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February 2019 | Volume 2
Clinical Cardiology Journal

Proceedings of

5th International Conference on

Vascular Biology & Surgeons Meeting

February 25-26, 2019 | London, UK





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Scientific Program

Scientific Program

Registrations
08:30-09:00

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Opening Ceremony
09:00-09:25

Day 1 : February 25, 2019

Johnson

Keynote Forum

09:25-09:30 Introduction

09:30-10:10 **Fatima Mohamad El Hajj,** Analiamed Health and Wellness, Brazil

10:10-10:50 **Ori Eyal,** Rambam Medical Centre, Israel

Group Photo

Refreshments and Networking Break 10:50-11:10 @ Foyer

11:10-11:50 **Fatima Mohamad El Hajj,** Analiamed Health and Wellness, Brazil

11:50-12:30 **Rodrigo Riemma,** Hospital das Clinicas de Goias - HC-UFG, Brazil

Lunch Break 12:30-13:30 @ Hotel Restaurants

Session Chair: Fatima Mohamad El Hajj, Analiamed Health and Wellness, Brazil

Session Co-chair: Rodrigo Riemma, Hospital das Clinicas de Goias - HC-UFG, Brazil

13:30-14:00 **Falah AM Salih,** Biotechnology Research Institute, Malaysia

14:00-14:30 **Maria Castaldi,** Westchester Medical Center, USA

14:30-15:00 **Maxim Izquierdo,** Dexeus University Hospital, Spain

Refreshments and Networking Break 15:00-15:20 @ Foyer

Young Research Forum

15:20-15:40 **Abrar Al-Atwan,** University of Kuwait, Kuwait

15:40-16:00 **Posters**

C001

Izquierdo M, Dexeus University Hospital, Spain

C002

Wook Song, Seoul National University, South Korea

C003

Pitchaya Sakyanun, Chulalongkorn University, Thailand

C004

Farah Al-Shammari, University of Kuwait, Kuwait

Workshop

16:00-18:00

Fatima Mohamad El Hajj, Analiamed Health and Wellness, Brazil

Awards and Closing Ceremony

B2B Mettings and Panel Discussion



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Keynote Forum

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Fatima Mohamad El Hajj

Analiamed Health and Wellness, Brazil

Percutaneous artery embolization in the treatment of bleedings. State-of-the-art

Embolization consists in to introducing in a blood vessel, agent or material that led into the bloodstream, will occlude a vessel in the distance. Percutaneous arterial embolization (PAE) is a treatment method sedimented worldwide and renowned as the gold standard for diagnosis and treatment of hemorrhage. In Brazil is being increasingly indicated, either emergency or elective, to avoid major surgery or the removal of an organ, total or segmentar. This paper describes the state of the art of the indications of PAE in hemorrhage, the most modern techniques, illustrating the application of this therapeutic modality.

Biography

Fatima Mohamad El Hajj is a Brazilian - Lebanese Vascular Surgeon. She completed MD in Pontifical Catholic University of Sao Paulo-PUCSP and Vascular Surgery Degree in IAMSPE. Currently a Vascular Surgeon at Analiamed Health and Wellness and CEO of Analiamed Diagnose Center.

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Ori Eyal

Rambam Medical Centre, Israel

Case report: Use of angioseal to close entry point of Central Venous Cathete (CVC) into subclavian artery 6 days after mistaken insertion

Ultrasound guided CVC insertion was performed in the hematological oncological ward in a acute myeloid leukemic patient, thrombocytopenic 20,000, with chronic renal failure and immune system failure in a septic shock state. The CVC was inserted into the right subclavien artery. Due to the fragile state of this patient the CVC was left in place [arterial line] for 6 days until his platelet count was elevated and his shock state overcome with antibiotics. The interventional Radiologist removed the CVC with the use of angioseal device. This case demonstrates that a CVC may be left in place as an arterial line for a number of days until the patient is stabilized and able to undergo an interventional procedure.

Biography

Ori Eyal graduated from Debrecen, Hungry Medical school in 2009. He is currently working in Rambam Medical Centre Haifa Israel as a vascular and transplant Surgery Resident. FLS certified. He is a winner of 2 consecutive laparoscopy simulator Israeli residency competitions. His research interest is about all-round surgeon in general and vascular surgery. He is Currently working as a vascular and transplant surgery resident in hospital and as a general surgeon consultant.

oriscoby@hotmail.com

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Fatima Mohamad El Hajj

Analiamed Health and Wellness, Brazil

Can carotid endarterectomy only be indicated by Doppler ultrasonography?

Stroke is a disease of great health relevance due to its morbidity and high costs generated. Symptomatology varies from asymptomatic, fugitive amaurosis, Transient Ischemic Attack (TIA) and direct manifestations of stroke. In view of this, prevention would be the best option to reduce costs secondary to morbidity and mortality due to stroke. Carotid endarterectomy (ACE) is the most common preventive procedure. ECA is a surgical technique consolidated 50 years ago. Large studies such as NASCET, VA, ECST, ACAS and ASCT have already analyzed and proven the indications, cost-effectiveness and limitations of the technique. Digital angiography is the gold standard for determining the degree of carotid stenosis, as methods of investigating carotid stenosis and defining the surgical indication of endarterectomy. Because it is an invasive examination, with a risk of major complications (TIA / stroke) of approximately 4%, it has been progressively replaced by tomography (Angio-CT) or resonance angiography (Angio-NMR). At the same time, Doppler ultrasonography (US) is a non-invasive, low-cost method of screening carotid stenosis. With the incessant progress of diagnostic methods, Doppler ultrasonography (US) has proven to be a method of choice for noninvasive evaluation of the carotid arteries. The degree of carotid artery stenosis is largely based on either a peak systolic velocity or final diastolic velocity analysis, or both, of the carotid artery. Doppler scanning in pulsed mode combined with B-mode ultrasound allows the diagnosis of carotid atheromatous lesions (> 70% stenosis), with sensitivity and specificity above 90%. The US adds comparative advantages to the other contrasted methods, since it is a lower cost procedure, it lacks complications and contraindications, it is easy to access, it does not require the use of contrast, it also has information about plaque morphology, stenosis percentage and topography of the carotid bifurcation.

Biography

Fatima Mohamad El Hajj is a Brazilian - Lebanese Vascular Surgeon. She completed MD in Pontifical Catholic University of Sao Paulo- PUCSP and Vascular Surgery Degree in IAMSPE. Currently a Vascular Surgeon at Analiamed Health and Wellness and CEO of Analiamed Diagnose Center.

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Rodrigo Riemma

Hospital das Clinicas de Goias - HC-UFG, Brazil

My worst arterial case of 2018

Case: A 38-year-old female patient from the basic health system presented on june 1st, with abdominal pain that was investigated with abdominal ultrasonography and showed cholelithiasis. Patient was treated for cholecystitis in the basic unit and evolved with new episodes of abdominal pain, chest pain and hypotension. The patient underwent abdominal angiotomography showing a type B aortic dissection of stanford, beginning in the proximal descending portion extending to the emergence of the superior mesenteric artery, occlusion of the celiac trunk and thrombus at 8 cm from the origin of the superior mesenteric artery. Signs of renal and splenic infarctions. Patient was referred to our service on June 16th with abdominal distension and abdominal pain associated with oral feeding, She evolved with non-acceptance of enteral diet and the parenteral diet was started. Loss of 20 kg during hospitalization of 81 days.

Treatment: Performed open surgery with embolectomy of superior mesenteric artery without thrombus outlet and opted to perform aorto-hepatic bypass with PTFE 4 and cholecystectomy.

After surgical procedure decided by abdominal evaluation that evidenced a new finding of important ileal semi-occlusion. Performed enterectomy with primary enteroanastomosis.

Patient progressed well postoperatively, with gradual weight gain after oral feeding and absence of abdominal pain.

Biography

Rodrigo Riemma graduated in medicine from Federal University of Goias in 2006. He specialized in vascular and endovascular Surgery in 2014. Angiology and vascular surgery specialist of the Brazilian Society of angiology and endovascular surgery. Angioradiology, endovascular surgery and Doppler ultrasound specialist at the Brazilian College of Radiology. CEO at Instituto de Vascular e Laser since 2015. He currently works as a vascular and endovascular surgery Professor at Hospital das Clinicas de Goias - HC-UFG, Brazil.

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Scientific Tracks & Abstracts

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Posters

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Cardiac, lung and left anterior descending artery dosimetric study using deep inspiration breath hold in left breast cancer irradiation

Pitchaya Sakyanun
Chulalongkorn University, Thailand

Purpose: This study was performed to assess cardiac, lung and Left Anterior Descending (LAD) artery dose using deep inspiration breath hold (DIBH) technique comparing with free breath (FB) technique in left breast cancer irradiation with or without internal mammary lymph node (IMN) irradiation.

Material & Method: Twenty-four left breast cancer patients who had breast conserving surgery were prospectively included in this study. CT simulation image data were acquired in FB and DIBH. Respiratory management systems were performed by Varian Real-time Position Management (RPM) during simulation and Vision RT during treatment. Planning target volume of breast, chest wall, IMN and organ at risk (heart, lung, LAD) were contoured in both DIBH and FB CT images. Four treatment planning in each patient were conducted in tangential directions, covering whole breast alone or chest wall plus IMN, in FB images and DIBH images. Planning target volumes need to be covered by 95% isodose line in all plans. Dosimetric parameters including heart (mean heart dose (MHD), heart V25 and V40), lungs (mean left lung dose, left lung V20, mean bilateral lung dose, bilateral lung V20, V40) and mean LAD dose were compared using two tailed unpaired t test. In-field maximum heart distance, heart volume and breast size were evaluated and analyzed using Pearson correlation test to show correlation with mean heart dose.

Result: Comparing FB and DIBH techniques in whole breast irradiation, there is significant reduction in MHD (5.3 Gy vs 2.9 Gy respectively, p 0.006) and Heart V25 (8.2% vs 3.3% respectively, p 0.005). LAD dose has trend of dose reduction in DIBH, 18.3 Gy vs 12.5 Gy in FB, p 0.057. In wide tangent field, covering breast, chest wall and IMN, there were non-significantly better in MHD, 10.6 Gy in FB vs 8.5 Gy in DIBH, p =0.19 and mean LAD, 29.1 Gy vs 25.6 Gy in FB and DIBH respectively, p =0.33 However, Heart V40 and all lung parameters in all treatment plannings did not show significant difference between the 2 techniques. Reduction in MHD was significantly correlated with in-field maximum heart distance, heart volume and breast size. In the patients who had in-field maximum heart distance less than 1 cm, MHD had significantly better and within acceptable dose range. Patients with larger breast size tend to receive more heart dose than smaller breast.

Conclusion: DIBH in left breast cancer irradiation effectively reduce radiation exposure to the heart and LAD while achieving adequate target volume coverage. There were no significant different in lung dose between these 2 techniques. Optimal in-field maximum heart distance will help keeping acceptable MHD.

Biography

Pitchaya Sakyanun is a research student from the Chulalongkorn University, Thailand. Major focus on breast Cancer irradiation.

sakyanun.pitchaya@gmail.com

Workshop

5th International Conference on
Vascular Biology & Surgeons Meeting
February 25-26, 2019 London, UK

Hands on – Contrast Enhanced Ultrasound (CEUS) technique for Carotid Artery Disease

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Doppler ultrasonography (US) is a non-invasive, low-cost method of screening carotid stenosis. With the incessant progress of diagnostic methods, Doppler ultrasonography (US) has proven to be a method of choice for non invasive evaluation of the carotid arteries.

CEUS technique – Contrast Enhanced Ultrasound is a modern feature to differentiation between carotid occlusion x suboccusion and identification of lesion neovascularization (unstable board markle).

Practice Workshop: hands on in CEUS technique for Carotid Artery Disease.

Biography

Fatima mohamad el hajj is a brazilian - lebanese vascular surgeon. She completed md in pontifical catholic university of sao paulo- pucsp and vascular surgery degree in iamspe. Currently a vascular surgeon at analiamed health and wellness and ceo of analiamed diagnose center.

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Accepted abstracts



Ablation of an accessory pathway in the median cardiac vein resulting in acute occlusion of the posterior ventricular branch of the right coronary artery: A case report

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ıntroduction: Post-septal accessory pathways account for 34.5% of the total. Of these, 36% are located within the coronary sinus (CS). Its ablation requires technical alternatives to avoid damage to surrounding tissues, especially branches of the right coronary artery.

Case report: A 22-year-old man was admitted for ablation of an accessory left septal-septal accessory pathway (PSE) (Figure 1). There was a prior attempt of ablation within the SC in another service, resulting in transient loss of pre-excitation. As suggested by the previous study, we started by mapping the SC region with a non-irrigated bidirectional catheter and a premask of 25 MS (Magister Scientiae) was found in the region of the median cardiac vein (VCM) (Figure 2, panel A). Radiofrequency (RF) was administered within this vessel (duration of 60 s, energy of 30 W and temperature of 55 ° C) with loss of pre-excitation after 5 seconds of application. Immediately after, the patient presented chest pain without hemodynamic instability. The electrocardiogram revealed non-pre-excited sinus rhythm and ST segment elevation of 1 mm in the inferior leads (Figure 3). Coronary angiography showed occlusion of the middle third of the posterior ventricular branch (PV) of the right coronary artery, with no signs of thrombus or dissection (Figure 4). Balloon angioplasty was performed, with immediate angiographic success and pre-excitation recurrence soon after. There was recurrence of severe chest pain 10 minutes after balloon, and there was reclusion of PV. Aortic angioplasty was performed with a metal stent, followed by TIMI III distal flow. Retrograde aortic mapping was performed, and a precocity of 20 MS was found in the PSE region (Figure 2, panel B); the RF was applied (duration of 60 s, energy of 30W and temperature of 55 ° C), followed by loss of pre-excitation after 1.5 seconds of application. The patient remained stable and asymptomatic for 3 days, without recurrence of pain and pre-excitation.

Discussion and Conclusion: Ablation within accessory pathways within SC is doable but must be performed with care. Arterial and venous angiography is not routine in many services, but contraindicates ablation if the distance between vessels is less than 2 mm. When indicated, the RF should have low energy (20 to 30 W) and irrigated catheter if temperature or impedance limits its application. A R> S in V1 may be indicative of success by left endocardial technique.

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Notes:

Vascular Tracheobronchial Compression Syndrome, a rare case.

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A 72-year-old female presented for an elective laminectomy under general anaesthesia. The patients only reported medical background was mild asthma irresponsive to a beta 2-adrenergic receptor agonist. Prior to the procedure, the anaesthetist attempted multiple times to intubate the patient without success. The airway was originally thought to be fractured and the airway proceeded to swell. The patient was unable to be ventilated via bag and mask and a decision was made to proceed to secure an airway via the creation of a tracheostomy. A tracheostomy was created without difficulties and patient was successfully ventilated. The elective laminectomy procedure was abandoned, the patient was transferred to recovery. A post-operative computed tomography illustrated a massive aortic arch aneurysm that compressed the patient's trachea. Cardiothoracic surgery and vascular surgery were both consulted and due to the procedural high risk, a decision was made not to repair the patient's thoracic arch aneurysm.

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Notes:

Evaluating the appropriate use of Piperacillin / Tazobactam in cardiac center of King Fahad Medical Center

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Background: The appropriate use of Piperacillin / Tazobactam (Pip/Taz), including correct dosing, stopping for negative culture, or de-escalation according to the microbiological culture test, is essential to reduce the antibiotic resistance. In surgical cardiac unit Piperacillin/ Tazobactam was started empirically (started if the infection is suspect till culture workup with its sensitivity to Piperacillin/ Tazobactam, other antibiotics or even negative culture) . In this study, we aimed to evaluate the use of Pip/Taz based on requests for cultures and de-escalation according to sensitivity results of culture tests at the surgical cardiac unit of King Fahad Medical City (KFMC).

Method: This was a prospective study aimed to involve all those patients who admitted to the cardiac surgery unit at KFMC and prescribed at least one day of Pip/Taz as an empirical therapy throughout one year from October 2017 to October 2018. Data collected on whether microbiological culture and sensitivity test requests were made within 24 h of starting Pip/Taz the appropriate dosing, stopping for negative culture and de-escalation after receiving culture and sensitivity results.

Results: Of the 150 patients who received Pip/Taz, three patients were excluded from the study because of early death or discharge. Cultures were done in 125 of 147 (85 %). The overall appropriate use of Pip/Taz was seen in 78 patients (53 %). The results of culture tests justified the continuation of Pip/Taz only in 32 patients (52%) out of 62 cases. 21 cases showed sensitivity to narrow spectrum antibiotics, De-escalation was delayed >24 h or not done in 7 out of 21 (33%) eligible patients. On the other hand, 22 cases; 15 % of patients continued receiving Piperacillin/ Tazobactam without any culture test or ID consultation during the whole treatment course.

Conclusion: The empiric uses of Piperacillin/ Tazobactam in the surgical cardiac unit at KFMC- a tertiary care hospital - in Saudi Arabia was largely inappropriate and not entirely driven by the culture-test result. Interventions are needed to optimize the use of Piperacillin/ Tazobactam. Important interventions include appropriate culture and sensitivity driven use and timely de-escalation or discontinuation when indicated. This is preventing emergence of resistance and reduce the patient and financial toxicity.

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Notes:

Network pharmacology-based discovery of natural and herbal anti-inflammatory agents co-targeting ischemic brain and heart diseases

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Although stroke and coronary artery disease (CAD) are different diseases, both preclinical and clinical evidence have suggested their intricate connections, some of which mediated by inflammation and immune response. Recent Canakinumab Anti-inflammatory Thrombosis Outcome Study (CANTOS) trial demonstrated the effects of IL-1 β neutralizing antibody in atherosclerosis, providing the first convincing proof that modulating inflammation improves patients cardiovascular health, and launches the era of immunotherapy in CAD. Herbal medicine has been a rich source for CAD drugs and also has great potential for the discovery of novel anti-inflammatory and immune-modulating agents. We present an integrated strategy using network pharmacology/transcriptome analyses followed by cell-based and in vivo experimental validation to decipher common and differential pharmacological mechanisms of herbal medicine formulae on stoke and CAD treatment. Examples of using this approach to systematically identify multiple active components from Radix Salviae miltiorrhizae, Flos Carthami tinctorii and Ginkgo biloba co-targeting the brain and heart diseases and revealing their unique anti-inflammatory mechanisms, will be discussed.

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