March 2019 | Volume 5
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International Journal of Anesthesiology & Pain Medicine

JOINT EVENT

PROCEEDINGS OF

7th Edition of International Conference on

PAIN MANAGEMENT

&

8th Edition of International Conference on

INTERNAL MEDICINE & PATIENT CARE

March 25-26, 2019

Rome, Italy



Scientific Program

Pain Management 2019 & Internal Medicine 2019

Pain Management 2019
Internal Medicine 2019

Agenda Day 1: March 25, 2019

Olimpica 3+4

08:30-09:00 **Registrations**

09:00-09:20 Opening Ceremony

Keynote Forum

09:20-09:30 Introduction

09:30-10:00
Title: Deadly viruses that cross international borders
Reza Nassiri, Michigan State University, USA

10:00-10:30
Title: Shared literary reading for chronic pain
Josie Billington, University of Liverpool, UK

10:30-11:00
Title: Interdisciplinary approach towards analgesia in low back pain and lumbo-sacral radiculopathy: Impact of paravertebral infiltrations, laser therapy and deep oscillation (a comparative study of five rehabilitation complexes)
Ivet B Koleva, Medical University of Sofia, Bulgaria

Networking and Refreshments 11:00-11:15 @ Foyer

Session Introduction

Sessions: Fundamentals to Pain Management | Current Therapies in Pain Management | Pain Management Specialist Non-Pharmacological Approaches | Internal Medicine and Patient Care | Nephrology | Endocrinology

Session Chair: Helena Jamnik, University Rehabilitation Institute Republic of Slovenia, Slovenia

Session Co-Chair: Nevena Ilic, Euromedik General Hospital, Serbia

11:15-11:40
Title: Pain: More than meets the eye
Benson Babu, New York-Presbyterian Hospital, USA

11:40-12:05
Title: Contrast induced corticol blindness
Mayank Ohri, Kendall Regional Medical Center, USA

12:05-12:30
Title: Strategic and specific considerations in designing and executing multicenter pain trials
Laurent Ecochard, Novartis Pharma AG, Switzerland

12:30-12:55
Title: Interdisciplinary pain rehabilitation program for patients with FBSS after spinal cord stimulation
Helena Jamnik, University Rehabilitation Institute Republic of Slovenia, Slovenia

Group Photo

Lunch Break 12:55-13:55 @ Hotel Restaurants

13:55-14:20	**Title: Relationship between sleep-disordered breathing and sleeping position at the 37th week of pregnancy: An observational cross-sectional study** **Midori Ura,** Junshin Gakuen University, Japan
14:20-14:45	**Title: A study on knowledge, attitudes and practices regarding pain management among medical officers of the sri jayewardenepura general hospital** **Jayawickreme K P,** Sri Jayewardenepura General Hospital, Sri Lanka
14:45-15:10	**Title: Endocrine aspects of obesity in men: New links and consequences** **Nevena Ilic,** Euromedik General Hospital, Serbia
15:10-15:35	**Title: Management of chronic pelvic pain in a tertiary care hospital in rural India** **Dhruba Jyoti Borgohain,** Assam Medical College of Dibrugarh, India

Networking and Refreshments 15:35-15:50 @ Foyer

15:50-16:15	**Title: What do adult surgical patients who speak italian, cantonese or portuguese at home really want to know about pain and pain management?** **Patti Kastanias,** University of Toronto, Canada
16:15-16:40	**Title: Cardio renal syndrome: Case presentation** **Katerina Ristoska,** PZU Sistina Nefroplus, Macedonia

Video Presentation

16:40-17:05	**Title: Hypertension risk from iron brake particulate matter** **William J Rowe,** University of Ohio, USA

Panel Discussion

Agenda Day 2: March 26, 2019

Poster Presentations 11:30-12:30 @ Foyer

Poster Judge: Leanne Price, Dorset County Hospital, UK

IMPP01	**Title: A rare case of Intramedullary spinal ependymoma presenting as isolated neck pain** **Khushali Jhaveri,** Georgetown University Washington Hospital Center, USA
IMPP02	**Title: Chloride-restrictive fluid resuscitation of septic patients** **Ryan Duffy,** Virginia Tech School of Medicine, USA

IMPP03	**Title: Home diabetic foot ulcer service: A safe and clinically effective model for managing patients with diabetic foot ulcers in the community** **Leanne Price,** Dorset County Hospital, UK
IMPP04	**Title: Vitamin B12 deficiency diagnosis in emergency department presenting as severe pancytopenia** **Nikoletta Daoulari,** Hospital Brugmann Bruxelles, Belgium
PMPP05	**Title: Behaviour factors and risk of headache in slovenia** **Marjan Zaletel,** University Clinical Centre of Ljubljana, Slovenia
IMPP06	**Title: Possible DRESS syndrome in a patient with systemic sclerosis and rheumatoid arthritis during treatment with lamotrigine** **Ivan R Jeremic,** Institute of Rheumatology, Serbia

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

Awards & Closing Ceremony

Mark your Calendar

8th Edition of International Conference on

Pain Management

March 18-19, 2020 London, UK

E-mail: painmanagement@speakernews.org
Website: painmanagement.euroscicon.com

9th Edition of International Conference on

Internal Medicine & Patient Care

March 18-19, 2020 London, UK

E-mail: internalmedicine@eurosciconconferences.com
Website: internalmedicine.euroscicon.com

EuroSciCon

CONFERENCES 2019

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2019

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Fostering Collaborative Efforts of the Scientific Community to Promote Life Science Research Communication

Henderson, UK: Established in the year 2001, EuroSciCon is a UK based science Event organiser engaged in 'Life Sciences Communication' for over a decade through a series of science conferences across Europe. The uniqueness of the EuroSciCon lies in its ability to collaborate with renowned scientific agencies within UK and abroad and form ties with scientific societies to organize science events on Medical, Pharmaceutical, Life Science and Engineering streams.

Established with a view to organize independent life science events, EuroSciCon serves a vast business and academic clientele base that includes organizations indulged in medical science research, clinical practices and pharmaceutical industry. EuroSciCon could completely transform the traditional role of the science conference organizer that allowed interaction among the participants who are physically attending it. By harnessing the potentiality of the digital media, EuroSciCon also offers Online scientific events taking place across Europe. Colleagues, practitioners, clinical experts and enthusiasts can ripe the benefits of live streaming of the events and can watch the conference sessions instantly in drawing rooms, libraries, class rooms and laboratories.

With renewed energy, EuroSciCon helps to achieve heightened levels of awareness through knowledge sharing. It stimulates the scientific temper among the participants from across the academic, corporate, and industry by making the best use of the technological innovations. Our conferences, with the technological know-how, would stick to the ethical principles and research integrity and set the highest standards within the scientific world.

EuroSciCon events transcend boundaries and geographical constraints in knowledge dissemination and reach out to a broad range of target groups, including market leaders; forming an excellent working relationship with major publishing groups. Our events remain ultimate destination for the major search engines of the globe.

EuroSciCon offers the opportunity to attend virtual as well as on-site conferences. The virtual conferences provide some advantages over the physical conferences, including reduced travel time, flexibility of accessing the event from preferred location, affordable registration fees, zero expenditure on accommodation, networking with global audience and reputed international speakers, feasibility of catching up with the missed talks during the free time, avoiding flight delays, fuel expenses, visa approvals and security checks.

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EuroSciCon CONFERENCE DIRECTORY 2019



Agri, Food Aqua & Veterinary

10th Edition of International Conference on
Food Safety And Regulatory Measures
May 23-24, 2019 Zurich, Switzerland
E: foodsafety@sciconmeet.com
W: foodsafety-hygiene.euroscicon.com

4th International Conference on
Agricultural Engineering and Food Security
June 17-18, 2019 Dubai, UAE
E: agrifood-security@foodspeakerexperts.org
W: agriculture-foodsecurity.euroscicon.com

11th Global Summit on
Aquaculture & Fisheries
August 22-23, 2019 Tokyo, Japan
E: aquaculture@sciconmeet.com
W: aquaculture-fisheriesconference.euroscicon.com

13th Edition of International Conference on
Oceanography & Marine Biology
September 26-27, 2019, London, UK
E: marinebiology@eurosciconmeetings.com
W: marinebiology-oceanography.euroscicon.com

4th International Conference on
Food Microbiology
November 11-12, 2019, Sydney, Australia
E: foodmicrobiology.foodtechconferences.com
W: foodmicrobiology.foodtechconferences.com

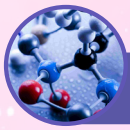


Alternative Healthcare

10th International Conference on
Acupuncture, Traditional Medicine & Healthcare
June 20-21, 2019 Rome, Italy
E: acupunture@eurosciconmeetings.com
W: acupuncture.euroscicon.com

10th International Conference on
Alternative Medicine
August 20-21, 2018 Dublin, Ireland
E: acupuncture@eurosciconmeetings.com
W: alternativemedicine.euroscicon.com

9th International Conference on
Traditional Medicine
September 16-17, 2019 Sydney, Australia
E: traditionalmed@speakertalk.org
W: traditionalmed.euroscicon.com



Biochemistry

11th Edition of International conference on
Structural Biology
March 07-08, 2019 Berlin, Germany
E: structuralbiology@sciconmeet.com
W: structuralbiology.euroscicon.com

7th Edition of International Conference on
Modern Catalysis & Kinetics
June 06-07, 2019 London, UK
E: catalysis@sciconmeet.com
W: catalysis-kinetics.euroscicon.com



Cardiology

22nd International Conference on **New Horizons in Cardiology & Cardiologists Education**
March 07-08, 2019 Berlin, Germany
E: cardiologyinsights@conferencesconnect.org
W: cardiologyinsights.euroscicon.com



Chemical Engineering

10th Edition of International Conference on
Biofuels and Bioenergy
March 04-05, 2019 Barcelona, Spain
E: biofuels@speakertalk.org
W: biofuels.euroscicon.com

4th Edition of International Conference and Exhibition on
Polymer Chemistry
March 28-29, 2019 Rome, Italy
E: polymers@bookmarkthedate.com
W: polymerchemistry.euroscicon.com

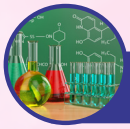
9th International Conference on
Petrochemistry & Chemical Engineering
May 27-28, 2019 Chicago, USA
E: petrochemistry@speakertalk.org
W: petrochemistryconference.euroscicon.com

10th Edition of International conference on
Biopolymers & Bioplastics
May 29-30, 2019 Singapore
E: biopolymers@scholarlymeetings.net
W: biopolymers-bioplastics.euroscicon.com

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5th Edition of International Conference on
Polymer Science and Technology
June 10-11, 2019 Berlin, Germany
E: polymerscience@scholarlymeetings.net
W: polymerscience.euroscicon.com

22nd Edition of International Conference on
Green Chemistry and Technology
November 18-19, 2019 Frankfurt, Germany
E: greenchemistry@bookmarkthedate.com
W: greenchemistry.euroscicon.com



Chemistry

9th Edition of International Conference on
Chemistry Science and Technology
March 21-22, 2019 Dublin, Ireland
E: chemicalsciences@bookmarkthedate.com
W: chemicalsciences.euroscicon.com

7th Edition of International Conference on
Pain Management
March 25-26, 2019 Rome, Italy
E: painmanagement@bookmarkthedate.com
W: painmanagement.euroscicon.com

3rd Edition of World Chemistry Conference
June 25-26, 2019 Philadelphia, USA
E: worldchemistry@eurosciconmeeting.net
W: worldchemistryconference.euroscicon.com

10th Edition of International Conference on
Analytical Chemistry
June 28-March 01, 2019 London, UK
E: analyticalchemistry@eurosciconmeeting.net
W: analyticalchemistry.euroscicon.com

4th Edition Of International Conference on
Agriculture & Food Chemistry
July 08-09, 2019 Vienna, Austria
E: foodchemistry@bookmarkthedate.com
W: foodchemistry.euroscicon.com

8th Edition of International Conference and Exhibition on
Separation Techniques
July 29-30, 2019 Dublin, Ireland
E: separationtechniques@bookmarkthedate.com
W: separationtechniques.euroscicon.com

7th Edition of International Conference and Exhibition on
Organic Chemistry
August 26-27, 2019 London, UK
E: organicchemistry@bookmakthedate.com
W: organicchemistry.euroscicon.com

9th Edition of International Conference on
Chemistry Education and Research
September 16-17, 2019 Brussels, Belgium
E: chemistryeducation@bookmarkthedate.com
W: chemistryeducation.euroscicon.com



Dentistry

27th International Conference on
Dentistry and Dental Practice
January 28-29, 2019 Barcelona, Spain
E: dentalpractice@eurosciconmeeting.net
W: dentalconference.euroscicon.com

26th International Conference on **Dental Treatment**
August 26-27, 2019 Vienna, Austria
E: dentaltreatment@eurosciconconferences.com
W: dentaltreatment.euroscicon.com

27th International Conference on
Advanced Dental Care
September 16-17, 2019 Baltimore, USA
E: advanceddentalcare@eurosciconconferences.com
W: advanced-dentalcare.euroscicon.com

4th International Conference on
Advanced Dental Education
September 16-17, 2019 Sydney, Australia
E: advanceddentaleducation@shareresearch.info
W: advanced-dental-education.euroscicon.com



Diabetes

3rd World Congress on **Diabetes and Obesity**
March 18-20, 2019 Rome, Italy
E: diabetesconference@eurosciconmeetings.org
W: diabetesconference.euroscicon.com

12th Edition of International Conference on
Endocrinology & Diabetology
September 02-03, 2019 Berlin, Germany
E: endocrinology@conferencesguide.org
W: endocrinology.euroscicon.com

15th International Conference on
Clinical Dermatology
September 26-27, 2019 Barcelona, Spain
E: clinicaldermatology@eurosciconmeetings.com
W: clinicaldermatology.euroscicon.com

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EEE & Engineering

8th Edition of International Conference on
Big Data & Data Science
March 04-05, 2019 Barcelona, Spain
E: bigdata@euroannualsummit.com
W: big-data.euroscicon.com

2nd Edition of International Civil and Architectural Engineering Week
April 22-23, 2019 London, UK
E: architecture@bookmarkthedate.com
W: civil-architecture.euroscicon.com

7th European Congress & Business Expo on
Mechanical & Aerospace Engineering
May 06-07, 2019 London, UK
E: mechaero@conferencesguide.org
W: mechanical-aerospace.euroscicon.com

6th International Conference on **Advancements in Graphic Design, Animation, Photography & Virtual Reality**
June 19-20, 2019 Tokyo, Japan
E: graphicdesign@annualmeetings.org
W: graphicdesign.euroscicon.com

4th International Conference on
Power and Energy Engineering
June 17-18, 2019 Tokyo, Japan
E: powerengineering@shareresearch.info
W: power-energyconference.euroscicon.com

23rd Edition of International Conference on
Nano Engineering & Technology
November 11-12, 2019 Dubai, UAE
E: nanoengineering@eurosciconconferences.com
W: nano-engineering.euroscicon.com



Environmental Science

10th Edition of International Conference on
Water: Pollution, Treatment & Research
March 14-15, 2019 London, UK
waterpollution@sciconmeet.com
W: waterpollution.euroscicon.com

World Congress on **Earth & Environmental Science**
May 29-30, 2019 Singapore
earthscience@lifescienceevent.org
W: earthscience.euroscicon.com

5th Edition of International Conference on
Environmental Science & Technology
June 24-25, 2019 Moscow, Russia
environmentalscience@sciconmeet.com
W: environmentalscience.euroscicon.com

3rd Edition of Global Summit on
Renewable Energy & Emerging Technologies
October 24-25, 2019 Baltimore, USA
renewableenergy@lifescienceevent.org
W: renewableenergy.euroscicon.com

4th International Conference on
Climate Change and Environmental Disasters
October 21-22, 2019 Las Vegas, USA
climatechangeconference@europemeeting.org
W: climateconference.euroscicon.com



Gastroenterology

7th International Conference on
HEPATITIS & LIVER DISEASES
May 02-03, 2019 London, UK
E: hepatitis@conferencesguide.org
W: hepatitis.euroscicon.com

15th International Conference on
Gastro Education
June 17-18, 2019 Tokyo, Japan
E: gastroenterology@eurosciconmeetings.com
W: gastroenterology.euroscicon.com



Genetics and Molecular Biology

13th Edition of International Conference on **Advances in Tissue Engineering and Biomaterials Science**
June 17-18, 2019 London, UK
E: tissuescience@euroannualconferences.org
W: tissuescience.euroscicon.com



Healthcare

5th Edition of International Conference on
Occupational Health and Public Safety
April 23-24, 2019 Berlin, Germany
E: occupationalhealth2019@conferencesguide.org
W: occupationalhealth.euroscicon.com

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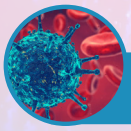
2nd Edition of International Conference on
Ergonomics & Human Factors
April 29-30, 2019 London, UK
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9th Edition of International Conference on
Clinical & Medical CASE REPORTS
May 27-28, 2019 Barcelona, Spain
E: casereports@eurosciconconferences.com
W: casereports.euroscicon.com

15th Edition of International Conference on
Healthcare
May 27-29, 2019 Barcelona, Spain
E: healthcare@conferencesguide.org
W: healthcare.euroscicon.com

6th Edition of World Congress on **Health Economics, Health Policy and Healthcare Management**
June 17-18, 2019 Dubai, UAE
E: healtheconomics@eurosciconmeeting.net
W: healtheconomics.euroscicon.com

10th Edition of International Conference on
Preventive Medicine & Public Health
July 11-12, 2019 Vienna, Austria
E: preventivemedicine12@yandex.com
W: preventivemedicine.euroscicon.com



Immunology

23rd Edition of International Conference on
Immunology and Evolution of Infectious Diseases
April 29-30, 2019 London, UK
E: immunologyresearch@meetingscalendar.org
W: immunology-infectious-diseases.euroscicon.com



Infectious Diseases

12th Edition of International Conference on
Infectious Diseases
April 22-23, 2019 Rome, Italy
E: infectiousdiseases@sciconmeet.com
W:infectious-diseases.euroscicon.com

23rd Edition of International Conference on
Immunology and Evolution of Infectious Diseases
April 29-30, 2019 London, UK
E: immunologyresearch@meetingscalendar.org
W: immunology-infectious-diseases.euroscicon.com

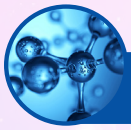
11th World Congress on
Clinical Microbiology and Infectious Diseases
September 12-13, 2019 Baltimore, USA
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15th Edition of International Conference on
Infectious Diseases Week
October 24-25, 2019 Baltimore, USA
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W: infectious-diseases-week.euroscicon.com



Life Science

9th International Conference on
Ageing Research & Geriartic Medicine
April 22-23, 2019 London, UK
E: ageing@speakertalk.org
W: ageing.euroscicon.com



Materials Science

18th Edition of International Conference on **Emerging Trends in Materials Science and Nanotechnology**
January 28-29, 2019 Barcelona, Spain
E: nanomat@scholarlymeetings.net
W: nano-materials.euroscicon.com

4th Edition of International conference on
Advanced Spectroscopy, Crystallography and Applications in Modern Chemistry
April 25-26, 2019 Rome, Italy
E: crystallography@speakertalk.org
W: crystallography.euroscicon.com

8th International Conference on
Smart Materials and Structures
August 01-02, 2019 Dublin, Ireland
E: smartmaterialscongress@speakertalk.org
W: smartmaterialscongress.euroscicon.com

37th Edition of International Conference and Expo on
Nanoscience and Nanotechnology
June 19-20, 2019 Dubai, UAE
E: nanoscience@conferencesfinder.com
W: nanoscienceconference.euroscicon.com

3rd Edition of International Conference on
Materials Technology and Manufacturing Innovations
October 24-25, 2019 Baltimore, USA
E: materialstechnology@scholarlymeetings.net
W: materialstechnology.euroscicon.com

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2nd Edition of International Materials Science and Engineering Week
October 24-25, 2019 Sydney, Australia
E: materialsscienceweek@speakertalk.org
W: materialsscienceconference.euroscicon.com

23rd International Conference on
Advanced Materials and Simulation
December 02-03, 2019 Barcelona, Spain
E: advancedmaterials@speakertalk.org
W: advancedmaterials.euroscicon.com



Medical

8th Edition of International Conference on
Internal Medicine & Patient Care
March 25-26, 2019 Rome, Italy
E: internalmedicine@eurosciconconferences.com
W: internalmedicine.euroscicon.com

15th International Conference on **Gastro Education**
June 17-18, 2019 Tokyo, Japan
E: gastroenterology@eurosciconmeetings.com
W: microbiologyresearch.euroscicon.com



Microbiology

11th Edition of International Conference on
Advances in Microbiology and Public Health
March 18-19, 2019 Vienna, Austria
E: advancedmicrobiology@conferencesguide.org
W: microbiologyresearch.euroscicon.com



NEPHROLOGY

20th Edition of International Conference on
Clinical Nephrology
September 12-13, 2019 Sydney, Australia
E: clinicalnephrology@medicaleuroscicon.org
W: clinicalnephrology.euroscicon.com



NeuroScience

15th International Conference and Exhibition on
Alzheimers Disease, Dementia & Ageing
April 22-23, 2019 Rome, Italy
E: eurodementia@neurologyspeakerexperts.org
W: dementiaconference.euroscicon.com

30th Edition of International Conference on
Neurology and Neuroscience Week
May 27-28, 2019 Singapore
E: neuroweek@scholarlymeetings.net
W: neurologycongress.euroscicon.com

28th Euro-Global Neurologists Meeting
June 13-14, 2019 Barcelona, Spain
E: neurologists@neurologyspeakerexperts.org
W: neurologistsconference.euroscicon.com

25th International Conference on
Neuroscience and Neurochemistry
June 13-14, 2019 Barcelona Spain
E: neurochemistry@neurologyspeakerexperts.org
W: neurochemistry.euroscicon.com

7th International Conference on
Neurological Disorders & Stroke
October 07-08, 2019 Dublin, Ireland
E: stroke@scholarlymeetings.net
W: neurology.euroscicon.com



Nursing

5th World Congress on **Polycystic Ovarian Syndrome**
April 23-24, 2019 Berlin, Germany
pcos@lifescience.events
W: pcos.euroscicon.com

28th Edition of World Congress on
Nursing Education & Research
April 25-27, 2019 London, UK
E: nursingeducation@eurosciconconferences.com
W: nursingeducation.euroscicon.com

29th Edition of International Conference on
Nursing & Healthcare
October 24-25, 2019 Sydney, Australia
E: nursinghealthcare@euroscionmeetings.com
W: nursingconference.euroscicon.com

6th World Congress on
Midwifery & Womens Health
October 24-25, 2019 Baltimore, USA
E: euromidwifery@expertsconferences.org
W: midwiferyconference.euroscicon.com

30th International **Nursing and Primary Healthcare Professionals Congress**
October 21-22, 2019 Las Vegas, USA
E: nursing-phc@lifescience.events
W: nursing-healthcareconference.euroscicon.com

EuroSciCon CONFERENCE DIRECTORY 2019



Nutrition

26th World Nutrition Congress
June 17-18, 2019 London, UK
E: worldnutrition@euroannualmeetings.org
W: worldnutritioncongress.euroscicon.com

26th Global Nutritionists Week
September 12-13, 2019 Sydney, Australia
E: nutritionweek@sciconmeet.com
W: nutritionweek.euroscicon.com

23rd International Conference on
Nutritional Science, Health and Aging
October 24-25, 2019 Las Vegas, USA
E: nutritionalscience@nutritionspeakerexperts.org
W: nutritionconference.euroscicon.com



Oncology & Cancer

5th Edition of International Conference on
Clinical Oncology and Molecular Diagnostics
June 17-18, 2019 Rome, Italy
E: clinicaloncology@eurosciconmeetings.com
W: oncology.euroscicon.com

7th International Congress on
Gynecology & Gynecologic Oncology
June 20-21, 2019 London, UK
E: gynecologymeeting@eurosciconmeetings.com
W: gynecologyconference.euroscicon.com

19th Edition of International Conference on
Dermatology and Melanoma
August 19-20, 2019 Tokyo, Japan
E: dermatology@sciconmeetings.com
W: dermatology.euroscicon.com

6th Edition of World Congress on
Cancer Research, Survivorship and Management
August 22-23, 2019 Tokyo, Japan
E: cancerresearch@eurosciconmeetings.com
W: cancer.euroscicon.com

13th World Biomarkers and Clinical Research Conference
August 22-23, 2019 Vienna, Austria
E: biomarkers@eurosciconmeetings.com
W: biomarkers.euroscicon.com

4th Edition of International Conference on
Colorectal cancer
October 10-11, 2019 Dublin, Ireland
E: colorectalcancer@eurosciconmeetings.com
W: colorectalcancer.euroscicon.com

9th Cancer Diagnostics & Treatment Conference
November 11-12, 2019 Frankfurt, Germany
E: cancerdiagnostics@eurosciconmeetings.com
W: cancerdiagnostics.euroscicon.com



Ophthalmology

26th Edition of World Congress of Ophthalmologists
May 27-28, 2019 Singapore
E: ophthalmologists@scholarlymeetings.net
W: ophthalmologists.euroscicon.com

4th Edition of International Conference on
Eye And Vision
June 06-07, 2019 London, UK
E: eye@scholarlymeetings.net
W: eye.euroscicon.com

24th Edition of Adavancements on
Ophthalmology: Clinical &Surgical Practices
October 24-25, 2019 Zurich, Switzerland
E: ophthamologysurgery@scholarlymeetings.net
W: ophthalmologysurgery.euroscicon.com



Pathology

19th Edition on World Pathology Week
June 19-20, 2019 Tokyo, Japan
E: pathologyweek@sciconmeet.com
W: pathologyweek.euroscicon.com

4th International Conference on **Digital Pathology**
August 22-23, 2019 Zurich, Switzerland
E: markscaroline@yandex.com
W: digitalpathology.euroscicon.com

18th International Conference on
Pathology & Cancer Epidemiology
October 21-22, 2019 Rome, Italy
E: pathologydoctor@yandex.com
W: pathology.euroscicon.com

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Pediatrics

4th Edition on **World Pediatrics**
June 21-22, 2019 Philadelphia, USA
E: worldpediatrics@eurosciconmeeting.net
W: worldpediatricsconference.euroscicon.com

25th Edition of International Conference on
Pediatric Cardiology and Health
April 22-23, 2019 Madrid, Spain
E: pediatriccardiology@eurosciconconferences.com
W: heart.euroscicon.com

23rd Edition of International Conference on
Neonatology and Perinatology
April 23-24, 2019 London, UK
E: neonatology@eurosciconmeetings.org
W: neonatology.euroscicon.com

3rd Edition of International Congress on **Pediatrics**
May 23-24, 2019 Zurich, Switzerland
E: pediatrics2019@eursciconevent.com
W: pediatricsconference.euroscicon.com

31st Edition of International Congress on
Pediatrics and Neonatology
June 19-20, 2019 Tokyo, Japan
E: pediatricscongress@eursciconevent.com
W: pediatrics-neonatology.euroscicon.com

8th International Conference on
Euro Pediatrics Week
November 11-12, 2019 Dubai, UAE
E: europediatricsweek@pediatricseuroscicon.org
W: pediatricsweek.euroscicon.com



Pharma

9th Edition of International Conference on
Mass Spectrometry
March 04-05, 2019 Berlin, Germany
E: massspectrometry@conferencesguide.org
W: adolescenthealth.euroscicon.com

Asia-Pacific Annual Congress on
Biopharmaceutics and Pharmacokinetics
June 25-26, 2019 Sydney, Australia
E: pharmaworld@bookmarkthedate.com
W: adolescenthealth.euroscicon.com

World Forum on
Advanced Clinical Research and Clinical Trials
June 25-26, 2019 Sydney, Australia
E: clinicalresearch@bookmarkthedate.com
W: adolescenthealth.euroscicon.com

7th Edition of International Conference on
Pharmacognosy and Medicinal Plants
March 11-12, 2019 London, UK
E: pharmacognosy@eurosciconmeeting.net
W: pharmacognosy.euroscicon.com

World Toxicology and Pharmacology Conference
August 22-23, 2019 Tokyo, Japan
E: worldtoxicology@lifescience.events
W: toxicologyconference.euroscicon.com

12th Edition of International Conference on
Nanopharmaceutics and Advanced Drug Delivery
August 29-30, 2019 London, UK
E: nanodrugdelivery@eurosciconmeeting.net
W: nano-drugdelivery.euroscicon.com

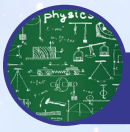
14th Edition of International Conference on
Clinical and Hospital Pharmacy
September 23-24, 2019 Copenhagen, Denmark
clinicalpharmacy@eurosciconmeeting.net
W: pharmacyconference.euroscicon.com

13th Edition of International Conference on
Pharma Research and Development
October 24-25, 2019 Sydney, Australia
E: pharmaresearch@eurosciconmeeting.net
W: pharmaresearch.euroscicon.com

14th Edition of International Conference on
Neurochemistry and Neuropharmacology
October 24-25, 2019 Sydney, Australia
E: neuropharmacology@eurosciconmeeting.net
W: neuropharmacology.euroscicon.com

18th Edition of International Conference and Exhibition on
harmaceutics and Novel Drug Delivery Systems
October 14-15, 2019 WARSAW, POLAND
E: pharmaceutics@conferencesguide.org
W: colorectalcancer.euroscicon.com

8th Edition of International Conference on
Antibiotics, Antimicrobials & Resistance
October 21-22, 2019 Rome, Italy
E: antibiotics@conferencesguide.org
W: colorectalcancer.euroscicon.com



Physics

7th World Congress on **Optics, Lasers and Photonics**
May 27-28, 2019 Chicago, USA
E: worldoptics@lifescience.events
W: opticsconference.euroscicon.com

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5th International Conference on
Condensed Matter and Materials Physics
September 02-03, 2019 Berlin, Germany
E: eurocondensedmatter@lifescience.events
W: condensedmatterphysics.euroscicon.com



Plant Science

5th Edition of International Conference on
Plant Genomics
June 13-14, 2019 Berlin, Germany
E: plantgenomics@eurosciconmeetings.com
W: plantgenomics.euroscicon.com

5th Annual Congress on **Plant & Soil Science**
June 28-March 01, 2019 London, UK
E: plant.soil@sciconmeet.com
W: plantscience-biology.euroscicon.com



Psychiatry

31st Edition on
World Psychiatrists and Psychologists Conference
June 17-18, 2019 Tokyo, Japan
E: psychiatrists@meetingscalendar.org
W: psychiatryconference.euroscicon.com

30th International Conference on
Sleep Disorders and Psychiatry
July 08-09, 2019 Vienna, Austria
E: sleepmedicine@eurosciconconferences.com
W: sleepmedicine.euroscicon.com

9th International Conference on
Addiction Psychiatry & Mental Health
September 16-17, 2019 Rome, Italy
E: addictionpsychiatry@meetingscalendar.org
W: addictionpsychiatry.euroscicon.com

30th International Conference on
Clinical Psychology & Neuroscience
November 11-12, 2019 Dubai, UAE
E: clinicalpsychology@eurosciconmeetings.com
W: psychology.euroscicon.com



Surgery

4th Edition of World Congress & Exhibition on
Vascular Surgery
March 28-29, 2019 Rome, Italy
E: vascularsurgery@eurosciconmeetings.com
W: vascularsurgery.euroscicon.com

2nd Edition of European Conference on
Otolaryngology, ENT Conference
May 27-28, 2019 Singapore
E: entconference@europemeeting.org
W: entconference.euroscicon.com

14th International Conference on **Neurology, Neuroscience and Neuromuscular Disorders**
June 17-18, 2019 Tokyo, Japan
E: neuromuscluar@eurosciconmeeting.com
W: neuromuscularconference.euroscicon.com

8th Edition of International Conference and Exhibition on
Surgery and Transplantation
July 01-03, 2019 Valencia, Spain
E: surgeryconference@medicaleuroscicon.org
W: surgeryconference.euroscicon.com

15th International Conference on **Clinical Dermatology**
September 26-27, 2019 Barcelona, Spain
E: clinicaldermatology@eurosciconmeetings.com
W: vascularsurgery.euroscicon.com

8th Edition International Conference on
Public Health, Nursing & Primary Care
October 10-11, 2019 Madrid, Spain
E: primarycare@eurosciconmeetings.com
W: phc-publichealth.euroscicon.com

4th Edition of Annual Congress on
Plastic, Aesthetic and Reconstructive Surgery
November 11-12, 2019 Frankfurt, Germany
E: plasticsurgery@eurosciconmeetings.com
W: plasticsurgeryconference.euroscicon.com

8th International Conference on **Otorhinolaryngology**
November 11-12, 2019 Frankfurt, Germany
E: otorhinolaryngology@eurosciconmeetings.com
W: otorhinolaryngology.euroscicon.com



Veterinary

14th Global Summit on **Veterinary and Animal Sciences**
September 12-13, 2019 Sydney, Australia
E: veterinaryscience@sciconmeet.com
W: veterinary.euroscicon.com

DAY 1

Keynote Forum



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March 25-26, 2019 | Rome, Italy

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March 25-26, 2019
Rome, Italy

JOINT EVENT
7th Edition of International Conference on
Pain Management
&
8th Edition of International Conference on
Internal Medicine & Patient Care

Reza Nassiri, Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-004



Deadly viruses that cross international borders

Reza Nassiri
Michigan State University, USA

The global medical community is witnessing incredible trends in globalization, increase in population, which provides grounds for emergence and reemergence of viral epidemics throughout the world. These epidemic can potentially overwhelm the healthcare delivery systems for provision of a comprehensive medical care delivery. In the past two decades, we have witnessed some of the deadly viral epidemics of the 21st century such as the Ebola virus epidemic in West Africa, the 2009 flu pandemic, dengue fever and Zika outbreak especially in Brazil. From such outbreaks occurring unpredictably around the world, global health experts acknowledge viruses now have evolved to rapidly cross international borders.

In 2014, an outbreak of Ebola occurred in West Africa, primarily in Liberia, Sierra Leon and Guinea. The virus took the lives of more than 11,000 people in three countries. Recovery from Ebola is dependent on early disease onset, adequate supportive care, and the patient's immune system.

Influenza outbreaks take place during the winter months. The virus has genetically evolved to continuously modify itself by what is known to be antigenic shift and drift. In the case of antigenic shift, the virus evades immune system. Another medical concern is dengue virus which is an acute febrile illness. It is transmitted by mosquitos of the genus Aedes. This virus was discovered in 1943 by two Japanese scientists in Nakasaki. It is an old virus that has reemerged during the latter half of the 2oth century. The infection primarily is caused by four serotypes; DEN-1, DEN-2, DEN3, and DEN-4. Another virus that has crossed international boundaries is Zika virus. Most recently, Venezuela is facing a resurgence in dengue, Zika, Chagas disease and malaria due to its ongoing political and humanitarian crises which have already further compromised it's already existing broken down health system and is seriously threatening its public health infrastructure. Although tremendous progress has been made in the past years to improve epidemiological surveillance and rapid detection of viruses that cross international borders, yet capacity-building for rapid detection and optimal care delivery are just examples of few obstacles and challenges that global health faces especially in resource-limited countries. To meet the global challenges in the context of deadly viral infections, interdisciplinary collaborations facilitate synergism with respect to an optimal healthcare delivery system.

Biography

Dr. Nassiri is a former Associate Dean of Global Health at the Michigan State University (MSU). He also served as MSU director of Institute of International Health. He is currently Professor of Pharmacology and Toxicology, Professor of Family and Community Medicine, and, lecturer in Global Health, Infectious Diseases and Tropical Medicine. He currently works on international public health issues relating to chronic diseases and has expertise in global health. He has made contributions in various fields of medical sciences including clinical investigation and health education. On the basis of his extensive experience and expertise in chronic infectious diseases including HIV/AIDS, TB as well as antimicrobial resistance and human gut microbiome, he developed clinical research programs in Brazil, South Africa, Haiti, Dominican Republic and Mexico. He had served as editorial board member for the journal of HIV and AIDS Review. He is currently on editorial board member for AIDS Patient Care and STDs. Prof. Nassiri has delivered seminar presentations on Tropical Medicine, HIV/AIDS, TB, Global Health and public health interventions in numerous national and international conferences and workshops. He is internationally recognized for his work in the areas of building effective international partnerships particularly in global health, community health, clinical care capacity building, and technical assistance mechanism. He is the founder of Michigan State University Osteopathic and Primary Health Clinic in Merida, Yucatan, Mexico. He has developed academic and research partnership programs with Federal University of Para Institute of Tropical Medicine in Belem, Brazil.

His research interests are Clinical Pharmacology of HIV/AIDS & TB, human gut microbiome, antibiotic resistance, prevention and control of infectious diseases, neglected tropical diseases, community health, global health, socio-ethical determinants of health, and community-based public health interventions. In collaboration with his Brazilian colleagues, he conducts research in the eastern Brazilian Amazon population on incidence and prevalence of HIV, TB, Hepatitis C, HPV, and antimicrobial resistance.

profnassiri@hotmail.com

EuroSciCon

March 25-26, 2019
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7th Edition of International Conference on
Pain Management
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Josie Billington, Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-004



Shared literary reading for chronic pain

Josie Billington

University of Liverpool, UK

In two pilot studies since 2014, the Centre for Research into Reading, Literature and Society has demonstrated alleviation of physical and psychological symptoms in chronic pain sufferers resulting from a literary reading intervention developed and delivered by award winning UK national charity, The Reader. The shared reading model is based on small groups coming together weekly, to read fiction and poetry together aloud, pausing to reflect on how the reading relates to their lives. The reading material ranges across genres, period and is chosen for its intrinsic interest, not pre-selected with a particular condition in mind. Quantitative evidence indicated improvements in mood/pain for up to two days following the reading group while qualitative analysis showed a far greater range in emotional experience and expression compared with the control intervention (cognitive behavioural therapy) as well as the power of the literary material to find (non-threateningly) buried emotional pain (Billington et al, Journal of Medical Humanities, 43:3, 155-65, 2016). This research has resulted in the commissioning of a reading group at the pain clinic of Royal Liverpool University Teaching Hospital, UK, over several years. This presentation will demonstrate the intervention in practice via video footage collected as part of the research in order to give firsthand experience of some of the processes which led to our findings. In addition, the presentation will indicate how qualitative data from our research studies is proving critical to a follow up neuro scientific research study on how literary reading affects the chronic pain brain.

Biography

Josie Billington is Reader and Deputy Director of the Centre for Research into Reading, Literature and Society (CRILS), University of Liverpool. She has led several multi-disciplinary research studies on the value of literary reading in relation to depression, dementia, chronic pain and prisoner health and has published extensively on the power of literary reading to influence mental health and wellbeing, most recently "*Is Literature Healthy*?" She is a Member of the Research Council UK Peer Review College and a National Teaching Fellow. Her edited volume, "Reading and Mental Health", will be published by Palgrave in 2020.

jbilling@liverpool.ac.uk

EuroSciCon

March 25-26, 2019
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JOINT EVENT
7th Edition of International Conference on
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Ivet B Koleva, Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-004



Interdisciplinary approach towards analgesia in low back pain and lumbo-sacral radiculopathy: Impact of paravertebral infiltrations, laser therapy and deep oscillation (a comparative study of five rehabilitation complexes)

Ivet B Koleva
Medical University of Sofia, Bulgaria

The goal of current work is to compare the impact of drug therapy versus different pre-formed physical modalities in the complex rehabilitation algorithm of patients with back pain. We observed a total of 455 patients with low back pain and lumbo-sacral radiculopathy; randomized into five therapeutic groups (of 91 patients each one). In all patients we applied a complex physiotherapy programme, including analytic exercises; soft tissue techniques (post-isometric relaxation, stretching, manual massage, tractions and mobilizations); patient education in the back school principles. In patients of the first group (gr 1) we added paravertebral infiltrations (with corticosteroide, lidocaine and B vitamines). In the next two groups a preformed physical modality was included: lasertherapy (gr 2 - Laser) or deep oscillation (DO - gr 3). Patients of the last two groups received combined therapy (drugs plus physical analgesia): gr 4 – infiltrations and laser; gr 5 – infiltrations + DO. Patients were controlled before, during and at the end of the rehabilitation course and one month after its end using a battery of traditional and contemporaneous methods for objectivization of the vertebral and radicular syndromes (including visual analogue scale of pain, vibroesthesiometry; thermosensibility; lassegue sign; ICF assessment). Based on this detailed qualitative and quantitative evaluation we proved the efficacy of application of paravertebral infiltrations, laser therapy and deep oscillation in the complex rehabilitation algorithm of patients with back pain and lumbo-sacral radiculopathy. Drug therapy is most effective during the first days, physical analgesia begins slowly, but the effect is most durable. We obtained better results in groups with combined therapy (infiltrations and physical analgesia). We discuss some theories, concerning the mechanisms of physical analgesia. Some aspects of spinal biomechanics and kinesiology are mentioned. The evidence proved the better efficacy of combined analgesia in patients with low back pain and lumbo-sacral radiculopathy.

Biography

Ivet B Koleva is a Medical Doctor, Specialist in Physical and Rehabilitation Medicine and in Neurology with European certification in PRM. She defended two theses (Philosophy Doctor and Doctor in Medical Sciences) in the field of Neurorehabilitation. Her scientific interest are in the field of Pain and Physical Analgesia; Grasp and Gait rehabilitation; Functional assessment, etc. Actually, she is Professor at the Medical University of Sofia, Bulgaria.

yvette@cc.bas.bg
dr.yvette.5@gmail.com

DAY 1

Scientific Tracks & Abstracts



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Internal Medicine & Patient Care

March 25-26, 2019 | Rome, Italy

DAY 1

MArch 25, 2019

Sessions

Fundamentals to Pain Management | Current Therapies in Pain Management | Pain Management Specialist Non-Pharmacological Approaches | Internal Medicine and Patient Care | Nephrology | Endocrinology

Session Chair
Helena Jamnik
University Rehabilitation Institute Republic of Slovenia, Slovenia

Session Co-Chair
Nevena Ilic
Euromedik General Hospital, Serbia

Session Introduction

Title: Pain: More than meets the eye

Benson Babu, New York-Presbyterian Hospital, USA

Title: Contrast induced corticol blindness

Mayank Ohri, Kendall Regional Medical Center, USA

Title: Strategic and specific considerations in designing and executing multicenter pain trials

Laurent Ecochard, Novartis Pharma AG, Switzerland

Title: Interdisciplinary pain rehabilitation program for patients with FBSS after spinal cord stimulation

Helena Jamnik, University Rehabilitation Institute Republic of Slovenia, Slovenia

Title: Relationship between sleep-disordered breathing and sleeping position at the 37th week of pregnancy: An observational cross-sectional study

Midori Ura, Junshin Gakuen University, Japan

Title: A study on knowledge, attitudes and practices regarding pain management among medical officers of the sri jayewardenepura general hospital

Jayawickreme K P, Sri Jayewardenepura General Hospital, Sri Lanka

Title: Endocrine aspects of obesity in men: New links and consequences

Nevena Ilic, Euromedik General Hospital, Serbia

Title: Management of chronic pelvic pain in a tertiary care hospital in rural India

Dhruba Jyoti Borgohain, Assam Medical College of Dibrugarh, India

Title: What do adult surgical patients who speak italian, cantonese or portuguese at home really want to know about pain and pain management?

Patti Kastanias, University of Toronto, Canada

Title: Cardio renal syndrome: Case presentation

Katerina Ristoska, PZU Sistina Nefroplus, Macedonia

Title: Hypertension risk from iron brake particulate matter

William J Rowe, University of Ohio, USA

EuroSciCon

March 25-26, 2019
Rome, Italy

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Internal Medicine & Patient Care

Benson A Babu et al., Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-005

Pain: More than meets the eye

Benson A Babu, Madiha Ali, Kyle Ferguson, Norman Saffra and **Jasmin Hundal**
New York-Presbyterian Hospital, USA

Eye pain is common and initially managed by primary care physicians. Questions to consider when examining patients: 1) Are there any alarming eye findings that need an urgent ophthalmology referral? 2) Is this particular eye condition part of a larger systemic disorder or one of a primary eye disease? 3) Is there a need for additional testing such as HIV or HPV screening? 4) Should a biopsy be performed? Meticulous patient history and risk factor analysis combined with a clinical examination will help formulate a differential diagnosis and inform further management. By doing so, it obviates the need for unwanted testing, early specialist referral, and improves patient outcome. Familiarization with the typical presentation and appearance of a pterygium will portend an opportunity for the comprehensive practitioner to treat with conservative therapy, thus saving the patient time and discomfort. In the rare refractory case or atypical appearance, consultation with ophthalmology is needed. A 35-year-old Hispanic male patient with a history of pterygium presented with complaints of worsening left eye pain for months. Prior to these symptoms, the patient had been treated for pterygium for years without eye pain. Over the past two weeks, the patient had also noticed more redness and soreness that occured all day. He noticed darkening in the medial vision of his left eye, persistence of left eye pain and visual changes. An excisional biopsy of the lesion was performed. The final biopsy reports revealed an ocular surface squamous cell carcinoma in situ causing pterygium.

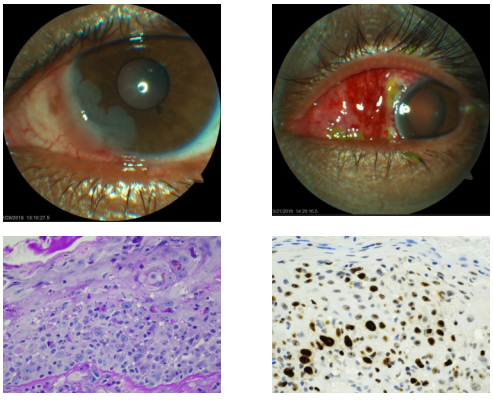


Figure: Squamous Cell Carcinoma in situ. Left eye conjunctival lesion showed considerable acanthosis with full thickness dysplasia and surface keratin accumulation. PAS and Ki-67 staining.

Biography

Benson Babu completed his education from University of Tennessee, Knoxville and he worked in NewYork-Presbyterian Hospital, USA and he is interested in Internal Medicine. He has published many papers in the journals. He has worked as physical in Beth Israel Medical Center.

bensonbabumd@gmail.com

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Mayank Ohri et al., Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-005

Contrast induced corticol blindness

Mayank Ohri, Parth Parikh, James Davenport and **Jose Gascon**

Kendall Regional Medical Center, USA

Introduction: Transient cortical blindness after contrast induced media is an extremely rare occurrence. It has been estimated that approximately 1% of the patients suffer cortical blindness after undergoing a cerebral or vertebral angiography. Based on our literature review only 18 documented cases have been reported of transient cortical blindness secondary to coronary angiography using modern, non-ionic, low-osmolality based contrast agents. We present a case of an elderly man with symptomatic bradycardia who underwent dual-chamber permanent pacemaker implantation that had transient contrast induced cortical blindness.

Case Report: Patient is a 77-year-old male truck driver with a past medical history of hyperlipidemia that presents to our hospital after a syncopal episode that resulted in left rib pain. He reported loss of consciousness after drinking several beers and felt as if the room was spinning around him. He denied any postictal confusion, loss of urinary or bowel incontinence. CT scan of the chest was done which showed 4th and 5th rib fractures. On EKG his heart rate was 47 beats per minute with a new onset of right bundle branch block with no ST segment changes. His 2D echocardiogram and troponins were within normal limits. He underwent a tilt table study, which showed classic mixed cardio inhibitory and vasodepressor response, with heart rate in 20's, consistent with neurocardiogenic syncope. Based on these findings, a dual chamber cardiac pacemaker was implanted successfully, without any complications. Agents that were used during the procedure included lidocaine for local anesthesia and low osmolality, non ionic iodine based contrast. Approximately 1 hour after the procedure the patient started to experience blurred vision, which soon progressed to bilateral blindness. On examination, his fundoscopic examination was normal and no neurological deficit was present except for blindness. Since, he was not a candidate for an MRI; he underwent head/neck CTA that was within normal limits. Next day at 1:30 am the patient started to notice improvement in his vision and by 9:00 am his vision was restored back to normal. Based on this clinical picture it was concluded that his transient bilateral loss of vision was contrast induced. Patient was safely discharged from the hospital soon after.

Conclusion: Contrast induced cortical blindness is an extremely rare finding. This is an excellent case to inform healthcare professionals of a potential serious side effect from a commonly used agent. There is no specific measure that needs to be taken for protection against this unusual and alarming complication. Careful neurological assessment and consultation accompanied by MRI or CT scanning can confirm the diagnosis. When these agents cause cortical blindness then it is anticipated and it takes 24-72 hours for resolution back to normal vision.

Biography

Dr. Mayank Ohri graduated medical school from American University of Antigua. Currently a full time Internal Medicine Physician at Kendall Regional Medical Center in Miami Florida. Participated in multiple research projects including quality improvement, oral and poster presentations at National Internal Medicine Conferences. He is anticipated to complete his MBA majoring in Healthcare Administration in 2019.

mohri3@gmail.com

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Laurent Ecochard, Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-005

Strategic and operational considerations in designing and executing multicenter pain trials

Laurent Ecochard

Novartis Pharma AG, Switzerland

Pain is a symptom related to a heterogeneous group of disorders. Pain can be further subdivided into whether the origin of the pain is nociceptive, neuropathic, or mixed nociceptive/neuropathic origin. Peripheral neuropathic pain is a pain initiated or caused by a primary lesion or dysfunction in the nervous system. For the indication of the treatment of neuropathic pain, FDA recommends to conduct one in each of atleast three separate neuropathic conditions while EMA only recommends two separate conditions (one trial each). In this context, several investigational drugs have failed to show benefit in reducing the pain intensity in the past two decades and have led the sponsors of the same compounds to terminate their programs of development prematurely. Several design considerations are now widely recommended to improve assay sensitivity and increase the chance of success of the chronic pain therapies under investigation. Besides these study design factors, patient, study site and outcome measurement factors have to be carefully taken into consideration. Once the multi-centre pain trials are actively recruiting, the operational teams frequently deal with difficulties to identify the right candidates for enrolment and as many screened patients do not qualify due to uncontrolled co-morbid conditions and/or prescribed pain medications that are not allowed per protocol. Given the prevalence and incidence of neuropathic pain, there is a clear need for better treatment as the related conditions have such a severe impact on the patient's ability to function on a daily basis thus affecting overall quality of life, but also represent a substantial burden for family and caregivers. In this regard, innovative adaptive (enriched) study designs may have a major impact on increasing the probability of positive study results with these potential better treatments that are randomly compared to placebo as randomized placebo controlled multi center pain trials are recommended in neuropathic pain.

Biography

Laurent Ecochard has completed his PhD in Physiology by University of Lyon, France. He has served as a study coordinator in oncology and hematology units of Paris Public Hospital and has acted as a Clinical Research Associate in different therapeutic areas across the pharmaceutical industry in France. He has then endorsed responsibilities as Project Manager and ultimately as Clinical Study Leader in General Medicines at Novartis. He has published several papers in reputed journals and is currently working as a Clinical Development Director on the Olodanrigan Program of Development in Peripheral Neuropathic Pain at Novartis Pharma AG, Switzerland.

laurent.ecochard@novartis.com

EuroSciCon

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Helena Jamnik, Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-005

Interdisciplinary pain rehabilitation program for patients with FBSS after spinal cord stimulation

Helena Jamnik

University Rehabilitation Institute Republic of Slovenia, Slovenia

Patients with failed back surgery syndrome, treated with spinal cord stimulation (SCS) rarely report absence of pain after the procedure. Most of them have been struggling with chronic pain in the back and/or legs for many years, consequently confronting functional limitations in various areas, which may not resolve automatically after SCS procedure. Main goals of interdisciplinary pain rehabilitation program for patients with failed back surgery syndrome after SCS are directed in behavioral change to support adaptation of patients' functioning in different areas (physical functioning, balance training, body mechanics, endurance, mood, quality of sleep, fatigue and participation in meaningful activities) without pain exacerbations. The lecture I will present the consecutive case series study of 10 patients followed one year after SCS combined with interdisciplinary rehabilitation on the basis of outcome measures, routinely applied in our clinical practice, aimed to capture physical symptoms, functioning and possible goal fulfilment: six min walk test with pain assessment after walking, berg balance scale, COPM, video analysis of body mechanics, brief pain inventory - pain interference, maximal pain in the last week by numerical analogue scale, pain detect and beck depression inventory. Our previous study right after completion of interdisciplinary rehabilitation program already demonstrated same measurable changes which might point to the fulfilment of goals set individually directed generally into the behavioral change to adapt better in different areas of functioning despite remaining pain and sequel of past long-term chronic pain syndrome. The cognitive behavioral training seems to be the key processes supporting the behavioral change.

Biography

Helena Jamnik is an experienced clinician, at the moment head of the outpatient department at University Rehabilitation Institute of Ljubljana, involved in clinical research, with experiences in organization of health service, team leadership, working closely with different clients or collaborators, patients, health professionals, management staff and academics. She is specialized in physical medicine and rehabilitation in July 2007, experienced in rehabilitation of different types of disabilities, specialized in chronic pain management in interdisciplinary pain rehabilitation programs.

helena.jamnik@ir-rs.si

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March 25-26, 2019
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Midori Ura, Int J Anesth Pain Med 2019, Volume 5
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Relationship between sleep-disordered breathing and sleeping position at the 37th week of pregnancy: An observational cross-sectional study

Midori Ura

Junshin Gakuen University, Japan

Purpose: Sleeping in the lateral position during pregnancy can potentially reduce the severity of sleep disordered breathing (SDB). However, this hypothesis has not been formally investigated in pregnant women. Unlike previous studies that have relied largely on self-reported measures of sleeping position, we investigated the relationship between SDB and sleeping position during late pregnancy using objective measurements.

Methods: Thirty pregnant women at the 37th gestational week and 30 non-pregnant women (n-Pr) participated in the present study. The pregnant women were divided into two groups: those with body mass index (BMI) ≥30 kg/m2 (with obesity, p-Ob), and those with BMI <30 kg/m2 (without obesity, p-nOb). Data were collected using a portable screening device to detect SDB indicated by the respiratory disturbance index (RDI) as well as sleeping position.

Results: The occurrence of the lateral sleeping position was higher in pregnant women than in n-Pr ($P < .05$). The total RDI significantly differed among the three groups [$P < .01$; p-Ob, 10.7 (3.1); p-nOb, 7.0 (3.0); n-Pr, 4.3 (2.9)]. The p-Ob group showed significantly lower RDI in the lateral position than in the supine position ($P = .04$). Moreover, there was a significant difference in RDI between p-Ob and p-nOb for the supine position ($P = .001$), but there was no between group difference for the lateral position.

Conclusions: Sleeping in the lateral position is likely to mitigate existing SDB in pregnant women with obesity in late pregnancy and may be an effective precaution against undiagnosed SDB and associated complications.

Biography

Midori Ura started working as a Medical Technologist in Tokyo after graduating from University. She completed her Master's Degree in Public Health in the United Kingdom, following which she participated in organizations for international cooperation, such as JICA (Japan International Cooperation Agency) and UNFPA (United Nations Population Fund), and did a research project on the developing countries for the purpose of global health. In order to be a qualified technologist, she started working as a Medical Technologist at the Shinshu University Hospital, Japan again and has obtained the Registered Medical Sonographer certification in the field of vascular and OBGYN including fetus screening. In the meantime, she also completed her PhD in Health Science at Shinshu University in Japan. She has been a Lecturer of Clinical Physiology and Public Health at Junshin Gakuen Univeristy.

ura.m@junshin-u.ac.jp

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Jayawickreme K P et al., Int J Anesth Pain Med 2019, Volume 5
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A study on knowledge, attitudes and practices regarding pain management among medical officers of the sri jayewardenepura general hospital

Jayawickreme K P[1], Perera U A W L[1], Dissanayake D H P[1] and **S A S P Subasinghe[2]**
Sri Jayewardenepura General Hospital, Sri Lanka

Background & Aim: Pain is not pathology per se, but a symptom indicating underlying disease. Blind treatment of pain will result in masking the only presentation of a possible sinister underlying pathology. The objective of this study is to analyze the knowledge, attitudes and practices on pain management among doctors to prevent underuse, misuse and abuse of analgesics and to optimize pain management.

Methodology: This is a descriptive study, where a standardized self-administered questionnaire; knowledge and attitudes survey regarding pain (KASRP) was filled by doctors at the Sri Jayewardenepura General Hospital and analyzed.

Results: Among 102 participants the mean KASRP score was 56.25%, with majority of 59.8% subjects having moderate scores (50-70%) and only 7.8% having high scores (>70%). The mean number of years of experience among those who had low scores was 3.52 years and that of high scores was 6.25 years, but there was no statistically significant correlation between years of experience and KASRP score according to the spearman non parametric test (p=0.073). The mean score of postgraduate trainees was 61.9%. Post graduate trainees have a statistically significant higher score than intern medical officers (p=0.001) and Intern medical officers have a statistically significant higher score than medical officers (p=0.04) according to Post HOC test.

Conclusion: The awareness on pain management among the study population is average and needs to be improved. The knowledge, attitudes and practices are higher among those who have a continuous medical education and training and who are aware of current pain management guidelines. Introducing pain management workshops will be beneficial in improving the outcome.

Biography

Jayawickreme K P is an MBBS Graduate from the Faculty of Medicine at University of Peradeniya who passed out with second upper class honors and a distinction in Paediatrics. She is currently a Registrar in Internal Medicine at The Sri Jayawardenepura General Hospital, Sri Lanka and is a Postgraduate trainee of the Postgraduate Institute of Medicine, of the University of Colombo. She worked as a Temporary Lecturer at the Department of Medicine at the Peradeniya University. She has published seven researches and five case reports in internationally recognized reputed journals and has presented oral and poster presentations in local and international medical conferences.

kushaleej5@gmail.com

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Endocrine aspects of obesity in men: New links and consequences

Nevena Ilic[1], Corrado Pasquali[2], Angelina Stevanovic[1], Violeta Culafic Vojinovic[2], Tatjana Eror[1] and **Sasa Ivanovic[1]**

[1]Euromedik General Hospital, Serbia
[2]Sant' Eugenio Hospital, Italy

Epidemiological studies in last ten years have shown that 30-50% of obese men have lower testosterone levels for age. Pathophysiological mechanisms of so called dysmetabolic hypogonadism are complex and they involve cytokine (TNF , IL 1, IL 6) and adpokine (leptin) secretion, insulin resistance, abnormal turnover of many hormones due to an endocrine axis changes (GNRH-LH-testosterone, GH-IGF-1, TSH-T4,T3, ACTH-cortisol) and obstructive sleep apnea with disturbed REM sleep phase. Low testosterone level causes body composition changes with higher total body fat percentage and loss of muscle mass. High body fat worsens insulin resistance which increases weight gain and obesity, creating a vicious cycle. Consequences of low testosterone level in obese men are higher risk of type 2 diabetes, metabolic syndrome and cardiovascular diseases, cancer, infertility, erectile dysfunction, bone loss, bone marrow changes depression, alzheimer's disease and higher overall mortality. The dilemma is weather to treat these patients with hormone replace therapy or not. Recent studies have shown positive results in metabolic response such as better lipid status and increased insulin sensitivity, weight loss and body composition changes with a decrease of fat mass and increase of muscle mass in patients treated with testosterone replacement therapy. Further studies are required to prove if this kind of treatment decreases mortality risk.

Biography

Nevena Ilic has completed her Sub Specialization in Endocrinology at Belgrade University Medical School in 2009 and Master's Degree in Thyroid Diseases in Italy 2014. She completed Internal Medicine Specialization at Military Medical Academy Hospital, Belgrade in 2002. Since, 2014 she works as Prime Endocrinologist at Euromedik General Hospital, Belgrade where, she organized endocrinology service and several symposiums in Belgrade and Rome where she was a speaker. She spoke at several international congresses. She has published 23 papers in reputed journals. She is a member of European and Italian Endocrinology Society.

nevenanella@gmail.com

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Dhruba Jyoti Borgohain, Int J Anesth Pain Med 2019, Volume 5
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Management of chronic pelvic pain in a tertiary care hospital in rural India

Dhruba Jyoti Borgohain
Assam Medical College of Dibrugarh, India

Chronic pelvic pain is a very common pain especially in women due to a multitude of factors. In a country like India, because of the prevalence of age old traditions and gender bias, the sufferers come to the care givers at a late stage. The management then becomes quite difficult and tasking. In our study, we evaluated 65 cases, where the patients were suffering from cancers of the cervix and lower gut with intractable pain. After going through the history, physical examination and the required investigations, we performed superior hypogastric plexus block with absolute alcohol, after a successful block with steroids and local anesthetics. The study was done to relieve the pain and to improve the quality of life in those patients in whom surgery was not feasible or who were unable to afford surgery for various reasons. The study was followed up for duration of six months thereafter.

Biography

Dhruba Jyoti Borgohain is Assistant Professor, Anesthesiology, Assam Medical College, Dibrugarh, Assam, India. He did his MBBS from the same institute in 1994 and the MD in Anesthesiology in 2001. He did a fellowship in pain medicine from Delhi Pain Management Centre, New Delhi in 2008 and since then running a pain clinic in the institute. He is a prolific speaker in the national and regional conferences and seminars. His main interest is pain medicine and obstetric anesthesia.

dhruba_borgohain@yahoo.co.in

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Patti Kastanias et al., Int J Anesth Pain Med 2019, Volume 5
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What do adult surgical patients who speak italian, cantonese or portuguese at home really want to know about pain and pain management?

Patti Kastanias, Arlene Buzon, Binghao Zhang and **Sandra Robinson**
University of Toronto, Canada

Surgical patients consider information about pain management to be highly important. At the same time, evidence indicates that individuals of racial/ethnic minorities are more likely to experience inadequate pain management. This study investigated the needs of Limited English Proficiency (LEP) general day surgery patients, who spoke primarily Italian, Cantonese, or Portuguese at home for information about postoperative pain. LEP subjects who had undergone a day surgery procedure completed a telephone information needs survey in their native language (Italian, Portuguese, or Cantonese) within 72 hours after discharge from a large urban Canadian hospital center. Composite mean scores were calculated for each item. Chi-squared analyses were used to probe for intergroup differences. Sixty-three subjects in total completed the survey: 41% Italian, 38% Portuguese, 21% Cantonese. Mean age of the sample was 70 years old, 89% were born outside of Canada and 52% were male. All survey items were rated as moderate (5-6/10) to high (>7/10) importance. Surgical subtype, health status and age had no effect on the importance of any item. There were no significant differences between the three language groups on any of the items. Overall, the top ranked information items were: the plan for which drugs to take and when; what I can do if I still have pain or side effects and side effects I was most likely to get. When compared with English fluent subjects, LEP subjects overall placed more importance on information regarding help with paying for pain medication ($p = 0.001$) and the side effects they were most likely to get ($p< 0.05$). Due to a paucity of literature in this area, further research is warranted.

Biography

Patti Kastanias is a Nurse Practitioner at the University of Toronto Collaborative Bariatric Surgery program at the Toronto Western Hospital, University Health Network since 2011 and is a Lecturer at the Lawrence Bloomberg Faculty of Nursing, University of Toronto. Prior to this she was a nurse practitioner for over 10 years in the Toronto Western Hospital Acute Pain Service. She has published several original articles on pain management practice and presented nationally and internationally on the topics of pain management, bariatric and nurse practitioner practice.

patti.kastanias@gmail.com
patti.kastanias@uhn.ca

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Katerina Ristoska, Int J Anesth Pain Med 2019, Volume 5
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Cardio renal syndrome: Case presentation

Katerina Ristoska

PZU Sistina Nefroplus, Macedonia

Background: Cardio renal syndrome (CRS) is used to describe clinical conditions in which cardial and renal dysfunction co-exist. First were classified in 2008 and divided into five subtypes. Its pathogenesis is not fully understood. Additionally available therapeutic strategies are challenged to manage this syndrome.

Case presentation: We report the case of 60-year-old diabetic man, hypertronic, with adipositas permagna, previous myocardial infarction (1998), LVH and diastolic dysfunction, with implanted St. Jude's prosthesis and the aneurysm of ascending aorta. In 2013, he was diagnosed with bilateral renal cysts, with a worsening of renal function, which was characterized as chronic renal failure stage three (GFR 39mL/min according to MDRD formula), with albuminuria of 90mg/L and an increased quotient albumin/creatinine of 164mg/dL. Same year, after Enterococcus faecalis bacteremia, without the development of endocarditis, he develop atrial thrombus, which is resumed by conservative treatment. Due to the development of Stanford B aortic dissection and aneurysmal endoleak, with the tendency of aneurysm growth, was performed the stenting with prosthesis of the thoraco-abdominal transition of the aorta and of truncus coeliacus. He is suffering from restrictive, moderate peripheral obstructive ventilatory insufficiency, with the development of respiratory acidosis, dependent on oxygen therapy and CPAP mask (SAP syndrome). Infectiously affected by gastroenteritis and right-side pneumonia he developed an acute decompensation of chronic renal failure, with a worsening of heart failure, develops pulmonary edema, with an increase in degradation products, and commences hemodialysis three times a week. In December 2016, during dialysis he developed VF with a state of unconsciousness, which was treated with CPR with electro shock therapy. After that he developed bradycardia, AF and AV block third degree, therefore AICD was implanted. In December 2017 he was diagnosed that stentprothese in the thoracolumbar junction with supply of the celiac trunk via a stent with a retrograde restoration of the truncus was compromited and developed new atrial thrombus.

Conclusion: Since renal function is the single most important factor in the outcomes of patents with heart failure, the importance of early recognition, after adjusting the differences in baseline data, etiology and severity of disease, as much of early therapeutic strategy have impact of long life outcomes.

Biography

Katerina Ristoska has completed her Graduation in Medical Faculty, Skopje, Republic of Macedonia, where she also attended her specialization in internal medicine. Currently, she is the Author and Coauthor of 57 publications at the international congresses at home and abroad, as same in the several other journals. She was Contributor on two multi-centric studies of pharmaceutical company "Krka-Farma" DOOEL Skopje. She is a Fellow of New Westminster College, Vancouver, British Columbia, Canada; Member of The Macedonian Association of internal medicine, ESC, EAPCI, HFA, EACVI, EAPC and ACCA; Member of ESC Council on Cardiovascular Nursing and Allied Professions, ESC Council on Hypertension, ESC Council on Valvular Heart Disease, the Member of Working Group on Grown-up Congenital Heart Disease, the Member of Working Group on Aorta & Peripheral vascular disease; Member of ERA–EDTA Diabesity Group, ERA– EDTA EUREKA -M Working Group of European renal and Cardiovascular medicine, ERA - EDTA CKD- MBD Working Group and an Accredited Examiner of a doctor's professional exam for obtaining a work license and Editor-In-Chief in the *International Journal of Medicine and Healthcare* and Section Editor in the Interdisciplinary Studies, for Healthcare in *International Journal Anglisticum.*

krist_1969@yahoo.com

DAY 1

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William J Rowe, Int J Anesth Pain Med 2019, Volume 5
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Hypertension risk from iron brake particulate matter

William J Rowe
University of Ohio, USA

Of 12 moon walkers, James Irwin on day after return from Apollo 15 mission, showed extraordinary bicycle (B) stress test (ST) hypertension (275/125) after three minutes exercise; supervising >5000 maximum treadmill ST, author never witnessed ST-blood pressure approaching this level. Symptom-limited maximum B stress test showed "cyanotic fingernails"; possibly venous blood trapped peripherally, supporting author's "Apollo 15 Space Syndrome," postulating that severe fingertip pain during space walks, triggered by plasma fluid, trapped distally; mechanism could be related to endothelial dysfunction, providing "silent ischemia" warning. Neil Armstrong returned to Earth with severe diastolic hypertension (160/135), consistent with ischemic left ventricular dysfunction; 50 mm increase in comparison with resting BP 110/85. With inhalation of lunar dust, brought into habitat on space suit, with high lunar iron (I) this dust inhalation, along with reduced (R) space flight- transferrin, R antioxidant, calcium (Ca) blocker-magnesium, conducive to severe oxidative stress, Ca overload with potential endothelial injuries. Using moon walker studies as example, author's recent editorials show that I dust, released from brakes, with over 90% of brakes made of I, is a major hypertension factor and may also contribute to myocardial infarctions.

Biography

William J Rowe is a FBIS (Fellow British Interplanetary Society), FACN (Fellow American College of Nutrition, Retired Fellow Royal Society of Medicine), is a board certified specialist in Internal Medicine. He has received his MD at the University of Cincinnati and was in private practice in Toledo, Ohio for 34 years. During that time he supervised over 5000 symptom-limited maximum hospital-based treadmill stress tests. He studied three world class extraordinary endurance athletes and published their exercise-related magnesium deficiencies. This triggered a 20 year pursuit of the cardiovascular complications of Space flight.

rowefemsinspace@gmail.com

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&
8th Edition of International Conference on
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Khushali Jhaveri, Int J Anesth Pain Med 2019, Volume 5
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A rare case of Intramedullary spinal ependymoma presenting as isolated neck pain

Khushali Jhaveri

Georgetown University Washington Hospital Center, USA

A previously healthy 26 year old female presented with initial symptom of isolated neck pain. She denied any headache, nausea, vomiting, blurry vision, numbness, tingling, muscle weakness or radiating pain. She denied any fever, fatigue, joint pain, recent trauma, travel, sick contacts or changes in weight or appetite. No risk factors for HIV were identified.

Patient was afebrile with normal vital signs. On physical examination, isolated neck tenderness was noted without any redness or swelling. Range of motion was preserved. Nuchal rigidity, Kernig and Brudzinki's sign were negative. Neuro exam revealed 5/5 motor strength in all extremities and intact sensation in all dermatomes. Normal reflexes were noted. Chest, cardiovascular, abdominal and extremities examination were unremarkable.

Initial laboratory examination including CBC with differential, inflammatory markers, renal and liver function were within normal limits. X-ray was done and was unremarkable. A trial of muscle relaxants was given. On non-resolution of symptoms, An MRI of the cervical spine was offered which revealed a heterogenous intramedullary lesion raising suspicion for an intramedullary neoplastic lesion. Screening of entire CNS was otherwise unremarkable.

To establish a specific diagnosis, patient underwent a posterior cervical laminectomy for tumor resection. Gross-total resection was not achieved due to drop in somatosensory potentials during intraoperative monitoring. Histopathological examination showed WHO grade 2 ependymoma.

Patient had no significant motor neurological impairment after surgery. However, significant sensory and proprioceptive loss was observed due to posterior spinal approach. She remains progression free at 1 year with MRI with stable residual tumor.

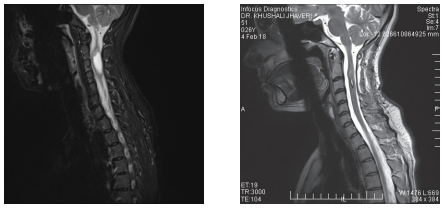


Figure 1: Heterogenous intramedullary lesion having enhancing solid-cystic component from mid body of C2 to upper body of C4 vertebral levels measuring 36mm X 15mm X 13mm with solid enhancing component of the lesion measuring 13mm X 11mm X 13mm(CC X AP X Transverse). Perilesional edema and two tiny hemorrhagic foci, one at the cranial and one at the caudal aspect of the lesion.

Figure 2 : Residual tumor of 13mm X 11mm X 7mm (CC X AP X Transverse) with resolution of cystic component. Intervertebral disc appeared unremarkable with vertebral bodies being normal in size, shape, alignment and signal intensity.

Biography

Khushali Jhaveri is doing her Internal medicine Residency from Georgetown University. She has done around 5 abstract/poster presentations in reputed international conferences

khushali.jhaveri@gmail.com

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March 25-26, 2019
Rome, Italy

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Chloride-restrictive fluid resuscitation of septic patients

Ryan Duffy, Dan Smith, Susanti I Ie, Jonathan Nogueira, Mahtab Foroozesh and **Anthony Loschner**
Virginia Tech School of Medicine, USA

Patients with sepsis often require large volumes of intravenous fluids during resuscitation. Historically, normal saline (NS) has been the default fluid for these patients. However, the composition of NS does not reflect physiologic concentrations of electrolytes and recent studies have associated NS administration with increased risk of hyperchloremic metabolic acidosis and kidney injury. In 2015, our institution's Emergency Department (ED) began using normosol, a more balanced crystalloid as their default resuscitation fluid. We performed a retrospective before and after cohort study of all patients admitted through our facility's ED with a diagnosis of sepsis, severe sepsis, or septic shock during two six month periods, when either NS or normosol was used as the default resuscitation fluid. Regression modeling controlling for baseline characteristics and 24h fluid intake volume found no differences between groups for the primary outcomes of acute kidney injury (P = 0.99) and renal replacement therapy (P = 0.88). Patients in the Normosol TM-R cohort were found to have a lower rate of hyperchloremia at 72 h post admission (28% vs., 13%, P<0.0001).

Biography

Ryan Duffy has completed his Bachelors in Science from Appalachian State University. He is currently a fourth year medical student at Virginia Tech Carilion School of Medicine, a research intensive medical school in Roanoke, Virginia. After obtaining his MD in May, he will begin his residency training in Internal Medicine in June 2019.

duffyra@vtc.vt.edu

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Home Diabetic foot ulcer service: A safe and clinically effective model for managing patients with diabetic foot ulcers in the community

Leanne Price and **Christopher Wilson**
Dorset County Hospital, UK

The National Diabetes Foot Care Audit (NDFA) estimates that the cost of diabetic foot disease to the NHS in England is £1 billion per annum. Our service manages patients with diabetic foot ulcers in the community. This should result in financial gains and improved patient outcomes whilst in accordance with the national objective of managing patients in the community. Our Acute Hospital at Home (AHAH) service is run by a multidisciplinary team including medical consultants, junior doctors, microbiologists, nurses' physiotherapists and healthcare assistants. A virtual ward round occurs daily in addition to a flexible ability to review patients either in hospital or at home. We have performed a retrospective analysis from a snapshot of 20 patients to provide initial data and are currently analyzing an increased cohort of patients in this study. The primary clinical outcomes include length of hospital admission, amputation rates, readmission, patient satisfaction and potential cost implications. The snapshot study showed patients managed through AHAH had shorter length of inpatient stays: 4 days compared to 15. This results in a saving of £1980 per patient per admission. We are confident that our larger study will continue to prove equivalence in rates of amputations, readmissions and death. To date our results demonstrate clear benefits of managing patients with diabetic foot ulcers in the community. Not only clear cost advantages but also significantly improved patient satisfaction. We believe that the AHAH service is a safe and hugely valuable clinical service which could be widely applied across healthcare.

Biography

Leanne Price currently works for the Acute Hospital At Home (AHAH) department at Dorset County Hospital.

C Wilson completed his Under Graduate Medical Degree from Bristol Univeristy in 2017. He currently works for the Acute Hospital At Home (AHAH) department at Dorset County Hospital.

Leanne.Price@dchft.nhs.uk
christopher.wilson@dchft.nhs.uk

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Vitamin B12 deficiency diagnosis in emergency department presenting as severe pancytopenia

Nikoletta Daoulari
Hospital Brugmann Bruxelles, Belgium

Background: Deficiency of vitamin B12 (cobalamin) is a well-known cause of megaloblastic anemia. It is a reversible cause of bone marrow failure and demyelinating nervous system disorder, hence early detection and prompt treatment of vitamin B12 deficiency is essential. Documented symptomatic pancytopenia related to B12 deficiency is very rare representing less than 5% cases making the diagnosis in emergency department more challenging.

Clinical case: A 52-year old woman with a history of Graves Basedow's disease is sent by her generalist to the emergency department to be transfused for severe anemia found in blood test without any other information. Her complaints of extreme tiredness and dyspnea at the least effort aggravated this past week without signs of melena or hematemesis. She describes having lost 13 kilos in a 3-month period and loss of appetite. No chest pain but sometimes palpitations. She has been put on propylthiouracil stopped two months ago. No others medications, no drugs but consummation of alcohol 2-3 glasses per day the last 25 years. In physical examination she is pale and icteric but the rest is normal. She has no fever and her electrocardiography reveals sinus rhythm without evidence of myocardial ischemia. Laboratory testing reveals a profound pancytopenia with severe macrocytosis, no blasts, LDH 4860 UI/L and indirect bilirubin 1.6 mg/dL. The rest was normal and further workup for the cause of pancytopenia revealed non-measurable levels of B12 and folic acid. Direct Coombs was negative. Treatment with intramuscular injection of B12 and folic acid POS was started and control with abdominal scanning and gastroscopy were scheduled during hospitalization to investigate the cause of B12 deficiency. After one week of treatment laboratory testing control shows retreat of pancytopenia

Conclusions: Vitamin B12 deficiency is a rare condition and the presentation with severe pancytopenia is challenging for the emergency physicians. Prompt treatment in emergency department without waiting the results of levels of B12 must be considered to avoid deterioration of neurological condition with serious consequences for the quality of patient's life.

Biography

Nikoletta Daoulari is a Internal Medicine Resident at General Hospital of RIO, University of Patras, Greece. Her research interest is Internal Medicine. She also worked as Assistant in Emergency Department at Hospital Brugmann Bruxelles.

nikolettadaoulari@gmail.com

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March 25-26, 2019
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&
8th Edition of International Conference on
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Marjan Zaletel, Int J Anesth Pain Med 2019, Volume 5
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Behaviour factors and risk of headache in Slovenia

Marjan Zaletel

University Clinical Centre of Ljubljana, Slovenia

Background: First, we wanted to obtain as much as possible in depth information about the headache prevalence among the Slovenian adults based on a complex analysis of the available data.

Methods: The study data were collected in the frame of the continuous monitoring of behavioral factors for non-communicable diseases in Slovenia according to the CINDI Health Monitor methodology. The analysis included data for 2012. In total, 9498 adults aged 25–74 years were included. In the multivariate model, a headache was observed in the last month prior the survey, while as the explanatory factors behavioral, demographic and socioeconomic factors were observed.

Results: The prevalence of headache in the last month prior the survey was 38.1%. Analysis showed that with the observed outcome the following factors were most strongly associated: risky stress behavior (or yes:no = 2.04, p < 0.001), sleeping behavior (or 6-7 hr: ≥8 hr = 1.25, p<0.001; or <6 hr:≥8 hr =1.45, p<0.001), coffee drinking behavior (or upto 1 cup:0=1.30, p=0.003; or>1 cup:0=1.63, p<0.001), alcoholic beverages consumption habits (or yes: no =0.79, p<0.001), sex/gender (or females:males = 1.96, p < 0.001), age (25-29:70-74 = 5.67, p < 0.001, or 30-39:70-74=3.60, p<0.001, OR40-49:70-74 = 2.76, p < 0.001, OR50-59:70-74 = 1.76, p<0.001, OR60-69:70-74 =1.41, p=0.015), persons under 18 years of age in the household (or yes: no = 1.14, p = 0.039),

Conclusion: The study showed where potential holdings of headache management at the population level, as well as at the level of individuals are at risk and suggests the need to develop appropriate policies for managing this major public health problem.

Biography

Marjan Zaletel has completed his PhD in University of Ljubljana and Postdoctoral studies from University Clinical Centre of Ljubljana. He has worked as Professor of Neurology in Ljubljana Clinical Centre. He has published more than 50 papers in reputed journals and has been serving as a Consultant Neurologist in the Pain Clinic of Ljubljana.

marjan.zaletel@kclj.si

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Possible DRESS syndrome in a patient with systemic sclerosis and rheumatoid arthritis during treatment with lamotrigine

Ivan R Jeremic[1] and **Predrag Ostojic**[1, 2]

[1]Institute of Rheumatology, Serbia

[2]University of Belgrade, Serbia

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) syndrome is a severe, potentially life-threatening idiosyncratic drug reaction, usually caused by anti-epileptics, antibiotics or non-steroidal anti-inflammatory drugs, after a latency period of three weeks to three months. Typical clinical features include mucocutaneous rash, fever, lymphadenopathy and internal organ involvement. We report a patient with systemic sclerosis, rheumatoid arthritis and osteoporosis, who developed possible DRESS syndrome to lamotrigine, used to treat epilepsy. Clinical features suggesting DRESS syndrome includes severe rash, fever, lymphocytopenia and thrombocytopenia. The condition was initially unsuccessfully treated as an acute allergic reaction to ibandronate with parenteral glucocorticosteroid and antihistamine. This report aims to increase the awareness of this rare entity in the rheumatology community.





Biography

Ivan Jeremic has completed his Research Master's Degree in Rheumatology from Belgrade School of Medicine and Clinical medicine PhD candidate at Novi Sad University.

ivanjeremic@rocketmail.com

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Lucia Amendano, Int J Anesth Pain Med 2019, Volume 5
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Improving pain management knowledge

Lucia Amendano
Chamberlain College, USA

Pain is the most commonly presented symptom among patients who are admitted to the emergency department (ED) (Samcam & Papa, 2016). Unfortunately, many barriers impacting patient care and outcomes exists in ED with regard to inadequate pain assessment, reassessment and documentation. According to Akbar (2015) interventions to improve knowledge and practice help nurses to improve pain assessment skills and documentation of pain. Improving pain management knowledge requires more than knowledge acquisition. Based on the review of relevant literature, the need for innovative and effective pain management guidelines for nurses is well documented. As one of the most trusted professions nursing has a tremendous responsibility in providing quality care and outcomes. Thus, the researcher used quantitative methods to examine the knowledge of nurses regarding pain management at Montefiore Nyack Hospital, only bedside nurses from the emergency department were recruited to participate in the study. An evidence based guidelines intervention, created by the Joint Commission (TJC) standards, was implemented in the emergency department to increase compliance and utilization of pain assessment guidelines and policies among nursing staff. Updated policies, pain scales, visual reminders and an electronic health record icon resources were also implemented to ensure nurse compliance with TJC guidelines and policies. A pre and post test survey to measure the knowledge of nurses regarding pain management through the utilization of the knowledge and attitudes survey regarding pain (KASRP) instrument was used. Also, the quality improvement change project was monitored via prospective chart audits to measure nurses compliance and utilization of pain assessment guidelines.

Biography

Lucia Amendano is a Nurse Practitioner with 14 years of experience in Emergency Department, Occupational Health, Telephone Triage and Management experience. She earned a Bachelor's in Nursing from Suny New Paltz and a Masters in Nursing from Pace University. Her certifications include Board Certified Family Nurse Practitioner, Board Certified Emergency Nurse, Advanced Cardiac Life Support, Basic Cardiac Life Support, Pediatric Advanced Life Support, Advance Trauma Life Support and Advanced Burn Life Support. Her professional poster presentations include tissue plasminogen activator in stroke patients and tools for reducing effects of sitting at work. Her professional nominations/awards include the Rockland County Nurse of Excellence Award Nominee, Nurse Practitioner Exemplary-Extraordinary Work Winner Award, Nursing Excellence Nominee Nyack Hospital and she was inducted to the Omicron Sigma Chapter and Zeta Omega. She is currently completing her practicum for her Doctorate of Nursing Practice Degree and is very passionate about influencing nurses to improve pain management knowledge.

amenda97@gmail.com

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Improving pain management knowledge among nurses

Lucia Amendano and **James J Peters**
[1]DNP, APRN, FNP-BC, CEN
[2]Montefiore Nyack Hospital, USA

Pain is the most commonly presented symptom among patients who are admitted to the emergency department. Unfortunately, many barriers to pain management exists thereby impacting ED patient care and outcomes, specifically regarding inadequate pain assessment, reassessment and documentation. Thus, the quality improvement project aimed to increase emergency department nurses knowledge of pain management and utilization of pain assessment guidelines, resources and policies. By nurses having adequate education, they can provide timely and efficient care to support patient outcomes, improve patient comfort and improve patient satisfaction. The practice leader used the knowledge and attitudes survey regarding pain (Ferrell & McCaffery, 2014) to conduct a pre and post-test assessment to measure emergency department nurses' knowledge of pain management. There were 30 questions where the answers were either scored as 1 = correct or 0 = incorrect. The answers were added up and the total percent of correct answers were calculated for each of the 23 participants at both pre-intervention and post-intervention. The results of the quality improvement project showed that nurses lacked adequate pain management knowledge, 45.45% of participants responded incorrectly to knowledge questions about pain before the intervention. However, after the project implementation, the results of the data analysis showed a statistically significant mean increase of 23.91% from pre-intervention (65.65%) to post-intervention (89.56%) after eight weeks of project implementation. This quality improvement project will provide a basis for future studies in improving nurses' pain management knowledge.

Biography

Lucia Amendano is a Nurse Practitioner with 14 years of experience in Emergency Department, Occupational Health, Telephone Triage and Management experience. She earned a Bachelor's in Nursing from Suny New Paltz and a Masters in Nursing from Pace University. Her certifications include Board Certified Family Nurse Practitioner, Board Certified Emergency Nurse, Advanced Cardiac Life Support, Basic Cardiac Life Support, Pediatric Advanced Life Support, Advance Trauma Life Support and Advanced Burn Life Support. Her professional poster presentations include tissue plasminogen activator in stroke patients and tools for reducing effects of sitting at work. Her professional nominations/awards include the Rockland County Nurse of Excellence Award Nominee, Nurse Practitioner Exemplary-Extraordinary Work Winner Award, Nursing Excellence Nominee Nyack Hospital and she was inducted to the Omicron Sigma Chapter and Zeta Omega. She is currently completing her practicum for her Doctorate of Nursing Practice Degree and is very passionate about influencing nurses to improve pain management knowledge.

amenda97@gmail.com

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Liakou Chrysoula et al., Int J Anesth Pain Med 2019, Volume 5
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The case of Kikuchi Lymphadenopathy

Liakou Chrysoula[1], Krikeris[1], Platis Yannis[2] and **Galanis Dimitrios[2]**

[1]Mitera General Hospital of Athens, Greece

[2]Polychronopoulos George, Krikeli Eleftheria

A twenty-seven year old female without significant past medical history presented with a swollen, painful lymph node in the posterior auricular area for the past two months. Initially she was treated with antibiotics for otitis or other non specific ear inflammation without any improvement. The patient continued having lymphadenopathy and eventually she was hospitalized for further investigation. Imaging studies, infectious disease work-up and hematological work-up did not show any abnormal findings . Finally, lymph node excision and biopsy was performed which revealed Kikuchi disease.

Biography

Dr. Liakou has completed her MD from the University of Ioannina Greece and her PhD degree on Experimental Pathology from the University of Athens Greece. She completed her post-doctoral fellowship in Tumor Immunology at the University of Texas MD Anderson Cancer Center and internal medicine residency at the University of Kentucky. She has published more than 10 papers and has been serving as an editorial board member.

Dr. Krikeris holds and MD from The University of Athens Medical School. She completed her internal medicine residency at the Beth Israel - Lawrence General Hospital. She holds a Med. SG from Harvard University and she has been a Teaching Fellow at Boston University. She is currently the Director of the First Department of Internal Medicine at Mitera Hospital and the Chief Division.

mail@cliakou.gr

elkrikeli@mitera.gr

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Efstathios Konstantinou Koutsostathis, Int J Anesth Pain Med 2019, Volume 5
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Gaucher disease: An orphan disease with significant osseous manifestations

Efstathios Konstantinou Koutsostathis
Kerameikos Health Center, Greece

Gaucher disease the most common of the lysosomal storage diseases and is classified in orphan diseases, that comprise rare disorders with prevalence of 1:50000 or lower in the general population. Gaucher disease results from mutations leading to impaired enzymatic activity of a lysosomal hydrolase called β-glucocerebrosidase and thus to the accumulation of glucocerebrosides in the lysosomes of the macrophages. This has as a result cytopenias due to hypersplenism and infiltration of bone marrow by Gaucher cells. Disease severity varies greatly from the invariably mortal infantile type 2 and the completely asymptomatic type 1. Clinical manifestations include splenomegaly, hepatomegaly and growth retardation. There are three types of Gaucher disease, type 1, 2 and 3. Type 1 accounts for the 95% of cases in patients of Caucasian origin. Also, the activated macrophages excrete cytokines that affect the bones. Osteopenia, osteoporosis, painful bone crises, pathologic fractures, osteonecrosis may occur. In general, skeletal involvement is considered a sign of grave prognosis since it can lead to serious complications with elevated morbidity and mortality. There is significant consideration that disease clinical phenotype should be considered as a continuum and not as discrete clinical subtypes. Early diagnosis of the disease is crucial since most patients have significant splanchnic involvement at the time of diagnosis in types 1 and 3. The major diagnostic criterion is reduced enzymatic activity of β-glucocerebrosidase. Chitotriosidase levels and Chemokine CC (CCL18/PARC) are also measured. Therapy consists of β-glucocerebrosidase substitution and substrate reduction therapy.

Biography

Efstathios Konstantinou Koutsostathis has completed his PhD in Medicine from the National and Kapodostrian University of Athens. He has completed his education in Internal Medicine at Attikon University Hospital. He is an internist, consultant at Kerameikos Health Center. He is also a Post Graduate Student at the Medical School of Athens in the field of Metabolic Bone diseases and in Public Health at the Natonal School of Public Health. He has published papers in medical journals.

e.koytsostathis@gmail.com

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Tarek A Alshazly et al., Int J Anesth Pain Med 2019, Volume 5
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Molecular identification of Methicillin resistant Staphylococcus aureus and evaluation of Panton Valentine Leukocidin Gene as a sole marker for CA-MRSA

Tarek A Alshazly[3], Sahar M Ali[1] and **Eman AM Bayoumi[2]**

[1]Menufiya University
[2]Ain Shams University, Egypt
[3]Mansoura University, Egypt

Background: Infections caused by MRSA represent a growing problem and a challenge for healthcare institutions.

Aim of work: To compare the efficacy of phenotypic methods for identification of MRSA with genotypic method and to evaluate if PVL gene could be used as sole marker for CA-MRSA.

Material & methods: 88 isolates of Methicillin-resistant Staphylococcus aureus (MRSA) were included in this study. Phenotypic identification was done by Oxacillin DD, Penicillin-Binding Protein 2a (PBP2a), latex agglutination and Cefoxitin DD. Molecular detection of mec-A gene and PVL gene was done by real time PCR.

Results: The PVL gene was detected among 46.8% of CA-MRSA, while only in 12.2% Hospital-associated MRSA (HA-MRSA). 88 mec A positive isolates were identified as MRSA by oxacillin DD, PBP2a latex agglutination and cefoxitin disc diffusion (DD) methods with sensitivity of 92%, 98.8% and 100% respectively. Patients with Panton-Valentine leukocidin (PVL) positive CA-MRSA were significantly younger males mostly of skin and soft tissues origin ($p = 0.002$). It showed distinctive antibiogram profile being significantly more sensitive to Levofloxacin, Moxifloxacin, Ciprofloxacin, Gentamicin, Clindamycin ($p<0.001$) and Tetracycline ($p <0.05$).

Conclusion: The best phenotypic method for detection of MRSA is the combination of the cefoxitin DD and the latex agglutination test. The presence of PVL gene cannot be used as a sole marker for CA-MRSA. [Sahar M Ali, Eman AM Bayoumi, Tarek A Alshazly. Molecular Identification of Methicillin resistant Staphylococcus aureus and Evaluation of Panton-Valentine Leukocidin Gene as a sole marker for CA- MRSA.

Biography

Dr. Tarek A. Elshazly has completed his MD from Mansoura University Egypt. He is assistant professor in Internal Medicine Department with different activities which include teaching activities for both under and post graduates, managing inpatient and outpatient clinic, supervising endoscopic unit in specialized medical hospital and emergency hospital. He is interested in research activities and publication.

drtarekameen@yahoo.com

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Targeting descending dopaminergic signalling to treat trigeminal neuropathic pain

Feng Tao

Texas A&M University College of Dentistry, USA

Trigeminal neuropathic pain is a debilitating condition and represents a challenge to clinicians. In the present study, we employed optogenetic manipulation to investigate the role of the dopaminergic pathway from hypothalamic A11 nucleus to spinal trigeminal nucleus caudalis (Sp5C) in orofacial neuropathic pain. Dopamine receptor D1-Cre and D2-Cre male mice were used in this study. A chronic constriction injury-infraorbital nerve (CCI-ION) mouse model was prepared as described previously. Optogenetic manipulation was conducted to examine the effect of activation or inhibition of D1/2-mediated dopaminergic signaling on trigeminal neuropathic pain in the CCI-ION model. Conditional place preference (CPP) and von Frey filaments were used to measure the emotional and sensory components of the CCI-ION-induced pain behaviors. Immunohistochemistry staining was used to assess the expression of D1/2 dopamine receptor and A11 lesion. Pain behavioral testing showed that D1-Cre mice injected with the inhibitory virus AAV5-EF1a-DIO-eNpHR3.0-EYFP exhibited a decrease in pain behaviors when stimulated with green light (532 nm), but D1-Cre mice injected with the excitatory virus AAV5-EF1a-DIO-ChR2 (E123A)-EYFP exhibited an increase in pain behaviors when stimulated with blue light (473 nm). Interestingly, we observed an opposite effects in D2-Cre mice when the same optogenetic manipulation was carried out. Moreover, 6-hydroxy-dopamine hydrobromide (6-OHDA)-produced specific lesion of A11 dopaminergic neurons blocked the effect of optogenetic manipulation of the Sp5C D1/2 dopamine receptor on trigeminal neuropathic pain in this CCI-ION model. In addition, D1 and D2 dopamine receptors were highly expressed in the Sp5C. Therefore, the descending dopaminergic pathway from A11 to Sp5C could be a critical target for the treatment of trigeminal neuropathic pain.

tao@tamhsc.edu

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Anti VEGFR therapy for osteoarthritis pain

Hee-Jeong Im Sampen

Jesse Brown Veterans Affairs Medical Center (JBVAMC) - University of Illinois at Chicago, USA

Osteoarthritis (OA), referred as arthritis, is among the most common chronic conditions among adults. Osteoarthritic symptom, pain, is the key reason to seek medical assistance, yet there is no effective way to relieve OA-induced pain. Despite the major negative impact that severe pain in chronic OA has on quality of life and health care management, we only poorly understand origins of pain in OA, the molecular mechanisms driving the pathology, and the way to effectively cure OA. Many cases eventually require joint replacement with a prosthesis which is costly, and the limited functional life of prostheses (~10 y) can make a second replacement necessary. These factors increase both the overall cost of treatment and the risk for associated morbidity. Significantly, surgical procedures to address the condition typically do not result in a pain-free cure. The central aim of our sutdy is to test that the activation of Flt1 (vascular endothelial growth factor receptor-1) is the major driver of joint pain transmission by plasticity of peripheral (sensory neurons) and central glial activation; Flk1 (vascular endothelial growth factor receptor-2) is primarily responsible for cartilage degeneration during the OA progression, thus, simultaneous inhibition of Flt1 and Flk1 by pazopanib, an FDA-approved small molecule anti-cancer drug, will act as an ideal OA disease-modifying drug (OADMD) with immediate reduction of joint pain and gradually cartilage regeneration. The findings of our proposed research will take the field of OA research a giant step forward: in the short term, by increasing our mechanistic understanding of the causes and progression of OA, and by developing a novel strategy for treating OA and joint pain effectively and safely in our pre-clinical OA animal model; and, in the longer term, by providing a rationale for clinical trials to test pazopanib to treat OA patients.

imsampen007@gmail.com

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Titin truncating mutation causing familial dilated cardiomyopathy

Nikhila Kethireddy[1], **Christian Mosenbach**[1] and **John Travis Hinson**[2]

[1]UConn Internal Medicine Residency, USA

[2]UConn Health, USA

Introduction: Dilated Cardiomyopathy (DCM) is the third most common cause of heart failure among adults. The dilation of heart chambers leads to systolic dysfunction, hence the inability to meet the body's metabolic demands. Familial DCM accounts for 20% of all DCM and is due to Titin (TTN) gene mutations leading to an abnormally truncated Titin protein. Early identification of risk factors and meticulous inquiry regarding family history can lead to earlier identification of the mutation and diagnosis with prompt treatment.

Case Report: A 56 year old male, with an extensive family history of cardiovascular disease, presented with shortness of breath and palpitations. Exercise stress test showed grossly abnormal findings which warranted a transthoracic echocardiogram (TTE) and coronary angiography. TTE depicted mild cardiomyopathy with an ejection fraction (EF) of 50-55% and coronary angiography showed no coronary artery disease. He was subsequently started on Lisinopril and Carvedilol. Approximately 7 years later he presented with progressive shortness of breath and wheezing at an annual checkup. A repeat TTE, showed progression of his cardiomyopathy with EF of 35-40% and diffuse hypokinesis. An implantable cardioverter defibrillator was placed for primary prevention and genetic testing/counselling was discussed. He tested positive as a heterozygous carrier for a mutation that truncates the Titin protein at amino acid 18,386 leading to a frameshift mutation and a shortened protein. The patient was advised that each of his children would have a 50% chance of inheriting the at risk allele. After thorough discussion he decided to have his two children tested, the results of which are still pending.

Discussion: Familial DCM shows an autosomal dominant inheritance, and is genetically heterogeneous. It is estimated that the frequency of TTN truncations affecting the general population is 0.36% and prevalence of frameshift mutations in the A band region is 0.057%. Titin, one of the largest proteins in the body is a crucial component of the cardiac myocyte. Abnormal Titin protein leads to defective contraction of heart muscle leading to heart failure. This case highlights a rare cause of heart failure with reduced ejection fraction, which should be included in the differential diagnosis of all patient's with a non-ischemic cardiomyopathy.

kethireddy@uchc.edu

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Improving delirium recognition and prevention on the UTMB ACE unit: Preliminary findings

Olusola Onoviran, Hommel Erin and James Coleen

University of Texas Medical Branch, USA

Background: Delirium is a global disorder of cognition with an acute and fluctuating course which often occurs in the setting of a medical condition. It is considered a medical emergency with increased morbidity and mortality. Existing literature supports a multidisciplinary approach to reduce incident delirium in the hospitalized older adult by recognizing predisposing factors and modifying potential contributors. We aim to identify the frequency and accuracy of incident delirium for patients admitted to the UTMB Acute Care for Elders Unit and assesses feasibility of implementing a multidisciplinary program to reduce delirium risk while hospitalized.

Project description: To assess the frequency and accuracy of incident delirium on the ACE unit, admissions between September 2017 and November 2017 were screened. Patients with delirium on admission were excluded from evaluation as the focus was on preventing rather than treating delirium. Patients were also excluded if not followed by the geriatric team as interventions were directed through their care. 10 patients per month were evaluated in detail to determine the prevalence of predisposing and precipitating factors for delirium, nursing and physician documentation of incident delirium features, and actual diagnosis of delirium. A diagnosis was considered positive if the nurse documented a positive delirium screen OR the physician identified features of delirium. A multidisciplinary prevention plan was proposed but implementation was delayed as discussed below

Outcome: Of the 30 patients analyzed, average age was 81.8years (range 71-99 years) with 70% population (female). Incident delirium was diagnosed in 3 (10%). The diagnosis of delirium was made based on faculty documentation. In all cases resident documentation suggested mental status change, without using the delirium diagnosis. Nurses failed to identify delirium in all cases. Each of these identified patients were post-operative females with evidence of dehydration by laboratory testing (BUN/Creatinine >18). 2 out of 3 patients- 67% also had psychoactive medication treatment, hearing impairment, age greater than 90, and post-operative complications. In patients without delirium, 48% were on psychoactive medications, 11% with hearing impairment , mean age was 80.9 years and only 11% had complicated hospital course,67% were female and 74% had BUN/Creatinine >18 .

ofonovir@utmb.edu

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Bariatric surgery and pain: Are we doing the right thing?

Patti Kastanias[1, 3], Sandra Robinson[1] and Florence Paat[2], Wei Wang[1], Carol Lopez[1] and **Arlene Buzon[1]**

[1]University Health Network - Toronto Western Hospital, Canada
[2]Toronto Rehabilitation Institute, Canada
[3]Lawrence Bloomberg Faculty of Nursing-
University of Toronto, Canada

Evidence suggests obesity may be the number one cause of death in North America. Canadian clinical guidelines have identified bariatric surgery as the only recommendation for sustained weight loss in morbidly obese persons who have been unsuccessful at losing weight. Toronto Western Hospital (TWH), University Health Network is a large volume Center of Excellence which performs two types of bariatric surgeries: Roux-en-Y gastric bypass and vertical sleeve gastrectomy. There are challenges with designing an optimal postoperative pain management regime for obese individuals due to altered pharmacokinetics in obesity. Very few studies examine pain management post bariatric surgery however pain remains one of the top three causes of readmission after bariatric surgery. The purpose of this longitudinal, descriptive, correlational study was to examine acute and chronic pain and patient satisfaction with pain management both pre and post bariatric surgery. Fifty seven patients having bariatric surgery at one surgical center in 2013 were followed longitudinally and data from validated, self-report instruments including the BPI-SF and Numerical Pain Rating scale were collected at 7 time points. Repeated measures ANOVA was used to compare mean acute pain scores at rest and with mobilization. Chronic pain scores for average, worst and least pain were compared preoperatively and at 6 months postoperatively using a paired T-test. Chronic pain interference scores totalled for each of the 2 time points: preop and 6 months postop. The mean scores for the 2 time points were compared using a paired T-test. Consistent with existing literature, the preliminary results of this study demonstrate a high level of patient satisfaction with pain management following bariatric surgery. There was a trend towards decreased acute, post-operative pain both at rest and with mobilization over time. There was a significant trend towards decreased average chronic pain severity and pain interference scores at 6 months post operatively. This study was limited by its small sample size which was drawn from a single surgical center. However this study provides preliminary evidence that acute pain after laparoscopic bariatric surgery is reasonably well controlled and chronic pain and pain interference may improve after bariatric surgery.

patti.kastanias@gmail.com

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Accident and emergency? the impacts of brexit in the context of emergency medicine in the UK

Laura Alice Rose Alger
King's College London, UK

Statement of the Problem: The impact that Brexit will have on the NHS is a contentious issue which has been at the forefront of the debate for some time. Accident and Emergency (A&E) departments are already considerably understaffed and therefore are likely to be significantly affected. By examining the potential consequences and reflecting on how they may translate into reality, action can be taken to preserve the safe and effective provision of emergency medical services.

Methodology: An informal literature search of relevant publications pertaining to the United Kingdom's exit from the European Union was performed. This was collated with governmental and NHS guidance to explore the potential impacts on UK emergency medical services.

Findings: 5.6% of all NHS staff and 9.7% of doctors originate from Europe and GMC research shows that 60.8% of these doctors have considered leaving the NHS due to Brexit. A 2017 Royal College of Emergency Medicine report states the need to employ a further 2,200 emergency medicine consultants in such an event. Given the current financial standing of the NHS, this seems unfeasible, especially combined with declining medical school applications from students with home fee status.

Conclusion & Significance: It is vital that the socio-economic implications of Brexit on healthcare are not ignored and that steps are taken to ensure that certain groups are not discriminated against, both as NHS workers and patients. Efforts to retain and recruit emergency medics must be made a priority if the NHS is to continue to provide high-quality emergency care.

laura.alger95@gmail.com

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Recurrence of stroke in patients with AF using NOACs

Yasushi Ueno

Shinko Memorial Hospital, Japan

Objective: To evaluate the risk factors of recurrent thromboembolic cerebral infarction in patients with non-valvular atrial fibrillation (NVAF), who were treated with non-vitamin K antagonist oral anticoagulants (NOACs).

Methods: The data of patients collected from the database of our institute for about 3 years (between 2013 April to 2015 December).

Results: We analysed 16 patient's data (14 male, 2 female, median age 67.0 years) in whom recurrent thromboembolic cerebral infarction occurred despite receiving NOACs. In 14 of 16 patients with recurrent ischemic stroke, received reduced dose drug and in 10 of 14 patient with reduced dose drug, inappropriate dose setting (that is out of drug dose criteria of NOACs) has been selected by the physicians or practitioner concerning about the risk for intracranial hemorrhage and patient's age. After we have changed to the appropriate dose, recurrence of thromboembolic cerebral infarction was not observed. More than 70% of recurrent cerebral infarction occurred in patients with inappropriate under-dose use of NOACs.

Conclusions: This paper demonstrates that patients with inappropriate reduced dose selection of NOACs carries a significant risk of recurrent thromboembolic cerebral infarction despite treated with NOACs anticoagulation, highlighting the need for appropriate drug dose selection for stroke prevention in real world NVAF patients.

yweno@hotmail.co.jp

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The comparison effect between Bangun-Bangun leaves (Coleus Amboinicus) ethanol extracts and carrots (Daucus Carota) juice as analgetic on mice (Mus Musculus) induced by acetic acid

Yunita Sari Pane, Sufitni Hasan, Yetty Machrina, Nenni Dwi Aprianti Lubis and Dina Keumala Sari

Universitas Sumatera Utara, Indonesia

The development of herbal medicine in Indonesia is growing rapidly. The government support many universities for doing some researches about herbal. The aim of this study to compare effect between Bangun-bangun leaves ethanol extract (EDBB) and Carrots juice (CJ) as analgetic on mice that induced by acetic acid. The experimental animals used were 24 mice divided into 4 groups, ie group-I (negative control/placebo given aquadest 0.2 cc/20 g BW mice); group-II (positive control, paracetamol (PCT) with dose of 2 mg/20 g BW mice); group-III (EDBB) ethanol extract with dose of 144 mg/20 g BW mice); and group-IV (CJ) with dose of 5 mg/20 g BW mice). All of these treatments were administered orally 10 minutes before the induction of acetic acid 1% (0.3 cc/20 g BW mice) intraperitoneally. Observations were made by looking at the writhing response (observed for 1 hour) and the amount of infiltration of leukocyte cells at the injection site. Permanent cervical fracture execution was performed at the end of the study (4 hours after induction of acetic acid) to see the migration of leukocyte to the peritoneal tissue and examined histopathologically by the light microscope Olympus 400x magnification field. The results were analyzed using SPSS and ANOVA then post hoc Tukey analysis. In the previous study, Pane et al. (2018) get an effective dose of reducing the pain of 144 mg/20 gBW mice EDBB. Carvacrol contained in the Bangun-bangun (Coleus amboinicus) leaves was suggested had efficacy as an analgesic agent by inhibition of peripheral mediators that could be related to its strong antioxidant effects observed in vitro suppressed hyper nociceptive and inflammation pathways. In addition, Carvacrol has anti-inflammatory effects by reducing the production of inflammatory mediators, such as IL-1β and prostanoid, possibly via the induction of IL-10 release. The effect of anti-inflammatory cytokines contribute to controlling the central and peripheral effects of pain stimulation may contribute to decreased stimulation of nociceptive pathways, facilitating pain control. Meanwhile, Carrot (Daucus carota) is also known to work as an external oxidant which is believed to be efficacious as an analgesic with chemistry stimulation on mice. It suggested that the carrot contained beta carotene as an analgesic to inhibit free radical. The present study proved that the decrease of excitatory pain in all treatment groups (I, II, III and IV) was significantly different, whereas p=0.000. The comparison of mean values ± SEM decreased excitatory pain group I-II (255.00±22.22; 88,33±14,58, p=0.000. Group I-III (255.00±22.22; 50,83

±3.09), p=0,000 and I-IV groups (255.00±22.22; 52.17±7.59), p=0,000. On histopathology examination, all treatment between groups were significantly different (p=0.006). The comparison of mean value±SEM decrease number of leukocyte group I-II (31.73±5.22; 14.70±3.71, p=0.025. Group I-III (31.73±5.22; 11.77±2.77, p=0.008) and I-IV group (31.73±5.22; 14.67±3.27, p=0,025). This study concluded that group-III (EDBB) has the best efficacy as analgesic compared to the group-II (positive control/paracetamol) and group-I (placebo) in decreasing the writhing response and migration of leukocyte to the inflamed tissue.

yunita@usu.ac.id

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Comparison of intravascular injection rate between blunt and sharp needles during cervical transforaminal epidural block

Saeyoung Kim

Kyungpook National University, South Korea

Background: Cervical transforaminal epidural block (CTEB) is a useful option in the diagnosis and treatment of cervical radicular pain. However, inadvertent intravascular injection can lead to severe neurologic complications. Blunt needles are considered to displace instead of penetrate vessels due to their dull needle tip.

Objective: To investigate whether there is a difference between blunt and sharp needles in intravascular injection rates during CTEB.

Methods: After Institutional Review Board approval, 108 participants undergoing CTEB for treatment of radicular pain resulting from spinal stenosis and herniated nucleus pulposus were randomly assigned to one of two needle groups (blunt needle or sharp needle). The needle position was confirmed using biplanar fluoroscopy and 2 mL of nonionic contrast medium was injected to detect intravascular injection. Intravascular injection was defined as the contrast medium spreading out through the vascular channel during injection under real-time fluoroscopy.

Results: The intravascular injection rate was not significantly different between the blunt-needle and sharp-needle groups (35.2% vs., 33.3%, $P>0.05$). The procedure time was longer in the blunt-needle group than in the sharp-needle group (101.00 ± 12.4s vs., 56.67 ± 8.3s, $P<0.001$).

Limitations: This was a single-center study. Additionally, the physicians could not be blinded to the type of needle used.

Conclusions: In the present study, use of a blunt needle did not reduce the rate of intravascular injection during CTEB compared to use of a sharp needle. In addition, procedure time significantly increased with blunt-needle use compared to sharp-needle use.

saeyoungkim7@gmail.com

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Testing the validity and reliability of the Arabic version of the pain detect questionnaire in the assessment of neuropathic pain

Amani Abu-Shaheen[1], Isamme A L Fayyad[1], Humariya Heena[1], Shehu Yousef[1], Sarfaraz Khan[1], Muhammad Riaz[2] and **Abdullah Nofal[3]**

[1]King Fahad Medical City, Saudi Arabia
[2]University of Leicester, United Kingdom
[3]King Saud University Medical City, Saudi Arabia

Introduction: Neuropathic pain (NP) can cause substantial suffering and therefore, it must be diagnosed and treated promptly. Diagnosis of NP can be difficult and if made by an expert pain physician is considered the gold standard however, where expert help may not be easily available, screening tools for NP can be used. The pain detect questionnaire (PD-Q) is a simple screening tool and has been widely used in several languages. We developed an Arabic version of PD-Q and tested its validity and reliability.

Methods: The original PD-Q was translated into the Arabic language by a team of experts. The translated version of the PD-Q was administered to the study population, which included patients having moderate to severe pain for at least three months. Reliability of the Arabic version was evaluated by an intra-class-correlation coefficient (ICC) between pre- and post-measures and Cronbach's α values. Validity was measured by receiver operating characteristic (ROC) curve. Expert pain physician diagnosis was considered as the gold standard for comparing the diagnostic accuracy.

Results: A total of 375 patients were included in the study, of which 153 (40.8%) patients were diagnosed with NP and 222 [59.2%] patients had nociceptive pain. The ICC between pre and post-PD-Q scale total scores for the overall sample, NP group, and NocP group was 0.970 (95% CI, 0.964±0.976), 0.963 (95% CI, 0.949±0.973), and 0.962 (95% CI, 0.951± 0.971), respectively. The Cronbach's α values for the post-assessment measures in the overall sample, NP group, and nociceptive pain group, were 0.764, 0.684, and 0.746, respectively. The area under the ROC curve was 0.775 (95% CI, 0.725±0.825) for the PDQ

Conclusion: In summary, we developed the Arabic version of the PD-Q and tested its psychometric properties. The Arabic version of PD-Q demonstrated good reliability and validity. A large-scale study in the Arabic population is required to confirm the results of this study further and further affirm the validity and reliability of the Arabic version of the PD-Q..

aabushaheen@kfmc.med.sa

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Application of cold cabbage leaf and cold gel pack for breast engorgement pain (RCT)

Boh Boi Wong

National University of Singapore, Singapore

Background: The effects of cold cabbage leaves and cold gel packs on breast engorgement management have been inconclusive. No studies have compared the effects of these methods on breast engorgement using a rigorous design.

Objectives: To examine the effectiveness of cold cabbage leaves and cold gel packs application on pain, hardness, and temperature due to breast engorgement, the duration of breast feeding and satisfaction.

Design: A randomized controlled three-group pre-test and repeated post-test study.

Setting: A private maternal and children's hospital in Singapore.

Participants: Mothers (n = 227) with breast engorgement within 14 days after delivery.

Methods: The mothers were randomly assigned into either cold cabbage leaves, cold gel packs, or the control group. Pain, hardness of breasts, and body temperature were measured before treatment. Two sets of post-test assessments were conducted at 30 minutes, 1 hour, and 2 hours after the first and second application. The duration of breastfeeding was measured up to 6 months. IBM SPSS 23.0 was used to analyses the data.

Results: Mothers in the cabbage leaves and gel packs groups had significant reductions in pain at all post-intervention time points compared to the control group, starting from 30 minutes after the first application of cabbage leaves (mean difference= 0.38, p= 0.016) or gel packs (mean difference = -0.39, p= 0.013). When compared to the control group, mothers in the cabbage leaves group had significant reductions in the hardness of breasts at all post-intervention time points, and mothers in the gel packs group had significant reductions in the hardness of breasts at two time points (1 hour and 2 hours after the first and second application, respectively). Mothers in the cabbage leaves group had significant reductions in pain (mean difference = -0.53, p= 0.005) and hardness of breasts (mean difference= -0.35, p=0.003) at 2 hours after the second application compared to those in the gel packs group. Both interventions had no impact on body temperature. There was no significant difference in the durations of breastfeeding for mothers among the three groups at 3-month and 6-month follow-up. More mothers were very satisfied with the breast engorgement care provided in the cabbage leaves group compared to the other groups.

Conclusion: While cold cabbage leaves and cold gel packs can relieve pain and hardness in breast engorgement, the former had better effect, which can be recommended to postnatal mothers to manage breast engorgement trial.

bbwong@thomsonmedical.com

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Omega-3 fatty acids: A novel approach for pain treatment

Carlos H Laino

National University of La Rioja, Argentina

The treatment of acute and chronic severe pain remains a common major challenge faced by clinicians working with the general population, and even after recent advances in the treatment of acute and chronic severe pain, there can continue to be manifestations of adverse effects. Chronic pain affects the personal and social life of the patient, and often also their families. In some cases, after an acute pain the patient continues to experience chronic pain, which can be a result of diseases such as cancer. There is growing evidence that omega-3 fatty acids can contribute to the reduction of pain. This presentation will describe an innovative technological development, both in its pharmaceutical composition (either morphine or methadone with omega-3 fatty acids) and in the pharmacological treatments associated with its use. In addition, the preclinical evidence concerning the analgesic effects of omega-3 fatty acids (eicosapentaenoic acid and docosahexaenoic acid) will also be explored. The main advantage of new pharmacological treatments using these pharmaceutical compositions lies in an improved pain control with a sub-therapeutic dose of these opioids, which can lead to the elimination or at least potential reduction of adverse effects.

carloslaino25@gmail.com
carloslaino2001@yahoo.ca

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Neurophysiological features of chronic tension headache

Voitiuk A[1], **Litovchenko T**[1] and **Markova T**[2]

[1]Kharkiv Medical Academy of Postgraduate Education, Ukraine
[2]Kharkiv Railway Clinical Hospital, Ukraine

Introduction: The world epidemiology of pain puts headache on the first place in the frequency of occurrence among episodic pain syndromes, as well as on the third place after joint pain and dorsalgia. The headache of tension in the General population is up to 70%, occurring in 88% of women and 69% of men. The constant nature and chronicity of these cephalgias significantly reduce the quality of life of patients. The purpose of this study was to study neurophysiological and neuropsychological manifestations of headache of tension.

Materials & Methods: We observed 25 patients with chronic tension headache (17 women and 8 men). The control group consisted of 20 healthy subjects. The diagnosis of chronic tension headache was made in accordance with the International classification of headache, 3rd edition.The studies were conducted on the basis of the analysis of clinical symptoms and instrumental studies. EEG, EEG-video monitoring and MRI were used as the screening methods. Neuropsychological study was performed using the Spielger-Hanin self-assessment scale, Hamilton depression scale, subjective asthenia assessment scale (MFI-20), the intensity of headache was assessed using a visual analogue scale (VAS).

Results: This study confirmed the existence of chronic tension headaches with a predominance of asthenic and anxious type of flow. Of the 25 patients with tension headache, 18 patients were observed with asthenic type of course and 7 patients with alarming. The level of depression was somewhat higher in patients with anxiety type than in patients with asthenic type of tension headache. The patterns of these types were revealed during electroencephalographic examination. In patients with asthenic type, a decrease in α-rhythm in the occipital and parietal leads was observed, in patients with an anxious course of the course, an increase in the low-frequency β-rhythm was observed, against a background of a decrease in the α-rhythm.

Conclusion: Thus, the revealed changes on EEG in the form of decrease of α-rhythm in occipital and parietal leads in patients with asthenic type of chronic headache of tension and increase of low-frequency β-rhythm, on the background of decrease of α-rhythm in patients with an alarming type of course confirm the presence of neurophysiological differences in tension headache.

a_vojtyuk@yahoo.com

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Knowledge and attitude about leprosy among staff of a tertiary government hospital in Caloocan City, Philippines

Geramie M Acebuque and **Arnel F Nepomuceno**
Dr. Jose N Rodriguez Memorial Hospital, Philippines

The fear of leprosy leads to stigma and is due to lack of knowledge about leprosy. The main purpose of this study is to assess knowledge and attitude of a tertiary Hospital staff in Caloocan City, Philippines about leprosy. A cross-sectional survey was conducted among the staff of a tertiary Hospital in Caloocan City, Philippines. Reason for choosing the staff was to assess their knowledge and attitude about leprosy since this tertiary hospital is formerly known as Central Luzon Sanitarium or Tala Leprosarium which accommodate patients suffering from Hansen's Disease before the Hospital becomes a Tertiary Hospital treating Medical and Surgical cases. Two hundred and sixty eight individuals completed the questionnaire. More than half 51% of the participants were male (n-137). About 39% (n-104) were from the age group of 31-40 years old. More than half 63% of the participants were college graduates (n-169). About 51% (n-141) were from the medical group. Of the total sample, 15% (n-41) were Doctors, 34% (n-91) were Nurses, 0 % (n-1) were Psychologist, 0% (n-1) were Physical therapist, 1% (n-3) were pharmacist, 1% (n-4) were Medical technologist and 47% (n-127) were from non medical group. Three fourths 79% (n-212) had 1-5 years length of service. The p-value for the test on difference in attitude between medical and non medical staff is 0.654, which is greater than 0.05 level of significance. The p-value for the test on difference in knowledge between medical and nonmedical staff indicating a very small number which is less than 0.05 level of significance. The medical staff got higher scores on the test of knowledge on leprosy compared to the non medical staff. The knowledge and attitude of a tertiary Hospital staff in Caloocan City, Philippines about leprosy is good. There is a significant difference between medical and non medical staff when it comes to their knowledge towards leprosy. Meanwhile, there is no significant difference between medical and nonmedical staff when it comes to attitude towards leprosy.

geramie_acebuque@yahoo.com

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The best times to treat of diseases according to biological clock

Alemdar Eda
Goce Delcev University of Stip, Macedonia

Many diseases occur at certain times and after specific process. Their treatment also needs to be done at a certain time. There are seasonal time and environments that make up the diseases. In parallel with the type of the disease, their treatment also requires a specific process and period. Treatments not made at the right time and in the right place do not yield results. The aim of this study is to show that treatment of diseases is related to the biological clock and the circadian rhythm. In our study, classical medical data and modern medical studies were evaluated together. Eclectic method is used in the article. In our study, there are no astrological data. There are many factors that affect human health from his/her own environment to the outside atmosphere such as sun and moon. In the direction of this study, it is found out that there are certain times of day and night for the treatment of diseases. Based on our study, the most convenient time zones for the treatment of diseases are the last one-third of the day and night times. Accordingly, the most convenient times for the treatments are the time zones which are before sunrise close to sunset. It should not be forgotten that this situation may change according to summer and winter and to the countries in the direction of latitude and longitude. The study offers theoretical information for future research. We believe that the data here will be a key resource for subsequent experiment based studies.

inventorsbrain@gmail.com

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Direct evidence of viral infection and mitochondrial alterations in the brain of fetuses at high risk for schizophrenia

Segundo Mesa Castillo

Havana Psychiatric Hospital, Cuba

Background: There are increasing evidences that favor the prenatal beginning of schizophrenia. These evidences point toward intrauterine environmental factors that act specifically during the second pregnancy trimester producing a direct damage to the brain of the fetus. The current available technology doesn't allow observing what is happening at cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia.

Methods: In 1977, we began a direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to finding differences at cellular level in relation to controls.

Results: In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations.

Conclusion: The importance of these findings can have practical applications in the prevention of the illness, keeping in mind its direct relation to the aetiology and physiopathology of schizophrenia. A study of the gametes or the amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied foetuses, it would intend to these women in risk of having a schizophrenia descendant, previous information of the results, the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness.

segundo@infomed.sld.cu

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Relation of anthropometric measures and insulin resistance with anti-mullerian hormone in premenopausal women

Eman H El-Adawy, Maha M Elshafei Mohamed Sherif Abd Elgawad and **Soma sheriff Abd EL Gawad**

Mansoura University, Egypt

Introduction: It has been suggested that obesity is associated with decreased level of anti-mullerian hormone (AMH) which considered as a good marker of ovarian reserve.

Aim: The aim is to evaluate the association between obesity and AMH and whether there is relation of the anthropometric measures and insulin resistance with the level of AMH in Egyptian premenopausal women.

Subjects & Methods: Eighty premenopausal women with BMI more than 30 (obese group) and 80 age-matched healthy lean women (control group). BMI, waist circumference (WC), blood pressure (BP) were measured. Fasting blood glucose (FBS), fasting insulin (FI), insulin resistance (HOMA-IR), high sensitive C-reactive protein (hs-CRP) and AMH were analyzed.

Results: AMH levels in obese group were significantly lower than control group. There were significant negative correlations between each of BMI, WC, FBG, hs-CRP, FI and HOMA-IR with AMH (r =-0.214, -0.226, 0.141, -0.264, -0.241 and -0.258 respectively) (all p values ≤ 0.05). With forward stepwise linear regression analysis we found that HOMA-IR was significantly and independently related to AMH; (B=-0.172; 95% CI -0.273: -0.071). Furthermore, HOMA-IR was confirmed to be an independent predictor of AMH after adjustment of age and BMI; (B = - 0.173; 95% CI – 0.274; - 0.072) and also by adjustment of age and WC; (B= -0.135 95%CI -0.268; -0.001).

Conclusion: Obesity and insulin resistance are associated with decreased ovarian reserve among Egyptian premenopausal women.

emaneladawy@yahoo.com

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Long-term therapy with UDCA in the patients with alcoholic liver disease

Nikolovska E, Miloshevski M, Chalovska-Ivanova V and **Stardevola-Grivceva K**
University Clinic of Gastroenterohepatology, Macedonia

Alcoholic steatosis (AS) and alcoholic hepatitits (AH) is associated with inflammation, liver cell necrosis, impired liver function, and progression to alcoholic cirrhosis. Ursodeoxyholic acid (UDCA) has been reported to be useful for patients with various liver diseases. In the present study we investigated the effects of long-term treatment UDCA in alcoholic liver disease (ALD). 53 patients with clinical, biochemical and histological proven alcoholic liver disease were treated with UDCA 15±2 mg/kg/day for a period of 36 months. The patients were selected in 3 groups: 21 with AS, 17 with AH and 15 with AC. Clinical symptoms (weakness, anorexia, weight loss, nausea, vomiting, right upper quadrant abdominal pain, jaundice, pruritus, fatigue), biochemical parameters (y-glutamyl trans-peptidase, aminotransferases, alkaline phosphates and serum bilirubin level) and histological parameters were followed for a period of 3 years. UDCA improved clinical symptoms in 51 out of 53 patients and biochemical markers of cholestasis and hepatocellular damage (GGTP, AST, ALT, ALP and serum bilirubin level) in 46 out of 53 patients. The beneficial effect of UDCA on the liver histology was assessed in 29 out of 53 patients after minimum period of 12 months of therapy commonly in the patients group with AH and AS. Improvement was found only in 12/53 patients with ALD, but not in the patients group with alcoholic liver cirrhosis. Our results strongly suggest that long-term treatment with UDCA improves biochemical and clinical parameters in alcoholic liver disease. Histological improvements was partial and in minority of patients. The use of UDCA in the treatment of ALD appears to be safe and without side effects in our patients group.

emilijanikolovskageh@gmail.com

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Stage of hypertensive retinopathy among patients who undergone cataract surgery in Zamboanga city medical center

Jerne Kaz Niels B Paber

Zamboanga City Medical Center, Philippines

Background: Individuals who are not known hypertensive are noted to have blurring of vision as an initial presentation. Preventable co- morbidity such as hypertension is essential in saving sight in patients with cataract.

Objective: To determine the prevalence of hypertension and stage of hypertensive retinopathy among individuals who undergone cataract surgery and to identify the association between the stage of hypertension and the risk factors for hypertension and the stage of hypertensive retinopathy.

Methods: This prospective study included 203 individuals. All of the participants were noted to have mature cataract surgery done and was noted to have followed up at Tzu Chi Eye center from July 1 2017 to March 30, 2018. The nature, significance and procedure of the study were explained to every identified respondent. There was only one ophthalmologist who saw the participants who enrolled in the study. Once they understood the study, a written informed consent was taken. They were asked to answer questions provided by the researcher and their laboratory results were recorded. A follow up after 2 weeks was done in order to determine the stage of retinopathy of the patients. Demographic variables, hypertensive retinopathy, history of hypertension, medication usage, compliance, ECG changes, proteinuria, creatinine, and cardiomegaly on chest x-ray, radiographic identification of Atheromatous aorta and fundoscopic examination were analyzed. The Wong and Mitchell classification and the Keith, Wagner and Barker staging system were used for retinopathy grading.

Results: A total of 203 patients (117 men, 86 women) with mature cataract were enrolled in this study, mean age was 64.33 +/- 9.7 years. Upon inclusion, 92% are noted with hypertension and 7 out of 10 were noted to have severe hypertension. One out of four patients was newly diagnosed with hypertension. Among previous hypertensives, Twenty one percent were not compliant to treatment. The Grade of hypertensive retinopathy correlated with duration of illness but did not with severity of hypertension.

Conclusion: The American Heart Association stage of hypertension and the stage of hypertensive retinopathy by Keith, Wagner and Barker has been shown to be directly associated with each other. The Grade of Hypertensive Retinopathy reflects duration and not the severity of hypertension.

Recommendation: Although cataract operations are low risk, the current practice of referring these patients for medical evaluation prior to surgery is an excellent opportunity to diagnose new hypertensives and identify noncompliant cases. Initiating appropriate treatment may prevent complications among these elderly patients.

jernepaber@gmail.com

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Iron metabolism of proteins during pregnancy

I J Shahverdiyeva, I A Kerimova and **V I Yaqubova**
Azerbaijan Medical University, Azerbaijan

The high prevalence of anaemia in pregnant women is an extremely urgent problem of medicine. Iron deficiency anaemia (IDA) is the most common form among pregnant anaemia and is about 90% [1]. IDA leads to adverse consequences for both the pregnant woman (an increase in the frequency of preterm birth, placental insufficiency; miscarriage; infectious complications, gestasional depression) and for the fetus (fetal malnutrition). To study the pathogenesis of IDA in pregnant women is important for the developing of new principles of treatment. We study some indicators of iron metabolism in pregnant women in anaemia. The venous blood of 85 pregnant women with anaemia was examined. Serum iron, ferroportin, transferrin, serum ferritin and hepcidin were investigated. The comparison group consisted of 19 pregnant women without anaemia, as well as control group consisted of 15 non-pregnant practically healthy women. The haemoglobin concentration was measured by using "Mythic-18" haematological auto analyzer. The serum transferrin level was established by using an immunoturbidimetry method with "Cormay" (Poland) reagent kits. The concentrations of hepcidin and ferroportin were determined by using "Cloud-Clone Corp." (USA), and ferritin concentrations were determined by using "Pishtaz teb" (Iran) reagents through enzyme-linked immunosorbent assay (ELISA) method. The study revealed a significant decrease in the level of LF, ferritin, hepcidin and a significant increase in ferroportin, transferrin level. A comprehensive definition of various indicators of iron metabolism provides important information not only for understanding the pathogenesis of iron deficiency anaemia in pregnancy but also for early diagnosis of the disease and the appointment of the correct treatment.

ilahashahverdiyeva@gmail.com

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Combined effect of Baclofen and Acamprosate in experimental models of peripheral neuropathic pain in Wistar rats

Varun Vikas Vij
DMC and H Ludhiana, India

Neuropathic pain (NP) is defined as pain associated with damage or permanent alteration of the peripheral or central nervous system. Current drug treatment for the management of neuropathic pain associated with various adverse effects. The present study was designed to investigate the combined effect of acamprosate and baclofen in experimental model of peripheral neuropathic pain in Wistar rats.

Material & Methods: Neuropathic pain was induced by chronic constriction injured (CCI) of sciatic nerve in rats. A camprosate (100 and 200 mg/kg P.O.) and baclofen (10 and 20 mg/kg P.O.) was given in different groups for 14 days starting on 7th day post sciatic nerve ligation. Further combination of acamprosate (100 mg/kg P.O.) and baclofen (10 mg/kg P.O.) was also given to one group. On 1th, 3rd, 7th, 14th and 21st day behavioral parameters like mechanical allodynia and thermal hyperalgesia were assessed. Then animals were sacrificed on 22nd day and biochemical parameters (GSH, LPO, catalase, nitrite and SOD) were assessed.

Results: Ligation of sciatic nerve significantly induced mechanical allodynia and thermal hyperalgesia with increase in oxidative stress (increase in LPO, nitrite) and decline of anti-oxidant enzyme levels (catalase, sod, GSH) in sciatic nerve homogenate. A camprosate (100 and 200 mg/kg P.O.) and baclofen (10 and 20 mg/kg P.O.) attenuated all the behavioral and biochemical parameters alone and/or combination.

varunkumar1982dec@gmail.com

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The Y shaped ileal neobladder as a simple and practical solution for Egyptian bladder cancer patients

Sharif Ahmed Abdal Karim, Eman El desouky, Ehab S Hussien and **Abdelmaksoud Mohammed**

National Cancer Institute-Cairo University, Egypt

Objective: Description of the results of using the Y (Fontana) pouch ileal neobladder for reconstruction after radical cystectomy in a subset of patients in the national cancer institute of Cairo university in Egypt in terms of operative time, post-operative complications, urodynamic studies and patient satisfaction.

Methods: In 2014, A prospective interventional study was carried out in the National Cancer Institute involving 29 patients with bladder cancer who met the criteria for neobladder reconstruction after radical cystectomy for whom a modified Y shaped ileal neobladder was created after tumor exanteration aiming at exploring the operative time, complications and patient satisfaction rates for a period of one year in such a group of patients compared to other reconstructive options. Complications were assessed per the Clavien-Dindo classification system(CDC).

Results: The mean time to create the Y pouch ileal neobladder was 34 minutes. Early complications were reported in 14 patients (48%) with a highest CDC grade of III while late complications (after 30 days) were reported in 17 patients (58%) with a highest CDC grade of V (three patients died during the follow up course). The mean value of maximum neobladder capacity was 445ml, the mean pressure at maximum neobladder capacity was 22cmH2O and the mean post-voiding urine residual was about 20ml. By 6 months' post operatively, about 85% of the cases expressed having a good quality of life evidenced by satisfaction about their body image, daily maintenance and general satisfaction.

sharifaalkarim@cu.edu.eg

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Evaluation and comparison of stability and reliability of CBC parameters determined by using automatic Celltac G MEK-9100 hematology analyzer during extended storage at 4°c

Sajid Hussain

Multan Institute of Nuclear Medicine and Oncology - Nishtrar Medical University, Pakistan

Introduction: Sample stability is necessary for the maintenance of the quality for the final results obtained at different storage time intervals during CBC analysis. In our present study, we have evaluated the stability of various CBC parameters of blood samples stored in k2-EDTA (BD) vials at 4°C (extended storage time: 10 days).

Materials & Methods: Blood sample (2.5 ml) was drawn directly in K2-EDTA vials. Measurements were done by using MEK-9100 hematology analyzer at regular intervals over an extended period up to 246 h (10 days). Significant differences were analyzed by paired student's t-test. Mean percent differences of the all intervals were compared with baseline means.

Results: Among CBC parameters, WBC count was stable for up to 126 h, RBC and HGB levels were statistically stable for up to 186 h and 90 h. No significant changes were observed in NE, LY, MO, EO and BA for up to 42 h, 42 h, 66 h, 66 h, and 6 h respectively. PLT counts were stable for 6 h. Furthermore, results of HCT, MCV, MCH, MCHC, RDW-CV, RDW-S, PCT and MPV were statistically stable for upto 54 h, 42 h, 18 h, 30 h, 42 h, 30 h, 6 h and 6 h respectively.

Conclusion: Estimation of RBC, WBC and HGB were qualitatively reliable ~186 h, 126 h and 90 h respectively. However, most parameters of CBC were unchanged ~48 h except for the PLT (6 h). To avoid changes in few parameters, such as MPV, basophiles, it is best to store the sample at 4°C if any delay is anticipated.

sajid9596@gmail.com

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Pain relief and palliative care is a human right

Michel Daher
University of Balamand, Lebanon

For centuries, medical and surgical treatment has emphasized saving the life of the patient rather than ameliorating the patient's pain, particularly when there were few options for the latter. Today at the dawn of the 21st century, the best available evidence indicates a major gap between an increasingly understanding of the pathophysiology of pain and widespread inadequacy of its treatment. Epidemiologic evidence has proven that chronic pain is a widespread public health issue. Studies of cancer patients' pain control consistently reveal that up to half of patients receive inadequate analgesia and 30% do not receive appropriate drugs for their pain. Pain clinicians advocate a paradigm shift in the medical professions' perspective on pain management, from simply good practice to an imperative founded on patient rights. There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner. This must help health professionals or lay groups to initiate a powerful agenda to reform local statutes. The essential components of such legislation are: reasonable pain management is a right, doctors have a duty to listen to and reasonably respond to a patient's report of pain, provision of necessary pain relief is immune from potential legal liability, doctors who are not able or willing to ensure adequate analgesia must refer to a colleague who has this expertise, pain management must be a compulsory component of continuing medical education. For too long, pain and its management have been prisoners of myth, irrationality, ignorance, and cultural bias. One response to the worldwide under treatment of pain has been to promote the concept that pain relief is a public health issue of such critical importance as to constitute an international imperative and fundamental human right.

mndaher@inco.com.lb

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Prevalence of anemia before and after initiation of antiretroviral therapy on HIV infected patients at Ras Desta Damtew Memorial Hospital, Addis Ababa, Ethiopia

Chala Kenenisa Edae

Jimma University, Ethiopia

Objective: The aim of this study is to determine the prevalence of anemia before and after initiation of antiretroviral therapy (ART) in HIV infected patients.

Method: A retrospective study was conducted on HIV infected patients before ART and was on follow up at the ART Clinic of Ras Desta Damtew Memorial Hospital Addis Ababa, Ethiopia. Hemoglobin, Hematocrit, Red Cells and Red Cell Indices measurement and CD4+ T cell count was measured using standard methodology at baseline and after every 4 months of Three Visit antiretroviral therapy (ART). Paired t-test was used to assess mean differences for Hemoglobin, Hematocrit, Red Cell and CD4+ T cell count before and after ART initiation.

Results: Prevalence of anemia at baseline was 24.1 %(261/1082). However, prevalence of anemia after ART was significantly decreased in all three visits as follows; first visit of ART was 11.98%(134/1118) ($p < 0.05$),after second visit was 9.33%(91/975) ($p < 0.05$),after third visit was 2.85%(23/805)) ($p < 0.05$),The prevalence of anemia was higher in females than in males at baseline (62.9% vs. 37.1%) ($P = 0.00$), and after first visit of ART (15.66% vs. 5.76%) ($P = 0.00$), after second visit was (9.61% vs. 8.83%), after third visit was (3.39% vs. 1.81%) ($P=0.00$). Mean CD4+ T cell count of study subjects was 139cells/µl ± 96.21($P<0.05$) at baseline. The mean CD4+ T cell count is significantly increased after ART in three visits and found to be after the first visit of ART was 244cells/µl ± 135.4 ($P<0.05$), after the second visit was 294cells/µl ± 169.79 and after third visit 354cells/µl ±182.8 ($p < 0.05$). Significance association was observed between Hgb, Hct and CD4+ T cell count after ART.

Conclusions: The prevalence of anemia based on the hematological parameter (Hgb, HCT) decrease after the initiation of ART except for RBC count. At the same time, mean CD4 cell count significantly increased among patients who started ART. This indicates that the use of HAART in HIV/AIDS patients significantly increase CD4 count and decrease viral load along with decreasing prevalence of anemia.

kchala@rocketmail.com

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Workshop on hypnotherapy and pain management

Muhammad Rafiq

University of Management and Technology, Pakistan

This workshop will be focused on to give the concept of recent and modern hypnotherapy especially in the use of pain management (either psychological or biological). Participants will be able to learn what is hypnosis, its induction, suggestibility and its use in pain management? Participants will also be demonstrated a novel hypnotic technique called circle therapy in pain management. Following abstract shows the effect of circle therapy on pain management. Recent findings have indicated that hypnotic interventions produce significant decreases in pain. The current case studies are focused to highlight the effect of a novel hypnotic technique for headache management. Unpublished data from the authors on this novel therapy has shown significant impact on pain management including headache. All the clients were gone through a complete observation and clinical interview and only clients with psychological pain were included in this group of case studies. For the management of headache, a novel hypnotic intervention, circle therapy (CT), was applied on a group of ten clients. Before the induction of CT, the intensity of the headache was measured through a subjective rating scale i.e., from 0 to 10. All the clients indicated the intensity in the range of 8-10 on subjective rating scale for pain. According to rating scale, headache above 8 is considered as severe, above 5 moderate and above 3 mild. CT is a brief hypnotic technique limiting around ten minutes. Post hypnosis ratings were also measured. The pre and post hypnosis data was managed and analyzed by paired samples t test. Use of CT shows a significant results between pre and post rating (M=9, SD=0.25) and (M=1, SD=0.21; p< 0.001). This brief CT, a hypnotic intervention provided an immediate relief from headache, however, this is limited to few case studies focusing on just headache. So, there is need to see the effect of CT on more cases and/or with different types of pain.

muhammad.rafiq@umt.edu.pk
rafiqdar@hotmail.com

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Medical errors: Causes and its impact on postgraduate residents

Attia Bari

The Children's Hospital and Institute of Child Health Lahore, Pakistan

Background: Medical errors are inevitable and can have a disastrous effect on patient, treating doctors and institute as well.

Objective: To determine the causes of medical errors, the emotional and behavioral response of pediatric medicine residents to their medical errors and to determine their behavior change affecting their future training.

Methodology: 130 postgraduate residents working at the Children's Hospital Lahore were included (response rate 87%). Residents were asked to complete questionnaire about their errors and responses to their errors in three domains: emotional response, learning behavior and disclosure of the error.

Results: Majority 128(98.5%) of these described some form of error. Serious errors that occurred were 24(19%), 63(48%) minor, 24(19%) near misses and 2(2%) never encountered an error. Only 73(57%) residents disclosed medical errors to their senior physician but disclosure to patient's family was 15(11%). Negative emotions were common: Eighty-five (66%) felt emotional distress and sorrow 89(70%). Negative emotions were significantly associated with lack of knowledge (p=0.001), missing warning signs (p=<0.001), not seeking advice (p=0.003) and procedural complications (p=0.001). Medical errors had significant impact on resident's behavior; 119(93%) residents became more careful, increased advice seeking from seniors 109(86%) and 109(86%) started paying more attention to details. Intrinsic causes of errors were significantly associated with increased information seeking behavior and vigilance (p=0.003) and (p=0.01) respectively.

Conclusion: Medical errors committed by residents have inadequate disclosure to senior physicians and result in negative emotions but there was positive change in their behavior, which resulted in improvement in their future training and patient care.

drattiabari@gmail.com

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Home treatments for controlling restless leg syndrome

Zahra Alibabaei, Ardeshir Hesampour, Mohsen Najafi and **Babak Arefnejad**
Islamic Azad University, Central Tehran Branch (IAUCTB) Tehran, Iran

Restless legs syndrome is a neurological disorder characterized by symptoms such as restless legs and mild to severe jerks in the lower extremities, especially the legs. Because this syndrome usually affects the leg during sleep, it is a type of sleep disorder. This syndrome is relatively common and occurs more often in women than men. A study in this regard showed that restless legs syndrome is responsible for one third of insomnia in people over 60 years of age. People with restless leg syndrome have a feeling of uncomfortable feeling in the legs (sometimes in the hands or other organs of the body) and do not have to shake their legs for comfort. The disease causes a variety of emotions, including tingling, itching, beating and knocking, burning, stretching and crawling. The intensity of osteoarthritis The symptoms of restless leg syndrome can be normal.This problem usually occurs when you lie down or sit for a long time on the car seat, plane, or cinema. Symptoms of restless leg syndrome are better and less annoying by shaking the leg or standing. These symptoms can cause sleep problems, sleep apnea and lower quality of life.Some people with relapsing atherosclerosis never refer to a doctor because it's difficult to express symptoms and explain the problem. In most cases, doctors do not have any reason to develop foot syndrome. Although they believe in the influence of the role of genes and heredity in the disease (approximately 50% of the people with a history of the disease have a family history). In this article, We will review home remedies such as herbal remedies, traditional treatments and nutrients that are effective in improving symptoms of restless leg syndrome.

zahra.alibabaei@yahoo.com.sg

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A multicentre cross sectional survey on physiotherapy treatment practices in hemiplegic shoulder pain and subluxation in stroke patients

Muhammad Tahir Aslam

Dow University of Health Sciences, Pakistan

Objectives: To determine the physiotherapy management, used in hemiplegic shoulder pain and subluxation in stroke patients.

Methodology: A cross sectional study will be conducted on 151 Neuro musculoskeletal Physical Therapists, who fulfill study inclusion criteria and working in different Physiotherapy departments in Karachi, Pakistan by using Non probability purposive sampling Technique. The purpose of the study will be explained and informed consent will be taken from all the Physical therapists taking part in this study.This study will use a self-designed structured questionnaire that is pretested through a pilot survey on 25 subjects prior to assess their attitudes and treatment practices. The questionnaire has two sections, in the first section information related to the participant's demographic, educational details and clinical experiences will be asked. Whereas, in section two, information related to their clinical practices will be inquired. Data will be analyzed through SPSS Version 21. Frequencies and percentages will be calculated for all categorical variables, mean and standard deviation will be estimated for all continuous variables and Chi-Square test will be used to find the association between group variables like experience, education and attitudes and therapeutic practices for managing hemiplegic shoulder pain. P-value <0.05 will be considered statistically significant.

tahiraslam.bhutta@yahoo.com

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Validity and reliability of Arabic version of the ID pain screening questionnaire in the assessment of neuropathic pain

Amani Abu-Shaheen[1], Humariya Heena[1], Shehu Yousef[1], Sarfaraz Khan[1], Muhammad Riaz[2] and **Abdullah Nofal[3]**

[1]King Fahad Medical City, Saudi Arabia
[2]University of Leicester, United Kingdom
[3]King Saud University Medical City, Saudi Arabia

Introduction: Diagnosis of neuropathic pain (NP) can be challenging. The ID Pain (ID-P) questionnaire, a screening tool for NP, has been translated in several languages and is widely used. However, ID-P validation process has not been done in the Arab population. The ID-P tool appears to accurately indicate the presence of neuropathic component of pain. This simple tool, which can be self-administered, could be of immense use in primary care settings. Thus, the aim of this study was to develop an Arabic version of ID-P and assess its validity and reliability in detecting neuropathic pain.

Methods: The original ID-P was translated in Arabic language and administered to the study population. The adaptation procedure was monitored by a seven-member expert panel including two specialists in pain management, an expert in methodology, an expert in clinical research, and an expert in linguistics. Patients were divided into two groups. First group included patients diagnosed with NP by a pain specialist in pain clinics as per the guidelines established by the IASP, whereas the second study group included patients with nociceptive pain (NocP). The Arabic version of the ID-Pain was administered twice to the study population, by the same investigator. Reliability of the Arabic version was evaluated by percentage observed agreement, and Cohen's kappa; and validity by sensitivity, specificity, correctly classified, and receiver operating characteristic (ROC) curve. Physician diagnosis was considered as the gold standard for comparing the diagnostic accuracy.

Results: The study included 375 adult patients (153 [40.8%] with NP; 222 [59.2%] with nociceptive pain). Overall observed percentage agreement and Cohen's kappa were >90% and >0.80, respectively. Median (range) score of ID-P scale was 3 (2±4) and 1 (0± 2) in the NP group and NocP group, respectively (p<0.001). Area under the ROC curve was 0.808 (95% CI, 0.764±0.851). For the cut-off value of _2, sensitivity was 84.3%, specificity was 66.7%, and correct classification was 73.9%. Thus, the Arabic version of ID-P showed moderate reliability and validity as a pain assessment tool.

Conclusions: This article presents the psychometric properties of the Arabic version of ID Pain questionnaire. This Arabic version may serve as a simple yet important screening tool, and help in appropriate management of neuropathic pain, specifically in primary care centers.

aabushaheen@kfmc.med.sa

INDEX

Benson A Babu	25	Liakou Chrysoula	48
Dhruba Jyoti Borgohain	32	Lucia Amendano	46
Efstathios Konstantinou Koutsostathis	49	Lucia Amendano	47
		Marjan Zaletel	42
Helena Jamnik	28	Mayank Ohri	26
Ivan R Jeremic	43	Midori Ura	29
Ivet B Koleva	21	Nevena Ilic	31
Jayawickreme K P	30	Nikoletta Daoulari	41
Josie Billington	20	Patti Kastanias	33
Katerina Ristoska	34	Reza Nassiri	18
Khushali Jhaveri	38	Ryan Duffy	39
Laurent Ecochard	27	Tarek A Alshazly	50
Leanne Price	40	William J Rowe	36

Notes:

Notes:



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