المؤتمر السنوي ال36 لإتحاد الأطباء العرب في اوروبا

المؤتمر الثالث والثلاثون لاتحاد الأطباء والصيادلة العرب في النمسا

ÖSTERREICHISCH-ARABISCHE
ÄRZTE
UND APOTHEKER VEREINIGUNG
Johann Strauß Gasse 34 , 1040 WIEN

36th Annual Meeting of ARABMED in Europe

33ed Meeting of Arab Medicals & Pharmacists Union in Austria

Arcotel Vienna- Austria

03-04 Oct. 2026

ARABMED in Europe
UN Member (NGO since 1996)
اتحاد أطباء العرب في اوروبا
عضو في هيئة الأمم المتحدة



ADVANCES IN CONTEMPORARY MEDICINE

الجديد في الطب المعاصر

SCIENTIFIC PROGRAM
البرنامج العلمي

20 CME HOURS

36th Annual Meeting of ARABMED in Europe
36
Joint Conference 2026
3-4 October
33
33rd Meeting of Arab Medicals & Pharmacists Union in Austria

ARABMED Conference 1984-2026

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
36. Vienna – Austria 2026

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اتحاد أطباء العرب في اوروبا

عضو في هيئة الأمم المتحدة

www.arabmed.de

Layout* and *Design Dr F.O. Mahmoud, Germany
ARABMED in Europe

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ADVANCES IN CONTEMPORARY MEDICINE

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Arcotel Vienna- Austria

03-04 Oct. 2026

Program

البرنامج العلمي



Welcome

الترحيب

السيدات والسادة الزملاء الأعزاء،
السادة الضيوف اعزائي الحضور ،

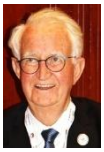
باسم اتحاد الأطباء العرب في أوروبا واتحاد الأطباء والصيادلة العرب في النمسا ، يسعدنا أن نرحب بكم في المؤتمر المشترك الذي سيُعقد يومي 3 و4 أكتوبر/تشرين الأول 2026 في فندق أركو بمدينة فيينا – النمسا، تحت شعار:
»الجديد في الطب المعاصر«
وذلك بالتعاون مع عدد من المؤسسات الأكاديمية والطبية والجمعيات العلمية والمهنية في أوروبا والعالم العربي.
إن مسؤوليتنا المشتركة كباحثين وأكاديميين ومهنيين في القطاع الصحي تتمثل في تعزيز البحث العلمي، وتطوير التعاون الطبي والتقني، وبناء جسور التواصل بين الكفاءات العربية ونظرائهم حول العالم. ويهدف هذا المؤتمر إلى توفير منصة علمية رفيعة المستوى لتبادل الخبرات والمعارف، وتشجيع الشراكات البحثية الدولية، والمساهمة الفاعلة في تطوير العلوم الطبية والصيدلانية بما يخدم صحة الإنسان ورفاهيته.
لقد أصبح التعاون العلمي الدولي اليوم ضرورة ملحة أكثر من أي وقت مضى، إذ لا يمكن تحقيق التقدم المستدام إلا من خلال العمل المشترك ضمن منظومة بحثية عالمية متكاملة. ومن خلال هذا التعاون نستطيع الاستفادة من التطورات المتسارعة في مجالات الطب والتكنولوجيا الحيوية والذكاء الاصطناعي والتقنيات الصحية الحديثة، والمساهمة بدور فاعل في إنتاج المعرفة وتطبيقاتها.
وفي عصر تتسارع فيه الابتكارات الطبية والتكنولوجية، يبرز تساؤل جوهري حول دورنا في العالم العربي: هل نبقى مستهلكين للتكنولوجيا والمعرفة المنتجة في أماكن أخرى، أم نسعى إلى توطينها وتطويرها وإنتاجها؟ إننا نؤمن بأهمية إنشاء مراكز متقدمة للبحث والتطوير والابتكار، وتعزيز الشراكة بين المؤسسات الحكومية والقطاع الخاص والجامعات والمراكز البحثية، بما يسهم في بناء اقتصاد معرفي متطور، وخلق فرص عمل نوعية، والحد من هجرة الكفاءات والعقول المبدعة .
كما نولي اهتماماً خاصاً بدعم القطاع الصحي والبحث العلمي في سوريا، التي عانت خلال السنوات الماضية من ظروف استثنائية أثرت بشكل عميق على البنية الصحية والتعليمية والبحثية. وانطلاقاً من مسؤوليتنا المهنية والإنسانية، نسعى إلى توحيد جهود الكفاءات العربية في المهجر للمساهمة في إعادة بناء القدرات الطبية والعلمية، وتعزيز التعليم الطبي المستمر، ودعم المشاريع البحثية والتنموية التي تخدم المجتمع وتلبي احتياجاته الصحية.
ونتوجه بخالص الشكر والتقدير إلى جميع الزملاء الذين ساهموا في الإعداد والتنظيم لهذا المؤتمر، وإلى أعضاء اتحاد الأطباء العرب في أوروبا وزملائنا في فيينا، الذين كان لتفانيهم وجهودهم المتواصلة الدور الأساسي في إنجاح هذا الحدث العلمي. كما نعرب عن امتناننا العميق للمتحدثين والباحثين المشاركين الذين سيعرضون أحدث نتائج أبحاثهم وخبراتهم العلمية، مما سيُثري البرنامج العلمي ويعزز القيمة الأكاديمية للمؤتمر.
نتطلع إلى أن يشكل هذا المؤتمر فرصة متميزة للحوار العلمي البنّاء، وتبادل الخبرات، وتعزيز التعاون المهني، وأن ينعكس أثره إيجاباً على المشاركين ومؤسساتهم، وقبل كل شيء على المرضى والمجتمعات التي نخدمها.
وتفضلوا بقبول فائق الاحترام والتقدير.



الدكتور تمام كيلاني
OMR. Dr. Tammam Kelani
President of the Arab Medicals & Pharmacists Union in Austria



الدكتور أسامة البابيلي
Dr. Ossama Al-Babbili
President of the Conferen



الدكتور فيضي محمود
Dr. Faidi Omar Mahmoud,
President of the ARABMED in Europa

welcome الترحيب

Sehr geehrte Kolleginnen und Kollegen,
im Namen des ARABMED in Europa sowie des verein des Arabischer Ärzte und Apotheker in Österreich freuen wir uns sehr, Sie zum 36. Jahreskongress des Verbandes Arabischer Ärzte in Europa und zum 33. Kongress des Verbandes Arabischer Ärzte und Apotheker in Österreich herzlich willkommen zu heißen. Der Kongress findet am 3. und 4. Oktober 2026 im Hotel Arco in Wien, Österreich, unter dem Leitthema

ADVANCES IN CONTEMPORARY MEDICINE

statt. Er wird in Zusammenarbeit mit zahlreichen akademischen und medizinischen Einrichtungen sowie wissenschaftlichen und beruflichen Fachgesellschaften in Europa und der arabischen Welt veranstaltet.
Unsere gemeinsame Verantwortung als Wissenschaftler, Akademiker und Fachkräfte im Gesundheitswesen besteht darin, die wissenschaftliche Forschung zu fördern, die medizinische und technologische Zusammenarbeit weiterzuentwickeln und Brücken zwischen arabischen Fachkräften und ihren Kolleginnen und Kollegen auf der ganzen Welt zu bauen.
Dieser Kongress soll eine hochrangige wissenschaftliche Plattform für den Austausch von Erfahrungen und Wissen bieten, internationale Forschungskooperationen fördern und einen aktiven Beitrag zur Weiterentwicklung der medizinischen und pharmazeutischen Wissenschaften leisten zum Wohle der Gesundheit und des Wohlbefindens der Menschen.
Die internationale wissenschaftliche Zusammenarbeit ist heute wichtiger denn je. Nachhaltiger Fortschritt kann nur durch gemeinsames Handeln in einem global vernetzten Forschungsumfeld erreicht werden. Durch diese Zusammenarbeit können wir von den rasanten Entwicklungen in den Bereichen Medizin, Biotechnologie, künstliche Intelligenz und moderne Gesundheits-technologien profitieren und gleichzeitig selbst aktiv zur Entstehung neuen Wissens und zu dessen praktischer Anwendung beitragen.
In einer Zeit, in der medizinische und technologische Innovationen mit großer Geschwindigkeit voranschreiten, stellt sich für uns in der arabischen Welt eine grundlegende Frage:
Wollen wir weiterhin Technologien und Wissen konsumieren, die andernorts entwickelt und produziert werden, oder wollen wir sie selbst aufbauen, weiterentwickeln und produzieren?
Wir sind überzeugt, dass die Einrichtung moderner Zentren für Forschung, Entwicklung und Innovation von großer Bedeutung ist. Ebenso wichtig ist die Stärkung der Zusammenarbeit zwischen staatlichen Institutionen, der Privatwirtschaft, Universitäten und Forschungszentren. Dies kann dazu beitragen, eine moderne wissensbasierte Wirtschaft aufzubauen, hochwertige Arbeitsplätze zu schaffen und der Abwanderung hochqualifizierter Fachkräfte und kreativer Talente entgegenzuwirken.

Besondere Aufmerksamkeit widmen wir auch der Unterstützung des Gesundheitswesens und der wissenschaftlichen Forschung in Syrien. Das Land war in den vergangenen Jahren außergewöhnlichen Umständen ausgesetzt, die seine gesundheitlichen, Bildungs- und Forschungssysteme tiefgreifend beeinträchtigt haben. Aus unserer beruflichen und humanitären Verantwortung heraus möchten wir die Kräfte und Kompetenzen der arabischen Fachkräfte in der Diaspora bündeln, um zum Wiederaufbau medizinischer und wissenschaftlicher Kapazitäten beizutragen, die kontinuierliche medizinische Fort- und Weiterbildung zu stärken und Forschungs- und Entwicklungsprojekte zu unterstützen, die der Gesellschaft dienen und ihren gesundheitlichen Bedürfnissen gerecht werden.

Unser besonderer Dank gilt allen Kolleginnen und Kollegen, die an der Vorbereitung und Organisation dieses Kongresses mitgewirkt haben. Ebenso danken wir den Mitgliedern des Verbandes Arabischer Ärzte in Europa und unseren Kolleginnen und Kollegen in Wien, deren Engagement und kontinuierliche Arbeit maßgeblich zum Erfolg dieser wissenschaftlichen Veranstaltung beigetragen haben.

Unser aufrichtiger Dank gilt auch allen Referentinnen und Referenten sowie den teilnehmenden Wissenschaftlerinnen und Wissenschaftlern, die ihre neuesten Forschungsergebnisse und wissenschaftlichen Erfahrungen präsentieren werden. Ihre Beiträge werden das wissenschaftliche Programm bereichern und den akademischen Wert dieses Kongresses weiter stärken.

Wir hoffen und wünschen uns, dass dieser Kongress eine herausragende Gelegenheit für einen konstruktiven wissenschaftlichen Dialog, den Austausch von Erfahrungen und die Stärkung der beruflichen Zusammenarbeit bietet und dass seine Ergebnisse einen nachhaltigen positiven Einfluss auf die Teilnehmerinnen und Teilnehmer, ihre Institutionen und vor allem auf die Patientinnen und Patienten sowie die Gesellschaften haben, denen wir dienen.

Ich danke Ihnen für Ihre Aufmerksamkeit und wünsche uns allen einen erfolgreichen, erkenntnisreichen und inspirierenden Kongress.

Vielen Dank und herzlich willkommen!

Dr. Faidi Omar Mahmoud,
President of the ARABMED in Europa

Dr. Ossama Al-Babbili
President of the Conferen

OMR. Dr. Tammam Kelani
President of the Arab Medicals & Pharmacists Union in Austria

welcome الترحيب

Dear Colleagues,
Distinguished Guests,
Ladies and Gentlemen,

On behalf of the Union of ARABMED in Europe and the Union of Arab Doctors and Pharmacists in Austria, it is our great pleasure to warmly welcome you to the Joint Conference, The congress will take place on 3 and 4 October 2026 at the Arco Hotel in Vienna, Austria, under the theme:

“ADVANCES IN CONTEMPORARY MEDICINE”

This congress is being organized in cooperation with a number of academic and medical institutions, as well as scientific and professional societies in Europe and the Arab world.

Our shared responsibility as researchers, academics, and healthcare professionals is to promote scientific research, advance medical and technological cooperation, and build bridges between Arab professionals and their colleagues around the world.

This congress aims to provide a high-level scientific platform for exchanging knowledge and expertise, encouraging international research partnerships, and making an active contribution to the advancement of medical and pharmaceutical sciences for the benefit of human health and well-being.

International scientific cooperation has become more important than ever. Sustainable progress can only be achieved through joint efforts within an integrated global research community. Through such cooperation, we can benefit from the rapid advances in medicine, biotechnology, artificial intelligence, and modern healthcare technologies, while also playing an active role in generating knowledge and translating it into practical applications.

At a time when medical and technological innovations are advancing at an unprecedented pace, a fundamental question arises regarding our role in the Arab world:

Do we remain consumers of technology and knowledge developed elsewhere, or do we strive to localize, develop, and produce them ourselves?

We firmly believe in the importance of establishing advanced centers for research, development, and innovation, while strengthening partnerships between government institutions, the private sector, universities, and research centers. Such cooperation can contribute to building a modern knowledge-based economy, creating high-quality employment opportunities, and reducing the migration of highly qualified professionals and creative minds.

welcome الترحيب

We also attach particular importance to supporting the healthcare sector and scientific research in Syria, which has experienced exceptional circumstances over the past years that have profoundly affected its healthcare, educational, and research infrastructure. In fulfillment of our professional and humanitarian responsibility, we seek to unite the efforts and expertise of Arab professionals living abroad in order to contribute to rebuilding medical and scientific capacities, strengthening continuing medical education, and supporting research and development projects that serve society and respond to its healthcare needs.

We would like to express our sincere appreciation and gratitude to all colleagues who have contributed to the preparation and organization of this congress. We also extend our thanks to the members of the Union of Arab Doctors in Europe and to our colleagues in Vienna, whose dedication and continuous efforts have played a fundamental role in making this scientific event possible and successful.

Our deepest gratitude also goes to all speakers, researchers, and participants who will present their latest research findings and scientific expertise. Their contributions will enrich the scientific program and further strengthen the academic value of this congress.

We look forward to this congress providing an outstanding opportunity for constructive scientific dialogue, the exchange of knowledge and experience, and the strengthening of professional cooperation. We hope that its outcomes will have a lasting and positive impact on the participants and their institutions and, above all, on the patients and communities we serve.

Thank you for your kind attention. I wish you all a successful, inspiring, and intellectually enriching congress.

Thank you, and a very warm welcome to you all!

With highest regards,

Dr. Faidi Omar Mahmoud,
President of the ARABMED in Europa

Dr. Ossama Al-Babbili
President of the Conferen
UAE

OMR. Dr. Tammam Kelani
President of the Arab Medicals & Pharmacists Union in Austria

General Information معلومات عامة

Organizing Bodies and Partners الهيئات المنظمة

- Arab Medical Union in Europe (ARABMED) http://www.arabmed.de
- Arab Medicals & Pharmacists Union in Austria

Congress name:

36th Annual Meeting of ARABMED in Europe
33ed Meeting of Arab Medicals & Pharmacists Union in Austria

Date And Time: OCTOBER 03-04, 2026

Title of the conference « On ADVANCES IN CONTEMPORARY MEDICINE » شعار المؤتمر

Congress Venue: ARCOTEL Wimberger Wien Neubaugürtel, Vienna, Austria, www.

Contact Address عنوان التواصل

- Dr. Faidi Omar Mahmoud, President of the ARABMED in Europa faidi.mahmoud@gmail.com
- Dr. Ossama Al-Babbili, President of the Conference E-Mail: o.babbili@ydl-me.com
- OMR. Dr. Tammam Kelani President of the Arab Medicals & Pharmacists Union in AustriaMail: Dr.kelani@hotmail.com

Steering and Median Committee

- Dr. Faidi Omar Mahmoud, President of the ARABMED in Europe, Germany
- Dr. Ossama Al-Babbili, President of the Conference UAE
- OMD Dr. Tammam Kelani, President of the Arab Medicals & Pharmacists Union in Austria

Scientific Committee اللجنة العلمية المشتركة

Austria	Germany	UAE	Ireland &France	Ukraine & Itali
Prof.Dr. Ahmad Hamwi Dr. Adnan Mamieh OA Dr. Eyad Kabalan,	Dr. Hesham Dahshan Dr. Sayed Tarmassi Prof.A. Martini Dr. Mahmoud Sultan Prof. Dr. Ayman Agha	Dr Ismail Abbara Prof.Omer Hallak Dr Adham Mansour	Dr. Ghassan Elaghe Dr. Khalil Ekky Prof Abdul Monem HAMID Dr Anas Chaker Dr. Haytham Sawaf	Prof Sabri Shamsan (I) Prof Rami Abu Shamsiah (Ukraine) Asso.Prof. Dr.M. Hojouj (Ukraine)

Conference Languages:

English and Arabic, (Presentations must be in English, though additional languages may be included) Simultaneous translation will not be available

Participating Countries (11)

Germany, France, Irland, Ukrania, UAE, Austria, UK, Poland, Czech Republic, Syria and Jordan

Conference fee without accommodation رسم المؤتمر دون الإقامة

Registration fees will cover

- Participation in the Opening Ceremony, Scientific Progrm 2x Lunch, refreshments (Unlimited beverages, juices, and water throughout the two-day conference, along with pastries.)
- All handouts of relevant papers presented at the conference

Registration Fee

Unions Member and Speacker لاعضاء الاتحادين	Early Registration Until 15.08.2026 التسجيل المبكر	Late Registration from 16 08,2026 التسجيل المتأخر
200,00 Euro	250,00 Euro	300,00 Euro

General Information معلومات عامة

+ 50 Euro Gala dinner P. P	+ 50 Euro Gala dinner P. P	+ 50 Euro Gala dinner P. P

Galadinner on Saturday evening: an additional €50 per person at the Rathaus, Vienna.

1. رسم المؤتمر 200 يورو لأعضاء الإتحادين الذين سددوا الرسم السنوي لعام 2026 بموجب وثيقة التحويل وللمحاضرين وللأطباء في مرحلة التعديل أو الذين لا يعملون
2. رسم المؤتمر 250 كتسجيل مبكر حتى 15 اب 2026 للمشاركين في البرنامج العلمي والتسجيل المتأخر بعد 16 اب 2026 او اثناء المؤتمر 300 يورو
3. يغطي رسم التسجيل المشاركة في المحاضرات و حفل الافتتاح والختام والجلسات العلمية و الإستراحات والغذاء لمرتين والحصول على وثائق المؤتمر مع شهادة الحضور.
4. **ملاحظة هامة** بخصوص حفل العشاء في بلدية فيينا: يسرنا دعوة **المشاركين ومرافقيهم** إلى حفل العشاء الذي سيقام مساء يوم السبت في مبنى بلدية فيينا (Rathaus Wien). نظراً لالتزامنا بتزويد الجهة المنظمة بعدد الحضور والأسماء بشكل مسبق، يرجى من الراغبين بالمشاركة في هذا الحفل تأكيد حضورهم قبل موعد المؤتمر بأسبوعين إلى ثلاثة أسابيع على الأقل، مع تحويل رسم المشاركة البالغ **50 يورو عن كل شخص** إلى الحساب البنكي للمؤتمر

Bank Info: رقم حساب البنك لتحويل رسم المؤتمر

Uni Credit Bank Austria
Döblinger Hauptstraße 73A, 1190 Vienna, Austria
Öst. -Syrische Ärzte u. Apotheker
IBAN:AT30 1200 0100 2013 7948
BIC / SWIFT:BKAUATWW

Bank info of Arab Medical Union in Europe (ARABMED) in Germany
للرسم السنوي لاتحاد الأطباء العرب في اوروبا

Name of the Bank : Stadt- und Kreissparkasse Erlangen https://www.sparkasse-erlangen.de
Name of the Street : Hugenottenplatz 5, **Name and Number of city :** 91054 Erlangen
BIC-/SWIFT-Code : BYLADEM1ERH **IBAN-Number :** DE22 763500000060025142

Liability:التأمينات والضمانه

ادارة المؤتمر لا تتحمل اية ضمانه لأية ضرر او فقدان حاجة اوحادث تحدث خلال المؤتمراو 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.

Cancellation of registration الغاء التسجيل

Befor 5 July.2026 will be deducted 25%	قبل 15 / يولى/2026 سيخصم(25%)
After 15 juli 2026 will be deducted 50%	بعد 15 يولى 2026 سيخصم(50%)
After 15 Sept.2026 will be deducted 100%	بعد 15 ايلول 2026 سيخصم 100%

Accreditation Statement



This event has been planned and implemented in accordance with the essential standards and policies of the Continuing Medical Education (CME) accreditation council, through the Vienna Medical Chamber, Austria.

Day 1: Saturday, October 3, 2026 (Full conference day) – 10 accredited hours.
Day 2: Sunday, October 4, 2026 (Full conference day) – 10 accredited hours.

General Information معلومات عامة

CME certificates will be issued based on the number of days actually attended.
All CME certificates will be distributed after the conclusion of the conference.

1. **النقاط التعليمية المعتمدة:**

تم التخطيط لهذه الفعالية وتنفيذها وفقاً للمعايير والسياسات الأساسية لمجلس اعتماد التعليم الطبي المستمر (CME)، وذلك من خلال نقابة الاطباء في فيننا في النمسا.

اليوم الأول: السبت، 3 أكتوبر 2026 (يوم مؤتمر كامل) – 10 ساعات معتمدة.

اليوم الثاني: الأحد، 4 أكتوبر 2026 (يوم مؤتمر كامل) – 10 ساعات معتمدة.

سيتم إصدار شهادات التعليم الطبي المستمر (CME) بناءً على عدد الأيام التي تم حضورها فعلياً.

سيتم توزيع جميع شهادات التعليم الطبي المستمر (CME) بعد اختتام المؤتمر يرجى التواصل مع الدكتور تمام مع ذكر رقم التسجيل في النقابة الي تنتمي اليها

الإقامة: اللجنة المنظمة لا تتولى تنظيم الإقامة في فيننا. يرجى من السادة المشاركين والزوار القيام بحجز الغرف في الفنادق المرغوبة في فيننا بشكل مباشر.ومبكر لغلاء الاسعار وقلة العرض

Information for the Chairman's and speakers معلومات لرؤوساء الجلسات والمحاضرين

- Session Chair: Please introduce the speakers to the audience, providing their names, brief biographies, academic titles, positions, and lecture titles (as listed in the conference program). Please manage the discussion and adhere to the 15-minute time limit per lecture; note that discussions will take place at the end of the session, time permitting. - The official conference languages are English and Arabic (presentations must be in English, though additional languages may be included). Simultaneous interpretation services will not be provided. - The date, time, and venue for your presentation are listed in the conference program. - Adherence to the allotted presentation time is crucial; please do not exceed the allocated time, as oral presentations are limited to 15 minutes, with discussions held at the end of the session. - Speakers are advised to limit their presentations to a maximum of 15 slides and focus on the core content of the lecture. - Presentations are accepted only on USB flash drives; personal laptops are not permitted. Traditional slide projection services and video tape players are not available. - Please submit your presentation (on a USB flash drive) to the registration desk prior to the session to ensure it is loaded onto the computer and the session runs smoothly.	- السيد رئيس الجلسة، يُرجى تقديم المتحدثين للجمهور مع ذكر أسمائهم، ونبذة موجزة عن سيرتهم الذاتية، وألقابهم العلمية، ومناصبهم، وعنوان المحاضرة (وفقاً للمعلومات الواردة في برنامج المؤتمر)، كما يُرجى إدارة النقاش والالتزام بالوقت المحدد لبدء ونهاية الجلسةو 15 دقيقة لكل محاضرة ؛ علماً بأن المناقشات ستُجرى في نهاية الجلسة إذا سمح الوقت. - اللغتان الرسميتان للمؤتمر هما الإنجليزية والعربية (يجب أن تكون العروض التقديمية باللغة الإنجليزية، مع إمكانية إضافة لغة أخرى). لن تتوفر خدمة الترجمة الفورية. - تاريخ وموعد وقاعة العرض الخاص بك مذكور في برنامج المؤتمر. - يُعد الالتزام بالوقت المحدد للعرض أمراً بالغ الأهمية؛ لذا يرجى عدم تجاوز الوقت المخصص، حيث تقتصر العروض الشفهية على 15 دقيقة فقط، وتُجرى المناقشات في نهاية الجلسة. - ايها المحاضر حاول تقليل السلايدات فقط 15 عرض وحاول التركيز على لب المحاضرة - تُقبل العروض التقديمية المخزنة على وحدات ذاكرة (USB) فقط، ولا يُسمح باستخدام أجهزة الكمبيوتر المحمولة الشخصية. كما أن خدمات عرض الشرائح التقليدية أو أشرطة الفيديو غير متوفرة. - يرجى تسليم العرض التقديمي (على وحدة ذاكرة USB) إلى مكتب التسجيل ليتم حفظه على جهاز الكمبيوتر قبل بدء الجلسة.؛ لضمان سير الجلسة بسلاسة. - الهيئة المنظمة لها الحق في نشر معلومات الابحاث المعروضة والصور, يتحمل جميع

General Information	معلومات عامة
- The organizing body reserves the right to publish information and images related to the presented research. All speakers bear full responsibility for the content of their presentations.	المتحدثين المسؤولية الكاملة عن محتوى محاضراتهم.

PUBLIC TRANSPORTATION

ARCOTEL Wimberger Neubaugürtel Vienna, conveniently located near major public transportation connections.

- U6 – Burggasse/Stadthalle: directly opposite the hotel
- Vienna Westbahnhof: approximately 5 minutes on foot
- Several tram and bus connections are available in the surrounding area.

Participants staying in the surrounding hotels can therefore reach the conference venue easily by walking or using Vienna's public transportation network.

Practical Information معلومات عملية

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Participants and speakers are responsible for arranging and covering the costs of their own travel. The Federation is not liable for any loss, damage, or accidents that may occur during the conference or travel. Please register all participants and accompanying persons so that name badges can be prepared for the conference. A WhatsApp group is available for participants to receive conference updates; please inquire if you wish to join. Photographs will be taken during the congress for documentation and public relations purposes. The images will be used in particular to document the scientific congress and its lectures, to report on the event as part of our public relations activities, to publish information on our official website and official social media channels, and to prepare congress reports and informational materials. The photographs may show individuals, groups, speakers, as well as general scenes and the atmosphere of the congress. All publications will be carried out in accordance with the applicable data protection regulations and personal rights. If you do not wish to be photographed or if you have any questions regarding the photographic recordings, please contact the congress organizers. -	- يتحمل المشاركون والمتحدثون مسؤولية ترتيبات السفر وتغطية تكاليفه بأنفسهم. - لا يتحمل المنظمون المسؤولية عن أي خسائر أو أضرار أو حوادث قد تقع أثناء المؤتمر أو خلال السفر. - يرجى تسجيل بيانات جميع المشاركين والمرافقين ليتم حصر العدد - تتوفر مجموعة على تطبيق "واتساب " (WhatsApp)لتزويد المشاركين بمستجدات المؤتمر؛ يرجى الاستفسار إذا كنتم لاترغبون في الانضمام إليها. - سيتم التقاط صور فوتوغرافية أثناء انعقاد المؤتمر. وستُستخدم هذه الصور، على وجه الخصوص، لتوثيق المؤتمر العلمي والمحاضرات، وتغطية فعالياته في إطار أنشطة العلاقات العامة، و إعداد تقارير المؤتمر والمواد الإعلامية والتعريفية.ونشرها على موقعنا الإلكتروني وقنواتنا الرسمية على وسائل التواصل الاجتماعي، وقد تُظهر الصور أفرادًا أو مجموعات أو متحدثين، إلى جانب المشاهد العامة والأجواء المختلفة للمؤتمر. وسيتم نشر هذه الصور واستخدامها في إطار الالتزام باللوائح المعمول بها بشأن حماية البيانات والحقوق الشخصية. وفي حال عدم رغبتكم في التصوير أو إذا كانت لديكم أي استفسارات بشأن الصور الفوتوغرافية، يُرجى التواصل مع منظمي المؤتمر.

Timetable الجدول الزمني

36th Annual Meeting of ARABMED in Europe

General Information معلومات عامة

Congress Hall Arcotel Vienna- Austria

- **Saturday, 03 Oct. 2026** السبت

Time	Programme
08:00h	Registration
09:00-10:30h	1st Scientific Programme and Workshop
10:30-11:00h	Break
11:00-13:00h	Opening Ceremony 2ed Scientific Programme
13:00-14:00h	Lunch-Break
14:00-16:00h	3rd Scientific Programme
16:00-16:30h	Break
14:00-18:30h	4th Scientific Programme
19:30h	Dinner Reception at Wiener Rathauskeller, Rathausplatz 1 A-1010 Wien

- **Sunday, 04 Oct. 2026** الاحد

08:30-9:00h	Registration
08:30-10:30h	5th Scientific Programme
10:30-11:00h	Break
11:00-13:00h	6th Scientific Programme
13:00-14:00h	Lunch-
14:00-16:00h	7th Scientific Programme
16:00-16:30h	Break
16:30-18:00h	8th Scientific Programme

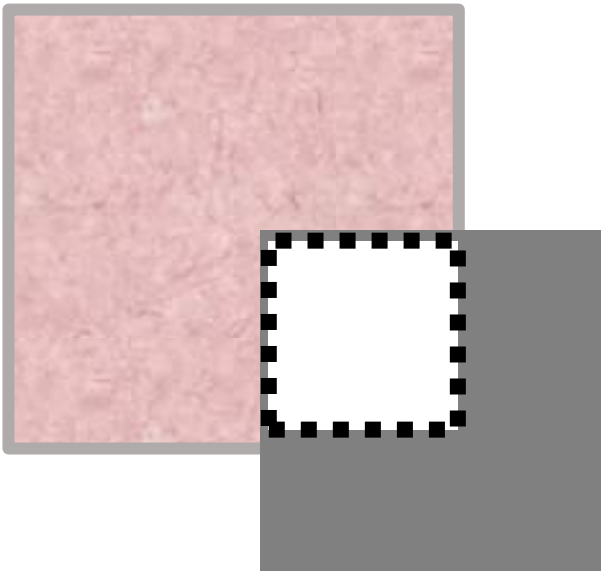
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المؤتمر السنوي ال36 لإتحاد الأطباء العرب في اوروبا

36th Annual Meeting of ARABMED in Europe

Arcotel Vienna- Austria

03-04 Oct. 2026



Day 1 Saturday 03 October 2026	السبت

Session I: General & Bariatric Surgery
09:00 - 11:00 AM

Chair: Prof. Dr. med. Ayman Agha (Germany)
Dr. Eyad Kabalan (Austria)
Dr. Dr. Adham Mansour (UAE)
Dr. Hesham Dahshan (Germany)



TIME	NO.	TITLE & SPEAKER	
09:00–09:15	1	Acute Appendagitis May Cause Small Bowel Obstruction قد يؤدي التهاب الزوائد الثربية الحاد إلى انسداد الأمعاء الدقيقة. **Dr. Anas Haj Ebrahim —** Khorfakkan Hospital, MOH, UAE	
09:15–09:30	2	Obesity Managementتدبير السمنة **Dr. Abdullah Mawas — Gastroenterologist & Obesity Management, West Suffolk Hospital, UK**	
09:30–09:45	3	**Bariatric Surgery: Management of Obesity** جراحة وتدبير السمنة **Dr. Eyad Kabalan —** General & Visceral Surgery, Hollabrunn Hospital, Austria	
09:45–10:00	4	**Robot Meets the Endocrine Glands: Adrenal and Pancreas — Surgical Precision Between Vision and Reality** جراحة الكظر والبنكرياس بالروبوت – دقة جراحية تجمع بين الرؤية والواقع **Prof. Dr. med. Ayman Agha —** Bogenhausen Hospital, Munich, Germany	
10:00–10:15	5	**Minimally Invasive Management of Thyroid Nodules and Cancer: 2026 Update** علاج عقد الغدة الدرقية وسرطانها بالتنظير – تحديث عام 2026 **Dr. Fadi Alnehlaoui —** Consultant Surgical Oncology & General Surgery, Dubai, UAE	
10:15–10:30	6	**Liposuction: Current Concepts and Techniques** التقنيات الحديثة لشفط الدهون **Dr. Adham Mansour —** Plastic Surgeon, Style-Age Clinic, Dubai Healthcare City, UAE	
10:30–10:45	7	**Tailored Varicose Vein Surgery: A Patient-Centered, Duplex-Guided Approach** جراحة الدوالي المصممة خصيصًا :نهج يركز على المريض ويعتمد على الموجات فوق الصوتية المزدوجة **Dr. Faisel Banajah** — Vienna, Austria	

Discussion

11:00 -11:30. Coffee Break



Congress Hall Arcotel Vienna
Opening Ceremony إفتتاح المؤتمر
11:30 -13:00

Welcoming Remarks

- **OMD Dr. Tammam Kelani, MD**
  President of the Arab Medicals & Pharmacists Union in Austria
  كلمة رئيس اتحاد الأطباء العرب والصيادلة في النمسا الدكتور تمام كيلاني



- **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. Tarek Kassem — Syria**
  كلمة اطباء الاسنان الاستاذ الدكتور طارق قاسم



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Session II: Round Table Discussionry
Future Perspectives in Modern Medicine
الجلسة الحوارية عن المشاريع الميدانية و المستقبلية من الاعضاء لدعم القطاع الطبي للمتضررين في بلادانهم

لكل مداخلة 5 دقائق حسب الترتيب يرجى التسجيل عند مشرف الجلسة في البدء

Moderation مشرف الجلسة Dr. Ossama Albabili

Panel Members:

- Dr. Ossama Albabili
- Dr. Faidi Mahmoud
- Dr. Tammam Kelani

******Lunch Break 13:00-14:00 ******
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Day 1 Saturday 03 October 2026	السبت

Session III: Internal Medicine Endocrinology Metabolism

14:00 – 16:00

Chair: Prof.Dr. Ahmad Hamwi (Austria)
Prof.Dr. Kurt Widhalm (Austria)
Prof. Dr. Omar Hallak (UAE)
Dr. Mahmoud Sultan (Germany)



TIME	NO.	TITLE & SPEAKER	
14:00–14:15	8	**Familial Hypercholesterolemia (Gast Vortrag)** فرط كوليسترول الدم العائلي **Uni.Prof. Dr. Kurt Widhalm —** Vienna, Austria	
14:15–14:30	9	High Cholesterol: The Major Cause of Cardiovascular Disease ارتفاع الكوليسترول: السبب الأول للإصابات القلبية **Prof. Dr. Omar K. Hallak —** King's College Hospital Dubai, UAE	
14:30–14:45	10	**Diabetes Update 2026** الجديد في الداء السكري **Dr. Mahmoud Sultan** Diabetologe, Berlin, Germany	
14:45–15:00	11	**Early Prevention of Type 2 Diabetes and Obesity** الوقاية المبكرة للداء السكري 2 والسمنة **Dr. Ahmad Wael Sultan —** German Heart Center of Charité, Berlin, Germany	
15:00–15:15	12	**Anti-Obesity Treatment: Past, Present and Future** علاج السمنة: الماضي والحاضر والمستقبل **Dr. Alaeddin Saghir —** Department of Endocrinology & Diabetes, Dr. Sulaiman Al Habib Hospital, Dubai, UAE	
15:15–15:30	13	**Pharmacological Management of Obesity: The Rise of GLP-1 Based Therapies** العلاج الدوائي للسمنة GLP-1: نظائر **Dr. Malda Al Chaar —** France	
15:30–15:45	14	**Hyperthyroidism Unmasked: Avoiding Diagnostic and Therapeutic Pitfalls** الكشف عن فرط نشاط الغدة الدرقية: تجنب المزالق التشخيصية والعلاجية **Dr. Fairoz Mohammed** — Nuclear & Thyroid Specialist, Vienna, Austria	

Discussion

16:00–16:30 — Coffee Break

Session IV: Ophthalmology

16:30 – 18:00

Chair: OMR Dr. Tammam Kelani (Austria)
Dr. Yaser Biazid (Germany)
Bilal Haj Najeeb MD.PhD.MBA (Austria)
Dr. Sameer Hussein (UK)



TIME	NO.	TITLE & SPEAKER	
16:30–16:45	15	**Age-Related or Aging-Related Macular Degeneration?** تنكس الشبكية البقعي المرتبط بالعمر أم المرتبط بالشيخوخة؟ **Bilal Haj Najeeb. MD.PhD.MBA—** Medical University of Vienna, Austria	
16:45–17:00	16	**Artificial Vision** الرؤية الاصطناعية **Dr. Yaser Biazid —** Consultant Vitreoretinal Surgeon, Köln, Germany	
17:00–17:15	17	**Pachychoroid Spectrum Diseases – Advances and Emerging Insights** تناذر طيف المشيمية السميكة في شبكية العين **Assoc. Prof. Dr. Alaadin Abdin** — Saarland University Medical Center, Germany	
17:15–17:30	18	**Comparison of Scleral Fixation Methods and Techniques: Royal Free London Audit** مقارنة بين طرق تثبيت الصلبة **Dr. Zine Elhousseini —** Royal Free Hospital London, UK	
17:30–17:45	19	**Amniotic Membrane in Retina Surgery: From Innovation to Clinical Application** الغشاء الأمنيوسي في جراحة الشبكية: من الابتكار إلى التطبيق السريري **Dr. Hamza Al Kadri, FEBO Department** of ophalmology, University Hospital Oldenburg, Germany	
17:45–18:00	20	**Diabetic Eye Complications: Contemporary Diagnosis and Evidence-Based Management** مضاعفات العين الناجمة عن السكري :التشخيص الحديث والتدبير القائم على الأدلة **OMR Dr. Tammam Kelani** — Senior Consultant in Ophthalmology, Vienna, Austria	

Discussion

صورة جماعية للحاضرين A group photo of the attendees

Reception at Wiener Rathauskeller, Wien19.30h

حفل عشاء (Rathaus Wien), افضل وسيلة للذهاب هو الترام ويحتاج الى 22 دقيقة الى مطعم البلدية من امام الفندق

Day 2 Sunday 04 October 2026	الاحد

Session V: Surgery, Cardiac surgery, Osteoporosis Ethical medicine

08:30 - 10:45

Chair: Prof. Dr. Abu Shamsieh Rami, Ukraine
Dr. Anas Chaker, France
Dr. Sayed Tarmassi, Germany
Dr. Manal Fahham, UAE



TIME	NO.	TITLE & SPEAKER	
08:30–08:45	21	**Pain Management in Palliative Care** تدبير الألم في المعالجات التلطيفية **Dr. med. Sayed Tarmassi —** Braunschweig, Germany	
08:45–09:00	22	**Lumbar Disc Surgery Revealing Multiple Sclerosis** جراحة القرص القطني تكشف عن الإصابة بالتصلب المتعدد **Dr. Manal Fahham —** HMS care Mirdif Hospital, Dubai, UAE	
09:00–09:15	23	**Simultaneous Surgery: Features and Approaches in a Private Clinic** النهج المتزامن في إجراء التدخلات بالمنظار **Prof. Abu Shamsieh Rami,** MD, PhD — Kyiv, Ukraine	
09:15–09:30	24	ProHerz: From Germany's First Digital Therapeutic for Heart Failure to Global AI-Driven Heart Failure Care المراقبة والرعاية الرقمية لمرضى قصور القلب بالاعتماد على الذكاء الاصطناعي من خلال برنامج ProHerz. **Dr. Fahed Husri** — Cardiac Surgery, Nuremberg, Germany	
09:45–10:00	26	**Pelvic Floor Hypertension – Possible Factors for Pelvic Floor Tenderness in Patients with Endometriosis** فرط توتر عضلات قاع الحوض – العوامل المحتملة المسببة لألم قاع الحوض لدى المريضات المصابات بالانتباذ البطاني الرحمي **Dr. Jumana Muallem —** Gynecology & Gynecologic Oncology, Germany	
10:00–10:15	27	**Withholding and Withdrawing Life-Sustaining Treatment in Patients with No Reasonable Hope of Recovery: Ethical Challenges** التحديات الأخلاقية لحجب العلاج الداعم للحياة لدى المريض المفقود الأمل من الشفاء **Dr. Anas Chaker —** Anesthesiologist & Intensivist, Paris, France	



Discussion

10:30–11:00 — Coffee Break

Session VI: Pulmonology, ENT and ONCOLOGY, 11:00 - 13:00

Chair: Prof.Dr. Abdul Monem Hamid (France)
Dr. Rateb Jarach (Austria)
Dr. Fairoz Mohammed Austria
Dr. Ahmed Bata (Austria)



TIME	NO.	TITLE & SPEAKER	
11:00–11:15	28	**Your Skin Is Your Mirror: Cutaneous Clues to Metabolic and Systemic Health** بشرتك هي مرآتك :المؤشرات الجلدية للآفات الاستقلابية والجهازية **Dr. Anas Shalalfa**, MRCP — Jordan	
11:15–11:30	29	**Chronic Obstructive Pulmonary Disease (COPD): GOLD 2026 – What's New?** في مرض الرئوي الانسدادي المزمن الجديد **Dr. Muhammad Jaddah —** Pulmonologist, Vienna, Austria	
11:30–11:45	30	**Diagnosis and Management of acute pulmonary embolism** Prof. Dr Abdul Monem HAMID Foch University Hospital, Department of Pulmonary Medicine and Lung Transplantation, Suresnes, College of Medicine of Paris, France	
11:45–12:00	31	The Tumor Secretome as a Driver of Immune Reprogramming in the Tumor Microenvironment. الإفرازات الورمية كمحرك لإعادة البرمجة المناعية في البيئة الدقيقة للورم. Dr. Bilal Alhamwe, PhD, MBA.Philipps University of Marburg, Institute for Tumor Immunology.Germany	
12:00–12:15	32	**Chronic Rhinosinusitis with Nasal Polyps** التهاب الجيوب الأنفية المزمن مع سلائل أنفية **Dr. Rateb Jarach —** HNO Vienna, Austria	
12:15–12:30	33	**Antibody-Drug Conjugates in Solid Tumours: Principles, Progress and Clinical Practice** الأجسام المضادة المرتبطة بالأدوية في الأورام الصلبة :المبادئ والممارسة السريرية **Assosiatin Prof** [1] Mohammad Hojouj, Zubair Bashir[2], Chris Shepherd[3], Gareth Clack[4], Andrew Saunders[5], Mary Stuart[6] —UK	
12:30–12:45	34	Integrative Diagnostic Strategies in Early-Stage Cutaneous T-Cell Lymphoma: A Multidisciplinary Review of Current Evidence استراتيجيات التشخيص التكاملي المبكر من ليمفوما خلايا T الجلدية : مراجعة متعددة التخصصات للأدلة الحالية **Elhajj Mohammad[1],** Al Rifaee Samer[1] Yousef, Dmytrenko K. O.[1], Hojouj M.[2] — Ukraine / UK	

Discussion

الاعلان عن الفائز لجائزة المؤتمر للمحاضرين الشباب وتوزيع شهادات التقدير للمحاضرين

A group photo of the attendees صورة جماعية للحاضرين

********Lunch Break 13:00-14:00 ********

Session VII: MULTIDISCIPLINARY SESSION

14:00 - 16:00

Chair: Dr. Ismail Abbara, UAE
Dr. Khalil Ekky, Ireland
Dr. Alaeddin Saghir, UAE
Dr. Hussain Aleleoiy, Austria



TIME	NO.	TITLE & SPEAKER	
14:00–14:15	35	**What Happens While He Sleeps? A Case of Unexplained Testosterone Deficiency** ماذا يحدث أثناء نومه؟ حالة من نقص التستوستيرون غير المفسر **Dr. Ismail Abbara —** Urologist, Andrologist & General Surgeon, Dubai, UAE	
14:15–14:30	36	**Osteoporosis in the Elderly** هشاشة العظام مع تقدم العمر **Dr. Issam Mardini —** Orthopaedist & Hand Surgery Specialist, Dubai, UAE	
14:30–14:45	37	Relocation of abnormal tubo-ovarian structure 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[1]** | Ashraf Zarkan[2] | Ahmad F. Khattab[3] Saad General Hospital, Hessa Street, Al Barsha 3, Dubai, UAE	
14:45–15:00	38	Female Genital Mutilation/Cutting in Österreich: Eine Mixed-Methods-Studie دراسة من طرق مختلطة عن الختان عند الإناث في النمسا **Dr.in Suad Sheikh —** Medical University of Vienna, Austria	
15:00–15:15	39	**Virology in the Era of Emerging Pandemics: Scientific Advances (2019–2026) and an Arab Vision for Future Pandemic Preparedness** علم الفيروسات في عصر الأوبئة الناشئة :التطورات العلمية (2019–2026 ورؤية عربية للاستعداد للأوبئة مستقبلاً **Hamdo Ahmad —** Medical Student & Independent Researcher in Virology, Vienna, Austria	
15:15–15:30	40	**The Effectiveness of Digital Psychotherapy in Reducing Psychosomatic Disorders Associated with Complex Trauma Among Syrians**فعالية العلاج النفسي الرقمي في الحد من الاضطرابات النفسية الجسدية المرتبطة بالصدمة المعقدة لدى السوريين **Dr. Rasha Alalwan** — Center for Mental Health / Digital Psychotherapy Trainer, Austria	
15:30–15:45	41	**Shockwave Therapy in Orthopaedics** العلاج بالموجات الصادمة في جراحة العظام **Dr. med. univ. Hussain Aleleoiy —** Haus der Gesundheit St. Pölten/Herzogenburg, Austria	

Discussion and **16:00–16:15 — Coffee Break**

Congress Hall Arcotel Vienna
Session VIII: Sonography Course
16:15 – 18:15

42-Sonography Courses (German language)

Coursleiter: OA Dr. Marwan Alaaraj

Salzburg-Austria



I: Sonography of Central Vessels

II: Sonography of Peripheral Vessels

Course Content

- Sonoanatomy
- Examination Technique
- Normal Findings
- Pathological Findings
- Stenosis Grading

Duplex Ultrasound of the Carotid and Peripheral Arteries

Abstracts الملخصات

1) Acute appendagitis may small bowel obstruction

قد يؤدي التهاب الزوائد الثريية الحاد إلى انسداد الأمعاء الدقيقة.
Dr. Anas Haj EbrahimDr.
Khorfakkan Hospital MOH – UAE

We have not received a summary.لم يرسل ملخص

2) Obesity management تدبير السمنة

Dr Abdullah Mawas
Gastroenterologist with interest in liver diseases and obesity management
West suffolk hospital, UK

We have not received a summary.لم يرسل ملخص

3) Bariatric Surgery, Management of Obesity

جراحة وتدبير السمنة

Dr. Eyad Kabalan
Consultant doctor in general, visceral and bariatric surgery at Hollabrunn Hospital /Austria



Obesity is a chronic, progressive disease associated with significant morbidity, reduced quality of life, and increased mortality. Despite advances in lifestyle modification and pharmacological treatment, many patients with severe obesity do not achieve sufficient or sustained weight loss. Bariatric surgery is currently the most effective treatment for severe obesity and provides long-term weight loss with significant improvements in obesity-related comorbidities.

This presentation provides an overview of the current role of bariatric surgery in the multidisciplinary management of obesity. It will discuss patient selection, indications, preoperative assessment, and the most commonly performed procedures, including sleeve gastrectomy and Roux-en-Y gastric bypass. Particular attention will be given to the metabolic effects of surgery, remission of type 2 diabetes, improvement of cardiovascular risk factors, and the management of gastroesophageal reflux disease.

The presentation will also address postoperative follow-up, nutritional management, potential complications, and the importance of long-term multidisciplinary care. Current evidence and clinical guidelines will be reviewed to highlight the role of bariatric surgery as an integral component of modern obesity treatment.

Keywords: Obesity, Bariatric Surgery, Metabolic Surgery, Sleeve Gastrectomy, Roux-en-Y Gastric Bypass, Weight Loss, Type 2 Diabetes, Gastroesophageal Reflux Disease

4) "Robot meets the endocrine glands adrenal and pancreas– Surgical precision between vision and reality

جراحة الكظر والبنكرياس بالروبورتيك – دقة جراحية تجمع بين الرؤية والواقع

Prof. Dr. med. Ayman Agha

Head of the Department of General, Visceral, Vascular and Thoracic Surgery, Oncological, Lung and pancreatic cancer center, Bogenhausen Hospital Munich, Germany

Introduction: For tumors of the adrenal gland different surgical transperitoneal and retroperitoneal approaches have been established. Minimal invasive adrenalectomy for tumors larger than 6 cm is currently a matter of controversial discussion because of difficult mobilization from surrounding organs and a possible risk of capsule rupture.

Methods: we present our experience with more than 1000 adrenalectomies in the period from 1/2000-9/2024. The selection of each technique depends on tumor size, body mass index, abdominal surgery in the past and annual operation frequency of the surgeon. 250 patients underwent robotic adrenalectomy, 350 received a retroperitoneoscopic adrenalectomy and 400 patients were operated in the transperitoneal laparoscopic technique.

Results: Technical feasibility of laparoscopic and retroperitoneoscopic perioperative data were detected. We present our strategy to different approaches with advantages and disadvantages of each access including video presentation. Adrenal tumors of ≥6 cm and tumors in which a malignancy is suspected should be operated conventional. However, tumors up to 10 cm and without criterias of malignancy, with expert hand can be operated in robotic technique.

Conclusion: Due to the low incidence of adrenal tumors, the surgeon should choose the access most familiar to him. The dorsal and the lateral retroperitoneal approach are ideal approaches for patients having had an intraabdominal surgery before. The retroperitoneoscopic and laparoscopic access for benign adrenal tumors up to 6 cm is considered to be equivalent. We present our experience with more than 250 robotic adrenalectomies

Prof. Dr. med. Ayman Agha



Since March 1, 2014, Prof. Dr. Ayman Agha boss the surgical clinic of the municipal clinic Bogenhausen.in Munchen born Palestinians

For many years, Agha has established, developed, developed and introduced the minimally invasive surgery in Regensburg. In the nineties, such procedures were initially focused on benigns in the nineties

Medical studies at the Friedrich Alexander University in Erlangen-Nuremberg in 1993, a German clinic leading in liver surgery. In 2001 he became a specialist in surgery, 2004 specialist in visceral surgery. Three surgical schools of three nationally and internationally renowned Ordinaria shaped its wide surgical spectrum, especially in tumor surgery of the entire gastrointestinal tract, i.e. the main part of the digestive system, which ranges from the esophagus to the anus.

5) Minimally Invasive Management of Thyroid Nodules and Cancer: 2026 Update

علاج عقد الغدة الدرقية وسرطانها: بالتنظير تحديث عام 2026



Dr. Fadi Alnehlaoui.
General Surgery. Dubai, UAE

The management of thyroid nodules and differentiated thyroid cancer has undergone substantial evolution over the past decade, driven by advances in minimally invasive surgery, thermal ablation technologies, and updated international guidelines.

This lecture provides a comprehensive 2026 update on contemporary minimally invasive treatment strategies, integrating current evidence with the author's clinical experience.

The presentation reviews the evolution of thyroid surgery from conventional open thyroidectomy to remote-access endoscopic techniques, with particular emphasis on the transoral endoscopic thyroidectomy vestibular approach (TOETVA), which enables truly scarless surgery while maintaining oncological safety in appropriately selected patients. Current indications, patient selection, surgical techniques, and recent recommendations from the American Thyroid Association (ATA), Korean Thyroid Association (KTA), and NCCN guidelines are discussed.

The lecture also highlights the expanding role of ultrasound-guided thermal ablation, including radiofrequency ablation (RFA), laser ablation (LA), and microwave ablation (MWA), for benign thyroid nodules, autonomously functioning nodules, selected papillary thyroid microcarcinomas, recurrent thyroid cancer, and patients unsuitable for surgery. Recent systematic reviews and meta-analyses demonstrate excellent volume reduction, symptom relief, preservation of thyroid function, low complication rates, and high patient satisfaction. Emerging evidence supporting carefully selected malignant indications and current limitations of thermal ablation are critically reviewed.

In addition, thyroid artery embolization is introduced as an emerging minimally invasive treatment option for selected benign and malignant thyroid diseases, expanding the therapeutic armamentarium available to multidisciplinary thyroid teams.

The presentation incorporates the author's experience with TOETVA, including published clinical outcomes utilizing intraoperative neuromonitoring and indocyanine green fluorescence imaging, demonstrating favorable cosmetic results, excellent quality-of-life outcomes, and safe oncological performance.

Conclusion: Modern thyroid management increasingly favors individualized, minimally invasive treatment strategies. Careful patient selection, adherence to contemporary guidelines, and multidisciplinary decision-making enable surgeons to achieve excellent oncological, functional, and cosmetic outcomes while minimizing morbidity. Minimally invasive surgery and thermal ablation are now integral components of personalized thyroid care rather than alternatives to conventional surgery.

6) Liposuction: Current Concepts and Techniques

التقنية الجديدة لشفظ الدهون

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)

Dr. Adham Mansour is a French-trained Specialist in Plastic Surgery and Laser Medicine with over 20 years of international experience. He served as Medical Director of Style Age Clinic, Dubai Healthcare City (2017–2025) and has been a Visiting Consultant Physician in the UAE since 2000. His expertise includes aesthetic and reconstructive surgery, laser treatments, hair transplantation, and minimally invasive cosmetic procedures. Dr. Mansour is a member of IPRAS and the International Society for Scalp Surgery and Hair Transplant.

7) Die maßgeschneiderte Varizenchirurgie: Ein patientenzentrierter, duplexsonographisch gesteuerter Ansatz zur Optimierung der Therapieergebnisse

جراحة الدوالي المصممة خصيصًا: نهج يركز على المريض ويعتمد على الموجات فوق الصوتية المزدوجة لتحسين نتائج العلاج

Dr. Faisel Banajah
Wien, Österreich



Hintergrund: Die Varikose der Stammvenen ist eine der häufigsten gefäßchirurgischen Erkrankungen. Dennoch folgt die operative Versorgung vielerorts starren Schemata (z. B. die standardisierte Stripping-Operation). Aufgrund der hohen anatomischen Variabilität der Venen (Durchmesser, Verlaufsanomalien, Anzahl insuffizienter Perforanten) sowie der heterogenen Patientenbedürfnisse (Alter, Berufstätigkeit, ästhetische Ansprüche, Vorerkrankungen) erfordert die moderne Phlebologie zwingend eine Individualisierung des Eingriffs.

Zielsetzung: Ziel dieser Arbeit ist es, die Vorteile eines vollständig individualisierten, präoperativ duplexsonographisch geplanten Therapiekonzepts gegenüber herkömmlichen Einheitsverfahren darzustellen und dessen Einfluss auf Rezidivraten, Komplikationen und Patientenzufriedenheit zu evaluieren.

Methodik: Es erfolgte eine präoperative Hochauflösungs-Duplex-Sonographie zur präzisen Kartierung des gesamten venösen Systems. Basierend auf folgenden patientenspezifischen Faktoren wurde ein multimodaler OP-Plan erstellt:

· Venendurchmesser und Insuffizienzlokalisation (V. saphena magna / parva),
· Funktionsstatus der Perforansvenen,
· CEAP-Klassifikation und klinischer Schweregrad,
· Individuelle ästhetische und funktionelle Patientenwünsche.

Das therapeutische Repertoire umfasste eine flexible Kombination aus endovenösen Verfahren (EVLA / Radiofrequenzablation), partieller oder kompletter Stripping-Exstirpation, Miniphlebektomie und ultraschallgestützter Schaumsklerotherapie in einem einzigen Sitzungskonzept.

Ergebnisse: Die maßgeschneiderte Strategie führte zu einer signifikanten Reduktion postoperativer Rezidive sowie einer geringeren Inzidenz von Nervenläsionen (insbesondere des N. saphenus). Die durchschnittliche Operationszeit ließ sich durch den gezielten, limitierten Einsatz invasiver Techniken optimieren. Darüber hinaus berichteten die Patienten über eine deutlich höhere subjektive Zufriedenheit hinsichtlich des ästhetischen Ergebnisses und der rascheren Rückkehr zur beruflichen Alltagsbelastbarkeit.

Schlussfolgerung: Die starre „One-Size-fits-all"-Chirurgie ist in der Phlebologie obsolet. Die maßgeschneiderte Varizenchirurgie – basierend auf einer präzisen Duplex-Diagnostik und einem flexiblen, kombinationsoffenen Behandlungsalgorithmus – stellt den aktuellen Goldstandard dar. Sie ist essenziell, um die Langzeitprognose der chronischen Veneninsuffizienz zu verbessern und gleichzeitig die komplikationsarme, patientenindividuelle Versorgung auf höchstem Niveau zu gewährleisten.

8) Familial hypercholesterolemia

فرط كوليسترول الدم العائلي

Uni.Prof. Dr.Kurt Widham, Gast Vortrag
vienna AUT



9) New Options for Lowering Cholesterol: Injectable Treatments for High-Risk Patients

خيارات جديدة لخفض الكوليسترول: العلاجات بالحقن للمرضى المعرضين لمخاطر عالية

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

High cholesterol is the major cause of heart disease. Statins has been the main treatment to lower LDL cholesterol. However, statin may cause significant side effects prevent patients from taking it. Or statin may not be able to bring down the LDL to the target (<55)
In this case injectable lipid lowering medication can be the alternative or add on statin
These medications seem to be effective. Well tolerated and convenient

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.

10) Diabetes Update 2026 – Aktuelle Entwicklungen in Epidemiologie, Diagnostik und Therapie des Diabetes mellitus Typ 2

الجديد في الداء السكري

Dr. Mahmoud Sultan

Diabetologe Berlin Germany

Der Typ-2-Diabetes mellitus zählt weiterhin zu den bedeutendsten chronischen Erkrankungen weltweit. Der Vortrag gibt einen kompakten Überblick über aktuelle Entwicklungen in Epidemiologie, Pathophysiologie, Diagnostik und Therapie des Diabetes mellitus Typ 2.

Ausgehend von aktuellen epidemiologischen Daten werden die wesentlichen Mechanismen der Krankheitsentstehung dargestellt und deren Bedeutung für Prävention und Behandlung erläutert. Anschließend werden die aktuellen diagnostischen Kriterien sowie die wesentlichen Empfehlungen der aktuellen Leitlinien vorgestellt. Besonderes Augenmerk liegt auf der praktischen Umsetzung leitliniengerechter Therapiekonzepte sowie auf der Diskrepanz zwischen evidenzbasierten Empfehlungen und der Versorgungsrealität im klinischen Alltag

CV. Dr. med. Mahmoud Sultan



Dr. Mahmoud Sultan is a board-certified Specialist in Internal Medicine, Diabetology, and Nutritional Medicine based in Berlin. Since 2006, he has led his own diabetes practice, providing comprehensive, patient-centered care for individuals with diabetes and internal diseases. The practice is certified by the German Diabetes Association (DDG) as a Diabetes Treatment Center with a Diabetic Foot Clinic and was recognized as a Diabetes Center of Excellence in 2022. Previously, Dr. Sultan completed his specialist training at Schlosspark-Klinik Berlin, affiliated with Charité. He studied medicine at the Free University of Berlin and earned his Dr. med. degree in 2005.

11) Early Prevention of Type 2 Diabetes and Obesity

Dr. med. Ahmad Wael Sultan

German Heart Center of Charité – Universitätsmedizin Berlin

Berlin, Germany

Background: Prediabetes represents a critical stage in the natural history of type 2 diabetes mellitus (T2D), during which metabolic dysfunction is already detectable but progression to overt diabetes remains potentially preventable. Intensive lifestyle intervention has demonstrated substantial and durable effects on diabetes incidence. In the Diabetes Prevention Program (DPP), lifestyle intervention reduced th e incidence of T2D by 58% over a mean follow-up of 2.8 years, with particularly pronounced benefit in older adults.1 Long-term follow-up demonstrated persistent risk reductions of 34% at 10 years and 27% at 15 years, supporting the concept of a sustained preventive effect.2,3



Pathophysiological Concept:

The development of T2D reflects the interaction between genetic susceptibility, environmental and social determinants of health, dietary patterns, physical inactivity, and sustained excess energy intake. Chronic energy surplus promotes ectopic fat accumulation, particularly within the liver and pancreas. According to the Twin Cycle Hypothesis, increased hepatic fat leads to hepatic insulin resistance and impaired suppression of hepatic glucose production. Increased hepatic triglyceride export via very-low-density lipoproteins may subsequently promote pancreatic fat accumulation, contributing to β- cell dysfunction, impaired insulin secretion, and progressive deterioration of glucose regulation.4 Magnetic resonance-based metabolic studies have provided experimental support for this concept. In individuals with relatively recent-onset T2D, substantial energy restriction rapidly reduced liver fat and normalized hepatic insulin sensitivity, followed by reductions in pancreatic fat and recovery of β-cell function.5,6 These findings indicate that early T2D should not necessarily be regarded as an inevitably progressive metabolic disorder.

The Reversible Window: The capacity for metabolic recovery appears to depend on the reduction of excess intra-organ fat and preservation of β-cell functional reserve. Remission studies demonstrate that normalization of liver and pancreatic fat is closely associated with restoration of glucose regulation, while individuals with preserved β-cell recovery capacity are substantially more likely to achieve remission.6

These findings provide a biological explanation for the effectiveness of early intervention during prediabetes and early T2D. Lifestyle strategies targeting clinically meaningful weight reduction, dietary quality, physical activity, and the broader social and cultural determinants of health may substantially delay or prevent progression to T2D.

Conclusion: Prediabetes represents a clinically important and potentially reversible metabolic window. Evidence from long-term prevention trials demonstrates that intensive lifestyle intervention can reduce progression to T2D by more than 50% in high-risk individuals, with sustained benefit extending beyond a decade.1–3 Mechanistic studies further demonstrate that reducing hepatic and pancreatic fat can restore insulin sensitivity and β-cell function in selected individuals.5,6 Early

identification and individualized intervention should therefore be considered central components of contemporary strategies for the prevention of obesity-related T2D.

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12) Anti-Obesity Treatment: Past, Present and Future

علاج السمنة: الماضي والحاضر والمستقبل

Dr. Alaeddin Saghir (UAE)
Department of Endocrinology and Diabetes
Dr. Sulaiman Al Habib Hospital, Dubai

Obesity is a major public health crisis that has steadily worsened over the last fifty years. Rising obesity rates have been noted among children and adults of both genders and are prevalent in both developed and developing nations.

In this review presentation, I will discuss the multiple options to treat obesity used by world physicians since the 19th century, focusing on current methods, both pharmacological and non-pharmacological, and looking ahead to promising methods for addressing this health problem, which is considered the second

leading cause of preventable death after smoking. These are the major points discussed in the presentation:

1- Treatment of obesity in the past:

a- A cultural shift in body image of the late 19th and early 20th centuries led to increasing demand for prescription weight loss medications

b- Clinical notes of anti-obesity therapies in the nineteenth century

c- Rise and decline of the era of Amphetamines.

d- A timeline of obesity drugs is presented with years of approval and withdrawal, such as Fenfluramine & Dexfenfluramine (withdrawn in 1997), Sibutramine (Meridia) withdrawn in 2010, Lorcaserin (Belviq) withdrawn in

2020, and many others.

2- Current strategies in the treatment of obesity

a- Discussion of the current nonpharmacological ways of managing obesity: dietary modifications, exercise, behavioral therapy, lifestyle adjustments…

b- Discussion of all the FDA-approved pharmacotherapies for obesity, such as: Contrave (bupropion-naltrexone); Qsymia (phentermine-topiramate); Xenical (orlistat); Imcivree (setmelanotide); GLP-1R agonists family (oral & injectable), and others.

c- Discussion of most in-vogue minimally invasive procedures that alter the digestive system to reduce food intake and shift hunger hormones, such as Sleeve Gastrectomy (Gastric Sleeve), Endoscopic Sleeve Gastroplasty (ESG), and Roux-en-Y Gastric Bypass (RYGB).

3- Future treatment for obesity:

a- A febrile competition among leading manufacturers is focused on polyagonists and small oral molecules. The most promising future drugs for obesity treatment include: Retatrutide, CagriSema, Survodutide, and others

b- Gene therapy for common obesity is still in the preclinical research stages, aiming to improve insulin sensitivity, and increase lipolysis and energy expenditure.

CV Dr Alaeddin Saghir,



Consultant endocrinologist-diabetologistat Dr. Sulaiman Al Habib Hospital, Dubai
French Board Certified in Endocrinology, Diabetology and Metabolic Diseases; L'Archet University Hospital –Nice/France.
Dr Alaeddin Saghir has a long experience of more than 30 years in the hospitals of France, Syria and U.A.E.
Participations in a myriad of international congresses in U.A.E., Arab countries, Turkey and Europe, and was a main speaker in more than 50 lectures on behalf of many international pharmaceutical companies. Dr Alaeddin Saghir has been awarded by the Syrian government in Scientific Creativity in 2008 for his profuse publications in endocrinology, diabetology and public health.

13) GLP-1-Based Therapies in Obesity: How Far Can We Turn the Volume Up?

العلاج الدوائي للسمنة: نظائرGLP-1

Dr. Malda Al Chaar
PharmD, MSc. (France)



"What happens when a physiological signal with a half-life of only minutes is transformed into increasingly long-acting, potent and multifunctional medicines? And as pharmacological effects expand, how far should we go?

This presentation explores the evolution of GLP-1-based therapies from a pharmacist's perspective, with a focus on pharmacology and pharmacokinetics. From endogenous GLP-1 and its rapid degradation by DPP-4 to exendin-4, liraglutide and semaglutide, and more recently dual and emerging multi-receptor agonists such as tirzepatide and

retatrutide, molecular and pharmacokinetic innovation has progressively transformed the therapeutic profile of this class.

The clinical relevance of this evolution extends beyond weight reduction, with effects on glycaemic control and growing evidence across cardiovascular, renal, hepatic and other obesity-related outcomes. At the same time, increasing pharmacological possibilities raise questions surrounding appropriate indications, patient selection, safety, treatment duration, accessibility and the societal expectations associated with weight loss.

For a pharmacist, understanding how pharmacological and pharmacokinetic properties translate into clinical effects is essential to understanding both the potential and limitations of these therapies. This also places ethical prescribing and clinical stewardship at the centre of their expanding use.

Ultimately, GLP-1-based therapies illustrate the intersection of pharmacological innovation and the complexity of obesity—a disease at the centre of multiple comorbidities. As we continue to turn the volume up, the challenge is to ensure that therapeutic innovation remains guided by evidence and responsible clinical use."

14) Hyperthyroidism Unmasked: Avoiding Diagnostic and Therapeutic Pitfalls

الكشف عن فرط نشاط الغدة الدرقية: تجنب المزالق التشخيصية والعلاجية

Dr. Fairoz Mohammed

Nuclear medicine and Thyroid specialist Vienna, Austria



Hyperthyroidism and thyrotoxicosis are frequently recognized by a suppressed TSH with elevated or high-normal free thyroid hormones; however, a similar biochemical pattern may reflect markedly different underlying etiologies, each requiring distinct management. Treating all cases of biochemical hyperthyroidism in the same way may lead to misdiagnosis, unnecessary antithyroid therapy, delayed definitive treatment, or inappropriate radioiodine use.

This presentation highlights a structured diagnostic approach to hyperthyroidism in the non-pregnant adult population, emphasizing the integration of clinical context, biochemical profiles, thyroid autoantibodies, ultrasound, Doppler vascularity, and functional imaging.

The key diagnostic challenge is to distinguish true hormone overproduction from destructive hormone release. Graves' disease and thyroid autonomy typically require etiology-directed treatment.

The presentation will also address common diagnostic and therapeutic pitfalls, inappropriate antithyroid treatment and insufficient documentation of imaging-laboratory correlation. Emerging tools will be discussed as potential adjuncts rather than replacements for expert clinical reasoning.

The central message is that hyperthyroidism should not be managed as a laboratory diagnosis alone: accurate treatment begins with precise etiological classification.

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Dr. Fairoz Mohammed

"Nuklearmedizin und Schilddrüse Fachärztin DFP-Educational-Diploma (ÖÄK-Diploma) Thyroid-Sonografie (ÖÄK certificate). Zur Abklärung und Behandlung von Schilddrüsenfunktionsstörungen • Beurteilung und Kontrolle von Schilddrüsenknoten • Feinnadelpunktion zur weiteren Abklärung von Knoten • Schilddrüse und Schwangerschaft/ Kinderwunsch • Nachsorge nach Schilddrüsenoperation • Schilddrüsenerkrankungen bei Kindern ab 5 Jahren • Szintigraphie

15) Age-Related or Aging-Related Macular Degeneration?

تنكس الشبكية البقعي المرتبط بالعمر أم المرتبط بالشيخوخة؟

Bilal Haj Najeeb MD.PhD.MBA

Department, Medical University of Vienna, Vienna, Austria

PURPOSE: To re-evaluate the concept of age-related macular degeneration (AMD) in light of emerging epidemiological, clinical and pathophysiological evidence demonstrating substantial heterogeneity among its major subtypes.



DESIGN: Perspective article based on the analysis and synthesis of epidemiological and clinical AMD research.

METHODS: Selective review and interpretation of population-based studies, large realworld epidemiological datasets, and key clinical investigations examining the age distribution, clinical and pathophysiological characteristics of major AMD subtypes.

RESULTS: Subtype-specific analyses indicate that AMD subtypes exhibit distinct epidemiological patterns. While some subtypes, such as polypoidal choroidal vasculopathy (PCV), are associated with specific age ranges and decline in prevalence thereafter, others, including geographic atrophy (GA) and macular neovascularization type 3 (MNV3), increase progressively with advancing age. Among the neovascular AMD subtypes, MNV3 displays several distinctive features. Its retinal origin, the absence of associated MNV type 1 or type 2 lesions throughout the disease course despite affecting older patients than other neovascular AMD subtypes, and its close association with reticular pseudodrusen, choroidal thinning, and impaired choroidal

perfusion suggest that MNV3 is driven by pathophysiological mechanisms and predisposing factors distinct from those of other neovascular AMD phenotypes.

CONCLUSION: The divergent epidemiological trajectories and clinical features of AMD subtypes suggest fundamentally different pathogenic mechanisms. Distinguishing between age-related and aging-related forms of AMD may improve our understanding of disease biology, facilitate more precise disease classification, and support optimized clinical management and public health planning. These observations also warrant reconsideration of the current terminology used to describe AMD and its major subtypes.

16) Artificial Vision

الرؤية الاصطناعية:

Dr. Yaser Biazid
Consultant vitreoretinal Surgeon
Köln, Germany

The restoration of vision in blind patients has long been one of the greatest challenges in the medicine. Advances in retinal surgery, neuroscience, microelectronics, and artificial intelligence have brought artificial vision from a theoretical concept closer to beginning of clinical reality.

In this lecture, we will review the history of artificial vision, the main challenges facing researchers and clinicians, recent advances in the field, and the future prospects for restoring sight.

استعادة الرؤية لدى المرضى الفاقدين لنعمة البصر كانت ولازالت تشكل أحد أكبر التحديات في الطب على مر العصور. لقد أسهمت التطورات المتسارعة في العقود الأخيرة، سواء في جراحة الشبكية، علوم الأعصاب، الإلكترونيات الدقيقة والذكاء الصناعي في نقل مفهوم الرؤية الاصطناعية من مجرد فكرة نظرية إلى بداية واقع سريري يقترب يوماً بعد يوم.

في هذه المحاضرة، سنستعرض التطور التاريخي للرؤية الاصطناعية، وأبرز التحديات التي واجهت وما تزال تواجه الباحثين والأطباء، كما سنتناول أحدث الإنجازات في هذا المجال، ونلقي الضوء على الآفاق المستقبلية الواعدة لاستعادة البصر.



CV: Dr. Yaser Biazid is a Consultant Vitreoretinal Surgeon with more than 25 years of expertise in ophthalmology. He graduated from the University of Heidelberg, and holds the German Board in Ophthalmology.He currently serves as Head of the Retina Unit at Augenklinik am Neumarkt in Cologne, Germany. His clinical interests encompass vitreoretinal surgery, medical retina with ROP-Management, modern cataract surgery, and the management of complex ocular trauma with secondary implantation of intraocular lenses (Scharioth).

17) Pachychoroid Spectrum Diseases – Advances and Emerging Insights

تناذر طيف المشيمية السميكة في شبكية العين

Assoc. Prof. Dr. Alaadin Abdin
Department of Ophthalmology, Saarland University Medical Center
Homburg/Saar, Germany



This presentation provides an overview of the latest developments in the diagnosis and management of pachychoroid spectrum diseases. Advances in

multimodal imaging including OCT angiography (OCT-A), indocyanine green angiography (ICGA), and enhanced depth imaging optical coherence tomography (EDI-OCT) for the assessment of choroidal thickness have significantly improved our understanding of the pathophysiology of these disorders.

Routine diagnostic evaluation integrates conventional imaging modalities such as fluorescein angiography and fundus autofluorescence with functional assessments, including microperimetry. Particular emphasis will be placed on the differential diagnosis of the various pachychoroid entities and on identifying secondary complications, especially macular neovascularization (MNV).

Current treatment strategies—including observation, pharmacologic therapy, subthreshold laser treatment, half-dose photodynamic therapy (PDT), and intravitreal anti-VEGF therapy will be reviewed. Through concise, case-based discussions, participants will develop a practical diagnostic and therapeutic approach for everyday clinical practice, including the definition of clinically relevant cutoff parameters and the selection of appropriate management strategies.

18) Comparison of Scleral Fixation Methods, Techniques: Royal Free London audit

مقارنة بين طرق تثبيت الصلبة

Dr. Zine Elhousseini
Royal Free Hospital London, (UK)

This study aims to compare outcomes of two different Intraocular (IOL) sclera fixation techniques using either a 3-piece IOL Modified Yamane or using Carlevale IOL. We retrospectively analysed nearly 200 eyes were included. We evaluated visual acuity, post-operative stability, and complication rates over a 6-month follow-up period. Our findings suggest that both techniques offer reliable results with slight differences in ease of implantation and patient recovery times. This comparative analysis will help refine technique selection for future cases and improve patient outcomes.

CV Dr. Zine Elhousseini



Mr Elhousseini is a specialist in Surgical and Medical Retina. After completing his Doctor of Medicine (MD) degree in 2006, Master's degree in ophthalmology, moved to the UK 2013. He became a fellow of the Royal College of Ophthalmologists.

Currently, consultant Specialist working for the NHS, Lead of Retina clinical pathway group, and Clinical lead for north central London national Diabetic Eye screening programme.

He has trained and supervised many trainees and fellows, also Deputy Academic Lead and an examiner for medical students at University College London (UCL).

Mr Elhousseini leads various research projects at Royal Free and has co-authored various publications on ophthalmology and vitreoretinal surgery, and has presented his work to both international and national audiences.

19) Amniotic Membrane in Retina Surgery: From Innovation to Clinical Application

الغشاء الأمنيوسي في جراحة الشبكية: من الابتكار إلى التطبيق السريري

Dr. Hamza Al Kadri, FEBO
Department of ophalmology, University Hospital Oldenburg, Germany



We have not received a summary.لم يرسل ملخص

Die Bedeutung des peripheren Sehens bei Maculadegeneration

أهمية الرؤية المحيطية في اعتلال الشبكية

Dr. med. Nadim Sradj, M.A.,
Regensburg, Germany

Die Konzentration des Augenarztes auf die Überprüfung des zentralen Sehens, der Messung der quantitativen Sehschärfe vernachlässigt das periphere Sehen. Dieses ist jedoch bedeutsam für das Bewegungssehen, d.h. die indirekte Wahrnehmung von bewegten Objekten. Zur Orientierung im Raum verhilft uns hauptsächlich das Erkennen von Bewegungen in Richtung rechts, links, oben und unten. Wir alle wissen, dass im Alter die Wahrnehmungszeit von Bewegungen verlangsamt ist. Um Unfälle zu vermeiden, ist es daher wichtig beim Überqueren von Straßen, heranfahrende Autos in ihrer Geschwindigkeit richtig einzuschätzen für die Entscheidung jetzt zu gehen oder abzuwarten.

Weil die Netzhautperipherie in der Regel intakt ist, empfehlen wir die medikamentöse regenerative Therapie, sowie Übungen zur Verbesserung der Orientierung im Raum. (Wird demonstriert)

Dr. Nadim Sradj, *a native of Syria, has lived in Germany since 1956. He studied Medicine and Philosophy at the Universities of Mainz and Tübingen, earning his M.D. in 1966 and M.A. in 1968. He completed his ophthalmology training in Wiesbaden, Frankfurt, and Giessen. As an ophthalmologist, researcher, and inventor, he developed several ophthalmic diagnostic devices and authored more than 100 scientific publications, including several specialized books. Since 1979, he has worked as a private ophthalmologist and independent researcher. Since 1987, his work has focused on the treatment of age-related macular degeneration. He is internationally active in scientific collaboration and has served as Vice Chairman of Arabmed since 2009.*

20) Diabetic Eye Complications: Contemporary Diagnosis and Evidence-Based Management

مضاعفات العين الناجمة عن السكري: التشخيص الحديث والتدبير القائم على الأدلة .

OMR Dr. Tammam Kelani, DM, DOMS, FAMS
Senior Consultant in Ophthalmology
Vienna, Austria

Diabetic eye disease remains the leading cause of preventable vision loss among the working-age population worldwide. Despite remarkable advances in medical and surgical therapy, delayed diagnosis and inadequate screening continue to result in irreversible visual impairment. This lecture provides a comprehensive, evidence-based review of the spectrum of diabetic

ocular complications, with particular emphasis on contemporary diagnostic and therapeutic strategies.

The presentation will focus primarily on diabetic retinopathy, reviewing its natural history and progression from No Diabetic Retinopathy (NoDR) through Non-Proliferative Diabetic Retinopathy (NPDR) to Proliferative Diabetic Retinopathy (PDR). Special attention will be given to diabetic macular edema (DME), the principal cause of central vision loss in diabetic patients. Current concepts in clinical evaluation, multimodal retinal imaging—including optical coherence tomography (OCT) and fluorescein angiography—and modern management will be discussed. Evidence supporting intravitreal anti-VEGF agents, corticosteroid therapy, laser photocoagulation, and pars plana vitrectomy will be highlighted, together with recent advances that have transformed visual outcomes.

The lecture will further address other clinically significant ocular manifestations of diabetes, including cataract, glaucoma, vitreous hemorrhage, optic nerve atrophy, and accommodative dysfunction. Their pathophysiology, clinical features, diagnostic considerations, and management principles will be reviewed in the context of current international recommendations.

The presentation concludes by emphasizing the critical role of early detection, systematic screening programs, multidisciplinary diabetic care, and individualized treatment strategies in preventing blindness. By integrating recent therapeutic advances with practical clinical decision-making, this lecture aims to provide ophthalmologists and healthcare professionals with an up-to-date framework for optimizing the management of diabetic eye complications and improving long-term visual outcomes

OMR Dr. Tammam Kelani, Vienna, Austria



He is an ophthalmologist with over 40 years of experience. Trained at the Universities of Aleppo and Vienna, he also holds a Diploma and Fellowship from the American Academy of Ophthalmology. Since 1989, he has led a private practice in Vienna. He is Chair of the Arab Physicians and Pharmacists Association in Austria

21) Pain Management in Palliative Care

تدبير الالم في المعالجات التلطيفية

Dr. med. Sayed Tarmassi

General medical practice with pain, 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.

22) Cases of missed diagnosis of Multiple sclerosis suspected as lumbar disc prolapse with radicular compression!

تشخيص لمرض التصلب المتعدد كاد أن يُغفل، حيث ظهرت الحالة في صورة انزلاق غضروفي قطني مصحوب باعتلال جذري.

DR Manal Fahham
MD- Neurologys specialist
HMS care Mirdif Hospital, Dubai. UAE

It is well known that early diagnosis of Multiple sclerosis (MS) is an essential goal to start preventive treatment as early as possible, in order to prevent the disability in future and improve prognosis, mainly with the availability of many types of safe highly effective approved medications

Cervical disc and cervical canal stenosis have been widely and early included in the Differential Diagnosis of Multiple Sclerosis, while we found few topics about lumbo- sacral radicular presentation that should be included in the same DD.

Here we distinguish 2 cases, one already operated, and one was scheduled for surgical lumbar discectomy while the true illness is MS.

We could make clear points as red flag to bring it to the mind of Neurologist, neurosurgeon and spinist to revise the diagnosis whenever suspected.

Mega B6 syndrome, how frequent? Whose responsibility? How severe?

متلازمة ميغا B6 ، التواتر؟ السبب؟ الخطورة؟

DR Manal Fahham
MD- Neurologys specialist
Burjeel Hospital for Advanced Surgery, Dubai. UAE

Mega B6 syndrome Toxicity with vitamin B6

Is mostly neglected, while it is underestimated clinically and in research .. in our days with the wide unspecified use of supplement and fortified food we don't really know the sequelae and the statistics.

A Case of Near-Missed Diagnosis of Multiple Sclerosis Presented as Lumbar Disc Herniation with Radiculopathy.

This pt was scheduled for lumbar surgery, he came to take my opinion regarding the surgery few days ahead. I discovered that he had MS not disc related symptoms at all



CV Dr. Manal H. Fahham –HMS care Mirdif Hospital, 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.

23) SIMULTANEOUS SURGERY: FEATURES AND APPROACHES IN A PRIVATE CLINIC

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

24) ProHerz: From Germany's First Digital Therapeutic for Heart Failure to Global AI-Driven Heart Failure Care

مراقبة ورعاية مرضى قصور القلب التي تعتمد على الذكاء الاصطناعي بشكل ديجتالي ببرنامج **ProHerz**

Dr. Fahed Husri

Cardiac Surgeon, Department of Cardiac Surgery, Cardiovascular Center -Nuremberg, Germany, Paracelsus Medical University

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

الخلفية والأهداف: يُعد قصور القلب (HF) حالة شائعة تصيب ملايين الأشخاص حول العالم. وقد ثبت أن المراقبة المستمرة والتدخلات السلوكية الموجهة تحسّن الحالة الصحية وجودة الحياة لدى مرضى قصور القلب. وتوفر العلاجات الرقمية إمكانية إتاحة المراقبة المتكررة والتدخلات السلوكية الموجهة لعدد أكبر من الناس. يهدف تطبيق "ProHerz" إلى دعم المرضى الذين يعانون من قصور القلب من خلال توفير أدوات سهلة الاستخدام لمراقبة المؤشرات الطبية للكشف المبكر عن تطور المرض، بالإضافة إلى ميزات المساعدة الذاتية. يستعرض هذا التقرير نتائج تجربة عشوائية محكومة (RCT) لتقييم أثر التطبيق.

الطرق: أُجريت تجربة عشوائية محكومة شملت 252 مريضاً بقصور القلب في تسعة مستشفيات بألمانيا، حيث أتيحت لنصف المرضى إمكانية استخدام علاج رقمي) تطبيق ProHerz.) وقد جُمعت بيانات حول المؤشرات السريرية والنتائج التي أبلغ عنها المرضى خلال فحوصات البدء والانتهاء. وأجريت تحليلات إحصائية مع مراعاة المتغيرات المصاحبة (covariates) وبدونها، وباستخدام استراتيجيات مختلفة لتعويض القيم المفقودة.

النتائج: أظهرت النتائج آثاراً إيجابية ملموسة للتدخل العلاجي على مسافة اختبار المشي لمدة 6 دقائق (6MWT)، وسلوك الرعاية الذاتية) وفقاً لمقياس(EHFScBS ، والثقافة الصحية الخاصة بقصور القلب) عدد الإجابات الصحيحة في اختبار .(AHFKT كما أظهرت مجموعة التدخل تحسناً أفضل في تصنيف جمعية نيويورك للقلب (NYHA class) مقارنة بمجموعة التحكم.

الخلاصة: شهد المرضى الذين استخدموا التطبيق تحسناً ملحوظاً في حالتهم الصحية. وقد أثبت التحليل الإحصائي متانته وموثوقيته عند إجراء تحليلات حساسية مختلفة.

الكلمات المفتاحية: قصور القلب؛ علاج رقمي، تطبيق هاتف ذكي، تجربة عشوائية محكومة.(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.and member of ARABMED In Europe

Ebola virus: an overview disease and treatment.

فيروس إيبولا: نظرة عامة على المرض والعلاج

Prof KANAAN AL-TAMEEMI, RAIAAN KABAKLI.
Al-Andalus University for Medical Sciences, Syria

Objective: Ebola virus disease (EVD) is a life-threatening viral disease. Death rate ranges between 30% and 90%, the first EVD outbreak was reported in the 1970s in Zaire. The global danger of this virus requires the need for producing effective vaccines and drugs is facing its outbreak threat. Even though there is no available commercial vaccine so far against EBOV, a few vaccine candidates are under evaluation to examine their therapeutic efficacy.

Methods: Based on many types of research, we present in our review the properties of the E. virus and EVD, the ongoing efforts to develop diagnostics, vaccines, and drugs for the cure of EVD.

Results: Despite the efforts of health organizations to study, reduce and treat Ebola infection, there are still many challenges including the early diagnosis and control of infection among people in addition to finding a suitable treatment and vaccine in addition to many social and medical reasons.

Conclusion: The good clinical knowledge about the disease and infection control is very important to fight against the outbreaks. Therefore, it is necessary to develop training programs to increase awareness about the diseases in affected areas.



CV Prof. Dr. Kanaan Al-Tameemi is an Iraqi academic and scientist specializing in microbiology, parasitology, epidemiology, and public health. He obtained his Bachelor's degree from the University of Baghdad (1983–1984), followed by a Master's degree in Microbiology and Parasitology (1992–1993) and a Ph.D. in Epidemiology of Parasitology (1998–1999). In 2005, he received a Diploma in Environmental Sciences and Life Protection from Saint Petersburg University.

He has held several academic and leadership positions at universities in Iraq and Syria, including Head of the Department of Biochemistry and Microbiology. From 2023 to 2026, he served as Vice President of Al-Andalus Private University for Medical Sciences. His professional experience includes university teaching, scientific research, academic administration, and public health.

His research focuses on infectious diseases, microbiology, parasitic diseases, epidemiology, and environmental health. He has participated in numerous scientific conferences, contributed to research publications, and reviewed articles for international scientific journals.

25) Pelvic floor hypertension – possible factors for pelvic floor tenderness in patients with endometriosis

فرط توتر عضلات قاع الحوض – العوامل المحتملة المسببة لألم قاع الحوض لدى المريضات المصابات بالانتباذ البطاني الرحمي

Dr. Jumana Muallem
Gyn- Onkologin, (Germany)



We have not received a summary.لم ترسل ملخص

26) Withholding and Withdrawing Life-Sustaining Treatment in Patients with No Reasonable Hope of Recovery: Ethical Challenges

التحديات الاخلاقية لحجب العلاج الداعم للحياة لدى المريض المفقود الامل من الشفاء

Dr Anas CHAKER
Consultant Anesthesiologist and Intensivist
Medical Ethics and Healthcare Ethics

Paris, France End-of-life decision-making remains one of the most complex ethical challenges in modern medicine. When a patient has no reasonable hope of recovery, healthcare professionals must determine whether continuing life-sustaining treatment serves the patient's best interests or merely prolongs suffering. This presentation examines the ethical distinction between curative care, disproportionate therapeutic persistence, withholding or withdrawing life-sustaining treatment, and palliative care. It also discusses the criteria for recognizing medical futility and the transition from curative to comfort-oriented care. Particular attention is given to patients receiving mechanical ventilation after severe neurological injury or irreversible critical illness. The ethical and legal implications of withdrawing life support are analyzed through the principles of beneficence, non-maleficence, proportionality, patient dignity, and respect for autonomy. The presentation also offers a perspective from Islamic medical ethics, highlighting its convergence with contemporary bioethical principles regarding the avoidance of futile treatment and the relief of suffering.

Keywords: End-of-life care, medical ethics, palliative care, medical futility, withdrawal of treatment, Islamic bioethics

Cancer patients and the late stages of the disease:

- What is the role of the doctor and the medical staff at this stage?
- Pain management for a cancer patient, does it have limits?
- What is the doctor's role when the patient asks him to stop treatment? Or to give him a medicine that helps him end his life?
- Are there legal and ethical controls?

Dr Anas CHAKER
Consultant anesthésiologist, Clinic Yvette. Paris. France, bioethics specialist, medical hypnosis specialist, Past president of medical association Avicenne, Cofondateur of Union International of Medical Care and relief Organizations (UOSSM-International)



27) Your Skin Is Your Mirror Cutaneous Clues to Metabolic and Systemic Health

بشرتك هي مرآتك المؤشرات الجلدية للأفات الاستقلابية والجهازية

Dr. Anas Shalalfa, MRCP
Consultant in Internal Medicine & Metabolic Health
President, Arab Health Council
Union of Arab Academics and Scientists
Chief Executive Officer, Specialized Medical Consultancy Centers Group



The skin is increasingly recognized as an accessible and biologically informative organ that mirrors systemic metabolic health. Emerging evidence suggests that insulin resistance initiates a cascade of molecular events that extends far beyond glucose metabolism, profoundly influencing skin architecture, pigmentation, barrier function, and adnexal biology. These cutaneous alterations frequently precede overt metabolic disease, positioning the skin as a valuable source of early clinical biomarkers.

This lecture presents an integrated mechanistic model describing how hyperinsulinemia, chronic low-grade inflammation, oxidative stress, insulin-like growth factor-1 (IGF-1) signaling, advanced glycation end-products (AGEs), and matrix metalloproteinase (MMP)-mediated extracellular matrix remodeling converge to drive characteristic dermatological manifestations of metabolic dysfunction.

Key clinical examples include acanthosis nigricans as a phenotypic hallmark of hyperinsulinemia, metabolically driven hyperpigmentation, accelerated wrinkle formation secondary to collagen glycation and enhanced extracellular matrix degradation, acne through altered sebaceous gland physiology and Cutibacterium acnes dysbiosis, and structural changes involving hair follicles, sebaceous glands, and sweat glands.

Rather than considering these findings as isolated dermatological conditions, this presentation proposes a paradigm shift in which the skin is viewed as an early metabolic screening interface. Integrating dermatological assessment into routine metabolic evaluation may facilitate earlier identification of insulin resistance, improve risk stratification, and create new opportunities for preventive interventions before irreversible metabolic complications develop.

By bridging dermatology, endocrinology, and metabolic medicine, this lecture highlights the growing role of cutaneous biomarkers in precision medicine and emphasizes that careful observation of the skin may reveal the earliest clinical evidence of systemic metabolic dysfunction.

28) Chronic Obstructive Pulmonary Disease COPD: GOLD 2026 – What's New?

الجديد في مرض الرئوي الانسدادي المزمن

Dr. Muhammad Jaddah | Lungenfacharzt
Wien, Austria



Chronic obstructive pulmonary disease (COPD) remains one of the leading causes of death worldwide, yet it is frequently underdiagnosed and undertreated — particularly in low-income settings, where competing causes of mortality and inconsistent case ascertainment obscure its true burden. In

Austria alone, an estimated 800,000 individuals are affected, with a substantial proportion remaining undiagnosed until significant airflow limitation or a first exacerbation has already occurred.

This presentation provides a practice-oriented update on the diagnosis and management of COPD in light of the GOLD Report 2026 and the current Austrian S2k guideline. Key diagnostic developments are reviewed, including the revised ABE classification, which replaces the former groups C and D with a single group "E" to emphasize the prognostic weight of exacerbations, and the growing role of biomarker-guided therapy, notably blood eosinophil count as a predictor of response to inhaled corticosteroids and biologic agents. The critical prognostic impact of exacerbations is highlighted: even moderate exacerbations increase mortality risk, and up to one in four patients die within three years of a severe exacerbation.

Non-pharmacological and pharmacological management strategies are discussed, including smoking cessation, pulmonary rehabilitation, and long-term maintenance therapy, with particular attention to the appropriate use of inhaled corticosteroids. A major focus is placed on the emerging role of biologic therapy in COPD: dupilumab, the first biologic approved for COPD, targets IL-4/IL-13 signaling in patients with type 2 inflammation (blood eosinophils ≥300 cells/µl) who continue to exacerbate despite optimized triple therapy. Pooled data from the BOREAS and NOTUS phase 3 trials demonstrate a 31% reduction in moderate-to-severe exacerbations with dupilumab versus placebo (annualized rate 0.79 vs. 1.16; $p<0.001$; NNT of 3), alongside improvements in lung function.

Finally, the presentation addresses acute exacerbation management, including evidence-based criteria for antibiotic use, systemic corticosteroid dosing (5 days without tapering), and the persistently underrecognized problem of inhaler technique errors, which occur in up to 70% of COPD patients and represent a key modifiable target for exacerbation prevention

29) Advances in the Management of Idiopathic Pulmonary Fibrosis and Progressive Pulmonary Fibrosis

التطورات في تدبير التليف الرئوي مجهول السبب والتليف الرئوي المترقي



Prof. Abdul Monem Hamid — Hôpital Foch / American Hospital, Paris, France

We have not received a summary.لم يرسل ملخص

30) The Tumor Secretome as a Driver of Immune Reprogramming in the Tumor Microenvironment.

الإفرازات الورمية كمحرك لإعادة البرمجة المناعية في البيئة الدقيقة للورم.

Dr. Bilal Alhamwe, PhD, MBA.Philipps University of Marburg, Institute for Tumor Immunology.Germany

The tumor microenvironment (TME) is a complex and dynamic ecosystem in which malignant, stromal, and immune cells continuously communicate to shape tumor progression and antitumor immunity. A central component of this intercellular communication is the tumor secretome, comprising soluble mediators and

extracellular vesicles (EVs) that transmit molecular signals between cells and profoundly influence immune-cell phenotype and function. In pancreatic ductal adenocarcinoma (PDAC), EV-mediated communication represents an important mechanism of TME remodeling. The chaperone BAG6 regulates EV composition, and loss of BAG6 promotes the release of IL-33-presenting EVs that activate mast cells. Activated mast cells subsequently generate a tumor-promoting secretome that stimulates tumor-cell proliferation, alters fibroblast polarization, and reshapes immune-cell infiltration, demonstrating how EV cargo can initiate multicellular signaling cascades within the TME. These findings intersect with the broader complexity of type-2 immunity in pancreatic cancer, where the association between atopic conditions and reduced PDAC risk is modulated by type-2 immune effectors, including IgE and eosinophils. A complementary form of secretome-driven immune reprogramming occurs in high-grade serous ovarian cancer, where malignant ascites establishes a secretome-rich immunoregulatory niche. Ascites drives NK cells toward dysfunctional states characterized by impaired maturation, reduced activating receptor expression, degranulation, and tumor-cell killing, while simultaneously promoting the enrichment of PD-1-positive ILC2s associated with shorter progression-free survival. Proteomic and functional analyses further reveal a type-2-skewed environment and identify TGF-β as an important contributor to NK-cell suppression. Together, these findings position the tumor secretome as a critical regulator of immune plasticity and demonstrate how EV-associated and soluble mediators orchestrate interconnected cellular networks that promote immune dysfunction and shape tumor progression within the TME.

Short CV Dr. Bilal Alhamwe, PhD, MBA



Cancer immunology researcher and Principal Investigator at Philipps University of Marburg, specializing in lung and pancreatic cancer, immuno-oncology, microbiome, and infectious diseases. He studied Pharmaceutical Sciences at the International University of Science and Technology in Daraa, Syria. Experienced in medical affairs, humanitarian healthcare coordination, clinical research, and international medical education.

31) Chronic Rhinosinusitis with Nasal Polyps

التهاب الجيوب الأنفية المزمن مع سلائل أنفية

Dr. Rateb Jarach

HNO Vienna, AUT



We have not received a summary.لم يرسل ملخص

32) Antibody-Drug Conjugates in Solid Tumours: Principles, Progress and Clinical Practice

الأجسام المضادة المرتبطة بالأدوية في الأورام الصلبة: المبادىء و الممارسة السريرية

Mohammad Hojouj[1], Zubair Bashir[2], Chris Shepherd[3], Gareth Clack[4], Andrew Saunders[5], Mary Stuart[6]

[1] University of Manchester, Faculty of Biology, Medicine and Health, School of Medical Sciences, Manchester, UK
[2] Omniac Pharm Consult Ltd, UK, [3] Chris Shepherd Oncology Consulting, UK, [4] Ailse Oncology Ltd, UK, [5] Linden Oncology, UK, [6] Kingston Oncology Ltd, UK

Antibody-drug conjugates (ADCs) have transformed the treatment of several solid tumours by combining the tumour specificity of monoclonal antibodies with potent cytotoxic payloads. By mid-2026, eight ADCs have been approved for solid tumours and, with several hundred additional agents in clinical development, additional approvals are expected. Despite improvements in clinical outcomes, toxicity and resistance remain important limitations, reflecting the complex interplay between antibody target, linker design and payload characteristics.

This review examines the components of currently approved ADCs for solid tumours and how each influences clinical efficacy and safety. We summarise the monoclonal antibody targets used in contemporary ADCs and discuss the role of linker chemistry, including cleavable and non-cleavable linkers, together with drug-to-antibody ratio (DAR), in determining payload stability, release and systemic exposure. We review the major payload classes, their mechanisms of action and their characteristic toxicity profiles, distinguishing toxicities related to the payload from those associated with the antibody target.

A central theme is that the maximum tolerated dose of ADCs is typically constrained by payload-related toxicity, whereas antitumour efficacy may depend more on sustained tumour exposure to released payload than on peak drug concentrations. Understanding these pharmacological principles is essential for optimising ADC design, dosing strategies and clinical use.

Finally, we review next-generation ADCs incorporating novel tumour targets, improved conjugation and linker technologies, and emerging novel payloads designed to widen the therapeutic index. We discuss the implications of these advances for patient selection, treatment sequencing and the expanding role of ADCs in multidisciplinary cancer care.

Mohammad Hojouj



Assosiatin Prof Dr. Mohammad Hojouj, MD, MSc, PhD is a Researcher and medical oncologist, pharmaceutical physician, and academic specializing in oncology drug development and clinical research. He serves as Associate Medical Director at Simbec-Orion Ltd. and Honorary Senior Lecturer in Medical Oncology at the University of Manchester. Previously, he worked as a Consultant Oncologist and Associate Professor at Dnipropetrovsk Medical University. His expertise includes early-phase clinical trials, pharmacovigilance, and innovative cancer therapies. Dr. Hojouj holds a PhD in Oncology and is an active member of leading international organizations, including ESMO, ASCO, the British Medical Association, and the Royal College of Radiologists.

33) Integrative Diagnostic Strategies in Early-Stage Cutaneous T-Cell Lymphoma: A Multidisciplinary Review of Current Evidence

استراتيجيات التشخيص التكاملي في المراحل المبكرة من ليمفوما خلايا Tالجلدية: مراجعة متعددة التخصصات للأدلة الحالية

[1]Al Rifaee Samer Yousef, [1]**Elhajj Mohammad**, [1]Dmytrenko K. O.[2]Hojouj M
[1]Dnipro State Medical University, Ukraine
[2]The University of Manchester .UK

Background: Cutaneous T-cell lymphomas (CTCLs), predominantly mycosis fungoides (MF), represent a heterogeneous group of extranodal non-Hodgkin lymphomas. Early-stage disease frequently presents with indolent, non-specific lesions that mimic benign inflammatory dermatoses, such as psoriasis or chronic eczema, often resulting in significant diagnostic delays that can exceed several years.

Aim: To analyze and summarize contemporary evidence regarding the early and differential diagnosis of CTCL, focusing on the integration of clinical "red flags," advanced histopathology, and molecular diagnostics.

Methods: A narrative review was conducted using data from PubMed, Scopus, and Web of Science, alongside updated WHO-EORTC classifications and consensus guidelines from the International Society for Cutaneous Lymphomas (ISCL).

Results: The diagnosis of early CTCL requires a synergistic approach. Clinical suspicion should be triggered by lesion polymorphism, resistance to topical corticosteroids, and a "bathing trunk" distribution. Histopathological examination remains the cornerstone, focusing on epidermotropism and cerebriform nuclei; however, sensitivity is limited in early patches. Immunohistochemistry (IHC) provides critical supportive evidence through the detection of pan-T-cell marker loss (notably CD7) and a CD4/CD8 ratio exceeding 4:1. Molecular diagnostics, specifically T-cell receptor (TCR) gene rearrangement analysis via PCR or Next-Generation Sequencing (NGS), are essential for identifying monoclonal T-cell populations. Nevertheless, these findings must be interpreted strictly within the clinicopathological context to differentiate malignancy from reactive clones. Emerging technologies, including digital pathology and artificial intelligence (AI), are identified as promising tools for reducing interobserver variability and diagnostic lag.

Conclusion: Early detection is paramount for the timely initiation of skin-directed therapies (NB-UVB, PUVA), which improve long-term disease control and patient quality of life. A standardized, multidisciplinary algorithm—integrating clinical, pathological, and molecular data—is the current gold standard for mitigating the risk of disease progression in CTCL.

Keywords: primary cutaneous lymphomas; cutaneous T-cell lymphoma; mycosis fungoides; early diagnosis; differential diagnosis; histopathological examination;

34) What Happens While He Sleeps? A Case of Unexplained Testosterone Deficiency

ماذا يحدث أثناء نومه؟ حالة من نقص التستوستيرون غير المفسر

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

Dubai, UAE

This case-based presentation highlights the importance of considering obstructive sleep apnea (OSA) as a reversible cause of testosterone deficiency. Through the evaluation of a young man presenting with fatigue, loss of libido, and low testosterone levels, the session emphasizes the value of comprehensive history-taking, reviews the clinical association between OSA and hypogonadism, and discusses current recommendations for the assessment of sleep disorders before initiating testosterone replacement therapy.

Dr. Ismail Abbara



Dr. Ismail Abbara is a Consultant Urologist at Emirates Hospital Dubai with nearly 45 years of experience in managing complex urological conditions. German Board Certified, he completed his medical education in Germany and advanced fellowships in Germany and the UAE. His expertise includes urology, endourology, andrology, uro-oncology, renal transplantation, pediatric urology, and minimally invasive surgery. He specializes in treating kidney stones, urological cancers, urinary incontinence, erectile dysfunction, infertility, and prostate disorders, while offering advanced diagnostic and laser procedures. An internationally recognized speaker, researcher, and award-winning clinician, Dr. Abbara is committed to advancing urological care through innovation and excellence.

35) Can we predict Osteoporosis better?

هل يمكننا التنبؤ بهشاشة العظام بشكل أفضل؟

Dr. Issam Mardini, MD

Orthopaedist and Hand Surgery Specialist, Dubai UAE



Osteoporosis in very old adults, particularly those aged 70 years and above, remains significantly underdiagnosed and undertreated despite their disproportionately high fracture burden. Conventional diagnostic approaches—including DXA and FRAX—capture bone mineral density and selected clinical risks but frequently underestimate fragility in multimorbid, frail patients. This diagnostic gap allows many high-risk individuals to remain unidentified until after a major fracture has occurred. Recent developments in artificial intelligence (AI) and machine learning (ML) provide an opportunity to transform this paradigm by enabling earlier, more sensitive detection of skeletal deterioration and short-term fracture risk.

Modern AI systems leverage deep-learning architectures to extract bone-quality indicators from routine imaging modalities such as chest or abdominal CT, extremity X-rays, and ultrasound. These tools enable “opportunistic screening,” whereby bone health is assessed using images obtained for unrelated clinical reasons, eliminating the need for dedicated bone scans and reducing the barriers that often prevent the elderly from receiving osteoporosis evaluation. Many of these models now achieve diagnostic accuracy comparable to expert radiologists, particularly in identifying occult vertebral fractures and estimating bone fragility.

Beyond diagnosis, emerging multimodal AI models integrate imaging features with demographic, clinical, pharmacologic, and functional data to generate individualized fracture-risk predictions over short time horizons. Explainable-AI techniques further enhance clinical trust by identifying the most influential variables driving each patient’s risk profile. Early

implementation studies within orthopedic and radiology workflows demonstrate substantial improvements in case-finding, referral rates, and initiation of anti-osteoporotic therapy.

Key challenges remain—including generalizability across populations, calibration in highly comorbid cohorts, and governance of alert systems—but current evidence indicates that AI-enhanced opportunistic screening can meaningfully advance secondary fracture prevention. As orthopedic surgeons, we are uniquely positioned to guide the clinical integration, validation, and ethical use of these technologies, ultimately shifting care from reactive fracture management toward proactive preservation of skeletal health in the oldest and most vulnerable patients.

36) Relocation of abnormal tubo-ovarian structure 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 [1] | Ashraf Zarkan[2] | Ahmad F. Khattab[3]**
Saad General Hospital, Hessa Street, Al Barsha 3, Dubai, UAE
[1] Obstetrics and Gynecology Department, Saad General Hospital, Dubai, UAE
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[3] Obstetrics and Gynecology Department, Zulekha Hospital LLC, Dubai, UAE

Objective: This study examines the relation between the tubo-ovarian structure (TOS) and fertility and explores the possibility of treating unexplained infertility via relocation of abnormal TOS.

Methods: A nonanonymous retrospective study on the data from treating 372 women with unexplained infertility between 1999 and 2022. The data included clinical, ultrasonography and treatment outcome of relocating abnormal TOS in these patients. All cases were designated as unexplained infertility (i.e., standard recommended infertility test revealing no abnormality, and no other obvious cause of infertility). Ultrasound or hysterosalpingogram scans revealed abnormal TOS. Laparoscopy allowed visualizing the tubes and ovaries to identify pathologies. Closure of ovarian fossa, complemented with uterine and/or ovarian suspension depending on the clinical need, were used to relocate abnormal TOS.

Resultst: Correcting abnormally located TOS was used to treat 372 cases of unexplained infertility with an average age of 34.6%. Pathology, increased patient age, failed in vitro fertilization (IVF) attempts, and primary infertility increased the risk of no pregnancy. Currently, over a number of years trying prior to operation had no effect on treatment outcome.

Conclusion: Normal TOS (fallopian tubes pointing down at pouch-of-Douglas) plays a key role in fertility, albeit frequently missed clinically and not typically investigated in patients with unexplained infertility. The procedures we developed to relocate abnormal TOS, including closure of ovarian fossa as well as uterine and ovarian suspension, treat unexplained infertility with a high success rate. Applications of our procedure are particularly important in treating unexplained infertility in women over 40, with low anti-Müllerian hormone or repeated IVF failure.

Keywords: Ovarian fossa, ovarian suspension, unexplained infertility, uterine suspension



CV Prof DR. Mousa Al-Kurdi, MD, FRCOG
Saad General Hospital, Hessa Street, Al Barsha 3, 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.

37) Female Genital Mutilation/Cutting (FGM/C) in Österreich Eine Mixed-Methods-Studie

دراسة من وجهات مختلطةعن الختان عند الاناث في النمسا .

Research Team (Austria)Dr.in Elena Jirovsky-Platter, Anna Christina Maukner, Dr.in Suad Sheikh Mohamed Umyma El Jelede; Hilde Wolf
Medizinische Universität Wien, Zentrum für Public Health, Abteilung für Sozial- und Präventivmedizin, Unit Medical Anthropology und Global Health
Vienna, Austria

38) Virology in the Era of Emerging Pandemics Scientific Advances (2019–2026) and an Arab Vision for Future Pandemic Preparedness

علم الفيروسات في عصر الأوبئة الناشئة :التطورات العلمية)2019–2026 (ورؤية عربية للاستعداد للأوبئة مستقبلاً

Hamdo Ahmad
Medical Student
Independent Researcher in Virology

Background: The COVID-19 pandemic fundamentally transformed the field of virology and accelerated unprecedented advances in infectious disease surveillance, molecular diagnostics, genomic sequencing, vaccine development, and artificial intelligence applications in public health. Between 2019 and 2026, these scientific developments have significantly enhanced the global capacity to detect, characterize, and respond to emerging viral threats. Nevertheless, the pandemic also exposed important gaps in preparedness, international coordination, and regional research capacity, particularly in low- and middle-income settings.

Objective: This lecture aims to review the major scientific advances in virology achieved between 2019 and 2026, examine their implications for future pandemic preparedness, and

discuss opportunities for strengthening regional collaboration within the Arab world through integrated surveillance, research, and public health capacity building.

Content: The presentation reviews recent advances in genomic surveillance, next-generation and portable sequencing technologies, metagenomics, CRISPR-based molecular diagnostics, artificial intelligence applications, wastewater surveillance, and next-generation vaccine platforms. It also discusses the evolution of pandemic preparedness strategies, including the adoption of the One Health approach, pathogen-family–based research, and preparedness for Disease X. Building on these developments, the lecture presents an evidence-informed strategic vision for enhancing Arab pandemic preparedness through stronger scientific collaboration, coordinated virological surveillance, research partnerships, workforce development, and rapid information sharing among ministries of health, academic institutions, and public health laboratories.

Conclusion: Preparing for future pandemics requires sustained investment in scientific research, resilient public health systems, and effective regional cooperation. Strengthening collaborative virology networks and integrated preparedness frameworks across the Arab world represents an important opportunity to improve early detection, accelerate scientific response, and reinforce regional health security against future emerging viral threats.



Keywords: Virology; Emerging Viruses; Pandemic Preparedness; Genomic Surveillance; One Health; Artificial Intelligence; Disease X; Arab Health Security; Regional Collaboration

professional Background التخصص المهني

☐ Physician طبيب

☐ Clinical Microbiologist اختصاصي أحياء دقيقة سريرية

☐ Virologist اختصاصي علم الفيروسات

☐ Public Health Spezialist اختصاصي صحة عامة

☐ Researcher باحث

☐ Other

Question 1

Do you believe that the Arab world is adequately prepared for the next emerging viral pandemic?

هل تعتقد أن العالم العربي مستعد بالشكل الكافي لمواجهة الجائحة الفيروسية القادمة؟ ☐ Yes / نعم ☐ No / لا

Question 2

Do you support establishing an Arab Virology Network (AVN) to strengthen genomic surveillance, scientific collaboration, and rapid outbreak response?

هل تؤيد إنشاء الشبكة العربية لعلم الفيروسات (AVN) لتعزيز المراقبة الجينومية والتعاون العلمي والاستجابة السريعة للفاشيات؟

☐ Yes / نعم ☐ No / لا

Question 3

Should genomic surveillance become a routine component of national public Health Systems across Arab countries?

هل ينبغي أن تصبح المراقبة الجينومية جزءًا أساسيًا من أنظمة الصحة العامة في جميع الدول العربية؟ ☐ Yes / نعم ☐ No / لا

39) "The Effectiveness of Digital Psychotherapy in Reducing Psychosomatic Disorders Associated with Complex Trauma Among Syrians"

فعالية العلاج النفسي الرقمي في الحد من الاضطرابات النفسية الجسدية المرتبطة بالصدمة المعقدة لدى السوريين



Dr. Rasha Alalwan, Ph.D., M.Sc., Center for Mental Health, Digital Psychotherapy Trainer

This lecture addresses the impact of complex trauma on psychosomatic disorders among Syrians, focusing on the psychological and neurobiological pathways contributing to trauma-related physical symptoms. It presents digital psychotherapy as an innovative, evidence-based approach to expanding access to mental healthcare, with emphasis on clinical effectiveness, ethical considerations, cultural adaptation, and its potential role in supporting trauma-affected populations in humanitarian settings.

40) Die Stoßwellentherapie in der Orthopädie

العلاج بالموجات الصادمة في جراحة العظام



Dr. med. univ. Hussain ALELEOIY MSc.
Facharzt für Orthopädie und Traumatologie
Haus der Gesundheit St. Pölten/Herzogenburg, Austia

Extracorporeal Shock Wave Therapy (ESWT) is an established, evidence-based treatment modality for a wide range of musculoskeletal disorders. This presentation provides an overview of its mechanisms of action, established and emerging indications, and the current state of the scientific evidence.

41) Vascular Ultrasound Course: Peripheral and Central Vessels

دورة الموجات فوق الصوتية للأوعية الدموية: الأوعية المحيطية والمركزية



Sonography Courses (German language)
Coursleiter: OA Dr. Marwan Alaaraj

I: Sonography of Central Vessels
II: Sonography of Peripheral Vessels

Course Content

- Sonoanatomy
- Examination Technique
- Normal Findings
- Pathological Findings
- Stenosis Grading

Duplex Ultrasound of the Carotid and Peripheral Arteries

Speaker	اسماء المحاضرين

1. Dr Abdullah Mawas (UK)
2. Prof. Abu Shamsieh Rami (Ukraine)
3. Dr. Ahmad Wael Sultan (Germany)
4. Hamdo Ahmad (Austria)
5. Prof. Ahmad Hamwi (Austria)
6. Dr. Ahmed Bata (Austria)
7. Dr. Alaeddin Saghir (UAE)
8. Dr. Rasha Alalwan (Austria)
9. Prof. Dr. Mousa Al-Kurdi Dubai, UAE
10. Dr. Anas Chaker (France)
11. Dr. Anas Haj Ebrahim (UAE)
12. Dr. Anas Shalalfa (Jordan)
13. Prof. Ayman Agha (Germany)
14. Prof Abdul Monem HAMID (France)
15. Bilal Haj Najeeb MD.PhD.MBA (Austria)
16. Dr. Adham Mansour (UAE)
17. OMD Dr. Tammam Kelani, (Austria)
18. PD Dr. Alaadin Abdin, (Germany)
19. Dr. Eyad Kabalan (Austria)
20. Dr. Fadi Alnehlaoui. (UAE)
21. Dr. Fahed Husri, (Germany)
22. Dr. Faidi Omar Mahmoud, (Germany)
23. Dr. Fairoz Mohammed (Austria)
24. Dr. Faisel Banajah (Austria)

Speaker	اسماء المحاضرين
25. Dr. Hesham Dahshan (Germany)	
26. Dr. Hussain Aleleoiy (Austria)	
27. Dr. Ismail Abbara (UAE)	
28. Dr. Issam Mardini (UAE)	
29. Dr. Jumana Muallem, (Germany)	
30. Prof Kanaan Al Tameemi (Syria)	
31. Dr. Khalil Ekky (Ireland)	
32. Prof. Kurt Widhalm (Austria)	
33. Prof. Kusai Kelani (France)	
34. Dr. Mahmoud Sultan (Germany)	
35. Dr. Malda Al Chaar (France)	
36. Dr. Manal Fahham (UAE)	
37. Dr. Bilal Alhamwe, (Germany)	
38. Assosiatin Prof.Dr Mohammad Hojouj, (UK)	
39. Dr. Muhammad Jaddah (Austria)	
40. Dr. Nadim Sradj (Germany)	
41. Prof. Omar Hallak (UAE)	
42. Dr. Ossama Al-Babbili (UAE)	
43. Dr. Rateb Jarach (Austria)	
44. Dr. Sameer Hussein (UK)	
45. Dr. Sayed Tarmassi (Germany)	
46. Dr.in Suad Sheikh (Austria)	
47. Dr. Yaser Biazid (Germany)	
48. Dr. Zine Elhousseini (UK)	

فيينا عاصمة النّمسا وأكبر مدنها، يبلغ عدد سكّانها 1.7 مليون نسمة أصل كلمة فيّنا "فيندوبونا" من اللّغة اللّاتينيّة القديمة، وتعني الهواء الجميل أو النّسيم العليل. ما يميّز المدينة إضافة إلى معالمها السّياحيّة، مثل القصور العريقة كقصر الإمبراطوريّة والفنّ المعماريّ الجميل، و مساحاتها الخضراء الواسعة وجودة المعيشة فيها. تشتهر فيّنا كمدينة عالميّة كونها مركز التّعليم والأدب والفنّ مثل "أرت نوفو" حركة الفن النّمساويّة الحديثة، والفنّ المعماري العصريّ في متاحف كارتييه.

سواء حضر المسافرون في رحلة عمل أو زيارة، سيكتشفون أنّ لهذه المدينة ميزة إضافيّة إلى جانب ميزاتها الأخرى؛ هي أساسًا عاصمة الموسيقى، فهي أصل الأوبرا وموسيقى الفالس، وعاش فيها أشهر الملحّنين أكثر من أيّ مكان آخر في العالم، فتُنظّم على هذا الأساس جولات مشي سياحيّة خاصّة بقصّة كلّ ملحّن نشأ أو عاش فيها، مثل: موتسارت، وبيتهوفن، وهايدن، وسكهنبرغ، وشوبير والمزيد. أُختيرت فيينا للمرة الثانية وفقاً لتقرير مؤسسة "ميرسر" كأفضل مدينة في العالم من حيث مستويات جودة المعيشة كما تعتبر فيينا مدينة خضراء، حيث تحتل المساحات الخضراء أكثر من نصف منطقة العاصمة. اشتهرت فيينا بكونها مركزًا عالميًا للتعليم والأدب والموسيقى والعلوم. أصبح سكان فيينا معروفين بمرحهم وظرفهم وتمتعهم بالحياة. لقد انهارت الإمبراطورية النمساوية المجرية بعد أن انتهت الحرب العالمية الأولى في عام 1918، ومن ثم فقدت فيينا الكثير من أهميتها. وبعد انتهاء الحرب العالمية الثانية في سنة 1945 أصبحت فيينا مركزاً عالمياً للمؤتمرات ومركز وكالات عالمية متعددة. وتستضيف فيينا العديد من المنظمات الدولية الكبرى مثل منظمة الأمم المتحدة ومنظمة أوبك. تتميز فيينا بغنى ثقافي وفني كبير يتمثل بالعديد من الأماكن والفعاليات : حيث يتدرج هذا الغنى ما بين القصر الإمبراطوري و"أرت نوفو" لحركة الفن النمساوية الحديثة، مروراً بقصر شونبرون الباروكي الفخم حتى متحف الفنون الجميلة وإلى الفن المعماري العصري في متاحف كارتييه. المعالم الموجودة في المنطقة المجاورة لـرنغ بوليفارد, تضم هذه المنطقة الكثير من المعالم الهامة مثل البرلمان(Parliament) ، مبنى البلدية(City Hall) ، المتحف الوطني(National Theatre) ، جامعة فيينا (National Theatre)وفيما يلي بعض أشهرها:

وسط المدينة القديم هو مركز فيينا وتشتمل هذه المنطقة على كثير من مباني المدينة التاريخية والمعالم الحضارية كما تشتمل على أماكن التسوق من الطراز الرفيع. وتقف في قلب المدينة القديمة كاتدرائية القديس ستيفن. يقع قصر هوفبيرج الذي يتكون من مبانٍ حديثة وهياكل تنتمي إلى العصور الوسيطة بعد عدة وحدات سكنية باتجاه الغرب (من وسط المدينة). يشتمل القصر على الغرف الملكية، التي يقيم فيها رئيس النمسا، والمكتبة الإمبراطورية ومتاحف متعددة ومدرسة ركوب الخيل الإسبانية. وفي وسط فيينا التاريخية ستشعر بصخب المدينة العصرية، فهي تتضمن الكثير من مراكز المؤتمرات الدولية، مما يجعلها مقراً لانعقاد الكثير منها. وتستقطب زواراً من أكثر من 140 وجهة مختلفة ينتمون لـ 65 بلداً.

لقد كان قصرُ شينبرون المقرَّ الصيفيَّ للحكام من سلالة هابسبورغ وكان منزل الإمبراطورة الشهيرة سيسي. إنَّ أراضي القصر في الوقت الحاضر هي أكثرُ المواقع التي تُزار في النمسا. تتألف المنطقة من القصر الباروكيّ وكذلك من متنزه فاتنٍ وبيتِ نخيلٍ زجاجيّ وحديقة حيوانات. حديقة الحيوانات هي الأقدم في العالم وماتزال واحدة من أكثر وجهات الجذب السياحيّ للعائلات شعبيةً في جميع أوروبا. لقد أعلنت المنطقة كلّها إرثاً ثقافياً عالمياً من قبل منظمة اليونسكو بسبب أهمّيتها التاريخية وأراضيها الفريدة وتأثيث القصر الرائع.

القصر الملكي الهوف بورغ في فيينا Imperial Palace/Hofburg

يعد القصر الملكي مقر حكم مملكة الهابسبورغ لأكثر من 700 سنة. كان القصر قيل اقامة عائلة الهابسبورغ فيه حتى عام 1918 قلعة تعود إلى القرن الثالث عشر بعد استيلاء الهابسبورغ على الحكم وتوسيع أرجاء إمبراطوريتهم، تم تحويل القلعة إلى مقر بهي. حاليا، الهوفبورغ هو المقر الرسمي لرئيس الجمهورية، ومركز مؤتمرات، وأيضا مقرا لعدد لا يحصى من المجموعات الفنية.

مدرسة الفروسية الإمبراطورية Riding school

مدرينة الفروسية الامبراطورية هي المؤسسة الوحيدة في العالم التي حافظت على فن الفروسية الأصيل من عصر النهضة حتى يومنا هذا Spanische Hofreitschule في فيينا، وما زالت ترعاه بعناية. لن تُنسى تقدمها أحصنة الليبتزانر للمتفرجين وهي تتمايل بدقة لامتناهية مع أنغام الموسيقى

دار الأوبر في فيينا Staatsoper

دار الأوبر في فيينا هي واحدة من أهم دور الأوبرا في العالم لما تقدمه من عروض في أعلى مستويات الأداء والإمكانيات الفنية حيث تستمتع بالعروض المتنوعة المؤثرة فعلا. تتغير عروض المسرح يوميا إذ يقدم المسرح العريق حوالي 50 عرض أوبرا و20 عمل باليه على مدار 285 يوما في خلال السنة مما يضع دار اوبرا فيينا في مقدمة عروض الاوبرا العالمية



Union Arabischer Mediziner
in Europa e.V. 200529
(ARABMED) in Europe
Mitglied der Vereinten Nationen (NGO)
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 40
Mitgliederversammlung und Vorstandsitzung 40
إجتماع الهيئة الإدارية ولأعضاء الإتحاد 40

فقط لأعضاء الاتحاد

In Kongress Hotel vienna 2 Oct. 2026 um 16:30

Dear Colleges

With this Letter, I invite you to a ARABMED Board Meeting Nr 39 in Vinna Austria, which is scheduled to be held on **2 Oct. 2026 in Congress Hotel in arcotel Vienna Austria at 04:30 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 it We 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 40 في مدينة فيينا و المقرر عقده في 2 اوكتوبر 2026 **الساعة الرابعة والنصف بعد الظهر** والتي تتزامن مع المؤتمر الطبي السنوي ال 36 ,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 والمكان حسب تواجد الاعضاء

Sehr geehrte Mitglieder der Union

Zu unsren Mitgliederversammlung und Vorstandsitzung laden wir Sie In Arcotel vienna Österreich Kongress Hotel 2 Oktober 2026um 16:00.00 Dieses Treffen ist von äußerster Priorität

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



36th Annual Meeting of ARABMED in Europe
ADVANCES IN CONTEMPORARY MEDICINE
الجديد في الطب المعاصر
المؤتمر السنوي ال36 لإتحاد الأطباء العرب في اوروبا

تقييم المؤتمر

Evaluation of the conference Quality Control

Scala المقياس

Bad سيئ	Middle وسط	Good جيد
C	B	A

Topic المواضيع المقيمة	Scalaالمقياس
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	
المحاضرات العلمية Scientific lectures	
رسوم المؤتمر Congress Fee	
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


36Annual Meeting of ARABMED in Europe
36
SINCE 1983
ARABMED IN EUROPE
Joint Conference 2026
33
اتحاد الأطباء والصيادلة العرب بالنمسا
33 Meeting of Arab Medicals & Pharmacists Union in Austria