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March 25-26, 2019
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7th Edition of International Conference on
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Khushali Jhaveri, Int J Anesth Pain Med 2019, Volume 5
DOI: 10.21767/2471-982X-C1-006

A rare case of Intramedullary spinal ependymoma presenting as isolated neck pain

Khushali Jhaveri

Georgetown University Washington Hospital Center, USA

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

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

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

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

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

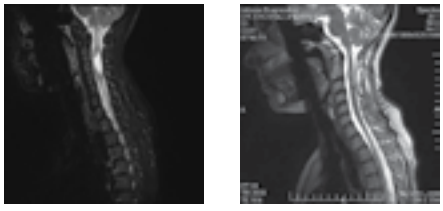

Figure 1: Heterogenous intramedullary lesion having enhancing solid-cystic component from mid body of C2 to upper body of C4 vertebral levels measuring 36mm X 15mm X 13mm with solid enhancing component of the lesion measuring 13mm X 11mm X 13mm(CC X AP X Transverse). Perilesional edema and two tiny hemorrhagic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

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

Biography

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

khushali.jhaveri@gmail.com

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Ryan Duffy et al., Int J Anesth Pain Med 2019, Volume 5
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Chloride-restrictive fluid resuscitation of septic patients

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

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

Biography

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

duffyra@vtc.vt.edu

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Leanne Price et al., Int J Anesth Pain Med 2019, Volume 5
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Home Diabetic foot ulcer service: A safe and clinically effective model for managing patients with diabetic foot ulcers in the community

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

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

Biography

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

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

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

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Nikoletta Daoulari, Int J Anesth Pain Med 2019, Volume 5
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Vitamin B12 deficiency diagnosis in emergency department presenting as severe pancytopenia

Nikoletta Daoulari
Hospital Brugmann Bruxelles, Belgium

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

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

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

Biography

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

nikolettadaoulari@gmail.com

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Marjan Zaletel, Int J Anesth Pain Med 2019, Volume 5
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Behaviour factors and risk of headache in Slovenia

Marjan Zaletel

University Clinical Centre of Ljubljana, Slovenia

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

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

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

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

Biography

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

marjan.zaletel@kclj.si

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Ivan R Jeremic et al., Int J Anesth Pain Med 2019, Volume 5
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Possible DRESS syndrome in a patient with systemic sclerosis and rheumatoid arthritis during treatment with lamotrigine

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

[1]Institute of Rheumatology, Serbia

[2]University of Belgrade, Serbia

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

Biography

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

ivanjeremic@rocketmail.com

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Yasushi Ueno, Int J Anesth Pain Med 2019, Volume 5
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Recurrence of stroke in patients with AF using NOACs

Yasushi Ueno

Shinko Memorial Hospital, Japan

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

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

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

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

Biography

Yasushi Ueno has his expertise in neurosurgery and stroke prevention. Especially he has a lot of clinical data about acute ischemic stroke and vascular recanalization flowing medical preservation using DOACs (direct oral anticoagulants). He has built this clinical data after years of experience in bed side work, research, evaluation, and administration both in Shinko hospital and education institutions; Kyoto University.

yweno@hotmail.co.jp

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Pavol Mudroň, Int J Anesth Pain Med 2019, Volume 5
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Effects of vitamin e and selenium on surgical stress and lipid peroxidation in dairy cows

Pavol Mudroň

University of Veterinary Medicine and Pharmacy in Kosice, Slovakia

The present trial was aimed to study the effects of vitamin E and selenium treatment on stress and lipid peroxidation in dairy cows stressed by omentopexy. Twenty Holstein-Frisian dairy cows, admitted for treatment of left abomasal displacement, were randomly divided into two groups. Ten hours before surgery 6 g of DL-α-tocopheryl acetate and 67 mg of natrium selenite (Vitaselen®) were administered subcutaneously to 10 cows; the control animals (n=10) received an equivalent volume of injectable water (40 ml). Abdominal surgery (omentopexy) was performed in a standing position 16 – 24 hours after admission. Blood samples were drawn: before vitamin E/Se injection, just prior to surgery, immediately after surgery, then 15, 30, 60 minutes, and 2, 5, 10, and 24 hours after surgery. The plasma α-tocopherol was determined by HPLC using a fluorescent detector. The plasma selenium levels were determined by fluorometric detection, plasma TAC was analysed spectrophotometrically, and TBARS spectrofluorometrically. The serum cortisol was determined by chemiluminiscent enzyme immunoassay. Statistical analysis was carried out by a two-factorial analysis of variance (one repeated factor: time, one grouping factor: treatment). The injection of vitamin E and selenium produced a rapid rise ($p<0.05$) in blood α-tocopherol and selenium concentrations. Two-way ANOVA did not show significant treatment effect on plasma TBARS and TAC in our trial. In contrast, a certain effect of the treatment could be found on serum glucose and WBC count ($p<0.05$). Serum cortisol concentrations increased in both groups after surgery ($p<0.05$) and two-way ANOVA revealed significant effect of treatment on cortisol levels ($p<0.05$). In conclusion, the administration of Vitamin E and selenium resulted in weaker cortisol response in experimental animals, however, no significant effects of a single vitamin E/Se injection on blood TBARS were found.

Biography

Pavol Mudroň graduated as a DVM at the University of Veterinary Medicine (Kosice, Slovakia) in 1985. In 1996 successfully defended his PhD thesis on "Role of vitamin E in immune response" In 1998 he became Associated Professor and in 2006 Diplomate of the European College of Bovine Health Management. At the moment he is full professor and head of the Clinic of Ruminants at the University of Veterinary Medicine and Pharmacy in Kosice.

Pavol,mudron@uvlf.sk

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

Lucia Amendano
Chamberlain College, USA

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

Biography

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

amenda97@gmail.com

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Improving pain management knowledge among nurses

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

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

Biography

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

amenda97@gmail.com

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

Liakou Chrysoula, Platis Yannis, Galanis Dimitrios, Polychronopoulos George, Georgiadis Thomas and **Krikeli Eleftheria**

Mitera General Hospital of Athens, Greece

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

Biography

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

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

mail@cliakou.gr

elkrikeli@mitera.gr

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&
8th Edition of International Conference on
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Efstathios Konstantinou Koutsostathis, Int J Anesth Pain Med 2019, Volume 5
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Gaucher disease: An orphan disease with significant osseous manifestations

Efstathios Konstantinou Koutsostathis
Kerameikos Health Center, Greece

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

Biography

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

e.koytsostathis@gmail.com

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

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

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

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

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

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

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

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

Biography

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

drtarekameen@yahoo.com

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Targeting descending dopaminergic signalling to treat trigeminal neuropathic pain

Feng Tao

Texas A&M University College of Dentistry, USA

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

tao@tamhsc.edu

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Anti VEGFR therapy for osteoarthritis pain

Hee-Jeong Im Sampen

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

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

imsampen007@gmail.com

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Titin truncating mutation causing familial dilated cardiomyopathy

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

[1]UConn Internal Medicine Residency, USA

[2]UConn Health, USA

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

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

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

kethireddy@uchc.edu

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

Olusola Onoviran, Hommel Erin and James Coleen

University of Texas Medical Branch, USA

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

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

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

ofonovir@utmb.edu

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

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

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

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

patti.kastanias@gmail.com

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

Laura Alice Rose Alger

King's College London, UK

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

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

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

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

laura.alger95@gmail.com

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

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

Universitas Sumatera Utara, Indonesia

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

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

yunita@usu.ac.id

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

Saeyoung Kim

Kyungpook National University, South Korea

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

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

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

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

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

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

saeyoungkim7@gmail.com

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

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

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

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

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

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

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

aabushaheen@kfmc.med.sa

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

Boh Boi Wong
National University of Singapore, Singapore

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

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

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

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

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

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

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

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

bbwong@thomsonmedical.com

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

Carlos H Laino

National University of La Rioja, Argentina

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

carloslaino25@gmail.com
carloslaino2001@yahoo.ca

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Neurophysiological features of chronic tension headache

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

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

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

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

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

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

a_vojtyuk@yahoo.com

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

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

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

geramie_acebuque@yahoo.com

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The best times to treat of diseases according to biological clock

Alemdar Eda
Goce Delcev University of Stip, Macedonia

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

inventorsbrain@gmail.com

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

Segundo Mesa Castillo
Havana Psychiatric Hospital, Cuba

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

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

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

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

segundo@infomed.sld.cu

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

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

Mansoura University, Egypt

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

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

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

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

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

emaneladawy@yahoo.com

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

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

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

emilijanikolovskageh@gmail.com

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

Jerne Kaz Niels B Paber

Zamboanga City Medical Center, Philippines

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

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

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

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

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

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

jernepaber@gmail.com

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Iron metabolism of proteins during pregnancy

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

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

ilahashahverdiyeva@gmail.com

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

Varun Vikas Vij
DMC and H Ludhiana, India

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

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

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

varunkumar1982dec@gmail.com

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

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

National Cancer Institute-Cairo University, Egypt

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

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

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

sharifaalkarim@cu.edu.eg

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

Sajid Hussain

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

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

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

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

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

sajid9596@gmail.com

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Pain relief and palliative care is a human right

Michel Daher

University of Balamand, Lebanon

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

mndaher@inco.com.lb

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

Chala Kenenisa Edae
Jimma University, Ethiopia

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

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

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

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

kchala@rocketmail.com

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Workshop on hypnotherapy and pain management

Muhammad Rafiq
University of Management and Technology, Pakistan

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

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

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Medical errors: Causes and its impact on postgraduate residents

Attia Bari

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

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

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

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

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

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

drattiabari@gmail.com

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Home treatments for controlling restless leg syndrome

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

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

zahra.alibabaei@yahoo.com.sg

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

Muhammad Tahir Aslam
Dow University of Health Sciences, Pakistan

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

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

tahiraslam.bhutta@yahoo.com

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

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

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

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

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

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

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

aabushaheen@kfmc.med.sa