

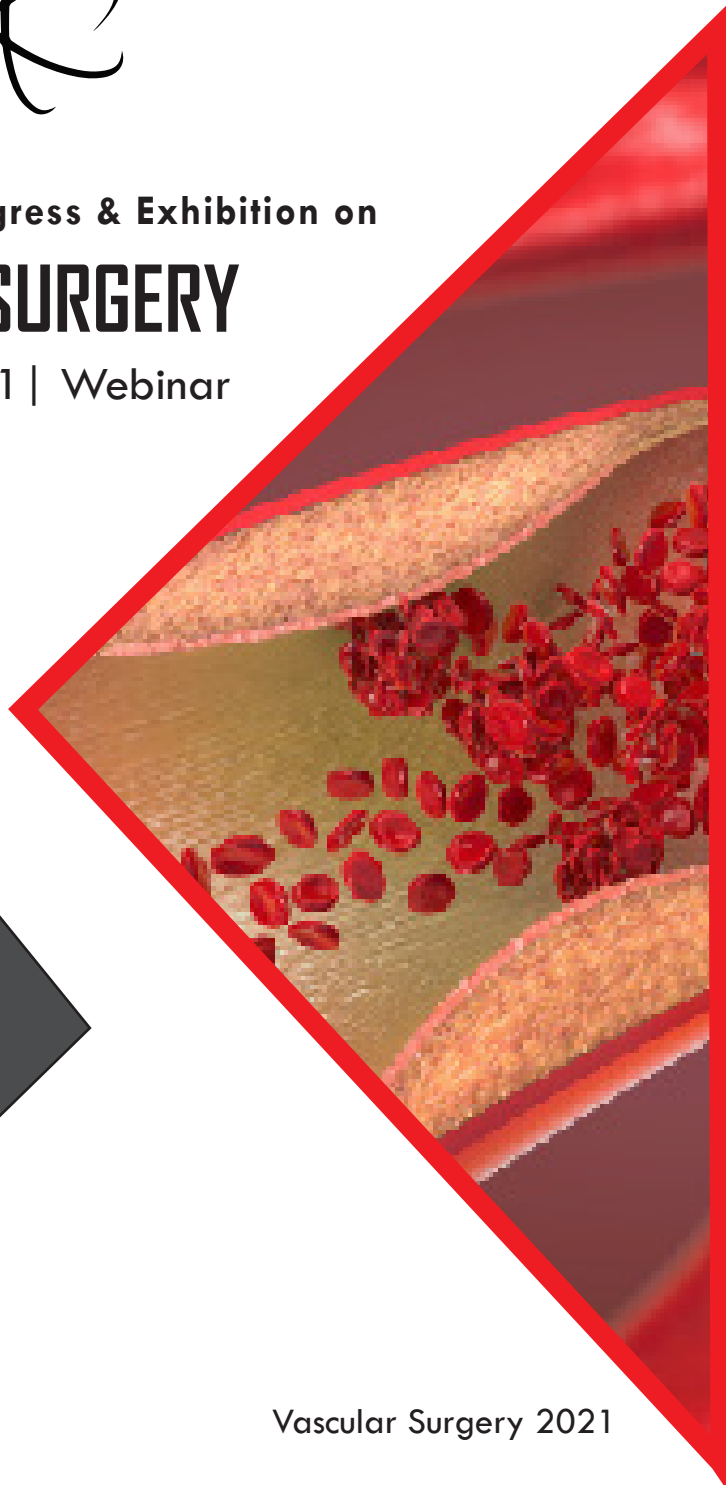


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Scientific Tracks



Vascular Surgery 2021

Role of PET CT-in acute deep vein thrombosis

Role of PET CT-in acute deep vein thrombosis

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Abstract

Venous thromboembolism (VTE), mostly presenting as deep vein thrombosis (DVT) and pulmonary embolism (PE), affects approximately 300,000 to 600,000 individuals and 60,000 to 100,000 die of VTE each year in the United States. Clinical symptoms of VTE are nonspecific and sometimes misleading. Additionally, side effects of available treatment plans for DVT are significant. Therefore, medical imaging plays a crucial role in proper diagnosis and avoidance from over/under diagnosis, which exposes the patient to risk. In addition to conventional structural imaging modalities, such as ultrasonography and computed tomography, molecular imaging with different tracers has been studied for diagnosis of DVT. In this review we will discuss currently available and newly evolving targets and tracers for detection of DVT using molecular imaging methods.

Biography

Harivadan Lukka has completed his M.Ch in Cardiovascular and Thoracic Surgery at Sri Venkateshwara Institute of Medical Sciences, Tirupati, India and Postdoctoral Studies from Sir Ganga Ram Hospitals, New Delhi, India. He is the Chairman/Director of Venkateshwara Vascular Foundation, a service organization. He has published more than five papers in reputed journals.

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Endovascular treatment of short-angulated abdominal aortic aneurysm in high-risk patient

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Abstract

Endovascular aneurysm repair (EVAR) for abdominal aortic aneurysms (AAAs) has revolutionized our approach to treating this disease.

Medical history

A 60-year-old, average male patient was hospitalized with dull abdominal pain associated with back pain.

Treatment:

The main body of the stent graft 25x14x103 mm from the left thigh into the lower region placed under the left kidney, and adjust the angle of projection in the appropriate posture to clearly show the left renal artery. Taking an endoleak type 1A recording test, decided to put more cuff under the renal artery, with the size 28x28x49 mm and the 6x58 mm cover of the stent into the left renal artery.

Results:

The routine CT scans after 1 month did not detect any endo-leak and other complications

Keywords-endoleak, short-neck, abdominal aortic aneurysms (AAA), stentgraft.

Biography

Le Duc Tin has completed his general doctor at the age of 25 years from Pharmacy and Medicine University of HCM city and postdoctoral studies from Pharmacy and Medicine University of HCM city. He has published more than 20 papers in reputed journals in VN and abroad. I joined some vascular conferences.

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The efficiency of exercise training in patients with venous insufficiency

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Background:

Exercise training is current treatment method for venous insufficiency. It is known that exercise training increases the ejection fraction and reduces the residual volume fraction. However, there are no studies that thoroughly investigate the effectiveness of exercise training and evaluate its effect on hemodynamic status with Duplex Doppler Ultrasonography (DDU).

Objective:

The aim of this study was to evaluate the effects of exercise training in addition to compression therapy on quality of life, hemodynamic status, muscle strength, clinical severity, edema, functional capacity and gait velocity in venous insufficiency compared to compression treatment alone.

Method:

Twenty-four patients with venous insufficiency on C3-6 level according to CEAP were randomized and divided into exercise group (EG) and control group (CG). While CG received only compression therapy, EG was applied comprehensive exercise training consisting of aerobic, strengthening and stretching exercises in addition to compression therapy for 30 min/day, 2 days/week, 6 weeks at hospital under the supervision of physiotherapist. All the patients were assessed with Chronic Venous Disease Quality of Life Questionnaire-20 (CIVIQ-20) and Short Form-36 (SF-36), DDU, Venous Clinical Severity Score (VCSS), hand-held dynamometer, Visual Analogue Scale (VAS), circumference measurements, 6 minute-walking test (6MWT), and 10-meter-walking test (10MWT) before and after the treatment.

Results:

As primary outcome, CIVIQ-20 score and as secondary outcome measures SF-36, VCSS, all muscle strength, functional capacity, gait velocity were different significantly between groups in favor of EG ($p<0.05$). Hemodynamic status and edema improved significantly in EG ($p<0.05$). No side effect was observed in both groups.

Conclusions:

As a result of this study, it was concluded that supervised multimodal exercise training in addition to compression therapy was safe treatment that more effective on quality of life, hemodynamic status, muscle strength, clinical severity, functional capacity and gait velocity in venous insufficiency compared to compression treatment alone in venous insufficiency.

Keywords — clinical severity, exercise capacity, exercise training, quality of life

Biography

Saliha Grdal Karakelle is a young physiotherapist who specializes in cardiovascular physiotherapy. She has completed her MSc at the age of 26 years from Istanbul University-Cerrahpasa and has been studying PhD from same university. She has submitted more than 20 papers on Congress in the field of Physiotherapy and Rehabilitation, and some of this papers were published reputed journals.

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Traumatic cardiac tamponade due to intra pericardial aorta injury

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Introduction:

Cardiac tamponade is an event of difficult diagnosis, quick evolution, and requires accurate and adequate decision making, both to arrive at the diagnosis and to achieve the correct treatment and avoid a potentially fatal outcome.

Clinical Case:

25-year-old man, Paraguayan, single, architecture student, a native of Coronel Oviedo, without a medical antecedent of interest, was brought unconscious to the Emergency Unit of the President Franco District Hospital for a chest wound, caused by White weapon, with 15-minute evolution. Physical examination: penetrating puncture wound of the thorax was observed between the fourth and fifth ribs on the midclavicular line and cardiorespiratory arrest was found. Advanced cardiopulmonary resuscitation was performed, after 20 minutes, it worked. Then, during his transfer to the operating room he presented another arrest and thoracotomy was performed by a left anterolateral incision without success and it was improvised with enlargement of the left parasternal incision, after a cardiac tamponade was diagnosed. An intrapericardial ascending aorta lesion of approximately 0.5cm was found with active bleeding, after a failed attempt to repair with vicryl 1.0, is achieved with mononylon 3.0. During the surgery were three cardiac arrests that were resolved favorably with direct cardiac massage, there was loss of approximately 3,000ml of blood. Subsequently, the patient was transferred to the Intensive Care Unit of the Regional Hospital of Ciudad del Este. The patient recovered and evolved favorably.

Conclusion:

The surgical approach is in most cases applied as a diagnostic method and then as treatment due to the lack of auxiliary studies in some centers. With fatal outcomes due to various reasons, but with survival also in a good percentage, the difference between them is in some cases in the fast acting of the professionals that attend these patients.

Biography

Andres Ramon Martinez Cardozo has completed his specialty in General Surgery at the Ciudad del Este Regional Hospital. He studied Medicine at Eastern National University, Paraguay. He is Anatomy Head of Chair at the Eastern Private University, Paraguay. Also works as a Surgeon at the Presidente Franco District Hospital and the Social Security Institute. He is also a Video Laparoscopic Surgeon and he has a Master's degree in higher education. In the past, he worked as Assistant Chair of Anatomy at the Eastern National University, Assistant Professor of Surgery at the Eastern Private University and he had many other positions in the universities of the area.

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Exercise Training as a Treatment in Chronic Venous Insufficiency

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Abstract:

Exercise is a type of physical activity consisting of planned, structured, and repetitive bodily movement done to improve and/or maintain one or more components of physical fitness. Exercise has many known beneficial effects. Based on these effects, it has been started to be applied in chronic venous insufficiency.

In healthy venous return, valves and deep veins work together with the muscle pump. Gastrocnemius and Soleus muscles, which are located in the calf region and known as the peripheral heart, are the most important muscles that support venous return. Pathological conditions such as reflux and obstruction in the venous system are usually accompanied by dysfunction of the muscle pump in chronic venous insufficiency. As the disease progresses, structural and metabolic disorders occur in the calf muscles. In addition, loss of strength and endurance were detected in the calf muscles of chronic venous insufficiency patients compared to healthy individuals.

When the literature is reviewed, the benefits of exercise on venous hemodynamic status, edema, pain, calf muscle strength&endurance and ankle range of motion in patients with chronic venous insufficiency were seen.

When the disease severity of the patients included in the study is examined, it is seen that all levels, from patients with edema to patients with active ulcers were included.

Inclusion of chronic venous insufficiency patients in exercise therapy from the beginning of the diagnosis can increase patient satisfaction as well as benefits such as slowing / stopping disease progression and reducing health expenses.

It is known that physiotherapists play an active role in the treatment of heart diseases such as heart failure, coronary artery disease, as well as vascular diseases such as peripheral artery disease, lymphedema, and lipoedema. Similarly, chronic venous insufficiency patients should be directed to cardiovascular rehabilitation units.

Keywords-chronic venous insufficiency, exercise, benefit

Biography

Saliha Grdal Karakelle is a young physiotherapist who specializes in cardiovascular physiotherapy. She has completed her MSc at the age of 26 years from Istanbul University-Cerrahpasa and has been studying PhD from same university. She has submitted more than 20 papers on Congress in the field of Physiotherapy and Rehabilitation, and some of this papers were published reputed journals.

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Lymphedema

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The lymphedema has been treated with decompressive drainage, the use of stockings, and other conservative ways, but nowadays there are several surgical techniques such as the transfer of the lymphatic vessel to the adjacent vein or artery, which allows the flow of the lymphatic fluid into the circulatory system, and with this, we expect a decrease of the diameter obtained in the affected limb.

When the lymphedema is more advanced is necessary to perform liposuction of the fat accumulated for years, regionally, as it often limits flexion and extension of elbow and wrist, in addition to a disproportionate increase in the weight of the limb. Along with this, and in a second stage, we can include a transfer of autologous lymph nodes from the contralateral armpit or groin that will allow the lymphatic fluid to drain from the limb.

In order to evaluate the success of the multidisciplinary therapies, the circumference of the injured limb will be measured from the distal end of the fingers to the metatarsophalangeal joint every 2cm and from the wrist to the axillary crease every 5cm and the contralateral to make the comparison and over the following months, similar measurements will be made to assess the evolution of the decrease in circumference.

We need to encourage the specialists, patients, and everyone involved to collaborate in multidisciplinary treatment.

Biography

Xochitl Velázquez Arroyo has completed her training in lymphedema after Microsurgery Reconstruction of Limbs by “Universidad Autonoma de Barcelona” being student of Dr. Isao Koshima and Dr. Jaume Masiá and learning many surgical techniques visiting countries like Finland, Romania, England, Italy, Israel, etc. She is the director of “Linfective”, one of the first organizations in lymphedema in Mexico.

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