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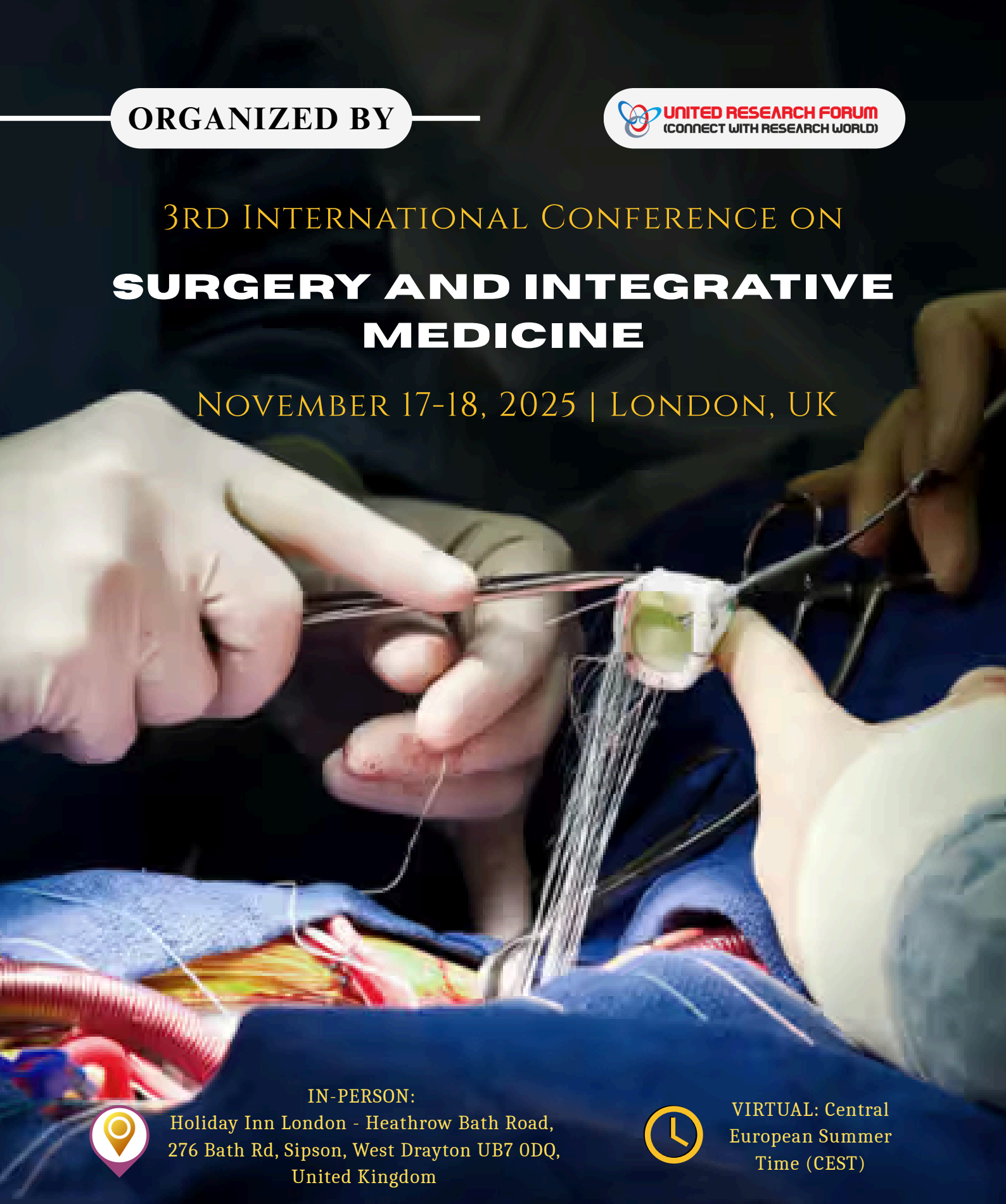
3rd International Conference on

# SURGERY AND INTEGRATIVE MEDICINE

November 17-18, 2025 | London, UK



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Nov 17-18, 2025| LONDON

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Day 1

MONDAY

# Surgery & Integrative Medicine

## November 17-18, 2025 | London, UK

**Registrations & Opening Remarks (08:00-09:00 )**

**Keynote Forum (09:00 - 10:00)**

| | |
|---|---|
| 09:00-09:30 ----- | **Title: Functional Bracing: A new Design for treating Colles fractures**<br>**Prof. Douglas Wardlaw,** Robert Gordon University, Aberdeen, United Kingdom |
| 09:30-10:00 ----- | **Title: Human Septal Cartilage Tissue Engineering for Rhinoplasty**<br>**Prof. Deborah Watson,** University of California, United States |

**REFRESHMENT BREAK & GROUP PHOTO (10:00 - 10:20)**

**Technical Session-I (10:20 - 13:00)**

| | |
|---|---|
| 10:20-10:40 ----- | **Title: Silicone sandwich technique for pinna seroma and heamatoma**<br>**Dr. Sarah Mortaja,** Countess of Chester Hospital, University College London, UK |
| 10:40-11:00 ----- | **Title: Taking the fear out of MRI safety queries: a modular educational intervention for the experts**<br>**Dr. Olivia Hallas,** Cleveland Clinic Foundation, USA |
| 11:00-11:20 ----- | **Title: Potential Positive Impact of Advances in Immunotherapy on Surgical Oncology**<br>**Prof. Nagy Habib,** Imperial College London, United Kingdom |
| 11:20-11:40 ----- | **Title: Hereditary antithrombin deficiency and venous thromboembolism in pregnancy - results of a retrospective multicenter study**<br>**Dr. Ingunn Dybedal,** Oslo University Hospital, Norway |
| 11:40-12:00 ----- | **Title: Progress Blocked: Outpatient Spinal Surgery and the Boundaries of the System a Retrospective Analysis of 555 Reimbursements**<br>**Dr. Aram Bani,** Neurosurgical Practise, Germany |
| 12:00-12:20 ----- | **Title: GPC3: A Novel Mutated Gene in Pleuropulmonary Blastoma**<br>**Dr. Zefeng Lin,** Guangzhou Medical University, China |
| 12:20-12:40 ----- | **Title: Clinical Outcomes and Resource Efficiency of a Telehealth Model for New Lower Gastrointestinal Bleeding Referrals: A Tertiary Colorectal Outpatient Service Audit**<br>**Dr. Zainab Naseem,** Northern Health,Goulburn Valley Health, Australia |
| 12:40-13:00 ----- | **Title: A Massive 2.85 Liters Pericardial Effusion in a Patient with Pulmonary Tuberculosis: A Rare Case Report**<br>**Dr. Daniah Majid Alhamndawee,** East Surrey Hospital, United Kingdom |

Day 1
MONDAY

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**Lunch @ Restaurant (13:00- 13:50)**

**Technical Session-II (13:50-19:00)**

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| 13:50-14:00 ----- (Poster-I) | **Title: Direct Indocyanine Green Injection into the Gallbladder: A Safe Technique to Enhance Biliary Anatomy Visualization during Laparoscopic Cholecystectomy**<br>**Dr. Mohamed Kaddah,** Manchester University NHS Foundation Trust, UK |
| 14:00-14:20 ----- | **Title: The surgical risks of Peutz-Jeghers syndrome and the recommended timing of prophylactic enteroscopic intervention**<br>**Prof. Wen Li,** Beijing United Family Hospital, China |
| 14:20-14:40 ----- | **Title: Ileo-Cecal Lipomatosis Mimicking Acute Appendicitis Complicated with Appendicular Abscess: A Case Report**<br>**Dr. Eman Osman,** Ministry of Health, Saudi Arabia |
| 14:40-15:00 ----- | **Title: Acute Diverticulitis : Addression common questions**<br>**Mr. Mohamed Alatrash,** Cairo University -Kasr Alainy, United Kingdom |
| 15:00-15:20 ----- | **Title: Evaluation of a Simplified Technique for Excision of Non-Palpable Breast Cancer**<br>**Dr. Aya Alamrawy,** Cairo University -Kasr Alainy, United Kingdom |
| 15:20-15:40 ----- | **Title: Method For Evaluating Effectiveness Of Simulation Trainings For Minimally Invasive Surgical Manipulations**<br>**Dr. Alexander V. Klimakov,** Botkin Hospital, Russia |
| 15:40-16:00 ----- | **Title: Ultrasound-guided microwave ablation combined with ethanol injection for the treatment of solitary nodular retrosternal goiter: a prospective study of 72 patients**<br>**Prof. Yukun Luo,** First Medical Center of Chinese PLA General Hospital, China |
| 16:00-16:20 ----- | **Title: Comparison between sonographic features using thyroid imaging reporting and data systems criteria and fine needle aspiration cytology in the diagnosis of solitary and dominant thyroid nodule**<br>**Mr. Ahmed Moustafa,** Maidstone Tunbridge wells hospital, United Kingdom |

**REFRESHMENT BREAK (16:20-16:40)**

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|---|---|
| 16:40-17:00 ----- | **Title: The Role of Laparoscopy in Diagnosing Peritoneal TB: A Case Report from an Endemic Region**<br>**Dr. Mohamed Osman Suliman Basher,** Cork University Hospital, Ireland |
| 17:00-17:20 ----- | **Title: Use of Ksharasutra (Medicated Thread) In the Management of Fistula-In-Ano (Bhagandara): A case study**<br>**Dr. Chetan Sakharam Kardile,** Sai Gulab Health care, India |

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Day 1

MONDAY

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|---|---|
| 17:20-17:40 ----- | **Title: Improving the efficiency of General Surgery team using the emergency theater by making good use of theater time: Quality improvement project**<br>**Mr. Peter Farag,** Kettering General Hospital, United Kingdom |
| 17:40-18:00 ----- | **Title: Primary Chest Wall Angiofibroma: An Exceptionally Rare Benign Tumor Expanding the Spectrum of Chest Wall Lesions**<br>**Dr. Supraja Ramesh,** University Hospitals Coventry and Warwickshire NHS Trust, United Kingdom |
| 18:00-18:20 ----- | **Title: Audit of Follow-Up Practices and Recurrence Detection in Head and Neck Cancer Patients at BHRUT**<br>**Dr. Siddharth Kotikalapudi,** Queens Hospital, United Kingdom |
| 18:20-18:40 ----- | **Title: Improving Documentation of the Critical View of Safety in Laparoscopic Cholecystectomy: Results from a Two-Cycle Audit**<br>**Mr. Stewart Chikukuza,** Great Western Hospital, UK |
| 18:40-19:00 ----- | **Title: Imaging Evidence of Tissue Regeneration with Cultured Mesenchymal Cells (CMC): Results from Clinical Trials and Authorised Personalised Treatments**<br>**Dr. Francesc Malagelada,** Institute of Tissue Regenerative Therapy (ITRT), Spain |

**Pannel Discussions**

**Day-1 Concludes**

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Day 2

TUESDAY

# Surgery & Integrative Medicine

## November 17-18, 2025 | London, UK

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|---|---|
| 09:00-09:20 ----- | **Title: The Representational Challenge of Integration and Interoperability in Transformed Health Ecosystems**<br>**Prof. Bernd Blobel,** University of Regensburg, Germany |
| 09:20-09:40 ----- | **Title: Cold Stored Platelets – Increasing Understanding and Use**<br>**Dr. YanYun Wu,** China |
| 09:40-10:00 ----- | **Title: Microwave ablation treatment of non-lactating mastitis**<br>**Prof. Aili·Saiding,** Guangyuan Central Hospital, China |
| 10:00-10:20 ----- | **Title: Treatment of extracranial vertebral artery aneurysms with covered stents: A case report and literature review**<br>**Dr. Shengjia Yang,** Institute of Vascular Surgery, Xuanwu Hospital, Capital Medical University, China |
| 10:20-10:40 ----- | **Title: Implementation of VATS and NIVATS in thoracic trauma**<br>**Dr. Vasyl Tkalich,** University of Ukraine, Ukraine |
| 10:40-11:00 ----- | **Title: Reconstruction of the receded interdental papilla, bridging literature and clinical practice**<br>**Prof. Sanabel Barakat,** Zarqa University, Jordan |
| 11:00-11:20 ----- | **Title: Jejunal Free Flap Reconstruction for Circumferential Pharyngoesophageal Defects After Head and Neck Cancer Resection: A Systematic Review of 3,191 Cases and Associated Outcomes**<br>**Dr. Sarah Mortaja,** Countess of Chester Hospital, University College London, UK |
| 11:20-11:40 ----- | **Title: Graham's patch versus modified Graham's patch in the management of perforated duodenal ulcer; acomparative study in Bangladesh**<br>**Dr. Zain Girach,** Kettering General Hospital, United Kingdom |
| 11:40-12:00 ----- | **Title: Pyocystis causing Abdominal Wall Abscess and Necrotising Fasciitis: A Case Report**<br>**Dr. Simone Sim,** Manchester Royal Infirmary, United Kingdom |
| 12:00-12:20 ----- | **Title: Comparison of Bio-absorbable versus Metallic Interference Screws in Arthroscopic ACL Reconstruction: A Prospective Study**<br>**Dr. Thivagar Murugesan,** Royal Shrewsbury Hospital, United Kingdom |
| 12:20-12:40 ----- | **Title: Management of Laryngocele: A 10-Year Retrospective Case Series from Liverpool**<br>**Dr. Hassan Jouni,** Mersey and West Lancashire Teaching Hospitals NHS Trust, UK |

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Day 2

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# Surgery & Integrative Medicine

## November 17-18, 2025 | London, UK

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|---|---|
| 12:40-13:00 ----- | **Title: Evaluation of Suspected Achilles Tendon Rupture Managed Through Virtual Fracture Clinic Pathway in Busy Major Trauma Centre**<br>**Dr. Khaled Ibrahim,** Cambridge University Hospitals Foundation trust, UK |
| 13:00-13:20 ----- | **Title: Improving Compliance with the WHO Surgical Safety Checklist at An-Najah National University Hospital**<br>**Dr. Safaa Jamal Abtli,** An Najah National University, Palestine |
| 13:20-13:40 ----- | **Title: Re-Audit: Nasogastric Tube Insertion in Patients with Confirmed Small Bowel Obstruction in the Emergency Department**<br>**Dr. Mohammad-Al-Khazaleh,** Stepping Hill Hospital, Stockport NHS Foundation Trust, UK |
| 13:40-14:00 ----- | **Title: Milk-Alkali Syndrome in the Context of Pulmonary Tuberculosis: An Overlooked Aetiology of Hypercalcemia**<br>**Dr. Ali-Bani-mustafa,** Medway Maritime Hospital, UK |
| 14:00-14:20 ----- | **Title: Electromyography and ultrasound scan analysis of muscle activity during virtual reality dynamic plank exercise on ICAROS Pro machine**<br>**Dr. Khalid Salih,** United Lincolnshire Hospitals NHS Trust, United Kingdom |
| 14:20-14:40 ----- | **Title: Audit on Diagnostic Modalities and Treatment of Endometriosis in a District General Hospital**<br>**Dr. Jonathan Sabulu,** West Suffolk Hospital, United Kingdom |
| 14:40-15:00 ----- | **Title: The Profound Impact of COVID-19 on the Epidemiology of Quadriceps and Patellar Tendon Ruptures: Insights from a Single Centre in the United Kingdom**<br>**Dr. Thivagar Murugesan,** Royal Shrewsbury Hospital, United Kingdom |
| 15:00-15:20 ----- | **Title: Audit on Emergency Care Investigations for Acute Abdominal pain as per Royal College of Surgeons (RCS) Commissioning Guide**<br>**Dr. Vishnupriya Suresh,** Worcestershire Royal Hospital, United Kingdom |
| 15:20-15:40 ----- | **Title: A Meta-Analysis and Systematic Review on the Use of Adipose-Derived Mesenchymal Stem Cells for Knee Osteoarthritis Management**<br>**Dr. Ahmed Abdehadi,** UK |

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Day 2

TUESDAY

# Surgery & Integrative Medicine

## November 17-18, 2025 | London, UK

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|---|---|
| 15:40-16:00 ----- | **Title: Prevalence of contralateral lymphatic drainage patterns during sentinel lymph node biopsy for truncal melanoma: A retrospective, observational study**<br>**Dr. Mahin Chowdhury,** NHS, United Kingdom |
| 16:00-16:20 ----- | **Title: Alkaptonuria (Endogenous Ochronosis) Presenting with Dark Urine, Scleral/Facial Pigmentation, and Chronic Arthropathy in a 51-Year-Old Woman: A Delayed Diagnosis**<br>**Dr. Hasan Khaled Alomari,** Essraa Hospital, Amman, Jordan |
| 16:20-16:40 ----- | **Title: Food deserts are defined by the US Department of Agriculture (USDA) as low-income census tracts that lack access to affordable fresh fruits, vegetables, whole grains, low-fat milk, and other foods associated with a healthy diet**<br>**Prof. Philip H. G. Ituarte,** City of Hope National Medical Center, United States |
| 16:40-17:00 ----- | **Title: Transperineal Doppler Ultrasound: A Noninvasive Functional Tool in Proctologic Practice**<br>**Dr. Gianpiero Gravante,** ASL Lecce, Italy |
| 17:00-17:20 ----- | **Title: The Future of Artificial Intelligence in Facial Plastic Surgery: A Systematic Review Focusing on Surgical Planning and Postoperative Assessment**<br>**Hassan Jouni,** Mersey and West Lancashire Teaching Hospitals NHS Trust, UK |
| 17:20-17:40 ----- | **Title: Time interval between the onset of symptoms, presentation and surgery for acute appendicitis patients in a district general hospital within the NHS**<br>**Dr. Mohamed Kaddah,** Manchester University NHS Foundation Trust, United Kingdom |
| 17:40-18:00 ----- | **Title: Clinical And Functional Outcome Of Intra-Articular Hyaluronic Acid Vs Prp In Osteoarthritis Of Knee**<br>**Dr. Thivagar Murugesan,** Royal Shrewsbury Hospital, United Kingdom |
| 18:00-18:20 ----- | **Title: Systematic Review Platelet-rich plasma in anterior cruciate ligament reconstruction: An updated systematic review and quantitative meta-analysis of randomized controlled trials**<br>**Dr. Ahmed Abdehadi,** UK |

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Day 2

TUESDAY

# Surgery & Integrative Medicine

## November 17-18, 2025 | London, UK

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|---|---|
| 18:20-18:40 ----- | **Title: Mullerianosis - A rare tumour like lesion.**<br>**Dr. Nizar Haddad,** Mid and south Essex NHS trust, UK |
| 18:40-19:00 ----- | **Title: Outcomes of collagen and conventional dressings in diabetic foot ulcers: a comparative study in Bangladesh**<br>**Dr. Zain Girach,** Kettering General Hospital, United Kingdom |
| 19:00-19:20 ----- | **Title: Anastomotic Leak in Colorectal Surgery: Current Evidence on Risk, Diagnosis, Preventive measures, and Management**<br>**Dr. Omar-Yasin,** Omar-Yasin, Medway NHS Foundation Trust, UK |
| 19:20-19:40 ----- | **Title: Caesarean Scar Endometriosis (CSE): A Case Report and Literature Review**<br>**Dr. Nayef Dodeen,** East Lancashire Hospitals NHS Trust, UK |
| 19:40-20:00 ----- | **Title: Smoking Behavior, Demographic Factors and Smoking Cessation Among Rural and Urban Residents**<br>**Dr. Andrew Abraham Zekeri,** Tuskegee University, USA |
| 19:20-19:40 ----- | **Title: Imaging Findings in Cirrhotic Liver: Pearls and Pitfalls for Diagnosis of Focal Benign and Malignant Lesions**<br>**Dr.Amjad-Abbas,** Somerset NHS, UK |

**Pannel Discussions**

**Day-2 Concludes**

Surgery & Integrative Medicine

November 17-18, 2025 | London, UK

**Douglas Wardlaw, M.B., Ch.B., ChM., F.R.C.S. (Ed.)**

Retired Orthopaedic Spine Surgeon. Managing Director, Aberdeen Orthopaedic Developments Limited (AODL), Honorary Professor, Robert Gordon University, Aberdeen

## Functional Bracing: A new Design for treating Colles fractures

**Background and Aims**

Primary biliary cholangitis (PBC) is an autoimmune liver disease that can progress to cirrhosis. However, reliable non-invasive tools for early cirrhosis risk stratification are still lacking. This study aimed to assess the diagnostic performance of fibroblast growth factor 19 (FGF19) in combination with the conventional liver fibrosis markers—aspartate aminotransferase-to-platelet ratio index （APRI） , fibrosis-4 index （FIB-4） , hyaluronic acid (HA), procollagen III N-terminal propeptide (PⅢNP), collagen type IV (CⅣ), and laminin (LN) in PBC-associated cirrhosis.

**Methods**

This retrospective cohort study enrolled 164 PBC patients (68 with cirrhosis, 96 without cirrhosis) and 101 healthy controls. Serum levels of FGF19, HA, PⅢNP, CⅣ, and LN were measured. APRI and FIB-4 were calculated using routine laboratory data. A diagnostic model was constructed using logistic regression and receiver operating characteristic (ROC) analysis.

**Results**

Cirrhosis patients exhibited significantly elevated FGF19, APRI, FIB-4, HA, and CⅣ levels compared to non-cirrhosis patients ($P<0.01$). FGF19 demonstrated strong positive correlations with APRI, FIB-4, HA, and CⅣ, with the highest correlation observed for FIB-4. ROC analysis revealed that FGF19 alone had excellent diagnostic accuracy for cirrhosis (AUC=0.938, 95% CI: 0.900–0.976). Notably, a multi-marker panel (FGF19 + HA + CⅣ + APRI + FIB-4) achieved superior performance (AUC=0.983, 95% CI: 0.969–0.997), outperforming individual biomarkers.

**Conclusions**

Serum FGF19 is a promising biomarker for cirrhosis risk stratification in PBC. Its integration with traditional fibrosis markers significantly improves diagnostic accuracy and holds promise as a non-invasive tool for the differential diagnosis of cirrhosis in patients with PBC.

**KeyWords**

Primary biliary cholangitis; Fibroblast growth factor 19; Cirrhosis; biomarkers; Non-invasive diagnosis.

**Biography**

Prof. Douglas Wardlaw has conducted extensive research in the fields of functional bracing, casting materials, gait analysis, and low back pain disorders, with a particular focus on chemonucleolysis, spinal imaging, spinal stenosis, surgical techniques, and spinal stabilization and fusion. He has published approximately 100 scientific papers and authored seven book chapters. His most recent contributions include three chapters on functional bracing in the centenary edition of John Charnley's Closed Treatment of Common Fractures and a chapter in Browner's Skeletal Trauma: Basic Science, Management, and Reconstruction, 5th Edition. He has delivered or co-authored more than 700 presentations and posters at major scientific meetings worldwide. He has also been invited as a keynote speaker, guest lecturer, or visiting professor on around 60 occasions at prestigious institutions and professional gatherings, including the University of Miami, the University of Strathclyde, the British Orthopaedic Association, the British Association of Spine Surgeons, EuroSpine, the International Society for the Study of the Lumbar Spine, the International Intradiscal Therapy Society, the International Society for Minimal Intervention in Spine, and the Spine Trauma: Masters Update in Dubai.



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**Deborah Watson, MD**

University of California-San Diego, La Jolla, California. USA

## Human Septal Cartilage Tissue Engineering for Rhinoplasty

Nasal reconstructive and rhinoplasty surgeons are frequently challenged by the demand for cartilage grafts to repair nasal framework defects created by trauma, previous surgical resection, or congenital deformities. Autologous grafts, particularly cartilage, continue to be the most favored reconstructive material for the nose. Potential autologous cartilage donor sites include the nasal septum, auricle, and rib. Nasal septal cartilage possesses significant advantages over these other cartilage donor tissues due to its favorable structural properties, ease of harvest, and minimal donor site morbidity. Because it is firm and nonmalleable, it possesses excellent supportive properties which enable it to resist deformity during the contractile healing process of the nasal skin-soft-tissue envelope. The fabrication of engineered human septal cartilage can offer the potential to produce adequate quantities of autologous cartilage in order to create grafts in defined shapes and sizes. In theory, the process would begin after a small septal cartilage donor specimen is obtained from the patient. Many of the initial steps in preparing the tissue involve standardized tissue culture techniques. However, modifications to the subsequent tissue growth process tend to affect the success for correct tissue development and maturation. These modifications have a significant impact on the tissue composition and its mechanical strength, which is critical in engineering a cartilage graft suitable for implantation into the nasal framework. Developments in cell expansion, scaffold creation, and three-dimensional (3D) bioprinting have advanced the field in recent years. An update of these various tissue growth methodologies is provided in this presentation.

**Keywords**
rhinoplasty, cartilage grafts, cartilage tissue engineering

**Biography**
Dr. Watson is a Professor at UC San Diego. She earned her medical degree from the University of Southern California, completed her residency at UCLA, and finished fellowship training in Facial Plastic & Reconstructive Surgery in Chicago. She is double Board-certified by the ABOHNS and the ABFPRS. She teaches and mentors surgical residents, medical students, and bioengineering students. She has pursued basic science research using autologous tissue-engineered cartilage as well as research in the educational arena with graduate medical program improvement studies. Her current clinical practice is focused on functional and aesthetic rhinoplasty.



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**Sarah Mortaja,** Umesh Nagalotimath, Fernando Galli

ENT department, Countess of Chester Hospital, Chester, UK

## Silicone sandwich technique for pinna seroma and heamatoma

There are various techniques described for treating seroma and heamatoma of the pinna. The main aim of all these techniques is to prevent re-accumulation of blood or serous fluids, thus preventing deformity of the pinna. Many of these techniques require injection of local anaesthetic or even theatre. We describe a technique that involves aspiration of the fluid then applying silicone paste on both sides of the pinna which hardens within a few minutes, forming a “sandwich”. Patients are advised to keep this mould in place for 2 weeks.

Patients presenting to our emergency department or referred from general practice with a fluctuant swelling of the pinna were included. Patients with a suspected or confirmed infection were excluded.

Under aseptic precautions, the pinna collection is aspirated with a wide bore needle from the posterior aspect, piercing skin, perichondrium and cartilage, to prevent any scar anteriorly.

The needle creates a small window in the cartilage which helps drain the fluid posteriorly A total of 8 patients with pinna haematoma or seroma were managed with the silicone sandwich technique. Of those, 2 patients had recurrence of the swelling within 1 week; this resolved following application of another silicone mould. None of the patients had new ear deformity after proper application of the mould.

The silicone sandwich technique is a safe and effective method for managing pinna haematoma and seroma, with many advantages over the traditional techniques.

**Keywords**
ENT, otology, pinna hematoma, seroma

**Biography**
Sarah Mortaja is affiliated with the ENT Department at the Countess of Chester Hospital in Chester, UK. She is actively involved in clinical practice and contributes to patient care across a range of otolaryngology services. With a growing interest in advancing ENT diagnostics and treatment approaches, she continues to build her expertise through ongoing clinical work, research participation, and professional development. Sarah is committed to enhancing patient outcomes and supporting multidisciplinary collaboration within the department.



doi.org/10.51219/URForum.2025.Sarah-Mortaja ISBN: 978-1-917892-33-9

**Olivia Hallas,** Alexander Scott, Blake Brandon, Mary Costello, Thomas Dang, Jake Maxfield, Swati Putcha, Jordyn Shah, Ayana Dambaeva, Rayan Abboud, Rekha Mody, Jenny Wu

Cleveland Clinic Foundation, Cleveland, United States of America

## Taking the fear out of MRI safety queries: a modular educational intervention for the experts

**Abstract**

Expanding imaging indications and increasing patient complexity have heightened the burden on radiologists to address MRI safety concerns, particularly regarding implantable devices, foreign bodies, and contrast reactions. Despite this critical responsibility, a survey at our academic imaging institute revealed that 39% of 105 staff radiologists lacked confidence in making MRI safety-related decisions. Inadequate training in ACR MRI safety guidelines was identified as a contributing factor, posing risks such as exam delays, inappropriate cancellations, and potential safety events. To address this gap, we utilized the SOLVE curriculum to assess institutional MRI safety training, map common process failures, and conduct a root cause analysis. Based on an effort-impact matrix, we identified a high-yield intervention: a mandatory, recurring MRI safety training module developed in collaboration with the institutional MRI safety team. Outcomes were evaluated through two metrics: self-reported confidence in MRI safety decision-making and objective improvement in MRI safety knowledge, measured by pre- and post-intervention test scores and attempts to achieve a perfect score. In 2023, 277 in-training and staff radiologists completed the module; 95% reported increased confidence, and average first-attempt test scores improved by 39% post-intervention, with a median of two attempts required for a perfect score. Our results demonstrate that structured, formal MRI safety education significantly improves both subjective and objective competency among radiologists. This approach has been adopted as an annual requirement at our institution. These findings highlight a practical, scalable model for improving MRI safety expertise among radiologists.

**Keywords**

MRI safety, radiologist education, implantable devices, quality improvement, patient safety, training module

**Biography**

Olivia has a strong focus on medical education and patient safety. She was honored as Medical Student Educator of the Year in 2024 for excellence in teaching and was nominated for the ACGME Lewis Blackman Patient Safety Award for her work improving MRI safety education. She presented her research, “Taking the Fear Out of MRI Safety Queries. Training the Experts,” at RSNA 2024, which was also published in Abdominal Radiology. As an incoming Senior Resident Quality Champion, she continues to be dedicated to advancing radiology education and enhancing patient care.



doi.org/10.51219/URForum.2025.Olivia-Hallas ISBN: 978-1-917892-33-9

**Dybedal I[1,2]**, Iversen N[3], Jacobsen AF[4,5],Bjorge[6,7], Chaireti[8,9,10], Henriksson CE[5,11], Schultz NH[1], Hvas AM[12], Sandset PM[1,5]Weedon-Fekjaer H[13], Bremme K[14,15], Abildgaard U[1,5].

[1]Department of Haematology, Oslo University Hospital, Oslo, Norway. [2]Department of Pharmacology, Clinical Research Unit, Oslo University Hospital, Oslo, Norway. [3]Department of Medical Genetics, Oslo University Hospital, Oslo, Norway. [4]Department of Obstetrics and Gynaecology, Oslo University Hospital, Oslo, Norway. [5]Institute of Clinical Medicine, University of Oslo, Oslo, Norway. [6]Department of Obstetrics and Gynecology, Haukeland University Hospital, Bergen, Norway. [7]Center for Cancer Biomarkers CCBIO, Department of Clinical Science, University of Bergen, Bergen, Norway. [8]Department of Haematology, Karolinska University Hospital, Stockholm, Sweden. [9]Department of Molecular Medicine and Surgery, Karolinska Institute, Stockholm, Sweden. [10]Department of Medicine, Solna, Karolinska Institute, Stockholm, Sweden. [11]Department of Medical Biochemistry, Oslo University Hospital, Oslo, Norway. [12]Oslo Center for Biostatistics and Epidemiology, Research Support Services, Oslo University Hospital, Oslo, Norway. [13]Faculty of Health, Aarhus University and Department of Clinical Biochemistry, Aarhus University Hospital, Aarhus, Denmark. [14]Department of Women`s and Children`s Health, Karolinska Institutet, Stockholm, Sweden. [15]The Women`s Health, Medical Unit Pregnancy and Delivery, Karolinska University Hospital, Stockholm, Sweden. † deceased.

## Hereditary antithrombin deficiency and venous thromboembolism in pregnancy - results of a retrospective multicenter study

**Background**

Antithrombin (AT) is a key regulator of coagulation, and AT deficiency (ATD) results in increased risk of venous thromboembolism (VTE). Subclassification can divide ATD in high- and low-/intermediate VTE risk. Women with high-risk ATD in pregnancy have a significant risk of VTE without anticoagulation but the optimal anticoagulant regimen to prevent pregnancy-related VTE is unknown.

**Aims of the study**

To identify optimal doses of low molecular weight heparin (LMWH) to prevent pregnancy-related VTE without hemorrhage, and to investigate if AT concentrate peripartum could reduce postpartum VTE in women with high-risk ATD.



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**Methods**
Retrospective study including 115 pregnancies in 57 women with subclassified ATD treated with LMWH in Denmark, Norway, and Sweden (1991-2017).

**Results**
Fifteen VTEs occurred in the 100 pregnancies with high-risk ATD, in contrast to none in the fifteen pregnancies with low-/intermediate-risk ATD. Six of the twelve antepartum VTEs occurred before week 9.
The high-risk ATD pregnancies with LMWH doses<5000 IU/24h, 5000-12500 IU/24h and>12500 IU/24h revealed different VTE risks (p=0.02). The hazard ratio for VTE was 1.0 (reference), 0.5 (95% confidence interval; CI [0.1, 2.3] and 0 (95% CI [0,∞]), correspondingly. Previous VTE was the only additional risk factor reaching statistical significance.

One VTE (1.5%) occurred in the 66 term pregnancies with peripartum AT concentrate infusion in contrast to the two VTEs (25%) in the 8 pregnancies without AT concentrate.

Peripartum hemorrhage (>1000 mL) occurred in 8 (11%) term pregnancies.

**Conclusion**
In high-risk ATD pregnancies with previous VTE, our results support prophylaxis with high prophylactic doses of LMWH from confirmed pregnancy and to give AT concentrate peri-/postpartum.

**Keywords**
Antithrombin Deficiency, Pregnancy, Thromboembolism Prophylaxis.

**Biography**
Ingunn Dybedal is a healthcare professional based in Norway and is associated with Oslo University Hospital (OUS). She is actively engaged in clinical practice and contributes to patient care and departmental activities within her specialty. With a strong commitment to professional development, Ingunn continues to expand her expertise through ongoing clinical work, collaboration with multidisciplinary teams, and participation in educational and research initiatives at the hospital.



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**Aram A. Bani**, Katharina Köhlert, Marek Zelenka*

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Dr. med. Aram A. Bani, Consultant Neurosurgeon, Pain and intensive Care Therapist

Dr. med. Katharina Köhlert, Senior Neurosurgeon, Kreuzensteinstr. 9, 78224 Singen am Hohentwiel

Dr. med. Marek Zelenka, Consultant Anaesthesiologist, In den Weihermatten 6, 79108 Freiburg*

## Progress Blocked: Outpatient Spinal Surgery and the Boundaries of the System A Retrospective Analysis of 555 Reimbursements

**Background:** Outpatient spinal surgery is increasingly promoted as a safe, efficient, and patient-centered alternative to inpatient care. However, its economic feasibility within the German statutory health system remains unclear.

**Methods:** This retrospective analysis included 555 outpatient spinal procedures performed since October 2023, all with complete reimbursement documentation. Peripheral nerve decompressions were excluded. Reimbursement according to the Universal Value Scale (UVS) was compared with Diagnosis-Related Group (DRG)-based inpatient revenues for the same procedures.

**Results:** Outpatient reimbursement was consistently lower than inpatient DRG-based revenues, leaving providers to carry the financial risk despite reduced hospital burden and overall cost savings. The absence of UVS codes for several complex spinal procedures (e.g., kyphoplasty, revision discectomy, duraplasty) further restricts outpatient implementation. Privately insured patients (12% of the cohort) were reimbursed via the Fee Schedule for Doctors (GOÄ).

**Conclusion:** Outpatient spinal surgery demonstrates proven safety, high patient satisfaction, and clear cost-effectiveness. However, under the current German reimbursement system, economic sustainability is not ensured. Solidarity-based healthcare models, such as the UK's National Health Service (NHS), illustrate how universal access and structural support for outpatient care can be successfully combined. Adapting reimbursement models and creating appropriate UVS codes for complex spinal procedures are essential to secure equitable and sustainable expansion of outpatient spinal surgery in Germany.

**Biography:** Aram Bani is a medical professional affiliated with Die Neurochirurgie in Germany, where he contributes to clinical practice within the field of neurosurgery. His work involves supporting patient care, participating in diagnostic and therapeutic procedures, and collaborating with multidisciplinary teams to ensure high-quality clinical outcomes. Aram is committed to continuous professional growth and remains actively engaged in advancing his skills and knowledge in neurosurgical care.



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**Zefeng Lin**

Department of Pediatric Surgery, Guangzhou Women and Children's Medical Center, Guangzhou Medical University, Guangzhou, China

## GPC3: A Novel Mutated Gene in Pleuropulmonary Blastoma

Pleuropulmonary blastoma (PPB), a rare pediatric sarcoma linked to DICER1 mutations, exhibits clinical heterogeneity suggesting additional genetic drivers. Here, we identify a novel GPC3 missense mutation and evaluate its prognostic role in PPB. Whole-genome sequencing of a three-generation PPB family prioritized 17 candidate genes, including GPC3, through autosomal recessive inheritance analysis. Immunohistochemical profiling revealed significantly elevated GPC3 expression in PPB tumors compared to adjacent non-tumor tissues and congenital pulmonary airway malformations (CPAM). Survival analysis demonstrated a striking correlation between GPC3 expression levels and clinical outcomes: patients with high GPC3 expression (GPC3+++) had a two-year survival rate of 30%, versus 75% (moderate, GPC3++) and 90.9% (Low, GPC3+) (p=0.0035). These findings establish GPC3 not only as a novel susceptibility gene in PPB pathogenesis but also as a robust prognostic biomarker, where overexpression predicts aggressive disease progression. Our study further proposes GPC3 as a potential therapeutic target, offering critical insights for risk stratification and personalized management strategies in this lethal childhood cancer.

**Keywords**

Pleuropulmonary blastoma, GPC3 mutation, Prognostic biomarker, Whole-genome sequencing, Immunohistochemistry, Pediatric sarcoma

**Biography**

Dr. Zefeng Lin is an Associate Professor at Guangzhou Women and Children's Medical Center, specializing in pediatric thoracic oncology. As Principal Investigator of an NSFC Youth Program and 3 municipal grants, he leads research on congenital pulmonary malformations (lung organoids), pleuropulmonary blastoma, and malignant rhabdoid tumors, while collaborating on 20+ national/provincial projects on structural birth defects. He published 8 first/co-first-author SCI papers, including a landmark study in CELL revealing biliary atresia pathogenesis. Holder of 8 patents and recipient of Guangzhou Medical Association Awards (2017-2019), his work bridges translational medicine and rare pediatric disease management.



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**Zainab Naseem**

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## Clinical Outcomes and Resource Efficiency of a Telehealth Model for New Lower Gastrointestinal Bleeding Referrals: A Tertiary Colorectal Outpatient Service Audit

**Introduction:** The COVID-19 pandemic accelerated the adoption of telehealth in surgical disciplines, including colorectal care. This study audited the clinical effectiveness and resource implications of a dedicated telephone-based outpatient model for new lower gastrointestinal (LGI) bleeding referrals at a tertiary colorectal unit, while also exploring the potential future integration of Artificial Intelligence (AI) in enhancing diagnostic accuracy and triage processes.

**Methods:** A retrospective audit was conducted on patients referred to the Per Rectal (PR) Bleeding Telehealth Clinic at Northern Hospital, Victoria, from July 2021 to June 2023. Newly referred patients were included; those previously seen or awaiting procedures were excluded. Sensitivity, specificity, and ROC curve analyses evaluated the model's diagnostic performance. A cost-efficiency assessment was also performed. Additionally, the study outlines how future iterations of this telehealth model may benefit from AI-supported triaging tools, such as natural language processing (NLP)-based symptom extractors and machine learning algorithms trained on referral and outcome datasets.

**Results:** Of 239 referrals, 131 met inclusion criteria, with a 96% compliance rate. The telehealth model demonstrated 75.76% sensitivity and 52.46% specificity for identifying colorectal pathologies. Median time to first appointment dropped from 19 to 3.6 weeks post-implementation. Cost-benefit analysis showed reduced overheads with sustained service continuity. AI-enhanced tools could further improve diagnostic precision by analyzing structured and unstructured referral data to support clinician decision-making, reduce unnecessary endoscopies, and personalize patient pathways.

**Conclusion:** Telehealth is a clinically effective and resource-efficient adjunct for managing new LGI bleeding referrals. Integration of AI technologies holds promise for refining triage accuracy, minimizing delays, and supporting sustainable hybrid care models. Future research should explore the deployment of AI-driven decision support systems to complement clinician judgment in telehealth consultations.

**Keywords:** Telehealth, colorectal triage, AI in healthcare, lower gastrointestinal bleeding, NLP, outpatient services, COVID-19, virtual clinic.

**Biography:** Zainab Naseem is affiliated with the University of Sydney, Australia, where she is involved in academic and research-related activities. Her work reflects a strong commitment to advancing knowledge within her field while contributing to scholarly development and collaborative initiatives at the university. Zainab continues to build her expertise through research engagement, academic learning, and participation in professional development opportunities.



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**Daniah Alhamndawee, MBChB**

East Surrey Hospital, Surrey and Sussex Healthcare NHS Trust, Redhill, United Kingdom Al-Karkh General Hospital, Baghdad, Iraq

## Role of Intraoperative Antibiotic Wound Irrigation in Reducing Surgical Site Infection Following Open Appendectomy: A Randomized Controlled Trial

Surgical site infection (SSI) remains a common complication after open appendectomy, particularly in low- and middle-income countries. Intraoperative wound irrigation with antibiotic solutions has been proposed as a preventive strategy, though its effectiveness is debated. This double-blind randomized controlled trial, conducted at Abu Ghraib General Hospital between July 2023 and December 2024, assessed whether irrigation with ceftriaxone and metronidazole reduces SSIs compared with saline. A total of 410 patients aged 15–50 years undergoing open appendectomy for acute appendicitis were randomized to receive either layer-by-layer antibiotic irrigation or saline irrigation. Postoperative follow-up on days 10, 15, and 30 evaluated SSI using CDC criteria. The SSI rate was 4.1% in the antibiotic group and 6.6% in the saline group, a non-significant difference ($p = 0.278$). In patients with perforated appendices, SSI incidence remained similar between groups. Patients who developed SSIs had significantly higher preoperative CRP and WBC values ($p < 0.0001$), underscoring their predictive value. Hospital stay duration and other postoperative outcomes did not differ significantly. These findings suggest that intraoperative antibiotic irrigation with ceftriaxone and metronidazole does not confer a significant advantage over saline in preventing SSIs following open appendectomy. Routine use may therefore not be warranted, though elevated inflammatory markers may help identify higher-risk patients who require closer surveillance.

**Biography**

Dr. Daniah Alhamndawee is a GMC-registered physician at East Surrey Hospital, UK. She has broad clinical experience across medicine, surgery, pediatrics, and emergency care, with a growing research focus on infection prevention and patient safety. Her background includes studies on oxidative stress and urological health, alongside recent work evaluating strategies to reduce surgical site infections. She has led quality improvement initiatives, delivered educational sessions on infectious disease management, and was recognised for excellence during the COVID-19 pandemic.



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**Mohamed Kaddah**

North Manchester General Hospital, Manchester University NHS Foundation Trust (MFT), Manchester, UK

## Direct Indocyanine Green Injection into the Gallbladder: A Safe Technique to Enhance Biliary Anatomy Visualization during Laparoscopic Cholecystectomy

Laparoscopic cholecystectomy (LC) is a commonly performed procedure in digestive surgery, yet iatrogenic bile duct injury (BDI) remains a concern despite safety measures. Fluorescence imaging of the biliary system may reduce such complications. This randomized controlled trial evaluated the efficacy of intra-cholecystic indocyanine green (ICG) injection for intraoperative biliary visualization. Fifty patients undergoing elective LC at Kasr Al-Ainy Hospital and TBRI Hospital (September 2021–March 2022) were randomly assigned to either ICG-assisted LC (n=25) or conventional LC (n=25). The primary outcome was delineation of the extrahepatic biliary tree using near-infrared fluorescence (NIF) imaging. ICG injection successfully provided clear visualization of the extrahepatic biliary anatomy in 20 of 25 cases. In the conventional LC group, nine patients had incomplete common bile duct delineation, though cystic ducts were adequately identified in all cases to avoid complications. Operative time was shorter in the ICG group (78±15 min) compared with the conventional group (101±11.9 min). No intraoperative complications occurred in either group. Direct gallbladder ICG injection allows rapid and reliable visualization of extrahepatic biliary structures, facilitates dissection, reduces operative time, and may provide additional protection against BDI. These findings suggest that intraoperative ICG fluorescence is a safe and effective adjunct to standard LC, enhancing anatomical identification and surgical efficiency.

**Biography**

Mr. Mohamed Kaddah is a general surgeon with over 5 years of experience, currently working as a surgical registrar in the UK. He has published a master's thesis, presented at international conferences, and is actively involved in clinical audits, research, and surgical education. His interests include hepatobiliary surgery, minimally invasive procedures, and quality improvement initiatives to enhance patient outcomes.



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## The surgical risks of Peutz-Jeghers syndrome and the recommended timing of prophylactic enteroscopic intervention

Peutz-Jeghers syndrome (PJS) is a rare disorder characterised by intestinal hamartomatous polyps and an increased risk of enteroenteric intussusception that requires surgery. To explore the incidence and age distribution of surgical procedures in PJS, as well as the timing of enteroscopic interventions and their impact on the incidence of surgery, we conducted a web-based questionnaire survey. A total of 442 PJS cases were included in the analysis. Of these cases, 301(68.1%) experienced 506 surgeries before enteroscopic intervention. The mean age of the first surgery was (15.4±7.71) years, and 388 (76.68%) of the surgeries were performed on patients aged between 6 and 25 years. The annual growth rate of the cumulative incidence of surgery was higher for patients aged 6-25 years (3.4% per year) than for patients aged 1-5 years (1.0% per year) or 26-35 years (1.7% per year). The PJS patients were divided into the enteroscopic intervention group (EIG, n=374) and non-enteroscopic intervention group (nEIG, n=68) based on whether or not they accepted enteroscopic intervention. The mean age at the first enteroscopic intervention was (22.78±10.07) years. No statistically significant difference was observed between the two groups in terms of the incidence of surgical treatment (74.87% vs 67.65%, $\chi^2$=1.549, P=0.213). We concluded that the incidence of surgery in PJS is high and characterized by an early age at initial treatment. The age distribution curve for surgical treatment steeply ascends from the age of six, with the majority of procedures occurring between ages 6 and 25. Importantly, delayed enteroscopic intervention failed to reduce the overall incidence of surgical treatment in PJS patients. Consequently, early prophylactic enteroscopic intervention starting at age six is recommended.

**Keywords**
Peutz-Jeghers syndrome, enteroscopic intervention, intussusception, surgery



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**Biography**

SPECIALTY: endoscopic minimally invasive treatment of digestive diseases, especially good at endoscopic treatment of pancreatic and biliary diseases (ERCP +EUS); endoscopic treatment of early gastrointestinal cancer (ESD combined with laparoscopy to treat difficult gastrointestinal tumors. INNOVATION: the first EUS-guided iodine-125 seed implantation for the treatment of esophageal cancer and duodenal papilla cancer; the first endoscopic ESD for the treatment of recurrent duodenal papilla tumor after endoscopic resection. He was the first to carry out the experimental and clinical study of natural orifice translumenal endoscopic surgery (NOTES) in China, and proposed the concept of endoscopic surgery for the first time.



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**Eman Osman**

Doctor at Ministry of Health Saudi Arabia

# Ileo-Cecal Lipomatosis Mimicking Acute Appendicitis Complicated with Appendicular Abscess: A Case Report

**Background**

Lipomatosis of the ileo-cecal region is a rare benign condition characterized by diffuse infiltration of mature adipose tissue. It is often asymptomatic but may occasionally present with acute abdominal symptoms mimicking other common pathologies such as acute appendicitis.

**Case Presentation**

We report the case of a 34-year-old female who presented with clinical features suggestive of acute appendicitis. Imaging revealed an inflammatory mass in the right iliac fossa, and an exploratory laparotomy uncovered extensive lipomatosis involving the ileo-cecal area, complicated by an appendicular abscess. The affected tissues were resected, and histopathology confirmed lipomatosis without evidence of malignancy.

**Discussion**

This case highlights the diagnostic challenge posed by ileo-cecal lipomatosis, particularly when complicated by secondary infection or abscess formation. It emphasizes the importance of considering rare etiologies in cases of atypical appendicitis presentations and discusses the role of imaging and intraoperative assessment in guiding surgical decision-making.

**Conclusion**

Ileo-cecal lipomatosis, although rare, should be included in the differential diagnosis of acute abdomen in adults. Early recognition and appropriate surgical intervention are essential to avoid misdiagnosis and ensure favorable outcomes.

**Biography**

Dr. Eman I. Osman is a Specialist General Surgeon at Hafar Al-Batin Central Hospital, Saudi Arabia. Her clinical practice focuses on emergency general surgery, minimally invasive procedures. I actively engaged in surgical research and education, with interest in rare abdominal pathologies.



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**Mohamed Alatrash,** Aya Alamrawy

General Surgery Department, Faculty of Medicine, Cairo University, Egypt

## Acute Diverticulitis : Addression common questions

Diverticular Disease: Addressing Common Questions in Acute Diverticulitis**

Diverticular disease is highly prevalent among patients in late middle age and beyond, with its occurrence rising steadily with age and exhibiting significant geographic variation. The overall prevalence of diverticulosis is comparable between men and women.

While most cases remain asymptomatic, those that do present symptoms commonly manifest as:
- Acute diverticulitis
- Bleeding
- Obstruction

This presentation will explore key questions related to the management of acute diverticulitis, including:
1. Should a patient undergo a CT scan upon admission?
2. Is antibiotic treatment necessary?
3. When surgery is required, where does laparoscopic washout fit among the options?
4. If acute resection is indicated, what type of operation is appropriate?
5. For patients managed conservatively, should follow-up colonoscopy be recommended?
6. Who should be considered for elective surgery?

Each of these critical questions will be thoroughly addressed, providing insights into current best practices for the management of acute diverticulitis.

**Keywords**
Acute diverticulitis, CT scan, Perforation, Antibiotics, colonoscopy, Surgery

**Biography**
Mohamed Alatrash is a dedicated medical professional committed to advancing clinical practice and patient care in his field. He actively contributes to healthcare services through his ongoing clinical work, continuous learning, and involvement in departmental activities. With a strong interest in developing his medical expertise, Mohamed consistently pursues opportunities for professional growth, training, and research engagement.

Known for his disciplined work ethic and patient-centered approach, he strives to deliver high-quality care while collaborating effectively within multidisciplinary teams. Mohamed aims to further expand his knowledge, enhance his clinical skills, and contribute meaningfully to future advancements in medical practice.



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**Aya Alamrawy,** Mohamed Alatrash

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## Evaluation of a Simplified Technique for Excision of Non-Palpable Breast Cancer

Breast cancer is the most common malignancy and the leading cause of cancer-related mortality among women. Early detection through screening programs significantly improves survival rates and reduces mortality. Precise localization and excision of early-stage non-palpable lesions minimize the need for re-excision, prevent unnecessary removal of excess breast tissue, and enhance cosmetic outcomes.

**Objectives**

To optimize the wire localization technique for the excision of non-palpable breast cancer.

**Methodology**

A total of 46 female patients referred to the breast unit at Kasr Al-Ainy, Cairo University, underwent wire localization excision. Wire insertion was performed one day prior to surgery. Enhancements to the localization process included:

- Optimized timing of wire insertion relative to surgery
- Improved radiology reporting, incorporating diagrams detailing the wire's distance, direction (using a clockwise orientation), and orthogonal map .
- Placement of a skin mark corresponding to the lesion's location.

In some cases we used aqueous carbon suspension to enhance the visual feedback of surgeon for better localizations.

**Surgical Technique**

The incision was strategically placed near the skin site corresponding to the lesion. After raising the flaps, the wire was carefully retracted within the wound, followed by dissection along its path, ensuring the inclusion of a cuff of normal healthy breast tissue for an adequate safety margin. The procedure continued until complete removal of the wire.

**Results**

The re-excision rate was 6.5% (3/46 cases), all due to infiltrated margins with DCIS . The average size of the excised specimens was 53.9 g.

**Keywords**

Wire localization, non-palpable breast cancer, surgical excision, re-excision rate, imaging-guided surgery

**Biography:** Aya Alamrawy is a dedicated medical professional affiliated with Kasr Al-Ainy Faculty of Medicine, Cairo University. She is actively involved in clinical practice, academic development, and research activities within her department. Aya has developed strong interests across her medical specialty and continues to expand her experience through hands-on clinical work, case management, and participation in scientific meetings and educational programs.



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Botkin Hospital, Moscow, Russian Federation

## Method For Evaluating Effectiveness Of Simulation Trainings For Minimally Invasive Surgical Manipulations

Minimally invasive surgical manipulations (SM) are currently the key in surgery. These skills are challenging to aquire due a complex of psychomotor, visuospatial skills under visual and tactile control which are to be developed at the same time. Simulation trainings (ST) help to overcome these difficulties, nevertheless outcome need to be improved. Laparoscopic intracorporeal suturing (LIS) skills transferring into practice rate ranges from 43,8% to 72,2%. Effectiveness estimation (EE) is needed to define and analyze key success factors and affect them while developing the ST program. According to commonly used Kirckpatrick's approach EE method for trainings should estimate the results achieved by all trainees in practice. But in surgery current EE methods evaluate ST by results in simulation or in small groups in practice. Performing EE for general set of trainees in practice is not used due to high cost and implementation difficulties.The suggested EE method explores structured interview that focuses on key success indicators and allows to estimate ST for general set of trainees in practice. Training methodics are important for effective development SM skills. The demonstrated minimally invasive LIS ST consists of a complex of modern methodics, which led to improvement in developing LIS skills. The EE method was applied to LIS ST and demonstrated skill transferring into practice rate of 89,9%. The suggested EE method and ST methodics can be recommended for implementation in medical simulation training centers.

**Keywords**
minimally invasive surgery, laparoscopis suturing, effectiveness estimation

**Biography**
Has completed general surgery residency at Kemerovo Medical University in 1990. He is a member of Moscow postgraduate accreditation commission on surgery. Published in excess of 20 SCI papers and postgraduate surgical training programs.

Obtained a number of patent for laparoscopic suturing technic and training methodics. His main research interests are effective methods of surgical manipulation trainings.



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**Yingying Li, Yukun Luo**

First Medical Center of Chines PLA General Hospital, Beijing, China

## Ultrasound-guided microwave ablation combined with ethanol injection for the treatment of solitary nodular retrosternal goiter: a prospective study of 72 patients

**Objectives**

We prospectively evaluated the efficacy and safety of microwave ablation (MWA) combined with ethanol injection (EI) in solitary nodular retrosternal goiters (RSGs).

**Methods**

From November 2018 to November 2020, 72 patients diagnosed with solitary nodular RSG were treated by ultrasound-guided MWA with EI. Patients were followed up at 1, 3, 6, 12 months and every 6-12 months thereafter by ultrasound and contrast-enhanced ultrasound (CEUS). The nodule volume, volume reduction ratio (VRR), neck circumference, symptom score, and cosmetic grading score were recorded to evaluate the treatment efficacy.

**Results**

All patients successfully underwent treatment. The mean initial nodule volume was 71.25 ml ± 61.61 ml, which decreased significantly to 7.47 ml ± 9.19 ml at a mean follow-up time of 23.89 months ± 7.66 months (range 15-39 months) with a mean VRR of 90.99% ± 7.25%. The neck circumference, symptom score, and cosmetic grading score significantly decreased from 36.94 cm ± 3.04 cm to 35.06 ± 2.84 cm, from 3.78 ± 1.19 to 0.36 ± 0.63 and from 3.42 ± 0.76 to 1.13 ± 0.37, at the 12 months after treatment, respectively (all $P<0.001$). Of all the nodules, eight (11.1%) received a second ablation. No major complications occurred.

**Conclusion**

Ultrasound-guided MWA combined with EI is an effective and safe treatment for solitary nodular RSG and may be a potential alternative to surgery in selected patients, especially for those who are ineligible or unwilling to receive surgical treatment.

**Keywords**

Interventional ultrasonography, Thyroid nodules, Microwave ablation, Ultrasound, Ablation techniques

**Biography**

Supported by the Young Talents Support Project of Beijing Association for Science and Technology (2024-1); Supported by the Pioneer Talent Support Program of PLA General Hospital-Young Rookie Talent Cultivation Project (2025-1); The first batch of excellent postdoctoral support projects supported by PLA General Hospital (2024-1); To undertake the scientific research support fund for young talents in ultrasound department of PLA General Hospital (2025-1). Won the 2022 National Doctoral Scholarship (2022-1). Participate in 2 national projects, a number of provincial and ministerial projects and college-level projects.



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Osama Refaie Mohameda, Abdelhay A. Abdelhayb, Ahmed Sayed Awada, **Ahmed Moustafaa** and Esraa Gaballahb

ABC

# Comparison between sonographic features using thyroid imaging reporting and data systems criteria and fine needle aspiration cytology in the diagnosis of solitary and dominant thyroid nodule

**Background**

The accuracy of both the Thyroid Imaging Reporting and Data Systems (TIRADS) staging system and fine needle aspiration cytology (FNAC) for the diagnosis of malignant thyroid nodules remains controversial.

**Objective**

This study aimed to compare the utility of sonographic features using TIRADS criteria versus FNAC in the diagnosis of solitary and dominant thyroid nodules.

Patients and Methods: This cross-sectional study enrolled patients with solitary or dominant thyroid nodules of both sexes. Patient data were obtained from their medical records. Thyroid ultrasound characteristics, FNAC, and cell block slides were reviewed. The TIRADs approach and the Bethesda system were used to categorize thyroid lesions. The receiver operating characteristic curve was performed on all radiological and pathological findings.

**Results**

The study included 158 patients with solitary or dominant thyroid nodules. TIRADS was significantly associated with Bethesda diagnoses and the histopathological diagnosis of malignant thyroid nodules ($P<0.001$). At a cutoff of greater than or equal to 3, the TIRADS showed significantly good discrimination between malignant and benign nodules (area under the curve=0.842, $P<0.001$). At a cutoff greater than or equal to II, Bethesda showed a significant fair power of diagnosis of malignant nodules (area under the curve=0.784, $P<0.001$). The overall accuracy of Bethesda was slightly higher compared with TIRADS. There was a significantly poor concordance between TIRADS and Bethesda classification systems (weighted kappa=0.186, 95% confidence interval: 0.117–0.255, $P<0.001$).

**Conclusion**

In patients with solitary and dominant thyroid nodules, there is a poor diagnostic correlation between TIRADS and Bethesda classification systems. However, the overall accuracy of Bethesda was slightly higher than that of TIRADS.

**Biography:** Ahmed Moustafa is a dedicated healthcare professional currently working within the NHS in the United Kingdom. He is committed to delivering high-quality patient care and continually advancing his clinical skills through ongoing professional development and hands-on experience within his department. With a strong interest in evidence-based practice and multidisciplinary collaboration, Ahmed actively contributes to improving clinical outcomes and supporting patient-centred care pathways.



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Omduramn Military Hospital -Sudan

## The Role of Laparoscopy in Diagnosing Peritoneal TB: A Case Report from an Endemic Region

Abdominal tuberculosis (TB), particularly peritoneal TB, is a rare and challenging form of extra-pulmonary TB that often presents with nonspecific symptoms, leading to diagnostic difficulties and treatment delays. This case report highlights the diagnostic challenges of peritoneal tuberculosis (TB) in a 22-year-old Sudanese male presenting with nonspecific symptoms, such as abdominal pain, fever, and weight loss. Imaging revealed ascites, para-aortic lymphadenopathy, and omental thickening. Despite negative Ziehl-Neelsen staining, diagnostic laparoscopy and peritoneal biopsy confirmed TB through granulomatous inflammation.

The report emphasizes the importance of considering peritoneal TB in endemic areas and utilizing laparoscopy for diagnosis when conventional microbiological methods fail. Early diagnosis and treatment initiation are crucial for improved patient outcomes.

**Keywords**
Abdominal tuberculosis, Peritoneal tuberculosis, PCR, Ascites, , Laparoscopy, Diagnosis.

**Biography**
Dr. Mohamed Osman Suliman Basher is a General Surgeon with significant experience gained in Sudan and currently practicing at Cork University Hospital in Ireland. He has a strong interest in global surgical collaboration and is passionate about sharing surgical knowledge and improving care across diverse healthcare settings.



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**Dr. Chetan s. Kardile**, M.S.Shalya, PhD

Sai Gulab Health care, India

## Use Of Ksharasutra (Medicated Thread) In the Management of Fistula-In-Ano (Bhagandara): A case study

Ksharsutra is an ancient Ayurvedic para-surgical treatment involving the gradual insertion of a medicated, thread-like substance into the fistula tract. This causes the fistula to slowly drain and heal from within by triggering fibrosis. The therapy is minimally invasive, cost-effective, and avoids major surgery. Fistula in Ano is a chronic inflammatory condition having a tubular structure with opening in the Anorectal canal at one end and surface of perineum or perianal skin on the other end. Any opening in perianal area with chronic pus discharge indicates fistulous tract. Prolong sitting, unhygienic condition, obesity, repeated irritation due to hair may increase the risk of occurrence. In Ayurveda it is correlated with Bhagandara and Acharya Sushruta mentioned five types of Bhagandara. He had explained surgical and medicinal treatment along with Kshara karma (caustic alkaline paste). Here a case of recurrence of fistula in Ano in a 35-year male patient who was operated for two times before in two different hospitals was examined and treated with Ksharasutra, considering it as an ideal procedure in treatment of Bhagandara as it cuts and curettes the unhealthy tissue present inside the fistulous tract.

**Keywords**
Bhagandara; Kshara; Kshara sutra; Fistula in ano

**Biography**
Dr. Chetan Completed PhD from Bharti University, Pune, India. Worked as Professors & HOD in Renowned medical College. Trained in Germany at laser in Proctology. Performed more than thousands of different abdominal surgeries. Performed Approximately thousands Laparoscopic surgeries. Performed more than laser proctology surgeries.



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**Peter Farag**

Kettering General Hospital NHS Foundation trust, Kettering, Northampton,UK.

## Improving the efficiency of General Surgery team using the emergency theater by making good use of theater time: Quality improvement project

Delays in Emergency theatres can significantly affect the quality of care and potentially compromises patient safety in NHS trusts, as these theaters are shared between different teams (General Surgery, Breast Surgery, Urology, Gynaecology, etc) and are reserved for emergency cases only. This signifies the importance of good organization and making good use of theater time to ensure adherence to clinical standards and maintain patient safety at all times.

At our trust, a quality improvement audit project was conducted to evaluate and address operational inefficiencies. The aim of the audit was to identify the cause of these delays and their frequency. Findings revealed that the ratio of delays is 62% - a substantial figure which highlighted a room for improvement.

The primary objective of the project was to ensure that the huddle start is always on time, thereby enhancing the workflow and the overall efficiency of the emergency theater. Early outcomes indicate improved start times and better coordination among surgical staff.

This presentation outlines the key causes of delay and offers practical recommendations to improve service quality.

**Keywords**
Emergency, theater, efficeincy, audit, huddle, time

**Biography**
Peter Farag, a healthcare professional working at Kettering General Hospital NHS Foundation trust as a trust grade registrar in the department of General Surgery. Quality improvement projects and audits are essential in my job. I am interested in theaters development and I have multiple projects aiming to improve the quality of care and ensure patient safety.



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## Primary Chest Wall Angiofibroma: An Exceptionally Rare Benign Tumor Expanding the Spectrum of Chest Wall Lesions

Angiofibromas are benign, highly vascular tumours that typically arise in the nasopharynx or appear as facial papules in tuberous sclerosis. Primary chest wall angiofibroma is exceedingly rare, with documented cases virtually absent from the literature, and are often misinterpreted as malignant soft-tissue neoplasms. We report the case of a 62-year-old woman who presented with a progressively enlarging, tender left chest-wall mass associated with exertional dyspnoea and nocturnal discomfort. Cross-sectional imaging with CT and PET-CT revealed a 3-cm hypervascular lesion arising from the intercostal space of the 10th rib (SUVmax 13.1) supplied by an intercostal artery, with no evidence of bony invasion. Following multidisciplinary review, she underwent complete surgical excision with segmental rib resection. Histopathological examination demonstrated a well-circumscribed, collagen-rich, paucicellular spindle-cell lesion with numerous branching thin-walled vessels, consistent with angiofibroma of soft tissue. Molecular analysis identified an in-frame AHRR:NCOA2 gene fusion between exon 9 of AHRR and exon 16 of NCOA2, a hallmark alteration of this entity. The patient remains asymptomatic and recurrence-free on interval imaging. Although benign, primary chest wall angiofibroma can radiologically mimic malignancy owing to its vascularity and avid contrast enhancement. Recognising its characteristic clinicopathological and molecular features is essential to avoid unnecessary radical resections or biopsy-related bleeding. Complete margin-negative excision is curative, and documentation of such atypical presentations broadens clinical awareness of this under-recognised tumor.

**Keywords**

chest wall, angiofibroma, benign tumor, surgical excision, histopathology, AHRR:NCOA2 fusion

**Biography**

Dr. Supraja Ramesh is a Junior Clinical Fellow in Cardiothoracic Surgery at University Hospitals Coventry and Warwickshire NHS Trust, United Kingdom. She completed her MBBS with first-class honors and distinctions in multiple subjects. Her clinical experience spans neuro-critical care, trauma, emergency medicine, and surgical specialties, providing a broad foundation in acute and peri-operative care. She has authored case reports, led clinical audits, and established a structured teaching programme for junior doctors. Her interests include thoracic oncology, surgical innovation, peri-operative optimisation and surgical education, with a long-term goal of pursuing surgical training and academic research.



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**Siddharth Kotikalapudi,** Miss Jabin Thaj, Dr.Kurian

United Kingdom, Queen's hospital

## Audit of Follow-Up Practices and Recurrence Detection in Head and Neck Cancer Patients at BHRUT

**Background**

Follow-up after head and neck cancer treatment is essential for detecting recurrence and managing long-term sequelae. Current recommendations are follow-up every 2 months for the first 2 years, and every 3–6 months during years 3–5. However, there is limited research on optimal frequency of follow-up. This audit assessed compliance with these recommendations, recurrence detection and implications for resource use.

**Methods**

A retrospective audit was conducted of 67 patients treated for head and neck cancer between March 2016 and August 2024. Data collected included number and timing of follow-up appointments, recurrence rates, site of recurrence, and method of detection (routine surveillance vs unscheduled presentation). Results The average number of follow-up appointments per patient was 2.35 in year 1, 1.95 in year 2, 1.88 in year 3, 1.45 in year 4, and 1.33 in year 5, below guideline recommendations. Recurrence occurred in 4 patients (6%): two laryngeal, one oropharyngeal, and one nasopharyngeal cancer. All recurrences were detected within the first 2 years during routine surveillance appointments, consistent with literature suggesting most recurrences present with symptoms.

**Conclusions**

Despite not meeting guidelines, all recurrences were detected early, highlighting the importance of surveillance in the first 2 years. Given that each outpatient appointment costs the NHS ~£200, these findings support targeted follow-up strategies and patient-initiated follow-up (PIFU) beyond 2 years. AI-driven patient-led symptom monitoring may further optimise PIFU, enabling timely detection of symptomatic recurrences while reducing unnecessary visits. Further research with multi-centre cohorts is required to validate these findings, refine follow-up frequency, and evaluate cost-effectiveness.

**Biography**

Dr. Siddharth Kotikalapudi is a dedicated medical professional currently practicing within the NHS, where he contributes to high-quality patient care through strong clinical expertise and a commitment to continuous professional development. He is involved in delivering evidence-based medical services and actively supports multidisciplinary collaboration to ensure the best outcomes for patients. Dr. Kotikalapudi maintains a keen interest in advancing his clinical skills and engages in ongoing training, case discussions, and academic activities within his department. Known for his professionalism, compassionate approach, and strong work ethic, he is valued by both colleagues and patients alike.

He continues to enhance his knowledge through participation in conferences, workshops, and research-oriented initiatives, reflecting his dedication to the evolving landscape of modern healthcare. Dr. Kotikalapudi remains focused on contributing meaningfully to medical practice while upholding the highest standards of clinical excellence.



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**Stewart Chikukuza**

Great Western Hospital, Swindon, United Kingdom

## Improving Documentation of the Critical View of Safety in Laparoscopic Cholecystectomy: Results from a Two-Cycle Audit

The Critical View of Safety (CVS) is a well-established technique designed to prevent bile duct injury during laparoscopic cholecystectomy. International guidelines, including those from SAGES, advocate explicit documentation of CVS in operative notes and/or through intraoperative imaging to enhance patient safety and medico-legal accountability. This two-cycle retrospective audit evaluated the quality of CVS documentation within a surgical department and assessed the impact of targeted quality improvement interventions. The first cycle (January–March 2024) revealed inconsistent adherence to recommended standards. Following this, surgeon education sessions were introduced, emphasizing the importance of documenting CVS explicitly and capturing intraoperative photo or video evidence. Routine integration of imaging was also implemented. The second audit cycle (September–October 2025) demonstrated notable improvement: CVS was explicitly mentioned in 86 percent of operative notes, photo or video documentation was present in 90 percent of cases, all three elements of CVS were described in 15 percent, and there were no conversions to open cholecystectomy or bile duct injuries. These results confirm that focused educational interventions and the adoption of intraoperative imaging can substantially improve documentation standards while supporting safer surgical practice. Persistent gaps in full element documentation highlight the need for standardized operative note templates and ongoing reinforcement. Overall, this audit illustrates that continuous education, structured documentation, and the routine use of imaging not only improve compliance with best practice guidelines but also strengthen patient safety and medico-legal protection in laparoscopic surgery.

**Biography**

Stewart Chikukuza is a healthcare professional based in the United Kingdom and is currently affiliated with Great Western Hospital. He is committed to delivering high-quality patient care and supporting clinical services within his department. With a strong interest in advancing medical practice, Stewart continually develops his skills through hands-on clinical work, professional training, and active engagement in multidisciplinary healthcare teams.

Throughout his career, he has contributed to improving patient outcomes by applying evidence-based practice and maintaining a compassionate, patient-centred approach. Stewart is dedicated to continuous learning and remains involved in ongoing educational activities, clinical discussions, and institutional quality-improvement initiatives.

Driven by a passion for service and clinical excellence, he strives to enhance patient safety, support colleagues across various specialties, and contribute meaningfully to the broader healthcare community.



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**Francesc Malagelada**

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## Imaging Evidence of Tissue Regeneration with Cultured Mesenchymal Cells (CMC): Results from Clinical Trials and Authorised Personalised Treatments

Cultured Mesenchymal Cells (CMC) constitute an Advanced Therapy Medicinal Product (ATMP) subject to validation through clinical trials for demonstration of efficacy, differentiating them from other products obtained by processing bone marrow or adipose tissue, as well as from synthetic products such as exosomes or secretomes, which should equally undergo clinical trials as they are considered medicinal products. The purpose of this study is to present imaging evidence of structural tissue regeneration achieved with CMC across multiple musculoskeletal indications. ITRT has developed a complete circuit comprising bone marrow aspiration, cell isolation and expansion in a clean room under GMP standards, release of the medicinal product with specifications for cell dose, viability, production date, expiry date, and phenotypic characterisation, clinical application, and cryopreservation of surplus cells. Treatments were performed under clinical trial protocols authorised by the AEMPS or through individual compassionate use authorisations, employing autologous, allogeneic, and cryopreserved formulations. The clinical trial in patellar tendinopathy demonstrated excellent results in both clinical parameters and structural tissue regeneration. Compassionate use treatments for Achilles tendon, supraspinatus tendon, and hamstring tendon showed clinical improvement accompanied by tissue regeneration objectifiable by magnetic resonance imaging. Additionally, cases of regeneration in bone, intervertebral disc, and articular cartilage are presented. In conclusion, CMC manufactured as a medicinal product in a clean room, with certified quality control and clinical trial validation, provide objective evidence of structural tissue regeneration across multiple musculoskeletal indications.

**Keywords**
Cultured Mesenchymal Cells, ATMP, structural regeneration, clinical trial, GMP manufacturing,musculoskeletal

**Biography**
Mr Francesc Malagelada is a Trauma and Orthopaedic surgeon at The Royal London Hospital NHS Barts Trust and Clinical Associate at ITRT London. He has particular expertise in sports injuries, foot deformities and complex trauma cases. He has a keen interest in non-surgical treatments, minimally invasive surgery and arthroscopy, practising in orthobiologics and stem cell treatments. He holds a PhD in minimally invasive surgery of the foot and has published extensively with over 80 papers and book chapters. He serves as Honorary Senior Lecturer at Queen Mary University of London, teaching on a Masters degree in orthopaedic trauma sciences.



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**Yanyun Wu**

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## Cold Stored Platelets – Increasing Understanding and Use

The current standard of practice worldwide is to provide room temperature platelets (RTPs); however, there are many disadvantages to the use of RTPs such that alternative approaches have been explored. Cold stored platelets (CSPs) represent a promising alternative to conventional room temperature platelets (RTPs) for the treatment of active bleeding, particularly in trauma, surgical, and remote care settings. CSPs are platelets stored at 1–6 ◦ C, in clinical settings. CSPs offer logistical advantages such as extended shelf life and reduced bacterial contamination risk, making them suitable for emergency bleeding and other scenarios. Regulatory guidance from the FDA has supported their use under specific conditions, emphasizing their role in emergency bleeding. However, limitations include diminished survival in circulation and others. Ongoing research and clinical trials continue to evaluate their efficacy, safety, and integration into transfusion practices.

**Biography**

YanYun Wu is a healthcare professional affiliated with the University of Miami, where she contributes to clinical care, research initiatives, and academic activities within the medical field. She is committed to advancing patient-centered healthcare and continuously developing her professional expertise through hands-on clinical practice and multidisciplinary collaboration.

At the University of Miami, YanYun is involved in supporting clinical services, engaging with research projects, and participating in educational programs that promote innovation in medical practice. Her professional interests include evidence-based medicine, healthcare improvement, and contributing to medical research that enhances diagnostic and therapeutic outcomes.

YanYun remains dedicated to lifelong learning and actively participates in training programs, workshops, and academic discussions aimed at strengthening her knowledge and clinical capabilities. She is known for her strong work ethic, collaborative approach, and commitment to delivering high-quality patient care.



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**Aili· Saiding**

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## Microwave ablation treatment of non-lactating mastitis

Non-lactation mastitis (NPM) is a group of non-lactation, unknown etiology, benign, non-specific inflammatory diseases, including ductal expansion disease (mammary duct ectasia, MDE) / periductal mastitis (PDM), granulomatous lobular mastitis (GLM). The incidence of NPM is not high worldwide, but in recent years, the incidence of NPM in China has shown an obvious increasing trend, so it has attracted wide attention.

NPM in the clinical process often presents the characteristics of "benign disease, malignant behavior", and there is no clinical specification for its causes of treatment, and traditional open surgery with trauma, postoperative scar obvious, appearance morphology changes, and many other shortcomings, and conventional antibiotic treatment effect, still easy to relapse after surgery, abscess repeatedly rupture sinus canal, fistula or ulcer, young patients, especially female patients are difficult to accept.

In recent years, microwave ablation technology has gradually entered the public view, and has been widely used in thyroid diseases and benign breast diseases. Committed to cure the disease, relieve patients with physical and mental pain, improve the quality of life, we for nearly four years of NPM patients, adopted different from the traditional treatment, focusing on the rapid development of microwave ablation technology in recent years, combined with control inflammation stronger glucocorticoids, successfully cured 79 female NPM patients and 1 male NPM patients (late follow-up no recurrence cases), thus gradually find suitable for the treatment of NPM patients in the region. It is worth noting that the hormone treatment cycle of patients with different stages or disease severity is not the same. In one cycle of eight weeks and gradually reducing the drug dose, bi-weekly breast ultrasound and clinical evaluation are the key to grasp the timing of microwave ablation technology.

**Keywords**
NPM, Microwave ablation technology, Glucocorticoid

**Biography**
Dr. Aili· Saiding, Graduated from the Department of Clinical Medicine at Shanghai Medical University in 2001, obtained a Master's degree in Oncology in 2008, and a MD in Surgery in 2013. Studied at Shanghai Cancer Hospital and Essen University Affiliated Hospital in Germany in 2013 and 2016, respectively, currently the Director of the Thyroid and Breast Surgery Department at Guangyuan Central Hospital. His main research direction is the diagnosis and comprehensive treatment of benign and malignant breast and thyroid diseases. Having undertaken clinical teaching tasks for many years, participated in the editing of two monographs, published 30 papers in domestic and foreign journals, and contributed to the compilation of the latest version of the national expert consensus on microwave ablation therapy for benign breast nodules.



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**Yang Shengjia**

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# Treatment of extracranial vertebral artery aneurysms with covered stents: A case report and literature review

Extracrania vertebral aneurysms (EVAAs) are rarely encountered and are an uncommon clinical disease. Furthermore, 1 % of the reported cases are attributed to vertebral artery (VA) disease caused by head and neck penetrating trauma， Currently, there are many treatments for the management of EVAAs, including some that are surgical or endovascular. Whether to preserve the VA or not and the operation mode choice are controversial. This article reports that a covered stent implantation was performed on a female with an asymptomatic EVAA, which ensured the patency of the VA and achieved good results.

**Keywords**

Extracrania vertebral aneurysms (EVAAs) .vertebral artery (VA). covered stent

**Biography**

Member of the Complications Working Group, First Committee of the Vascular Surgery Branch, Chinese Medical Doctor

Association Member of the Visceral Artery Diseases Subcommittee, Second Committee of the Endovascular Professional Committee, Chinese Medical Doctor Association

Member of the Committee of Experts on Supra-Aortic Arch Arterial Disease, Chinese Chapter of the International Union of Angiology

Member of the Hemangioma and Vascular Malformations Expert Committee, Peripheral Vascular Disease Professional Committee, Chinese Microcirculation Society



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## Implementation of VATS and NIVATS in thoracic trauma

Thoracic trauma accounts for 20-25% of injuries and is a cause of 16000 deaths in the USA annually [1]. In hospital mortality in severe isolated thoracic trauma is 49,3% [2]. All treatment is done according to ATLS protocols. Thoracic trauma according to the mechanism is devided on blunt and penetrating. Emergency Department Thoracotomy (EDT) has strict indications and contraindications to be performed. Video Assisted Thoracic Surgery (VATS) is used in thoracic trauma in emergency, early and late time [3]. The value of VATS is that it prevents from unnecessary thoracotomy or laparotomy in 62% of cases [4]. Non-intubated VATS (NIVATS) in thoracic surgery is started in early 2000 years and now complex and difficult thoracic surgeries are performed [5,6]. The role of Non-intubated VATS (NIVATS) in thoracic trauma is not clearly defined. There are a few articles and cases of thoracic trauma treated with NIVATS.

**Materials and methods**

During the period of 2020-2025 years 985 hospitalized patients to the Kyiv City Hospital # 17, polytrauma department, were analyzed with thoracic trauma (blunt 722, penetrating, 263). All patients who underwent open or minimally invasive thoracic surgery were assessed by anesthesiologist. VATS and NIVATS was performed in 11 cases.

**Results**

VATS and NIVATS was performed in 11 cases. 10 patients were males, 1 patient female. The mean age of patients was 34,27 years (22-45) 4 patients were operated in emergency to stop the bleeding. 2 cases were performed in VATS and 2 cases in NIVATS way of surgery. 7 cases were done as early surgery for removal of clotted hemothorax, removal of foreign bodies and as diagnostic procedure in 1 case to confirm the diagnosis of pericardial rupture. We didn't observe any complications in these trauma patients, who were selected for VATS and NIVATS surgery. Chest drains were removed on 2-4$^{th}$ postoperative day. All patients received a multimodal analgesia and early rehabilitation (in most cases at the day of surgery or on the next day) as parts of Enhanced Recovery After Surgery (ERAS) guidelines.

**Conclusion**

Correct anesthesiological assessment of the patient's condition and compensatory capabilities, as well as rapid surgical diagnosis of the extent of thoracic trauma and the possibility of VATS/ NIVATS to eliminate the problem (stop bleeding...), makes them a possible alternative to open surgery.



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**Biography**

Dr. Vasyl Tkalich is a thoracic surgeon at the Shupyk National Healthcare University of Ukraine, where he is also pursuing his doctoral studies at the Chair of Surgery #1. With a strong clinical background and over a decade of surgical experience, he has established himself as a dedicated specialist in thoracic and trauma surgery.

Dr. Tkalich completed his Doctor of Medicine degree at O.O. Bogomolets National Medical University in Kyiv in 2011, followed by extensive surgical residency training at Municipal Hospital No. 17 and the P.L. Shupyk National Medical Academy of Postgraduate Education. From 2014 to 2025, he served as a thoracic surgeon in the Polytrauma Department, and later advanced his expertise as a thoracic surgeon at Hospital Feofaniya between 2021 and 2023.

He has actively participated in numerous prestigious international scientific programs and training workshops over the past ten years, including the EACTS Academy Course in the UK, ESTS Thoracic Surgery Schools across Europe, trauma and emergency surgery seminars in Austria and South Africa, and advanced VATS and transplant training in Turkey, France, Denmark, Vienna, and Shanghai.

Fluent in Ukrainian, Russian, and English, Dr. Tkalich continues to advance his clinical and academic contributions to thoracic surgery both in Ukraine and internationally.



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**Sanabel O. Barakat**[1], Omnia K. Tawfik[2], Samar El Kholy[2], Hani ElNahass[2]

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[2]School of dentistry, Cairo University, Egypt

# Reconstruction of the receded interdental papilla, bridging literature and clinical practice

**Background**
Interdental papilla (IDP) deficiency is a major concern for patients and dentists, as it is associated with the patient's smile, causes phonetic problems, plaque accumulation, and root caries. Several surgical and non-surgical treatments were proposed to restore the lost papilla. Unfortunately, surgical techniques remain a challenge and deemed unpredictable. Connective tissue graft (CTG) based surgical approaches are commonly used for this purpose; and recently, platelet-rich fibrin (PRF) has been investigated as an alternative to CTG.

**Objectives**
This study compared A-PRF to CTG using Han & Takei's approach, in IDP reconstruction. Methods: Defective papillae were randomly allocated to either the control group (CTG) or to the experimental group (A-PRF). Papilla height (PH) and percent change in the gingival black triangle (GBT) area were recorded at 1, 3, 6, 9, and 12 months.

**Results**
Thirty-two deficient IDPs with an initial papilla presence index of 2 or 3 were included. At 12 months, the papilla-fill significantly increased in both groups ($p < 0.001$) without a significant difference between the study groups ($p = 0.637$). A mean gain in IDP height of 2.25 mm(± 0.97) in the CTG group and 1.86 mm (±0.7) in the A-PRF group were recorded with a nonsignificant difference. GBT fill showed a 57.98% fill in the CTG and 54.65% fill in the A-PRF group, with no statistically significant difference between the groups ($p=0.956$).

**Conclusion**
Both CTG and A-PRF were equally effective in increasing deficient IDP height with no significant difference. Clinical significance: Multilayered A-PRF membrane seems to be a viable alternative to CTG and can be used as a choice in the augmentation of receded papillae

**Keywords**
Interdental papilla, Papilla deficiency, A-PRF, Han & Takei technique, gingival black triangle, GBT



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**Biography**

I am a lecturer in Periodontology at the faculty of dentistry, Zarqa university-Jordan. I hold a PhD in periodontology. In addition I hold the Jordanian Medica/Dental council certification in Periodontology. Besides my qualification in Periodontics, I hold a Masters degree in Public Health. I have clinical experience in periodontal and implant therapy. My research interests focus on soft tissue regeneration and esthetic periodontal procedures. I have participated in methodological and clinical studies and I presented in national conferences. I love teaching and enjoy working with my students.



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Surgery & Integrative Medicine

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**Sarah Mortaja,** Francesca Angela Chiumenti, Deepak M. Kalaskar, Raghav C. Dwivedi

Division of Surgery and Interventional Science, University College London, London, UK

# Jejunal Free Flap Reconstruction for Circumferential Pharyngoesophageal Defects After Head and Neck Cancer Resection: A Systematic Review of 3,191 Cases and Associated Outcomes

Multiple reconstructive techniques—including pedicled, fasciocutaneous, and visceral flaps—are employed following extensive resections for advanced laryngeal, hypopharyngeal, and cervical oesophageal cancers. The selection of a reconstructive method depends largely on the size and location of the defect, patient-specific factors, and institutional experience. Since its initial description in 1959, the jejunal free flap (JFF) has been refined through advances in microvascular surgery, achieving reduced morbidity and mortality along with favorable swallowing and speech restoration. A systematic review of English-language studies published after 2000 was conducted using MEDLINE and Embase to identify reports on JFF reconstruction for head and neck cancer. Thirty-six studies met inclusion criteria, representing a total of 3,191 patients who underwent JFF reconstruction. Primary endpoints included surgical complications and functional outcomes related to speech and oral alimentation.

Pooled analysis demonstrated complication rates of 11.39% for fistula formation, 14.17% for anastomotic strictures, 4.79% for total flap failure, 6.15% for partial flap failure, and 3.1% for perioperative mortality. Although functional results were reported using different assessment tools, most studies indicated satisfactory swallowing recovery and intelligible speech. When discussed, postoperative radiotherapy was generally well tolerated by the jejunal flap. Comparisons with alternative reconstructive techniques showed comparable or superior performance of JFF in both clinical and functional domains.

Over the last two decades, evidence consistently supports the jejunal free flap as a reliable and effective option for reconstructing circumferential pharyngoesophageal defects following head and neck cancer surgery. Its low complication rates, resilience to adjuvant therapy, and strong functional outcomes make it a valuable choice in contemporary reconstructive practice.

**Keywords**
jejunal free flap, head and neck cancer

**Biography**
Sarah Mortaja is affiliated with the ENT Department at the Countess of Chester Hospital in Chester, UK. She is actively involved in clinical practice and contributes to patient care across a range of otolaryngology services. With a growing interest in advancing ENT diagnostics and treatment approaches, she continues to build her expertise through ongoing clinical work, research participation, and professional development. Sarah is committed to enhancing patient outcomes and supporting multidisciplinary collaboration within the department.



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**Zain Girach,** Md Arifur Rahman
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# Graham's patch versus modified Graham's patch in the management of perforated duodenal ulcer; a comparative study in Bangladesh

**Background**
Duodenal ulcer perforation is a critical complication of peptic ulcer disease and a notable contributor to patient mortality.

**Purpose and research question**
This study aimed to compare and evaluate the clinical outcomes of Graham's patch repair and modified Graham's patch repair in managing perforated duodenal ulcers at a tertiary care hospital in Bangladesh, and evaluate which treatment is more effective.

**Methodology**
This comparative observational study was conducted over six months in the Department of Surgery at Dhaka Medical College Hospital. Sixty patients diagnosed with duodenal ulcer perforation were enrolled and evenly assigned to two groups: one undergoing traditional Graham's patch repair and the other receiving modified Graham's patch repair. Patients were selected based on set inclusion and exclusion criteria, and informed consent was obtained. Data collected included baseline clinical features, perforation size, presence of intra-abdominal pus, and postoperative outcomes such as wound infection, leakage, abscess formation, pyrexia, need for re-operation, and hospital stay duration. Data were analyzed using STATA version 13.

**Results**
The mean age of participants was 34.22±8.59 years (range: 16–53), with 60% being male. The average perforation size was nearly identical between groups (0.77 cm vs. 0.78 cm). Intra-peritoneal pus was more common in the Graham's patch group (90% vs. 67%). Wound infection was the most frequent complication (30% in Graham's vs. 40% in modified), but no statistically significant differences in any complication or hospital stay (6.12±2.34 vs. 7.78±1.39 days) were found ($p>0.05$).

**Conclusions**
Both Graham's patch and modified Graham's patch repair showed similar effectiveness in managing perforated duodenal ulcers, with no significant differences in outcomes.

**Keywords**
duodenal ulcer perforation, Graham's patch repair, surgery

**Biography**
I am an academic resident doctor with a special interest in general surgery. I completed my medical training at the University of Sheffield, obtaining a Masters (distinction) degree too. I am currently on my general surgery rotation at Kettering General Hospital.



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**Simone Sim,** Theodora Stasinou

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## Pyocystis causing Abdominal Wall Abscess and Necrotising Fasciitis: A Case Report

Pyocystis, also known as empyema cystitis or vesical empyema, is a rare but severe lower urinary tract infection seen in patients with a defunctioned bladder. It is caused by an accumulation of mucosal debris in the bladder with a secondary infection. We retrospectively reviewing case notes, operation notes, laboratory results, imaging results and clinical pictures. We report a case of a female patient with long-term bilateral nephrostomies who was initially thought to have cystitis and was treated with IV antibiotics. She deteriorated clinically and was found to have pyocystis causing a vesicocutaneous fistula and an anterior abdominal wall abscess. It rapidly progressed to necrotising fasciitis, necessitating emergency drainage and debridement. This yielded 400 ml of pus, and she was found to have a defect in the anterior rectus sheath leading straight to the bladder. For her re-look operation, further dead tissue was debrided. The abdominal catheter was removed, and the bladder defect was suture-repaired in two layers. A cystoscopy was also conducted which showed a slough in the posterior bladder wall. This was biopsied which showed features in keeping with severe acute inflammation or ulcer slough. Physicians should maintain a high index of suspicion for pyocystis in patients with anatomical or physiological defunctioned bladder, who have lower urinary tract infections. Urethral catheterisation is vital for the diagnosis and management of pyocystis to allow for the timely drainage of the intravesical abscess, and delays in treatment can cause significant disease progression and morbidity.

**Keywords**
pyocystis, UTI, defunctioned bladder, urology

**Biography**
Dr. Simone Sim is a Senior Clinical Fellow in Urology based in South London, having recently completed the Urology Track of Core Surgical Training in the North West of the United Kingdom. She is passionate about all aspects of urological practice, with particular interests spanning both in evidence-based clinical care and the advancement of medical education.



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**Thivagar Murugesan**

Royal Shrewsbury Hospital, United Kingdom

# Comparison of Bio-absorbable versus Metallic Interference Screws in Arthroscopic ACL Reconstruction: A Prospective Study

**Background**

Anterior Cruciate Ligament (ACL) injury is one of the most common ligamentous injuries of the knee. Arthroscopic ACL reconstruction (AACLR) requires secure graft fixation, which can be achieved using either metallic interference screws (MIS) or bio-absorbable interference screws (BIS). The present study aimed to compare the clinico-functional outcomes of BIS and MIS following AACLR, using Lysholm score, Tegner activity score, and International Knee Documentation Committee (IKDC) score.

**Materials and Methods**

A total of 32 patients undergoing ACL reconstruction were included. Sixteen patients received BIS fixation, while 16 patients received MIS fixation. Functional outcomes were assessed using Lysholm, Tegner, and IKDC scores at a minimum follow-up of six months. Data were analyzed using SPSS version 21.0.

**Results**

At one, three, and six months of follow-up, comparison of functional outcomes between BIS and MIS groups demonstrated no statistically significant differences in Lysholm, Tegner, or IKDC scores.

**Conclusion**

Our findings suggest that the choice of interference screw material, whether bio-absorbable or metallic, does not significantly influence the functional outcomes following arthroscopic ACL reconstruction.

**Biography**

Thivagar Murugesan is an emerging professional dedicated to advancing his expertise and contributing meaningfully within his field. Known for his commitment to continuous learning, he actively engages in academic, clinical, and professional development activities. Thivagar demonstrates a strong interest in research, evidence-based practice, and innovative approaches that support improved outcomes and strengthen multidisciplinary collaboration.

He brings a motivated and detail-oriented approach to his work, with a growing portfolio of experience that reflects his dedication to excellence. Through ongoing training and exposure to diverse professional environments, Thivagar continues to build his skills, broaden his knowledge base, and contribute positively to the teams and projects he is involved in.

Thivagar remains focused on expanding his professional journey, participating in conferences, workshops, and skill-building opportunities that enhance his competence and support future leadership roles. He is committed to applying his knowledge responsibly, serving his community, and making a meaningful impact in his area of specialization.



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**Hassan Jouni**

Mersey and West Lancashire Teaching Hospitals NHS Trust, UK

## Management of Laryngocele: A 10-Year Retrospective Case Series from Liverpool

**Introduction**

Laryngoceles are rare laryngeal lesions with limited evidence guiding optimal management. Current literature lacks consensus on treatment selection criteria, with approaches ranging from conservative observation to surgical excision. This study analyzes outcomes of different management strategies and presents an evidence-based guideline for clinical practice.

**Methods**

Retrospective review of all suspected laryngocele cases across Liverpool area hospitals (January 2015-December 2024). Data collected included demographics, diagnostic investigations, laryngocele classification, management approach, post-operative length of hospital stay, complications, and recurrence. Outcomes were compared between conservative and surgical management strategies.

**Results**

Of 74 patients initially identified, 39 had confirmed laryngocele diagnoses (53% confirmation rate). Additionally, 6 patients had mucoceles, 5 had mucolaryngoceles, and 9 had alternative diagnoses including laryngeal carcinoma (n=3), thyroglossal cyst (n=5), and Reinke's edema (n=1), highlighting the diagnostic challenge of laryngeal cystic lesions.

Among the 39 laryngocele patients, management strategies included: conservative observation (n=18, 46%), transoral laser excision (n=5, 13%), transoral excision (n=10, 26%), and external approach excision (n=8, 21%). Two patients (25%) requiring external approach needed tracheostomy for airway protection.

The high rate of conservative management (46%) reflects the significant proportion of asymptomatic or minimally symptomatic cases discovered incidentally. Surgical approaches were selected based on symptom severity, laryngocele subtype, and patient fitness for intervention. Post-operative length of stay varied significantly between approaches, with transoral procedures typically requiring shorter hospitalization compared to external excisions. Complication rates and recurrence data demonstrated the safety profile and efficacy of different management strategies.

The 12% misdiagnosis rate (9/74 cases, excluding mucoceles and mucolaryngoceles) emphasizes the critical importance of comprehensive diagnostic workup including cross-sectional imaging and histopathological confirmation, particularly given the association with laryngeal malignancy in 3 cases.

**Biography**

Hassan Jouni is a compassionate and skilled NHS healthcare professional in the UK, dedicated to evidence-based clinical practice, continuous learning, and multidisciplinary teamwork. Passionate about patient-centred care, he strives to improve clinical outcomes and advance healthcare delivery through innovation and integrity.



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**Khaled Ibrahim,** Masroor Ahmed –first author/ Mohammad J. Faisal/ Mayank Kumar/ Prerana Gogoi/ Maija Krkovic/ Ahmad W. Mohamed

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# Evaluation of Suspected Achilles Tendon Rupture Managed Through Virtual Fracture Clinic Pathway in Busy Major Trauma Centre

**Introduction**

Achilles tendon rupture is among the most common tendon injuries, typically affecting active individuals in younger age groups. These injuries can be effectively assessed and managed through virtual fracture clinics (VFCs) once patients present to the emergency department (ED) with suspected ruptures. This study evaluates the management pathway and outcomes of patients with suspected Achilles tendon ruptures referred to the VFC of a major trauma centre.

**Materials and Methods**

This retrospective study included all patients referred from the ED to the VFC with suspected Achilles tendon ruptures. Data were obtained from electronic medical records and patient notes, then analysed using SPSS Statistics version 20.0 (IBM Corp., Armonk, NY, USA). Variables included patient demographics, side affected, ultrasound findings (full or partial tear, gastrocnemius tear, chronic tendinosis, or no tear), and treatment modality (conservative or surgical).

**Results**

A total of 170 patients were identified. Ten patients lacked ultrasound assessments, and three did not attend follow-up, leaving 157 patients included in the analysis. The mean age was 46.7 years. Of these, 119 (75.8%) were male and 38 (24.2%) female. The right side was affected in 89 (56.7%) and the left in 68 (43.3%) patients. Ultrasound revealed 94 complete ruptures (59.9%), 41 partial tears (26.1%), two chronic tendinosis cases (1.3%), three gastrocnemius tears (1.9%), and 17 normal scans (10.8%).

**Conclusion**

Virtual fracture clinics provide an efficient and safe pathway for managing suspected Achilles tendon ruptures referred from the ED. This approach reduces missed injuries, standardises care, and offers a reproducible model for managing soft tissue trauma within a busy trauma centre.

**Categories**

Trauma, Quality Improvement, Orthopaedics

**Biography**

Dr. Khaled Ibrahim is a driven and compassionate healthcare professional who blends clinical excellence, evidence-based practice, and teamwork to improve patient outcomes. He is committed to ongoing learning, research, and collaboration, striving to contribute meaningfully to the advancement of medical care.



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**Dr. Safaa Abtli**

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## Improving Compliance with the WHO Surgical Safety Checklist at An-Najah National University Hospital

The World Health Organization (WHO) introduced the Surgical Safety Checklist (SSC) as part of its Safe Surgery Saves Lives programme to reduce surgical morbidity and mortality worldwide. Despite its established effectiveness, inconsistent completion of the checklist was observed at An-Najah National University Hospital (NNUH), posing a potential risk to patient safety. This quality improvement project aimed to achieve full (100%) compliance with the WHO SSC across all surgical operations by the end of 2025. A baseline audit conducted between September 2022 and December 2023 revealed that only 70.2% of checklists were fully completed and 34.2% were partially completed. Root cause analysis identified gaps in staff awareness, lack of accountability, and absence of visual reminders as key contributors to noncompliance.

In early 2024, a multifaceted intervention was implemented, including educational workshops, visual reminders, the introduction of a “Red Rule” policy requiring SSC completion before incision, and assigning a dedicated checklist coordinator in each operating room. Follow-up data (September 2024–May 2025) demonstrated significant improvement, with 100% of checklists fully completed and none partially or uncompleted. Sustainability was ensured through continuous education, monthly monitoring, and integration of the “Red Rule” into institutional policy. This initiative not only achieved its target but also strengthened the culture of patient safety and teamwork within the surgical department at NNUH.

**Keywords**
patient safety, surgery, WHO checklist, quality improvement, compliance, education

**Biography**
Dr. Safaa Jamal Abtli is a medical doctor at An-Najah National University Hospital and a teaching assistant at the Faculty of Medicine and Allied Medical Scinces at An-Najah National University. An active contributor to surgical quality improvement initiatives. With a background in medical education and patient safety. Current work focuses on optimizing surgical processes, fostering multidisciplinary teamwork, and sustaining a culture of safety in the operating theatre.



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**Dr Mohammad Al-khazaleh**

Junior Clinical Fellow – Emergency Department, Stepping Hill Hospital, Stockport NHS Foundation Trust

# Re-Audit: Nasogastric Tube Insertion in Patients with Confirmed Small Bowel Obstruction in the Emergency Department

**Introduction**

Small bowel obstruction (SBO) is a frequent cause of surgical admission and a significant source of morbidity. Early gastrointestinal decompression using a nasogastric (NG) tube is an essential step in the initial surgical management pathway to prevent vomiting, aspiration, bowel ischaemia, and perforation. Early NG tube insertion, as recommended by the Royal College of Emergency Medicine (RCEM), decompresses the bowel and reduces morbidity.This audit evaluated compliance with RCEM guidelines on NG tube insertion in patients with confirmed SBO in the ED and assessed the impact of targeted interventions to improve practice and optimise early surgical management of SBO.

**Methods**

A retrospective review of patients with radiologically confirmed SBO presenting between April and May 2025 was undertaken. Data on NG tube insertion and documentation prior to Surgical Assessment Unit (SAU) transfer were collected. Two interventions were subsequently implemented: (1) daily multidisciplinary huddle reminders (August) and (2) educational posters reinforcing early decompression (September). Re-audits measured the impact on compliance.

**Results**

During the first cycle, 12 of 34 patients (35%) had NG tube insertion prior to surgical referral. After implementing reminders, insertion improved to 41% (9/22), and following educational posters, compliance rose to 64% (9/14).

**Conclusion**

Early NG tube insertion is an essential step in the surgical management of SBO. Interventions markedly improved adherence to national guidelines and optimised pre-operative patient care

**Biography**

Dr. Mohammad Al-Khazaleh is a dedicated healthcare professional currently serving within the NHS in the United Kingdom. He is committed to providing high-quality patient care and continues to expand his clinical expertise through ongoing training, multidisciplinary collaboration, and active involvement in modern medical practices. Dr. Al-Khazaleh maintains a strong interest in advancing clinical outcomes, evidence-based medicine, and continuous professional development. His work reflects a commitment to compassionate care, clinical excellence, and contributing to the healthcare community.



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**Ali Bani-mustafa1,** Ahmed Hegazy2, Kashif Khan3, Mohammed Saad4

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## Microwave ablation treatment of non-lactating mastitis

A 64-year-old male with a history of alcoholism and newly diagnosed pulmonary tuberculosis (TB) developed hypercalcaemia during anti-TB treatment (Rifampicin, Isoniazid, Pyrazinamide, Ethambutol). He manifested right leg bone pain and hallucinations. Hypercalcaemia workup, including PTH, vitamin D, myeloma screen, and imaging, revealed no underlying malignancy or granulomatous bone involvement. Despite stopping vitamin D/calcium supplements and receiving fluids, bisphosphonates, calcitonin, and steroids, his calcium levels remained elevated. Further history revealed excessive milk intake (1-2 L/day). Cessation of dairy led to gradual symptom resolution and normalization of serum calcium within two weeks.

This case highlights milk-alkali syndrome as a rare but reversible cause of hypercalcaemia in TB patients.

**Keywords**
calcium intake, hypercalcemia, metabolic alkalosis, milk-alkali syndrome, pulmonary tuberculosis

**Biography**
Dr. Ali Bani Mustafa is a dedicated medical professional committed to advancing patient care, clinical excellence, and evidence-based practice. With a strong academic foundation and growing expertise in his field, he continues to build a distinguished profile through clinical work, research involvement, and participation in international medical forums. Dr. Bani Mustafa is recognized for his disciplined approach to patient management, his ability to work effectively in multidisciplinary teams, and his passion for improving health outcomes through innovation and continuous learning.

Throughout his career, he has demonstrated a strong interest in expanding his clinical skills and contributing to medical education and training initiatives. His commitment to professional development is reflected in his engagement with conferences, workshops, and collaborative clinical activities that enhance his practice and broaden his scope of knowledge. Dr. Bani Mustafa remains focused on integrating modern diagnostic and therapeutic approaches to provide high-quality care to patients.

With a forward-looking vision, he aims to contribute to ongoing advancements in healthcare and to participate actively in clinical research and academic activities. Dr. Ali Bani Mustafa's dedication, professionalism, and compassionate approach continue to define his growing contributions to the medical community.



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**Dr Khalid Salih,** Mr Philip Heaton, Dr Md Hasan Sharif, Dr Faisal Al-Mahdawi, Dr Mohamed Elnemr

Trauma and Orthopaedics Surgery, United Lincolnshire Hospitals NHS Trust, Boston, UK

# Electromyography and ultrasound scan analysis of muscle activity during virtual reality dynamic plank exercise on ICAROS Pro machine.

This study evaluates neuromuscular activation and musculoskeletal safety during virtual reality dynamic plank exercise on the ICAROS Pro machine, with a focus on both electromyography (EMG) and ultrasound scan outcomes. Sixteen healthy adults aged 21–55 first underwent ultrasound scans, which confirmed intact rotator cuffs and normal biphasic arterial blood flow, ruling out any musculoskeletal or vascular pathology prior to exercise. EMG sensors were then applied to the trapezius and erector spinae muscles during simulated “Eden track” VR flights. Major torque events—one left concave, one right concave—led to significantly increased EMG activity, particularly in the upper trunk muscles. Sensor data reflected dynamic, direction-specific neuromuscular responses. Post-exercise ultrasound scans confirmed continued musculoskeletal and vascular health across all subjects. These findings highlight that virtual reality flight simulation on the ICAROS Pro efficiently stimulates key muscle groups while maintaining musculoskeletal integrity, supporting its potential in sports training, rehabilitation, and injury prevention.

**Keywords**
Electromyography, ICAROS Pro, Virtual reality exercise, Muscle activation, Spinal protection, Rehabilitation.

**Biography**
Dr. Khaled Salih is a dedicated medical professional who graduated from the University of Khartoum, Faculty of Medicine, in 2020. He holds a master’s degree in Human Applied Clinical Anatomy from National University. Dr. Salih is currently working in the Trauma and Orthopaedic Surgery Department at United Lincolnshire Hospitals Trust, where he actively participates in research and quality improvement projects. He is also a full member of the Royal College of Surgeons of Edinburgh.



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Surgery & Integrative Medicine

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**Jonathan Sabulu,** Nada Al-Shammari

West Suffolk Hospital, Bury St Edmunds, United Kingdom

# Audit on Diagnostic Modalities and Treatment of Endometriosis in a District General Hospital

Endometriosis affects approximately 10% of women of reproductive age, often resulting in chronic pelvic pain, infertility, and impaired quality of life. Despite its prevalence, delays in diagnosis remain a major challenge, frequently due to under-recognition of symptoms and the absence of standardized care pathways. National guidance from NICE and the recent NCEPOD report emphasise early recognition, appropriate imaging, and multidisciplinary care. This audit aimed to evaluate the diagnostic modalities and management of endometriosis at West Suffolk Hospital, assessing adherence to NICE NG73 guidelines and NCEPOD recommendations. A retrospective review was conducted of female patients aged 18 years and above who presented with symptoms suggestive of endometriosis between February and April 2024. Patients with prior diagnoses elsewhere were excluded. Data were collected using a tool based on NICE and NCEPOD standards. Eleven cases met inclusion criteria. Pelvic pain was the most frequent presenting symptom. All patients received analgesia and were offered hormonal therapy, consistent with NICE recommendations. Ten patients underwent ultrasound imaging, though only 36% received a transvaginal scan; average waiting time from referral to imaging was 1.3 months, with delays of up to 4 months in some cases. Only 9% of patients were referred to supportive services, while 27% had multidisciplinary team (MDT) involvement. Documentation of clinical examination was incomplete in 46% of cases. The audit highlighted alignment with medical management guidelines but revealed underuse of TVUS, variable documentation, and limited access to supportive services. Recommendations include strengthening MDT pathways, enhancing TVUS utilisation, and formalising a local care pathway. A re-audit is planned for October 2025.

**Keywords**
Endometriosis, audit, NICE guidelines, NCEPOD, diagnosis, management

**Biography**
Jonathan Sabulu is a medical doctor with over 10 years' experience and a strong interest in obstetrics and gynaecology, currently working as a senior clinical fellow within the gynaecology department at West Suffolk Hospital, UK. He has been actively involved in clinical audit and quality improvement projects, with a focus on optimising women's health outcomes and adherence to national guidelines. Jonathan is enthusiastic about medical education, clinical research, and developing evidence-based strategies to enhance patient care in gynaecology.



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**Thivagar Murugesan**

Royal Shrewsbury Hospital, United Kingdom

# The Profound Impact of COVID-19 on the Epidemiology of Quadriceps and Patellar Tendon Ruptures: Insights from a Single Centre in the United Kingdom

**Background**

Quadriceps and patellar tendon ruptures are uncommon but disabling injuries requiring surgical repair. Emerging evidence suggests that the COVID-19 pandemic, with its associated restrictions on activity and subsequent rebound in exercise levels, has influenced the incidence of tendon injuries. However, data specifically on quadriceps and patellar tendon ruptures remain limited.

**Methods**

A retrospective review was conducted of all patients undergoing primary repair of quadriceps or patellar tendon ruptures between January 2010 and December 2024 at a single NHS trust. Cases were identified using the Bluespier database. The period 2010–2019 was defined as pre-COVID, and 2021–2024 as post-COVID, with 2020 excluded due to service disruption. Demographics, seasonal variation, and operative details were collected. Descriptive statistics were generated in Microsoft Excel, while comparative analyses were performed using SPSS, with significance set at $p < 0.05$.

**Results**

A total of n=133 patients sustained quadriceps or patellar tendon ruptures during the study period (precovid-76, post covid- 57). The median age was 63 years, and the age was not normally distributed, with a male-to-female ratio of 5.3:1. Most injuries occurred during winter (29.4%), followed by autumn (27.9%), spring (22.7%) and summer (19.9%). A marked increase in rupture incidence was observed in the immediate post-COVID period with the mean incidence of 4.40, peaking in 2022 with an incidence of 6.2 per 100,000, compared to a mean incidence of 2.6 per 100, 000 in the pre-pandemic period with peak occurrence in 2014.

**Conclusion**

This study highlights a rise in quadriceps and patellar tendon ruptures following the COVID-19 pandemic, with the greatest incidence noted after restrictions were lifted in 2022. The findings support the concept of a “COVID rebound effect,” likely reflecting a combination of tendon deconditioning during lockdown and sudden return to pre-pandemic activity levels. Awareness of this trend may help clinicians anticipate and manage similar injury patterns in the aftermath of large-scale lifestyle disruptions.

**Biography**

Thivagar Murugesan is an emerging professional dedicated to advancing his expertise and contributing meaningfully within his field. Known for his commitment to continuous learning, he actively engages in academic, clinical, and professional development activities. Thivagar demonstrates a strong interest in research, evidence-based practice, and innovative approaches that support improved outcomes and strengthen multidisciplinary collaboration.



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**Dr Vishnupriya Suresh (Core Surgical Trainee Year 1), Supervisor,** Mr Richard Wilkin (Consultant Colorectal Surgeon)

Worcestershire Royal Hospital, United Kingdom

# Audit on Emergency Care Investigations for Acute Abdominal pain as per Royal College of Surgeons (RCS) Commissioning Guide

Royal College of Surgeons (RCS) have suggested the 'Emergency General Surgery' commissioning guidelines on investigations for acute abdominal pain. We aim to assess adherence of mandatory investigations for acute abdominal pain as per the above guidelines, and encourage improvements on compliance, therefore, improving patient care. Retrospective analysis was conducted on 39 patients in the 1st cycle (1st-8th April 2025), and 39 patients in the 2nd cycle (28th May-5th June 2025). The data was collected on Full blood count (FBC), Urea and Electrolytes (U&E), Liver Function Test (LFT), C-reactive Protein (CRP), Amylase/Lipase, Urinalysis, Pregnancy Test, Electrocardiogram (ECG) >50 years old, Glucose. The intervention was a poster circulated within the general surgical team explaining the RCS guidelines, between cycles. In both cycles 79% of the patients were women. The age group commonly encountered in both cycles were 30-39 years old. FBC, U&E, LFT, CRP had 100% compliance in both cycles. The most significant positive change was seen with urinalysis, from 49% to 72%, and pregnancy test from 52% to 74%. 8% of patients had glucose checked in the 1st cycle, increasing to 13% post-intervention, with ECG in >50 years old increasing from 18% to 19%. However, Amylase/Lipase being 95% in the 1st cycle dropped down to 72% in the second cycle. Overall, this audit ended up producing a significant improvement in the compliance rates of investigations in acute abdominal pain, therefore, translating to a better patient outcome.

**Keywords**
surgery, emergency, improvement, RCS, abdominal, pain

**Biography**
I am Vishnupriya Suresh, a Core Surgical Trainee within the National Health Service (NHS) of England, currently at Worcestershire Royal Hospital. I have always loved and enjoyed surgery, and I have great interest in pursuing a career in General Surgery. I have presented a few audits and quality improvement projects and have had a recent publication within this speciality. I am looking forward to providing the best level of care possible by optimising guideline usage.



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**Ahmed Abdelhadi**

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## A Meta-Analysis and Systematic Review on the Use of Adipose-Derived Mesenchymal Stem Cells for Knee Osteoarthritis Management

Background Knee osteoarthritis (KOA) is one of the most common forms of joint degeneration, frequently resulting in persistent pain, reduced mobility, and impaired quality of life. The disease is characterized by the progressive breakdown of articular cartilage, synovial inflammation, and subchondral bone changes. Conventional management options such as analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroid injections, and surgical procedures are primarily aimed at alleviating symptoms rather than reversing or halting disease progression. In recent years, interest has grown in regenerative strategies, particularly the use of human adipose-derived mesenchymal stem cells (hAD-MSCs), due to their ability to modulate inflammation, promote tissue repair, and potentially regenerate damaged cartilage. These stem cells are favored for their ease of harvest, high yield, and ability to differentiate into chondrocytes. Despite their promising biological properties, the clinical benefit of intra-articular hAD-MSC therapy in KOA remains a subject of ongoing investigation, with varying outcomes reported across studies. Aim This systematic review and meta-analysis aims to assess the therapeutic efficacy of intra-articular hAD-MSC injections in individuals with knee osteoarthritis by analyzing data from randomized controlled trials. Methods An extensive search of the literature was performed in alignment with the PRISMA framework, using four major databases: PubMed, Scopus, Web of Science, and the Cochrane Library. Studies considered for inclusion were randomized controlled trials (RCTs) examining the effects of intra-articular human adipose-derived mesenchymal stem cell (hAD-MSC) therapy in individuals diagnosed with knee osteoarthritis (KOA). Risk of bias in the selected trials was evaluated using the Cochrane Risk of Bias 2 (ROB2) tool. Statistical pooling of data was conducted using a random-effects model via Review Manager (RevMan) version 5.3. Results A total of 11 RCTs, encompassing 510 patients, met the eligibility criteria for inclusion in the meta-analysis. Treatment with hAD-MSCs led to statistically significant improvements in WOMAC scores (mean difference [MD]= – 25.32, 95% confidence interval [CI] – 31.30 to – 19.34; p

**Biography**

Ahmed Abdelhadi is a dedicated healthcare professional committed to advancing clinical practice, patient care, and continuous professional development. He has been actively involved in medical work and collaborative clinical environments, contributing to improving patient outcomes and supporting multidisciplinary teams. With a strong interest in expanding his expertise, Ahmed engages in ongoing learning, skill refinement, and participation in academic or training activities relevant to his field.

Driven by professionalism and a commitment to excellence, he continues to develop his career through practical experience, research engagement, and contributions to medical education and teamwork. Ahmed remains dedicated to delivering high-quality care and enhancing his knowledge within the medical community.



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**Mahin Chowdhury,** Jan Walukiewicz, Kantappa Gajanan

The Christie Hospital NHS, Manchester, United Kingdom

## Prevalence of contralateral lymphatic drainage patterns during sentinel lymph node biopsy for truncal melanoma: A retrospective, observational study

This study aimed to examine the prevalence, patterns, and outcomes of contralateral lymphatic drainage during sentinel lymph node biopsy (SLNB) in truncal melanoma patients. Understanding this phenomenon is crucial for improving surveillance and management strategies for melanoma patients. This retrospective cohort study analysed 1,308 consecutive patients aged 18 and over who underwent wide local excision (WLE) for truncal melanoma followed by SLNB at The Christie Hospital, Manchester, UK, between October 2006 and November 2024. Exclusions included non-truncal melanoma and cases without lymphoscintigraphy (LS) data. SLNB evolved from intradermal injection of blue dye to include radiolabelled Technetium-99m-nano colloid. Contralateral drainage was defined as sentinel lymph nodes draining exclusively to the opposite side of the coronal midline relative to the WLE scar. Data were correlated with imaging results and patient outcomes. Contralateral drainage occurred in 14 patients (1.1%). This subgroup had melanoma thicknesses ranging from 0.80–6.40 mm and included 8 males and 6 females (ages 26–72 years). Notably, 10 cases involved posterior torso melanomas, with 6 located on the lower back. Three patients (21.4%) experienced melanoma recurrence during follow-up, all on the ipsilateral side. One patient treated in 2007 died following recurrence, while two patients treated in 2018 and 2021 remain alive following immunotherapy. Contralateral sentinel lymph node drainage, though rare, highlights the need for tailored surveillance strategies for truncal melanoma patients, particularly those with posterior torso lesions. These findings underscore the importance of incorporating this data into patient consent and individualised care plans.

**Keywords**
Truncal melanoma, Wide local excision, Sentinel lymph node biopsy, Contralateral lymphatic drainage, lymphoscintigraphy, Melanoma recurrence

**Biography**
I am a motivated surgical trainee who has a research background encompassing publication of multiple papers in the field of medicine and surgery. I also have an established record of teaching medical students and doctors in hospitals, and am enthusiastic about presenting my work at international conferences to share and learn about clinical practices globally.



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**Hasan Alomari**

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# Alkaptonuria (Endogenous Ochronosis) Presenting with Dark Urine, Scleral/Facial Pigmentation, and Chronic Arthropathy in a 51-Year-Old Woman: A Delayed Diagnosis

**Background**

Alkaptonuria (AKU) is a rare autosomal recessive disorder of homogentisate 1,2-dioxygenase deficiency that leads to systemic accumulation of homogentisic acid (HGA) and ochronotic deposition in connective tissues. Adult presentations are often overlooked, resulting in diagnostic delay.

**Case**

A 51-year-old woman presented with many years of dark urine that turned black on standing, bluish-brown scleral streaks, slate-brown pigmentation of the forehead and dorsal hands, and progressive mechanical joint pain involving the knees, hips, and lumbar spine. Examination showed cartilaginous discoloration (sclerae, external ear) and osteoarthropathy without active synovitis. Urinalysis was negative for blood/bilirubin; urine darkened on exposure to air. Quantitative urine organic acid analysis demonstrated markedly elevated homogentisic acid, confirming AKU. Radiographs showed degenerative changes of weight-bearing joints and intervertebral disc calcification. The primary differentials included cholestasis, hematuria/myoglobinuria, exogenous ochronosis, porphyria, and inflammatory arthropathies.

**Management and outcome**

She received joint-directed therapy (physiotherapy, intermittent NSAIDs) and counseling regarding disease-modifying treatment with nitisinone (with monitoring for hypertyrosinemia-related keratopathy and dietary moderation of tyrosine/phenylalanine). At short-term follow-up, symptoms improved with activity pacing; pigmentation remained stable.

**Conclusion**

Classic clues—urine that darkens on standing and bluish-brown scleral/skin ochronosis—should prompt testing for urinary homogentisic acid to avoid years-long delay. Nitisinone offers a contemporary disease-modifying option alongside multidisciplinary supportive care.

**Keywords**

Alkaptonuria; Ochronosis; Scleral pigmentation; Dark urine; Nitisinone; Delayed diagnosis



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**Conclusions**

This substantial case series demonstrates that laryngocele management should be individualized based on clinical presentation, anatomical classification, and patient factors. Conservative management is appropriate for nearly half of diagnosed patients, while surgical intervention is reserved for symptomatic cases. The variety of surgical approaches reflects the heterogeneity of laryngocele presentations. Thorough diagnostic evaluation is essential to exclude malignancy and alternative diagnoses. These findings inform a comprehensive evidence-based guideline providing clinicians with a structured algorithm for investigation, treatment selection, and surveillance of this rare condition.

**Biography**

I completed my medical degree with a very good GPA from the Jordan University of Science and Technology. After that, I finished my internship at the Jordan University Hospital. I then obtained the British medical license and have gained medical experience in various settings, including health centers, medical clinics, internal medicine and surgery wards, and emergency departments.



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**Philip H.G. Ituart,** Nicole Lugo Santiago, Adrian Kohut, Rosemary Senguttuvan, Ana Tergas, Lorna Rodriguez, Mihae Song

City of Hope, Department of Surgical Oncology, Duarte,California, USA

## Gynecological cancer survival and its association with residing in food deserts in California

Food deserts are defined by the U.S. Department of Agriculture (USDA) as low-income census tracts that lack access to affordable fresh fruits, vegetables, whole grains, low-fat milk, and other foods associated with a healthy diet. We investigated the association between food deserts and gynecologic cancer disease-specific survival. Methods: The 2013-2019 California Cancer Registry (CCR) data set was queried for adult female patients with endometrial, ovarian, or cervical cancers at all stages of disease. Patient 2010 residential census tract at time of diagnosis was linked to food desert census tracts identified by the 2015 USDA Food Access Research data set. Comorbidity status was obtained from patients' hospital discharge data. Five-year overall survival was analyzed by multivariable Cox proportional hazards analysis. Results: Of 40,340 gynecologic cancer cases identified 24,388 (60.5%) had endometrial cancer; 9,777 (24.2%) had ovarian cancer; and 6,175 (15.3%) had cervical cancers. The average age was 59.4 years, 48.0% was White, 50.3% was privately insured. Patients who lived in food deserts had worse 5-year survival compared with those who did not, controlling for race, stage of disease, and treatment received: Endometrial cancer HR 1.43 ($p < 0.001$, 95% CI 1.22-1.68); Ovarian cancer HR 1.47 ($p < 0.001$, 95% CI 1.27-1.69); Cervical cancer HR 1.24 ($p = 0.04$, 95% CI 1.01-1.54). Conclusion: Living in a food desert appears to adversley affect survival time for patients with gynecologic cancers.

**Keywords**
food deserts, gynecological cancer, cancer survival

**Biography:** Philip H. G. Ituarte, City of Hope National Medical Center, United States, Philip H. G. Ituarte is affiliated with the City of Hope National Medical Center in the United States, where he contributes to advancing clinical research, academic collaboration, and patient-centered healthcare. His professional work reflects a strong commitment to improving medical outcomes through evidence-based practice, multidisciplinary cooperation, and innovative approaches to patient care.

At City of Hope—a global leader in cancer research and treatment—he plays an active role in supporting clinical programs, research initiatives, and institutional development. His interests include healthcare quality, clinical data analysis, and the integration of research insights into real-world clinical practice. Through his ongoing involvement in academic and clinical activities, he aims to support advancements in medical science and contribute to improved standards of care within the broader healthcare community.



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**Hassan Jouni**

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# The Future of Artificial Intelligence in Facial Plastic Surgery: A Systematic Review Focusing on Surgical Planning and Postoperative Assessment

**Background**

Artificial intelligence (AI) has emerged as a transformative technology in facial plastic surgery, offering unprecedented capabilities in surgical planning and postoperative monitoring. This systematic review examines the current applications and future potential of AI in facial plastic surgery, with particular emphasis on preoperative planning and postoperative assessment.

**Methods**

A comprehensive systematic literature search was conducted across PubMed, Embase, and MEDLINE databases for studies published between 2014 and 2024. Search terms included combinations of "artificial intelligence," "machine learning," "facial plastic surgery," "facial plastics," "back propagation," "facial flaps," "surgical planning," and "postoperative assessment." Studies were included if they reported on AI applications in facial plastic surgery focusing on surgical planning or postoperative monitoring. Data extraction focused on AI methodologies, clinical applications, outcomes, and limitations.

**Results**

The search identified 42 studies examining AI applications in facial plastic surgery spanning diagnostic imaging, surgical planning, outcome prediction, and postoperative monitoring. Machine learning models, particularly convolutional neural networks (CNNs) and back-propagation neural networks, demonstrated high accuracy in landmark identification, facial analysis, and age estimation. AI-assisted 3D modelling showed promise in creating objective preoperative simulations for rhinoplasty and facelift procedures. Postoperative monitoring systems utilizing deep learning algorithms achieved sensitivity and specificity exceeding 95% in detecting flap complications, enabling early intervention.

**Conclusions**

AI technologies are revolutionizing facial plastic surgery through enhanced surgical planning precision and improved postoperative monitoring. While ethical considerations regarding algorithmic bias and patient privacy remain, the integration of AI promises more personalized, safer, and efficient surgical outcomes. Future developments should focus on diverse dataset collection, real-time intraoperative guidance, and evidence-based protocols for individualized patient care.

**Biography**

Hassan Jouni is a compassionate and skilled NHS healthcare professional in the UK, dedicated to evidence-based clinical practice, continuous learning, and multidisciplinary teamwork. Passionate about patient-centred care, he strives to improve clinical outcomes and advance healthcare delivery through innovation and integrity.



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**Mohamed Kaddah**

North Manchester General Hospital, Manchester University NHS Foundation Trust (MFT), Manchester, UK

## Time interval between the onset of symptoms, presentation and surgery for acute appendicitis patients in a district general hospital within the NHS

Acute appendicitis is one of the most common surgical emergencies, and appendicectomy remains the gold standard treatment. National and international guidelines recommend that surgery should be performed within 18 hours of presentation to minimize complications, reduce operative difficulty, and shorten hospital stay. The research question of this audit was whether patients with acute appendicitis at a district general hospital were managed in compliance with these standards. The purpose was to evaluate time intervals from presentation to surgery, assess their impact on outcomes, and identify areas for improvement. A retrospective audit was conducted using HIVE electronic records for cases between September 2022 and May 2025. Demographics, imaging, operative details, complications, and length of stay were recorded. Of 496 cases, 474 were included after exclusions. The median age was 31 years, with 44% female and 56% male patients. Appendicitis was confirmed on CT in 67%, on ultrasound in 10%, while 15% had no imaging. Surgery was laparoscopic in 91%, open in 6%, with 5.9% converted. The mean time to surgery was 18 hours, but only 50.6% underwent surgery within 18 hours of presentation, though 75% met the 18-hour target from decision to operate. Perforation was reported in 28% intraoperatively versus 16% on imaging. Postoperative drains were used in 30%, 9% required a postoperative scan, and 12% attended follow-up. The average length of stay was 2.7 days, better than the national benchmark of 3.7 days. In conclusion, although overall outcomes were favorable, only half of patients met the 18-hour presentation-to-surgery target, highlighting the need to streamline pathways to reduce delays, prevent complications, and optimize care.

**Keywords**
Appendicitis, Audit, Surgery timing, Outcomes, Complications, Length of stay

**Biography**
Mr. Mohamed Kaddah is a general surgeon with over 5 years of experience, currently working as a surgical registrar in the UK. He has published a master's thesis, presented at international conferences, and is actively involved in clinical audits, research, and surgical education. His interests include hepatobiliary surgery, minimally invasive procedures, and quality improvement initiatives to enhance patient outcomes.



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**Dr. Thivagar Murugesan**[1], Dr. Ramachandra S[2], Dr. Sarath babu H.K[2]

[1]Royal Shrewsbury Hospital, UK
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# Clinical And Functional Outcome Of Intra-Articular Hyaluronic Acid VS Prp In Osteoarthritis Of Knee

**Introduction**

Knee osteoarthritis (OA) is a progressive degenerative joint disease and one of the most common causes of pain and disability in adults. Conventional treatments such as analgesics, physiotherapy, exercise, and intra-articular injections provide only symptomatic relief, with many patients eventually requiring total knee replacement (TKR). Recent advances in regenerative medicine have focused on biological therapies that stimulate cartilage repair and improve joint function. Among these, platelet-rich plasma (PRP), a concentrated source of autologous growth factors, has shown promising outcomes. This study aimed to compare the clinical and functional results of intra-articular PRP with hyaluronic acid (HA) injections in patients with symptomatic knee OA.

**Methods**

Sixty patients with radiologically confirmed knee OA (Kellgren–Lawrence grades I–IV), aged >40 years, and with persistent knee pain >3 months despite analgesics were enrolled. Patients were prospectively allocated into two groups: 30 received intra-articular HA, and 30 received intra-articular PRP. Clinical assessment was performed at baseline, 6 weeks, 3 months, and 6 months using the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and Visual Analogue Scale (VAS) scores.

**Results**

Both PRP and HA groups demonstrated significant clinical improvement at follow-up. However, patients treated with PRP showed superior outcomes in both WOMAC and VAS scores compared to HA, with improvements sustained over 6 months. No major adverse events were reported in either group.

**Conclusion**

PRP injection appears to be a safe and effective therapeutic option for symptomatic knee OA, with superior short- to mid-term outcomes compared to HA. If validated in larger studies with long-term follow-up, PRP therapy has the potential to reduce the demand for early TKR, ease the financial burden on the NHS, and help shorten theatre waiting lists by offering a cost-effective, minimally invasive alternative for selected patients.

**Biography**

Thivagar Murugesan is an emerging professional dedicated to advancing his expertise and contributing meaningfully within his field. Known for his commitment to continuous learning, he actively engages in academic, clinical, and professional development activities. Thivagar demonstrates a strong interest in research, evidence-based practice, and innovative approaches that support improved outcomes and strengthen multidisciplinary collaboration.



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**Ahmed Abdelhadi**

Mansoura University , Mansoura , Egypt

## Systematic Review Platelet-rich plasma in anterior cruciate ligament reconstruction: An updated systematic review and quantitative meta-analysis of randomized controlled trials

**Purpose:** Anterior cruciate ligament (ACL) injuries significantly impact athletes' careers and quality of life, necessitating ACL reconstruction to restore knee functionality. Platelet-rich plasma (PRP) has been investigated as an adjunct therapy for enhancing recovery post-ACL reconstruction due to its potential pro-regenerative properties. However, the empirical evidence on PRP's efficacy in ACL reconstruction outcomes remains mixed. This study aims to evaluate the effectiveness and safety of PRP vs. control treatments in patients undergoing ACL reconstruction, focusing on pain management and knee function recovery. **Methods:** Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, we conducted a systematic review and meta-analysis of randomized controlled trials comparing PRP with control interventions post-ACL reconstruction. Comprehensive searches were performed across PubMed, Scopus, Web of Science, and Cochrane Library databases up to July 2024. We used “plateletrich plasma”, “controls”, and “anterior cruciate ligament reconstruction surgery” as keywords. Statistical analysis was conducted using RevMan 5.3, employing the inverse variance method under a random effects model. We reported outcomes as mean difference (MD) or standardized with confidence intervals (CI). A $p < 0.05$ was considered statistically significant. **Results:** The analysis incorporated data from 18 studies involving 1082 patients. KT-1000 measurements indicated improved knee stability (MD: -0.57 mm, 95% CI: -0.94 to -0.20, p = 0.002). However, no significant improvements were observed in the Lysholm score (MD: 0.68, 95% CI: =1.24 to 2.26, p = 0.484), visual analog scale pain score (MD: -0.34, 95% CI: -0.68 to -0.01, p = 0.057), International Knee Documentation Committee score (MD: 1.08, 95% CI: -1.05 to 3.42, p = 0.298), Tegner score (MD: 0.13, 95% CI: -0.32 to 0.57, p = 0.575), and femoral and tibial tunnel diameters (femoral MD: -0.07 mm, 95% CI: -0.46 to 0.32, p = 0.726; tibial MD: 0.08 mm, 95% CI: -0.60 to 0.75, p = 0.818). **Conclusion**: Our findings provide moderate evidence that PRP can significantly enhance knee stability post-ACL reconstruction. However, further high-quality randomized controlled trials are needed to clarify PRP's overall effectiveness and optimal use in ACL reconstruction rehabilitation protocols. © 2025 Chinese Medical Association. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license

**Biography**

Ahmed Abdelhadi is a dedicated healthcare professional committed to advancing clinical practice, patient care, and continuous professional development. He has been actively involved in medical work and collaborative clinical environments, contributing to improving patient outcomes and supporting multidisciplinary teams. With a strong interest in expanding his expertise, Ahmed engages in ongoing learning, skill refinement, and participation in academic or training activities relevant to his field.

Driven by professionalism and a commitment to excellence, he continues to develop his career through practical experience, research engagement, and contributions to medical education and teamwork. Ahmed remains dedicated to delivering high-quality care and enhancing his knowledge within the medical community.



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Dr Deepika Gorthy, **Dr Nizar Haddad**

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## Mullerianosis - A rare tumour like lesion

Müllerianosis is a rare benign condition characterized by the presence of Müllerian derived tissues such as endometrial, endocervical, or tubal epithelium outside the uterus. It most commonly occurs in the urinary bladder and pelvic peritoneum, while bowel involvement is exceptionally uncommon. The purpose of this report is to describe a rare case of intestinal Müllerianosis presenting with bowel obstruction and perforation. A 78 year old woman with a background of chronic kidney disease and colonic diverticulosis presented with abdominal pain, distension, nausea, and vomiting. Computed tomography of the abdomen and pelvis demonstrated a calcified ileal mass. During admission, she deteriorated clinically with signs of bowel obstruction and perforation, necessitating an emergency bowel resection(colectomy and small bowel). Histopathological examination revealed a diagnosis of Müllerianosis. This case represents an extremely rare presentation of intestinal Müllerianosis and highlights the diagnostic challenges associated with this condition,

**Keywords**
Obstruction, Perforation, Calcified mass, Mullerianosis.

**Biography**
Dr Nizar Haddad is a Junior clinical fellow working at Basildon and Thurrock University Hospital, Mid and south Essex NHS trust, with two years of experience working in varied clinical specialities including GIM, Geriatrics, and respiratory medicine. He completed his foundation training and two years internal medicine residency in different specialities including cardiology, oncology, respiratory, endocrinology & General internal medicine at the Royal medical services Hospitals in Jordan before moving to the UK. His clinical interests focus on Internal Medicine, and he has recently achieved MRCP Part 1. Dr. Haddad is committed to advancing his skills across internal medicine and gaining experience in managing complex medical cases.



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**Zain Girach,** Md Arifur Rahman

Kettering General Hospital, Kettering, UK

# Outcomes of collagen and conventional dressings in diabetic foot ulcers: a comparative study in Bangladesh

**Background**

Diabetic foot ulcers (DFUs) affect 19–34% of diabetic patients during their lifetime and are a leading cause of lower-extremity amputation. In Bangladesh, DFUs are increasingly prevalent, highlighting the need for effective treatment options.

**Purpose and research question**

This study aimed to compare the effectiveness of collagen versus conventional dressings in the management of DFUs to determine the more suitable option for clinical use.

**Methodology**

A six-month observational comparative cross-sectional study was conducted in the Department of Surgery, Dhaka Medical College Hospital. One hundred patients with DFUs were enrolled and evenly divided into two groups: one treated with collagen dressings and the other with conventional dressings. Inclusion and exclusion criteria were applied, and informed consent was obtained. Data on demographics, glycemic control, and treatment outcomes were collected. Primary outcomes included time to granulation and complete wound healing. Data analysis was performed using STATA version 13.

**Results**

The mean age of participants was 60.07±10.39 years (range: 34–78), with 77% being male. Glycemic control was similar in both groups (HbA1c: collagen 8.12% vs. conventional 8.05%). Granulation occurred significantly earlier in the collagen group (2.26±1.58 weeks) than in the conventional group (3.76±1.57 weeks; $p<0.001$). Complete healing was also faster with collagen (4.90±2.54 weeks vs. 6.24±3.76 weeks; $p<0.05$). Hazard ratio analysis showed granulation was nearly twice as likely with collagen dressing (HR: 1.96; 95% CI: 1.31–2.96; $p<0.05$).

**Conclusion**

Collagen dressings significantly improve healing and accelerate granulation in DFU patients compared to conventional methods, offering a more effective treatment option.

**Keywords**

Diabetic foot ulcer, wound dressing

**Biography**

I am an academic resident doctor with a special interest in general surgery. I completed my medical training at the University of Sheffield, obtaining a Masters (distinction) degree too. I am currently on my general surgery rotation at Kettering General Hospital.



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**Omar Yasin**

Medway NHS Foundation Trust

## Anastomotic Leak in Colorectal Surgery: Current Evidence on Risk, Diagnosis, Preventive measures, and Management

Anastomotic leak (AL) is a feared complication of colorectal surgery, associated with high morbidity, mortality, and adverse oncologic outcomes. Despite advances in perioperative care, its incidence remains significant, and prevention is a central challenge in modern colorectal practice.

This review summarizes the current evidence on AL with a focus on risk factors, diagnostic considerations, and preventive strategies. Patient-related risks include malnutrition, comorbidities, lifestyle factors, and, more recently, alterations in the gut microbiota. Intraoperative contributors involve technical aspects of anastomosis construction, adequacy of vascular perfusion, and procedure complexity, while postoperative risks relate primarily to delayed recognition and insufficient recovery pathways.

Preventive measures span the entire perioperative continuum. Nutritional optimization, risk stratification, and modulation of the microbiota represent key preoperative interventions. Intraoperatively, strategies emphasize meticulous technique, assessment of perfusion with emerging technologies, and selective use of protective measures such as diverting stomas or transanal tubes. Postoperatively, standardized surveillance and adherence to enhanced recovery protocols are critical for early detection and mitigation of complications.

Taken together, the evidence underscores that AL is a multifactorial complication requiring a multimodal prevention strategy. This review provides a structured overview of established knowledge and highlights evolving concepts, with the goal of informing both clinical decision- making and future research.

**Biography**

Omar Yasin is a healthcare professional based in the United Kingdom and is affiliated with the NHS. He is committed to delivering high-quality patient care and continues to build his clinical experience across diverse medical settings. With a strong interest in advancing his skills and contributing to multidisciplinary healthcare teams, Omar is dedicated to ongoing professional development and evidence-based practice.

He remains actively engaged in learning, training, and clinical responsibilities, working closely with senior clinicians and colleagues to ensure patient-centered, safe, and effective medical care. Omar's professional approach reflects reliability, compassion, and a strong commitment to improving health outcomes within the NHS system.



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**Dr Nayef Dodeen**

East Lancashire Hospitals, UK

## Caesarean Scar Endometriosis (CSE): A Case Report and Literature Review

Caesarean Scar Endometriosis (CSE) is an iatrogenic condition caused by the transplantation of endometrial tissue into the abdominal wall during a caesarean section. As global caesarean delivery rates rise, this uncommon complication is becoming increasingly important for clinicians to recognize. The condition is often associated with substantial diagnostic delays, which prolong patient morbidity. We present the case of a 28-year-old woman who developed cyclical bleeding and tenderness localized to her Caesarean scar. Clinical assessment raised suspicion for CSE; imaging supported a focal abdominal-wall lesion, and histopathological examination of the excised specimen confirmed the diagnosis. Management consisted of a wide local excision with clear margins, resulting in symptomatic resolution. This report reviews recent literature regarding the epidemiology, presentation, and management of CSE. The most frequent presenting symptom is cyclical scar pain, occasionally with a palpable lump, which can significantly impair quality of life. Diagnosis requires a high index of suspicion, supportive imaging, and definitive histopathology. Wide local excision remains the gold-standard treatment, with recurrence minimal if satisfactory margins are achieved. We emphasise the need for increased clinician vigilance and future prospective studies to better define the incidence, prevention, and impact on involved patients.

**Keywords**
endometriosis, abdominal wall, cesarean section, cicatrix, delayed diagnosis, chronic pelvic pain

**Biography**
Dr. Nayef Dodeen is a resident doctor in Obstetrics and Gynaecology at East Lancashire Hospitals. His primary clinical and research interests include gynaecological and obstetric surgery, with a particular focus on the management of post-caesarean section complications such as scar endometriosis. He is dedicated to improving diagnostic pathways and surgical outcomes for patients.



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**Andrew A. Zekeri**

Department of Psychology and Sociology, Tuskegee University, USA

## Smoking Behavior, Demographic Factors and Smoking Cessation Among Rural and Urban Residents

Smoking remains a leading cause of morbidity and mortality worldwide. Though age and gender differences in smoking in the United States population have been documented, data about these differences and smoking cessation among rural and urban residents is limited. The purpose of the research is to examine the relationship between health status, age, gender and smoking among samples of rural and urban adults. The paper also examined reasons why some respondents quit smoking and who encouraged them to quit. Data for this analysis were obtained by a telephone survey of two samples of adults 30 years of age and older: 150 residents from an urban county and 150 from a rural county in Pennsylvania. Data included information on health status, a number of health behaviors (including smoking cigarettes), age, gender, and smoking cessation. The results indicate that for respondents residing in the rural county, whether a person is a male or female is statistically related to smoking. Age is statistically related to smoking. There is no relationship between health status and smoking. Those who quitted smoking did for health reasons and were more likely to had support from family members (spouse and children). Smoking (smoke now, used to smoke and never smoked) did not relate consistently nor strongly to health status when residence and gender were controlled. Programs promoting smoking cessation might benefit by involving family or other household members.

**Keywords**

Smoking behavior, smoking cessation, Health Status, Rural and Urban residents

**Biography**

Andrew A. Zekeri earned his Ph.D. at The Pennsylvania State University, University Park. Dr. Zekeri is a professor of sociology and graduate faculty member in the Department of Psychology and Sociology at Tuskegee University, where his current research interests include community economic development strategies, rural poverty, conspiracy theory about HIV/AIDS, and food insecurity. He is the author of numerous peer-reviewed articles, with work appearing in Psychological Reports, Rural Sociology, Journal of Rural Social Sciences and European Medical Research Archives.



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**Dr. Amjad Farouq Sado Abbas**

Somerset NHS, United Kingdom

## Imaging Findings in Cirrhotic Liver: Pearls and Pitfalls for Diagnosis of Focal Benign and Malignant Lesions

**Abstract**

Cirrhosis is the end stage of chronic liver disease and causes architectural distortion and perfusional anomalies. It is a major risk factor for developing hepatocellular carcinoma (HCC). Common disease entities in noncirrhotic livers, such as hemangiomas, can be rare in cirrhotic livers, and benign entities such as confluent hepatic fibrosis and focal nodular hyperplasia-like lesions may mimic the appearance of malignancies,. HCC usually has typical imaging characteristics, such as the major features established by the Liver Imaging Reporting and Data System. However, HCC can also have a spectrum of atypical or uncommon appearances, such as cystic HCC, hypovascular HCC, or macroscopic fat-containing HCC. HCCs with certain genetic mutations such as CTNNB-1-mutated HCC can harbor unique imaging features not seen in other types of HCC. In addition, malignancies that are less common than HCC, such as cholangiocarcinoma and metastases, which can be difficult to differentiate, can still occur in cirrhotic livers. Atypical imaging features of benign and malignant lesions can be challenging to accurately diagnose. Therefore, familiarity with these features and an understanding of the prevalence of disease entities in cirrhotic livers are key in the daily practice of radiologists for evaluation of cirrhotic livers. The authors illustrate the typical and atypical features of benign and malignant lesions in cirrhosis and discuss the technical pitfalls and unique advantages associated with various imaging modalities in assessing cirrhotic livers, including noncontrast and contrast-enhanced US, CT, and MRI. Work of the U.S. Government published under an exclusive license with the RSNA. Quiz questions for this article are available in the supplemental material.

**Biography**

Dr. Amjad Abbas is a dedicated medical professional with extensive clinical experience and a strong commitment to patient-centered care. Based in the United Kingdom, he has developed a solid background in his field through continuous training, hands-on practice, and active participation in multidisciplinary healthcare environments. Dr. Abbas is recognized for his professional work ethic, attention to detail, and ability to collaborate effectively with colleagues to ensure high-quality medical outcomes.

He has contributed to clinical services through evidence-based practice and maintains a keen interest in ongoing medical education, research engagement, and professional development. Dr. Abbas continues to expand his expertise by attending workshops, conferences, and training programs aligned with the latest advancements in healthcare.

Dedicated, compassionate, and driven by a commitment to excellence, Dr. Amjad Abbas remains focused on advancing his skills while contributing meaningfully to the medical community.



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**Professor Nagy Habib**

Department of Surgery & Cancer, Imperial College London, Hammersmith Hospital Campus, London, United Kingdom

## Potential Positive Impact of Advances in Immunotherapy on Surgical Oncology

Advances in medicine, immune oncology with check point inhibitors [CPI] and mRNA revolution are currently changing the surgical oncology strategy. Recently a study of neo-adjuvant therapy with CPI performed prior to radical liver resection for Hepatocellular carcinoma showed multiple benefits; the first is that it diminished the size of the tumour rendering them more accessible to surgical resection. The second is that it stimulated the immune system to the tumour antigens which may help to reduce tumour recurrence following surgery.

Another development is mRNA vaccination with autologous tumour antigens following Whipple procedure for Pancreatic cancer [Ref]. This has provided extraordinary results which has been mirrored using the same strategy in other tumours such as glioblastomas, breast and head and neck tumours.

**Biography**

For over three decades Nagy has been at the forefront of clinical research and clinical practise in cancer. He pioneered the first clinical trial in the use of adenovirus and plasmid for the treatment of liver cancer, as well as the use of plasmid gene therapy in hydrodynamic gene therapy delivery. He was the first in Europe to perform a clinical trial with the use of adult CD34+ stem cells in patients with liver failure and stroke.

Nagy is a founder and was the Head of R&D of Mina therapeutics whilst at Mina he was driving the development of saRNA drug (a new class of medicines) which is currently being trialled in patients with liver cancer in eight UK centres, and sites in Singapore and Taiwan (OUTREACH study, Clinical Trials.gov ID NCT02716012) and in a second trial in patients with solid tumours (TIMEPOINT study, ClinicalTrials.gov ID NCT 04105335) in the UK, USA, Europe, Singapore and Taiwan.

He has published widely in gene therapy, stem cell therapy, oligonucleotides, endoscopy and surgery.Currently he is the CEO of Apterna Limited, a company focussed on novel oligonucleotide delivery and Dawn Therapeutics specialising in gene therapy. Previously Nagy was founder and Chairman of EMcision Limited (acquired by Boston Scientific Inc in 2018).

Nagy is Consultant Surgeon and Academic HPB Head at Imperial College London.



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**Prof. Dr. habil. Bernd Blobel, FACMI, FACHI, FHL7, FEFMI, FIAHSI**

University of Regensburg, Medical Faculty, Regensburg, Germany
Charles University Prague, First Medical Faculty, Prague, Czech Republic
University of Genoa, DIBRIS, Genoa, Italy
Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Germany

## The Representational Challenge of Integration and Interoperability in Transformed Health Ecosystems

The ongoing healthcare transformation leads to a move from healthcare to health, combining science, data and technology in a transformed health ecosystem. It enables early identification, proactive intervention and full understanding of the course of disease, i.e., its pathology and its effective treatment. It advances traditional care towards personalized, preventive, predictive, participative precision medicine (5PM) or systems medicine, thereby considering individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context. The resulting health ecosystem is interdisciplinary, highly dynamic and complex, managed by experts from multiple knowledge and policy domains, deploying their methodologies, terminologies and ontologies at different levels of maturity, knowledge, skills and experiences. The intersections of these components present inherent challenges, driven both from lack of shared expertise and from inherent miscommunications across disciplines, resulting in incompatible or incomplete solutions that frequently fail or fall short of their potential. The domains include medicine and life sciences, natural and social sciences, bioinformatics, economy, ecology, and engineering, thereby integrating research and practice.

An ecosystem is a system or network of living and nonliving interconnecting and interacting elements to meet specific objectives. For designing, modeling and implementing the transformed health ecosystem, we have to follow established good modeling practices. The relevant stakeholders define the provided view of the model as well as the way of structuring and naming the concepts of the problem space, meeting good modeling design principles. To enable this, the system must be represented from the perspectives of the different domains involved, regarding its intended structure and behavior for meeting the ecosystem's objectives, thereby watching the aforementioned knowledge representation and knowledge management challenges.



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To enable flexibility and re-usability, a reference architecture must be defined along different levels of abstraction or views and clearly defined separation of concerns, as specified in ISO/IEC 10746, ISO/IEC/IEEE 42010 or the Rational Unified Process (RUP). Thereby, different languages with grammars at different level of generative power, expressivity and constraints must be deployed from domain-specific, context-aware natural languages with high generative power and less constraints through context-sensitive up to regular ones such as programming languages to develop and implement the intended ecosystem. To enable knowledge-driven, cross-domain interoperability and system integration as required for transformed health ecosystems, the development process must be combined with the multi-domain representation of the system. ISO 23903 Interoperability and integration reference architecture – Model and framework, developed by the author, defines such approach.

**Keywords**
Healthcare Transformation, 5P Medicine, System Architecture, Knowledge Representation, Knowledge Management, Ontologies

**Biography**
Dr. Bernd Blobel received a multi-disciplinary education, covering mathematics, physics, systems engineering, electronics, medicine, informatics and medical informatics, including habilitations in medicine and informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg. He was leadingly involved in many countries health digitalization as well as electronic health record strategy. He was and is still engaged in international standardization at ISO, CEN, HL7, OMG, IEEE etc. Furthermore, he still engaged in international higher education. He is Fellow of several international academies.



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**Gianpiero Gravante** [1], Gaetano Gallo [2]

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[2]Colorectal Surgery Unit, IRCCS San Raffaele Scientific Institute, Faculty of Medicine and Surgery, Vita-Salute University

## Transperineal Doppler Ultrasound: A Noninvasive Functional Tool in Proctologic Practice

**Background**

To evaluate arterial flow patterns in healthy individuals and patients with hemorrhoidal disease (HD) using Doppler transperineal ultrasound (TPUS), aiming to clarify the vascular contribution to HD pathophysiology.

**Methods**

A prospective observational study was conducted on 50 healthy controls (HC) and 94 HD patients classified by Goligher grade. All underwent TPUS with Doppler assessment to record vascular patterns and quantify peak systolic velocity (PSV), end-diastolic velocity (EDV), and resistance index (RI).

**Results**

A vascular Doppler pattern was observed in 92.6% of HD patients versus 50% of HCs ($p<0.001$). HD patients showed significantly higher PSV ($11.1 \pm 3.6$ cm/s vs. $8.3 \pm 2.9$ cm/s, $p<0.001$) and RI ($0.8 \pm 0.1$ vs. $0.7 \pm 0.1$, $p=0.015$), with no significant difference in EDV. Among Goligher groups, grades III and IV showed significantly elevated PSV compared to HCs. No differences were observed in EDV or RI among subgroups.

**Conclusion**

Doppler TPUS can identify distinct hemodynamic profiles in HD patients, supporting a vascular component in HD pathogenesis. Its ability to detect subclinical alterations and distinguish severity grades may enhance diagnostic accuracy and guide tailored treatment strategies.

**Keywords**

Transperineal ultrasound, Doppler, Hemorrhoids, Hemorrhoidal disease, Peak systolic velocity, Goligher classification, Proctology.

**Biography**

Dr. Gianpiero Gravante is a general surgeon at ASL Lecce, Italy, with a clinical and research focus on colorectal and proctologic diseases. He has authored numerous peer-reviewed publications on minimally invasive techniques, hemorrhoidal disease, and functional imaging. Dr. Gravante pioneered the application of Doppler transperineal ultrasound in proctology and actively collaborates with national and international research groups. He is involved in clinical trials and consensus initiatives aimed at improving diagnostic strategies and treatment outcomes in colorectal surgery.



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