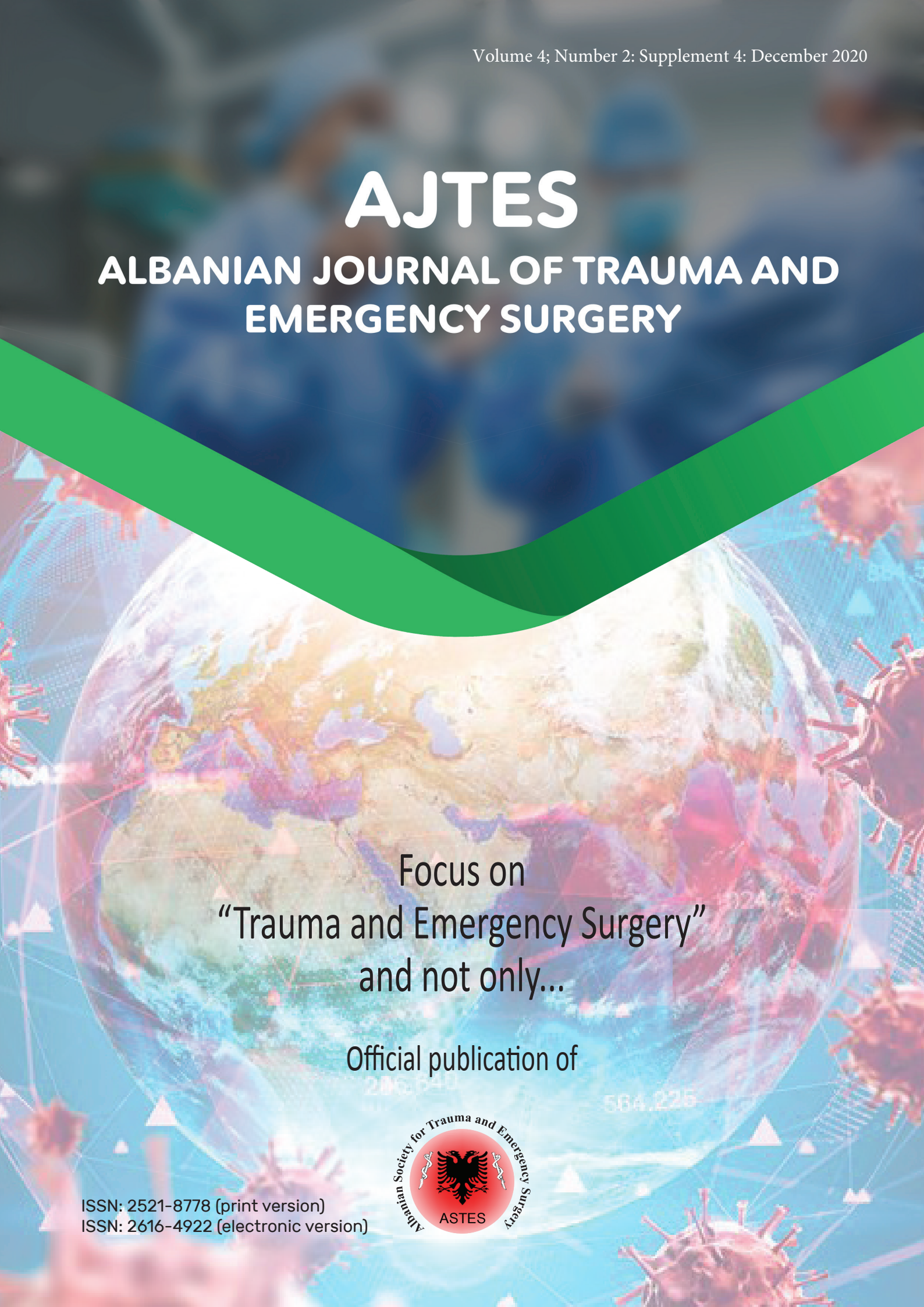
Volume 4; Number 2: Supplement 4: December 2020

AJTES

ALBANIAN JOURNAL OF TRAUMA AND EMERGENCY SURGERY



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

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4th Annual Albanian Congress of Trauma & Emergency Surgery

VIRTUAL EDITION

21 – 22 December 2020, Tirana, Albania.

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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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ORAL PRESENTATIONS

OP - 01

The impact of COVID-19 in Trauma and Orthopedic Surgery in Albania

Edvin Selmani

Lecturer in Orthopedic Surgery & Traumatology at the Faculty of Medicine, UMT, Tirana, ALBANIA
Orthopedic Surgeon at the University of Hospital of Trauma, Tirana, ALBANIA

Abstract

Introduction : The coronavirus 2019 global pandemic has had a significant impact on trauma and orthopaedic (T&O) departments worldwide. To manage the peak of the epidemic, orthopaedic staff were redeployed to frontline medical care; these roles included managing minor injury units, forming a "proning" team, and assisting in the intensive care unit (ICU). Outpatient clinics were restructured to facilitate virtual consultations, elective procedures were cancelled, and inpatient hospital admissions minimized to reduce nosocomial COVID-19 infections.We can say that orthopaedic training has been impacted during this period. This article discusses the impact of COVID-19 on T&O in Albania and highlights key lessons learned that may par help to proactively prepare for the next global pandemic.

Conclusions**:** The COVID-19 pandemic has had an unprecendented impact on T&O in Albania , with changes in outpatient clinics, fracture clinics, inpatient hospital admissions, elective and emergency operative procedures, staff redeployment and reallocation of resources. The main lessons learned for the next pandemic are that orthopaedic departments need to remain flexible to infra-structural reorganisation to increase critical care capacity, maintain a low threshold for remote staff computer access to reduce hospital staff exposure, facilitate outpatient management via telephone consultations to reduce hospital footfall, and redirect training via web-based platforms while operative experience cannot be gained.

Keywords: Coronavirus, Trauma, Global Pandemic, Orthopaedic, Training,

OP - 02

Abdominal Disturbances in Children with Covid-19

Ferizat Dika-Haxhirexha, Sevdije Koxha, Ledia Qatipi, Shqiponja Turkeshi, Aulona Haxhirexha

PHO "Alba- Med" – Diber, Regional Hospital – Diber, NORTH MACEDONIA

Abstract:

Introduction: In this presentation, we will present the case of three children of ages 4 to 14 years, with signs of acute abdomen. In all three patients, anamnestic data showed positive family members infected with COVID-19.

The laboratory analyzes in all of them resulted in increased values of both erythrocyte sediment and CRP, while only in one of them the values of LDH and transaminases (AST, ALT) were also increased.

Ultrasonographic examination of the abdomen in two children showed the presence of a small amount of free fluid in the abdomen and mesentery thickening with several packets of enlarged lymph nodes. Radiography of the lungs did not show pulmonary lesions in any of the children. Body temperature ranged from 37.2 to 38.50C, while urine was within the normal range.

All children were hospitalized and kept under observation for several consecutive days. Furthermore, at the same time they were treated with antibiotics of the group of cephalosporins of the third generation, as well as with antipyretics (paracetamol). As their condition improved, they were released from the hospital with instructions to continue taking vitamins

and oligominerals at home.

Conclusion: Pediatricians and surgeons must be very cautious in treating children with acute abdominal pain since infections with Covid-19, and not surgical diseases, might be the real cause of these concerns.

Keywords: COVID-19, Children, Abdominal Pain.

OP - 3

The Role of Physiotherapy in Patients with COVID-19

Erisa Mane[1] , Elda Latollari[2],
Luisana Memushaj[3]

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[2]Fan Noli University, lecturer, Korçë, ALBANIA

[3]FzioLife Clinic, physiotherapist, Reald University, lecturer, Vlorë, ALBANIA

Abstract:

Introduction: It should be known that patients with or after COVID-19 exhibit various symptomatology and mainly respiratory complications. Their treatment and rehabilitation include medication and physiotherapy. Physiotherapy in these patients is based on breathing techniques and physical exercises.

Purpose: The main objective of this study is to identify the role of physiotherapy in COVID-19. The specific objectives that were achieved are:

- Effects of physiotherapy in hospitalized patients with COVID-19
- The role of respiratory techniques in patients with or after COVID-19

Methodology: This is a review-type meta-analytic study, a literature review of 6 studies involving 380 patients aged 20-80 years. All studies are from 2020, conducted in China, Spain and USA and focus on physiotherapy at COVID-19. The treatment includes mental activation techniques, physical exercises in the hospital or at home as well as telerehabilitation, supervised online by the therapist.

Results: It can be said that respiratory physiotherapy techniques increase vital capacity, reduce cough and aspirate secretions. After 3-6 weeks of physiotherapy over 70% of patients improve daily life activities, reduce stress and improve dyspnea by up to 50%. Exercise helps with torso movement, gait and overall condition of patients ($p < 0.05$).

Conclusions: Several weeks of physiotherapy helps the patients who pass COVID-19, improving respiratory function, quality of life and general condition. Breathing and mental activation techniques reduce anxiety.

Keywords: COVID-19, Coronavirus, Physiotherapy.

OP - 4

Case Report: Pneumomediastinum due to Covid -19 Pneumonia.

Fadil Gradica[1], Daniela Xhemalaj [1],
Lutfi Lisha [1], Alma Cani [1], Fahri Kokiçi [1],
Dhimitraq Argjiri [1], Ilir Peposhi [1],
Flora Gradica [2], Valbona Rexha[2] ,
Cleon Gradica [2]

[1]University hospital "Shefqet Ndroqi", Tirana, ALBANIA.

[2] Pharmacy

Abstract:

Introduction: Spontaneous pneumomediastinum (SP) unrelated to assisted ventilation is a newly recognised complication of severe acute respiratory syndrome (SARS). The objective of the present study was to evaluate the importance of covid -19 pneumonia, in avoiding Spontaneous Pneumomediastinum.

Case report: A 57-year- old man presented to the emergency room with 3 days of increasing cough

and shortness of breath, both at rest and with minimal exertion, associated with decreased appetite and also anosmia. He denied fevers, chills, chest pains, nausea or vomiting. He did suspect recent coronavirus exposure. His chest X-ray was remarkable for bilateral patchy infiltrates.

Discussion: One possible explanation of occurring Pneumomediastinum related to viral infection is that alveolar rupture may occur in SARS as a result of severe diffuse alveolar damage and cause interstitial emphysema. Air may then dissect along the bronchovascular sheaths into the mediastinum to manifest as SP initially, which may further progress to pneumothoraces and subcutaneous emphysema in some patients. Pneumothorax and pneumomediastinum represent rare complications of Covid-19 pneumonia and only few cases of spontaneous pneumomediastinum have been published to our knowledge.

In conclusion, the spontaneous pneumomediastinum appeared to be a frequent complication of severe acute respiratory syndrome, including as well covid-19 pneumonia.

Keywords: Pneumomediastinum, Covid-19, Covid-19 Pulmonary Complication, CT-Covid Complications**.**

OP - 05

Management of the SARS-Cov2 Pandemic. Recommendations for the Primary Care Physician.

Hysni Bendo

General Physician

Abstract:

Introduction: The scientific knowledge about the SARS-CoV-2 virus is increasing rapidly. The infection process is very dynamic and requires permanent adjustments to the strategies for fighting pandemics at the medical and political level. The SARS-CoV2 pandemic demands a considerably high degree of activity and flexibility from general practitioners to manage their patients in the best possible way as well as to make a contribution to the protection of society and to avoid overburdening the entire health care system. *The aim* of this short presentation is to give recommendations for different scenarios and treatment occasions related to the SARS-CoV-2 pandemic, which are relevant for primary care physicians.

Keywords: SARS-CoV2 pandemic, Actvity, Primary care, management.

OP - 06

COVID-19 Epidemiology in Albania during 2020

Ilir Alimehmeti

Clinical Epidemiologist & Endocrinologist

Deputy Dean – Faculty of Medicine, UMT, Tirana, ALBANIA

Abstract:

Introduction: It can be said that COVID-19 pandemic has inflicted a really severe toll in terms of infection, morbidity and mortality worldwide without sparing Albania. Moreover, during 2020 different nonpharmacological interventions where put to action in different countries and with different timing. Thus, a more clear depiction is urgently warranted.

Albania presented its first confirmed cases on March 8th, which have increased to over fifty thousand until mid-December 2020, a number that is condemned to further increase reaching probably sixty thousand by the end of the year. However, such figures are only the confirmed cases registered by the Institute of Public Health that, accordingly to data from national and international seroprevalence studies, is just a fraction of the real number of cases during this period. Nevertheless, epidemiology is interested not only

in transmission patterns and trajectories, but also on several outcome data, that in a decreasing importance order include but are not limited to mortality, intensive care unit hospitalization, hospital occupancy rate, morbidity, test positivity percentage etcetera.

Moreover, several nonpharmacological interventions will be discussed focusing especially on their effectiveness in terms of incidence, based on the target population they are directed towards.

In conclusion, a more clear, transparent and meaningful presentation of the official data will offer the participants specific easy-to-miss epidemiological insights on COVID-19 during the whole first year of the pandemic in Albania.

Keywords: COVID-19, Intervention, Transmission, Epidemiological

OP - 07

Nurses and Prevention of COVID-19 Infections

Aferdita Ademi, Blerim Fejzuli

Clinical Hospital of Tetova, Faculty of Medical Sciences, University of Tetova, NORTH MACEDONIA

Abstract:

Introduction: The purpose of this study is to manifest the extra commitments and responsibilities that nurses carry in the surgical wards to prevent outbreaks of infections with the virus COVID – 19.

Material and Methods: Patients with surgical diseases and infected with COVID - 19 from the outbreak of the pandemic until November 1, 2020, hospitalized in the Surgery Clinic of the Clinical Hospital of Tetova are the focus of the study.

***Results*:** Out of the total number of patients hospitalized in our ward for various surgical conditions, seven of them were diagnosed with COVID-19 virus infection a few days after hospitalization. Out of total four of these patients, three of them were operated on for acute appendicitis and one with an incarcerated hernia. The infection was diagnosed in the postoperative period, while in the other three patients, the disease was diagnosed on the second and third day after hospitalization.

Conclusion: Nurses have shown to represent a really essential part of the medical staff in dealing with the COVID-19 virus. Despite the utmost care and strict observance of all norms for preventing the spread of the virus, they too often became the victims of these infections. However, thanks to their commitment and care showed for patients, the rate of spread of infection with COVID-19 in hospital wards stayed minimal.

Keywords: Nurse, COVID-19, Prevention.

OP - 08

Politrauma Challenges in Management

Agron Dogjani [1, 2*], Arben Gjata [1], Kastriot Haxhirexha [3], Sindi Shandro [1], Seimir Laqja [1].

[1] *University of Medicine of Tirana, Albania*

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

[3] *State University of Tetovo, North Macedonia.*

Abstract:

Introduction: The University Hospital of Trauma, Tirana, Albania, is the only National reference center for trauma in Albania. As the primary care center it is for trauma, often operating over capacity of trauma patient, limiting access to Emergency surgical care for non-trauma patients. For non-traumatic surgical emergencies are instructions to inform the patient selection for transfer to another institution such as a University Hospital Center "Mother Theresa" in Tirana, Albania. Such decisions can be particularly difficult for severely

ill patients when transferring benefits are uncertain.

Material and Methods: To point out the exact role of surgeons in different hospital levels, for transfer, we took a qualitative analysis of cases that are transferred from a regional or municipal hospital to the University Hospital of Trauma.

Results: Surgeons in regional or municipal hospital require transfer when the ability to care for the traumatized patient is limited by the lack of necessary staff or equipment, and when the needs of surgical treatment of patients or comorbid conditions are not available at the level local. Surgeons (non-primary centers) sometimes transfer patients who can be selected at home (second or third level hospitals ...) or with a fatal safety progress, in order to try all treatment options or to satisfy families by thus reducing the possibility of benefiting from the treatment of other patients.

Conclusion: Decisions on the transfer of surgical patients are complex and require good recognition of traumatized patient assessment protocols, knowledge and capacity coordination both local and central as well as in logistics, personnel and scientific andprofessional levels.

Keywords: Primary care center, Trauma score, decision-making strategies.

OP- 09

Spectrum of Diaphragmatic Injury in Trauma and Emergency Radiology

Zeyad Jalee, A. A. Al-Taie, Adham Darweesh

Clinical Imaging Department, Hamad Medical Corporation, Doha, QATAR

Abstract:

Introduction: Diaphragmatic injury (DI) is a relatively rare injury.

Mechanism of injury is either related to blunt or penetrating trauma. A75% of rupture is from blunt abdominothoracic trauma of severe grade (mainly motor vehicle accidents) and 25% from penetrating trauma (from gunshot and stab injury) [5].

BDR occurs with approximately the same frequency and injury pattern in adults and children alike

The left hemi diaphragm is three times more involved than the right, possibly due to the buffering effect of liver. The most common site of rupture is the posterolateral aspect of the hemidiaphragm between the lumbar and intercostal muscle slips. The most commonly-herniated viscera are the stomach and colon. Mechanisms of rupture of diaphragm include (a) sudden increase in intrathoracic/intra-abdominal pressure against a fixed diaphragm, (b) shearing stress on a stretched diaphragm, and (c) avulsion of the diaphragm from its point of attachment**.**

Traumatic diaphragmatic hernias are classified into three different types, depending upon the time interval for diagnosis.

Type 1 hernia - Immediately following trauma

Type 2 hernia - Within the recovery period

Type 3 hernia - When the patient presents with complications related to the DI.

Complications of DI inlcude:

Gastrointensinal strangulation

Gastric volvulus

Tension gastrothorax

Compression of the viscera at the site of herniation

Keywords: Diaphragmatic Injury, Hernia, Trauma, Complications.

OP - 10

Emergency Pre-Hospital Treatment in Traffic Accidents and On-Site Actions

Isuf Bajrami, Avdyl Pacolli, Haki Dragusha, Muhamet Petreva, Bujar Millaku

Centre of Urgent Medicine, Pristina, KOSOVO

Abstract:

Introduction: Traffic accident injuries are the leading cause of death in the most productive age group – 20-45 years old. If no preventive measures are taken, it is expected that in year 2030 traffic accidents will be the leading cause of death in general.

Purpose of study: To identify the most common factors of the traffic accidents. To evaluate the way traffic accidents are handled from urgent medicine services and the Centre of Urgent Medicine in particular. To improve the quality of handlind traffic accident from medical teams.

Material and methods: I have cooperated with the Emergency Centre of UCCK, and Kosovo Police – Pristina regional unit. The retrospective method of research and afterwards descriptive and analytical method has been applied.

Results: According to Police statistics, the largest number of accidents in traffic in Kosovo have taken place in year 2013 - 5541 cases.

The largest number was in August –198 cases, while the lowest number was in May –69.

Conclusion: Traffic accidents increase the incidence of death and disability in general population.

Enforcing Emergent Medical Services, promoting and educating the population, institutional cooperatin, have positive impact in reducing the number of traffic accidnts, decreasing mortality and disability caused by traffic accidents.

Proposal of measures: organizing seminars in national level for young people in order to increase the awareness about dangers in traffic.

Keywords*:* Traffic accident, Injuries, Medical Service, Medical Urgency, Fatality.

OP - 11

An Overview of the Treatment of Crush Syndrome

Merita Rroji

Department of Nephrology, University Hospital Center" Mother Tereza", Tirana, ALBANIA.

Abstract:

Introduction: Natural mass disasters affect huge populations, who need basic infrastructural help and also assistance to survive. The first description of the crush syndrome appeared in the modern medical literature after the Messina earthquake in 1909. Trauma-related crush syndrome was first identified as a single/broad pathophysiologic entity in 1941. During the bombing of London, Bywaters and Beall described in detail the clinical picture in four crush cases. Three of them were oliguric and all produced dark brownish urine. All four patients died; histopathological examination of the kidneys revealed pigmented casts, polymorphonuclear invasion, and acute tubular necrosis (ATN). This presentation summarizes the etiopathogenesis of traumatic rhabdomyolysis and crush syndrome-based acute kidney injury. The clinical and laboratory features, prophylaxis, and treatment of crush cases are described as well. The importance of early and dynamic fluid resuscitation is indicated for the prophylaxis of acute kidney injury. The treatment of both acute and chronic kidney diseases (CKDs) is especially problematic after disasters, because of the reason they almost always require complex technology

and equipment, whereas specific drugs may be difficult to obtain for the treatment of chronic kidney patients. Although crush syndrome is a major cause of mortality in the rescued victims of massive earthquakes, the number of deaths due to crush syndrome (or fatalities of renal disaster) can be decreased by appropriate management.

Keywords: Crush syndrome, Trauma, Chronic Kidney Disease, Acute Tubular Necrosis (ATN), Fatalities.

OP - 12

Advanced trauma life support training- How useful is it?

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

[3] *State University of Tetovo, North Macedonia.*

Abstract:

Introduction: For more than 20 years, following the changes that took place in Albania in 1992, we have received the information from trauma patients in the media about the delivery of trauma services. Police recordings are worthy of a war balance report. Trauma is estimated to be the cause of deaths in 13.7% / 100,000 people. Every two days three Albanian Citizens die because of Automobile Accidents.

Changes have already taken place, but the true question that arises is, who cares about the trauma and its management?

Formerly and now the state ,ok, but? Is this enough?

The Ministry of Health should have a *"Trauma Committee"* if yes… is it active?

Already of the three years at the heart of these medical emergency management networks is a National Center of Medical Emergency (NCME).

The trauma service delivery is now actually evolving along the lines of a central and spoken model with a true concentration of expertise and specialization in the center surrounded by smaller units that feed from the center.

The study showed a 19% increase in the chances of survival since the introduction of these changes. Another 1,600 trauma victims are alive today due to developments in the administration of trauma patients in England over the past six years.

In this system or mode of organizing, what is today the NCME or organizing the transport of traumatized from the scene to the University Hospital of Trauma, by medical staff who have done a substantial part of the PhTLS® course.How is educational status of personal in other regions far from the Capital? ATLS® student courses in our country have been implemented by few and individually, ASTES, by default rules, has acquired the right to organize ATLS® in Albania.

Keywords: Trauma, ATLS, Course, Skills.

OP - 13

Novelties in the Treatment of Patients after Blunt Abdominal Injuries

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Abstract:

The blunt abdominal trauma, is actually encountered in a regular way in the emergency department (ED). ***Purpose****:* The real goal of the prewiev article, is to

accurately describe injuries of individual organs, their diagnosis and treatment both from the point of view of surgery as well as intensive care medicine. The lack of historical data and the presence of distracting injuries or altered mental status, from head injury or intoxication, can make these injuries difficult to diagnose and manage. Victims of blunt trauma often have both abdominal and extra-abdominal injuries, further complicating care. Early deaths following abdominal trauma are usually attributable to haemorrhage. Sepsis is the most common cause in deaths. ***Conclusions****:* The most common cause of abdominal injuries are car accidents, which are mostly blunt force injuries. In the diagnosis of abdominal injuries, it is very important to know the diagnostic algorithm, with the help of which it is necessary to establish the diagnosis as soon as possible. The most commonly damaged organ in the abdominal cavity is the spleen. Injury care has become increasingly conservative in recent times. Even liver care, which is the second most commonly damaged organ in the abdomen, rarely requires aggressive surgical treatment.

Keywords*:* Abdominal Blunt Injuries, Diagnostics, Intensive Care Treatment, Surgery.

OP - 14

Simple and Complex Pneumothorax- Diagnostic and Treatment Challenges (10 Year Study in The Regional Hospital of Vlora)

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[1] Surgeon in the Regional Hospital of Vlora, ALBANIA

[2] Anesthesiologist in the Regional Hospital of Vlora, ALBANIA

Abstract:

Introduction: From 2007 to 2017, 204 cases of pneumothorax have been diagnosed. This number is higher than before because of the CT scan and the other techniques that allow us to diagnose this condition easily. Most of our patients with pneumothorax, have also shown hemothorax and thoracic injuries, both penetrating and non-penetrating. Thoracic traumas are often present in patients with polytraumas, and often these patients show pneumothorax as a complication.

Diagnostic Challenges: Considering our clinical experience we have observed that there is an important discordance between the radiological response and the clinical presentation of the pat used the pleural diagnostic punction as a diagnostic procedure, this way we performed also a thoracic draining if we found air in our syringe.

Treatment challenges: In the very last years we have performed the draining procedure in the 6th intercostal space on the medio-axillary line, which has had much better results.

Conclusions*:* Traumatic pneumothorax is a common surgical condition. The most important causes of the thoracic traumas are: automobility accidents, falling from heights, weapon injuries and different kinds of traumas. Pathological pneumothorax is less frequent but still present. The actual treatment is almost always surgical and it consists in the positioning of a drain.

Keywords: Traumatic Pneumothorax, Polytrauma, Simple Pneumothorax, Hemothorax, Medio-axillary line, Penetrating Thoracic Injury.

OP - 15

Incidence and Treatment of Postoperative Delirium after Cardiac Surgery

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Abstract:

Introduction: Delirium after cardiac surgery is a major problem. Several predisposing and precipitating risk factors have been identified for postoperative delirium. The development of delirium following cardiac surgery is associated with worse outcome in the perioperative period.

Materials and methods: during 2019 in our institution 480 cases (aged 65±19) performed CABG. 29 of them (6,1%) developed postoperative delirium. 25 of them (5,2 %) was up to 65 years. The patients were divided in two group. First, treated only with propofol and second with propofol and haloperidol. Results: mean recovery time for the first group was 3±0,5 days, and 4,5±0,9 for the second one.

Conclusion: It can be said that delirium complicates the postoperative course of a significant number of elderly patients undergoing cardiac surgery. Treatment with propofol and haloperidol has better results in recovery time.

Keywords: Delirium, Complicates, Cardiac Surgery. Propofol. Haloperidol.

OP - 16

Postoperative Complications of Coronary Artery Bypass Surgery, our Experience 2002-2020

Saimir Kuci, Alfred Ibrahimi, Ervin Bejko, Stavri Llazo, Jonela Burimi,Esmerilda Bulku, Ermal Likaj, Andi Kacani, Selman Dumani, Klodian Krakulli, Altin Veshti, Arber Aliu, Ali Refatllari, Edvin Prifti.

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Abstract:

Background and Goal of study: To indicate the postoperative complications of bypass surgery in our clinic and to compare them with the results of the other clinics. At the same time to compare them to see how has the trend gone from 2002 to 2020.

Material and Methods: We have studied all of the patients operated with CABG, from 2002 to 2020.We have seen the percentage of myocardial infarction, low cardiac output, arrhythmias, stroke, pulmonary, renal and gastrointestinal implications are involved in the operative risk after coronary bypass surgery.

Result and Discussion: Postoperative complications after coronary bypass surgery involve all the main systems as a result of the primary pathology, accompanying disease or extracorporeal circulation effects. Complications as myocardial infarction (5-10%), low cardiac output (4-5%), arrhythmias (22-30%), stroke (3%), pulmonary (13-15%), renal (5-6%) and gastrointestinal (1,5-2%) implications are involved in the operative risk after coronary bypass surgery.

Conclusion: Myocardial function in the early postoperative period is dependent directly on the quality of surgery, type of cardio protection and operative times. Long bypass times are related to postoperative stroke and diffuse cerebral edema especially in patients with carotid stenosis.

Keywords: Arrhythmias, Stroke, CABG.

OP - 17

Post Operative Delirium Following Hip Surgery

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Abstract:

Introduction: A review of literature about incidence, early diagnosis and clinical manifestation, treatment and prevention of POD in HIP surgery (femoral neck fracture, intertrochanteric fracture).

Post-operative delirium (POD), is a variant of the delirium that is manifested in the patients who have undergone various surgical procedures and also anesthesia, usually peaking between one and three days after their operation. It has a very high incidence in the elderly patients after repairing femoris fracture. It can cause a significant increase in morbidity, mortality, prolonged hospitalization, and medical costs. Delirium is associated with increased days of mechanical ventilation and ICU length of stay, increased hospital length of stay, and patients' functional decline. Furthermore, all-cause mortality increases by at least 10–20% for every 48 hours of delirium. A recent meta-analysis demonstrated that delirium during hospitalization doubles a patient's risk of post-discharge institutionalization and death, and increases risk of dementia up to 10-fold. Impressively, these poor outcomes were independent of common confounders like age, sex, and comorbidities. Additionally, in-hospital delirium is associated with more than doubled one-year medical costs. Some of the cost and mortality implications arise from the association of delirium with other postoperative complications, including falls, pressure ulcers, urinary tract infection, respiratory difficulties, myocardial infarction, and atrial fibrillation.

Keywords: Delirium, Pressure ulcer, Surgery, Femoral Neck Fracture.

OP - 18

Management of Frailty and its Challenges in Geriatric Patients on General Anesthesia.

Majlinda Naço

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Abstract:

Introduction: In Albania there are almost 439 000 elderly people in 2021 and 1 in 25 persons performed surgery. According to deficits in function, mobility, cognition, chronic diseases and geriatric syndromes we can use clinical frailty scale, the Edmonton Frailty Scale or frailty index for calculation of frailty. We need intraoperative care, management of general anesthesia, early immobilization as well as treated of postoperative delirium because frailty increased intraoperative morbidity, increased postoperative complications especially delirium, extend hospitalization, as well as non – home discharge and mortality.

Conclusion: Many geriatric patients have multi-organ problems. Frailty is a practical, unifying concept in the care of these older people that directs attention away from organ specific diagnoses towards a more holistic viewpoint of the patient and their medical medicament.

Keywords: Frailty Syndrome, Clinical Frailty Scale, Frailty Index.

OP - 19

Computer Model of Death Probabilities in the Severe Burned Patients

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Abstract:

Introduction: Mortality after severe burns is one of the major outcome measures in burn centres. There are many predictive factors related with the course of the disease responsible for survival after severe burn. Many burn centres have generated computer models of death probabilities based on age and TBSA (total body surface area) burned.

Purpose: To evaluate outcome of the severely burned patients treated in the burn centre and to develop a predictive model for survival from severe burns in Albania based on 1684 patients hospitalized in the Intensive Care Unit of the Service of Burns during 2009-2019.

Methods*:* The actual medical records of all acute burn patients were reviewed retrospectively. Statistical analysis was conducted using SPSS version23. We will present preliminary analysis of the logic of variables and their predictive power.

Results*:* Overall mortality in ICU is 6.8% while the mortality rate of all burns was 0.35 cases per 100000 population/year.

Conclusions: The reduction of mortality speaks for a better work of our staff to our patients. The predictive model for outcome may assist all the burn team to identify the crucial determinants of clinical outcome to establish a basis for treatment standards and to allow future comparisons of new treatment strategies.
Keywords: Severe Burn, Predictive Factor, TBSA.

OP - 20

A Rare Complication of Calcaneal Fracture – Calcaneal Non-Union Case Report

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Abstract:

Introduction. The most vulnerable to such injuries are physically active, mostly male, able-bodied persons.

The purpose. Our research had the intention to study published reports of postoperative intra-articular calcaneus fractures, determinate the main reasons for such complications and study the ways to improve the treatment results.

Material and methods. We retrospectively studied anamnestic data, medical history from 2018, and the treatment process of our patient in 2019-2020 with calcaneus ORIF post-operative non-union at Trauma department of Uzhhorod District Clinical Hospital.

Case report: A 56 years old male patient with over 20 years smoking experience received injury as a result of falling from a height in 2018. Next day he was admitted to the trauma department of the City Hospital with Diagnosis: Closed calcaneus intraarticular AO 82 C2 (Sanders3) fracture, with joint depression and fragment displacement. Applied ORIF with restoration of the posterior talar articular surface of the calcaneus and LCP fixation on 12th day after the trauma, followed by protected weight bearing for 9 weeks.

Discussion and review of the literature. It can be said that Wajdi's study substantiates the possibility of using the Bone Marrow Concentrates or Platelet Rich Plasma methods.
Conclusions. Non-union after Calcaneus fracture ORIF management is an extremely rare complication. Controlled randomized trials with a larger sample

size and longer follow-up are required for plausible evidence and systematization of treatment principles.

Keywords: Calcaneal Fracture, Wajdi, Complication.

OP - 21

The Role of Skeletal Traction on the Acutely Reduced post Traumatic Hip Dislocation

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Abstract

Introduction: The condition of post traumatic hip dislocation, is a very common pathology, that is actually encountered in our emergency department. If not properly approached it may lead to very potential and sometimes even life threatening complications. Our routine protocol includes the immediate skeletal traction after successful closed reduction, to every case of post traumatic hip dislocation referred to our centre. The scope of this article is to challenge our protocol; once again emphasise the importance; and to concentrate on easing the difficulties faced during management of this condition, including proper diagnosis, classification, and the up-to-date treatment protocols. Special consideration is focused on the role of skeletal traction on avoiding long term and disabilitating complications such as the AVN of femoral head, taking into account the most updated international guideliness and best on-the-field investigator recommendations.

Keywords: Traumatic hip, Dislocation, Treatment protocols.

OP - 22

Emergency Medical Care and Management of Sports Injuries on the Football Court

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[2]*College Medical of Sciences Resonance*

Abstract:

Introduction: Sports medicine is a clinical subspecialty that deals with the examination, monitoring, diagnosis, treatment and prevention of injuries that occur during sports events, training and physical activities in pre-hospital settings.

Purpose: Providing emergency medical care at all basic stages of managing minor and multiple injuries on the football field and in other sports in order to implement BLS, ACLS, BTLS, PTLS, ATLS care measures reducing morbidity, disability and mortality.

Working methodology: The research is of retrospective, descriptive, qualitative type. The material was taken from the archive of the Emergency Clinic of UCCK for the period January-December 2019.

Result: Sports injuries are very costly, and according to the pathology with diseases were 13 cases or 18.57%, injuries were 57 cases or 81.43%. The number of athletes with current illnesses or injuries in sports matches according to the age of 15-20 years was 27 cases or 38.58%, 20-25 years were 28 cases or 40.00% and 25-35 years were 15 cases or 21.42%

Discussion and conclusions: Education of medical staff, nurses, paramedics with courses, use of medical equipment, BLS, ACLS, BTLS, PTLS, ATLS and

standard procedures for providing and transporting medical care to the hospital.

Keywords: Illness, Injury, Sports, Health Care, Medical Care, EMS.

OP - 23

Fragility Fractures- Current Concepts

Artan Bano

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Abstract

Introduction: The treatment of the fragility fractures is a challenge for the Orthopaedic Surgeon. Poor bone quality, high degree of comminution, patient co-morbidities and need for long term rehabilitation are some of most important factors affecting morbidity and mortality rate. Despite these difficulties, new techniques and also special implants design have been designed, in order to face even the most difficult cases. Based on recent data recommendations for treatment of fragility fractures have been developed having final target 3 column strategy: early diagnosis and treatment, good rehabilitation and secondary prevention.

Keywords: Fracture, Technique, Treatment

OP - 24

NSAIDs Provide Effective Analgesia in Traumatic and Orthopedic Patients, but can Cause Acute Kidney Injury, AKI.

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[2] *Nephrologist, Internal Medicine Service/ SB2, Tirana, ALBANIA*

Abstract:

Case report: Flurbiprofen causes AKI, acute interstitial nephritis**.**

Introduction: We will present an elderly woman, who received three single doses of Flurbiprofen 100mg, for three days in a row for body and joint pain.

A 69-year-old woman presented with fatigue, lower limb edema, purpura, oligo-anuria, and elevated PA values. Signs appeared after the patient received the Flurbiprofen. Urinalysis: leukocytes 8-10/ field, erythrocytes 4-5/ field and 6.6gr% proteinuria. Urine eosinophil screening was positive. A biopsy of the skin was taken. Empirical therapy with prednisolone 1mg/kg weight was initiated that started on the first day of hospitalization. After treatment the elements on the skin began to disappear. The creatinine level began to normalize, and the values got up to 1.3 mg/dl. Skin biopsy did not show inflammatory elements. The patient was discharged from the hospital after 14 days. After 1 month, the patient had no cutaneous elements and renal function was normal, creatinine 0.9mg/dl, urea 35mg/dl, but proteinuria was present. The Next follow- up was three months later and she was found in a good condition with normal urea and creatinine levels as well.

Results: The use of NSAIDs leads to renal damage, increases need for dialysis, length of hospital stay and

increases possibility of mortality.

Keywords: AKI, NSAIDs, AIN.

OP - 25

Femoral Neck Fractures

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Abstract:

Introduction: Femoral neck fractures are very frequent pathologies that can be found in patients of all age groups; however, the most effected group are elderly patients. In the before-mentioned age group, these pathologies, are presented as a consequence of a low-energy trauma which, in most cases, occurs in a domestic setting. As for adults and young adults, neck of the femur fractures are presented as an outcome of a high energy trauma, such as: vehicular accidents or a high fall. When studying these fractures, a series of classifications exist, of which the most used in clinical practice are: Garden, Pauwels and the AO-group. These classifications have an important role in deciding the method of treatment and defining the prognosis. The vascularization of the head of the femur also is an essential factor in deciding the method of treatment and the definition of the prognosis.

The methods of treatment are overall quite famous: osteosynthesis and endoprosthesis. In elderly patients endoprosthesis is the best method of treatment, though the same cannot be said for adults and young adults. For these age groups osteosynthesis is the recommended option, however this treatment intakes two major future risks: pseudoarthrosis and avascular necrosis. Taking into account the previously mentioned factors, a correct decision of the treatment protocol is the golden key to a successful recovery.

Keywords: Neck Fracture, Endoprosthesis, Avascular Necrosis, Osteosynthesis.

OP - 26

ERCP and its Role in the Treatment of CBD Stones

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Abstract:

Introduction: Where suitable technical equipment and trained medical and paramedical staff are available, the preferred treatment for common bile duct lithiasis (CBDL) is extraction following endoscopic sphincterotomy during endoscopic retrograde cholangiopancreatography (ERCP). In 2007, ERCP should no longer be used purely for diagnosis but rather for treating CBDL already diagnosed via non-invasive morphological examination. For patients with CBDL and the gall-bladder in situ, the respective advantages and disadvantages of preoperative, perioperative and postoperative endoscopic treatment should be considered case by case, according to the team's preference and the equipment available. In cases involving a surgical arrangement, which has altered gastroduodenal anatomy, a papilla that is hard to reach, large stones or associated stenosis, special endoscopic techniques must be used. Techniques for the supply and management of anticoagulants and antiplatelet drugs in collaboration with the cardiologist and anaesthetist must be fully mastered. Endoscopic biliary sphincterotomy is not without risk (acute hemorrhagic pancreatitis, haemorrhage, perforation, infection) and this must be explained to the patient and family as well as the expected benefits. If ERCP is to be used increasingly in the treatment of CBDL, it is essential that medical practitioners are trained in how to recognise and take immediate action with respect to any signs of complications.

Keywords: Lithiasis, ERCP, Risk.

OP - 27

Postoperative Complications after Appendectomy: A 10-Year Experience of the Department of Surgery of University Hospital of Patras

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Ioannis Kehagias

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Abstract:

Introduction: Appendicitis is one of the most common abdominal conditions in both children and adults, requiring emergency surgery. Appendectomy (laparoscopic or open approach) is the gold-standard treatment for acute appendicitis. Postoperative complications such as wound infection and intra-abdominal abscess formation can be seen after appendectomy. The aim of this study was evaluated postoperative complications after open appendectomy (OA) and laparoscopic appendectomy (LA).

Materials and Methods: From the time of January 2008, to December 2017, records of patients with appendicitis were retrieved from computer database of our institution for analysis. Patients' demographic data as well as perioperative and postoperative outcomes of LA and OA group were compared.

Results: During the study period, 1037 appendectomies were performed (706 LAs and 331 OAs). Wound infection was found in 0.28 % (2/706) of patients who underwent LA and 3.32 % (11/331) of patients of OA group ($p<0.05$). In addition, the postoperative intra-abdominal abscess occurred in 3.26% (23/706) of patients of LA group and 3.63% (12/331) of patients who underwent OA ($p>0.05$).

Conclusion: This retrospective study, shows that there was no measurable difference in incidence of postoperative intra-abdominal abscess between two groups. However, the prevalence of wound infection is greater in patients who underwent OA.

Keywords: Appendicitis, Laparoscopic Appendectomy, Wound Infection, Intra-Abdominal Abscess.

OP - 28

Retroperitoneal Hydatid Cyst, A Case Report

Imri Vishi, Riza Idrizi, Sylejman Metushi, Ragip Bytyqi, Sami Spahiu, Nijazi Vishi, Afrim Tasholli, Xheladin Reqica, Mufail Hasani

Department of Surgery, Regional Hospital, Ferizaj, KOSOVO

Abstract:

Clinical Case: Patient L.R, female,32, was admitted at the chirurgical department with stomach discomfort (pain, barfing, anorexia) for a period of months where she was treated at the ambulance. Ultrasonographic examination and CT resulted in hydatid cyst with the dimensions 8x10 cm, located in the retroperitoneum in narrow report with the spleen, diaphragm, lineal flexure of colon, and also near the left kidney. It doesn't consist secondary crests. Total extripacion of the mass is done and histopathiologic verification which results with diagnosis of Cystae echionococcica. During the operation the opening of the hemidiaphragm is done which gets sutured primary and the hemithorax gets drained with active draining. Day 8 post-operation the patient leaves the hospital. A good post-operative period, associated with therapy and albendazol. Hydatid cysts with primary retroperitoneal location are very rare. The chirurgical treatment is a challenge for the surgeon and the only alternative for the surgeon. For confirmative diagnosis surgical removal of the cyst and histopathological examination of the resected specimen is necessary. Total cystectomy is in the gold

standard. When the complete resection is not feasible, de-roofing and drainage followed by adjuvant antihelminthic therapy, must be performed to prevent secondary recurrence of the cyst.

Keywords: Retroperitoneal, Cyst, Diagnosis, Antihelminthic.

OP - 29

A Surgeon's View of Abdominal Rectus Muscle Endometriosis, A Case Report and Literature Review

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[2]University Clinical Hospital Service of Kosovo, Surgery Clinic, Prishtina, KOSOVO

[3]Institute of Anatomic Pathology, Medical Faculty, University of Prishtina, KOSOVO

[4]Trakya University, Medical Faculty, Edirne, TURKEY

Abstract:

Introduction: Abdominal rectus muscle endometriosis after gynecologic surgery is a rare pathological entity, defined as endometrial tissue superficial to the peritoneum. Often is misdiagnosed and referred to surgeons for treatment.

Case presentation: We report a Caucasian female, 34 years old, six years after a cesarean (Pfannenstiel incision), with abdominal discomfort, intermittent pain in lover abdomen, nausea, with palpable and sensitive mass above the scar last six months. Treatment consisted in wide surgical full thickness abdominal wall resection, including the involved abdominal rectus muscle, followed defect by prosthetic abdominal wall repair. Through our case we discuss literature review. The postoperative course was uneventful, HP revealed abdominal rectus muscle endometriosis with free margins.

Conclusions: Abdominal rectus muscle endometriosis is an unusual and unique form of endometriosis with diagnostic and treatment delay. Proper combination between clinical data, Sonography color Doppler findings, may substantially upgrade correct preoperative diagnosis of abdominal wall endometriomas.

Keywords: Abdominal Wall Endometriosis, Rectus Muscle Endometriosis, Color Doppler Sonography, Abdominal Patch Grafting

OP - 30

Incisional Hernias and Treatment Options

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Abstract:

Incisional hernias continue to be a significant problem in general surgery. The causes of incision hernias after a surgical intervention are numerous, while the main ones are operative wound infection, obesity, male sex, diabetes, BPH, etc.

Results: The actual study included 57 patients operated on from incisional hernia in the period from January 2018 to January 2020. The age of the patients included in the study ranges from 27 to 73 years.

Most of the patients, respectively, 31 of them were male, while only 26 were female. In terms of BMI, nine of the patients were classified as normal

weight (18.5-24.9), 23 were overweight (BMI 25.0 -29.9), 19 patients were first-degree overweight (BMI 30.0 - 34.9), while six patients were classified with class II obesity (BMI 35.0-39.9). Correction of the incisional hernia in 21 patients was performed by closing the defect without the use of prosthetic materials (herniorrhaphy). In 27 patients, hernioplasty was performed using polypropylene mesh, while in nine of them, the correction of the defect was performed through the composite dual mesh.

***Conclusion**:* Correction of incisional hernias with the use of prosthetic materials marks a lower rate not only of recurrence but also of other postoperative complications, especially pain, and shows a higher degree of quality of life. In this context, the use of dual composite mesh shows higher safety indices in terms of hernia recurrence.

Keywords: Hernia, BMI, hernioplasty, polypropylene mesh.

OP - 31

Perioperative Assessment in Renal Failure

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Abstract:

Introduction: Chronic kidney disease is becoming an increasingly major problem for society and health care. The increase in the quality of life and longevity has made the number of people with CKD mark galloping steps. Today in America 1 in 7 people suffers from renal failure. CKD patients during their lifetime undergo surgical interventions at least one time, so it is very important to evaluate pre- and post-operative risks. Early recognition of chronic renal disease is very important, as well as pre- and post operative risks not only in renal patients but also those at high risk of developing AKI which goes up to 1% in the healthy population. The strategy evaluation of renal failure patients and those with high risk plays an essential role in the outcome during surgical interventions. That's why numerous studies have been conducted on the assessments of pre- and post operative risks in patients with renal failure. Hence, the focus on this topic is very important in clinical practice.

Keywords: CKD, Renal Failure, Surgical Intervention

OP - 32

Spontaneous intracranial hematoma - when urgent intervention is necessary?

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Neurosurgeon at Neurosurgery Service at UHC "Mother Teresa", Tirana, ALBANIA

Abstract:

Introduction: When a spontaneous intracerebral hematoma is disclosed in a CT scan, there are many different pathologies to be differentiated, further exams to be ordered and treatment options to be taken into consideration.

Through some latest operated cases we highlight the logical steps to undertake and discuss the pearls and pitfalls of managing intracerebral hematomas. Metastasis, cerebral aneurysm, hypertensive hematoma, GBM are some of etiologies we will discuss.

When taken into consideration the age, comorbidities,

antecedents, anamnestic elements, then the imaging suggests the next steps to take for the etiological diagnosis as well as surgical or conservative management.

***Keywords*:** Hematoma, CT Scan, Etiological Diagnosis.

OP - 33

Role of Decompression and Neurolysis in Late Surgery for Neonatal Brachial Plexus Palsy

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Abstract:

Introduction: It is generally accepted that patients with neonatal brachial plexus palsy (NBPP) who do not recover within the first year of age should undergo microsurgery.

Methods: We treated 10 cases for neonatal brachial plexus palsy in an age interval from 4 to 17 years. The criteria for supraclavicular brachial plexus (SCBP) microsurgical decompression and neurolysis were based on the presence of positive Tinel sign over SCBP and the presence of almost complete passive movement in extra-rotation and abduction of the arm

Results: All 10 cases of NBPP were selected with above-mentioned criteria to undergo SCBP microsurgical exploration. During surgery adherent and thick epineural layer was found to constrict the upper and middle trunk fascicular elements. All of the operated cases benefited both sensitive and motor improvement in a year follow-up.

Discussion: We believe that the fibrotic epineurium does not follow the same growth pace as the neural fascicles that are contained within. With time this incongruence in growth ends up in compression of the fascicle

Conclusions: Microsurgery for decompression and neurolysis of brachial plexus in late NBPP should be considered under good selection criteria.

Keywords: Neurolysis, Palsy, Microsurgery.

OP - 34

Research Study on Traumatic Brain Injuries.

Ervis Cara, Elona Hasalla

Aleksander Xhuvani University of Elbasan, Faculty of Technical Medical Sciences, Department of Preclinical Subjects, Elbasan, ALBANIA

Abstract:

Introduction: Traumatic brain injuries usually result from a severe blow to the head or from objects penetrating the brain tissue. Traumatic brain injuries result in short-term and long-term mental health syndromes, which can affect the patient after injury. We all are in constant danger of suffering traumatic injuries. But do Albanians know what a traumatic brain injury is? What are the predisposing factors, the most common causes?

Purpose: The reasons for this study are:

1. To show how high is the number of cases presented in the hospital with patients who have had traumatic brain injuries.

2. How much do Albanians know about the risk factors?

3. How much do they know about the importance of going to the hospital even in minor traumatic injuries.

Material and methods: The study is based on:

- information obtained from the Internet.
- direct questions from casual citizens
- patients administered in the Traumatology Department at the regional hospital of |Elbasan.

Results: The results of this study shows that a relatively small number of people are aware of risk factors, clinical manifestations and the importance of hospitalization as early as possible, complications from traumatic brain injury and preventive methods.

Keywords: Traumatic brain damages/injuries, Clinical manifestations, Diagnostic methods, Treatment, Prevention, Mental health disorders, Incidence.

OP - 35

The Role of Sleeve Bronchial Resection in the Treatment of Lung Cancer

Fatmir Caushi, Ilir Skenduli, Danjela Xhemalaj, Alban Hatibi, Eljana Shima, Fari Kokiqi, Alma Cani, Rinald Kortoci, Ilir Peposhi

Department of Thoracic Surgery of University Hospital "Shefqet Ndroqi", Tirana, ALBANIA

Abstract:

Introduction: Sleeve resection was first introduced in 1947 by Prince-Thomas. Allison in 1959 reported first sleeve lobectomy with pulmonary artery construction. Sleeve lobectomy was considered inferior to pneumonectomy, but work by Ferugson et al and Deslauriers et al showed that sleeve lobectomy has better outcome and lower morbidity and mortality as compared to pneumonectomy.

The indication for a sleeve resection for lung cancer is well established: a tumor arising at the origin of a lobar bronchus precluding simple lobectomy, but not infiltrating as far as to require pneumonectomy. Bronchial sleeve lobectomy is reported to be adequate for 5% to 8% of patients with resectable lung cancer but rates as high as 13% have been reported recently.

Indications:

Tumor invading/protruding main stem bronchus.

As an alternative to pneumonectomy in patients with poor cardiopulmonary reserve.

Endobronchial bronchogenic carcinoma.

Carcinoid tumors and also low-grade malignancy like bronchial gland carcinomas if complete resection can be obtained.

Contraindications:

Complete resection of tumor not achievable by bronchovascular sleeve resection

N2 disease

Our experience: In the last year we have performed with very good results one bronchial sleeve resection and two semi sleeve bronchial resections for lung cancer with histopathologic diagnosis squamous carcinoma.

Keywords: Sleeve Resection, Lung Cancer, Lobectomy, Pneumonectomy

OP - 36

Bricker Diversion after Radical Cys-to-prostatectomy. 10 Years Experience

Gëzim Galiqi [1], Shpëtim Ymeri [1], Albert Pesha [2], Shkelqim Ferko [2], Bilbil Hoxha [3], Anton Ndoj[2], Imri Vishi [4]

[1] Regional Hospital of Shkoder, ALBANIA.
[2] American Hospital of Tirana, ALBANIA.
[3] Ikeda Clinic Tirana, ALBANIA.
[4] Regional Hospital of Ferizaj, KOSOVO.

Abstract:

Introduction: Radical cyst-prostatectomy represents the standard treatment for invasive bladder cancer. Since 1950 when Bricker introduced his technique of diversion, it has been a standard of care in most of the cases after radical cyst prostatectomy.

Objectives: Evaluating the early and long-term complications of Bricker diversion in our institution for a period of 12 years with 125 patients.

Materials and Methods: We evaluated 125 patients from 2008 to 2020. There were 24 women and 91 men. We evaluated post operatory complications linked with diversion and also long term complications because the patient came on a regular follow up.

Results: In terms of early the complication the most common was ileus which resolved with liquids and nasogastric tube 4-5 days after surgery. We had 2 patients who were reoperated because of intestinal fistula. In one of them we made an ileostomy and he died the 7 day after second intervention. Most common long term complication was stricture of the anastomosis of ureters with Bricker ileum. We diagnosed this problem in 15 patients.

Conclusions: Bricker diversion remains an effective way after radical cystectomy for bladder invasive carcinoma in female, in advance diseases of bladder and in old patients. Such complications can be treated effectively.

Keywords: Bricker, Cysto-prostatectomy, Complications

OP - 37

Lung Cancer Immunohistochemistry Predictors.

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[2] *Department of Pathology, American Hospital, Tirana, ALBANIA*

Abstract:

Introduction: The identification of certain genomic alterations (*EGFR*, *ALK*, *ROS1*, *BRAF*) or immunological markers (PD-L1) in tissues or cells has led to targeted treatment for patients presenting with late stage or metastatic lung cancer. Immunohistochemistry is a widely available technique that is less challenging and can provide clinically meaningful results quickly and cost-efficiently in comparison with other techniques. In addition, immunohistochemistry allows for the evaluation of cellular localization of proteins in the context of tumor structure. In an era of precision medicine, pathologists are required to classify lung cancer into specific subtypes and assess biomarkers relevant to molecular-targeted therapies. This review summarizes the hot topics of immunohistochemistry in lung cancer, including adenocarcinoma vs squamous cell carcinoma; neuroendocrine markers; primary lung carcinoma vs metastasis, ALK, ROS1, and EGFR; (iv) PD-L1 (CD274); (v) Major pitfalls in evaluating immunohistochemical results are also described.

Keywords: WHO Classification, Morphology, ALK, Immunohistochemistry, Non-small cell lung carcinoma (NSCLC), Small Cell Lung Carcinoma (SCLC), Metastasis, Predictive Biomarkers.

OP - 38

Endovenous Laser Ablation

Skënder Veliu [1], Jasmina Kröpfl [2], Dominika Vrbnjak [3]

[1]Surgeon, Surgical ward, General Hospital dr. Jože Potrč Ptuj, SLOVENIA

[2] Nurse for controlling hospital infection General Hospital dr. Jože Potrč Ptuj SLOVENIA

[3]Assistant Professor University of Maribor Faculty of Health Sciences Maribor, SLOVENIA

Abstract:

Introduction: The chronic venous insufficiency is a significant public health problem in the modern world. It is most commonly manifested as varicose veins. Approximately 20-25% of the population experiences some problems with varicose veins. There are many approaches with which the symptoms of the chronic venous insufficiency can be alleviated. Surgical treatment is the only method that can permanently remove the reflux in the superficial venous system. Endovenous laser ablation (EVLA) is the most used method of treatment of varicose veins. This method utilizes the heat of a laser to ablate a vein. It is used to permanently remove the reflux in the greater and lesser saphenous vein. This way, we accomplish that there is no blood flow in the treated veins. Their function is taken over by deep veins of lower extremities. Advantages of this technique are a fast re-convalescence, a significantly lower number of complications such as inflammation or bleeding, and no need for hospitalization of the patient. This paper presents the basic characteristics of the minimally-invasive thermal ablation techniques – EVLA, the experiences and results of treatment using this method in General hospital dr. Jože Potrč since 2016.

Keywords: Chronic Venous Insufficiency, endovenous Laser Ablation, Experience.

OP - 39

Is Emergency Carotid Endarterectomy in Patients with Severe Symptomatic Carotid Stenosis Justified?

Sokol Xhepa

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Abstract:

Introduction: Carotid intervention for recently symptomatic, severe carotid stenosis should be regarded as an emergency procedure in patients who are neurologically stable, and should ideally be performed within 48 hours of a transient ischemic attack (TIA).

Exclusion criteria or cases with a very high peri-operative risk for stroke are observed in patients with: not clear time of onset of symptoms, Rankin score ≥ 3, ischemic infarction > 2/3 of middle cerebral artery territory, no neurological "plateau", fluctuation in consciousness and intracerebral haemorrhage on brain imaging.

Three "old" rules to avoid intra-operative complications are: accurate surgical technique, early heparinization and early clamping internal carotid artery.

The adjunctive risks in very early carotid endarterectomy are: reperfusion of brain zones with loss of autoregulation, hyper perfusion, haemorrhagic conversion of acute infarct and increased perilesional oedema.

The benefits of the urgent carotid intervention are: removing a source of ongoing embolism, preventing the early progression toward thrombosis, improving overall cerebral perfusion and reducing cumulative neuronal loss by restoring blood flow to the ischemic penumbra.

Natural history studies suggest that 8 – 15 % of patients with 50 – 99 % stenosis will suffer a stroke within 72 hours of their index symptom (Ross Naylor).

Clinical and anatomic characteristics of individual patients dictate the identification of the subgroup of patients that need emergency carotid endarterectomy and the definition of timing.

Keywords: Stenosis, Intervention, Carotid, Endarterectomy.

OP - 40

Corneal Topographic Changes After Subscleral Trabeculectomy

Marsida Krasniqi [1], Ahmed Abdel Kader Farrag [2], Ahmed Mahmoud Amin [3], Ahmed Ismail Mohamed Kamel [3], Mohamed Gamalattia El Ashkar [3].

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[2] Department of Ophthalmology, El Matarya Teaching Hospital, Egypt and International Eye Clinic, ALBANIA

[3] Department of Ophthalmology, Faculty of medicine, Al Azhar University EGYPT

Abstract:

Introduction: Glaucoma is a cause of permanent blindness in older adults. Although glaucoma can be initially managed by conservative treatments, trabeculectomy has traditionally been considered the "gold standard" for filtration surgery.

Aim of the study: is to investigate the effect of trabeculectomy on corneal topography, anterior chamber depth, and aberrations by a SIRIUS topography.

Patients and methods: The present or actual study was a prospective cohort study including 30 eyes of patients who were scheduled to undergo trabeculectomy at Ophthalmology Department of Al Azhar University Hospital from January 2018 to August 2019.

Results: We compared included eyes according to site of flap midway (between K1&K2) versus vertical flap (on K). We found no statistically significant differences between studied groups in terms of K1 ($p = 0.29$), K2 ($p = 0.33$), and astigmatism values ($p = 0.38$). there was statistically significant difference between pre and postoperative values of ACD ($p < 0.001$).

Eyes showed statistically significant decrease in ACD postoperatively.

Conclusion: The trabeculectomy surgery can cause changes in keratometry values, aberrations and ACD. These changes can be significant enough to affect visual acuity, the accuracy of IOL power calculation, and refractive outcomes after combined or future cataract surgery.

Keywords: Glaucoma, Corneal Topographic Changes, Sub-scleral Trabeculectomy.

OP - 41

External Fixation of Femoral Shaft Fractures

Anxhela Ahmataj [1], Zamir Demiraj [2]

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[2] Orthopeadic Surgeon, University Hospital of Trauma, Tirana, ALBANIA

Abstract:

Introduction: Conversion of temporary external fixation to an intramedullary within the first two weeks after a femoral shaft fracture is standard practice. However, due to financial constraints, in large parts of the world external fixation of femoral shaft fractures is often the definitive treatment.

Out of 13 fractures, 10 of them were followed up for a minimum period of 39 weeks. The average follow-up time was 75 weeks.

7 fractures were closed, and 6 open. 9 fractures united at an average of 31 weeks. There were two non unions, one of them infected. Secondary surgical procedures were performed for two non unions and in three cases of delayed union. One re-fracture occurred, which was successfully treated with repeat external fixation. Only 5 patients regained full range of motion. The average flexion was 72°.

Pin tract infections occurred in 3 patients. Satisfactory results can be obtained with definitive external fixation of femoral shaft fractures.

Pin tract infections, although a common occurrence, are not a major problem and can be treated by local wound care and antibiotic therapy.

The most common problem is significant decrease in the range of motion of the knee.

Keywords: External Fixation, Shaft Fracture, Flexion, ROM.

OP - 42

Effectiveness of Physiotherapy in Children with Achilles Tendon Shortening

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[2] FizioLife Clinic, physiotherapist; Reald University, lecturer, Tirana, ALBANIA

Abstract:

Introduction: Shortening of the Achilles tendon in children, or as it is otherwise known, Toe Walking, is a problem that is evidenced in the first year of life.

Purpose: The main objective of this study is to identify the role of physiotherapy in children with Achilles tendon shortening.

Methodology: This is a case study of a 4-year-old subject with a shortened Achilles tendon, examined at 2 years of age and not treated with physiotherapy. The patient worked 5 times a week, 50 minutes each session according to the orthopedic soft tissue physiotherapeutic protocol, lengthening and strengthening the muscles of the pulp and foot as well as active joint mobilizations with resistance. Muscle strength and length were measured. In the end it was worked with propoception to adjust the arches of the foot.

Results: After three months of intensive physiotherapy it was found by the orthopedic doctor and physiotherapists that the gait was normalized and the tendon was extended over 2cm. The arches of the foot are formed and the child escapes surgery and orthopedic shoes.

Conclusions: Physiotherapy in pediatric orthopedic problems is a necessity that gives significant positive results in a short time. The sooner a problem is caught, the more effective and efficient physical rehabilitation is.

Keywords: Achilles Tendon, Arches of the Foot, Pediatric Physiotherapy.

OP - 43

Cranial Trauma, Pediatrics vs. Adults

Dorian Meta

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Abstract:

Introduction: The patient problems which have been misinterpreted as a reason for a non-good management of the information collected is common, especially in the field when it comes to trauma. One of major problems related to skull trauma (especially compared to pediatric ones) with adults is cerebral hemorrhage, where thanks to the speed of identification of the problem and with the use of the "Glasgow SCALE" and observation of well-trained students and staff. First aid can be performed in real-time from assessment by determining a fast diagnosis. Rapid Diagnosis and treatment are essential for optimal results as well as maintenance the integrity and life of the patient.

Purpose of the study: Early identification of skull trauma also in children and adults and real-time definition of the traumatic event and its consequences, make up more and more a challenge as great as is necessary for the patient's life. The first line of the life chain, it is precisely the efficient and professional response to traumatic events.

Conclusions: Health personnel are required to possess specific knowledge and degrees of trauma assessment, as correct diagnosis as well as high level of knowledge affect directly in the patient's life. They have to be skilled and trained to manage hemodynamic problems and resuscitation techniques either in the use of drugs, as well as in resuscitation manipulations such as the intubation procedure.

Keywords: Skull Trauma, First Aid, Hemorrhage.

OP - 44

Rehabilitation for the Replacment of Elbow Movements after Humeral Supracondylar Fractures

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[2] Department of Preclinical Courses, "Aleksandër Xhuvani" University of Elbasan, Faculty of Medical Technical Sciences, Elbasan, ALBANIA

[3] Department of Nursing, "Aleksandër Xhuvani" University of Elbasan, Faculty of Medical Technical Sciences, Elbasan, ALBANIA

Abstract:

Introduction: Supracondylar fractures are humeral bone fractures that are located slightly above the elbow. Fractures are associated with damage to ligaments, muscles, nerves and blood vessels.

Purpose: The aim of this study is to assess the importance of careful rehabilitation after bone fragment consolidation and the time required for recovery of elbow movements after treatment of humeral supracondylar fractures in children.

Methodology: We conducted this study in 18 children injured with supracondylar fracture, of out of which 14 boys (77%) and 4 girls (23%). All are recent cases occurred and treated from 12 hours to 2 days after the initial trauma. Out of these fractures 11 cases (61%) are on the right side and only 7 cases (39%) are on the left side, given the fact that most cases use left. Elbow edema was assessed as mild in 8 cases (44%), moderate in 4 cases (22%) and severe in 6 cases (34%).

Conclusions: After gypsum immobilization, the rehabilitation begins after 3 weeks or when the fracture fixation is stable after 2 weeks. The movements after the completion of three weeks of rehabilitation have been complete, normal muscle trophy, preserved sensitivity. In all cases the results show a complete recovery of movements.

Keywords: Supracondylar Fracture, Immobilization, Pediatric Age, Complication.

OP - 45

Adult Duplex Kidneys: Differential Diagnosis in Patients with Megaureter.

Elona Dybeli [1], Xhensila Hoxha [2], Deniona Nunci [2], Elona Hasalla [1], Ilda Taka [1]

[1] Faculty of Technical Medical Sciences,Medical, "Aleksander Xhuvani" University, Elbasan, ALBANIA

[2] Radiology Emergency Service,Hospital Center "Mother Teresa", Tirana, ALBANIA

Abstract:

Introduction: Duplex collecting systems are seen in 0.7% of the healthy adult population and 2-4% of patients investigated for urinary tract symptoms. Most duplicated systems asymptomatic and diagnosed incidentally.

Case Report: We report the case of a young woman, who presented to the emergency department with right loin pain, high temperature and incontinence. Investigation by a CT scan and laboratory data revealed for a tubular formation in the right kidney, following the right ureter, and according to the clinical examination was concluded for a megaureter and treated for two weeks with Buscopan and Ampicilin. After one month pacient re-refered with the same symptoms and after that the patient underwent an open surgery. Prior to incision the patient underwent cystoscopy and stenting of the lower pole normal ureter. The patient was discharged home within five days. The stent in the lower pole ureter was removed endoscopically at routine follow-up.

Conclusion: Although those cases are hard to identify, when the situations has aggravated, radiology and surgery are the best ways to treat efficiently the case and consequently decrease the morbidity. When the patient is asymptomatic, the recommended treatment for duplex systems is ureterectmoia and heminephrectomia of the upper pole.

Keywords: Duplex Collector System, CT, Megaureter, Surgery.

OP - 46

The Importance of Applying the External Clamp to Gunshot Wounds Widened

Elona Hasalla, Ilda Taka, Blerta Hasalla, Sulejman Baha, Elona Dybeli, Ilia Mazniku

"Aleksandër Xhuvani" University, Faculty of Medical Technical Sciences, Elbasan, ALBANIA

Department of Preclinical Courses, Department of Medical Technical Specialties, University of Florence Italy; UHC

Abstract:

Introduction: The incidence of gunshot wounds has increased significantly in our country, especially after 1997. Gunshot wounds, although with little kinetic energy, destroy soft tissues and should be treated as closed fractures.

Goal: The purpose of this study is to underline the importance of using the external fixator in injuries from extensor arms, as well as increasing the quality of treatment of these patients.

Methodology: Our study is retrospective and belongs to the period January 2014 to June 2019. We have studied 43 patients with fractures caused by extensor arms. The basic treatment has been their immobilization with external fixator, followed by wound treatment and application of general therapy.

Of these patients were: men 32-81%; Boys (under 18 yrs) 3- 7%; female 8-19%. Age: maximum 67 years;

minimum 5 years; average 31 years. Female /male ratio 1; 4.34.

Conclusions:

1. In all the presented cases the biological union of the bones was achieved for a maximum period of 12 months.

2. The use of the external fixator in the treatment of these patients was necessary and was seen as the best possible treatment.

Keywords: Open Fracture, Wound, Elbow Joint, External Fixator, Osteosynthesis.

OP - 47

Malignant Neuroplasies Of The Uterus, Diagnostics And Imaging Methods.

Najada Kallashi [1], Erjona Zogaj [2], Vidi Demko [1], Ina Tabaku[3], Theodor Xhillari [2], Bukri Halili [2]

[1] Doctor of science , University Hospital of Trauma, Tirana, Albania,

[2] Radiology Technician, University Hospital of Trauma, Tirana, Albania

[3] American hospital, Tirana Albania.

Abstract:

Purpose: This topic wants to emphases the importance of medical imaging like Transvaginal Ultrasound, CT, PET-CT and MRI in patient with neoplasia of the Uterus. Through different technics in early stage, we can diagnose and treat this pathology more efficiently.

Methods: This is a retrospective analytical study which is based on two study cases. Patient involved in this study was take detailed anamneses using the standard protocol regarding the age of menopause, TZH, IMT, hypertension reproducing status and the use of actual anticoagulant

Conclusion: Uterine carcinoma is the most common malignant neoplasm of the female genital tract, the fourth most common cancer ranking after breast cancer, lung cancer and bowel cancer. Occurs mainly in post-menopausal women with an increasing incidence with increasing age.

Generally almost 2-3% of women develop malignant neoplasms of the uterus during life (life expectancy 80 years). A number of factors have recently influenced the increase in cases diagnosed with uterine cancer. These factors are related to the decrease in the incidence of uterine cancer in developed countries, the earlier diagnosis of cancer, the increase in life expectancy or the use of postmenopausal TZH.

Health education ensures that women, their families and the community at large understand that uterine cancer is preventable

Keywords: Carcinoma, Uterus, neoplasm, female genital tract , Imaging

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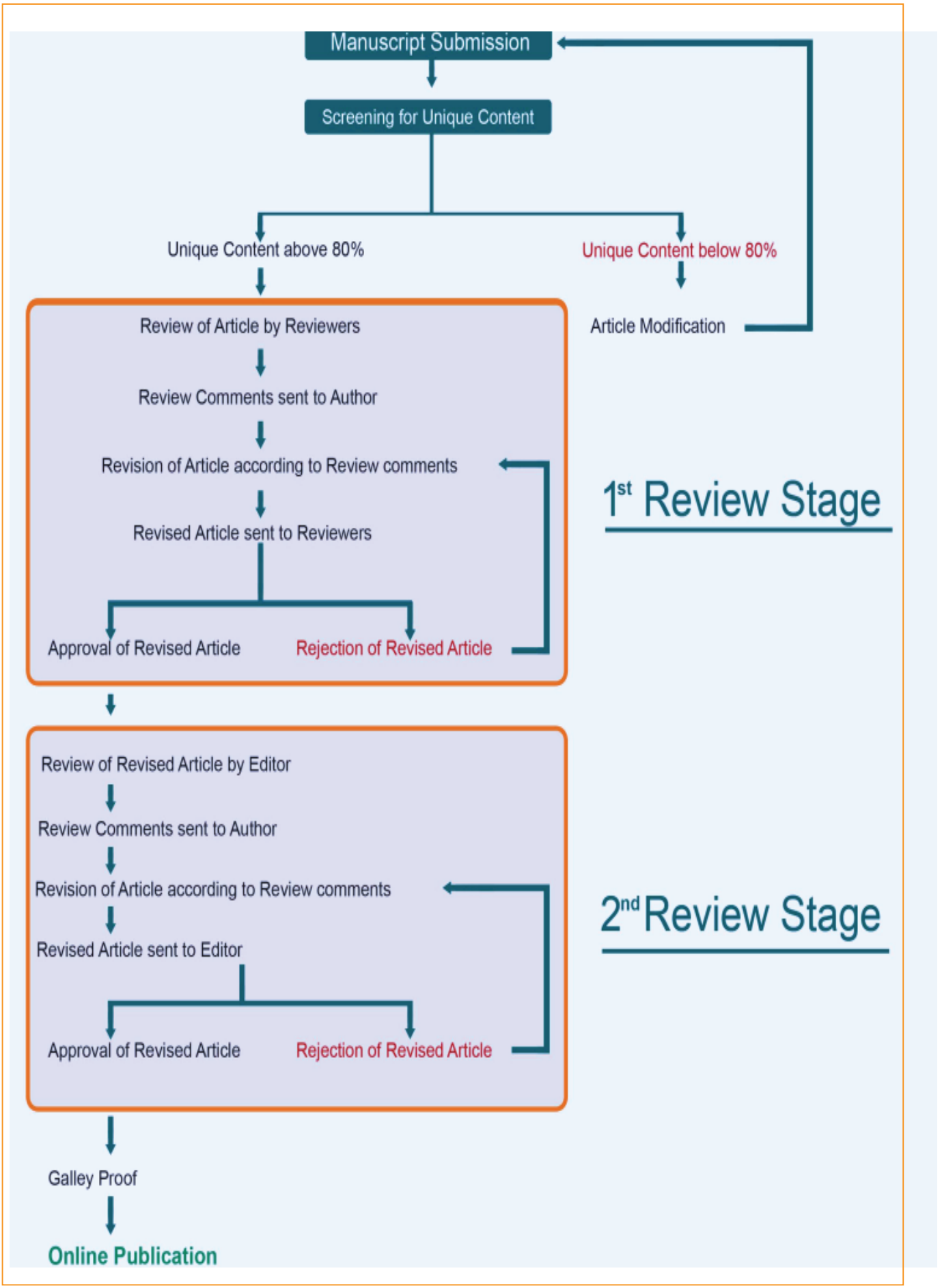
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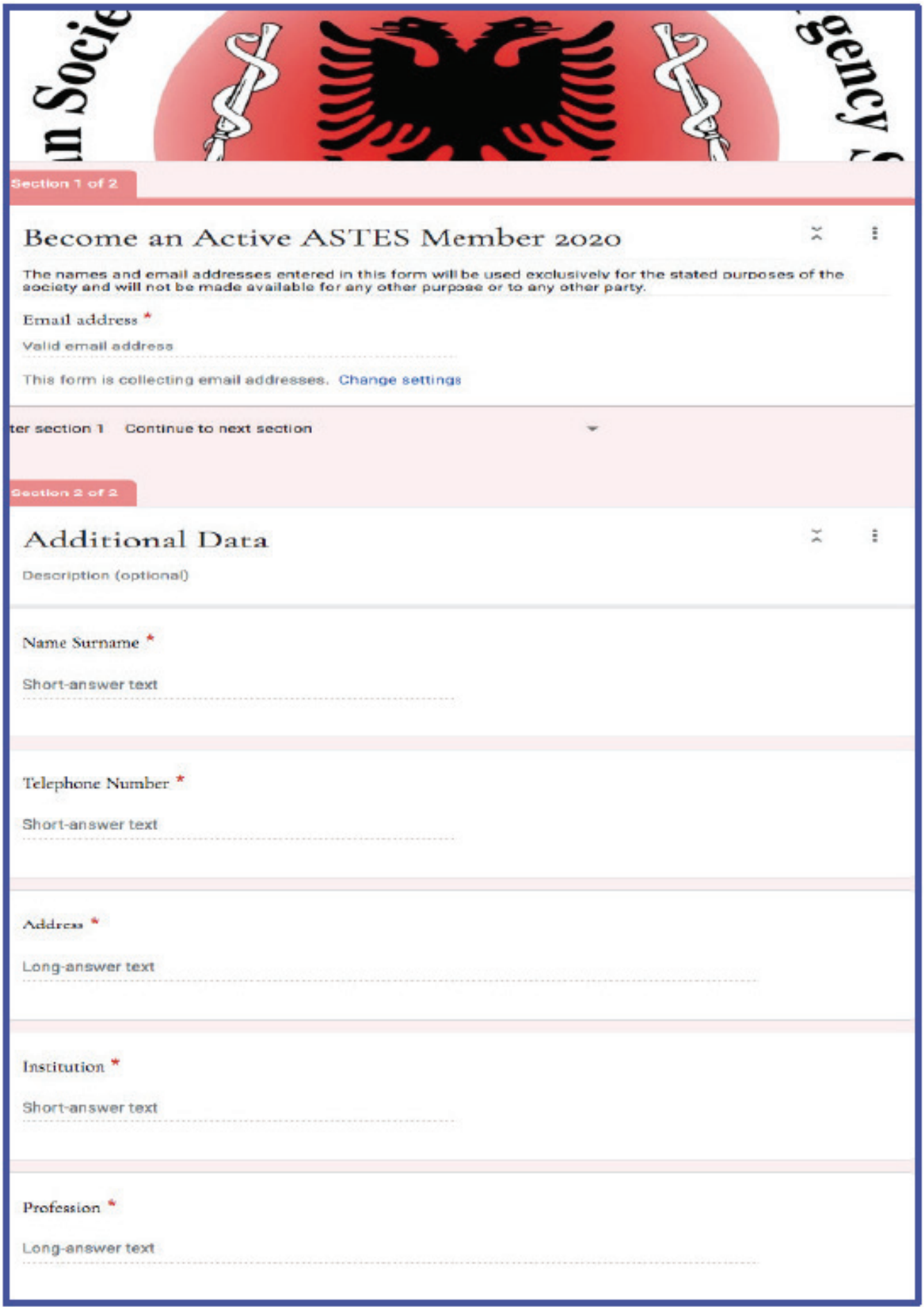
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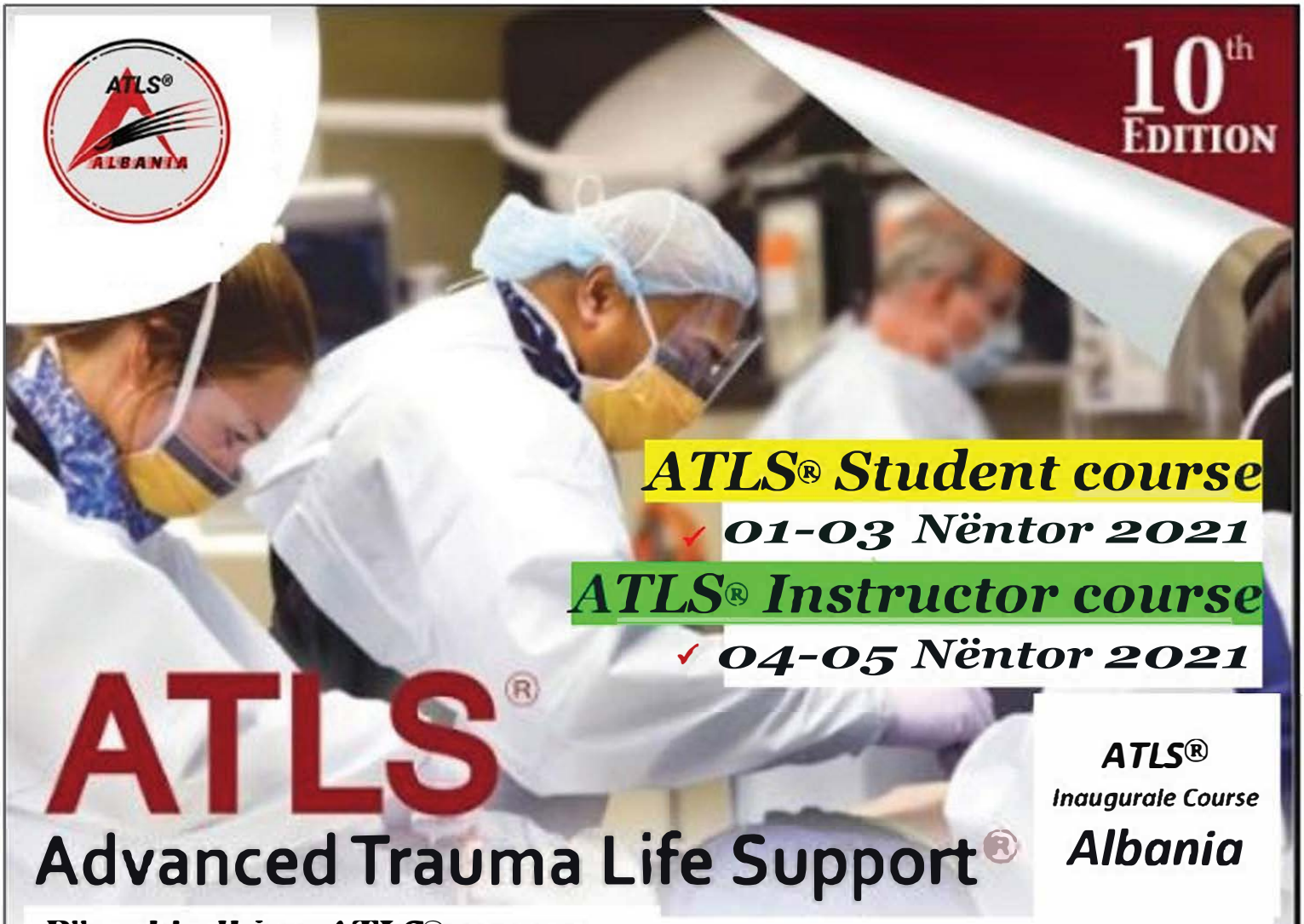
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Albanian Society for Trauma end Emergency Surgery

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