Under The Patronage of

H.E. Prof. Dr. MARWAN AL-HALABI

Minister of Higher Education and Scientific Research

35th Annual Meeting of ARABMED in Europe

10th Joint International Medical Conference

At Al Andalus University for Medical Sciences

« ADVANCES IN CONTEMPORARY MEDICINE »

تحت رعاية الاستاذ الدكتور مروان الحلبي

وزير التعليم العالي والبحث العلمي يعقد:

المؤتمر السنوي ال35 لإتحاد الأطباء العرب في اوروبا

المؤتمر الدولي الطبي المشترك العاشر

في جامعة الاندلس للعلوم الطبية

"الجديد في الطب المعاصر"

Program & Abstracts البرنامج العلمي والملخصات

Al Andalus University for Medical Sciences,

Al-Qadmus - Syrian 27 – 28 October 2025

Syria – Tartus 0437557600 0437557616 سورية – طرطوس 101

www.au.edu.sy

info@au.edu.sy

ARABMED Conference 1984-2025

1. Cologne / Germany 1984
2. Stuttgart / Germany1985
3. Wiesbaden / Germany1986
4. Frankfurt / Germany1987
5. Wiesbaden / Germany1988
6. Frankfurt / Germany,1989
7. Frankfurt / Germany, 1990
8. Wiesbaden / Germany1991
9. Manchester / G.B.1992
10. Hamburg / Germany,1993
11. Paris / France,1994
12. Berlin / Germany, 1995
13. Frankfurt / Germany,1996
14. Rome / Italy,1997
15. Munich/Germany,1998
16. Düsseldorf / Germany,1999
17. Dubai / UAE,2000
18. Hanover / Germany,2001
19. London / G.B.,2002
20. Bonn / Germany,2003
21. Istanbul / Turkey,2004
22. Ajman /UAE, 2005
23. Aleppo/ Syria 2006
24. Berlin /Germany2008
25. Vienna /Austria 2009
26. Dublin/Ireland 2010
27. Madrid / Spain 2011
28. Paris/ France 2012
29. Berlin /Germany 2013
30. Rome Italy 2014
31. Fujairah/ UAE 2015
32. Vienna – Austria 2016
33. Istanbul / Turkey 2023
34. Abu Dhabi/ UAE 2024
35. Qadmus/Syria2025

Under The Patronage of

Prof. Dr. MARWAN AL-HALABI

Minister of Higher Education and Scientific Research

35th Annual Meeting of ARABMED in Europe

10th Joint International Medical Conference

At Al Andalus University for Medical Sciences

« ADVANCES IN CONTEMPORARY MEDICINE »

تحت رعاية الأستاذ الدكتور مروان الحلبي

وزير التعليم العالي والبحث العلمي يعقد:

المؤتمر السنوي الـ 35 لإتحاد الأطباء العرب في اوروبا

المؤتمر الدولي الطبي المشترك العاشر

في جامعة الاندلس الخاصة للعلوم الطبية

"الجديد في الطب المعاصر"

Program & Abstracts البرنامج العلمي والملخصات

Al Andalus University for Medical Sciences,

Al-Qadmus - Syria

October 27-28, 2025

Steering Committee اللجنة العليا للمؤتمر

Dr. Faidi Omar Mahmoud, Cardiac Surgeon, President of ARABMED in Europe
الدكتور فيضي عمر محمود (رئيس أتحاد الاطباء العرب في اوروبا) .

Dr. Ossama Al-Babbili, President of the Conference CEO of York Diagnostic Laboratories, UAE
الدكتور اسامة البيبلي (رئيس المؤتمر)

Dr. Ingenieur Mazen Fani, Chairman of the Board of Trustees of Al-Andalus University for Medical Sciences
الدكتور مازن فاني (رئيس مجلس امناء جامعة الأندلس للعلوم الطبية)

Prof Dr. Samir Kabbah President of Al-Andalus University
الدكتور سامر قباع (رئيس جامعة الأندلس الخاصة للعلوم الطبية)

Prof. Hussain Maihoub Salman, Past President of Al-Andalus University
الدكتور حسين ميهوب (الرئيس السابق لجامعة الأندلس للعلوم الطبية)

Prof. Dr. Kanaan Al-Tameemi, Vice President for Scientific Affairs, Al-Andalus University
الدكتور كنعان التميمي (نائب رئيس الجامعة للشؤون العلمية والبحث العلمي)

Prof. Dr. Ali Kamel Ibrahim, Vice President of Administrative Affairs, Al-Andalus University
الدكتور علي ابراهيم (نائب رئيس الجامعة للشؤون الإدارية والطلاب)

السيدات والسادة الزملاء الأعزاء،
السادة الضيوف,اعزائي الحضور،

باسم اتحاد الاطباء العرب في اوروبا نرحب بكم في المؤتمر الطبي السنوي الخامس والثلاثون لاتحاد الأطباءالعرب في اوروبا بالتزامن مع المؤتمر الطبي الدولي العاشر، تحت رعاية السيد وزير التعليم العالي والبحث العلمي الدكتور مروان الحلبي والذي سيُعقد تحت شعار "الجديد في الطب المعاصر"، يومي 27 و28 أكتوبر/تشرين الأول 2025، على مدرجات جامعة الأندلس للعلوم الطبية في القدموس في سورية. والذي ستستضيفه جامعة الأندلس للعلوم الطبية وبالتعاون مع العديد من المعاهد الطبية والجمعيات الإقليمية.
لقد أتاحت الرؤية المشتركة لاتحاد الاطباء العرب في اوروبا وجامعة الأندلس للعلوم الطبية لعقد مؤتمر طبي مشترك وخاصةً في هذه الفترة الحساسة سعياً إلى تعزيز الرعاية الصحية وخدمة المرضى.
إن مسؤوليتنا الأساسية كمنظمين وباحثين وأصحاب مصالح مشتركة هي تعزيز البحث والتعاون التقني في سوريا وفي العالم العربي. فهدفنا هو ربط الباحثين العرب ببعضهم البعض، وبالأخص، مع أقرانهم في جميع أنحاء العالم في بيئة عالمية مترابطة تقدر التبادل العلمي والفكري وبالتالي المشاركة بنشاط من خلال شبكة البحث الدولية.
إن التعاون الواسع النطاق أصبح لا غنى عنه الآن. فقط من خلال عملنا المشترك في إطار بحثي شامل مستمر يمكننا الاستفادة من التقدم العالمي والمساهمة بشكل هادف في هذا المجال. كما أننا من خلال التعاون المستدام يمكننا أن نفي بالتزامنا بالتقدم العلمي.
اليوم يتجاوز العلم مجال البحث، ويعتمد بشكل متزايد على التكنولوجيا في التطبيقات العملية المتاحة. والسؤال: أين نقف نحن من كل هذا التطور؟ غالباً ما نستهلك الابتكارات التي يتم تطويرها في أماكن أخرى. ألم يحن الوقت للتركيز على توطين التكنولوجيا؟ لماذا لا ننشئ مراكز متقدمة لتعزيز قدراتنا الإنتاجية، وتمكيننا من تصنيع بعض ما نستهلكه، ونخفض من تكاليف الاستيراد، ونحدث فرص جديدة للعمل، ونحد من الهجرة - وخاصة هجرة العقول والأيدي الماهرة؟ لماذا لا نعزز شراكة مفيدة للطرفين، حيث يتولى كل من القطاعين الرسمي والقطاع الخاص الانخراط في أدواراً نشطة؟ إننا نطرح هذه الدعوة للتعاون وكلنا أمل بالحصول على استجابة إيجابية.
على مدى 15 عاماً الماضية انقطعت النشاطات العلمية عن سوريا بسبب الظروف القاسية والأيام العصيبة التي مرت عليها انقطع عنها كل السبل وبما فيها الدواء والعلم والمعرفة و مقومات الحياة الأخرى لذلك نسعى لشحذ الهمة معاً نحن أبناء سورية في إعادة إعمارها والسعي قدماً لبذل الجهود في أيجاد السبل لتحسين الخدمات الطبية والبحث العلمي. إن اتحاد الاطباء في أوروبا يقدر بشدة جهود الأطباء والزملاء في القطاع الصحي في سوريا الذين كافحوا وعملو وضحوا أنفسهم في ظل الظروف العصبة التي مرت عليه سورياونحن فخورون بالتعبير عن امتناننا وتقديرنا واحترامنا الصادق لالتزامهم الثابت في خدمة المرضى والوطن. كما اننا نقدر بشدة جهود جامعة الأندلس للعلوم الطبية في إعداد وتنسيق ما نتوقع أن يكون مؤتمراً متميزاً ومؤثراً. لالتزامهم الثابت بالتميز. ونأمل أن يعود هذا المؤتمر بالنفع على جميع المتحدثين والمشاركين، وقبل كل شيء على مرضانا. وبصفتنا أطباءً عرباً في الخارج، يشرفنا أن نشاهد سوريا من جديد في طليعة الدول التي تهتم في تعزيز وتطوير البحث الطبي.
إن التفاني القوي من جانب جامعة الأندلس للعلوم الطبية وزملائنا في اتحاد الاطباء العرب في اوروبا لا يقدر بثمن، حيث يعتمد نجاح هذا الحدث على التزام زملائنا الذين ساهموا بسخاء بوقتهم وحضورهم حيث قدموا من مختلف البلدان ومعهم رؤيتهم العلمية للمستقبل فلهم منا فائق الشكر.
نأمل أن يلبي برنامجنا العلمي توقعاتكم ونتطلع إلى لقاء علمي شيق ومحفز ونرحب ترحيباً حاراً بكم جميعاً في رحاب جامعة الأندلس.
مع خالص التقدير.

الدكتور أسامة البيبلي
رئيس المؤتمر
ممثل اتحاد الأطباء العرب في أوروبا في الامارات والخليج

الدكتور فيضي محمود
رئيس اتحاد الأطباء العرب في اوروبا

Ladies and gentlemen, esteemed colleagues,

On behalf of the Union of ARABMED in Europe, it is our great pleasure to welcome you to the 35th Annual Medical Congress of the Union of Arab Doctors in Europe, held in conjunction with the 10th International Medical Congress, under the patronage of H.E. Dr. Marwan Al-Halabi, Minister of Higher Education and Scientific Research, on October 27–28, 2025, at the lecture halls of Al-Andalus University for Medical Sciences in Qadmus, Syria. The congress is hosted by Al-Andalus University for Medical Sciences, in collaboration with several medical institutes and regional associations.

The shared vision of the Union of Arab Doctors in Europe and Al-Andalus University for Medical Sciences has made it possible to hold this joint medical congress especially at such a sensitive time in pursuit of strengthening healthcare and serving patients.

Our primary responsibility as organizers, researchers, and stakeholders is to foster research and promote technical cooperation in Syria and the Arab world. Our goal is to connect Arab researchers with each other, and more importantly, with their peers worldwide, within a global environment that values scientific and intellectual exchange. In this way, we can actively participate in the international research network. Today, large-scale cooperation is indispensable. Only by integrating ourselves into a comprehensive, continuous research framework can we benefit from global progress and contribute meaningfully to this field. Through sustainable collaboration, we can fulfill our commitment to scientific advancement.

Science today goes beyond research; it increasingly relies on technology for practical applications. The question is: Where do we stand in all this progress? Too often, we consume innovations developed elsewhere. Is it not time to focus on localizing technology? Why not establish advanced centers to enhance our productive capacity, enable us to manufacture more of what we consume, reduce import costs, create new job opportunities, and limit brain drain- especially the emigration of skilled professionals? Why not strengthen mutually beneficial partnerships where both the public and private sectors play active roles? We extend this call for collaboration with the hope of receiving a positive response.

For the past 15 years, Syria's scientific activities have been severely due to the difficult and challenging circumstances the country has endured. Education, medicine, and scientific exchange were cut off. Therefore, we now wish together as the sons and daughters of Syria to revive our collective efforts in rebuilding, improving healthcare services, and advancing scientific research.

The Union of Arab Doctors in Europe deeply values the efforts of Al-Andalus University for Medical Sciences in preparing and coordinating what we expect will be an outstanding and impactful congress. We are proud to express our gratitude, appreciation, and sincere respect for their unwavering commitment to excellence. We hope this congress will benefit all speakers and participants, and above all, our patients. As Arab doctors abroad, we are honored to see Syria once again at the forefront of countries striving to promote and advance medical research.

The strong dedication of Al-Andalus University for Medical Sciences and our colleagues in the Union of Arab Doctors in Europe is invaluable. The success of this event depends on the commitment of our colleagues who have generously contributed their time, traveled from different countries, and shared their scientific vision. To them, we extend our heartfelt thanks.

We hope our scientific program meets your expectations, and we look forward to an inspiring and engaging academic exchange. It is with great pleasure that we warmly welcome you all to Al-Andalus University.

With sincere regards,

Dr. Faidi Omar Mahmoud
President of ARABMED in Europe

Dr. Ossama Al-Babbili
Congress President, Representative of ARABMED in Europe in the UAE & Gulf region

كلمة رئيس جامعة الأندلس للعلوم الطبية

السادةالحضور ضيوف الجامعة

دأبت جامعة الأندلس للعلوم الطبية منذ نشأتها على نشر ثقافة البحث العلمي وتشجيع الباحثين والطلاب على النشر العلمي من خلال توفير بيئة بحثية تساعدهم على تحويل افكارهم العلمية إلى بحوث علميةٍ منشورة في أرقى المجلات العالمية، كل ذاك تنفيذاً لرؤية الجامعة في دعم البحث العلمي وخدمة المجتمع.
وايمانا من الجامعة بأهمية الشراكات وعقد المؤتمرات العلمية المشتركة مع المراكز البحثية والمؤسسات الاكاديمية العالمية، يأتي انعقاد المؤتمر المشترك العاشر لاتحاد الأطباء العرب في اوروبا في رحاب جامعة الأندلس الخاصة للعلوم الطبية، تعزيزاً وخدمةً لنشر ثقافة البحث العلمي في الجامعة، وذلك بمشاركةٍ من أساتذة وباحثين من جامعة الأندلس الخاصة ومن اتحاد الأطباء العرب في اوروبا .
بإسم مجلس الجامعة، وبإسمي شخصياً أرحب بجميع السادة المشاركين متمنياً للمؤتمر وللسادة الضيوف المشاركين طيب الإقامة وكل التوفيق والنجاح.

الاستاذ الدكتور سامر قباع
رئيس جامعة الأندلس للعلوم الطبية

Ladies and gentlemen, esteemed colleagues

Since its establishment, Al-Andalus University for Medical Sciences has been committed to fostering a culture of scientific research and encouraging both researchers and students to engage in academic publishing. The University provides a supportive research environment that enables them to transform their scientific ideas into published studies in prestigious international journals. This commitment reflects the University's vision of advancing scientific research and serving the community.

In line with its belief in the importance of partnerships and in organizing joint scientific conferences with research centers and academic institutions worldwide, the University is honored to host the 10th Joint Conference of the ARABMED in Europe. This event, held on the campus of Al-Andalus University for Medical Sciences, aims to further promote and strengthen the culture of scientific research within the University, with the participation of distinguished professors and researchers from both Al-Andalus University and the Union of ARABMED in Europe.

On behalf of the University Council and in my own name, I extend a warm welcome to all participants and esteemed guests, wishing you a pleasant stay and every success in this conference.

Prof Dr. Samir Kabbah
President of Al-Andalus University for Medical Sciences

- **Organizing Bodies and Partners الهيئات المنظمة**
  - Arab Medical Union in Europe (ARABMED) http://www.arabmed.de
  - Al Andalus University for Medical Sciences www.au.edu.sy
- **Title of the conference « ADVANCES IN CONTEMPORARY MEDICINE » شعار المؤتمر**
- **Hosted by:**
  - Al Andalus University for Medical Sciences
- **Congress name:**
  35th Annual Meeting of ARABMED in Europe
  10th Joint International Medical Conference
- **Date And Time:** OCTOBER 27-28, 2025
- **Congress Venue: Al-Andalus University for Medical Sciences in Qadmous - Syria**
- **President of the ARABMED in Europe**
  Dr. Faidi Omar Mahmoud, Cardiac Surgeon, Germany.
- **President of the Conference**
  Dr. Ossama Al-Babbili, CEO of York Diagnostic Laboratories (UAE), Representative of Arabmed in UAE and Gulf Region
- **Steering Committee**
  - Prof Dr. Samir Kabbah President of Al-Andalus University
  - Dr. Ingenieur Mazen Fani, Chairman of the Board of Trustees of Al-Andalus University for Medical Sciences
  - Prof. Hussain Maihoub Salman, Past President of Al-Andalus University
  - Dr. Faidi Omar Mahmoud, Cardiac Surgeon, President of ARABMED in Europe.
  - Dr. Ossama Al-Babbili, President of the Conference CEO of York Diagnostic Laboratories, UAE
  - Prof. Dr. Ali Kamel Ibrahim, Vice President of Administrative Affairs, Al-Andalus University
  - Prof. Dr. Kanaan Al-Tameemi, Vice President for Scientific Affairs, Al-Andalus University

  Contact Address for Registration عنوان المراسلات
  Dr. Faidi Omar Mahmoud, Cardiac Surgeon, Erlangen, Germany Email: faidi.mahmoud@gmail.com
  Dr. Ossama Al-Babbili, President of the Conference E-Mail o.babbili@ydl-me.com
  Syria: Mr. Somar Youssef, General Secretary of Administrative Affairs
  Email: sy85@au.edu.sy, Tel.: +963 942200437
- **Scientific Committee ARABMED**
  - Dr. Ismail Abbara Urologist, Andrologist & General Surgeon, Dubai UAE
  - Prof. Abdulkader Martini, Orthopidic and Hand Surgeon, Heidelberg, Germany
  - Dr. Faidi Omar Mahmoud, Cardiac Surgeon, President of ARABMED in Europe
  - Dr. Ossama Al-Babbili, President of the Conference
  - Dr. Tammam Kelani, Ophthalmologist, (Austria)- Member
- **Organizing Committee: ARABMED**
  - Dr. Hesham Dahshan, Orthopedic Surgery (Germany)
  - Dr. Ossama Al-Babbili (UAE)
  - Dr. Adham Mansour (UAE)
  - Dr. Sayed Tarmassi, General Practitioner (Germany)
  - Dr. Ghassan Elaghe, Radiologist (Irland)

Organizing Committee from of Al-Andalus University for Medical Sciences

- Prof. Ali Kamel Ibrahim, Vice President of Administrative Affairs
- Prof. Dr. Kanaan Al-Tameemi, Vice President for Scientific Affairs
- Dr. Ayman Al Kaial, Dean of the Faculty of Medical Engineering
- Prof. Muhamed Ayham Darouish, Faculty of Medical Engineering
- Dr. Massa Al Ammri, Department of Administrative Affairs
- Dr. Sami Azrak, Vice Dean of the Faculty of Human Medicine
- Somar youssef., General Secretary of Administrative Affairs

Scientific Committee from of Al-Andalus University for Medical Sciences:

- Prof. Dr. Kanaan Al-Tameemi, Vice President for Scientific Affairs
- Prof. Dr. Ali Kamel Ibrahim, Vice President of Administrative Affairs
- Dr. Minhal Josef, Dean of the Faculty of Pharmacy
- Dr. Ayman Al Kaial, Dean of the Faculty of Medical Engineering
- Dr. Ghassan AL Muhamed, Vice Dean of the Faculty of Dentistry
- Dr. Amel Yousfan, Faculty of Pharmacy
- Dr. Sausan Ismail, Faculty of Human Medicine

Conference Languages: English and Arabic, (presentations will be delivered in English only)

- Simultaneous translation will not be available

Media and Communications Committee

From ARABMED:

- Dr. Faidi Omar Mahmoud, Cardiac Surgeon, Erlangen, Germany Email: faidi.mahmoud@gmail.com
- Dr. Ossama Al-Babbili, President of the Conference E-Mail o.babbili@ydl-me.com

Guest accommodation:

- ***Junada resort Tartus ****

Junada resort is a high investments project stretching over 1.5 Kilometres along the Corniche of the City of Tartous overlooking the Mediterranean coast. This master planned development includes residential, office complex commercial and retail components in an integrated resort community that is one of its kind, not only in Syria, but in the entire region.

Junada Hotel is the largest of its kind on the Syrian coast. Offering a sleek accommodation experience combining contemporary luxury, entertainments facilities and sea views.

Registration info https://junada-hotel.com

CHAM PALACE DAMASCUS

Located downtown, in the heart of the city, Cham Palace offers 400 luxurious guest rooms and suites. It is one of the most renowned hotels in the capital, centrally located in a landmark tower block. Even if you are not staying here, the lobby is a famous meeting point for locals and tourists alike. Each room is individually styled with Syrian motifs and handmade furniture with wood-carved furniture; fresh flowers are much in evidence in the high-ceilinged public areas. The quality of service (and pricing) reflects authentic 5-star standards.

Address: Maysaloun Street Po Box 7570, Damascus, Syrian

Contact Tel: + (963-11) 2232300 – 2232320 E-mail: chamresa@net.sy

يتم حجز الغرف للمشاركين في الفنادق المقترحة على المواعيد المرغوبة بانفسهم الاسعار 140 دولار للغرفة المزدوجة في الليلة مع الفطور جامعة الاندلس تتولى المواصلات من دمشق الى القدموس للمحاضرين ذهابا وايابا

Rooms are booked for participants in the suggested hotels on the desired dates themselves. Prices are $150-160 for a double room per night with breakfast. Al-Andalus University is responsible for transportation to Al-Qadmus University from Damascus to Al-Qadmus, and back.

- Rooms must be reserved for participants on their own for the desired dates.
- The organizing committee will not be responsible for room reservations.

Participating Countries

Germany, France, Irland, Ukraine, UAE, Austria, Switzerland, USA, UK

- **Arab Medical Union in Europe**

  The Arab Medical Union in Europe (ARABMED; Union Arabischer Mediziner in Deutschland) is an association of Arab doctors residing in various European countries. Founded and registered in Germany in 1983, ARABMED is a non-profit organization that serves public purposes and focuses on medical, cultural and social activities and exchange. As an independent entity, it is not subject to the influence of governments or religious authorities. It has an elected administrative body composed by a President and Vice President. The last election took place in October 2011. ARABMED has been member of the NGOs at the United Nations with medical and social consultative status at the Economic and Social Council since 1996.

  Members and several specialized committees meet regularly and maintain contacts with more than 2,000 doctors in Europe. All ARABMED members including the administrative body are volunteers and do not receive any payments from ARABMED. Funding for activities comes from annual member fees and donations. ARABMED is headquartered in Germany and has branches in Ireland, Austria, France, Poland, the Gulf States and Jordan. The ARABMED National Office is committed to aiding the establishment of chapters in various states. These chapters must adhere to the highest ethical standards and principles advocated by ARABMED and the wider medical profession.

- **Al Andalus University for Medical Sciences**

  Al Andalus University for Medical Sciences (AU) was established in 2005 by Presidential Decree No. 191, operating under Syrian Higher Education Law. It is an independent academic institution supervised by the Ministry of Higher Education and dedicated to advancing education and research in medical and health sciences.

  AU comprises six faculties:

Human Medicine	Dentistry	Pharmacy	Medical Engineering	Nursing	Hospital Management

- The university’s mission aligns with Syria’s national priorities, focusing on human development, scientific progress, and socioeconomic advancement. AU develops modern curricula and fosters research in medical and health science programs, the university conducts examinations, and grants recognized bachelor's. Its qualifications are officially equivalent to those from Syrian public institutions.

General Information معلومات عامة

AU employs qualified academic and administrative staff through a structured and evolving recruitment process. Over 5,000 students are currently enrolled across its faculties, benefiting from modern facilities and high educational standards.

The university fosters international cooperation, notably through past collaboration with the German Academic Exchange Service (DAAD) and partnerships with European universities, including the University of Erlangen.

AU's vision includes preparing highly qualified medical professionals, supporting scientific research on national health challenges, and enhancing teaching methods and infrastructure. It offers continuing education, supports lifelong learning, and encourages Syrian and Arab professionals abroad to return through meaningful opportunities.

The university promotes student engagement in scientific, cultural, and social activities, while strengthening ties with Arab and international institutions. AU aims to serve as a centre of excellence in medical education and research, contributing to Syria's healthcare and development

جامعة الأندلس الخاصة للعلوم الطبية

تأسست عام 2005 بموجب المرسوم الجمهوري رقم 191، وتعمل تحت إشراف وزارة التعليم العالي وفقًا للقوانين السورية. وهي مؤسسة أكاديمية مستقلة تُعنى بتطوير التعليم العالي والبحث العلمي في مجالات العلوم الطبية والصحية.

تضم الجامعة ست كليات:

الطب البشري	طب الأسنان	الصيدلة	الهندسة الطبية	التمريض	إدارة المشافي

تنسجم رسالة الجامعة مع الأولويات الوطنية في سوريا، وتركز على تنمية الإنسان، والتقدم العلمي، والتطور الاقتصادي والاجتماعي. وتعمل الجامعة على تطوير مناهج وبرامج دراسية حديثة، وتنظيم الامتحانات، ومنح شهادات البكالوريوس والدراسات العليا والدكتوراه الفخرية، وجميعها معترف بها ومعادلة لشهادات الجامعات الحكومية السورية.

تعتمد الجامعة هيكلاً تنظيمياً حديثاً لاستقطاب الكوادر الأكاديمية والفنية والإدارية المؤهلة. ويبلغ عدد طلابها حاليًا أكثر من 5300 طالب وطالبة في مختلف كلياتها يستفيدون من مرافقها التعليمية الحديثة.

تتمتع الجامعة بعلاقات تعاون دولية، خصوصًا مع الهيئة الألمانية للتبادل الأكاديمي (DAAD) وجامعة إرلانغن وعدد من الجامعات الأوروبية.

تهدف الجامعة إلى إعداد كوادر طبية متميزة وفق المعايير العالمية، وتشجيع البحث العلمي، خاصة في مجالات الصحة والتنمية، وتوفير فرص التعليم العالي للطلاب السوريين والعرب والدوليين، إضافة إلى تعزيز العودة الطوعية للكفاءات الطبية السورية والعربية من الخارج.

كما تدعم الجامعة التعلم المستمر، وتنمي مهارات الطلبة، وتساهم في خدمة المجتمع، وتسعى لأن تكون مركزًا رائدًا في التعليم الطبي والبحث العلمي في سوريا والمنطقة.

Conference fee without accommodation رسم المؤتمر دون الإقامة

بشكل عام المشاركة في البرنامج العلمي مجاني اما الذين يرغبون ادراج اسمائهم على قوائم المشاركين والسفر والحصول على وثائق المؤتمر والباج وشهادات الحضور سيكون رسم المؤتمر لكل واحد 50 يورو

In general, participation in the scientific program at the conference is free. However, for those who wish to have their names included in the list of participants, travel, and obtain conference documents, badges, and certificates of attendance, the conference fee for each person will be 50 €.

Bank Info for ARABMED in Europe (Germany) https://www.sparkasse-erlangen.de

Name of the Bank: Stadt- und Kreissparkasse Erlangen Höchstadt Herzogenaurach

General Information — معلومات عامة

Name of the Street: Hugenottenplatz 5, 91054 Erlangen

BIC-/SWIFT-Code: BYLADEM1ERH **IBAN-Number**: DE22 763500000060025142

Practical Information

• Participants are responsible for arranging and covering their own flight costs. • Participants will also bear the costs of accommodation in Damascus and Tartous, as well as meals in Damascus and outside Al-Andalus University. • Please arrange your accommodation and register at the recommended hotels. • Free group transportation shuttle will be provided for registered participants from the hotel in Damascus to the hotel in Tartous on October 26, and back on October 28 or 29. Please register yourself and any accompanying person(s) in advance to ensure a seat. • Please make sure to be at the bus departure point on time. • The Union is not responsible for any loss, damage, or accidents that may occur during the conference or travel. • Please register all participants and accompanying persons to facilitate the preparation of name badges required for venue entry, meals, and travel arrangements. • Speakers are exempt from the conference fee. Participants who wish to obtain conference documents and join shared meals outside the university are subject to additional fees • A WhatsApp group will be formed later for conference participants to receive conference information.	• يتحمل المشاركون والمحاضرون تنظيم وتغطية تكاليف رحلاتهم. • المشاركون والمحاضرون يتحملون تكاليف الإقامة في دمشق وطرطوس، بالإضافة إلى وجبات الطعام في دمشق وخارج جامعة الأندلس. • يرجى ترتيب إقامتكم والتسجيل في الفنادق الموصى بها. • سيتم توفير خدمة نقل جماعي مجانية بالحافلات للمشاركين المسجلين من الفندق في دمشق إلى الفندق في طرطوس يوم 26 أكتوبر، والعودة يوم 28 أو 29 أكتوبر. يرجى تسجيل أنفسكم - وأي مرافقين - مسبقًا • يرجى التأكد من التواجد في نقطة انطلاق الحافلة في الوقت المحدد.النقل خارج هذه التواريخ غير متوفر • الاتحاد غير مسؤول عن أي خسارة أو ضرر أو حوادث قد تحدث أثناء المؤتمر أو السفر. • يرجى تسجيل جميع المشاركين والمرافقين لإعداد بطاقات الأسماء للمشاركة في المؤتمر، ووجبات الطعام، وترتيبات السفر لضمان مقعد.. • المحاضرين معفيين من رسم المؤتمر اما المشاركين الذين يريدون الحصول على وثائق المؤتمر وكذلك وجبات الطعام المشتركة خارج الجامعة تخضع لرسوم منفصلة.للجميع • يوجد مجموعة واتساب للمشاركين في المؤتمر لتلقي معلومات المؤتمر يرجى الاستفسار لمن يرغب

- **Liability:التأمينات والضمانات**

ادارة المؤتمر لا تتحمل اية ضمانات لأية ضرر أو فقدان حاجة أو حادث تحدث خلال المؤتمر أو السفر

  - Congress Administration does not bear any responsibility for any loss, accident or damage occur during the conference or traveling
  - Participants and accompanying persons participate at their own responsibility in the Congress and all accompanying events.

- **Information for the Chairman's and speakers**
  - *Mr. Chairman, please introduce the speakers in session with their names, short biography, title, position, and title of their lecture (info from the program) to the audience, lead the discussion and keep within the allocated time, Discussions at the end of the session*
  - *The official languages of the conference are English and Arabic (Slide presentations must be in English, with the option of an additional language). Simultaneous translation will not be provided.*
  - *The date and room of your presentation are listed in the conference program.*
  - *Time management of your presentation is of at most importance, please do not exceed the allocated time for your presentation, **Oral presentations are only limited to 15 minutes, with discussions taking place at the end of the session***
  - *Please complete the upload of your preparation before your session begins in the conference hall. This will ensure a smooth flow of the session.*
  - Only presentation on USB sticks can be accepted. The use of personal laptop is not permitted. Slide and videotapes projection is not available.

Timetable الجدول الزمني

Day 0 October 26, 2025: Participants depart by bus to their hotel in Tartous.

- **Monday, October 27, 2025:** Scientific program.
- **Tuesday, October 28, 2025**: Scientific program. Participants depart to Damascus.

Day 1 Monday: October 27, 2025

07:00 AM Departure from Junada Hotel in Tartus.

08:00 AM Arrival to Al Andalus University in Al-Qadmus.

08:00-09:00 AM Welcoming and Registration

	Al Farabi Auditorium مدرج الفارابي	Al Razi Auditorium مدرج الرازي
09:00 - 10:30 AM	Session 1: Scientific program	Session 2: Scientific program
10:30 – 11:00 AM	Coffee Break	
	Al Andalus University Auditorium مدرج جامعة الأندلس	
11:00– 12:00 AM	Opening Ceremony	
12:00 – 12:15 PM	Coffee Break	
	Al Andalus University Auditorium مدرج جامعة الأندلس	Al Razi Auditorium مدرج الرازي
12:15 - 01:45 PM	Session 3: Scientific program	Session 4: Scientific program
01:45– 02:00 PM	Coffee Break	
02:00 – 03:15 PM	Session 5: Scientific program	Session 6: Scientific program
03:15 – 03:30 PM	Al Andalus University Auditorium	
	Distribution of Certificates of Appreciation to the first day Speakers. A group photo for the attendees	
03:30 - 04:30 PM	Lunch	

04:45 PM Transfer to the hotel in Tartous

Day 2 Tuesday: October 28, 2025

08:00 AM Departure from Junada Hotel in Tartus.

09:00 AM Arrival to Al Andalus University in Al-Qadmus.

	Al Andalus University Auditorium مدرج جامعة الأندلس	Al Farabi Auditorium مدرج الفارابي
09:00 - 10:30 AM	Session 7: Scientific program	Session 8: Scientific program
10:30 – 11:00 AM	Coffee Break	
11:00 - 12:00 PM	Round Table Discussions and Closing Ceremony	
12:00 - 12:30 PM	Al Andalus University Auditorium مدرج جامعة الأندلس	
	Distribution of Certificates of Appreciation to the second day Speakers. A group photo for the attendees	
12:30– 01:30 PM	Lunch	

02:00 PM Transfer to Damascus

35th Annual Meeting of ARABMED in Europe 2025

10th Joint International Medical Conference

« ADVANCES IN CONTEMPORARY MEDICINE»

المؤتمر السنوي الـ 35 لإتحاد الأطباء العرب في اوروبا

المؤتمر الدولي الطبي المشترك العاشر

«الجديد في الطب المعاصر »

27 – 28 OCTOBER 2025

Scientific Program

Al Farabi Auditorium مدرج الفارابي

Session 1: 09:00 - 10:30 AM

Chair: Prof Dr. Amal Hamdi Dakak (SYR)
Dr. Hesham Dahshan (Germany)
Dr. Mahmoud Sultan

1. **The migration of Arab talent and the requirements for their return to their homelands**

هجرة الكفاءات العربية ومتطلبات عودتها لموطنها الأصلي

Prof Dr. Amal Hamdi Dakak
Prof of Sociology, Faculty of Arts and Humanities – Damascus University Syria

2. **Type 2 Diabetes Mellitus in 2025: Challenges and Innovations**

السكري من النوع الثاني في عام 2025: التحديات والابتكارات

Dr. Mahmoud Sultan
Internist, Diabetologist, and Nutritional Medicine
Berlin Germany

3. **Health&Medical sector reality Does the dream becom reality**

واقع القطاع الطبي الصحي هل يتحول الحلم إلى حقيقة

Mr.Anwar Mansour
Clinical Site Manager at The Harley Street Clinic London
British Professional Network,, UK

4. **The importance of bacterial culture in determining the appropriate antibiotic.**

اهمية الزرع الجرثومي في تحديد الصاد الحيوي المناسب

Waleed Kllawe
Labor Medicin, Shmal univerty Syria

10:30 -11:00 p.m. Coffee Break

Al Razi Auditorium مدرج الرازي

Session 2 09 - 10:30 AM

Chair: Dr. Izzeddin Kamelmaz (USA)
Dr. Amal Yousfan (SYR)
Dr Anas Haj Ebrahim (UAE)

5. Intranasal Delivery of Paclitaxel Using Natural Lipid Droplets from Date Palm Seeds and Mouse Liver for Enhanced Brain Tumor Targeting

التوصيل الأنفي لدواء باكليتاكسيل باستخدام قطرات الدهون من بذور التمر وكبد الفأر لتعزيز "استهداف أورام المخ"

Dr. Amal Yousfan
Head of the Department of Pharmaceutics and Pharmaceutical Technology
Faculty of Medicine, Al-Andalus University for Medical Sciences

6. cusp-overlap view versus three cusp coplanar view during transcatheter aortic valve replacement TAVI using self-expandable valves: A meta-analysis of 5947 patients. (This research was published in Circulation Journal D1)

منظور تراكب الشرفات (cusp-overlap view) مقابل منظور استواء الشرفات الثلاث (three cusp coplanar view) أثناء استبدال الصمام الأبهري عبر القسطرة (TAVI) باستخدام الصمامات ذاتية التوسع: دراسة احصائية من المراجع شملت 5947 مريضاً). نُشرت في مجلةCirculation ، مجلد.D1

Mr Ali Dway
Medical Student, Faculty of Medicine, Al-Andalus University for Medical Sciences, Syria
Yassin, MBBCH, Nada G. Hamam, MBBCH, Mohamed Ramadan, MBBCH, Ali Dway, MBBCH, Karim Alsalhi, MBBCH, Mohamed T. Osman, MBBCH, Serge Sicouri, MD, and Ramlawi Basel,

7. Acute appendagitis may cause small bowel obstruction (Case report)

التهاب الزائدة الدودية الحاد قد يسبب انسداد الأمعاء الدقيقة (عرض حالة مرضية)

Dr Anas Haj Ebrahim
General surgery specialist, Khorfakkan Hospital, UAE

8. Management and treatment of war injuries

التدابير الطبية لمرضى الحروب والكوارث

Mohamad louay arrat
Orthopedic and Surgeon
Hospitals and Clinics / Amman - Jordan

10:30 -11:00 p.m. Coffee Break

Al Andalus University Auditorium مدرج جامعة الأندلس

Opening Ceremony

11:00 -12:00

Welcoming Remarks

الهوية البصرية للجمهورية العربية السورية

- **Prof. Dr. Kanaan Al-Tameemi**
  Vice President for Scientific Affairs, Al-Andalus University
  كلمة نائب رئيس جامعة الاندلس الدكتور كنعان التميمي

- **Dr. Ossama Al-Babbili**
  President of the Conference, Representative of Arabmed in UAE and Gulf Region
  كلمة رئيس المؤتمر الدكتور اسامة البابيلي

- **- Dr. Faidi Omar Mahmoud**
  President of the ARABMED in Europe
  كلمة رئيس اتحاد الأطباء العرب في اوروبا الدكتور فيضي محمود

- **Prof Dr. Samer Kabbah**
  President of Al-Andalus University
  كلمة ترحيبية لرئيس جامعة الاندلس الدكتور سامر قباع

- **H.E. Professor Dr. Marwan Al-Halabi**
  Minister of Higher Education and Scientific Research in Syria
  كلمة راعي المؤتمر وزير التعليم العالي والبحث العلمي الاستاذ الدكتور مروان الحلبي

تسليم درع المؤتمر للسيد راعي المؤتمر وزير التعليم العالي والبحث العلمي

12:00 -12:15 p.m. Coffee Break

Al Andalus University Auditorium مدرج جامعة الأندلس

Session 3: 12:15 - 01:45 PM

Chair: Prof Dr. Omar K Hallak (UAE)
Dr. Majed Othman (SYR)
Dr. Manal Fahham (UAE)

9. Chronic Coronary Syndrome Management
10. Chalinging Case of Chronic Coronary Syndrome

تدبير القصور الاكليلي المزمن
Prof Dr. Omar K Hallak
Consultant Interventional Cardiology and Endovascular Medicine
King's College Hospital Dubai, UAE

11. Coombined carotid and coronary disease. The strategy should be:

ماهي الاستراتيجية المفضلة في جراحة الآفات الإكليلية المرافقة بآفات الشرايين السباتية
Dr. Majed Othman
Cardiac Surgeon, Damascus, Syria

12. The presentation: Organizing and Improving Pediatric Cardiac Services in Resource Limited Settings: The Challenges and Possible Solutions

تنظيم وتحسين خدمات قلب للاطفال في البيئات منخفضة الموارد:التحديات والحلول الممكنة
Dr. Dunay Khaymaf
Pediatric Cardiologist, Saud Albabtain Cardiac Centre. KSA-Dammam

13. Restless Leg Syndrome (The Forgotten Disease)

متلازمة تململ الساقين (المرض المنسي)
Dr. Manal Fahham, M.D Neurology Specialist
Burjeel Hospital - Dubai, UAE

01:45 -02:00 p.m. Coffee Break

Al Razi Auditorium مدرج الرازي

Session 4 12:15 - 01:45 PM

Chair: Dr. Messef Al Abdulrazzak (UAE)
Dr. Sami Azrak (Syria)
Dr. Izzeddin Kamelmaz (USA)

14. Goat Milk Formula Benefits, Risks, & Comparisons

فوائد ومخاطر ومقارنات حليب الماعز الصناعي

Dr. Messef Al Abdulrazzak
Paediatrician specialist
ARC Clinic Dubai, UAE

15. upQMPSF, a Method for the Detection of BRCA1 Exon Copy Number Variants

تقنية upQMPSF نهج فعّال ومنخفض التكلفة للكشف عن الطفرات البنيوية في الجينات المرتبطة بالسرطانات العائلية

Dr. SAMI AZRAK
Vice Dean faculty of medicine
Al Andalus University for Medical Sciences, Syria

16. Promoting Healthy Lifestyle.

تعزيز نمط الحياة الصحي.

Dr. Izzeddin Kamelmaz
Pediatric, Merit Health Medical Group Pediatric
North. Vicksburg, Mississippi, USA

17. the Exosome role in orthopaedic and the future of it, what challenges exist in isolating and purifying exosomes for clinical use

دور الإكسوسومات في جراحة العظام ومستقبلها، ما هي التحديات التي تواجه عزل الإكسوسومات وتنقيتها للاستخدام السريري؟

Dr Issam Mardini
Orthopaedic and trauma Surgeon Operating in spine surgery and scoliosis, , arthroscopic surgeries, Dubai UAE

01:45 -02:00 p.m. Coffee Break

Al Andalus University Auditorium مدرج جامعة الأندلس

Session 5 02:00 - 03:30 PM

Chair: Prof. Dr. med. Abdul Kader MARTINI (GERMANY)
Dr. Adham Mansour (UAE)
Dr Maan Taba (UAE)

18. The New Technology of Liposuction fat Transfer and Body Contouring

التقنية الجديدة لشفظ الدهون, نقل الدهون, ونحت الجسم
Dr. Adham Mansour
Plastic Surgeon, Medical Director & Owner, Style-Age clinic, Dubai Healthcare City, UAE

19. Unmasking the dangers of permanent fillers: A focus on severe complications

كشف مخاطر الحشوات الدائمة: التركيز على المضاعفات الشديدة
Dr. Wael Albarazi
Plastic, reconstructive, and burn surgeon, Damascus, Syria

20. Ankle instability: all insideArthroscopic technique

المعالجة الجديدة للكاحل الغير مستقر بالتنظير
Dr Maan Taba MD, Consultant Orthopedic Foot & ankle Surgeon, Medcare Orthopaedic & Spine Hospital. Dubai, UAE

21. The main principles of hand surgery (Workshop)

المبادىء الرئيسية في جراحة اليد
Prof. Dr. med. Abdul Kader MARTINI
Orthopidic and Hand Soergen Passt President of Al-Andalus University
Heidelberg, Germany

Certificates of appreciation were distributed to the Speaker on the first day in Al Andalus University Auditorium. توزيع شهادات التقدير للمحاضرين في اليوم الاول في مدرج جامعة الأندلس
A group photo of the attendees.صورة جماعية للحاضرين

03:30 PM – 04:30 PM Lunch Break

Al Razi Auditorium مدرج الرازي

Session 6 02:00 - 03:30 PM

Chair: Dr. Yaser Biazid (Germany)
Dr.Tammam Kelani (Austria)
Prof. Dr Abdul Monem HAMID (France)

22. Robots in Eye Surgery

استخدام الروبوتات في جراحة العيون
Dr. Yaser Biazid
Consultant vitreoretinal Surgeon, Köln, Germany

23. "Advances in Ophthalmic Surgery" التطورات الحديثة في الجراحة العينية
24. **Diabetic Eye Complications** اختلاطات السكري في العين

Dr.Tammam Kelani, MD
Specialty: Ophthalmologist, Vienna, Austria

25. Update in Lung Transplantation: Indications and Outcomes « Foch Hospital Experience, in France »

« مستجدات زراعة الرئة: المؤشرات والنتائج « تجربة مستشفى فوش في فرنسا

Prof. Dr Abdul Monem HAMID
Foch University Hospital, Department of Pulmonary Medicine and Lung Transplantation Suresnes, Paris, Université de Versailles Saint-Quentin-en-Yvelines, Hospitals College of Medicine, France

26. Comparing the Expression of CD34 and ALDH1a1 between High Grade and Low-Grade Non-Hodgkin Lymphomas: A Molecular Study with Promising Prognostic Roles

دراسة جزيئية ذات أدوار تنبؤية واعدة لدى مقارنة التعبير الجيني لجينيّ CD34 و ALDH1a1بين الأورام اللمفاوية اللاهودجكينية العالية والمنخفضة الدرجة:

Dr. Sawsan Ismail,
Doctor, Pathologist, Researcher, Teaching Assistant

Certificates of appreciation were distributed to the Speaker on the first day in Al Andalus University Auditorium. توزيع شهادات التقدير للمحاضرين في اليوم الاول في مدرج جامعة الأندلس
A group photo of the attendees. صورة جماعية للحاضرين

03:30 PM – 04:30 PM Lunch

Al Andalus University Auditorium مدرج جامعة الأندلس

Session 7 09:00 - 10:30 AM

Chair: Dr. Ismail Abbara (UAE)
Prof Mousa Al-Kurdi (UAE)
Dr. med. Sayed Tarmassi (Germany)

27. The new operative era in treating Benign Prostatic Obstruction

عصر جديد في علاج تضخم البروستات السليمة

Dr. Ismail Abbara
Consultant Urologist Andrologist and General Surgeon Facharzt Frankfurt University Germany
ABBARA POLYCLINIC DUBAI UAE

28. Relocation of Abnormal Tubo-Ovarian Structure (TOS) to Treat Unexplained Infertility, an Innovative procedure

إجراء مبتكر لإعادة تموضع البنية غير الطبيعية للأنبوب والمبيض (TOS) لعلاج العقم غير المبرر،

Prof DR. Mousa Al-Kurdi,
Consultant Gynecologist Oncologist, Saudi German Hospital, Dubai UAE

29. Surgical Management of Liver Metastases from Colorectal Carcinoma

التدير الجراحي لانتشار سرطان الكولون والمستقيم الى الكبد

Dr. Abdul Hamid Sinan
General and laparoscopic Surgeon, Department of Surgery, Al Sharq Hospital, Fujairah, UAE and Sinan Hospital, Damascus Syria

30. Pain Management in Palliative Care

تدبير الالم في المعالجات التلطيفية

Dr. med. Sayed Tarmassi
Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy
Braunschweig, Germany

10:30 -11:00 p.m. Coffee Break

Al Farabi Auditorium مدرج الفارابي

Session 8 09:00 - 10:30 AM

Vedio session

Chair: Dr. Hesham Dahshan (Germany)
Prof. Dr. med. Abdul Kader MARTINI
Prof. Hussain Maihoub Salman (SYR)

31. Hypertension. How I treat high blood pressure

كيفية معالجة الضغط الشرياني
Dr. Ahmed Majeed
M.D. Cansultant Interventional cardiologist
Amman Jordan

32. Simultaneous Approach in Conducting Laparoscopic Interventions

النهج المتزامن في إجراء التدخلات بالمنظار
Prof Abu Shamsieh Rami, M.D., Ph. D
President Association of Arabic Physicians in Ukraine
Department of General Surgery and laparoscopic Surgery National Medical University O.O. DIEVO Center for Surgical Solutions Bogomolets. Kiev. Ukraine.

33. Evaluation of a smartphone app for heart failure patients versus usual care: a multicentre, randomised controlled trial

تقييم تطبيق الهاتف الذكي لمرضى قصور القلب مقارنةً بالرعاية المعتادة: تجربة عشوائية متعددة المراكز .
Dr. Fahed. Husri
Cardiac Surgeon, Department of Cardiac Surgery, Cardiovascular Center
Simon Reif ,S. Schubert, Paul Gerhard Peters, Fahed. **Husri**

34. Benefits of using a telecollaboration telemedicine Platform in an international medical network: preliminary study.

فوائد استخدام منصة التعاون الطبي عن بعد في شبكة طبية دولية: دراسة أولية.
Jihad Youssef, Firas Hallak, Hammed Ramdani, Ahmad Zohbi, Amal Mohsen, Anas Chaker
IMEAH/ CHU BORDEAUX /UOSSM CEO/M.D.
University Hospital of Bordeaux, Bordeaux, France

10:30 -11:00 p.m. Coffee Break

Al Andalus University Auditorium مدرج جامعة الأندلس

Session 9 11:00 - 12:00 AM

Round Table Discussions

Impulses for Health Medical Future in Syria

مناقشة الدائرة المستديرة عن المشاريع الميدانية و المستقبلية لدعم القطاع الطبي في سوريا

1. **Dr. Ossama Al-Babbili** الدكتور اسامة البابيلي
   President of the Conference
2. **- Dr. Faidi Omar Mahmoud** الدكتور فيضي محمود
   President of the ARABMED in Europe
3. **Prof Dr. Samer Kabbah** البروفسور سامر قباع
   President of Al-Andalus University
4. **Dr. Manal Fahham,** الدكتورة منال فحام
   Neurology Specialist Dubai, UAE
5. **Dr. Ismail Abbara** الدكتور اسماعيل عبارة
   Consultant Urologist Andrologist DUBAI UAE
6. **Dr. Tammam Kelani,** الدكتور تمام كيلاني
   Ophthalmologist, Vienna, Austria
7. **Shifa** مندوب حملة شفا

Al Andalus University Auditoriumمدرج جامعة الأندلس

حفل الختام

Closing Ceremony

- **Dr. Ossama Al-Babbili الدكتور اسامة البابيلي President of the Conference**
- **Dr. Faidi Omar Mahmoud الدكتور فيضي محمودPresident of the ARABMED in Europe**
- **Prof Dr. Samer Kabbah البروفسور سامر قباعPresident of Al-Andalus University**

تكريم الطلاب المتفوقين في جامعة الاندلس
Honoring outstanding students at Al Andalus University

Certificates of appreciation were distributed to the Speaker on the second day in the Al Andalus University Auditorium. توزيع شهادات التقدير اللمحاضرين في اليوم الثاني في مدرج جامعة الأندلس
A group photo of the attendeesصورة جماعية للحاضرين

Recommendations and Future Directions

- Summary of Key Insights and Outcomes
- Open Floor for Feedback from Speakers and Attendees
- Discussion on Future Collaboration Opportunities
- Final Remarks and Thank You Address by Conference Chair

“The End of The Conference

12:30 PM Lunch

Abstractsالملخصات

CV Dr. Ossama Al-Babbili

Dr. Ossama Al-Babbili, born in Damascus, Syria, is a distinguished clinical chemist, healthcare innovator, and humanitarian leader with dual nationality (Syrian Arab and Saint Kitts & Nevis). Based in Dubai, UAE, he is the Founder and Owner of York Diagnostic Laboratories in Dubai and Abu Dhabi.

Dr. Al-Babbili earned his Bachelor's degree in Pharmacy and Pharmaceutical Chemistry from the University of Damascus (1972) and completed his Ph.D. in Clinical Chemistry at the University of Tübingen, Germany (1977). His pioneering doctoral research was the first worldwide to apply Mass Spectrometry and Gas Chromatography (MS-GC) to medical diagnostics, identifying volatile compounds in diabetic urine.

He pursued advanced training across Europe and the USA, specializing in IVF laboratory techniques (University of Göttingen), Clinical Chemistry (Institut Mérieux, Lyon), Automated Hormone and Tumor Marker Testing (DPC Group, USA), and Automated Clinical Chemistry Analysis (Alphawassermann, Netherlands).

Dr. Al-Babbili began his career as a Scientific Researcher at the University of Tübingen, later serving as Head of the Laboratory Department at the UAE Ministry of Health and as a member of its Supreme Committee for Laboratories. He founded the first specialized medical laboratory in the UAE—Dubai Medical Laboratory—and the UAE-German IVF Unit Laboratory in Sharjah. In Syria, he co-founded and directed Al-Andalus Private University for Medical Sciences.

An active leader in medical and humanitarian circles, he serves on the Board of the Union of Arab Doctors in Europe, represents it in the Gulf States, and is an Honorary Member of the Union of Arab Doctors and Pharmacists in Austria. He also chairs the Committee for the Rescue of Kidney Patients in Syria. Currently, he presides over the 35th Annual Medical Congress of the Union of Arab Doctors in Europe (Qadmus, Syria, 2025).

Recognized for his lifelong contributions, Dr. Al-Babbili has received numerous awards, including from the UAE Ministry of Health and international Arab medical organizations.

السيرة الذاتية للدكتور أسامة البابيلي

وُلِد الدكتور أسامة البابيلي في دمشق – سوريا، وهو عالم كيمياء سريرية متميّز وقائد صحي وإنساني بارز يحمل الجنسيتين السورية والعربية والقديس كيتس ونيفيس. يقيم في دبي – دولة الإمارات العربية المتحدة، ويشغل حالياً منصب المؤسس والمالك لمختبرات يورك للتشخيص الطبي في دبي وأبوظبي.

حصل الدكتور أسامة البابيلي على درجة البكالوريوس في الصيدلة والكيمياء الصيدلانية من جامعة دمشق عام 1972، ثم نال درجة الدكتوراه في الكيمياء السريرية من جامعة توبنغن في ألمانيا عام 1977. وقد كان بحثه للدكتوراه رائداً عالمياً، إذ كان أول دراسة في العالم تستخدم تقنيتي مطيافية الكتلة والكروماتوغرافيا الغازية (MS-GC) في التشخيص الطبي للكشف عن المركّبات الطيّارة في بول مرضى السكري.

تابع الدكتور أسامة البابيلي تدريبات تخصصية متقدمة في أوروبا والولايات المتحدة، حيث حصل على شهادة خبير مختبرات الإخصاب الصناعي (IVF) من جامعة غوتنغن – ألمانيا، وتدريب في الكيمياء السريرية من معهد "ميرييه" في ليون – فرنسا، وتخصص في الفحوصات الهرمونية والأورام والحساسية الآلية مع مجموعة DPC في الولايات المتحدة، كما نال شهادة تحليل الكيمياء السريرية الآلية من مختبرات ألفا فاسرمان في أمستردام – هولندا.

بدأ مسيرته كباحث علمي في جامعة توبنغن، ثم تولى رئاسة قسم المختبرات في وزارة الصحة الإماراتية وعضوية اللجنة العليا للمختبرات. أسس أول مختبر طبي متخصص في الإمارات (مختبر دبي الطبي) ووحدة الإخصاب الإماراتية-الألمانية في الشارقة. كما أسس جامعة الأندلس الخاصة للعلوم الطبية في سوريا وتولى إدارتها التنفيذية.

يشغل الدكتور أسامة البيبلي مناصب قيادية وإنسانية عديدة، منها عضوية مجلس إدارة اتحاد الأطباء العرب في أوروبا وممثله في دول الخليج، وعضوية الاتحاد الفخري للأطباء والصيادلة العرب في النمسا، ورئاسة لجنة إنقاذ مرضى الكلى في سوريا. وهو حالياً رئيس المؤتمر الطبي السنوي الخامس والثلاثين لاتحاد الأطباء العرب في أوروبا، المقرر عقده في جامعة الأندلس للعلوم الطبية بقدموس – سوريا عام 2025.

نال الدكتور ا أسامة البيبلي العديد من الجوائز والتكريمات تقديراً لإسهاماته العلمية والإنسانية، من أبرزها شهادة تقدير من وزارة الصحة الإماراتية وجوائز من اتحادات الأطباء العرب في أوروبا والنمسا.

1. The migration of Arab talent and the requirements for their return to their homelands

هجرة الكفاءات العربية ومتطلبات عودتها لموطنها الأصلي

Prof Dr. Amal Hamdi Dakak

Prof of Sociology, Faculty of Arts and Humanities – Damascus University Syria

The migration of Arab talents to European countries constitutes one of the sources of depletion of qualified Arab capabilities, and its repercussions quickly appear at the level of the Arab countries themselves in further manifestations of weakness and backwardness, and at the level of developed countries through the contribution of these talents to improving the conditions of social life there. The study aims to analyze the social factors that constantly lead to further depletion, the effects of which extend to the structure of Arab society as a whole. The study relied on direct and standardized interaction with a group of Arab expertise and talents settled in European countries, for long periods, to identify through them the factors that push Arab talents to immigrate to European countries and settle there, in addition to identifying the perceptions of these talents of issues related to the possibility of their return to their homeland. The study was divided into four main axes, including the methodological framework of the study in terms of defining the problem, its importance, and the main questions within it, and then the theoretical framework that shows the dangers resulting from the migration of Arab talents to European countries and its economic, social, and even political repercussions. The fourth axis also monitors a group of previous studies that gave the subject their main attention, and they were divided into local studies Arabic and foreign languages. The fourth axis includes the field study and the basic results it reached. The study concluded with a set of practical suggestions that could contribute to the return of national competencies to their countries of origin.

تشكل هجرة الكفاءات العربية إلى الدول الأوربية واحدة من مصادر استنزاف القدرات العربية المؤهلة، وسرعان ما تظهر تداعياتها على مستوى البلدان العربية نفسها في المزيد من مظاهر الضعف والتخلف، وعلى مستوى البلدان المتطورة من خلال ما تسهم به هذه الكفاءات من تحسين شروط الحياة الاجتماعية فيها، وتهدف الدراسة إلى تحليل العوامل الاجتماعية التي تؤدي باستمرار إلى المزيد من الاستنزاف الذي تمتد آثاره إلى بنية المجتمع العربي بكامله، وقد اعتمدت الدراسة على التفاعل المباشر والمقنن مع مجموعة من الخبرات والكفاءات العربية المستقرة في البلدان الأوربية، منذ فترات طويلة، للتعرف من خلالهم على العوامل التي تدفع بالكفاءات العربية إلى الهجرة للبلدان الأوربية والاستقرار فيها، بالإضافة إلى التعرف على تصورات هذه الكفاءات للقضايا المرتبطة باحتمالات عودتهم إلى موطنهم الأصلي، وتوزعت الدراسة في أربعة محاور أساسية، شملت الإطار المنهجي للدراسة من حيث تحديد المشكلة وأهميتها والتساؤلات الرئيسية فيها، ومن ثم الإطار النظري الذي يبين الأخطار المترتبة على هجرة الكفاءات العربية إلى الدول الأوربية وتداعياتها الاقتصادية والاجتماعية وحتى السياسية، كما يرصد المحور الرابع مجموعة الدراسات السابقة التي

أولت الموضوع اهتمامها الرئيسي، وقد توزعت إلى الدراسات المحلية والعربية والأجنبية، ويشمل المحور الرابع الدراسة الميدانية وما توصلت إليه من نتائج أساسية، وانتهت الدراسة إلى مجموعة من الاقتراحات العملية التي يمكن أن تسهم في عودة الكفاءات الوطنية إلى بلدانها الأصلية.

Curriculum Vitae – Prof. Dr. Amal Hamdi Dakak

Prof. Dr. Amal Hamdi Dakak is a distinguished Professor of Sociology at the Faculty of Arts and Humanities, University of Damascus. She earned her PhD in Sociology with distinction from the University of Damascus, following a Master's degree with distinction and first honors, a postgraduate diploma (first in class), and a Bachelor's degree (first in class). She has also completed professional certifications in teaching and higher education.

Prof. Dakak served as Head of the Department of Sociology at the University of Damascus and is the founder of the Master's Program in Folklore Studies, supervising the program and its researchers since the first cohort graduated in 2016. She has guided numerous PhD dissertations, master's theses, and specialized theses in Folklore Studies and Social Guidance.

She is an active participant and presenter at international and Arab conferences and symposia. Her publications include books on Educational Sociology, Media Sociology, and Cognitive Sociology, published by the Syrian Ministry of Culture, Dar Al-Fikr, and in collaboration with Arab researchers via the Arab States Broadcasting Union (ASBU). She has also authored 22 peer-reviewed research articles in academic journals, including the Journal of Damascus University.

Beyond academia, Prof. Dakak lectures across Arab countries and cultural centers in Syria. She serves as a program expert and broadcaster at Radio Damascus, developing and presenting cultural and educational programs, including Children's Club, They Were Children, Microphone Tour, and Our Children in the World, a program dedicated to Syrian expatriate youth.

Her contributions to media and education have been recognized with five Arab Gold Awards for broadcasting excellence, and she has been honored by the Arab States Broadcasting Union alongside prominent Arab media professionals.

السيرة الذاتية – الأستاذة الدكتورة أمل حمدي دكّاك

البروفسورة الدكتورة أمل حمدي دكّاك هي أستاذة متميزة في علم الاجتماع في كلية الآداب والعلوم الإنسانية، جامعة دمشق. حصلت على درجة الدكتوراه في علم الاجتماع مع مرتبة الشرف من جامعة دمشق، بعد حصولها على الماجستير مع مرتبة الشرف الأولى، ودبلوم دراسات عليا (الأولى على دفعتها)، ودرجة البكالوريوس (الأولى على دفعتها). كما أكملت شهادات مهنية في التعليم العالي والتدريس.

شغلت الدكتورة دكّاك منصب رئيسة قسم علم الاجتماع في جامعة دمشق، ومؤسسة برنامج الماجستير في الدراسات الفلكلورية، وتشرف على البرنامج وباحثيه منذ تخرج الدفعة الأولى عام 2016. وقد أشرفت على العديد من رسائل الدكتوراه والماجستير والأبحاث المتخصصة في الدراسات الفلكلورية والإرشاد الاجتماعي.

شاركت في العديد من المؤتمرات والندوات العلمية العربية والدولية، ونشرت كتبًا في مجالات علم الاجتماع التربوي، الإعلامي والمعرفي، صدرت عن وزارة الثقافة السورية، دار الفكر، ومجلد مشترك مع باحثين عرب عبر اتحاد الإذاعات العربية .(ASBU) كما نشرت 22 بحثًا محكمًا في مجلات علمية، بما في ذلك مجلة جامعة دمشق

تقوم الدكتورة دكّاك أيضًا بإلقاء المحاضرات في الدول العربية والمراكز الثقافية في سوريا، وتعمل كخبيرة برامج ومقدمة في إذاعة دمشق، حيث أعدت وقدمت وأشرفت على برامج ثقافية وتعليمية مثل *نادي الأطفال*، *كانوا أطفالًا*، *جولة الميكروفون*، و*ابناؤنا في العالم*، وهو برنامج مخصص للشباب السوريين المغتربين.
حصلت على خمس جوائز ذهبية عربية للتميز في الإذاعة، وتم تكريمها من قبل اتحاد الإذاعات العربية إلى جانب نخبة من الإعلاميين العرب المتميزين.

2. Type 2 Diabetes Mellitus in 2025: Challenges and Innovations

السكري من النوع الثاني في عام 2025: التحديات والابتكارات
Dr. Mahmoud Sultan
Internist, Diabetologist, and Nutritional Medicine
Berlin Germany

Type 2 diabetes mellitus (T2DM) continues to pose a major public health burden worldwide. This presentation provides an updated overview of key aspects of T2DM in 2025, including epidemiology, pathophysiology, and common complications. Diagnostic approaches and the impact of diabetes on mobility and mortality will be addressed, with particular focus on cardiovascular and renal involvement.

Current treatment strategies and their limitations will be discussed, especially regarding glycemic targets, patient adherence, and long-term outcomes. The presentation will also highlight recent therapeutic innovations, such as new drug classes and digital health interventions, aiming to improve disease management and quality of life.

The session concludes with a summary of emerging perspectives on individualized care and future directions in T2DM therapy.

CV. Dr. med. Mahmoud Sultan

Dr. Mahmoud Sultan is a board-certified Internist, Diabetologist, and Nutritional Medicine Specialist based in Berlin. Since 2006, he has been running his own specialized diabetes practice, focusing on the comprehensive and holistic care of patients with diabetes mellitus and internal diseases. Under his leadership, the practice has become a certified Diabetes Treatment Center recognized by the German Diabetes Association (DDG) and includes a certified Diabetic Foot Clinic. In 2022, it was further distinguished as a Diabetes Center of Excellence.

From 1994 to 2005, Dr. Sultan worked at Schlosspark-Klinik Berlin, an academic teaching hospital affiliated with Charité – Universitätsmedizin Berlin. During this time, he completed his specialist training in Internal Medicine, with a particular emphasis on Diabetology, Endocrinology, and General Internal Medicine. His earlier professional experience also includes six months at the Day Clinic for Arthroscopy and Trauma Surgery in Braunschweig, where he worked in Orthopedics and Trauma Surgery. Between 1992 and 1994, he undertook his internship and residency at Schlosspark-Klinik Berlin, rotating through various medical departments as part of his clinical education. Additionally, he gained experience in outpatient orthopedic care through a six-month position in a private orthopedic practice.

Dr. Sultan completed his medical studies at the Free University of Berlin from 1986 to 1992. In 2005, he earned his Doctor of Medicine (Dr. med.) degree. In 2000, he obtained an additional qualification in Diabetology, awarded by the German Diabetes Association (DDG).

He is a certified Specialist in Internal Medicine with a subspecialty in Diabetology and holds an additional qualification in Nutritional Medicine. His medical work is characterized by a patient-centered, integrative approach aimed at improving quality of life and long-term health outcomes for individuals living with chronic conditions.

3. Health&Medical sector reality Does the dream becom reality

واقع القطاع الطبي الصحي هل يتحول الحلم إلى حقيقة

Mr.Anwar Mansour
Clinical Site Manager at The Harley Street Clinic London
British Professional Network,, UK

Introduction

The extreme need for professional body represents Syrian abroad and link to our beloved countr

The founder and the executive board members

Mison and the vision of (Syrian British Professional Network (SBPN)

Sectors of Syrian British professional Network (SBPN)

Key Sectors the Network Focuses On.

The Syrian British Professionals Network (SBPN) connects Syrian professionals worldwide to contribute to the reconstruction of Syria.

Our work spans across several key sectors, all critical to the country's recovery and long-term sustainability.

Through global expertise and strategic partnerships, we facilitate knowledge exchange, foster collaboration, and develop innovative solutions that drive sustainable development.

Explore the sectors we focus on and learn how you can be part of the change.

CV Anwar Mansour is a Clinical Site Manager at The Harley Street Clinic part of HCA UK outstanding recognition from CQC, one of top excellent private healthcare services in UK. Harley Street Clinic has various specialties including oncology, cardiology, cardiovascular, neurology and general surgery All led by worldwide recognized consultants. Anwar had previously worked at NHS Trust Royal Free Hospital-ITU for 16 years as a senior Nurse/ charge nurse/senior charge nurse in a very busy ITU specialised in general/surgical and liver transplant, in where Anwar had gained experience and knowledge. Anwar is qualified in general nursing since1989, worked at Dubai Hospital for 11 years, but had continued developing his career through out.

1993-1994, completed one-year intensive care course at Jordan University-Amman, 2001-2003 Attended King's College London. For different modules in preparation for Higher diploma in critical care. Anwar is ALS Resuscitation Council certified. Anwar is friendly person, socially active, love travel.

4. "The importance of bacterial culture in determining the appropriate antibiotic."

اهمية الزرع الجرثومي في تحديد الصاد الحيوي المناسب

Waleed Kllawe
Labor Medicin, Shmal univerty Syria

Mr. Kllawe graduated from the Faculty of Medicine and pursued advanced training in internal medicine, gaining expertise in patient evaluation and management. He has extensive clinical experience in hospitals and medical centers, treating acute and chronic conditions, providing emergency care, and performing diagnostic procedures.

Committed to continuous learning, he has attended professional workshops and contributed to academic discussions and clinical teaching. Fluent in Arabic and English, he communicates effectively with patients and colleagues from diverse backgrounds. Beyond his clinical work, he participates in voluntary medical initiatives, delivering care to underserved communities.

5. Intranasal Delivery of Paclitaxel Using Natural Lipid Droplets from Date Palm Seeds and Mouse Liver for Enhanced Brain Tumor Targeting

التوصيل الأنفي لدواء باكليتاكسيل باستخدام قطرات الدهون من بذور التمر وكبد الفأر لتعزيز استهداف أورام المخ

Dr. Amal Yousfan
Head of the Department of Pharmaceutics and Pharmaceutical Technology at Al-Andalus

Paclitaxel (PTX), a potent anticancer agent, faces major clinical limitations due to its poor water solubility and systemic toxicity, which restrict its efficacy against aggressive brain tumors. This study investigates innovative intranasal delivery strategies using lipid droplets (LDs) derived from date palm seeds (DPLDs) and mouse liver (MLLDs) as natural carriers for paclitaxel. Both LD types were fractionated and characterized for their physicochemical and biochemical properties. DPLDs and MLLDs were spherical with mean diameters of 257 ± 36 nm and 416 ± 83 nm, respectively, and exhibited oil-rich cores (392.5 and 612.4 mg mL^{-1}). MLLDs displayed a distinct lipid profile with reduced triglycerides and elevated mono-/diglycerides, whereas DPLDs were primarily triglyceride-based. Stability analysis showed granular retention of ~83% (MLLDs) and ~79% (DPLDs). Both systems achieved high paclitaxel encapsulation efficiencies (48.6 ± 3.2% for MLLDs; 45.4 ± 2.4% for DPLDs). Intranasal administration demonstrated lower systemic paclitaxel levels but enhanced brain accumulation, particularly with paclitaxel-DPLD, which showed significantly higher uptake (1.527 ± 0.1% ID g^{-1} at 5 min;

2.4 ± 0.16% ID g^{-1} at 30 min) compared with paclitaxel-MLLD and free drug. In conclusion, DPLD- and MLLD-based formulations offer a promising intranasal delivery platform for brain-targeted therapy, addressing solubility and toxicity challenges while improving paclitaxel delivery to brain tumors.

"التوصيل الأنفي لدواء باكليتاكسيل باستخدام قطرات الدهون من بذور التمر وكبد الفأر لتعزيز استهداف أورام المخ

يُعَدّ الباكلتاكسيل (PTX) من الأدوية الفعّالة المضادة للسرطان، إلا أن استخدامه السريري يواجه قيودًا كبيرة بسبب ضعف ذوبانيته في الماء وسمّيته الجهازية، مما يحد من فعاليته ضد أورام الدماغ العدوانية. تهدف هذه الدراسة إلى استكشاف طرق مبتكرة للإيصال عبر الأنف باستخدام القطرات الدهنية (LDs) المستخلصة من بذور نخيل التمر (DPLDs) وكبد الفأر (MLLDs) كحوامل طبيعية للباكلتاكسيل. جرى فصل القطرات الدهنية وتوصيف خصائصها الفيزيائية والكيميائية والبيوكيميائية. أظهرت النتائج أن DPLDs و MLLDsذات شكل كروي بأقطار متوسطة بلغت 257 ± 36 نانومتر و416 ± 83 نانومتر على التوالي، واحتوت على نوى غنية بالزيت (392.5 و612.4 ملغ/مل). تميّزت MLLDs بملف دهني منخفض في الترايغليسريدات وغني بالمونوغليسريدات والدايغليسريدات، بينما تألفت DPLDs أساسًا من الترايغليسريدات. أظهرت التحاليل استقرارًا حبيبيًا بلغ نحو 83 (MLLDs) %و79 .(DPLDs) %كما حققت كلتا المنظومتين كفاءات عالية في تغليف الباكلتاكسيل (48.6 3.2% ±لMLLDs؛ 45.4 ± 2.4% لـ .(DPLDsأظهرت نتائج التوزيع الحيوي بعد الإعطاء عبر الأنف انخفاض مستويات الباكلتاكسيل في البلازما مقارنة بالدواء الحر، مع تراكم أعلى بشكل ملحوظ في الدماغ خاصة مع صيغة الباكلتاكسيل $ID\ g^{-1}$ 0.1% ± 1.527) DPLD-بعد 5 دقائق؛ 2.4 ± 0.16 $ID\ g^{-1}$ %بعد 30 دقيقة .(في الختام، تبرز الدراسة الإمكانات الواعدة لصيغ DPLD و MLLDكمنصات إيصال عبر الأنف تستهدف الدماغ، مما يحسّن من وصول الباكلتاكسيل ويخفف من تحديات الذوبانية والسمّية.

Surface-Coated Nanoparticles for Enhanced Paclitaxel Production in Taxus Callus Cultures

الجسيمات النانوية المطلية بالسطح لتعزيز إنتاج الباكلتاكسيل في مزارع كالس الطقسوس

Dr. Amal Yousfan
Head of the Department of Pharmaceutics and Pharmaceutical Technology at Al-Andalus University in Syria
University in Syria

Paclitaxel (PTX) is an essential anticancer drug, but its limited natural availability from yew trees makes alternative production strategies necessary. Plant cell cultures provide a sustainable platform, and nanoparticles (NPs) have recently emerged as effective elicitors and carriers to boost secondary metabolite biosynthesis. This study investigated the use of surface-coated nanoparticles, specifically chitosan conjugated with hydroxypropyl-β-cyclodextrin (CS-g-HPβCD), to enhance PTX production in Taxus callus cultures. CS-g-HPβCD nanoparticles were synthesized and characterized using dynamic light scattering (DLS), scanning electron microscopy (SEM), and Fourier-transform infrared spectroscopy (FTIR). The nanoparticles averaged 304.1 nm in size, with a polydispersity index of 0.422. Confocal microscopy of fluorescently labeled particles confirmed their adherence to Taxus callus cells. PTX levels were quantified by high-performance liquid chromatography (HPLC), while expression of key biosynthetic genes—taxadiene synthase (TXS) and baccatin III hydroxylase (DBAT)—was analyzed

by qRT-PCR. Results showed that the nanoparticles achieved 50% adsorption efficiency with total taxane recovery of 190 µg per 50 µL. Intracellular PTX production reached 33.12 ± 1.59 µg/mL, while extracellular PTX was 13.37 ± 1.85 µg/mL. Gene expression analysis revealed strong upregulation of TXS (4.2-fold) and DBAT (3.8-fold) compared to controls. In conclusion, surface-coated nanoparticles (CS-g-HPβCD) significantly enhance paclitaxel biosynthesis and secretion in Taxus callus cultures, functioning as dual elicitors and carriers. These findings provide a promising strategy for sustainable PTX production.

الجسيمات النانوية المطلية بالسطح لتعزيز إنتاج الباكلتاكسيل في مزارع كالس الطقسوس

يُعَدّ الباكلتاكسيل (PTX) دواءً أساسياً مضاداً للسرطان، إلا أن محدودية توفره الطبيعي من أشجار الطقسوس تستلزم تطوير استراتيجيات بديلة للإنتاج. توفّر مزارع الخلايا النباتية منصة مستدامة، وقد برزت الجسيمات النانوية كعوامل محفزة وناقلات فعّالة لتحسين إنتاج المستقلبات الثانوية. تهدف هذه الدراسة إلى تقييم دور الجسيمات النانوية المطلية بالسطح، والمتمثلة بالكيتوزان المقترن مع هيدروكسي بروبيل-β-سايكلودكسترين (CS-g-HPβCD)، في تعزيز إنتاج الباكلتاكسيل في مزارع كالس الطقسوس. تم تصنيع جسيمات CS-g-HPβCD وتوصيفها باستخدام تشتت الضوء الديناميكي (DLS) والمجهر الإلكتروني الماسح (SEM) والتحليل الطيفي بالأشعة تحت الحمراء .(FTIR) بلغ متوسط حجم الجسيمات 304.1 نانومتر بمعامل تشتت 0.422. وأكّدت الصور الكونفوكالية التصاق الجسيمات بخلايا الكالس. جرى تحديد مستويات الباكلتاكسيل عبر الكروماتوغرافيا السائلة عالية الأداء(HPLC) ، بينما تم تحليل التعبير الجيني للإنزيمات الرئيسة TXS) و (DBATباستخدام تقنية qRT-PCR.أظهرت النتائج أن الجسيمات النانوية حققت كفاءة امتزاز بلغت 50% مع استرجاع إجمالي للتاكسينات قدره 190 ميكروغرام/50 ميكرولتر. بلغ إنتاج الباكلتاكسيل داخل الخلايا 33.12 ± 1.59 ميكروغرام/مل، وخارج الخلايا 13.37 ± 1.85 ميكروغرام/مل. كما أظهر التحليل الجيني زيادة ملحوظة في التعبير عن TXS (بمقدار 4.2 ضعف) و DBAT(بمقدار 3.8 ضعف) مقارنة بالشاهد. تعزز الجسيمات النانوية المطلية بالسطح (CS-g-HPβCD) بشكل كبير إنتاج وإفراز الباكلتاكسيل في مزارع كالس الطقسوس، مما يشير إلى دورها المزدوج كعوامل محفزة وناقلات، ويوفر نهجاً واعداً لإنتاج مستدام للباكلتاكسيل.

CV Amal Yousfan

Amal Yousfan, PhD is a pharmaceutical scientist and academic specializing in pharmaceutics, nanotechnology, and drug delivery systems. She currently serves as Head of the Department of Pharmaceutics and Pharmaceutical Technology at Al-Andalus University in Syria, where she leads curriculum innovation, advances English-medium education, and fosters a strong research culture. Her international research experience includes positions as Visiting Researcher at the University of Reading, where she developed innovative spray-dried microencapsulation techniques for antimicrobial and anticancer applications, and at King's College London, where she designed intranasal nanoparticle delivery systems for ALS treatment and supported projects on cellular uptake of nanoparticles.

Since 2018, Dr. Yousfan has also been a researcher at the Atomic Energy Commission of Syria, contributing to advanced studies in brain-targeted drug delivery, machine learning in pharmaceutical research, and cancer therapeutics. In addition to her research, she has extensive teaching experience at Damascus University and Al-

Andalus University, where she lectures on pharmaceutics, pharmacokinetics, and pharmaceutical technology, while mentoring students in scientific publishing and experimental design.

She earned her PhD in Pharmaceutical Sciences from Damascus University in 2021, focusing on nose-to-brain delivery of antiepileptic drugs, and is currently pursuing a Master's in Bioinformatics. Her expertise bridges pharmaceutical innovation, education, and interdisciplinary research.

الدكتورة أمل يوسفان باحثة وأكاديمية في مجال الصيدلة، متخصصة في التقنيات النانوية وأنظمة توصيل الدواء. تشغل حالياً منصب رئيسة قسم الصيدلانيات والتكنولوجيا الصيدلانية في جامعة الأندلس للعلوم الطبية في سوريا، حيث تقود عملية تطوير المناهج بما يتماشى مع معايير الاعتماد الدولية، وتعزز التعليم باللغة الإنكليزية، وتدعم ثقافة البحث العلمي والنشر الأكاديمي., اكتسبت خبرة دولية من خلال عملها كباحثة زائرة في جامعة ريدنغ في المملكة المتحدة، حيث طوّرت تقنيات مبتكرة لتغليف الأدوية بالرش المجفف لزيادة فعاليتها المضادة للبكتيريا والسرطان، وكذلك في كلية كينغز لندن حيث صممت أنظمة نانوية للتوصيل الأنفي للدواء لعلاج مرض التصلب الجانبي الضموري، وساهمت في أبحاث متقدمة حول امتصاص الجسيمات النانوية في الخلايا العصبية.

منذ عام 2018 تعمل أيضاً في هيئة الطاقة الذرية السورية في مشاريع بحثية متقدمة تشمل استهداف الدماغ بالأدوية، وتطبيقات الذكاء الاصطناعي في الصيدلة، وأبحاث علاج السرطان. إلى جانب ذلك، لديها خبرة واسعة في التدريس بجامعتي دمشق والأندلس، حيث تقدم محاضرات في الصيدلانيات والحركية الدوائية وتشرف على أبحاث طلابية في مجالات النشر العلمي والتصميم التجريبي.حصلت على الدكتوراه في العلوم الصيدلانية من جامعة دمشق عام 2021، في موضوع توصيل الأدوية المضادة للصرع عبر الأنف إلى الدماغ، وتتابع حالياً ماجستير في المعلوماتية الحيوية. تجمع خبرتها بين الابتكار الصيدلاني، التعليم، والبحث متعدد التخصصات.

6. cusp-overlap view versus three cusp coplanar view during transcatheter aortic valve replacement TAVI using self-expandable valves: A meta-analysis of 5947 patients. *(This research was published in Circulation Journal D1)*

منظور تراكب الشرفات (cusp-overlap view) مقابل منظور استواء الشرفات الثلاث (three cusp coplanar view) أثناء استبدال الصمام الأبهري عبر القسطرة (TAVI) باستخدام الصمامات ذاتية التوسع: دراسة احصائية من المراجع شملت 5947 مريضاً). نُشرت في مجلة Circulation ، مجلد D1.

Mr Ali Dway

Medical Student, Faculty of Medicine, Al-Andalus University for Medical Sciences, Syria

Ahmed K. Awad, MD, Basma Khalefa, MD, Ahmed R. Gonnah, MD, Mazen Negmeldin Aly

Yassin, MBBCH, Nada G. Hamam, MBBCH, Mohamed Ramadan, MBBCH, Ali Dway, MBBCH, Karim Alsalhi, MBBCH, Mohamed T. Osman, MBBCH, Serge Sicouri, MD, and Ramlawi Basel,

Background & Objectives: Transcatheter aortic valve replacement (TAVR) is currently the treatment of choice for most patients with symptomatic severe aortic stenosis. We conducted this systematic review, and meta-analysis to compare the efficacy and procedural outcomes of using the cusp overlap technique (COT) versus the standard threecusp technique during self-expandable valves implantation for the management of aortic stenosis.

Methodology: We systematically searched PubMed, Scopus, Embase, Cochrane, and Web of Science (WOS) from inception to March 5, 2024, following the Preferred

Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. To estimate the effect size, dichotomous outcomes were pooled as risk ratio (RR), and continuous outcomes were pooled as mean difference (MD) with their respective 95% confidence interval (CI).

Results: We included seventeen studies in our systematic review and meta-analysis with a total of 3129 patients in cusp-overlap technique (COT) arm and 2818 patients in standard technique (ST) arm. The rate of 30-day mortality was significantly decreased in COT compared with ST (RR = 0.61; 95% CI: [0.37–1.00], P = 0.05). Regarding conduction abnormalities, COT was related to lower risk of complete atrioventricular (AV) block (RR = 0.51; 95% CI: [0.37–0.69], P < 0.01), reduced likelihood of left bundle branch block (RR = 0.77; 95% CI: [0.61–0.97], P = 0.03) and permanent pacemaker implantation (PPI) (RR = 0.56; 95% CI: [0.46–0.70], P < 0.01). There was also lower likelihood of major and life-threatening bleeding with the COT compared to ST (RR = 0.60; 95% CI: [0.46–0.79], P < 0.01). Our analysis also showed that COT was associated with significantly lower implantation depth compared with ST (MD = -
1.00; 95% CI: [-1.83 to -0.17], P = 0.02). Procedural success was similar between COT and ST (RR = 1.01; 95% CI: [0.98–1.04], P = 0.42). Major vascular complications (RR = 0.90; 95% CI: [0.61–1.33], P = 0.61), and mild to severe paravalvular leak (RR = 1.00; 95% CI: [0.66–1.51], P = 1.00) were also comparable between COT and ST.

Conclusion: Our study findings suggest that COT offers several advantages over ST, including reduced 30-day mortality and decreased bleeding complications, without compromising long-term outcomes or increasing procedural complications. The COT most importantly lower risk of conduction abnormalities, and hence permanent pacemaker implantation.

الخلفية والأهداف: يُعَدّ استبدال الصمام الأبهري عبر القسطرة (TAVR) العلاج المفضل حالياً لمعظم المرضى المصابين بتضيّق أبهري شديد مصحوب بأعراض. أجرينا هذه المراجعة المنهجية والتحليل التلوي لمقارنة الفعالية والنتائج الإجرائية عند استخدام تقنية تراكب الشرفات (COT) مقابل التقنية القياسية ثلاثية الشرفات (ST)أثناء زرع الصمامات ذاتية التوسع لعلاج تضيّق الصمام الأبهري.

المنهجية: أجرينا بحثاً منهجياً في قواعد بيانات PubMed و Scopusو Embaseو Cochraneو Web of Scienceحتى ٥ آذار/مارس ٢٠٢٤، وفق بيان PRISMA الخاص بالمراجعات المنهجية والتحليلات التلوية. لتقدير حجم التأثير، جُمعت النتائج الثنائية كنسبة خطورة(RR) ، والنتائج المستمرة كفارق متوسط (MD) مع فواصل الثقة 95.%

النتائج: شملت المراجعة 17 دراسة ضمّت 3129 مريضاً في مجموعة COT و2818 مريضاً في مجموعة ST. انخفض معدل الوفيات خلال 30 يوماً بشكل ملحوظ في COT مقارنةً بـ(RR = 0.61 ؛ ST (95%: 0.37–1.00 ؛ P = 0.05). فيما يتعلق باضطرابات التوصيل، ارتبطت COT بانخفاض خطر الحصار الأذيني البطيني الكامل(RR = 0.51 ؛ 95% CI: 0.37–0.69؛ P < 0.01) ، وانخفاض احتمال حدوث حصار الحزمة اليسرى (RR = 0.77 ؛ 95% CI: 0.61–0.97؛ P = 0.03) والحاجة لزرع ناظمة قلبية دائمة(RR = 0.56 ؛ 95% CI: 0.46–0.70؛ P < 0.01). كما كان هناك انخفاض أكبر في احتمالية النزيف الكبير أو المهدد للحياة مع COT مقارنةً بـ(RR = 0.60 ؛ ST (95%: 0.46–0.79؛ P < 0.01) . أظهر التحليل أيضاً أن COT ارتبط بعمق زرع أقل بشكل ملحوظ مقارنةً بـ(MD = -1.00 ؛ ST (95%: -1.83 إلى -0.17؛ P = 0.02). كان معدل نجاح الإجراء متشابهاً بين المجموعتين(RR = 1.01 ؛ 95% CI: 0.98–1.04؛ P = 0.42). كما كانت المضاعفات

الوعائية الكبرى0.90 = RR) ؛ CI 95%: 0.61–1.33 ؛ (P = 0.61 والتسرب حول الصمام بدرجاته المختلفة (RR = 1.00 ؛ CI 95%: 0.66–1.51 ؛ (P = 1.00 متقاربة بين COT و.ST

الاستنتاج: تشير نتائج دراستنا إلى أن تقنية COT توفر مزايا مهمة مقارنةً بالتقنية القياسية، بما في ذلك انخفاض معدل الوفيات خلال 30 يوماً وتقليل المضاعفات النزفية، دون التأثير سلباً على النتائج طويلة المدى أو زيادة المضاعفات الإجرائية. والأهم أن COT تقلل بشكل ملحوظ من اضطرابات التوصيل، وبالتالي من الحاجة لزرع ناظمة قلبية دائمة..

CV Mr Ali Dway: A passionate medical graduate student and a researcher with many publications in reputable peer-reviewed journals and participations in international conferences in the field of cardiovascular diseases and internal medicine.

7. Acute appendagitis may cause small bowel obstruction (Case report)

التهاب الزائدة الدودية الحاد قد يسبب انسداد الأمعاء الدقيقة (عرض حالة مرضية)

Dr Anas Haj Ebrahim
General surgery specialist
Khorfakkan Hospital, UAE

- Appendagitis must be considered in any left or right abdominal pain
- The main treatment is conservative.
- Surgical management is indicated in complications

CV Dr. Anas Haj Ebrahim is a specialist in laparoscopic and general surgery. Since 2015, he has been practicing at Khorfakkan Hospital, UAE, where he independently performs a wide range of laparoscopic and open surgeries, manages pre- and postoperative care, and serves as a core member of the bariatric team. He also organizes the surgical department rota and provides both outpatient and emergency surgical services. Previously, he worked at Al Shinan Hospital, Saudi Arabia, as the sole general surgeon for a community of 20,000, and at Al Mukhtar Private Hospital, Yemen, where he performed more than 350 laparoscopic and open procedures. His early career includes service at Al Mowuasat University Hospital, Syria.

8. Management and treatment of war injuries

تدبير و علاج الاصابات الحربية

Mohamad louay arrat
Orthopedic and Surgeon
Hospitals and Clinics // Amman - Jordan

This seminar addresses critical aspects of emergency and surgical care for injured patients in urgent and complex situations. The presentation will cover the reception and initial evaluation of casualties, essential first aid measures, and preparation for urgent surgical interventions. Special focus will be given to performing staged surgical

operations when necessary, prioritizing both life-saving actions and the preservation of limbs. Additionally, the seminar will provide practical guidelines and instructions on how to deal effectively with injured patients, emphasizing the importance of rapid response, multidisciplinary teamwork, and adherence to medical protocols to maximize survival rates and functional outcomes.

يتناول هذا البحث الجوانب الأساسية في رعاية المصابين في الحالات الطارئة والمعقدة. سيتم التركيز على استقبال الجرحى وتقييم حالتهم الأولية، وتقديم الإسعافات الأولية اللازمة، إضافةً إلى التحضير للعمل الجراحي بشكل عاجل عند الحاجة. كما سيتم التطرق إلى إجراء العمليات الجراحية على عدة مراحل عند الضرورة، مع إعطاء الأولوية لإنقاذ حياة المريض والحفاظ على أطرافه قدر الإمكان. ويقدم البحث كذلك توجيهات وتعليمات ،عملية حول كيفية التعامل مع الجرحى بفعالية، مع التأكيد على سرعة الاستجابة، والعمل الجماعي المتكامل .والالتزام بالبروتوكولات الطبية لرفع معدلات النجاة وضمان أفضل النتائج الوظيفية للمصابين

ملخص المحاضرة: التدابير الطبية لمرضى الحروب والكوارث

المعلومات الاولية الطبية:. كيفية استقالال الجرحى وتحضيرهم للعالج سواء كان جراحيًا أو غير جراحي.

العمل الجماعي:ضرورة العمل كفريق طبي موحد لتقديم أفضل رعاية ممكنة، مع التأكيد على أن الطبيب في حال غياب الفريق أو ضعف اإلمكانيات يجب أن يبذل ما بوسعه لخدمة المريض.

الخبرة العملية:لمحة عن خبرتي في عالج الجرحى ذوي اإلصابات الشديدة، خاصة إصابات ألطراف، مع الحرص على إنقاذ حياة المريض واالبتعاد قدر اإلمكان عن البتر.

حالة سريرية: عرض حالة معقدة تم عالجها بنجاح رغم شدة اإلصابة، لتأكيد رسالة ال يأس مع العمل، بل نصنع ألمل على وجوهالمرضى

9. Chronic Coronary Syndrome Management

10. chalinging case of Chronic coronary syndrome

تدبير القصور الاكليلي المزمن

Prof Dr. Omar K Hallak
Consultant Interventional Cardiology and Endovascular Medicine
King's College Hospital Dubai, UAE

Chronic coronary syndrome, is a group of disease in which the patient has coronary artery disease asymptomatic or have stable symptom induced by exertion. That can be due to slow progression of coronary atherosclerosis. Stabilizing of the case after MI, PCI, CABG. The previous recommendation was to open significant blockages whenever possible. (Open artery theory). However, the latest data restrict revascularization to fewer specific entities such as left main disease. Or severe three vessel disease and LV dysfunction.

CV Dr. Omar Kamel Hallak

Consultant Interventional Cardiologist
Founder & Chairman 4TS international
American Board-Certified Interventional Cardiologist
Clinical Professor, MBRU, Dubai, UAE
American Board, Cardiovascular medicine and interventions.
President, International Society of Endovascular Specialists (Gulf Chapter)

Dr. Hallak is currently the Head of Cardiology department at King's College Hospital, Dubai. President (gulf Chapter) of international Society of Endovascular Specialists, Chairman of 4TS

international conference, clinical professor MBRU, Dubai, Clinical professor at Baylor University. previous Chief Interventional Cardiologist at American Hospital Dubai, Dr. Hallak received his post graduate training and research in United States at University of Illinois, Chicago, Northwestern University and Louisiana University in New Orleans. He is American Board Certified in Interventional Cardiology, Cardiovascular Disease, Vascular Medicine, Endovascular Medicine, Nuclear Cardiology and Internal Medicine.

He was the Head of Cardiology Department at Saint Francis Hospital in USA, and assistant Professor at LSU New Orleans and University of West Virginia. He has performed thousands of procedures including Cardiac and Peripheral Vascular Interventions, He participated in many national and international research studies with many publications. He involved extensively in local, regional and international cardiology conferences as a speaker and as a chairman.

11. Combined carotid and coronary disease. The strategy should be:

ماهي الاستراتيجية المفضلة في جراحة الآفات الإكليلية المرافقة بآفات الشرايين السباتية

Dr. Majed Othman

Cardiac Surgeon, Damascus, Syria

The presence of symptomatic carotid artery disease or an asymptomatic carotid bruit indicates an ulcerative lesion or stenosis exceeding 75%.The risk is particularly high when the disease is silent. A high level of awareness and rigorous screening are essential in patients suspected of having coexistent disease. To address this problem, retrospective and prospective studies are needed to demonstrate the occurrence of stroke and the risk factors influencing the disease. Cerebrovascular complications (neurological) are among the most feared consequences after coronary artery bypass grafting. Approximately 40% of strokes occur intraoperatively, with most of the remaining occurring within the first 48 hours postoperatively. Perioperative strokes have a significant impact on the length of hospital stay and mortality, with a tenfold higher hospital mortality rate in patients who suffered a perioperative stroke.

A protocol for the management of these patients is important, and individual assessment is essential.

There are three different approaches:

- Carotid endarterectomy and open heart surgery simultaneously
- Carotid artery stenting and open heart surgery
- Open heart surgery and carotid stenting

The best tactic is the one with the lowest overall risk, but it remains controversial.

Dr. Majed Othman **ماهي الاستراتيجية المفضلة في جراحة الآفات الأكليلية المرافقة بآفات الشرايين السباتية**

وجود مرض الشريان السباتي المصحتب بأعراض أو تضيق سباتي غير عرضي يشير إلى آفة متقرحة أو تضيق يتجاوز 75.% يزداد الخطر بشكل خاص عندما يكون المرض صامتًا. لذا فإن مستوى عالٍ من الوعي والفحص الصارم ضروريان لدى المرضى المشتبه في إصابتهم بمرض متزامن.لمعالجة هذه المشكلة، يجب الاعتماد على دراسات استعادية واستباقية لإثبات حدوث السكتة الدماغية وعوامل الخطورة المؤثرة على المرض.تُعد المضاعفات الدماغية الوعائية (العصبية) من أكثر العواقب المخيفة بعد جراحة مجازة الشريان التاجي، حيث إن حوالي 40% من السكتات تحدث أثناء العملية، ومعظم الحالات المتبقية تحدث خلال أول 48 ساعة بعد العملية. إن السكتات الدماغية المحيطة بالجراحة لها تأثير كبير على مدة البقاء في المستشفى وعلى معدل الوفيات، إذ ترتفع وفيات المستشفى بمقدار عشرة أضعاف عند المرضى الذين تعرضوا لسكتة دماغية محيطة بالجراحة. من المهم وضع بروتوكول لإدارة هؤلاء المرضى، كما أن التقييم الفردي أمر أساسي.

هناك ثلاث طرق مختلفة للتدخل:

- استئصال بطانة الشريان السباتي وجراحة القلب المفتوح في الوقت نفسه.
- قسطرة (دعامة) الشريان السباتي مع جراحة القلب المفتوح.
- جراحة القلب المفتوح يليها قسطرة للشريان السباتي.

أفضل تكتيك هو الذي يقلل من المخاطر الكلية، لكنه ما يزال محل جدل.

CV Dr. Majed Othman

Dr. Majed Othman is a highly experienced cardiovascular and thoracic surgeon with over two decades of leadership and clinical expertise in advanced cardiac surgery. From 1999 to 2005, he served as Head of the Department of Cardiac Surgery at the National Heart Center in Damascus, where he played a key role in developing surgical programs and mentoring young surgeons. He was subsequently appointed as General Director of the National Heart Center (2005–2012), overseeing both clinical excellence and institutional management.

In parallel, Dr. Othman acted as National Coordinator for the cardiac surgery specialty in Syria (2005–2012), contributing to the establishment of standards of care and training frameworks for cardiovascular surgery across the country. His international experience includes serving as Consultant Cardiac Surgeon at Al-Thowra General Modern Hospital in Sana'a, Yemen (2013–2015), where he provided advanced surgical interventions and supported the development of local surgical capacities.

Dr. Othman's clinical expertise covers a wide range of adult cardiac surgery, including coronary artery bypass grafting (CABG), complex aortic arch surgery, surgical management of rheumatic heart disease, left ventricular aneurysms, and adult congenital heart disease (grown-up congenital). His professional focus combines operative excellence with capacity building and the advancement of cardiac surgery in the Middle East.

12. The presentation: Organizing and Improving Pediatric Cardiac Services in Resource Limited Settings: The Challenges and Possible Solutions

تنظيم وتحسين خدمات قلب للاطفال في البيئات منخفضة الموارد:التحديات والحلول الممكنة

Dr. DUNAY KHAYMAF.

Pediatric Cardiologist, Saud Albabtain Cardiac Centre. KSA-Dammam

The global prevalence of congenital heart disease is approximately 9 per 1,000 live births. Advances in pediatric cardiology and cardiac surgery, along with the development of new diagnostic methods and surgical and interventional treatment strategies over the last decades, have led to improved survival rates, reduced morbidity, and a shift in focus from decreasing postoperative mortality to improving quality of life.

While this is true in developed countries, thousands of children with congenital heart disease in developing or so-called low-income countries (LICs) still struggle to access even basic pediatric cardiac care. Estimates suggest that between 80–90% of the world's children do not receive adequate treatment for congenital or acquired heart

disease, with the majority living in LICs. Inadequate care arises from multiple causes, including lack of diagnostics, late presentation, an insufficient number of well-trained healthcare providers, a shortage of specialized tertiary centers, long waiting lists, financial constraints, weak referral and follow-up systems, and other systemic barriers. Pediatric cardiac services are considered highly costly and demanding. They require strong infrastructure, advanced equipment, highly skilled professionals, and financial sustainability.

Organizing a safe, high-quality pediatric cardiac service in resource-limited settings poses significant challenges at various levels, including lack of awareness, weak healthcare administration, insufficient funding, and gaps in the healthcare delivery system (insurance, public, and private sectors).

Different countries face varying levels of development in pediatric cardiac services and encounter region-specific obstacles.

The objective of this presentation is to highlight the main challenges that hinder the development of this vital service—making it inaccessible to large segments of the population—and to explore possible solutions and pathways toward establishing fully functional, independently operating pediatric cardiac services that are sustainable over time.

يبلغ معدل انتشار أمراض القلب الخلقية عالميًا حوالي 9 حالات لكل 1000 ولادة حية. وقد أدى التقدم في طب وجراحة القلب للأطفال، إلى جانب تطوير أساليب تشخيصية جديدة واستراتيجيات علاجية جراحية وتدخلية على مدى العقود الماضية، إلى تحسين معدلات البقاء على قيد الحياة، وانخفاض معدلات الاعتلال، وتحول التركيز من خفض وفيات ما بعد الجراحة إلى تحسين نوعية الحياة .ومع أن هذا ينطبق على الدول المتقدمة، إلا أن آلاف الأطفال المصابين بأمراض القلب الخلقية في الدول النامية أو ما يُسمى بالدول منخفضة الدخل لا يزالون يعانون من صعوبة الحصول على الرعاية القلبية الأساسية للأطفال. وتشير التقديرات إلى أن ما بين 80% و90% من أطفال العالم لا يتلقون العلاج الكافي لأمراض القلب الخلقية أو المكتسبة، ويعيش غالبيتهم في الدول منخفضة الدخل. تنشأ الرعاية غير الكافية لأسباب متعددة، بما في ذلك نقص التشخيص، وتأخر التشخيص، وعدم كفاية عدد مقدمي الرعاية الصحية المدربين تدريبًا جيدًا، ونقص مراكز الرعاية الثالثية المتخصصة، وقوائم الانتظار الطويلة، والقيود المالية، وضعف أنظمة الإحالة والمتابعة، وغيرها من العوائق النظامية.

تُعتبر خدمات أمراض القلب للأطفال مكلفة للغاية ومتطلبة. فهي تتطلب بنية تحتية قوية، ومعدات متطورة، ومهنيين ذوي مهارات عالية، واستدامة مالية يُشكل تنظيم خدمة أمراض القلب للأطفال آمنة وعالية الجودة في بيئات محدودة الموارد تحديات كبيرة على مستويات مختلفة، بما في ذلك نقص الوعي، وضعف إدارة الرعاية الصحية، ونقص التمويل، والفجوات في نظام تقديم الرعاية الصحية (التأمين، والقطاعين العام والخاص).

تواجه البلدان المختلفة مستويات متفاوتة من التطور في خدمات أمراض القلب للأطفال، وتواجه عقبات خاصة بكل منطقة.

يهدف هذا العرض التقديمي إلى تسليط الضوء على التحديات الرئيسية التي تعيق تطوير هذه الخدمة الحيوية - مما يجعلها غير متاحة لشرائح كبيرة من السكان - واستكشاف الحلول والمسارات الممكنة لإنشاء خدمات أمراض القلب للأطفال تعمل بكامل طاقتها وتعمل بشكل مستقل وتكون مستدامة على مر الزمن.

CV Dr. Khaymaf Dunay is a dedicated pediatric cardiologist with long-standing experience in diagnosing and treating congenital and acquired heart diseases in children. After earning a medical degree in general medicine from the Faculty of Medicine at Kabardino-Balkarian State University in Nalchik, Russia, he completed a clinical residency in pediatrics at KBR Children's Hospital in Nalchik. He then pursued a subspecialty program in pediatric cardiology at the renowned Al Bassel Heart Institute in Damascus, Syria.

From 2003 to 2005, Dr. Dunay worked as a pediatric cardiology specialist at the Al Bassel Heart Institute, where he gained extensive expertise in managing complex pediatric cardiac cases and using advanced diagnostic procedures. Earlier, he also practiced as a neonatology specialist at the Latakia Military Maternity Hospital in Syria, caring for newborns with critical conditions and congenital heart defects.

Since 2012, Dr. Dunay has been serving as a pediatric cardiology specialist at the Saud Albabtain Cardiac Centre in Dammam, Saudi Arabia. In this role, he supervises non-invasive pediatric cardiologists, contributes to the education and training of healthcare professionals as a faculty member of the AHA Pediatric Advanced Life Support (PALS) Training Center, and actively participates as a member of the CPR Committee.

Licensed both by the Saudi Commission for Health Specialties and the Syrian Ministry of Health, Dr. Dunay combines clinical excellence with a strong commitment to family-centered care, teamwork, and the advancement of pediatric cardiology services.

13. Restless Leg Syndrome (The Forgotten Disease)

متلازمة تململ الساقين (المرض المنسي)

Dr. Manal Fahham, M.D Neurology Specialist
Burjeel Hospital - Dubai, UAE

- Restless Leg Syndrome (RLS) is a sensorineural condition characterized by an irresistible urge to move the legs due to feelings of muscle tendress, pulling, tingling, itching or crawling, often worse at night or at rest.
- Research findings have linked RLS with a plethora of neurological and non-neurological conditions such as Migraines, Osteoarthritis, Iron deficiency anemia, Sleep apnea, Multiple Sclerosis, ADHD, and even psychiatric conditions such as Depression. It is also associated with post-traumatic and post-surgical conditions of the spine and lower limbs.
- RLS is also influenced by various environmental and dietary factors such as iron deficiency, pregnancy and stress. Although RLS does not cause serious physical complications, it can cause disability through significant psychological distress and excessive daytime sleepiness and nighttime insomnia.
- RLS remains in 50% of cases underdiagnosed and undermanaged, leading to inappropriate interventions, including unnecessary surgeries and treatments.
- If unrecognized, it can be one of the causes of surgical failure.

- This presentation demonstrates how RLS manifests in patients of all ages and with different clinical demonstrations, as well as the method of diagnosis (questionnaire). There are 6 case studies mentioned, involving both adults and children, with neurological, surgical, and psychological symptoms noted.
- A multi-disciplinary team (Neurology, Internal Medicine, Physiotherapy, Psychiatry and Orthopedics/Pediatrics based on the presentation) must be involved in management of RLS.
- From my experience, I think we need further prospective and multicentric studies to highlight this forgotten disease and its different clinical presentations and associations, especially in the Middle East; and to define the disabilities on chronic cases that are neglected.

متلازمة تململ الساقين (المرض المنسي)

د. منال فحام، أخصائية طب الأعصاب

-متلازمة تململ الساقين (RLS) هي حالة حسية عصبية تتميز برغبة لا تُقاوم في تحريك الساقين نتيجة الشعور بشد عضلي، أو شد، أو وخز، أو حكة، أو زحف، وغالبًا ما تتفاقم ليلًا أو أثناء الراحة.

-ربطت نتائج الأبحاث متلازمة تململ الساقين بمجموعة كبيرة من الحالات العصبية وغير العصبية، مثل الصداع النصفي، وهشاشة العظام، وفقر الدم الناجم عن نقص الحديد، وانقطاع النفس النومي، والتصلب اللويحي، واضطراب فرط الحركة ونقص الانتباه، وحتى الحالات النفسية مثل الاكتئاب. كما ترتبط بحالات ما بعد الصدمة وما بعد الجراحة في العمود الفقري والأطراف السفلية.

-تتأثر متلازمة تململ الساقين أيضًا بعوامل بيئية وغذائية مختلفة، مثل نقص الحديد، والحمل، والتوتر. على الرغم من أن متلازمة تململ الساقين لا تسبب مضاعفات جسدية خطيرة، إلا أنها قد تسبب الإعاقة من خلال ضائقة نفسية كبيرة والنعاس المفرط أثناء النهار والأرق الليلي.

-لا تزال متلازمة تململ الساقين غير مشخصة وغير مُعالجة جيدًا في 50% من الحالات، مما يؤدي إلى تدخلات غير مناسبة، بما في ذلك العمليات الجراحية والعلاجات غير الضرورية.

-إذا لم يتم التعرف عليها، فقد تكون أحد أسباب فشل الجراحة.

-يوضح هذا العرض التقديمي كيفية ظهور متلازمة تململ الساقين لدى المرضى من جميع الأعمار وبمظاهر سريرية مختلفة، بالإضافة إلى طريقة التشخيص (الاستبيان). هناك 6 دراسات حالة مذكورة، تشمل كل من البالغين والأطفال، مع ملاحظة الأعراض العصبية والجراحية والنفسية.

-يجب إشراك فريق متعدد التخصصات (طب الأعصاب، الطب الباطني، العلاج الطبيعي، الطب النفسي وجراحة العظام/طب الأطفال بناءً على العرض التقديمي) في إدارة متلازمة تململ الساقين.

-من تجربتي، أعتقد أننا بحاجة إلى المزيد من الدراسات المستقبلية ومتعددة المراكز لتسليط الضوء على هذا المرض المنسي وأعراضه السريرية المختلفة وارتباطاته، وخاصة في الشرق الأوسط؛ وتحديد الإعاقات في الحالات المزمنة المهملة.

CV Dr. Manal H. Fahham – Neurologist, M.D. (Damascus 1987), Neurology Specialty (1995), licensed by the Dubai Health Authority. Specialized in epilepsy and neurochemistry of antiepileptic drugs; member of AAN and EFNS. Extensive experience in Saudi Arabia, including establishing two neurology departments, and practicing in Dubai since 2012, currently at Burjeel Hospital. Founder and Chair of Syrian NGO *Al Seeraj*, co-founder of the *Syrian Relief Network*, and founder of *Sam Gulu*. Active in UN and OCHA forums, child protection, and projects for water restoration, support for returning IDPs, and medical education for doctors and pharmacists affected by the Syrian crisis.

14. Goat Milk Formula Benefits, Risks, & Comparisons

فوائد ومخاطر ومقارنات حليب الماعز الصناعي

Dr. Messef Al Abdulrazzak
Paediatrician specialist
ARC Clinic Dubai, UAE

Introduction

Breast feeding is the best for infants & mothers, Increasing demand for alternative infant formulas

Goat milk formula as an option for infants with digestive discomfort or cow milk sensitivity, NOT CMPA

Importance of understanding nutritional differences & safety profiles

The goat milk protein is a suitable source for follow -on formula in older infants who receive it in addition to complementary food.

Conclusion:

- The panel concludes that protein from goat milk can be suitable as a protein source for infant & follow-on formulae, Provided the final panel product comlies with the compositionsl criteria laid down in Directive Clinical Uses
- When to consider goat milk formula:
- Routine infant formula in non-breastfed babies
- Infants with mild digestive sensitivities to cow milk
- Families seeking a more natural or gentle formula option
- Infants showing signs of colic, gas, reflux, or constipation
- Goat milk formula is a nutritionally complete & well-tolerated option for infants
- Benefits include improved digestibility, reduced GI discomfort, & good nutrient profile
- Not a replacement for medically indicated hypoallergenic formulae

فوائد ومخاطر ومقارنات حليب الماعز الصناعي

المقدمة يُعدّ حليب الأم الخيار الأمثل للرضع والأمهات. ومع ذلك، يزداد الطلب على بدائل حليب الرضع.

يُطرح حليب الماعز الصناعي كخيار للرضع الذين يعانون من انزعاج هضمي أو حساسية تجاه حليب الأبقار، مع التأكيد على أنّه ليس بديلاً في حالات حساسية بروتين حليب البقر.(CMPA)

تبرز أهمية فهم الفروق الغذائية وملامح السلامة بين الأنواع المختلفة من حليب الرضع.

يُعتبر بروتين حليب الماعز مصدراً مناسباً لاستخدامه في تركيبات الحليب الصناعي للرضع الأكبر سناً الذين يتلقونه إلى جانب الأغذية التكميلية.

الخلاصة:

- أن بروتين حليب الماعز يمكن أن يكون مناسباً كمصدر بروتيني في تركيبات حليب الرضع والمتابعة، شريطة أن تستوفي المنتجات النهائية المعايير التركيبية المنصوص عليها في التوجيهات ذات الصلة.
- الاستخدامات السريرية – متى يُؤخذ حليب الماعز الصناعي بعين الاعتبار؟
- كتركيبة روتينية للرضع غير المُرضَعين طبيعياً.
- للرضع الذين لديهم حساسية هضمية خفيفة تجاه حليب الأبقار.
- للعائلات التي تبحث عن خيار أكثر طبيعية أو ألطف.

- للرضع الذين يُظهرون أعراض المغص، الغازات، الارتجاع، أو الإمساك.
- يُعتبر حليب الماعز الصناعي خياراً غذائياً متكاملاً ومتحمَّلاً جيداً للرضع.
- تشمل فوائده تحسين الهضم، تقليل الانزعاج المعوي، وتوفير مكوّنات غذائية جيدة.
- مع ذلك، لا يُعتبر بديلاً عن التركيبات العلاجية الخاصة بالحالات التي تتطلب حليباً منخفض التحسس (Hypoallergenic).

CV: Dr. Messef Al Abdulrazzak

Dr. Messef Al Abdulrazzak is the CEO and Founder of ARC Clinic, which he established in 1986. He has been practicing as a Consulting General Pediatrician for decades, combining extensive clinical expertise with leadership in healthcare. He graduated from Aleppo College of Medicine in 1980 and went on to earn a Diploma in Child Health (DCH) from the Royal College of Physicians and Surgeons in Ireland in 1985. Since then, he has specialized as a pediatrician at the ARC Clinic in Dubai, UAE, where he continues to provide comprehensive pediatric care.

His primary areas of expertise include celiac disease (CD), wheat allergy (WA), and non-celiac gluten sensitivity (NCGS). He has a particular interest in NCGS, a condition diagnosed in the absence of CD or WA, and one that currently lacks reliable biomarkers. Dr. Al Abdulrazzak emphasizes the importance of recognizing both gastrointestinal and non-gastrointestinal symptoms associated with NCGS. In his clinical approach, he highlights the crucial role of a carefully managed and strictly followed gluten-free diet (GFD) for affected patients.

15. upQMPSF, a Method for the Detection of BRCA1 Exon Copy Number Variants

تقنية upQMPSF نهج فعّال ومنخفض التكلفة للكشف عن الطفرات البنيوية في الجينات المرتبطة بالسرطانات العائلية

Dr. SAMI AZRAK
Vice Dean faculty of medicine
Al Andalus University for Medical Sciences, Syria

Large insertions/deletions mutations are frequently found in genes associated with certain diseases such as hereditary cancers. These mutations are mostly overlooked by current classical screening techniques due to their certain limitations. This justifies the need to improve the existing techniques or design novel ones. A modified version of quantitative multiplex PCR short fluorescent fragment (QMPSF), termed universally primed QMPSF (upQMPSF), was developed. The modifications enhance multiplexing capacity, reduce cost, and improve the mutation detection spectrum. upQMPSF was used to screen germline mutations in 88 familial ovarian cancer patients negative for point mutations. upQMPSF successfully detected a 2.8 kb copy number gain spanning exon 15 of BRCA1 gene mediated by Alu-Alu homologousbased recombination. upQMPSF is a cost-efficient, versatile method, and demonstrated efficiency in detecting structural variations as a potential method for genetic testing in clinical and research laboratories.

تقنية upQMPSF نهج فعّال ومنخفض التكلفة للكشف عن الطفرات البنيوية في الجينات المرتبطة بالسرطانات العائلية

سامي أزرق

تُلاحظ طفرات إدخال/حذف كبيرة بشكل متكرر في الجينات المرتبطة بأمراض معينة، مثل السرطانات الوراثية. غالبًا ما تُغفل تقنيات الفحص التقليدية الحالية هذه الطفرات نظرًا لقيودها المحددة. وهذا يُبرر الحاجة إلى تحسين التقنيات الحالية أو تصميم تقنيات جديدة. طُوّرت نسخة مُعدّلة من تقنية تفاعل البوليميراز المتسلسل الكمي المتعدد للقطعة الفلورية القصيرة(QMPSF) ، والتي تُعرف باسم QMPSF المُجهّز عالميًا .(upQMPSF) تُعزز هذه التعديلات قدرة الإرسال المتعدد، وتُقلل التكلفة، وتُحسّن طيف الكشف عن الطفرات. استُخدمت تقنية upQMPSF لفحص طفرات الخلايا الجرثومية لدى 88 مريضة بسرطان المبيض العائلي، وكانت نتائجهن سلبية للطفرات النقطية. نجح upQMPSF في اكتشاف زيادة في عدد النسخ بمقدار 2.8 كيلو بايت تمتد على إكسون 15 من جين BRCA1 بوساطة إعادة التركيب المتماثل القائم على .Alu-Alu تعد upQMPSF طريقة فعالة من حيث التكلفة ومتعددة الاستخدامات، وقد أثبتت كفاءتها في الكشف عن الاختلافات البنيوية كطريقة محتملة للاختبار الجيني في المختبرات السريرية والبحثية.

Curriculum Vitae – Dr. Sami Azrak

Dr. Sami Azrak holds a PhD in Molecular and Cellular Biophysics and Biochemistry from Roswell Park Cancer Institute, State University of New York at Buffalo (2009), where his research focused on human genetic variations and cancer. He previously completed studies in bioinformatics and comparative genomics at SUNY Buffalo and earned a B.Sc. in Agricultural Engineering from the University of Aleppo (2000). Following his doctorate, Dr. Azrak held postdoctoral research positions at Roswell Park Cancer Institute (USA, 2009) and Brock University (Canada, 2009–2010). He also worked in the Molecular Diagnostics Laboratory at the American Hospital, Dubai (2010–2011). Since 2012, he has been a faculty member at Al Andalus University for Medical Sciences, Syria, and since 2013 serves as Vice Dean for Administrative Affairs at the Faculty of Medicine.

Dr. Azrak has presented and published research on genomic variation, BRCA1 mutations, and cancer genetics at international conferences

16. Promoting Healthy Lifestyle.

تعزيز نمط الحياة الصحي.

Dr. Izzeddin Kamelmaz
Pediatric, Merit Health Medical Group Pediatric
North. Vicksburg, Mississippi, USA

The important role of physicians in all specialties is to keep people from getting sick as much as possible in addition to treating patients. And physician should take any opportunity during patient visit office to provide guidelines on healthy lifestyle, which includes:

1-Don’t smoke.
2- Eat healthy.
2- Be active & exercise

3- Keep your body weight close to normal.
4- Have enough sleep.
5- Manage stress in positive was.
6- Take care of your oral health.
7- Manage any chronic illness.

Root-caused of most chronic illness is metabolic dysfunction and no medical cure of metabolic dysfunction except healthy life style behavior. With globally increase Obesity, Fatty live, and Diabetes mainly in some countries in Middle East like Saudi Arabia, United Arab Emirates, and Kuwait; so there is big role for physicians and health care personnel to educate people, and community the risks of practicing unhealthy lifestyle and increases chronic illness in society and ultimately carry cost on health care and cripple upcoming generations.

As physicians we should spread light on root-caused of Obesity as result of metabolic dysfunction; so, I have found the importance to give this lecture in conference. And as pediatrician we started facing morenon-alcohol fatty liver and type 2 diabetes in children; I really feel us big responsibilities to deal with these crises.

Dr. Izzeddin Kamelmaz is a board-certified pediatrician currently practicing at Merit Health Medical Group in Vicksburg, Mississippi, providing care in the nursery, inpatient and outpatient settings, and ER consultations. He earned his M.D. from Damascus University in 1979 and completed his pediatric residency at the Children's Hospital in Damascus in 1983, serving as attending pediatrician until 1986 while also running a private practice until 1991. From 1991 to 1994, he was Chief of Pediatrics in Saudi Arabia. He then moved to the United States, completing a second pediatric residency at Marshall University School of Medicine, West Virginia, in 1999. Since then, he has practiced in Alabama, Florida, and Mississippi. Board-certified by the American Board of Pediatrics since 1999 (renewed 2016), Dr. Kamelmaz has a special interest in promoting healthy lifestyles and tobacco cessation

17. the Exosome role in orthopaedic and the future of it, What challenges exist in isolating and purifying exosomes for clinical use

دور الإكسوسومات في جراحة العظام ومستقبلها، ما هي التحديات التي تواجه عزل الإكسوسومات وتنقيتها للاستخدام السريري؟

Dr Issam Mardini
Orthopaedic Surgeon Operating in spine surgery and scoliosis, orthopedic trauma surgeries, arthroscopic surgeries, Dubai UAE

Exosomes, nano-sized extracellular vesicles secreted by various cell types, have emerged as crucial players in orthopedic medicine, particularly in bone remodeling and degenerative diseases. They facilitate intercellular communication by transporting proteins, lipids, and genetic materials, influencing processes such as osteogenesis and

angiogenesis. Recent research highlights their significant roles in conditions like osteoarthritis, osteoporosis, and spinal cord injuries, where they mediate cellular responses and promote tissue regeneration.

The potential of exosomes in orthopedic applications is vast. They offer a promising alternative to traditional stem cell therapies, minimizing risks associated with tumorigenicity and immune rejection. Current studies are exploring modified exosome-based strategies to enhance their therapeutic efficacy, including loading them with bioactive molecules and utilizing scaffolds for targeted delivery. Despite their promise, challenges remain in standardizing exosome isolation and purification methods for clinical use.

Looking ahead, advancing the understanding of exosome biology and refining their application could revolutionize the treatment of orthopedic diseases, offering innovative strategies for diagnosis, monitoring, and therapy. Continued research is essential to unlock their full potential in regenerative medicine and improve patient outcomes in orthopedic care [1][2][3].

Exosome-based strategy for degenerative disease in orthopedics: Recent progress and perspectives

What challenges exist in isolating and purifying exosomes for clinical use

Isolating and purifying exosomes for clinical use presents several significant challenges.

1. Heterogeneity and Complexity: Exosomes exhibit considerable heterogeneity in size, composition, and origin, complicating their isolation. The biological fluids from which they are extracted contain various contaminants, making it difficult to achieve high purity and yield during the isolation process [1][4].

2. Lack of Standardized Methods: There is currently no universally accepted method for exosome isolation. Common techniques like ultracentrifugation, while widely used, often result in low reproducibility and can co-isolate non-exosomal impurities. Other methods, such as immunoaffinity and size-exclusion chromatography, have their limitations, including dependency on specific surface markers that may not be unique to exosomes [2][4][5].

3. Technical Limitations: Many existing isolation methods are time-consuming and require large sample volumes, which are impractical for clinical applications. Additionally, these methods can lead to sample loss and low recovery rates, further hindering their effectiveness for therapeutic purposes [3][4].

4. Biological Integrity: Maintaining the biological activity and integrity of isolated exosomes is crucial for their potential therapeutic applications. Current methods may compromise the functionality of exosomes, impacting their efficacy in clinical settings[3][5].

Addressing these challenges is essential for advancing the clinical application of exosomes in diagnostics and therapeutics.

*What are the main limitations of traditional exosome isolation techniques

Traditional exosome isolation techniques face several main limitations that hinder their effectiveness and applicability in clinical settings:
Low Purity and Yield: Methods like ultracentrifugation and polymer-based precipitation often result in low purity due to the co-isolation of non-exosomal contaminants, such as lipoproteins and other extracellular vesicles that share similar size and density characteristics with exosomes. Th

دور الإكسوسومات في جراحة العظام ومستقبلها، ما هي التحديات التي تواجه عزل الإكسوسومات وتنقيتها للاستخدام السريري؟

برزت الإكسوسومات، وهى حويصلات خارج خلوية نانوية الحجم تفرزها أنواع مختلفة من الخلايا، كلاعب أساسي في طب العظام، وخاصةً في إعادة تشكيل العظام والأمراض التنكسية. فهي تُسهّل التواصل بين الخلايا من خلال نقل البروتينات والدهون والمواد الوراثية، مما يؤثر على عمليات مثل تكون العظم وتكوين الأوعية الدموية. تُسلّط الأبحاث الحديثة الضوء على أدوارها المهمة في حالات مثل هشاشة العظام وهشاشة العظام وإصابات الحبل الشوكي، حيث تتوسط الاستجابات الخلوية وتعزز تجديد الأنسجة.

تتمتع الإكسوسومات بإمكانيات هائلة في تطبيقات جراحة العظام. فهي تُقدّم بديلاً واعداً لعلاجات الخلايا الجذعية التقليدية، مما يُقلّل من المخاطر المرتبطة بتكوين الأورام ورفض الجهاز المناعي. تستكشف الدراسات الحالية استراتيجيات مُعدّلة قائمة على الإكسوسومات لتعزيز فعاليتها العلاجية، بما في ذلك تحميلها بجزيئات نشطة بيولوجيًا واستخدام هياكل لتوصيلها بشكل مُستهدف. على الرغم من واعديتها، لا تزال هناك تحديات في توحيد أساليب عزل وتنقية الإكسوسومات للاستخدام السريري.

وبناءً على ذلك، فإن تطوير فهم بيولوجيا الإكسوسومات وتحسين تطبيقاتها قد يُحدث ثورة في علاج أمراض العظام، مما يُقدم استراتيجيات مبتكرة للتشخيص والمراقبة والعلاج. يُعدّ البحث المستمر أمرًا ضروريًا لإطلاق العنان لإمكاناتها الكاملة في الطب التجديدي وتحسين نتائج المرضى في رعاية العظام[1][2].[3][

استراتيجية قائمة على الإكسوسومات لعلاج الأمراض التنكسية في جراحة العظام: التطورات والآفاق الحديثة

التحديات التي تواجه عزل وتنقية الإكسوسومات للاستخدام السريري

يُمثل عزل وتنقية الإكسوسومات للاستخدام السريري العديد من التحديات الكبيرة.

.1التباين والتعقيد: تُظهر الإكسوسومات تباينًا كبيرًا في الحجم والتركيب والأصل، مما يُعقّد عملية عزلها. تحتوي السوائل البيولوجية التي تُستخرج منها على ملوثات مختلفة، مما يُصعّب تحقيق نقاء وإنتاجية عالية أثناء عملية العزل[1].[4][

٢ .نقص الطرق المعيارية: لا توجد حاليًا طريقة مقبولة عالميًا لعزل الإكسوسومات. تقنيات شائعة مثل الطرد المركزي الفائق، على الرغم من استخدامها على نطاق واسع، غالبًا ما تؤدي إلى ضعف قابلية التكرار، ويمكنها عزل الشوائب غير الإكسوسومية معًا. أما الطرق الأخرى، مثل تقنية التقارب المناعي وكروماتوغرافيا استبعاد الحجم، فلها حدودها، بما في ذلك الاعتماد على علامات سطحية محددة قد لا تكون فريدة من نوعها للإكسوسومات[٢][٤][٥].

٣ .القيود التقنية: العديد من طرق العزل الحالية تستغرق وقتًا طويلاً وتتطلب أحجام عينات كبيرة، وهي غير عملية للتطبيقات السريرية. بالإضافة إلى ذلك، يمكن أن تؤدي هذه الطرق إلى فقدان العينات وانخفاض معدلات الاسترداد، مما يعيق فعاليتها للأغراض العلاجية[٣][٤].

٤ .السلامة البيولوجية: يُعد الحفاظ على النشاط البيولوجي وسلامة الإكسوسومات المعزولة أمرًا بالغ الأهمية لتطبيقاتها العلاجية المحتملة. قد تؤثر الطرق الحالية سلبًا على وظائف الإكسوسومات، مما يؤثر على فعاليتها في البيئات السريرية[٣][٥].

يُعدّ التصدي لهذه التحديات أمرًا ضروريًا لتطوير التطبيق السريري للإكسوسومات في التشخيص والعلاج.

*ما هي القيود الرئيسية لتقنيات عزل الإكسوسومات التقليدية؟
تواجه تقنيات عزل الإكسوسومات التقليدية عدة قيود رئيسية تُعيق فعاليتها وقابليتها للتطبيق في البيئات السريرية:
انخفاض النقاء والإنتاجية: غالبًا ما تُؤدي طرق مثل الطرد المركزي الفائق والترسيب القائم على البوليمر إلى انخفاض النقاء بسبب العزل المشترك للملوثات غير الإكسوسومية، مثل البروتينات الدهنية والحويصلات خارج الخلية الأخرى التي تشترك في خصائص الحجم والكثافة مع الإكسوسومات.

Dr. Issam Mardini is a highly qualified Specialist Orthopaedic Surgeon with more than 35 years of international experience in orthopaedic trauma, sports injuries, and minimally invasive procedures. After earning his medical degree from Alexandria University in Egypt, he pursued advanced training in leading institutions across France, the USA, Germany, Italy, and South Kore a. His global education and professional exposure reflect his dedication to continuous learning and excellence in patient care. Dr. Mardini's expertise covers all areas of orthopaedics, including spine care, hand surgery, arthroscopy, joint replacement, and pain management, with a special focus on improving the quality of life for women with osteoporosis. Renowned for his compassionate approach, he combines cutting-edge medical knowledge with individualized treatment plans tailored to each patient's needs. Dr. Mardini holds multiple diplomas and fellowships in ortho-trauma, hand surgery, sports injuries, shoulder surgery, pain therapy, and spine surgery, demonstrating his broad and specialized expertise in modern orthopaedic medicine.

18. „Malignant diseases as indication for liver transplantation"

استطبابات زراعة الكبد لعلاج السرطان

Prof. Dr. med. Arzu Özcelik
Head of Live Liver Transplantation, Centre for Organ Transplantation in West Germany, University Hospital Essen, Germany

Prof. Dr. Arzu Oezcelik

Prof Dr. Arzu Oezcelik graduated as a medical doctor from Medical School, University of Essen/ Germany in 2003. She was a Surgical Assistant Resident at Department of General, Visceral and Transplantation Surgery at University Hospital of Essen from 2004 to 2007 and she had a Research Fellowship at the Department of Surgery, University of Southern California, Los Angeles/ CA/ USA from 2007 to 2009. She was the Chief Resident in Surgery, University Hospital of Essen from 2009 to 2010. She got bored certification from German Board of General Surgery in 2011.Professorin, Fakultät für Medizin, Universität Duisburg-Essen, Universitätsklinikum Essen

Visceral transplantation considering gender-specific aspects

main areas of work

- Liver transplantation, especially living liver transplantation
- Role of frailty in liver transplantation

- Use of artificial intelligence in surgery
- Gender-specific differences in transplantation medicine

19. The New Technology of Liposuction fat Transfer and Body Contouring

التقنية الجديدة لشفظ الدهون, نقل الدهون, ونحت الجسم

Dr. Adham Mansour
Plastic Surgeon, Medical Director & Owner, Style-Age clinic, Dubai Healthcare City, UAE

Liposculpture and Fat Transfer by new technology

1. Traditional Liposuction
2. Laser assisted Liposuction.
3. Vaser Liposuction.
4. Vibration Liposuction.
5. Water jet Liposuction.
6. Ultrasound assisted Liposuction.
7. J plasma Liposuction.
8. Argon Laser.
9. Endolift laser.

B. Fat transfer

1. Traditional fat transfer.
2. Macro-fat transfer.
3. Micro-fat Transfer.
4. Nano-fat Transfer.

CV Dr. Adham Mansour

Specialist in Plastic Surgery and Laser (France)
Medical Director of Style Age Clinic in Dubai Healthcare City (2017–2025)
Visiting Consultant Physician since 2000 in the United Arab Emirates

Dr. Adham Mansour is a French-trained specialist in plastic surgery and laser medicine with more than 20 years of professional experience across the Middle East and internationally. Since 2017, he has been serving as the Medical Director of Style Age Clinic in Dubai Healthcare City, where he oversees advanced cosmetic and reconstructive treatments with a strong focus on patient safety and innovation. Since 2000, he has also been a Visiting Consultant Physician in the United Arab Emirates, providing expertise in aesthetic and reconstructive procedures.

Previously, Dr. Mansour directed the Syrian Center for Plastic Surgery and Laser in Damascus and worked for a decade at Alqodra Clinic (2007–2017). His career has combined surgical precision with pioneering techniques in laser therapies, hair transplantation, and minimally invasive cosmetic medicine.

He is an active member of the International Confederation for Plastic, Reconstructive and Aesthetic Surgery (IPRAS) and the International Society for Scalp Surgery and Hair Transplant, reflecting his commitment to excellence and international collaboration in plastic and aesthetic surgery.

20. Unmasking the dangers of permanent fillers: A focus on severe complications

كشف مخاطر الحشوات الدائمة: التركيز على المضاعفات الشديدة

Dr. Wael Albarazi
Plastic, reconstructive, and burn surgeon
Damascus, Syria

Introduction: Despite advancements in aesthetic medicine, the continued misuse of permanent fillers remains a significant concern. Improper injection techniques, particularly regarding filler positioning, plane of injection, and volume, can result in severe deformities, functional impairment, and irreversible aesthetic damage. This study addresses the surgical approach to managing such complications, with a focus on restoring both function and appearance.

Materials and Patients: A series of patients presenting complications from previously injected permanent fillers were reviewed. Most cases involved facial regions with visible deformities and varying degrees of functional compromise. Patients were assessed for filler migration, inflammatory reactions, fibrosis, and aesthetic distortion.

Methods: Management strategies emphasized a three-pillar approach: 1) surgical resection of filler material, 2) preservation or restoration of anatomical function, and 3) optimization of aesthetic outcomes.

Excision techniques varied according to filler location, depth, and surrounding tissue response. In all cases, a conservative yet thorough resection was attempted to remove as much of the permanent filler as possible while minimizing tissue trauma.

Results: Satisfactory outcomes were achieved in the majority of cases. Patients experienced improvements in both functional symptoms (e.g., mobility, expression, discomfort) and cosmetic appearance. While complete removal was not always possible due to deep tissue integration, strategic resection led to visible contour improvements and psychological relief for patients. Secondary aesthetic procedures were sometimes needed to enhance final results.

Discussion: The management of complications from permanent fillers is complex and requires careful planning. Complete excision is often unrealistic, but targeted resection combined with a functional and aesthetic preservation strategy can yield significant improvements. Early identification and expert intervention remain key to successful outcomes.

كشف مخاطر الحشوات الدائمة: التركيز على المضاعفات الشديدة

Dr. Wael Albarazi

مقدمة: على الرغم من التقدم المحرز في مجال الطب التجميلي، لا يزال سوء استخدام الحشوات الدائمة يُشكل مصدر قلق بالغ. يمكن أن تؤدي تقنيات الحقن غير الصحيحة، وخاصةً فيما يتعلق بموضع الحشوات ومستوى الحقن والحجم، إلى تشوهات شديدة، واختلال وظيفي، وأضرار جمالية لا رجعة فيها. تتناول هذه الدراسة النهج الجراحي لإدارة هذه المضاعفات، مع التركيز على استعادة كل من الوظيفة والمظهر.

المواد والمرضى: تمت مراجعة مجموعة من المرضى الذين يعانون من مضاعفات ناجمة عن حقن حشوات دائمة سابقًا. شملت معظم الحالات مناطق في الوجه بتشوهات ظاهرة ودرجات متفاوتة من الاختلال الوظيفي. تم تقييم المرضى من حيث انتقال الحشوات، والتفاعلات الالتهابية، والتليف، والتشوهات الجمالية.

المنهجية: ركزت استراتيجيات العلاج على نهج ثلاثي الركائز: 1) الاستئصال الجراحي لمادة الحشوات، 2) الحفاظ على الوظيفة التشريحية أو استعادتها، 3) تحسين النتائج الجمالية.

اختلفت تقنيات الاستئصال باختلاف موقع الحشوة وعمقها واستجابة الأنسجة المحيطة. في جميع الحالات، جرت محاولة استئصال محافظ وشامل لإزالة أكبر قدر ممكن من الحشوة الدائمة مع تقليل صدمة الأنسجة إلى أدنى حد.

النتائج: تحققت نتائج مرضية في معظم الحالات. ولاحظ المرضى تحسنًا في كل من الأعراض الوظيفية (مثل الحركة، والتعبير، وعدم الراحة) والمظهر الجمالي. وبينما لم يكن الإزالة الكاملة ممكنة دائمًا بسبب تكامل الأنسجة العميقة، أدى الاستئصال الاستراتيجي إلى تحسينات ملحوظة في محيط العين وراحة نفسية للمرضى. وقد لزمت أحيانًا إجراءات تجميلية ثانوية لتحسين النتائج النهائية.

مناقشة: يُعد التعامل مع مضاعفات الحشوات الدائمة معقدًا ويتطلب تخطيطًا دقيقًا. وغالبًا ما يكون الاستئصال الكامل غير واقعي، ولكن الاستئصال الموجه مع استراتيجية الحفاظ على الوظيفة والجمال يمكن أن يُحقق تحسينات كبيرة. ويظل الكشف المبكر والتدخل الطبي من الخبراء مفتاحًا لتحقيق نتائج ناجحة

CV. Dr. Wael Albarazi

Dr. Wael Albarazi is a plastic, reconstructive, and burn surgeon based in Damascus, Syria. Since 2016, he has been Head of the Department of Plastic Surgery at Damascus National Hospital, Ministry of Health. He also served as President of the Syrian Association of Plastic and Reconstructive Surgeons from 2016 to 2022 and as Vice President of the Scientific Council of Plastic Surgery in the Syrian Board until 2023. Dr. Albarazi earned his medical degree in 1994 and a Master's in General Surgery in 1998 at Damascus University, followed by the Syrian Board Certificate in Plastic Surgery in 2002. He has been licensed as a plastic surgeon by the Dubai Health Authority and the UAE Ministry of Health since 2013. Actively engaged in the scientific community, he is a founding member of the Arab Association of Surgical and Medical Aesthetics (AASMA) and the Arab Association of Plastic and Reconstructive Surgeons. He is a frequent speaker and moderator at national and international conferences across the Middle East and beyond.

Clinical outcomes of amniotic membrane (AminoGraft) use in burn and trauma wound healing

النتائج السريرية لاستخدام (Amino Graft) في التئام جروح الحروق والرضوض

Dr. Wael Albarazi
Plastic, reconstructive, and burn surgeon
Damascus, Syria

Introduction: Chronic wounds and deep burns pose significant challenges in clinical recovery due to delayed healing and high risk of functional impairment. The amniotic membrane, with its anti-inflammatory, anti-fibrotic, and regenerative properties, has gained attention as a biological dressing that may accelerate healing. This study investigates the clinical efficacy of amniotic membrane grafts (AMG) in promoting wound healing and reducing recovery time in patients with burns and traumatic injuries.

Materials and Patients: This clinical study was conducted at the Burns Department of Damascus Hospital throughout 2023 and 2024. A total of 66 patients, ranging from 1 to 75 years of age, with a total percentage of surface area (TBSA) involvement between 2% and 50%, were included. All patients had either burn injuries or trauma-related chronic wounds that were non-healing or slow-healing.

Methods: Amniotic membranes were harvested at the national hospitals and biologically prepared and sterilized at the Atomic Energy Commission of

Syria. Grafts were applied to affected areas under sterile conditions. Patients were followed closely for indicators of healing including granulation tissue formation, epithelialization, reduction in wound size, time to closure, and functional recovery. Observation continued throughout the hospitalization and follow-up period.

Results: The use of amniotic membrane grafts significantly accelerated the healing process in the majority of cases. Rapid granulation tissue development was observed within the first week in over 70% of patients. By the third week, epithelialization was notably
improved in comparison to conventional treatment. Early wound closure led to faster rehabilitation and reduced long-term functional impairment.

Discussion: The amniotic membrane graft demonstrated remarkable regenerative potential across various age groups and injury severities. Its ability to promote granulation and accelerate wound healing makes it a valuable adjunct in managing complex burn and trauma wounds. Moreover, its cost-effectiveness and accessibility in local preparation add to its clinical utility in resource-limited settings.

النتائج السريرية لاستخدام (Amino Graft)في التئام جروح الحروق والرضوض Dr. Wael Albarazi

مقدمة: تُشكل الجروح المزمنة والحروق العميقة تحديات كبيرة في التعافي السريري نظرًا لتأخر التئامها وارتفاع خطر الإصابة بضعف وظيفي. وقد اكتسب غشاء السلى، بخصائصه المضادة للالتهابات والتليف والتجديد، اهتمامًا كبيرًا كضمادة بيولوجية قد تُسرّع عملية الشفاء. تبحث هذه الدراسة في الفعالية السريرية لطعوم غشاء السلى (AMG) في تعزيز التئام الجروح وتقليل وقت التعافي لدى مرضى الحروق والإصابات الرضحية.

المواد والمرضى: أُجريت هذه الدراسة السريرية في قسم الحروق بمستشفى دمشق خلال عامي 2023 و2024. وشمل البحث 66 مريضًا، تتراوح أعمارهم بين سنة و75 عامًا، بنسبة إصابة إجمالية تتراوح بين 2% و50%. وكان جميع المرضى يعانون من إصابات حروق أو جروح مزمنة مرتبطة بالرضوض، غير قابلة للالتئام أو بطيئة الالتئام.

الطريقة: تم جمع الأغشية السلوية من المستشفيات الوطنية، وتحضيرها بيولوجيًا وتعقيمها في هيئة الطاقة الذرية السورية. وُضعت الطعوم على المناطق المصابة في ظروف معقمة. وُتابع المرضى عن كثب لرصد مؤشرات الشفاء، بما في ذلك تكوين النسيج الحبيبي، والالتئام الظهاري، وتقليل حجم الجرح، ومدة الإغلاق، والتعافي الوظيفي. واستمرت المراقبة طوال فترة الاستشفاء والمتابعة.

النتائج: أدى استخدام طعوم الغشاء السلوي إلى تسريع عملية الشفاء بشكل ملحوظ في معظم الحالات. ولوحظ نمو سريع للنسيج الحبيبي خلال الأسبوع الأول لدى أكثر من 70% من المرضى. وبحلول الأسبوع الثالث، تحسن التئام الظهاري بشكل ملحوظ مقارنةً بالعلاج التقليدي. وأدى الإغلاق المبكر للجرح إلى إعادة تأهيل أسرع وتقليل الاختلال الوظيفي طويل الأمد.

المناقشة: أظهرت طعوم الغشاء السلوي إمكانات تجديدية ملحوظة لدى مختلف الفئات العمرية ودرجات شدة الإصابة. قدرته على تعزيز التحبيب وتسريع التئام الجروح تجعله مكملاً قيّماً في علاج جروح الحروق والصدمات المعقدة. علاوة على ذلك، فإن فعاليته من حيث التكلفة وسهولة الحصول عليه في التحضير الموضعي يزيدان من فائدته السريرية في البيئات محدودة الموارد.

21. Ankle instability: all insideArthroscopic technique

المعالجة الجديدة للكاحل الغير مستقر بالتنظير

Dr Maan Taba MD, Consultant Orthopedic Foot & ankle Surgeon,
Medcare Orthopaedic & Spine Hospital. Dubai, UAE

CV Dr. Maan Taba holds an MD in Orthopaedics and an MS in Surgery from Spain, along with an FRCS in Trauma and Orthopaedics from the UK. He completed specialist training in Orthopaedic Surgery at Barnet, UK, and

advanced Foot and Ankle Surgery training at the Royal National Orthopaedic Hospital, Stanmore.

With expertise in foot and ankle surgery, he focuses on sports injuries, instabilities, and fractures. He advocates minimally invasive techniques for correcting deformities such as paediatric foot conditions, diabetic foot trauma, and forefoot deformities. His interests also include ankle deformities (congenital and post-traumatic), rheumatoid ankle disease, and total ankle replacement.

Dr. Taba has served as consultant orthopaedic surgeon at leading UK hospitals including Spire Hartswood, Basildon and Thurrock University Hospitals, Brentwood Bupa, and Wellington Hospital Clinic. He is an active member of BOFAS, EFAS, RCS, SOMACOT, and founded the Foot and Ankle Surgery Club in UAE. He speaks Arabic, English, and Spanish.

22. The main principles of hand surgery (Workshop)

المبادىء الرئيسية في جراحة اليد

Prof. Dr. med. Abdul Kader MARTINI
Passt präsenten Al-Andalus- universität für Medizinische Wissenschaften
Heidelberg, Germany

Prof. Dr. med. Abdul Kader Martini

), born in Idleb, Syria (1942), studied medicine at Damascus University (1959–1966) before moving to Germany in 1966. He trained in orthopedics at the University Clinic Hamburg-Eppendorf and became a board-certified orthopedic surgeon in 1972. From 1972–1977 he specialized in plastic and hand surgery at the BG Trauma Hospital Ludwigshafen, then served as Head of the Hand and Microsurgery Section at Heidelberg University Orthopedic Clinic (1977–2007). He earned his venia legendi in 1987 and was appointed APL Professor in 1993.

Prof. Martini authored five textbooks and numerous publications, co-founded the journal Obere Extremität (2006), and supervised two habilitations and 21 dissertations. Honors include the Heine Prize (1990) and the Federal Cross of Merit (1998). He served as President of the German Society for Hand Surgery (2006–2008), is honorary member of several scientific societies, and participated in humanitarian missions worldwide., he was President of Al-Andalus University for Medical Sciences, Syria.

23. Robots in Eye Surgery

استخدام الروبوتات في جراحة العيون

Dr. Yaser Biazid
Consultant vitreoretinal Surgeon
Köln, Germany

Robots have captivated our interest for many years, yet our relationship with them remains highly ambivalent: we both admire and fear them.

We value their precision and efficiency, but at the same time, we are concerned about their strictly logical decision-making—particularly in the field of medicine, where we

feel especially vulnerable. In this presentation, we will explore the role of robots in eye surgery

CV Dr. med. Yaser Biazid

Dr. med. Yaser Biazid is a Consultant Ophthalmologist and Vitreoretinal Surgeon with more than 20 years of experience in advanced eye care, including vitreoretinal and cataract surgery, scleral IOL-Fixation (Scharioth Technique), as well as medical retina with ROP treatments. Since 2022, he has been leading the Retina Unit at the Augenklinik am Neumarkt in Cologne, Germany.

Previously, Dr. Biazid served as Head of the Eye Department at NMC Royal Hospital in Abu Dhabi, UAE (2015–2021).

He completed his medical studies and earned his Ph.D. at Heidelberg University, one of Germany's leading medical institutions, and obtained the German Board of Ophthalmology in 2003.

Medical Director & Owner, Style-Age clinic, Dubai Healthcare City, UAE

24. Diabetic Eye Complications

اختلاطات السكري في العين

Tammam Kelani, MD

Specialty: Ophthalmologist, Vienna

Diabetes mellitus is a global health concern with significant systemic and ocular complications. Among these, diabetic eye complications represent a major cause of visual impairment and blindness in adults. Chronic hyperglycemia leads to microvascular damage in the retina, resulting in conditions such as diabetic retinopathy, macular edema, and neovascular glaucoma. Early detection and timely management are crucial to prevent irreversible vision loss. Advances in diagnostic imaging, including optical coherence tomography and fundus photography, have improved the ability to identify early retinal changes. Treatment strategies range from strict glycemic and blood pressure control to pharmacologic interventions, laser therapy, and surgical options for advanced disease. This lecture aims to provide an overview of the pathophysiology, clinical manifestations, diagnostic approaches, and management strategies for diabetic eye complications, emphasizing the importance of multidisciplinary care and patient education to preserve vision and quality of life

CV: Tammam Kelani MD

Dr. Tammam Kelani is a specialist in ophthalmology and optometry with over four decades of President, Arab Physicians and Pharmacists Association in Austria

Ophthalmic Consultant, Gallmayer Gasse 5/12, A-1190 Vienna

medical experience. He studied medicine at the University of Aleppo (1971–1977), completed his specialization in ophthalmology there (1978–1982), and continued advanced training at the University Hospital of Vienna (1982–1988), where

he earned specialist certification. He also holds a Diploma and Fellowship from the American Academy of Ophthalmology. Since 1989, Dr. Kelani has run a private ophthalmology practice in Vienna. He was appointed Consultant in Ophthalmology to the Austrian Ministry of Health in 2012 and became Senior Consultant in 2019. As founder and President of the Arab Physicians and Pharmacists Association in Austria, he actively promotes Arab-European medical cooperation.

25. Update in Lung Transplantation: Indications and Outcomes « Foch Hospital Experience, in France »

« مستجدات زراعة الرئة: المؤشرات والنتائج « تجربة مستشفى فوش في فرنسا

Prof. Dr Abdul Monem HAMID
Foch University Hospital, Department of Pulmonary Medicine and Lung Transplantation Suresnes, Paris, Université de Versailles Saint-Quentin-en-Yvelines, Hospitals College of Medicine, France

Lung transplantation has become an acceptable treatment for end-stage respiratory failure, without alternative treatment.
Since the first lung transplantation in 1963, there has been great progress in the management of patients with lung transplantation.
The volume of transplanted patients in the world has increased, due to medical and surgical progress, modality of emergency lung transplantation, and ex-vivo use.
And we have very good results in terms of survival and quality of life despite the difficulty in treating patients with the occurrence of complications, particularly infectious, immunological, chronic graft dysfun
ction, and others.
A median survival in some centres approaches 10 years.
According to international ISHLT registry, there are over 15,000 lung transplants worldwide.
Overall survival is 80% at one year, 75% at five years, 50% at 10 years and 30% at 20 years.
At Foch Hospital, we have 35 years of experience in lung transplantation program with improvement in several periods between 1989 and 2024, 1276 patients were transplanted, and 54% of them are still alive.
Global survival at 3 months, 1 years, 5 years, 10 years, 15 years, and 20 years was 89,4%, 83.5%, 65.5%, 49%, 39%, and 21 % respectively.
Patients with cystic fibrosis have a better 5-year survival (72%) than those with emphysema or pulmonary fibrosis (72 % vs. 64 % for emphysema and 54% for fibrosis).
Survival is further improved in the last 10 years (January 2015 - October 2024, cohort of 641), at 1 year : 85% for pulmonary fibrosis, 90% for emphysema, and 93% for cystic fibrosis.
Emergency transplantation had a 60% 5-year survival.

Conclusion. — The thirty-five years of experience shows a consistent improvement in the results of lung transplantation which is now accepted as the only effective curative treatment for end stage lung disease.
These results show the effectiveness of our group and encourage us to continue the lung transplantation program and transmit our knowledge and training to other teams around the world.

CV Prof. Dr Abdul Monem HAMID

Prof. Dr. Abdul Monem HAMID is a consultant in respiratory diseases at Foch University Hospital, Paris, specializing in pulmonary medicine and lung transplantation since 2002. He trained in respiratory and intensive care medicine at the University of Paris. His expertise includes lung transplantation, pulmonary fibrosis, pulmonary hypertension, and thromboembolic disease. He has published extensively, including a 2024 article on antireflux surgery in JHLT Open. A frequent speaker at international pulmonology conferences, he teaches at the Paris College of Medicine and advises on medical strategies and team training. He is a member of multiple French and international medical associations.
France

26. Comparing the Expression of CD34 and ALDH1a1 between High Grade and Low-Grade Non-Hodgkin Lymphomas: A Molecular Study with Promising Prognostic Roles

دراسة جزيئية ذات أدوار تنبؤية واعدة لدى مقارنة التعبير الجيني لجينَي CD34 و ALDH1a1بين الأورام اللمفاوية اللاهودجكينية العالية والمنخفضة الدرجة:

Dr. Sawsan Ismail,
Doctor, Pathologist, Researcher, Teaching Assistant
Faculty of Medicine, Al-Andalus University for Medical Sciences

Introduction: Non-Hodgkin lymphoma (NHL) represents the seventh most common malignancy and encompasses a heterogeneous group of indolent and aggressive neoplasms that differ in histological, immunohistochemical, and molecular characteristics. Hematopoietic stem cells (HSCs) play a significant role in the prognosis of NHL. CD34 is a glycoprotein that has been widely investigated as a marker for progenitor cells and HSCs. Furthermore, ALDH1a1 is an isoform of the aldehyde dehydrogenase enzymes that was recently detected in HSCs. Despite their promising prognostic roles, limited studies have compared the expressions of CD34 and ALDH1a1 between low-grade and high-grade NHL.
Methods: Fifty-five cases of NHL were obtained and subtyped according to the WHO classification of lymphoid malignancies using a wide immunohistochemical panel. Immunostaining with ALDH1a1 (Clone EP168-RMab) and CD34 (Clone EP88-RMab) was performed, and patterns of expression were evaluated and compared by 2 pathologists.

Results: Our study included 29 cases (52.7%) of high-grade NHL (diffuse large B cell lymphoma [DLBCL]: n = 16; anaplastic large cell lymphoma: n = 9; B cell lymphoblastic lymphoma: n = 2; T cell lymphoblastic lymphoma: n = 2); and 26 cases (47.3%) of low-grade NHL (follicular lymphoma [FL]: n = 10; small lymphocytic lymphoma [SLL]: n = 9; and marginal zone lymphoma [MZL]: n = 7). DLBCL and FL were the most common cases. Interestingly, CD34 and ALDH1a1 demonstrated membranous and cytoplasmic expressions, respectively, in 15 cases of high-grade NHL (51.72%) and 22 cases of low-grade NHL (84.61%). Accordingly, the highest expression was detected in low grade subtypes, revealing a significant statistical association with the histological grade (P-value: 0.01). Furthermore, the highest mean of expression of CD34 and ALDH1a1 was detected in SLL and MZL, respectively, whereas B-lymphoblastic lymphoma, which is an aggressive subtype of NHL, demonstrated the lowest mean of expression.
Conclusions: In our study, both CD34 and ALDH1a1 demonstrated a higher expression in low-grade subtypes, highlighting a higher expression of HSCs. According to the literature, indolent subtypes are often associated with more recurrence rates, whereas high-grade lymphomas are characterized by a better response to chemotherapy. Subsequently, our results could highlight a possible cause of recurrence in indolent lymphomas. Furthermore, while CD34 demonstrated a membranous expression and ALDH1a1 demonstrated a cytoplasmic expression, the similarities in their distribution in the positive cases suggest a significant sensitive role of ALDH1a1 in the detection of HSCs alongside CD34.

مقارنة التعبير الجينى لجينَى CD34 و ALDH1a1بين الأورام اللمفاوية اللاهودجكينية عالية ومنخفضة الدرجة: دراسة جزيئية ذات أدوار تنبؤية واعدة

سوسن إسماعيل، زهير الشهابي، جون يحيى الشمالي

مقدمة: تُمثل الأورام اللمفاوية اللاهودجكينية (NHL) سابع أكثر الأورام الخبيثة شيوعًا، وتشمل مجموعة غير متجانسة من الأورام الخاملة والعدوانية التي تختلف في خصائصها النسيجية والمناعية الكيميائية والجزيئية. تلعب الخلايا الجذعية المكونة للدم (HSCs) دورًا هامًا في تشخيص الأورام اللمفاوية اللاهودجكينية CD34 . هو بروتين سكري خضع لدراسات واسعة النطاق كعلامة للخلايا السلفية والخلايا الجذعية المكونة للدم. علاوة على ذلك، يُعد ALDH1a1 أحد أشكال إنزيمات ألدهيد ديهيدروجينيز التي اكتُشفت مؤخرًا في الخلايا الجذعية المكونة للدم. وعلى الرغم من دورهما الواعد في التنبؤ بالمرض، فقد قارنت دراسات محدودة تعبيرات CD34 و ALDH1a1بين حالات NHL منخفضة الدرجة وعالية الدرجة.
الطرق: تم الحصول على 55 حالة من NHL وتصنيفها وفقًا لتصنيف منظمة الصحة العالمية للأورام الخبيثة اللمفاوية باستخدام لوحة مناعية نسيجية واسعة. أُجريت عملية التلوين المناعى باستخدام ALDH1a1 (Clone EP168-RMab)و(Clone EP88-RMab) CD34، وقام أخصائيان في علم الأمراض بتقييم أنماط التعبير ومقارنتها. النتائج: شملت دراستنا 29 حالة (52.7%) من سرطان الغدد الليمفاوية غير هودجكين عالى الدرجة) ورم الغدد الليمفاوية المنتشر للخلايا البائية الكبيرة :[DLBCL] عدد الحالات = 16؛ ورم الغدد الليمفاوية اللاهوائية الكبيرة: عدد الحالات = 9؛ ورم الغدد الليمفاوية اللمفاوية للخلايا البائية: عدد الحالات = 2؛ ورم الغدد الليمفاوية اللمفاوية للخلايا التائية: عدد الحالات = 2(؛ و26 حالة (47.3%) من سرطان الغدد الليمفاوية غير هودجكين منخفض الدرجة) ورم الغدد الليمفاوية الجريبي :[FL] عدد الحالات = 10؛ ورم الغدد الليمفاوية الصغيرة :[SLL] عدد الحالات = 9؛ ورم الغدد الليمفاوية في المنطقة الهامشية :[MZL] عدد الحالات = 7 .(كان

سرطان الغدد الليمفاوية الجريبي الصغير وسرطان الغدد الليمفاوية في المنطقة الهامشية أكثر الحالات شيوعًا. ومن المثير للاهتمام أن جينات CD34 و ALDH1a1أظهرتا تعبيرات غشائية وسيتوبلازمية، على التوالي، في 15 حالة من سرطان الغدد الليمفاوية غير هودجكين عالي الدرجة (51.72%) و22 حالة من سرطان الغدد الليمفاوية غير هودجكين منخفض الدرجة (84.61%). وبناءً على ذلك، تم الكشف عن أعلى مستوى تعبير في الأنواع الفرعية منخفضة الدرجة، مما يكشف عن ارتباط إحصائي كبير بالدرجة النسيجية (القيمة الاحتمالية: 0.01). علاوة على ذلك، تم الكشف عن أعلى متوسط تعبير عن CD34 و ALDH1a1في SLL وMZL، على التوالي، بينما أظهر الورم اللمفاوي اللمفاويB ، وهو نوع فرعي عدواني منNHL ، أقل متوسط تعبير.

الاستنتاجات: في دراستنا، أظهر كل من CD34 و ALDH1a1مستوى تعبير أعلى في الأنواع الفرعية منخفضة الدرجة، مما يسلط الضوء على مستوى تعبير أعلى في الخلايا الجذعية المكونة للدم. ووفقًا للأدبيات، غالبًا ما ترتبط الأنواع الفرعية الخاملة بمعدلات تكرار أعلى، بينما تتميز الأورام اللمفاوية عالية الدرجة باستجابة أفضل للعلاج الكيميائي. وبالتالي، يمكن أن تسلط نتائجنا الضوء على سبب محتمل للتكرار في الأورام اللمفاوية الخاملة. علاوة على ذلك، بينما أظهر CD34 تعبيرًا غشائيًا وأظهر ALDH1a1 تعبيرًا سيتوبلازميًا، فإن أوجه التشابه في توزيعهما في الحالات الإيجابية تشير إلى دور حساس مهم لـ ALDH1a1 في الكشف عن الخلايا الجذعية المكونة للدم إلى جانب.CD34

CV Dr. Sawsan Ismail

Bibliography: A highly-motivated researcher and pathologist experienced in cancer diagnosis with well-developed skills in histopathology, immunohistochemistry, molecular pathology, stem cells, and Next-Generation Sequencing. Has published more than 25 publications in reputable peer-reviewed journals. Has been awarded the international membership grant by the Association for Molecular Pathology (AMP) in USA. Also, member of the US and Canadian Academy of Pathology (USCAP), American Society for Clinical Pathology (ASCP). Was selected as an associate editor of PLOS One Journal and a reviewer of Oxford University Press Journals with many international participations.

27. The new operative era in treating Benign Prostatic Obstruction

عصر جديد في علاج تضخم البروستات السليمة

Dr. Ismail Abbara
Medical Director Abbara Urologist, Andrologist & General Surgeon, Dubai UAE
, Dubai, UAE

The New Operative Era in Treating Benign Prostatic Obstruction (BPO)

Recent years have marked a new era in the surgical management of Benign Prostatic Obstruction (BPO), with significant advances that have improved patient outcomes and enhanced procedural safety. Innovative, minimally invasive techniques such as **HoLEP** (Holmium Laser Enucleation of the Prostate) and **Rezūm** water vapor therapy now allow for effective reduction of prostate volume while minimizing postoperative discomfort and shortening recovery time.

These modern approaches precisely target BPO and are often associated with lower rates of side effects, such as urinary incontinence or erectile dysfunction, compared with traditional interventions. The integration of **robotic assistance** and **laser technology** has further increased surgical precision, offering patients safer and more effective treatment experiences.

Benign prostatic hyperplasia (BPH) is a common condition that significantly affects men's health and quality of life. This presentation reviews the anatomy and physiology of the prostate, the progression of BPH, and the limitations of traditional management options, including observation, medication, TURP, and open surgery. Emphasis is placed on the new operative era, where minimally invasive procedures are reshaping treatment. Techniques such as iTIND, Aquablation, HoLEP/THuLEP, Rezūm, UroLift, TUMT, TUNA, TUVP, and prostatic artery embolization are compared in terms of efficacy, safety, and impact on sexual outcomes. Advances in robotic assistance, imaging guidance, and innovative energy sources are shown to improve precision and reduce morbidity. The talk highlights how these evolving approaches provide tailored solutions and may set future standards for BPH management.

Overview

- Anatomy and physiology of the prostate
- Development of BPH (Benign Prostatic Hyperplasia)
- Impact of BPH on lifestyle and health
- Traditional treatment options for BPH
- New minimally invasive surgical techniques
- Comparative analysis of minimally invasive methods
- Future perspectives in BPH management

Traditional Treatments for BPH

1. **Observation ("Watchful waiting")**
2. **Dietary supplements** – especially plant-based preparations
3. **Pharmacological therapy**:
    - Alpha-blockers
    - 5-Alpha reductase inhibitors (5-ARI)
    - PDE-5 inhibitors
    - Beta3-adrenoceptor agonists (e.g., Mirabegron/Betmiga)
4. **Classical surgical procedures**:
    - TUIP (Transurethral Incision of the Prostate)
    - TURP (Transurethral Resection of the Prostate)
5. **Open simple prostatectomy**

New Minimally Invasive Surgical Options

1. Temporary implantable nitinol device (e.g., iTIND)
2. **Aquablation**
3. HoLEP / ThuLEP / GreenLEP / Bipolar Enucleation (BipoLEP)
4. Rezūm
5. UroLift
6. Transurethral Microwave Therapy (TUMT)
7. Transurethral Needle Ablation (TUNA)
8. Transurethral Vaporization (TUVP)

9. Prostatic Artery Embolization (PAE)

Aquablation – High-Pressure Saline Hydrodissection

Aquablation combines **robotic technology** with **high-pressure water jet therapy** to remove excess prostate tissue under real-time ultrasound guidance. The **AquaBeam robotic system** ensures precise and consistent tissue removal, typically for prostates sized between 30–80 grams.

- **Duration:** 30–60 minutes
- **Advantages:** High precision, effective tissue removal, reduced surgeon variability
- **Disadvantages:** Short-term catheterization, transient hematuria, urinary urgency or frequency, and higher cost compared to conventional treatments
- **Risks:** Small risk of urinary incontinence or erectile dysfunction; may not be suitable for patients seeking an immediate, short recovery solution

CV Dr. Ismail Abbara

Dr ismail abbara consultant urologist andrologist and general surgeon facharzt frankfurt university germany

With almost 45 years experience in urology endourology, andrology, urooncology, renal transplant and general surgery

Conducted many worksops covering management of prostatic diseases, renal stones, incontinence of urine, men health, erectile dysfunction, penile prosthesis Co-chairman of 6th emirates international urological conference and the 28th world congress on videourology and advances in clinic urology

Cofounder former head of scientific committee of emirates urological society Head of educational committee, board member and former secretary-general of pan arab continence society

Member of american, european, international, german, endourology, arab, syrian, emirates, urology assoiciations former member at large of african gulf society of sexual medicine. Arabmed in europe.

Chaired different international and national urological ana medical conferences and published articles in urological medical journals

28. Relocation of Abnormal Tubo-Ovarian Structure (TOS) to Treat Unexplained Infertility, an Innovative procedure

لعلاج العقم غير المبرر، إجراء مبتكر (TOS) لإعادة تموضع البنية غير الطبيعية للأنبوب والمبيض

Prof DR. Mousa Al-Kurdi,
Consultant Gynecologist Oncologist, Saudi German Hospital, Dubai UAE

In this talk, I will be describing the findings of a retrospective analysis of a fully de-linked and anonymised data that we collected from treating a cohort of 372 women with unexplained infertility between 1999 and 2022. We demonstrate that the normal location of the tubo-ovarian structure (TOS) where the Fallopian tubes are pointing down at pouch of Douglas (PoD) plays a key role in fertility. We highlight this finding

through the surgical procedures of closure ovarian fossa as well as uterine and ovarian suspension, which we developed to relocate abnormally high TOS to treat unexplained infertility in these 372 patients with a high success rate of pregnancy (average 64% - 87% if no associated pathology & 56% with pathology). We hypothesise that the normal position of the TOS allows the ampulla to be in contact with the peritoneal and the follicular fluid released by the ovulating ovary, thereby facilitating influx of follicular fluid from the ovarian follicles into the Fallopian tubes and consequently triggering the increase in ciliary beat frequency (CBF) after ovulation, thus allowing normal pulsatile fimbriae movement and facilitating the Fallopian tube activity, the ovum pick-up and fertility.

We note that the location of the TOS is frequently missed clinically as patients diagnosed with unexplained infertility have never had their TOS investigated neither by ultrasound or HSG scans nor by diagnostic laparoscopy. Given the high frequency of infertile women with abnormal TOS that we encountered during this study and their successful treatment with TOS relocation procedures, this talk will highlight the key relation between normal TOS and fertility, providing procedures to correct abnormally located TOS, and paving the way to treat unexplained infertility without the need for IVF; especially in women over 40, with low anti-müllerian hormone (AMH) or repeated IVF failure.

Note that the original research that will be presented in this talk has not been published yet but has been recently accepted for publication at the International Journal of Gynecology and Obstetrics (IJGO).

Also note that I am the main author in this study where I designed the study, performed the work involving treatment of 372 cases of women with infertility, and collected the data between 1999 and 2022. In addition to myself, there are two co-authors who assisted in this study, including Dr Ahmed F. Khattab (Zulekha Hospital LLC, Dubai, UAE) who assisted me in designing and revising the study, and Dr Ashraf Zarkan (Department of Genetics, Cambridge, UK) who analysed the data, generated the figures, and prepared the presentation.

CV Prof DR. Mousa Al-Kurdi, MD, FRCOG

Saudi German Hospital, Dubai UAE

Endoscopic surgeon in Infertility & Tumors - Cambridge University

Prof. Al-Kurdi is a highly accomplished gynecologist, oncologist, and endoscopic surgeon with over 30 years of professional experience in the United Kingdom, predominantly in Cambridge. He began his career as a specialist at Leicester and Newcastle Universities before serving as Lecturer and Senior Consultant in Cambridge. His career is distinguished by pioneering innovations in infertility and cancer surgery, where he developed novel surgical procedures and instruments, alongside initiatives to reform healthcare, advance medical education, and reduce maternal mortality and medical errors.

He is the Founding President of the Arab Institute for Clinical Excellence (AICE), established in 2007 under the Council of Arab Ministers of Health and the Arab League, with the mission of reforming healthcare and medical teaching across Arab countries. His surgical expertise includes managing prolonged infertility, failed IVF, recurrent miscarriages, unexplained infertility, and advanced endoscopic treatments for gynecological cancers and fertility-sparing procedures.

29. Surgical Management of Liver Metastases from Colorectal Carcinoma Childhood Liver Cancer Treatment

التدبير الجراحي لانتشار سرطان الكولون والمستقيم الى الكبد
علاج سرطان الكبد في مرحلة الطفولة

Dr. Abdul Hamid Sinan
Consultant general and surgery
General and laparoscopic Surgeon, Sinan Hospital, Damascus Syria
Department of Surgery, Al Sharq Hospital, Fujairah, UAE

Keywords: hepatectomy, hepatic resection, liver metastases, colorectal cancer

Colorectal cancer is the most frequent digestive cancer. Fifty percent of all patients shall develop, synchronously or metachronously, liver metastases. Liver Metastases dignosed before or during Colorectal resection are snchronous.

Different means such as chemotherapy, targeted therapies, radiofrequency ablation, portal vein embolization and twostage hepatectomy may be used to make these metastases eventually respectable and to increase overall survival

This is a review of published and personal data of the different methods used to increase survival, but also on the integration of these parameters in a larger approach of colorectal liver metastasis especially insisting on multidisciplinary discussion.

Reference:

1. Scheele. J et al. World J Surg 1995; 19(1)59-71, Isma.
Agric. Res., 5: 708–719
2. FG. Fernandez et. Ann Surg 2004; 240:438–450
3. R. Adam et al. Ann Surg 2004;240(4):644-55

CV Dr. Abdul Hamid Sinan is a consultant laparoscopic & General Surgeon, He is the head of surgical Department & General Manager of Al Sharq Hospital, Fujairah, UAE.

Dr. Sinan is an HPB & Liver transplant surgeon. Upon graduating as a general surgeon, he pursed Master's in liver transplantation at McGill Univ, Canada. Then he completed his Fellowship in Liver transplantation at University of Western Ontarion, Canada, He became accredited by American Society of Liver Transplantation Surgeons (ASTS). He completed Pancreas & Kidney Transplant
Fellowship at University of Calgary, Canada.
He won the topic presentation at the world transplant conference
in San Francisco 2007 for presenting about the Donor Risk Index

He is a member of Canadian General Surgeon Association, American Society of Transplantation and Fellow of the International Society of Surgeons.

30. Pain Management in Palliative Care

تدبير الالم في المعالجات التلطيفية

Dr. med. Sayed Tarmassi
Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy
Braunschweig, Germany

In Germany, severely ill and dying patients are entitled to symptom-relieving medical care, which is also referred to as palliative medical therapy. For years, the demand has been continuously increasing. 220,000 people die each year as a result of tumor disease in Germany solely.

Due to demographic change, the number of elderly and sick people continues to increase, making pain therapy more in demand. Despite highly developed treatment methods, only just under half can be cured. Instead of a painful and suffering death, patients experience almost a painless end without suffering thanks to palliative medicine.

The palliative care patient faces many factors. From one day to the next, the patient is pulled out of his everyday life routine and confronted with a serious illness. The future plans one had made for oneself can now no longer be achieved and one is forced to plan the little time left of his life. Therefore, palliative care serves as a help, it is based on the ideas of the patient and his environment.

The illness of the patient includes the family and friends. It is a must to take care of the relatives appropriately during the process in order not to endanger the functioning of the family system. The aim of the therapy is to alleviate the consequences of the disease as much as possible, as soon as a cure seems impossible. The approach is to improve the quality of life of patients and their families. This can take the form of drug therapy as well as emotional support. Palliative care can take place in a non-specific setting, i.e. in the patient's own home, in a hospital, in a nursing home or in a hospice.

Every patient is entitled to individual counselling and support in the selection of services and supplies.

Significant for this is the aspect of symptom relief, in the form of a balanced pain therapy, also follows the planning of the usual everyday life by assistants and the emotional and psychological support of the patient and the relatives.

Definition & Scope

Palliative medical therapy in Germany provides symptom relief for severely ill and dying patients when curative treatment is no longer possible. Approximately 220,000 people die from cancer annually in Germany. Due to demographic change, the demand for pain therapy is increasing.

Objectives

- Relief of disease-related symptoms

- Improvement of quality of life for patients and families
- Support in emotional, social, and spiritual domains

Settings

Palliative care can be delivered at home, in hospitals, nursing homes, or hospices. Patients are entitled to individual counselling regarding services and resources.

Core Elements

- Balanced pain therapy (pharmacological)
- Emotional and psychological support for patients and relatives
- Assistance with daily living by nursing staff
- Financial and insurance-related support

Team Structure

- Interdisciplinary teams include:
- Physicians Nurses Social Workers Psychotherapists
- Clergy Creative therapists Physiotherapists

Holistic Approach

Addresses physical, psychological, emotional, and spiritual needs. Common associated symptoms include anxiety, hopelessness, isolation, sleep disorders, depression, and aggression.

WHO Analgesic Ladder

- Non-opioids – ibuprofen, paracetamol, diclofenac, metamizole
- Non-opioids + weak opioids – tilidine, tramadol (mild–moderate pain)
- Non-opioids + strong opioids – fentanyl, morphine, oxycodone (moderate–severe pain)

Pharmacological Considerations

- Route of administration
- Dosage and titration
- Duration of therapy
- Treatment setting
- Drug–drug interactions

تدبير الالم في المعالجات التلطيفية

التعريف والنطاق يوفر العلاج الطبي التلطيفي في ألمانيا تخفيفًا للأعراض للمرضى المصابين بأمراض خطيرة والمحتضرين عندما يصبح العلاج الشافي غير ممكن. يموت حوالي 220,000 شخص سنويًا بسبب السرطان في ألمانيا. ونتيجةً للتغير الديموغرافي، يتزايد الطلب على علاج الألم.

الأهداف

- تخفيف الأعراض المرتبطة بالمرض وتحسين نوعية حياة المرضى وعائلاتهم
- الدعم في المجالات العاطفية والاجتماعية والروحية

الأماكن

يمكن تقديم الرعاية التلطيفية في المنزل، أو في المستشفيات، أو دور رعاية المسنين، أو دور رعاية المسنين. ويحق للمرضى الحصول على استشارات فردية بشأن الخدمات والموارد.

العناصر الأساسية

- علاج الألم المتوازن (دوائيًا) الدعم العاطفي والنفسي للمرضى وأقاربهم

- مساعدة طاقم التمريض في الحياة اليومية دعم مالي ودعم تأميني

هيكل الفريق

- تشمل الفرق متعددة التخصصات ما يلي:
- الأطباء الممرضات الأخصائيون الاجتماعيون المعالجون النفسيون
- رجال الدين المعالجون الإبداعيون المعالجون الطبيعيون

النهج الشمولي

- يُعالج الاحتياجات الجسدية والنفسية والعاطفية والروحية. تشمل الأعراض المصاحبة الشائعة القلق، واليأس، والعزلة، واضطرابات النوم، والاكتئاب، والعدوانية.
- سلم مسكنات الألم لمنظمة الصحة العالمية
- المسكنات غير الأفيونية - إيبوبروفين، باراسيتامول، ديكلوفيناك، ميتاميزول
- المسكنات غير الأفيونية + المسكنات الأفيونية الضعيفة - تيليدين، ترامادول (ألم خفيف إلى متوسط)
- المسكنات غير الأفيونية + المسكنات الأفيونية القوية - فنتانيل، مورفين، أوكسيكودون (ألم متوسط إلى شديد)

الاعتبارات الدوائية

طريقة الإعطاء الجرعة والمعايرة مدة العلاج ظروف العلاج التفاعلات الدوائية

Dr. Sayed Tarmassi

Doctor of the medicine, General medical practice with pain therapy, naturopathic treatments, acupuncture and chirotherapy (mAnnual therapy).

Study of the human medicine of 1983-1989 at the university Erlangen-Nuremberg in Bavaria with the main city Munich

End of the human medicine study with the mark very well

1995 obtaining the doctorate of medicine

The promotional theme: Clinical results of primary ligament suture with augmentation and plastic cruciate ligament reconstruction after modified belong Brückner

Since October 1997 I am also a GP in their own practice and treat all diseases with a focus on pain management, such as back pain, headaches, migraines, joint pain, and others.

31. Hypertension – How I Treat High Blood Pressure

Dr. Ahmed Majeed, M.D. – Consultant Interventional Cardiologist
Amman, Jordan

Hypertension, commonly known as high blood pressure, is one of the most prevalent chronic diseases worldwide. Often referred to as the “silent killer,” it can cause serious and life-threatening complications over time without showing any noticeable symptoms for many years.

Definition Hypertension is defined as a persistent elevation of systolic blood pressure above 140 mmHg and/or diastolic blood pressure above 90 mmHg, confirmed on at least two separate occasions.

Classification (According to WHO)

- **Normal:** <120 / <80 mmHg
- **Prehypertension:** 120–139 / 80–89 mmHg

- **Stage 1 Hypertension:** 140–159 / 90–99 mmHg
- **Stage 2 Hypertension:** ≥160 / ≥100 mmHg

Causes

- **Primary (Essential) Hypertension:** No identifiable underlying cause; accounts for about 90–95% of all cases.
- **Secondary Hypertension:** Results from other medical conditions such as kidney disease, endocrine disorders (e.g., hyperthyroidism, Cushing's syndrome), or certain medications.

Risk Factors Several factors increase the risk of developing hypertension, including:

- Family history
- Obesity
- Smoking
- High salt intake
- Physical inactivity
- Stress
- Older age

Complications If left untreated, hypertension can lead to severe health problems such as:

- Heart attack (myocardial infarction)
- Stroke
- Heart failure
- Kidney failure
- Vision loss (hypertensive retinopathy)

Diagnosis

A proper diagnosis of hypertension includes:

- Repeated blood pressure measurements over time
- Laboratory tests to assess kidney function, blood glucose, and cholesterol levels
- ECG and echocardiography to evaluate heart function

Treatment The management of hypertension involves both lifestyle modifications and, if necessary, pharmacological therapy.

1. **Lifestyle Modifications**
    - Reduce salt intake
    - Engage in regular physical activity
    - Maintain a healthy body weight
    - Quit smoking and limit alcohol consumption
    - Manage stress through relaxation techniques and balanced living
2. **Medications** When lifestyle changes alone are insufficient, one or more of the following medications may be prescribed:
    - Diuretics

- ACE inhibitors
- Angiotensin II receptor blockers (ARBs)
- Beta-blockers
- Calcium channel blockers

By combining healthy lifestyle habits with appropriate medical therapy, most patients can effectively control their blood pressure and significantly reduce the risk of complications.

CV of Dr. Ahmed Majeed

D.o.b Damascus 20/08/1972
Living now in Amman Jordan
medical university in Damascus 1996
Internal medicine Damascus 2000
Master of cardiology Damascus 2002
Interventional cardiology KSA 2003
Working in KSA as cardiologist from 2003 to 2009 in KSA
Cardiologist in Darya hospital and private hospital in Damascus from 2009 to 2013
Interventional cardiologist in Amman Jordan private hospital from 2014 till now

32. Simultaneous Approach in Conducting Laparoscopic Interventions

النهج المتزامن في إجراء التدخلات بالمنظار
Prof Abu Shamsieh Rami, M.D., Ph. D
President Association of Arabic Physicians in Ukraine
Department of General Surgery and laparoscopic Surgery National Medical University O.O. DIEVO Center for Surgical Solutions Bogomolets. Kiev. Ukraine.

Introduction: This paper presents a comprehensive experience in performing combined laparoscopic surgeries for urological conditions and urological pathology combined with general surgical procedures. The assessment of surgical treatment outcomes and complications is also provided.

Materials and Methods: From June 2023, laparoscopic interventions were performed on 25 patients with urological pathology and 8 patients with combined pathology: urological and general surgical.

Results: Interventions were categorized as follows:

Combination of urological pathologies (kidney cyst and kidney stones, ureteropelvic junction stricture and kidney stones, nephroptosis and kidney stones, bladder tumors) where procedures were conducted simultaneously using both laparoscopic and endoscopic techniques (percutaneous nephrolithotomy (PNL), laparoscopic rigid and flexible pyeloscopy, cystoscopy with laser navigation).

Combination of urological pathology with general surgical conditions (inguinal, diaphragmatic hernias with prostatic hyperplasia and large bladder stones, gallstone

disease combined with diaphragmatic hernia and renal tumor), utilizing either pure laparoscopy or in combination with transurethral treatment methods.
All patients achieved positive treatment outcomes. There were no postoperative complications. The average hospital stay post-operation was 1.5 bed-days.
Conclusions: The use of simultaneous surgery does not increase patient hospitalization duration, although it slightly extends the duration of the operation itself. It necessitates a multidisciplinary surgical team. This approach significantly reduces patient costs (both time and financial) for comprehensive treatment and examinations by various specialists (anesthesia, hospitalization periods, loss of work capacity, etc.)

Prof Abu Shamsieh Rami, M.D., Ph. D
President Association of Arabic Physicians in Ukraine
Department of Surgery №1 National Medical University A.A. Bogomolets. Kiev. Ukraine.Specialist General Surgery and laparoscopic Surgery

Clinical Experience:
Special Areas of Interest: Thoracic and Vascular surgery, General Surgery, General Surgery, Vascular Surgery, Gynecology & Obstetrics, Plastic Surgery, Thoracic surgery, Neurosurgery, Emergency Department

33. Evaluation of a smartphone app for heart failure patients versus usual care: a multicentre, randomised controlled trial

تقييم تطبيق الهاتف الذكي لمرضى قصور القلب مقارنةً بالرعاية المعتادة: تجربة عشوائية متعددة المراكز .

Fahed. **Husri,** Simon Reif ,S. Schubert, Paul Gerhard Peters, ,
Dr. Fahed. Husri
Cardiac Surgeon, Department of Cardiac Surgery, Cardiovascular Center - Nuremberg, Germany

Simon Reif (ORCID 0000-0001-6842-289X) 1,2,3, Sabrina Schubert 1,2, Paul Gerhard Peters 1,4, Fahed Husri 5*
Joint first authors. Correspondence to simon.reif@zew.de. 1) ZEW – Centre for European Economic Research; 2) University of Erlangen-Nuremberg; 3) Munich Center for Health Economics and Health Policy; 4) University of Bayreuth; 5) Department of Cardiac Surgery, Klinikum Nürnberg (Cardiovascular Center), Paracelsus Medical University, Nürnberg, Germany;

Background and Aims: Heart failure (HF) is a prevalent condition affecting millions of individuals worldwide. Continuous monitoring and targeted behavioral interventions have been shown to improve health status and quality of life for HF patients. Digital therapeutics offer the possibility to make more frequent monitoring and targeted behavioral interventions available for more people. The ProHerz app aims to support patients suffering from HF using easy-to-use monitoring of medical parameters for early detection of disease progression as well as

self-help features. This report presents results from a randomized control trial (RCT) to assess the impact of the app.

Methods: An RCT with 252 HF patients across nine hospitals in Germany was conducted where half of patients received access to a digital therapeutic (ProHerz). Clinical indicators as well as patient-reported outcomes were collected at entry and exit examinations. We conduct statistical analyses with and without covariate adjustment and using different imputation strategies for missing values.

Results: We find significant positive effects of the intervention on 6-minute walking test distance (6MWT), self-care behavior (EHFScBS score) and HF specific health literacy (correct answers in AHFKT). The intervention group also showed better progression in NYHA class compared to the control group.

Conclusion: Patients assigned to use the app experienced significant improvements in their condition. The statistical analysis is robust to different sensitivity analyses.

Keywords: Heart Failure; Digital Therapeutic, Smartphone App, RCT

CV Dr. Fahed Husri is a senior cardiac surgeon at Klinikum Nürnberg since 2022 and certified specialist in cardiac surgery since 2017. He completed his training in Erlangen and Nuremberg after earning his medical degree from the University of Aleppo in 2009. He has expertise in minimally invasive mitral valve surgery, aortic procedures, bypass surgery, and device implantations including LVADs, TAVR, and pacemakers. Dr. Husri is also co-developer of the ProHerz® mobile app for heart failure patients. He is multilingual, skilled in hospital IT systems, and actively engaged in the German Society for Thoracic and Cardiovascular Surgery.

34. Benefits of using a telecollaboration telemedicine Platform in an international medical network: preliminary study.

فوائد استخدام منصة التعاون الطبي عن بعد في شبكة طبية دولية: دراسة أولية.

Jihad Youssef, Firas Hallak, Hammed Ramdani, Ahmad Zohbi, Amal Mohsen, Anas Chaker
IMEAH/ CHU BORDEAUX /UOSSM CEO/M.D.
University Hospital of Bordeaux, Bordeaux, France

Aims: Imeah a French startup offering innovative digital solutions for health professionals, developed ehealth pro© an advanced medical collaboration solution tailored for communication among healthcare professionals, centers, and telemedicine solutions.

ehealth pro© empowers doctors by allowing them to actively shape a solution tailored to their individual requirements. It provides them with the autonomy to design their medical record templates, establish the necessary networks, and communicate with their preferred language.

Moreover, the platform's Admin can define networks, customize offers based on the needs of doctors or care centers, and oversee the authorization of user profiles or doctors.

We evaluate using the ehealth pro© platform in an international NGO's medical network (UOSSM) to identify scenarios of application, proof of concept and benefits for doctors and institutions.

Results: During the discussions with UOSSM doctors and nurses about their daily needs in their routine healthcare practice, we identified three distinct scenarios that ehealth pro© should be able to **cover:**

First Scenario: In-center teleconsultation preparation Paramedical staff at care centers receive patients and complete their clinical files based on the model provided by the designated doctor on the platform. This groundwork ensures readiness for teleconsultations via video conference with the respective doctor. Before engaging directly with the patient, the doctor reviews the files submitted by the nurse on the platform.

Second scenario: Remote Assistance in specialized care

A doctor working in a medical center seeks remote assistance from a specialist or expert for on-site patient care, especially in critical care settings. In this scenario, the physician onsite fills in files according to the model proposed by the expert to prepare for the remote consultation. Real data transmission through connected tools is essential.

Third scenario Asynchronous consultations for expert opinions

Asynchronous consultations allow doctors to send complicated medical files to specialists for expert opinions. While the two doctors can convene within the platform to discuss medical files, asynchronous consultations provide flexibility.

After discussing the three scenarios, we have been able to show the benefits of ehealth pro© into the UOSSM network encompasses a range of advantages for both practicing doctors and the organization

For Doctors:

Effortless Access to Expertise: Enjoy free, seamless, and swift access to the expertise of medical specialists within the UOSSM network or provided by the international Imeah network.

Secure Medical Data Exchange: Utilize a secure space for the exchange of medical data, ensuring privacy and compliance with confidentiality standards.

Time Efficiency and Recognition: Medical time saving through the recognition of digital contributions, converted into productive working hours.

Versatile Ergonomic Tool: Access to an ergonomic tool without cost, useable not only within the UOSSM network but also in their private professional practice improves adhesion of doctors.

For Organization:

Enhanced Care Provision: Improve the delivery of healthcare services to the population, ensuring timely and effective medical assistance.

Structured Health Database: Acquire a structured, actionable, and easily analyzable health database that facilitates resource optimization and serves various purposes.

Cost Savings and Optimal Resource Management: Realize savings in healthcare costs by addressing sub-optimal management of unusual cases and avoiding unnecessary patient relocation to remote medical centers.
Reduced Carbon Impact: Contribute to environmental sustainability by improving the carbon impact associated with healthcare consumption.
Barriers to using a telemedicine platform were analyzed: The percentage of medical digital time should be fixed and recognized as doctors who often lack time. Adhesion of health actors to digital health needs regular follow-up and availability of technical team. The conception of a digital tool must be shared with onsite doctors. Non healthcare employees should be integrated into the platform to discharge doctors from administrative work.

Conclusion:

Our study demonstrates that incorporation of a performed and complete telecollaboration platform like ehealth pro© stands to elevate healthcare practices, streamline data management, and contribute to overall efficiency and sustainability in the provision of medical services in a medical Network. A large study of implementing ehealth pro© in another type of medical network than ONGs is recommended to confirm our results. We will start soon, a study in an experimentation model in a large medical institution network centered by the university hospital of Bordeaux including more than 6 remote hospitals.

CV Dr Jihad YOUSSEF

Dr. Jihad Youssef is a physician specializing in medical intensive care, internal medicine, and telemedicine. He is currently practicing at Bordeaux University Hospital in France, where he also plays a leading role in the development of telemedicine at the GHT Gironde. In addition, he is the Co-Founder of IMEAH – International Medical Expertise and Healthcare – and serves as the CEO and founder of the Dannieh Medical Center in Lebanon.

Dr. Youssef earned his Doctorate in Medicine from Saint Joseph University in Beirut in 2001 before continuing his postgraduate training in France. He completed an Inter-University Diploma in Polyarthritis and Systemic Diseases at Paris XI in 2006, followed by a University Degree in Echocardiography at Bordeaux in 2007. He went on to obtain his Diploma of Internal Medicine in 2008 and his Diploma of Intensive Care Medicine in 2010, both at Bordeaux. Furthering his specialization, he completed a Diploma in the Resuscitation of Immunocompromised Patients at Paris Cité in 2024.

With a strong background in both clinical practice and healthcare leadership, Dr. Youssef combines expertise in intensive care with a pioneering commitment to telemedicine and international medical collaboration.

Speaker and Chairman

1. Dr. Ismail Abbara, Urologist, Andrologist & General Surgeon facharzt frankfurt university germany Medical Director Abbara clinic , Dubai, UAE
2. Prof Abu Shamsieh Rami, General and laparoscopic Surgeon, Department of Surgery National Medical University A.A. Bogomolets. Kiev. Ukraine.
3. Dr. Messef Al Abdul Razzak (Paediatrician) ARC Clinic Dubai, UAE
4. Dr. Massa Al Ammri, Department of Administrative Affairs, Al-Andalus University for Medical Sciences, Syria
5. Dr. Ossama Al-Babbili Presidendt of the Conference Representative of Arabmed in UAE and Gulf Region, Managing Director, York Diagnostic Laboratories, JLT, Jumeirah, Dubai UAE
6. Dr. Wael Albarazi; Plastic, reconstructive, and burn surgeon; Damascus, Syria
7. Prof Dr. Marwan Al-Halabi, Minister of Higher Education and Scientific Research
8. Dr. Ayman Al Kaial, Dean of the Faculty of Medical Engineering, Al-Andalus University for Medical Sciences, Syria
9. Dr. Ghassan AL Muhamed, Vice Dean of the Faculty of Dentistry, Al-Andalus University for Medical Sciences, Syria
10. Prof. Dr. Kanaan Al-Tameemi, Vice President for Scientific Affairs, Al-Andalus University for Medical Sciences, Syria
11. Mohamad louay Ahmad Arrat Consultants-Jordan,
12. Dr. Sami Azrak, Vice Dean of the Faculty of Human Medicine, Al-Andalus University for Medical Sciences, Syria
13. Dr. Yaser Biazid, Consultant vitreoretinal Surgeon, Köln, Germany
14. Professor Dr. Amal Dakkak, Head of the Department of Sociology, Damascus University, Syria
15. Dr. Hesham Dahshan General & Orthopaedics Surgoen ARABMED (Germany)
16. Dr Anas Haj Ebrahim General surgery specialist, Khorfakkan Hospital, UAE
17. Prof. Muhamed Ayham Darouish, Faculty of Medical Engineering, Al-Andalus University for Medical Sciences, Syria
18. Ali Dway, MBBCH; Al Andalus University for Medical Sciences
19. Dr Manal Fahham, M.D, Neurologist at Burjeel Hospital for Advanced Surgery, Dubai. UAE
20. Dr. Ingenieur Mazen Fani, Chairman of the Board of Trustees of Al-Andalus University for Medical Sciences
21. Prof Dr. Omar K Hallak, Consultant Interventional Cardiology and Endovascular Medicine, King's College Hospital Dubai, UAE
22. Prof Abdul Monem HAMID, Department of Pulmonary and Transplant Unit, Hôpital Foch, American hospital of Paris, France
23. Dr. Fahed Husri, Cardiac Surgeon, Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, and Paracelsus Medical University Germany,

Speaker and Chairman

24. Prof.Dr. Ali Kamel Ibrahim Vice President of Al-Andalus University for Medical Sciences, Syria
25. Dr. Sawsan Ismail, Faculty of Human Medicine, Al Andalus University for Medical Sciences
26. Dr. Minhal Josef, Dean of the Faculty of Pharmacy, Al-Andalus University for Medical Sciences, Syria
27. Prof Dr. Samir Kabbah, President of, Al-Andalus University for Medical Sciences,
28. Dr. Izzeddin Kamelmaz, M.D. FAAP, Pediatric, Merit Health Medical Group Pediatric North. Vicksburg, Mississippi, USA
29. Dr. Tammam Kelani, President of Arab Physicians and Pharmacists Association in Austria, Ophthalmic Consultant, Vienna Austria
30. Dr. Dunay Khaymaf, Pediatric Cardiac Services Department, Saud Al-Babtain Cardiac Centre, Dammam, Saudi Arabia
31. Waleed Kllawe Labor Medicin, Shmal univerty Syria
32. Dr. Adham Mansour, Specialist Plastic Surgeon, Medicine Director Owner of Style Age Clinic-Dubai, UAE
33. Dr. Faidi Omar Mahmoud, President of the ARABMED in Europe, Cardiac Surgeon, Germany
34. Mr AnwarMansour, British Professional Network, Clinical Site Manager at The Harley Street Clinic London UK
35. Dr Issam Mardini Orthopaedic and trauma Surgeon Operating in spine surgery and scoliosis, , arthroscopic surgeries, Dubai UAE
36. Prof. Dr. med. Abdul Kader MARTINI, Orthopidic sougen Past President of Al-Andalus University for Medical Sciences, Syria, Heidelberg, Deutschland
37. Professor Dr. Hussein Mihoub Salman, Past President of Al-Andalus University for Medical Sciences, Syria
38. Dr. Ahmed Majeed, M.D. Cansultant Interventional cardiologist Amman Jordan
39. Dr. Majed Othman Cardiac Surgeon, Damascus, Syria
40. Dr. Abdul Hamid Sinan, General and laparoscopic Surgeon, Sinan Hospital, Damascus Syria
41. Dr. Mahmoud Sultan, Internist, Diabetologist, and Nutritional Medicine, Berlin Germany
42. Dr Maan Taba MD, Consultant Orthopedic Foot & ankle Surgeon, Medcare Orthopedic & Spine Hospital. Dubai, UAE
43. Dr. Sayed Tarmassi General Practitioner Pain management Braunschweig (Germany)
44. Dr. Jihad YOUSSEF, MD, Internal Medicine and Critical Care, Bordeaux, France
45. Dr. Amel Yousfan, Faculty of Pharmacy, Al-Andalus University for Medical Sciences, Syria
46. . Somar Youssef., General Secretary of Administrative Affairs, Al-Andalus University for Medical Sciences, Syria

35th Annual Meeting of ARABMED in Europe
10th Joint International Medical Conference
« ADVANCES IN CONTEMPORARY MEDICINE »

المؤتمر السنوي ال35 لإتحاد الأطباء العرب في اوروبا والمؤتمر الطبي الدولي المشترك العاشر

تقييم المؤتمر

Evaluation of the conference Quality Control

Scala المقياس

Bad سيئ	Middle وسط	Good جيد
C	B	A

Scalaالمقياس	Topic المواضيع المقيمة
	تقييم المؤتمر بشكل عام Overall
	مكان المؤتمر conference venue
	تنظيم المؤتمر Conference organization
	المراسلات والتسجيل Correspondence and registration
	موضوع البرنامج العلمي Subject of the scientific program
	مدة المؤتمر Duration of the conference
	المحاضرات العلمية Scientific lectures
	لغة المؤتمر Conference language
	اللغة العربية Arabic
	اللغة لإنكليزية English
	لغة مشتركة A common language
	الوقت المتاح للمحاضرة The time available for the lecture

Suggestion الإقتراحات

Union Arabischer Mediziner
in Europa e.V. 200529
(ARABMED) in Europe
Mitglied der Vereinten Nationen (N.G.O.)
Arab Medical Union in Europe / Germany

اتحاد الأطباء العرب في أوروبا
المركز الرئيسي المانيا
عضو في هيئة الأمم المتحدة
المنظمات الغير حكومية

ARABMED Board Meeting NR 32
Mitgliederversammlung und Vorstandsitzung 32

إجتماع الهيئة الإدرية ولأعضاء الإتحاد 32

In Kongress Hotel Syria 27 Oct. 2025 um 20,00-21.00

Dear Colleges

With this Letter, I invite you to a ARABMED Board Meeting Nr 32 inTartus Syria, which is scheduled to be held on 27 Oct. 2025 in Congress Hotel in Tartus at 8:00 pm, which coincides with the annual medical conference, to set the strategic program for the Union in this year and the next, and to determine the timing of the next annual conference and the events that will take place. We strive to achieve itWe ask you to send your proposals to the ARABMED address in order for it to be added to the aforementioned agenda, especially for those who are unable to come to distribute it to you in a timely manner.

تحية طيبة وبعد

مع هذه الرسالة أدعوكم لإجتماع الهيئة الإدارية الموسعة لأعضاء الإتحاد ال 32 في مدينة طرطوس و المقرر عقده في 27 اوكتوبر 2025 الساعة الثامنة مساءا والتي تتزامن مع المؤتمر الطبي السنوي ال 35 ,لوضع البرنامج الاستراتيجي للاتحاد في السنة القادمة وتحديد توقيت المؤتمر السنوي القادم و الفعاليات التي سوف نسعى لتحقيقها بإذن الله قد يتغير المكان التوقيت والمكان حسب الوقت المتاح نرجو منكم إرسال مقترحاتكم الى عنوان الإتحاد لكي يتم إضافته الى الأجندة وخاصة للذين لا يتمكنون من الحضور لتوزيعها اليكم في الوقت المناسب

قد يتغير التوقيت حسب وصول الاعضاء

Sehr geehrte Mitglieder der Union

Zu unsren Mitgliederversammlung und Vorstandsitzung laden wir Sie In Syrien Kongress Hotel 28 Oktober 2025 um 20,00-21.00 Dieses Treffen ist von äußerster Priorität

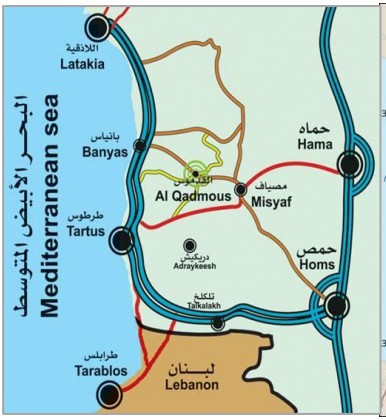
إتحاد أطباء العرب في أوروبا منكم واليكم ساهموا فيها بآرائكم وخبراتكم
Homepage: http://www.arabmed.de
http://arabmedconference.ae

Al-Andalus University for Medical Sciences

جامعة الأندلس للعلوم الطبية

رمز الحضارة والتقدم العلمي في سوريا منذ 20 عاماً

تقع جامعة الأندلس للعلوم الطبية في محافظة طرطوس وفي منطقة القدموس الجبلية الجميلة وقد تأسست في عام 2005 من قبل الشركة الهندسية للمنشآت الطبية مع بعض الشركاء المحليين الأطباء المغتربين السورين وتتميز جامعة الأندلس بأنها متخصصة في العلوم الطبية فقط على أن تستوعب ما يقارب 5000 طالب وطالبة. في شهر أيار/ مايو من عام 2005 وبعد صدور مرسوم تأسيس الجامعة تم وضع حجر الأساس و البدء في تشيدها



Student = 5000 **Staff = 1300**

Buildings

1-Admiration Buildings
2-Faculty of Medicine
3-Faculty of Dentistry
4-Faculty of Pharmacy
5-Faculty of Bio-Medical Engineering
6-Faculty Nursing
7-Facullty of Hospital Management
8-University Hospital with 300 Bet
9-University of Housing

Constriction in Progress

10-Faculty of Medicine Expansion
11-Hospital Expansion
12-Dental Clinics
13-Scientific Research - Academic staf
14-Scientific Research - Students
15-Scientific Research – Accommodation
16-University Housing Expansion