid pattern and vacular changes in basal layer are seeing in paraneoplastic pemphigus, in the condition of not performing DIF or IDIF. The dose of cortisone was tapering in following a weeks. The patient is under observation.

Conclusions: In paraneoplastic pemphigus and other types of pemphigus there are auto antibodies to a component of the desmosomes skin cell. Paraneoplastic conditions occur in most of case with with malignancies.. The patient diagnosed with paraneoplastic pemphigus must be under observation because of the presence of high risk of malignancy.
Key word; Paraneoplastic pemphigus, painful swelling, Pemphigus Vulgaris,erythema multiform

195. Perineal Trauma in Children

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Abstract

Perineal trauma in children is frequent. It may cause a wide spectrum of injuries ranging from minor perinea skin laceration or erosion to severe injury to the genitourinary tract, anal sphincters, or pelvic compartment. The perinea injuries are usually attributed to blunt trauma, impalement injury, or sexual abuse.
The management of perineal trauma in children is very challenging in the absence of a well-defined institutional management protocol. The purpose of this study was to evaluate the result of implementing a standardized therapeutic approach to perinea trauma in children in our institution.
Management decisions should be based on precise anatomic characterization of the injury. In the absence of shock, associated injuries, or gross fecal soiling, primary sphincteroplasty could be considered. Colostomy remains an important decision in the presence of rectal injury and/or gross soiling. The proposed simple algorithm for management of perineal trauma in children proved to be safe and effective in our series.
In conclusions, the management of perineal injuries should be individualized according to the severity of injury.
Keywords: Perineal trauma, children, management

196. Spigelian Hernia. A Case Report and Literature Review.

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[2]*Student of the 4-th year, General Medicine, Faculty of Medicine Tirana*

Abstract

Introduction: Spigelian hernia is a variety of abdominal wall hernia occurring through a slit like defect in the anterior abdominal wall (semilunar line) at the level of arcuate lines. It is a very rare with only thousand cases reported in literature. It constitutes 0.12% of the abdominal wall hernia.
Method: We present a case of a patient with spigelian hernia. The bibliography used was taken from "PubMed", using the syntagma "spigelian hernia".A 55 year old-female patient presented in the First Surgery Clinic with pain in left iliac fossa associated with a palpable lump at the left lower quadrant of the abdomen since 1 year. Abdominal ultrasonography done revealed a defect in abdominal wall in left iliac fossa suggestive of reducible intestine hernia in LIF.
Discussion: A Spigelian hernia containing small intestine was found during laparatomy. The hernia was reduced and the abdominal defect was repaired via primary repair, reinforced by mesh. The patient recovered uneventfully.
Conclusion: Good clinical examination can detect this entity but when diagnosis is in doubt radiological imaging may be necessary USG has been shown to be most reliable and easier method to assist in diagnostic workup. Surgical repair is the definitive treatment and involves primary or mesh repair of the defect as appropriate.

197. Testicular mass, a case report and review of literature.

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Urology Service, University Hospital Center"Mother Theresa"Tirana, Albania.

Abstract

Globally, testicular cancer resulted in 8,845 deaths in 2017 up from 7,000 deaths in 1990.

Not all masses on the testicles are tumors, and not all tumors are cancer. There are many other conditions, such as testicular microlithiasis, epididymal cysts, and appendix testis (hydatid of Morgagni), which may be painful but are non-cancerous.Testicular cancer has one of the highest cure rates of all cancers with an average five-year survival rate of 95%. In patients with localized disease, painless swelling or a nodule in one testicle is the most common presenting sign. A dull ache or heavy sensation in the lower abdomen could be the presenting symptom. Patients with disseminated disease can present with manifestations of lymphatic or hematogenous spread.Ultrasound can distinguish intrinsic from extrinsic testicular lesions and can identify masses within testes. Once the diagnosis of testicular cancer is suspected, a high-resolution CT scan of the abdomen and pelvis and a chest x-ray are ordered as part of the initial staging workup. Radical inguinal orchiectomy is the definitive procedure to permit histologic evaluation of the primary tumor and to provide local tumor control.
We present the case of a 61 year old man with a mass on the left testis accompanied with pain and acute swelling and we also give a review about the diagnosis and current treatment modalities in testicular cancer.

198. Congenital posterior urethral-perineal fistula, diagnoses and surgical management. A Case report

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[1]*Department of Urology, American Hospital 2, Tirana, Albania*
Urology Service, University Hospital Center"Mother Theresa"Tirana, Albania.

Abstract

Background: Congenital posterior urethral-perineal fistula is a rare anomaly. This is a rare case in the world literature. There are reported only six cases since 1964.
The embryologic basis for these anomalies is unclear. However two main theories have been proposed. We believe that the lateral ridges of the urorectal septum grow into the cloaca and divide it as they meet in the midline. A defect in this midline joining accounts for fistula.
The aim of this report is to outline the simple clinical presentation, diagnosis and simple technique surgical management of this rare anomaly.
Patients and methods: We present the case of a 6 year old boy complaining of dribbling urine from perineum with voiding. Physical examination in the clinic revealed no anorectal malformations. His urinary stream was normal in force and caliber.The instrumental examinations revealed anurethrocutaneous perianal fistula.
Results: After bladder preparation one fibrous cordon 2 cm in length was revealed. This cordon was coming between left lob prostate in apex and bladder neck. (2. 4. 6.)
We made excision and put 2 suture with vicryl 3.0 in the urethrae outside. A Foley catheter Nr. 12 Fr was put in the urethrae and bladderand removed after seven days.
The child went home after nine days. Six months and one year during follow-up the child was in a good health. The congenital urethrae perianal is closed.
Conclusion: The congenital urethrocutaneous perianal fistula is a rare case. The approach to repair posterior urethrocutaneous perianal fistula is median suprapubic incision with patientin Trendelenburg position. The fibrotic cordon is excised and then sutures are used as described above. This technique worked very fine for us.
In view of the success of this procedure we believe that endoscopy for defining the diagnosis and operation is very efficient.
Keywords: congenital posterior urethral-perineal fistula, diagnose, surgical management

199. Patient Management in the Emergence of Poly-Trauma – Triage

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Abstract

Background: Receiving-Emergency Service has been nationwide since 1993 with the decision of three Ministries of Education, Health, and Defense, where he has been named S.U.Q.U. In 2015, with a government decision, the military hospital is integrated. In the urgency of accession, there are on average 50-70 cases per 24-hour, of these 4-5 cases

with politrauma every day. Many cases are presented urgently in the early moments, directly after the traumatic event, accompanied by ambulances, or accompanied by personal means, many patients are urgently transferred from the hospitals of other cities in the country

Patients and Methods: A sectorial study was conducted on 210 patients in the urgency of trauma for a period of 2 months, from 1.11.2016 to 31.12.2016

Purpose: This referral is intended to highlight the various complaints and problems, suggestions and possible resolution of these issues. The SUT Emergency has been around for 23 years and is the only national range that manages the politrauma emergencies.

Results: Out of 210 patients, it turns out that males are mainly the main victims of road accidents, 85 against 25 that are female patients. The age of these patients varies from 3-85 years from 3-70 years to women, with an average age of 32. Most traumatic patients were ages of 15 to 30 years old followed by 31 to 45 years of age. It is stated that patients come mainly from highway: Lushnje - Fushe Kruje, Tirane-Durres.

Conclusions: A well-prepared team, specializing in trauma management with a well-defined standard procedures and protocols, are the keys to an effective management of patients wit polytrauma.

Key words: Politrauma, protocol, acceptance-urgency, selection, vlc, hematoma, contusion.

200. Post - Traumatic Stress management

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Abstract

Background: Posttraumatic Stress (PTSD) is the totality of pathological behaviors that occur after experiencing a real or imaginary trauma or polythema. In human beings, posttraumatic stress disorder is still present as a result of continuous wars, accidents, natural disasters, various threats to life and let the consequences. Stress has a significant impact on quality of life, is the main factor in lowering effectiveness at work. Its proper management ensures dignity and well-being. Studies show that we are very little informed. In foreign literature, stress management, anxiety, Depression, phobia occupies a considerable place in studies, psychological publications. Stress management success is informing and training individuals who are exposed to stress risk Applying appropriate stress control strategies. Knowing the causes, symptoms, diagnosis, treatment, prevention, education, information. Counseling is a health promotion. Anyone can be affected by PTSD, regardless of age, gender, social status. What is Post Traumatic Stress Disorder: Post Traumatic Stress Disorder (PTSD)? PTSD is an anxiety disorder preceded by a traumatic event during which the life of the individual or others is put at real risk.

Purpose: To prevent exposure to stress at work and PTSD.

Patients and Methods: Data were received from psychologist, WHO, sociologist, keyword, reference monograph. They have been taken by the American Society for Stress Management in the Care Worker.

Conclusion: Included in the study of over 40 cases carried out in different peace-loving operational missions and the key role in stress management, PTSD is the person, mission, and stress-borne system.

Key words: Politrauma, selection, urgency, contusion, VLC, hematoma stress

201. Value of Fiberoptic Bronchoscopy in ICU.

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Abstract

Flexible bronchoscopy has become an essential tool for the adequate management (diagnostic and therapeutic) of patients admitted to the ICU. FB is the fastest and safest way to diagnose airway damage secondary to chest injuries and problems associated with the endotracheal tube.

The Aim; To determine the value and safety of fiber optic bronchoscopy in patient with invasive ventilation, in intensive care unit (ICU).

Materials & Methods; Appropriate diagnostic and therapeutic fiber optic bronchoscopy procedures were performed.in 60 patients undergoing mechanical ventilation in ICU of University Hospital for Trauma for 3 years.

Results; Of a total 60 patients enrolled in the study 60% were male and 20 % female (range 15 to 84 yrs). Endotracheal tube damage or obstruction was seen in 50 patients. In chest injures focal bleeding was found in 18 cases, diffuse bleeding in 15, and no bleeding source in 27 patients. Lobar atelectasis was shown in 25 patients on the left side and 30 patients on the right side; in 5 patients in both sides usually in lower lobes. Partial radiologic expansion of the collapsed pulmonary region was observed in 22 patients. Significant improvement in blood gas levels was also noticed immediately after the procedure in 55 patients.
Conclusions; Fiber optic bronchoscopy in the ICU is safe procedure with a valuable diagnostic information and therapeutic purposes. In patients with pulmonary collapse the bronchoscope procedures are essential tool for the adequate management.

202. Vitiligo, Alopecia areta and Hashimoto thyroiditis can stay together. A Case report

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Abstract

Introduction: Autoimmune diseases are diseases in which our immune system fights the body's own cells without any possible cause. Autoimmune diseases are different. They may be isolated or may co-exist even 2 or 3 disease at the same time, it has been proven by many clinical cases.
Material/methods: The objective is to show the co-existence of three autoimmune diseases and their pathological relation.
Results: The Patient, a 38 years old male presented in the Dermatology service complained for the drop of chin hairs for about 2 months. The patient had 1 year that had noticed skin whitening in both hands starting from the distal part of fingerprints. During Objective examination was seen 4 alopecia spot, in 2 cm diameter in the chin area, and vitiligo areas in the skin of both hands. Laboratory examinations resulted: normal complete blood, TSH, T_3, T_4 in rate, antitiroidien antibodies titer was high. Clinical diagnosis: Alopecia areata, vitiligo and Hashimoto thyroiditis still euthiroidien, the patient was treated with , Zinc, Minoxidil in alopecia areas, vitix in areas with vitiligo and recommended examination of thyroid hormones 1 time in 6 months to see the progress of thyroiditis.
Conclusions: Vitiligo is an autoimmune disease in which melanocits are destroyed and these results in the absence of pigmentation in affected areas. Even though most people with vitiligo are in good general health, they face a greater risk of having other autoimmune diseases such as diabetes, thyroid disease, pernicious anaemia (B12 deficiency), adrenal gland disease and alopecia areata. Disorders of the thyroid gland are more frequently associated with vitiligo in 30% of patients with vitiligo. Vitiligos treatment is a major challenge, the response to treatment is dependent on its spread, even when other existing pathologies are treated, vitiligo does not reacts well.
Key word; Autoimmune diseases, Alopecia areata, vitiligo, Hashimoto thyroiditis,

203. Association of smoking and Lung Cancer in Albanian population.

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Abstract

Introduction: Albania is a country with a high prevalence of smoking but a national cancer registry has not been initiated yet and data on lung cancer are scarce.
Methods: In 2010-2014, 1254 patients presented to our hospital with either symptoms or an abnormal finding in their chest X-ray and were diagnosed with lung cancer. This is a descriptive retrospective study, reporting data on the histological type of cancer and smoking history.
Results: Of the 1254 patients, 79% (n= 1001) were men and 21% (n=253) women. Age range was (16-89), with mean age in men 62.4 ±8, 5 and in women 58±10, 2. Diagnosis was confirmed by histology [table 1]: Regarding NSCLC, 78% of patients had an advanced stage (III and IV).Only 268 patients were non-smokers, 126 were ex-smokers and the remaining 67 % (n=860) were current smokers with

high exposure (92 pack/years). Day hospital average is 7 day, and day range was (1-21) with SD± 6.4. Performance status was: 35.2% improved, 60.2% idem, 3.3% dead in hospital.

Conclusion: In Albania, lung cancer is an increasing pathology (p<0.005) and there is a high prevalence of squamous cell carcinoma especially in men, probably associated with the heavy history of smoking and most patients are diagnosed at a late stage. Policies for smoking cessation should be strengthened and a lung cancer screening program should be initiated.

	Squamous cell carcinoma	Adenocarcinoma	Small cell	others	total
men	56%(n=560)	22%(n=220)	15%(n=150)	7%(n=71)	100%(n=1001)
women	11%(n=27)	72%(n=183)	5%(n=13)	12%(n=30)	100%(n=253)

Key word; lung cancer, smoking, squamous cell carcinoma, Lung Adenocarcinoma

204. Ectopic pancreatic tissue in stomach. A Case report

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Abstract

Introduction: Pancreatic glandular tissue situated outside the normal anatomical site of the human body is called heterotopic pancreas or ectopic pancreas. An ectopic pancreas is defined as pancreatic tissue lacking vascular or anatomic communication with the normal body of the pancreas. Ectopic pancreas has very low incidence and mostly it remains asymptomatic. We can found it usually in association with stomach and duodenum, but it may be found in relation with any organ and even outside the abdominal cavity. The most common heterotopic site is the stomach commonly involving antrum and prepyloric region on the greater curvature or posterior wall. When it is symptomatic may present as pain in the abdomen, nausea, vomiting, bleeding abscesses, cysts, or malignancy of the concerned organ. Ectopic pancreas is diagnosed by endoscopic ultrasound, gastroscopy and biopsy, abdominal CT and MRI. Definitive diagnosis is verified by histopathological examination.

Case report: A 15-year-old woman presented with vomitus, nausea, epigastric pain, and cefalea. Esophagogastroduodenoscopy reported submucosal lesion in the prepyloric region. We performed biopsy. Endoscopic ultrasonogpraphy and CT of the abdomen showed submucosal mass, 10 mm in diameter, located in the prepyloric region. Histopathology findings showed ectopic pancreatic tissue in the submucosal and muscular layer of the stomach. Patient in the 5 year follow-up did not develop any symptoms related to gastrointestinal tract.

Conclusion: Presentation of ectopic pancreatic tissue in stomach is very rare condition.

Keywords: Ectopic pancreas, stomach, heterotopic pancreas.

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