

POSTERS

Abstracts



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Vienna, AustriaPaula Hernandez Burgos, Int J Anesth Pain Med 2018, Volume 4
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CARDIAC TAMPONADE AS A CAUSE FOR HYPONATREMIA IN PATIENTS WITH ACTIVE MALIGNANCY

Paula Hernandez Burgos

University of South Florida, USA

Hypонатremia is the most common electrolyte imbalance managed by hospitalists. Although a rare entity, a relationship between hyponatremia and cardiac tamponade has been reported in a few published reports that highlight the normalization of sodium levels following pericardial drainage. This is the case of a 57-year-old lady with rapidly progressive stage IV pulmonary adenocarcinoma who presented two months following diagnosis with findings of significant hyponatremia. Upon admission, she was afebrile, hypotensive and tachycardic. Her laboratory studies revealed a sodium level of 119 mEq/L, as well as hypokalemia and hypochloremia. Although her presentation was consistent with Syndrome of Inappropriate Antidiuretic Hormone, her hyponatremia did not improve despite adequate management with fluid restriction and salt tabs. During hospitalization, she was also found to have a large pericardial effusion with echocardiographic evidence consistent with tamponade physiology that required an emergent pericardial window. Her sodium levels normalized immediately following pericardial drainage, suggesting a correlation between her hyponatremia and cardiac tamponade. A handful of published reports present a similar scenario in

which pericardial drainage resulted in immediate resolution of the hyponatremia, particularly in patients with underlying malignancies. It is suggested that a decreased cardiac output stimulates antidiuretic hormone release and suppresses atrial natriuretic factor release, causing volume retention, increased heart rate and increased peripheral resistance. Following pericardiocentesis, there is marked diuresis and a normalization in sodium concentration. Cardiac tamponade should be included in the differential of hyponatremia in patients with active malignancy, since prompt management with pericardial drainage can result in marked improvement of hyponatremia.

Biography

Paula Hernandez has completed her MD from the University of Puerto Rico Medical Sciences Campus. She is currently in her first year of internal medicine residency at the University of South Florida Morsani School of Medicine in Tampa. She has published 4 papers in reputed journals and is currently engaged in diverse scholarly activities. She is interested in pursuing a cardiology fellowship and continuing research on imaging cardiology.

Paulah@health.usf.

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FEVER, HEMOCONCENTRATION AND SHOCK: DENGUE OR CHIKUNGUNYA INFECTION?

Janet M Colón Castellano, Walter Morales Borrero and Jose Gutierrez

VA Caribbean Healthcare system, Puerto Rico

A case of a 68-year-old man with past medical history of dengue hemorrhagic fever who was admitted to the medical intensive care unit (MICU) with the diagnosis of septic shock. His symptoms started the prior week with sudden onset of fever, polyarthralgia and skin rash over the abdomen extending to the back, buttocks and extremities. The patient visited a community primary care physician who recommended acetaminophen for symptom relief. After 2 days of no improvement and development of abdominal pain, nausea, non-bloody vomiting and dark-colored stools, the patient visited the emergency department. Physical examination was remarkable for hypotension, tachycardia, tachypnea and oxygen desaturation, and a non-blanching maculopapular rash over the abdomen, back, buttocks, and extremities. No evidence of acute neurological deficits or cardiopulmonary involvement. Laboratory workup showed hemoconcentration, thrombocytopenia, hepatic transaminitis, and acute renal injury, findings suggestive of circulatory compromise due to systemic capillary leak syndrome. Patient developed cardiorespiratory arrest requiring advanced cardiac support measures and mechanical ventilation for which he was admitted to MICU. While on MICU, he was initiated on broad spectrum antibiotics,

aggressive fluid resuscitation, and vasopressors. He persisted with profound shock and died 7 hours after admission to MICU. Final laboratory reports were remarkable for RNA-PCR positive for chikungunya virus and negative for dengue virus. Chikungunya infection is usually a self-limited disease and only required supportive therapy. This case highlights an unusual presentation of chikungunya fever with systemic capillary leak syndrome, a well-known complication of dengue hemorrhagic fever.

Biography

Janet M Colón Castellano completed her Bachelor's degree in Natural Sciences with a minor on Biotechnology from the University of Puerto Rico in Ponce. Following her growing research interests in human immunodeficiency virus (HIV), she worked as a Laboratory Technician at one of the few HIV research centers of Puerto Rico. Afterwards, she decided to pursue a Doctorate in Medicine from the Ponce Health Sciences University which she completed on 2016. She is currently completing her Internal Medicine residency at the Veteran's Affairs Caribbean Healthcare System located in San Juan, Puerto Rico.

jmcolon@stu.psm.edu

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THE SURGEON AND THE CL-PSYCHIATRIST: TOGETHER IN PAIN MANAGEMENT

Brinkers M, Pfau G, Lodes U, Jacob D and Meyer F

Pain Clinic, Germany

Background: Since 2001 it has been shown that successful pain therapy by consultations of the classical type cannot be provided in somatic medical disciplines.

Aim: The aim of the study is to work in liaison mode and to elucidate specific qualitative and quantitative aspects.

Methodology: For anesthesiologists, basic guidelines of pain therapy were provided in an SOP (Standard Operating Procedures) available at each time. On the side of general and abdominal surgery, anesthesiologists were allowed to prescribe medication in parallel to the surgeons.

Results: This approach achieved: 1. the pain therapists (anesthesiologists responsible for pain therapy)- took care for the surgical patients longer in average than before; accept responsibility for the consequences of their therapeutic recommendations. 2. patients did not receive unrealistic recommendations. 3. advices were implemented 1:1. 4. the working group consisting of surgeons and pain therapists (Dept.

of Anesthesiology) can devolve experiences obtained during the last years to the other surgeons.

Conclusions: The algorithms may serve to achieve that i) as a 1st step, pain therapy is reliable and can be used in each individual case, ii) as 2nd step, surgeons are better qualified, in particular, on an individual base, to provide/prescribe appropriate pain therapy (with more than only prescribing metamizole and/or piritramide, iii) as 3rd step (in the near future), the general pain niveau on wards of general and abdominal surgery is reduced to a minimum, and iv) as 4th step, consultations by pain therapists should be reduced with no disadvantage for the efficacy of pain therapy.

Biography

Dr. Brinkers has completed his MD at the university of Bonn. His postdoctoral studies are based on the habilitation thesis about the influence of CL on pain therapy. He is now senior house officer at the pain clinic of the university Magdeburg.

Michael.Brinkers@med.ovgu.de

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FAVISM IN AN ELDERLY FEMALE ASSOCIATED WITH LOW PULSE OXIMETRY SATURATION AND A HISTORY OF NORMAL PRIOR CONSUMPTION OF FAVA BEANS

Stamatis Karakonstantis, Kalliopi Milaki, Dafni Korela, Sofia Pitsigavdaki, Ifigeneia Kassotaki and Despoina Galani

General Hospital of Heraklion "Venizeleio-Pananeio", Greece

Background: G6PD deficiency is common in Mediterranean countries and is associated with favism, i.e., hemolytic anemia following consumption of fava beans. Given it is an x-linked recessive inherited disorder, it is uncommon in women.

Case Report: A 74-year-old female presented due to jaundice that developed in the past 24 hours. Her oxygen saturation on pulse oximetry was 86%, while her arterial blood gases showed a saturation of 94.7%. Lab tests revealed a hemolytic anemia (hemoglobin 9.4 mg/dl, 2.5% reticulocytes, LDH 582U/l, total bilirubin 8.4mg/dl, conjugated bilirubin 1.25mg/dl, normal coagulation times, normal platelet count and negative direct coombs). She denied taking any new medications. She reported consumption of fava beans the day before, although she reported uneventful prior consumption 2 years ago. Family history taking revealed that she had a son diagnosed with G6PD deficiency. G6PD deficiency was confirmed with quantitative testing (enzyme activity 6.7U/g Hb, normal range 7-16). During the first day the hematocrit fell to 21.8%, with 25% reticulocytes. She was managed with intravenous hydration and blood transfusion. The hematocrit rapidly rose, pulse oximetry saturation normalized, and she was discharged with a diagnosis of favism.

Discussion: Favism may occur in elderly women with heterozygous G6PD deficiency despite normal prior consumption of fava beans. This may happen due to skewed X-chromosome inactivation with aging, affecting the wild-type allele. The low oxygen saturation on pulse oximetry can be explained by favism associated methemoglobinemia, as previously described.

Recent Publications

1. Nkhoma E T, Poole C, Vannappagari V, Hall S A and Beutler E (2009) The global prevalence of glucose-6-phosphate dehydrogenase deficiency: a systematic review and meta-analysis. *Blood Cells, Molecules and Diseases* 42:267-78.
2. Au WY, Lam V, Pang A, et al. (2006) Glucose-6-phosphate dehydrogenase deficiency in female octogenarians, nanogenarians, and centenarians. *J Gerontol A Biol Sci Med Sci.* 61:1086-9.
3. Hassan K S, Al-Riyami A Z, Al-Huneini M, Al-Farsi K and Al-Khabori M (2014) Methemoglobinemia in an elderly patient with glucose-6-phosphate dehydrogenase deficiency: a case report. *Oman Medical Journal* 29:135-7.
4. Schuurman M, van Waardenburg D, Da Costa J, Niemarkt H and Leroy P (2009) Severe hemolysis and methemoglobinemia following fava beans ingestion in glucose-6-phosphatase dehydrogenase deficiency: case report and literature review. *European Journal of Pediatrics* 168:779-82.

Biography

Stamatis Karakonstantis, Kalliopi Milaki, Dafni Korela, Sofia Pitsigavdaki, Ifigeneia Kassotaki and Despoina Galani *General Hospital of Heraklion "Venizeleio-Pananeio", Greece* Stamatis Karakonstantis is a resident of Internal Medicine. He graduated from the Medical Faculty of the University of Crete, in Heraklion and completed an MRes degree from the University of Birmingham. He is a new author and has so far published 8 manuscripts.

stamkar2003@gmail.com

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DISSEMINATED MYCOBACTERIUM TUBERCULOSIS (MTB) INFECTION WITH CENTRAL NERVOUS SYSTEM (CNS) INVOLVEMENT AND PONCET'S DISEASE

Stamatis Karakonstantis, Sofia Pitsigavdaki, Dafni Korela, Athina Savva, Eugenia Emmanouilidou, Despina Galani, Melina Kavousanaki and Thalassinos Evangelos
General Hospital of Heraklion "Venizeleio-Pananeio", Greece

Background: Diagnosing CNS tuberculosis is challenging because of its rarity, indolent course, and insensitive microbiological diagnosis. Early (often empirical) initiation of treatment is important.

Case report: A 36-year-old male from Pakistan with no past medical history was brought to the hospital with fever (39) and altered behavior since 2 weeks. He was malnourished, confused, with nuchal rigidity, an enlarged right cervical lymph node and swelling of the left knee and ankle. Lab test showed low inflammatory markers and lymphocytopenia. The first head CT was normal. Lumbar puncture revealed 500 leucocytes (83% lymphocytes), protein 314 mg/dL and glucose 32 mg/dL. He was started on ceftriaxone, ampicillin and acyclovir pending further cerebrospinal fluid (CSF) analysis. CSF acid-fast staining, tuberculin skin test, CSF PCR for MTB, testing for HIV, Cryptococcus (India ink staining and cryptococcal antigen in CSF) and syphilis were all negative. Due to the patient's worsening neurological status, an MRI was performed revealing worsening hydrocephalus. A ventriculostomy was placed and he was started

on anti-tuberculosis therapy (isoniazid, pyrazinamide, rifampicin, moxifloxacin) and adjunctive prednisone. Other imaging findings consistent with tuberculous encephalitis were also noted: cerebral edema, leptomeningeal enhancement, and infarction of the basal ganglia. A chest CT showed bilateral upper pulmonary fibrosis and nodules. Gastric and bronchial aspirates were obtained and were positive (PCR and culture) for MTB. Synovial fluid analysis revealed 30 leukocytes/ul with negative cultures (suggesting Poncet's disease). Despite improvement of the level of conscience, neurological improvement was otherwise limited and the patient died 4 months later, after repeated in-hospital infections.

Biography

Stamatis Karakonstantis is a resident of Internal Medicine. He graduated from the Medical Faculty of the University of Crete, in Heraklion and completed an MRes degree from the University of Birmingham. He is a new author and has so far published 8 manuscripts.

stamkar2003@gmail.com

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ASSOCIATION OF ORAL LICHEN PLANUS AND HASHIMOTO'S THYROIDITIS IN A GROUP OF ROMANIAN PATIENTS

Cristian Funieru, Carmen Nicolae, Ioanina Părlătescu, Elena Coculescu, Șerban Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

The association between oral lichen planus (OLP) and Hashimoto's thyroiditis (HT) has been reported for several times but many details remain unclear. One hypothesis considers that HT antibodies could be the trigger for the autoimmune mechanism responsible for OLP lesions. Our study has as main role to analyse if there is any relation between OLP and HT in a group of Romanian patients. 211 medical records of OLP patients who addressed to the Department of Oral Medicine from Bucharest "Carol Davila" School of Dental Medicine between 2015 and 2017 were analysed in this study. It has been selected 99 patients who meet the OLP diagnostic WHO criteria (1978) modified by Meij and van der Waal in 2003 and they were tested for anti-thyroid peroxidase antibodies (ATPO). 30% of them were diagnosed with HT, the level of ATPO antibodies being higher than normal. 62% of OLP lesions associated with HT were symptomatic, patients complaining of local pain, burning sensation of oral mucosa and

slight discomfort. The most common clinical form of OLP found in this study among patients with HT was the associated form (keratotic and atrophic lesions), followed by keratotic, ulcerative and atrophic forms OLP. As conclusion, it would seem to exist a link between OLP and HT that makes oral lesions and their symptoms more evident and severe.

Biography

Cristian Funieru completed his PhD from "Carol Davila" University of Bucharest, Romania in 2010. He is Assistant Professor at Preventive Dentistry Department from "Carol Davila" Bucharest School of Dental Medicine and a specialist in oral surgery. He has published more than 28 papers in medical and dentistry journals (4 in PubMed).

Thycristi@yahoo.com

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SERONEGATIVE SPONDYLOARTHRITIS SECONDARY TO CROHN DISEASE: A CASE REPORT

Luiza Lazarescu

Centrul Medical Unirea, Bucuresti

Background: Crohn's disease is an auto-immune condition where immunological inflammation may affect other organs apart from the intestines, such as the joints. These are disorders that develop secondarily to the inflammatory bowel disease (IBD), but appear independently of IBD exacerbations. One of these conditions is classified as seronegative spondylarthritis, sometimes called enteropathic arthritis.

Case report: We report a case of a 30-year-old woman known with Crohn's disease from the age of five, who was hospitalized for pain and swelling in the sacroiliac joints. She had been in treatment with adalimumab 40 mg twice daily, prior to hospital admission. The MRI investigation of sacroiliac joints revealed bilateral reduction in joint spaces, but no bone edema or other significant changes. Blood tests showed chronic anemia (Hb 11.4 g/dl and Ht 35.7%) with normal ESR and C-reactive protein and negative HLA-B27 phenotyping. The diagnosis of seronegative spondyloarthritis was made by excluding other joint pathology, based on the European group criteria for this condition.

Results & Conclusion: Based on the clinical, immunological and imaging findings, I believe that the patient has developed reactive spondylarthritis, most likely secondary to Crohn's disease. Nonsteroidal anti-inflammatory drugs (NSAIDs) are the medication of choice for spondyloarthritis; however we chose to avoid them while IBD is active and refer the patient for physiotherapy. The patient has concomitantly continued her treatment with adalimumab. She has had a good result after the first sessions of physiotherapy, with reduced swelling and recovered mobility in her joints.

Biography

Luiza Lazarescu has graduated at Carol Davila University of Medicine, Bucharest, and Specialist in Internal Medicine from 2008 and Mayor in Internal Medicine from 2016.

luiza_lazarescu@yahoo.com

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RELATIONSHIP BETWEEN PERCUTANEOUS PROCEDURES (NERVE BLOCK, KYPHOPLASTY) AND SPINAL INFECTION

Kwang Bok Lee

Chonbuk National University, South Korea

The purpose of this study is to investigate the relationship between percutaneous procedures (nerve block and kyphoplasty) or open surgeries and spinal infections using the 5-year large unit national dataset. This study used disease codes (ICD-10: International Classification of Disease) and operation fee codes (national medical insurance) registered in the National Health Insurance Review & Assessment Service for the 5 years from January 1, 2007 to December 31, 2011. Using the above disease codes, the number of each percutaneous procedure, open surgery, and the number of lumbar infections were investigated by regional and national units, and the relationship between procedures or open surgeries and lumbar infection was compared statistically. Lumbar infection showed a gradually growing annual trend, with a 3-fold increase in 2011 compared to 2007. Percutaneous procedures (nerve blocks) increased by approximately 2.6 times over 4 years. Kyphoplasty tended to decrease each year. Open surgeries (posterior fusion, discectomy, and laminectomy) were at a similar level each year. Lumbar infection and percutaneous procedures were positively correlated, and a negative correlation was observed between kyphoplasty and open surgeries. The incidence of lumbar infection was

higher in large cities than provinces and increased 2-3 times in 2011 compared to 2007 in all regions. There was no significant difference in the number of open surgeries for the 5 years studied, but the number of percutaneous procedures (nerve blocks) increased each year, showing an approximate 4-fold increase in 4 years. Lumbar infection showed a positive correlation with percutaneous procedures, and kyphoplasty and open surgeries were negatively correlated. Therefore, since selective nerve block procedure is also considered an important factor affecting the growing trend of lumbar infections, attention should be given to prevent spinal infections when performing selective nerve root block procedures by updating axenic conditions, environment and disinfectant materials.

Biography

Kwang Bok Lee has completed his MD from Chonbuk National University Medical School and Hospital, South Korea. He has worked as a Professor at the same university. He has published more than 88 papers in reputed journals and has been serving as a Director in the Department of Orthopaedic Surgery at Chonbuk National University Hospital.

osdr2815@naver.com

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FACTORS INFLUENCING INCIDENCE OF ANAEMIA ON HIV/AIDS PATIENTS WITH ZIDOVUDINE TREATMENT: A CASE STUDY IN DR. KARIADI GENERAL HOSPITAL SEMARANG, INDONESIA

Garda Widhi Nurraga, Muchlis A U Sofro, Nur Farhanah and Setyo Gundi Pramudo
Diponegoro University, Indonesia

Background: The administration of zidovudine (ZDV) has an important role in decreasing the number of mortality on HIV/AIDS patients, despite the side effect of anaemia. The incidence of anaemia can be influenced by several factors, e.g. age, sex, duration of treatment, CD4 count, and ALT level.

Methods: This research is an analytic observational with cohort-retrospective method used. The study was taken in VCT Clinic, Dr. Kariadi General Hospital Semarang. The data was collated among HIV/AIDS patients' medical records from April 2014 to May 2015. 70 out of over 300 patients on zidovudine were eligible: 35 belonged to case group, the other 35 as control. The data was analyzed by Chi-square and Fischer test.

Results: The average age of patients with and without anaemia in this study are 33.65 years old and 38.02 years old, respectively. However, age did not have any significant relation with the incidence of anaemia ($p=0.075$). A statistically significant relation was shown between sex and incidences of anaemia ($p=0.027$); indicated by 18 female HIV/AIDS patients (51.4%) suffered

from anaemia. Duration of treatment (2.1 months average) was the most influential factor towards occurrences of anaemia ($p=0.000$). No significant relationship between low CD4 count (<200 cells/mm³) and ALT level to the occurrence of anaemia ($p=0.055$ and $p=1.000$ respectively).

Conclusion: The incidence of anaemia on HIV/AIDS patients from Dr. Kariadi General Hospital Semarang is related to sex (gender) and duration of treatment as the influencing factors; age, CD4 count, and ALT level do not appear to have any significant relation with it in response to the administration of zidovudine.

Biography

Garda Widhi Nurraga is a final year Medical Student who has completed his Clerkship in Faculty of Medicine, Diponegoro University, Indonesia. In this project, he was supervised by Dr. Muchlis Sofro from Department of Internal Medicine, Faculty of Medicine, Diponegoro University/Dr Kariadi General Hospital.

gardawidhi@gmail.com

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EFFECTIVENESS OF MAGNETIC RESONANCE IMAGING IN DIAGNOSIS OF LIVER IRON OVERLOAD IN THALASSEMIA- β MAJOR PATIENTS WITH REGULAR BLOOD TRANSFUSION

Maria Satya Paramitha and **Tri Juli Edi Tarigan**

Faculty of Medicine - Universitas Indonesia, Indonesia

Introduction: Transfusion-dependent iron overload is a determinant of further complications in patients with conditions requiring regular blood transfusion; such as thalassemia- β major. Currently, liver biopsy is used as a gold standard for measuring liver iron concentration. Magnetic resonance imaging (MRI) has been proposed as a non-invasive diagnostic method for measuring liver iron concentration.

Methods: Literature searching was conducted from Pubmed®, Embase®, and SCOPUS®. One systematic review and meta-analysis article was selected from twelve chosen studies. The article was critically appraised afterwards, using standard criteria for diagnostic research.

Results: Twenty eligible studies (cohort and case-control) that utilized 1.5-T or higher scanner system as the index test, and liver biopsy as the reference standard were analyzed. In the analysis of T2 spin echo (SE) and T2* gradient recalled echo (GRE), the results obtained were positive predictive values (0.81 and 0.74), negative predictive values (0.83 and 0.88), likelihood ratio positive (8.85 and 4.86), and likelihood ratio negative (0.10 and 0.05) respectively. Meta-regression analysis was conducted to explore heterogeneity between studies.

Discussion: In comparison to liver biopsy, MRI is proven to be poorly invasive with the amount of possible sampling errors similar to the gold standard. Although MRI is not considered cannot be used for depicting histological stages, it has been validated as a sensitive and non-invasive diagnostic technique to evaluate tissue iron content.

Conclusion: MRI has been proven to be moderately sufficient for ruling in definite diagnosis of liver iron overload and highly sufficient for ruling out diagnosis of the same condition.

Biography

Maria Satya Paramitha is a Medical Doctor who has completed her Undergraduate study in Faculty of Medicine, Universitas Indonesia. She has completed her Master's degree by Research in Cancer from Newcastle University Medical School, United Kingdom. In this evidence-based case report, she was supervised by Dr. Tri Juli Edi Tarigan, SpPD-KEMD from Department of Internal Medicine, Metabolic Endocrine Division, Faculty of Medicine, Universitas Indonesia.

maria.satya85@gmail.com

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LOWERING THE UPPER LIMIT OF NORMAL SERUM ALANINE AMINOTRANSFERASE LEVELS MAY DETECT PATIENTS WITH HIDDEN CHRONIC LIVER DISEASE IN THE ELDERLY

Schmilovitz Weiss Hemda¹, Gingold Belfer Rachel², Issa Nidal¹, Boltin Doron², Beloos-
esky Yichayaou², Morag Koren Nira³, Meyerovitch Joseph⁴ and Weiss Avraham²

¹Hasharon Hospital - RMC, Israel

²Beilinson Hospital - RMC, Israel

³Sackler School of Medicine - Tel Aviv University, Israel

⁴Clalit Health - Tel Aviv University, Israel

Background: Recently lowering upper limit of normal (ULN) values of serum alanine aminotransferase (ALT) was suggested.

Aim: To investigate the prevalence of significant liver disease among community dwelling elderly (>65 years) in central Israel, whose ALT level fell in the range between the former and the new range ('delta range').

Patients & Methods: The database was searched for those who underwent ≥ 1 ALT measurement (IU/L) in 2002-2012. In a previous study a new range of ALT has been proposed: men: 15-42, women: 10-26. In this study the prevalence of significant liver disease in the delta range: men 42-45, women 26-34 was investigated. APRI, FIB-4 and AAR were applied for evaluating liver fibrosis. Prevalence of significant liver diseases was set by Chi-Square tests, mean fibrosis scores were compared using ANOVA followed by Bonferroni post-hoc test. The receiver operating characteristic model was used to test the ability of the

scores to predict cirrhosis.

Results: 2022 of 49634 (41% male, mean age of 83 \pm 6 years) were diagnosed with chronic liver disease (CLD) and 366 with cirrhosis. The two were more prevalent among men (15.3% vs. 4.9% and 4.2% vs. 0.9%, respectively) and women (7.8% vs. 3.3% and 1.5% vs. 0.4%, respectively) in the delta range compared to the new ALT range. Mean fibrosis scores of FIB4, APRI and AAR were significantly increased in the 'delta range' compared to the new ALT range.

Conclusion: Lowering the current ULN of ALT I may help detecting significant liver diseases.

Biography

Hemda Weiss she is currently working in Hasharon Hospital, Israel.

avra_ham@017.net.il

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HIGHER AND LOWER LEVELS OF SERUM ALANINE AMINOTRANSFERASE WITHIN CURRENT RANGE IN THE ELDERLY ARE ASSOCIATED WITH ALL CAUSE MORTALITY

Hemda Schmilovitz Weiss¹, Rachel Gingold Belfer², Doron Boltin², Yichayaou Beloosesky², Joseph Meyerovitch³, Ruth Tor², Nidal Issa¹, Alon Grossman², Nira Koren Morag⁴ and Avraham Weiss²

¹Hasharon Hospital - RMC, Israel

²Beilinson Hospital – RMC, Israel

Background: Serum alanine aminotransferase (ALT) levels below and above normal range has been found to serve as a marker of liver injury and to predict all-cause mortality. The need to adjust the normal range by age, gender, or other parameters remains unclear. The current normal range of serum ALT in Israel is 0-34 IU/L for women and 0-45 IU/L for men.

Aim: We aimed to test the applicability of the current normal-range values of ALT in the elderly.

Design: A retrospective design was used. The study population consisted of community-dwelling individuals aged ≥ 65 years who were tested for serum ALT in 2002 at a large health management organization and followed until end-December 2012.

Methods: Data were collected on demographics, laboratory tests,

co-morbidities, and mortality.

Results: The population included 49,634 subjects (59% women, mean age 83.2 ± 6.3 years). ALT levels in the range of 16-25 IU/L were associated with the lowest mortality (HR=1), and values of < 16 IU/L and > 25 IU/L (unadjusted) were associated with higher mortality risk, yielding a U-shaped pattern.

Conclusions: Very low and very high levels of serum ALT within current normal range are associated with an increased risk of death in community-dwelling individuals ≥ 65 years old.

Biography

Avaharan Weiss is currently working in Beilinson Hospital – RMC, Israel.

avra_ham@017.net.il

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STUDY CORRELATION BETWEEN KPC CLINICAL ISOLATES AND VIRULENCE

Eman G Youssef^{1,2}, Sameh Soliman¹ and Ashraf S Ibrahim^{1,3}¹Los Angeles Biomedical Research Institute, Harbor-UCLA Medical Center Campus, USA²Beni-Suef University, Egypt³David Geffen School of medicine at UCLA, USA

K*lebsiella pneumoniae* is one of the most common bacteria causing pneumonia, especially in hospitals. The incidence of carbapenem-resistant *klebsiella pneumoniae* carbapenemases (KPC) strains are in increasing manner. Even the multi-drug resistance strains evolution increasing, the virulence of them are under question. In this study, we are aiming to study the relationship between KPC strains and virulence in pneumonia infection. Three KPC clinical isolates and one multi-drug resistant non-KPC strain were included in this study. KPC strains were confirmed to contain plasmid having bla KPC gene. When ICR mice infected with different KPC strains, mice were apparently healthy and didn't show any mortality during 21 days of monitoring while Non-KPC strain showed ~90% mortality within two days of infection in all inocula used. Infecting neutropenic mice (induced by cyclophosphamide 200 mg/Kg and cortisone acetate 250 mg/Kg at day -2, +3, and +8 relative to infection) with KPC strains using higher inocula were carried out to confirm lower virulence of KPC strains, in which the mice start to die after day +3 relative

to infection. Screening of all the strains for eight virulent capsular genes which associated mostly with pathogenesis and invasion was done. It showed that virulent Non-KPC strain has a highly virulent gene *wcaG* which encodes capsular fucose synthesis, and enhance the ability of the bacteria to evade phagocytosis by macrophages. While the KPC strains didn't include any of these capsular virulent genes. *Klebsiella* isolates having KPC plasmid process low virulence than non-KPC strains in pneumonia infection.

Biography

Eman G Youssef is a PhD student at Beni-Suef University. She is a Teaching Assistant at Department of Biotechnology, Faculty of Postgraduate Studies for Advanced Sciences, Beni-Suef University. She performed her PhD research at Harbour UCLA, CA as a non-degree program for one year funded by Fulbright. She is interested in discovering new vaccines and to study about the microbial pathogenesis and immune responses.

emangouda@psas.bsu.edu.eg

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ASSOCIATION OF IGF-1 GENE POLYMORPHISM WITH DIABETIC NEPHROPATHY IN EGYPTIANS WITH TYPE 2 DIABETES

Eman H EL-Adawy¹ Mohamed A Hegazi³, Amal Seleem², and Mahmoud E Abdelhamid⁴¹Specialized Medical Hospital - Mansoura University, Egypt²Mansoura University Hospital, Egypt³Tanta Univeresity, Egypt

Background: Genetic susceptibility has been proposed in development and progression of diabetic nephropathy (DN) which accounts for the majority of chronic renal failure on hemodialysis among Egyptians. IGF-1 gene polymorphism has been studied in DN in type 1 diabetes but not yet in type2.

Aim: The aim of this study is to investigate the association of IGF-1 gene polymorphism with DN in Egyptians with T2DM.

Methods: A case control study of 52 T2DM were divided into 26 without DN and 26 with DN, of average age 52.7±6.1. Twenty five age and sex matched healthy control were selected. We genotyped two tagging single nucleotide polymorphisms (SNPs) in IGF-1; rs6214 and rs10860860. Genotypic distribution was tested for Hardy-Weinberg equilibrium and was evaluated by using the χ^2 tests. Participants were assessed clinically and laboratory for FBS, HBA1c, serum creatinine, urine albumin, uric acid and lipid profile.

Results: The genotype frequency GG of IGF-1 gene SNP rs6214 was associated with the risk of DN (AA: OR=0.98, 95% CI: 0.25 – 3.84, p = 0.97; AG: OR=0.21, 95% CI: 0.05 – 0.79, p = 0.002; GG: OR= 20.57, 95% CI: 2.25 – 74, p = 0.001). The AA variant genotype of rs10860860 also associated with the risk of DN (AA: OR=7.37, 95% CI: 1.87 – 30.07, p = 0.001; AT: OR=0.20, 95% CI: 0.05 – 0.78, p = 0.007; TT: OR= 0.29, 95% CI: 0.01 – 3.59, p = 0.28).

Conclusion: The variants of rs6214 and rs10860860 in IGF-1 gene entail the risk of DN in Egyptians with T2DM.

Biography

Eman H EL-Adawy has completed Her MD from Mansoura University. She is a Associate Professor of Internal Medicine and Endocrinology Department in Spesialized Medical Hospital, Faculty of Medicine, Mansoura City, Egypt. She published more than 10 papers in reputed journals.

emaneladawy@yahoo.com

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GRISEOFULVIN VS. TERBINAFINE IN THE TREATMENT OF TINEA CAPITIS

Nawal Hatem Herzallah¹, Humoud Mansour AlKhalaf¹, Adnan Meteb Mohamed Almezani², Youssef Mohammad Almodhaibri³, Mustafa Mohamed Ali Almusallami⁴, Jumanh Khalid Attiah⁵, Abdulaziz Mohammed Alsahli⁶, Maha Fahad Alluqmani⁵, Fatimah Mohammed Saeedi⁵, Ali Hassan Jaber Alzahrani⁷, Ibrahim Abdullah Al Taha⁸, Somaya Khalid Alsharif⁹ and Fatema Hassan A ALAjwad¹⁰

¹Royal College of Surgeons in Ireland, Ireland

²Hail university, Saudi Arabia

³Qassim University, Saudi Arabia

⁴Hera General Hospital, Saudi Arabia

⁵Ibn Sina National College, Saudi Arabia

⁶King Abdulaziz University, Saudi Arabia

⁷King Abdulaziz University, Rabigh, Saudi Arabia

⁸Oyun City Hospital, Saudi Arabia

⁹Umm Al-Qura University, Saudi Arabia

¹⁰Imam Abdulrahman Bin Faisal University, Saudi Arabia

Background: Two oral antifungal agents, griseofulvin and terbinafine, have regulatory approval but it is unknown whether one has superior overall efficacy. Genus-specific differences in efficacy are believed to exist for the two agents. It is not clear at what doses and durations of treatment these differences apply.

Purpose: The purposes of this meta-analysis were to determine whether a statistically significant difference in efficacy exists between these agents at a given dose and duration of each in tinea capitis infections overall and to determine whether a genus-specific difference in efficacy exists for these two treatments at a given dose and duration of each. We performed a literature search for clinically and methodologically similar randomized controlled trials comparing 8 weeks of griseofulvin (6.25–12.5 mg/kg/day) to 4 weeks of terbinafine (3.125–6.25 mg/kg/day) in the treatment of tinea capitis. A meta-analysis was performed using the Mantel–Haenszel method and random effects model; results were expressed as odds ratios with 95%.

Results: Meta-analysis of randomized controlled trials did not show a significant difference in the overall efficacy of the two drugs at the doses specified, but specific efficacy differences were observed based on the infectious species. For tinea capitis caused by *Microsporum* spp., griseofulvin is superior ($p=0.04$), whereas terbinafine is superior for *Trichophyton* spp. infection ($p=0.04$).

Conclusion: Our results support species-specific differences in treatment efficacy between griseofulvin and terbinafine and provide a clinical context in which this knowledge may be applied.

Biography

Nawal Hatem Herzallah has completed her Medical Degree from Royal College of Surgeons in Ireland, Dublin. She is currently a Medical Intern at King Fahd Hospital of the University in Khobar, Saudi Arabia.

nawalhherzallah@hotmail.com

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ACTIVE SURVEILLANCE OF CUTANEOUS LEISHMANIASIS IN CENTRAL TUNISIA

Hind Bouguerra

Faculty of Medicine of Tunis, Tunisia

Introduction: Zoonotic cutaneous leishmaniasis (ZCL) is widespread in many regions including the Middle East and the Mediterranean. In Tunisia, it's endemo-epidemic in rural areas in the center of the country. Active surveillance in this region was implemented since 2009 to strengthen the routine national surveillance system, based on a passive detection and reporting of ZCL cases.

Methods: The study was conducted from July 2009 to June 2016 as part of the active surveillance of ZCL in three areas in Sidi Bouzid, a governorate in central Tunisia. Data collection was based on the notification reports of all new cases in the primary health care facilities as well as the active search of cases in schools.

Results: During the study period, 1647 cases of ZCL were collected. The male to female sex ratio was 1.1. The median age was 11 years, ranging from 2 months to 87 years. Children aged less than 9 years were the most affected (20,4%). Most of the lesions were in the lower and upper extremities (respectively 35,4% and 23,4%). The face was affected in 21,4% of the cases. Local treatment alone was received in 51,8% of the cases. It was associated with Glucantime intralesional injections in 17,4% of the cases. The evolution was favorable in most of the cases (83,2%). Hospitalization was needed for 10 patients (0,6%).

Conclusion: The active surveillance of ZCL in Sidi Bouzid, central Tunisia allowed us a better understanding of the characteristics of the infection in this vulnerable population in order to reinforce the control and preventive measures.

Biography

Dr Hind Bouguerra has completed her medical studies at the age of 26 years from the Faculty of Medicine of Tunis, Tunisia. She has specialized in Preventive Medicine and Public Health. She has a master of biostatistics, epidemiology and clinical research from the Faculty of Medicine of Tunis. She has worked in the Laboratory of Epidemiology at Pasteur Institute of Tunis and in the National Observatory of New and Emerging Diseases of Tunisia, participating in many papers. She has worked mostly in epidemiological surveillance including leishmaniasis, viral hepatitis and influenza in Tunisia.

hind_296@hotmail.fr

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Abstracts



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HERAPEUTIC AND NON-THERAPEUTIC INTERVENTIONS

Bimal Roy Krishna

Touro University, USA

Pain management is an integral part of therapeutics and clinical medicine has evolved immensely over the years and now to a certain extent integrates prescribed and complementary and alternative medicine. The physiology and pathology of pain whether peripheral or central involves nociception and transmission from the injured tissue-skin, muscle or viscera. Pain associated with trauma and terminal diseases requires aggressive control beyond the inhibition of the inflammatory mediators such as the prostaglandins. Afferent fibers, spinal cord sensory cells and chemical mediators play a pivotal role. Pain management which to a great extent is based on patient response and the pain scale is associated with a Step-Up approach relating to the type of pain and underlying pathophysiology. Traditionally Non-Steroidal Anti-inflammatory drugs (NSAIDs) have been the mainstay of

treatment. However, failure of NSAID's to treat pain or more chronic conditions require a Step 1 Up approach which would then introduce the opioids which address central mechanisms and are also used to treat severe pain particularly those associated with terminal illness and myocardial infarcts. The mechanism of action, of opioids are similar however they differ in pharmacokinetic parameters. Complementary and alternative medicine (CAM) has now become a widely accepted approach to pain management either with prescribed medications or as an alternative. That fact remains that the mechanism of action and pharmacokinetic and parameters of these agents are not fully elucidated. This presentation addresses the use of both prescribed medications and CAM in pain management.

cheyang@bu.edu

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PREVALENCE, SEVERITY OF PAIN IN PATIENTS WITH MULTIPLE SCLEROSIS (MS)

Valiani M, Ashtari F, Mansourian M and Mohammadi S

Isfahan University of Medical Sciences, Iran

Introduction: The importance of background information in several studies has been emphasized and since controlling and early treatment of the disease, prevention and finding ways to control the intensity of the disease and thus faster rehabilitation of patients are necessary, in this paper, symptoms, severity and type of pain will be discussed.

Materials & Methodology: This descriptive-analytic study was conducted on 200 patients with MS who referred to Ayatollah-Kashani Hospital in Isfahan 2015. Data gathering tool was a questionnaire 3 section including of personal/disease characteristics, McGill Pain Questionnaire, Visual Analog Scale (VAS) and Pain Rating Index (PRI). Pearson and Spearman

statistical tests, independent t-test, and Chi-square were carried out using SPSS version 16 to analyze the data.

Results: 57.5% of the subjects have experienced pain and 42.5% did not report pain. Based on VAS and PPI, mean of pain severity were 5.5 (2.9) and 2.3 (1.5), respectively. The lowest prevalence of different types of pain belonged to sharp pain (95.7%) and also deadly pain and pain similar to tissue rupture (93.9%).

Conclusion: The prevalence of pain is high and severity is moderate in MS patients. So, attention to treatment and psychological consult may be effective for the patient by healthcare personnel.

mahboobehvaliani@gmail.com

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CARDIAC MANIFESTATIONS OF PARASITIC INFECTIONS

M V Raghavendra Rao, Sireesha Bala A, Sateesh Arja A, Samir Fatteh, Abraham Ratna Joseph and Amin Fatteh

Avalon University School of Medicine, Curacao

90% of parasites produce myocarditis. *Ascaris lumbricoides* (Round worm) *Ancylostoma duodenale*, (Hook worms) *Enterobius vermicularis* (Pin worm, Thread worm) *Loa loa* (African eye worm), *Wuchereria bancrofti* (Filarial worm), *Dracunculus medinensis* (Guinea worm), *Trichuris trichiura* (Whip worm), *Trichinella spiralis* (Trichina worm) *Dirofilaria* (Dog heart worm), *Taenia solium* (Pig tape worm), *Taenia saginata* (Beef tape worm), *Diphyllobothrium latum* (Fish tape worm), *Echinococcus granulosus* (Dog tape worm), *Hymenolepis nana* (Dwarf tape worm), *Schistosoma haematobium* (Blood fluke), *Fasciola hepatica* (Liver fluke), *Paragonimus westermani* (Lung fluke), *Protozoan parasites* like *Entamoeba histolytica*, *Trypanosoma cruzi*, *Trypanosoma gambiense*, *Toxoplasma gondii* etc. Parasites produce a toxic and allergic manifestation that leads to myocarditis, cardiomyopathy, acute heart failure, elevation of myocardial infarction, cardiogenic shock, neglected tropical diseases such as hidden cause of cardiovascular disease etc. But yet parasites are ignored by cardiologists, clinicians and scientists. The parasites produce toxic metabolites and increase hypereosinophilic. These toxic metabolites and eosinophils will show the following adverse effects on heart. They damage heart myocytes, neuronal damage, micro vascular damage and direct cell mediated damage. Hyaline degeneration of muscle and produce continuous antigenic stimulation. These metabolites produce tropical pulmonary eosinophilia and tropical endomyocardial fibrosis. Eosinophils induce tissue damage. The idiopathic hypereosinophilia syndrome damages the heart tissue may cause a direct effect on various structures of heart

like myocardium, endocardium, cardiac vasculature and resulting in congestive heart failure, cardiomyopathy, tachycardia, cardiac murmurs, muffled heart sounds. The invading parasites can attach and multiply in the heart. Some parasites produce cardio toxin. The toxin degenerate DNA and produces myocardial dysfunction and complete heart block. Conductive tissue of heart is severely damaged. Because of cytolysis and necrosis protein synthesis is blocked. The parasites and migratory larvae may attack normal or prosthetic valves. Obstruction of blood flow occurs. Myocarditis is most often due to a parasitic infection. Parasitic infections may cause inflammation of heart muscle (myocarditis) with temporary or potentially permanent damage to heart muscles cells leading to a secondary cardiomyopathy occur when the heart muscle fibers are abnormally stretched when the heart chambers increase in size and volume. Heart damage is extensive. Immune system continues to damage heart. Significant impairment of heart function occurs. Parasites cause myocarditis, paralyze the nerve supply to myocardium of heart and damage heart bicuspid and tricuspid valves. As a result, angina, chest, arm, neck, upper back pain, irregular beats, shortness of breath (SOB) occur. The parasites will continue to emerge leading to unpredictable epidemics and challenges for the clinicians and scientists. Hence there is an urgent need of surveillance and control, advance diagnostics, tests, vaccines, therapeutics and development of new drugs are needed. Most drugs in the pipeline have failed in clinical trials.

reachdrmvrrao@gmail.com

CHALLENGES AND ISSUES IN PHARMACOVIGILANCE OF HERBAL MEDICINES IN INDIA

Mahek Arora

Amity University, Noida, India

The process of pharmacovigilance (PV) of herbals in India has come a long way since initiation. PV practices are helping in establishing and maintaining rational age of drugs within the ambit of Pharmacotherapy. ADR's (adverse drug reaction) from herbal medicines are least reported, many herbal preparations without following any drug safety requirements are marketed without its pharmacovigilance. Due to the lack of clinical trials of most herbal preparations, post marketing vigilance becomes a critical source of safety and information. Widely reported issues as ADR's associated with Ephedra and Aristolochia have shown herbal medicines can show high levels of toxicity in humans. The most common adverse drug effects reported are hepatic and renal problems. The WHO has database of over 16000 suspected herbal case reports. Central Drug Standards Control Organization

and AYUSH are the major government organizations working to monitor ADR related to herbal ingredients. The number of reports related to herbals/traditional/alternative medicines is abysmally low. The current challenges in pharmacovigilance of herbal medicines includes ADR terminology not covered in Ayurvedic curriculum, drug safety problems, signal detection, lack of quality assurance/quality control, lack of information about active principles and with regard to the mechanism of action of herbal active principles. Some countries accept traditional, experience-based evidence while others consider herbal remedies as dangerous or of questionable value. Monitoring the safety of herbal medicinal products in the market or in the pipeline, will go a long way in restoring the confidence of their safety.

arormahek35@yahoo.co.in

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NURSING CARE INITIATIVES RELATED TO PAIN MANAGEMENT IN PERIOPERATIVE CARE

Senay K Arli

Agri Ibrahim Cecen University, Turkey

Objectives: The objective of this study was performed to evaluate nursing interventions for pain management in the perioperative care.

Methodology: The study was conducted between October 2016 and May 2017 with the participation of 160 patients in General Surgery, ENT, Urology and Orthopedics clinics. The data were collected with a form that included the socio-demographic characteristics of the patients and nursing interventions related to pain management in perioperative care prepared by the researcher.

Results: The average age of the patients participating in the study is 40.58 ± 20.4 . It was determined that 80.6% of the patients experienced pain after surgical intervention, 34.4% had moderate

to severe pain after surgery and 97.5% had pain at the operation site after surgical intervention. In addition, 59.4% of the nurses did not use a scale to assess pain severity, 71.3% did not examine it by touching the painful area, 65.6% did not use heat or cold therapy to reduce pain, 86.9% did not massage to reduce pain, To reduce the pain of the arm, leg, walking and so on. 88.8% did not play music to reduce pain, and 69.4% did not use imagination to reduce pain.

Conclusion: As a result of evaluation of nursing interventions for pain management, effective participation of the patients in pain management, increase of pain education and satisfaction is ensured.

senay1981@yahoo.com/sarli@agri.edu.tr

INTERVENTIONAL PAIN PROCEDURES FOR SPINAL PAIN MANAGEMENT: CHALLENGES AND UPDATE

Farnad Imani

Iran University of Medical Sciences, Iran

Treatment of chronic spinal pain syndromes continues to be an ongoing challenge for clinicians. Recent advances in technology and imaging have allowed greater accuracy and a wider variety of therapies to be offered to patients. However, the recognition of the need for a more integrated approach to the use of these advanced techniques continues to be a major challenge to interventional pain physicians. These interventions do not supplant pharmacologic and non-pharmacologic modalities to treat chronic spinal pain; their role is complementary. Spinal chronic pain syndromes which may be amenable to interventional therapies include a variety of neural blocks and minimally invasive procedures, range from basic techniques (epidural steroid and facet joint injection, sacroiliac joint injection) to advanced procedures (intradiscal procedures, endoscopic discectomy, percutaneous rod and screw, interspinous process device, spinal cord stimulation) for refractory spinal pain or failed back surgery syndrome. As with most other therapeutic options in the

treatment of chronic spinal pain, interventional procedures by themselves will seldom lead to complete resolution of patients' complaints. However, when used in conjunction with reasonable medical management and physical therapy, interventional pain management can help patients keep their pain at a level which minimally affects their ability to function. Interventional techniques for cancer-related pain such as neuroablative procedures and intraspinal drug delivery are effective measures for patients who have failed conservative management. Interventional approaches to spinal pain management are continually evolving. In recent years, there has been a growing effort to further study the efficacy and place in therapy of interventional pain management. A greater understanding of the exact mechanisms of these procedures will also improve our ability to determine their place in clinical practice.

farnadimani@yahoo.com

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ACUTE PAIN SERVICE IN A HOSPITAL ENVIRONMENT: A REAL NEED OR A REAL LUXURY?!

Gabriel M Gurman

The National Institute for Biotechnology, Israel

The idea of organizing an acute pain service in every hospital is not new. It started in the USA in 1988 and very soon it became an important task for a lot of hospitals in both North American and Europe continents. Today we know that the creation of an acute pain service in every hospital would have a large series of advantages. It would improve patient comfort, would reduce the duration of hospitalization, decrease the rate of pulmonary and other complications, such as nausea and vomits, as well as incidence of urinary retention. The ideology behind the creation of an APS (American Pain Society) includes: 1. a goal: to provide optimal analgesia to each and single patient in acute pain. 2. a way: creation of a team of dedicated individuals which would fulfill the above goal. 3. a continuous education plan, for each nurse and physician, in every single department of each hospital. There are seven recommended steps in the way of creating an APS: Step 1: recognition of the APS importance by all factors. Step 2: the respect of the 24-hrs a day principle.

Step 3: create the multidisciplinary team (the APS committee). Step 4: finding the necessary financial resources. Step 5: defining the maximum acceptable pain score. Step 6: accepting the principle of continuous treatment and refusing the idea of "saw" management. Step 7: creating an education system for personnel. The main obstacles in the way of creating an APS are those related to logistics, education and cost. But joined efforts from all the interested persons and departments could overcome these difficulties. Some evident lessons are to be taken home which are as follows: pain is dangerous also because its psychological and physiological negative effects; cooperation is too important to be underestimated; clinical and instrumental monitoring is the key for success; patient satisfaction is important for the medical institution name and fame and a well built up APS could solve most of the problems and avoid most of the dangers.

guman@bgu.ac.il

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CHOLELITHIASIS: NO SURGERY, ONLY HERB!

J Govardhan Sahani

Parul Institute of Ayurveda, Gujarat, India

Cholelithiasis are hardened deposits of the digestive fluid, when there is an imbalance in the chemical constituents of bile that results in precipitation of one or more components. It is the most prevalent and costly of all the gastrointestinal disorder which stands 5th position of malignancy world wide. Cholelithiasis is a common ailment with 10-20 % of incidence rate and 15-20% of complications. Symptoms include pain at the right hypochondrium region, vomiting, nausea, dyspepsia etc. Till date surgical management is considered to be superior mode of treatment for cholelithiasis even though the risk of operative and post operative complications are surfacing more. The cost of management puts enormous economical burden on patient's life. Non Surgical management of cholelithiasis is an exceptional contribution of Ayurveda by medications prepared out of lithotriptic

herbs. This article illustrates one such phenomenon herb - Corn (*Zea mays* Linn), with highly significant lithotriptic activity without any untoward effects. Experimental study shows the size of gall stones is getting reduce without disturbing the normal activity of Swiss Mice and the toxicity study shows there is no evidence of any organ damage during the study. This shows *Mahayavanala Roma kshara* (alkaline) is said to be safe. Lithotriptic action in clinical study showed approximately 4 mm of gall stones getting reduced in 30 days. A detailed comprehensive study revealed potent lithotriptic action of *Maha Yavanala Roma* (corn silk hair) in both experimental and clinical formats of the study. This drug is proven to be safer and economical. This paper is intended to make reader's aware of current thinking in the field of *Ayurveda*.

gova.sahani@gmail.com

RISK FACTORS AND VITAMIN D DEFICIENCY IN THE ELDERLY

Tomaz Velnar^{1,3}, Lidija Gradisnik^{1,2}, Bostjan Krajnc² and Uros Maver²

¹Alma Mater Europaea University Maribor, Slovenia

²Maribor Institute of Biomedical Sciences, Slovenia

³University Medical Centre Ljubljana, Slovenia

Vitamin D is an important factor in the pathogenesis of various diseases. The aim of the study was to determine the plasma concentration of 25-hydroxy vitamin D among elderly population and assess the risk factors associated with this deficiency. The study included 80 people over the age of 50. In the control group, 38 people living at home and in the experimental group, 42 institutionalized residents were included. The plasma values were measured on immunological analyzer. The questionnaire provided information about risk factors, health status and nutrition. Residents had a lower concentration of 25-hydroxyvitamin D than

those living at home. The concentration was higher with vitamin D rich diet, sun exposure and in physically active individuals. The effect of vitamin D on low haemoglobin level, platelet count, osteoporosis and falls was not confirmed. According to our study, low levels of vitamin D in plasma are associated with certain disease conditions. We believe the elderly population may benefit from proper follow-up, treatment, the awareness of vitamin D deficiency, healthy living and active aging.

tvelnar@hotmail.com

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THE CUMULATIVE INCIDENCE OF AWARENESS AND PAIN DURING ANESTHESIA: COMPARING ISOFLORANE BASED GENERAL ANESTHESIA VERSUS PROPOFOL-ALFENTANIL MIX

Hamidreza Bahmani Bohloli, Forough Rasekhi and Mohamad Froutan

Shiraz University of Medical Sciences, Iran

Introduction: Intraoperative awakening and feeling pain is an implicit memory that usually causes conscious reminding of the events during surgery. Long-term deleterious effects such as mental disorders and post-traumatic stress disorder usually occurs in the patients with this complication.

Methodology: A total of 400 patients in the age group 16 to 70 years old, entered the study and are double-blind randomly divided into two groups of 200 patients each. All patients were under the same conditions of induction of general anesthesia and mechanical ventilation. The first group to sustain anesthetic inhaled Isoflurane gas and the second group was injected mixture of the propofol and alfentanil. The studied patients in two stages (in the recovery room and 4 hours after the end of the operation) were under the investigation. The standard questions designed by Brice, 1970 used to assess the presence of awareness during anesthesia.

Results: The incidence of intraoperative awareness and pain in the propofol-alfentanil group (7.5%) was higher than Isoflurane

group (0.5%). Duration of anesthesia in the both groups had a significant effect on recall of events and pain during anesthesia. The time of interview to identifying awareness and consciousness during anesthesia had an impact importance role while, patients respond differently to questions in the recovery room and 4 hours after surgery.

Conclusion: The early interview in the recovery room may occur unbiased results of awareness during anesthesia due to the influence of anesthetic drugs and pain pressure caused by surgery also general problems. It may show its incidence less or more than the actual rate. The results of this study suggested that sustain of general anesthesia by Isofloran gas had resulted less awareness and feeling pain during anesthesia. Carefully controlling of anesthetics by monitoring the anesthesia process, considering the age of patients and duration of anesthesia also selection of appropriate drugs for maintenance of general anesthesia in surgery, could reduce complications of awareness and feeling pain during anesthesia.

bah_ard@yahoo.com

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DEVICE ASSOCIATED INFECTION RATE AND BACTERIAL RESISTANCE IN AN EGYPTIAN UNIVERSITY HOSPITAL

Mona M A Halim¹, Mona Mohamed El Khlousy² and Radwa Ahmed Rabea²¹Cairo University, Egypt²Beni-Suef University, Egypt

This study aimed to determine device associated infection (DAI) rates and the microbiological and antibiotic resistance profiles of infecting pathogens in ICUs of Beni-Suef University Hospital. It is prospective surveillance of healthcare-associated infections performed to adult and newborn patients admitted to ICUs during June 2012 to May 2013. Three hundred and three patients were followed in ICUs for a total of 2,636 patient days. The total number of DAIs was 78, for an overall rate of 88.5/1000 device days. Ventilator associated pneumonia posed the greatest risk (68.7 per 1,000 ventilator days in the adult ICU, and 77.7 per 1,000 ventilator days in the neonatal ICU), catheter associated urinary tract infections (CAUTI) (24.4 per 1,000 catheter days in the adult ICU), lastly, central line-associated bloodstream infections (CLABSI) (13.84 per 1,000 catheter days in the adult

ICU, 28.3 per 1,000 catheter days in the neonatal ICU). The most frequently isolated pathogens in VAP were *Acinetobacter Spp.* (75%) in adult ICU and *Klebsiella Spp.* (55%) in neonatal ICU. *Candida Spp.* was the leading pathogens in patients with CAUTI. In CLABSI, *Enterococcus Spp.* was the most frequently isolated pathogens (33%) in adult ICU and *Klebsiella Spp.* (45%) in neonatal ICU. Overall of *Staphylococcus aureus* infections were caused by methicillin-resistant strains, and 45.6% of *Pseudomonas aeruginosa* isolates were resistant to fluoroquinolones and Tienam, 88.9% were resistant to piperacillin-tazobactam. The establishments of active infection control programs that involve infection surveillance have become a priority.

mmohiedden@yahoo.com

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STUDY OF THE ASSOCIATION BETWEEN COGNITION AND LEVELS OF CYSTATIN C IN ELDERLY PATIENTS WITH CHRONIC KIDNEY DISEASE

Marwa A Saad, Marwa A Waly, Suzan N Abo-Raya and Neveen L Saad

Alexandria University, Egypt

Chronic kidney disease (CKD) is a common clinical problem in elderly patients. Serum cystatin C is protein which suggested to be an ideal marker of glomerular filtration rate (GFR). CKD is a risk factor for dementia. We aimed to determine the serum levels of cystatin C in patients with CKD and to correlate this with degree of cognitive impairment and stages of kidney disease. 90 subjects aged 65 years and older were involved, divided into two groups; Group I: 60 patients with CKD, and Group II: 30 with age and sex matched healthy participants. Patients with heart failure, hepatic failure, thyroid disease, patients underwent dialysis for longer than one month, patients had polycystic kidney disease, who had bone marrow transplant, and those receiving immunosuppressive therapy with in the past six months were excluded from the study. Mini-Mental scale (MMS), serum cyctatin level, stage

of CKD were done to all participants. Serum cystatin level was significantly high in CKD patients. MMS score was significantly lower in CKD patients. A high significant negative correlation was found between serum cystatin C levels and degree of cognitive impairment. Also a significant positive correlation was found between levels of cognitive impairment and GFR. A high significant negative correlation was found between serum cystatin C levels and GFR ($R=-0.531$, $p < 0.001$). We concluded that serum cystatin levels are significantly associated with cognitive impairment in CKD patients, and this correlation becomes stronger with advanced stages of CKD. That may help in better understanding of the pathogenesis of dementia in CKD patients.

drmarwasaad74@gmail.com

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INITIAL ANTIBIOTIC PRESCRIBING PATTERN AMONGST PHYSICIANS, FOR PATIENTS OF PNEUMONIA, AT MEDICAL WARDS AND ICU – AN OBSERVATIONAL STUDY FROM INDIA

Divya M Radhakrishnan, Naveet Wig, Anant Mohan, Arti Kapil and Randeep Guleria
All India Institute of Medical Sciences, New Delhi, India

Introduction: The growing body of evidence shows a strong linkage between inappropriate antibiotic use and antimicrobial resistance.

Objective: To analyze the initial antibiotic prescribing pattern among physicians for pneumonia at medical wards and ICU of a tertiary care institute in northern India.

Methods: The initial antibiotic regimen is defined as the antibiotics prescribed during the first day of therapy. One hundred and twelve prescriptions were analyzed, one from each patient with pneumonia over a period of six months.

Results: Amoxicillin-clavulanic acid (38.39%) was the commonest antibiotic prescribed followed by azithromycin (34.82%) either as mono or combination therapy. Cefoperazone-sulbactam (35.71%),

levofloxacin (32.14%), and piperacillin-tazobactam (22.32%) were among the commonly prescribed antibiotics for pneumonia, either alone or in combination. Seventy-five per cent of prescriptions contained two or more antibiotics. The prescription was considered appropriate if antibiotics were prescribed in correct dose and duration, according to patient characteristics and local sensitivity profile. Only 44.79% initial prescriptions were found appropriate and adhering to Institute's antibiotic protocol.

Conclusion: Our study throws light into the prevailing irrational antibiotic prescribing patterns in developing countries like India. Formulation of local antibiotic protocol and adherence to the same can improve prescribing pattern and thereby antimicrobial sensitivity.

dr.divyamr@gmail.com

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SEPSIS IN IMMUNOCOMPROMISED PATIENTS

Edmond Puca¹, Pellumb Pipero¹, Gentian Stroni¹, Elda Qyra¹, Tritan Kalo¹, Migena Qato¹, Shkelqim Kurti¹, Joana Majko¹, Entela Puca² and Dhimiter Kraja¹

¹University Medical Center of Tirana "Mother Teresa", Albania

Introduction: Sepsis is a big problem for public health system. It's a syndrome that occurs both in patients with immune deficiency and in patients with compromised immunity.

Purpose: To provide an overview of cases with sepsis in immunocompromised patients hospitalized at the Service of Infectious Diseases, Tirana during the period time 2009-2013.

Material & Methods: In this study we have included 707 patients diagnosed with sepsis, based on the 2001 Consensus Conference SCCM/ESICM/ACCP/ATS/SIS. Patients with immune system pathology were selected from these.

Results: Out of 707 patients with sepsis, 15.27% (107) of them were compromised immune. Of these 107 patients undergoing study, immunodeficiency resulted in diabetes mellitus in 5.2%, HIV/AIDS 4.5%, malignant pathology 1.6%, alcoholic cirrhosis 1.2%, autoimmune pathology 0.99%, post-transplant patients 0.84% and hemopathy 0.7%.

Conclusion: Immunity compression is a major problem with increased sepsis. Our study was closed only in our clinic, so we think that cases of sepsis in immunocompromised patients is higher in account and even in percentage.

Edmond_puca@yahoo.com

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INFECTIONS IN A TERTIARY REFERRAL HOSPITAL INTENSIVE CARE UNIT IN RWANDA

Mvukiyehe Jean Paul¹, Jennifer Rickard² and Ruhato Paulin Banguti¹¹University of Rwanda, Rwanda²Minnesota University, USA

Introduction: Infections contribute a significant proportion of morbidity and mortality worldwide. While many infections are successfully managed with antimicrobial therapy, there are increasing rates of antimicrobial resistance (AMR) with higher rates in certain patient populations such as those admitted to intensive care units (ICU). The global threat of AMR is especially concerning in low resource environments where there are limited antibiotic options.

Methods: We conducted a retrospective, observational study of all patients hospitalized in the ICU of a tertiary referral hospital in Rwanda over a two-year period (January 2015 – December 2016). We collected data on diagnosis, ICU length of stay, mortality and hospital length of stay. We collected data on microorganism, site of culture, antimicrobial resistance pattern and antibiotics prescribed.

Results: Over a two-year period, 307 patients were admitted to the ICU. The mean age was 36 years (standard deviation (sd) 18.6 days) and 171 (56%) patients were male. Most patients were admitted from the main operating theater (n=138, 45%) or emergency department (n=97, 32%). The most common admitting diagnoses were sepsis (n=116, 34%), head trauma (n= 91, 27%), polytrauma

(n= 27) and obstetric complications (n=26, 8%). The most common antibiotics administered were cephalosporins (n=277, 97%) and metronidazole (n=156, 55%). The mean length of ICU stay was 6.2 days (sd- 7.2 days) and the mean length of hospital stay was 21.0 days (sd- 30.4 days). The ICU mortality was 45% and in-hospital mortality was 51%. A total of 244 samples were collected from 331 patients. The samples were from blood (n=95, 39%), tracheal aspirate (n=12, 0.5%), wound (n=39, 16%), urine (n=76, 31%), and other (n=24, 10%). There were 104 (43%) positive samples. The most common organisms isolated were *Klebsiella* (n=30, 29%), *Acinetobacter* (n=20, 19%), *E.coli* (n=16, 15%), *Proteus* (n=15, 14%), *Citrobacter* (n=8, 8%), *S.aureus* (n=7, 7%), *Pseudomonas* (n=5, 5%), and other (n=9, 9%). Of *Klebsiella* isolates, 100% and 76% were resistant to ceftriaxone and cefotaxime, respectively. Of *E.coli* isolates, 86% and 71% were resistant to ceftriaxone and cefotaxime, respectively. All *Acinetobacter* isolates were resistant to ceftriaxone and cefotaxime, respectively.

Conclusion: There is an alarming rate of antimicrobial resistance to commonly used antibiotics in the ICU. Expanding antibiotic options and strengthening antimicrobial stewardship are critical for patient care.

mvukipaul@gmail.com

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AN PANORAMIC VIEW OF CLINICAL PRESENTATION OF LEPTOSPIROSIS IN ALBANIA

Edmond Puca¹, Gentian Stroni¹, Elda Qyra, Migena Qato¹, Monika Saro¹, Pellumb Pipero¹, Arjan Harxhi, Najada Como¹, Erjona Abazaj², Eugena Tomini², Silvia Bino² and Dhimiter Kraja¹

¹University Medical Center of Tirana "Mother Teresa", Albania

²Institute of Public Health, Tirana, Albania

Introduction: Leptospirosis is a zoonotic disease caused by organisms of the genus *Leptospira*. A broad spectrum of clinical manifestations may occur in humans.

Aim: To give same data of about leptospirosis in Albania from January 2006 - December 2015.

Methods: We study cases with leptospirosis in our clinic UHC "Mother Teresa" which is the only tertiary center in Albania and most of the cases are treated in it. All cases were confirmed serologically with ELISA (enzyme-linked immunoassay) positive for IgM antibodies.

Results: Between 2006-2015, 206 cases of confirmed leptospirosis were analysed. Males were 185 (89.8%) and 21 (10.2%) were females. Mean age at the time of diagnoses were 43.7 years old with 17.8±DS range 17-78. The highest incidence was observed in the 45-64 age groups. The time from the first symptoms until they presented to hospital was 6.8 days. Sign and symptoms were: myalgia in 88.8%; fever with average 38.2°C in 86% of cases; fatigue in 83.9%; headache in 70.8%; jaundice in

66.9%, vomiting and abdominal disturbances in 55.8%, respiratory signs in 29.6% and renal insufficiency in 31.5% of cases. Laboratory results included: hyperleukocytosis in 66% of cases, thrombocytopenia in 42.7%, hyperbilirubinaemia were present in 71.8% of cases with an average level of 7.28 mg/dl, hepatic abnormalities (85.4%), aspartate aminotransferase were elevated in 75.7% of cases, alanine aminotransferase were elevated in 79.1% of cases and renal abnormalities were elevated serum creatinine in 38.3%, proteinuria in 73.7% of cases, haematuria in 30.5% of cases, leukocyturia in 41.7% of cases. Overall mortality was found to be 8.2%.

Conclusion: There was a predominance of the males in ratio 8.8:1. The disease was more frequent during summer-autumn. Leptospirosis is a multiorgans disease. The study confirmed the variable clinical and biological symptoms of leptospirosis, and indicated that hepatic and renal abnormalities are common feature of leptospirosis.

edmond_puca@yahoo.com

SOFT TISSUE FILLERS IN WOUND HEALING: IN VITRO EXPERIMENTS

Tomaz Velnar^{1,3} and **Lidija Gradisnik^{1,2}**

¹Alma Mater Europaea University Maribor, Slovenia

²Maribor Institute for Biomedical Sciences, Slovenia

³University Medical Centre Ljubljana, Slovenia

In everyday clinical practice wounds occupy an important place. A correct and efficient approach to wound healing is important. Various non-healing defects may be successfully treated using a novel technique of tissue augmentation. Successful angiogenesis forms the basis of a tissue filler survival in the wound bed and this in turn determines the outcome of the healing process. The aim of the study was to investigate the potential of soft tissue fillers for wound healing of tissue defects using an experimental in vitro model of soft tissue filler. The invasion of endothelial cells (HUVEC) into soft tissue fillers from agarose and collagen was studied. Standard and low molecular weight heparin

(concentrations of 50 IU/ml, 300 IU/ml and 2500 IU/ml) were used as chemotactic agents. The observation intervals were 6, 12, 24, 36, 48, 60 and 72 hours, when the experiment was completed. The observed parameters included the orientation, shape and position of cells, the extent and distance of invasion into soft tissue filler. It was found that agarose and collagen soft tissue fillers are useful for further invasion studies. These observations confirm the potential for tissue augmentation with soft tissue fillers and may be transposed to the clinical trials with the aim of soft tissue defects reconstruction.

tvelnar@hotmail.com

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TENSIONLESS ALZHEIMER'S DEMENTIA WITH HERBAL MEDICINE...!

Pallavi Ghadage

Parul Institute of Ayurveda, India

Alzheimer's diseases (AD) is a progressive inexorable loss of cognitive function associated with the presence of senile plaques in the hippocampal area of the brain. It is an age associated, irreversible, progressive neurodegenerative disease that is characterised by severe memory loss, unusual behaviour, personality changes and a decline in cognitive function. The disease is most common form of dementing illness among middle aged and older adults. Although the etiology is unknown, genetic factors clearly play a role in 10%-15% of cases. In Ayurveda AD is considered as smriti *vibhramsha* in which the *Dhi*,

Dhriti, *Smriti* gets failed to gets connected with *Jnanendriyas* to recollect it. Ayurvedic medicines offers several option to modify the progress and symptoms of AD. A combination of four herbal powders shows the evidence of improving the symptoms of AD. The phyto chemical studies shows the presence of various valuable compounds like flavonoids etc. and the pharmacological activities shows the presence of anti-amyloidogenic effects. This drug is proven to be safer and economical. This paper is intended to make reader's aware of current thinking in the field of Ayurveda.

pallughadage@gmail.com

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ROLE OF MHEALTH APPLICATIONS FOR IMPROVING ANTENATAL AND POSTNATAL CARE IN LOW AND MIDDLE INCOME COUNTRIES: A SYSTEMATIC REVIEW

Anam Feroz, Shagufta Perveen and Wafa Aftab

Aga Khan University, Pakistan

Background: From 1990 to 2015, the number of maternal deaths globally has dropped by 43%. Despite this, progress in attaining MDG 5 is not remarkable in low- and middle-income countries (LMICs). Only 52% of pregnant women in LMICs obtain WHO recommended minimum of four antenatal consultations and the coverage of postnatal care is relatively poor. In recent years, the increased cellphone penetration has brought the potential for mHealth to improve preventive maternal healthcare services. The objective of this review is to assess the effectiveness of mHealth solutions on a range of maternal health outcomes by categorizing the interventions according to the types of mHealth applications.

Methods: Three international online electronic databases were searched between January 1, 2000 and January 25, 2016 to identify studies exploring the role of mHealth solutions in improving preventive maternal healthcare services. Of 1262 titles screened after duplication, 69 potentially relevant abstracts were obtained. Out of 69 abstracts, 42 abstracts were shortlisted. Full text of 42 articles was reviewed using data extraction sheet. A total of 14 full text studies were included in the final analysis.

Results: The 14 final studies were categorized in to five mHealth

applications defined in the conceptual framework. Based on our analysis, the most reported use of mHealth was for client education and behavior change communication, such as SMS and voice reminders [n = 9, 65%]. The categorization provided the understanding that much work have been done on client education and behavior change communication. Most of the studies showed that mHealth interventions have proven to be effective to improve antenatal care and postnatal care services, especially those that are aimed at changing behavior of pregnant women and women in postnatal period. However, little evidence exists on other type of mHealth applications.

Conclusion: This review suggests that mHealth solutions targeted at pregnant women and women in postnatal period can improve preventive maternal healthcare services. However, there is a need to conduct more controlled-trials and quasi-experimental studies to strengthen the literature in this research area. The review recommends that mHealth researchers, sponsors, and publishers should prioritize the transparent reporting of interventions to allow effective interpretation of extracted data.

anam.feroz@aku.edu

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TOPICAL ATORVASTATIN AS A POSSIBLE CHONDRO-PROTECTIVE AGENT IN PATIENTS WITH KNEE OSTEOARTHRITIS

Mohamed A Elkasabi

Mansoura University, Egypt

Introduction: Osteoarthritis (OA) is considered the leading cause of musculoskeletal disability in the elderly population worldwide. Several studies have shown a potential role of statins as an alternative treatment option for OA, beyond their cholesterol-lowering properties. Topical application of atorvastatin had proved to induce more anti-inflammatory and hypocholesterolemic effect in rats with OA as compared to other used anti-inflammatory drugs such as diclofenac. Therefore, atorvastatin was prepared in a topical-gel form to be compatible for human use.

Methods: The study was held at the Rheumatology and Rehabilitation Department in Mansoura University Hospitals. Sixty patients with chronic knee OA were involved in a randomized controlled trial for a period of 12 months. Each patient underwent full history taking, full clinical examination, necessary laboratory investigations, and radiological investigations. The patients were divided equally into 3 groups of each receiving different drug regimen as follows: group 1 was the control group receiving the ordinary regimen provided by the department staff members (piasclidine 300 mg tablet once/day + diclofenac sodium 75 mg tablet twice/day); group 2 (atorvastatin gel 5% + diclofenac) and group 3 (atorvastatin gel + diclofenac + glucosamine)

Results: All patients underwent a clinical assessment via Western Ontario and McMaster Universities Arthritis index (WOMAC) twice during the whole period of study; pretreatment and 12 months post treatment. The collected data were coded, processed and analyzed using SPSS program. P values less than 0.05 were considered statistically significant. Group 1 showed a minimal stiffness reduction with an average score of 0.9 pretreatment down to 0.79 post treatment, whereas group 2 showed a significant reduction in the WOMAC index from 0.92 pretreatment to 0.44 post treatment. However, adding glucosamine to group 3 didn't prove to improve the patients' scores as expected compared to results obtained from group 2 with a reduction from 0.86 to only 0.53, which contributed to about 38.3% of stiffness reduction as compared to basal level. Whereas group 2 showed a major improvement in the patients' WOMAC index in the form of approx. 52.1% stiffness reduction along the 12 months period of supervised drug regimen.

Conclusion: The results obtained by the use of topical atorvastatin showed to super pass some commercially widely used chondroprotective agents. Topical atorvastatin may be used safely and effectively for patients with knee OA.

dr.elkasabi@hotmail.com

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NOVEL DRUG DELIVERY IN HERBAL MEDICINES

Mukesh S Sikarwar

AIMST University, Malaysia

Herbal medicines have widely been used all over the world since time immemorial. In recent years, there was unprecedented development in herbal medicines as they gain popularity in the developed world. Recently there was a greater global interest in non-synthetic, natural drugs derived from plant/herbal sources due to better tolerance and minimum adverse drug reactions. Plants have been used in a wide variety of dosage form. Traditional dosage form includes pill, powder, semi fluid extract, tincture, decoction, medicated tea, solutions and many other traditional/alternative systems of medicine dosage forms. In past, novel drug delivery approaches were not applied to herbal medicines owing to lack of scientific validation and processing difficulties, such as adulteration, standardization, extraction, purification and identification of marker compounds in complex poly-herbal dosage form. In present scenario due to advancement in interdisciplinary sciences and novel strategy in isolation, purification and identification techniques the variety of novel herbal formulations like polymeric herbal nano-carriers,

phytosomes, herbosomes, proniosomes, nanoemulsions, microspheres, transfersomes, implants and ethosomes has been reported using bioactive plant extracts/phytoconstituents. These novel formulations were found to have remarkable advantages over conventional formulations of plant origin such as enhancement of solubility, bioavailability, reduced toxicity, improved pharmacological activity, better stability, sustained delivery, and protection from physical and chemical degradation. Recently, many formulations based on novel drug delivery system are produced by patented/non-patented technology from various herbal drugs/phytoconstituents such as curcumin, quercetin, silybin, bilobalide, marsupin, andrographolide, coumestans, metrine, embelin, brucine, rutin, apigenin, luteolin and many more. Hence novel drug delivery in herbal medicines has become a tool to improve herbal medicine pharmacokinetic and pharmacodynamic profile in order to improve its safety and efficacy.

mukeshsikarwar@gmail.com

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PAIN RELIEF IS A HUMAN RIGHT

Michel Daher

University of Balamand, Lebanon

For centuries, medical and surgical treatment has emphasized saving the life of the patient rather than ameliorating the patient's pain, particularly when there were few options for the latter. Today at the dawn of the 21st century, the best available evidence indicates a major gap between an increasingly understanding of the pathophysiology of pain and widespread inadequacy of its treatment. Epidemiologic evidence has proven that chronic pain is a widespread public health issue. Studies of cancer patients' pain control consistently reveal that up to half of patients receive inadequate analgesia and 30% do not receive appropriate drugs for their pain. Equally, for patients suffering HIV/AIDS, 60%-100% will experience pain at some stage in their illness. In the developed world, this gap has prompted a series

of declarations and actions by national and international bodies advocating better pain control. One response to the worldwide undertreatment of pain has been to promote the concept that pain relief is a public health issue of such critical importance as to constitute an international imperative and fundamental human right. The importance of pain relief as the core of the medical ethic is clear. Pain clinicians promote the status of pain management beyond that of appropriate clinical practice or even an ethic of good medicine. They advocate a paradigm shift in the medical professions' perspective on pain management, from simply good practice to an imperative founded on patient rights.

mndaher@inco.com.lb

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PAIN AND SYMPTOM MANAGEMENT IN PATIENTS WITH MALIGNANT SPINAL CORD COMPRESSION (MSCC) IN PALLIATIVE CARE SETUP AT A TERTIARY CARE CENTRE: A RETROSPECTIVE STUDY

Seema Mishra, Anuradaha Patel, Sandeep Babbar, Shveta Katyal and Sushma Bhatnagar

Dr. B R Ambedkar Institute Rotary Cancer Hospital – AIIMS, Delhi, India

Background: Malignant spinal cord compression (MSCC) is one of the palliative care emergencies where rapid and early management has drastic effect on patients' outcome.

Aim: This study was done to evaluate the pain and symptom burden assessment and management in patients with MSCC in palliative care setup.

Materials & Methodology: We reviewed the records of patients with MSCC presented to pain clinic over the period of one year. Details of their symptom burden like back pain, motor or sensory weakness, bladder or bowel involvement and radiological data (CT/MRI) of level of compression and details of treatment were reviewed.

Results: Records of 43 patients with MSCC in palliative care setup were reviewed. Pain scores (NRS) more than 6 was present in 55.8% of patients. Morphine was prescribed in 69.8% and fentanyl

patch in 4.6% of patients. Adjuvants used were gabapentin, pregabalin, flupirtine, amitriptyline and duloxetine for neuropathic pain. The commonest treatment employed was steroids (79.1%) followed by radiotherapy (74.4%) and physiotherapy (41.9%). 25.6% patients were advised for Taylor's brace and all patients were counselled, prognosticated and advised for dietician referral. Issues like bladder and bowel care, pressure sores, use of air mattresses or cushions and psychological issues were also dealt. MSCC has overall poor functional outcome but pain control and maintaining mobility of patients are key to palliative approach.

Conclusion: Symptom burden is very high in MSCC. Multidisciplinary approach is required for its management. It has overall poor functional outcome but pain control and promoting functional independence are key to palliative approach.

seemamishra2003@gmail.com