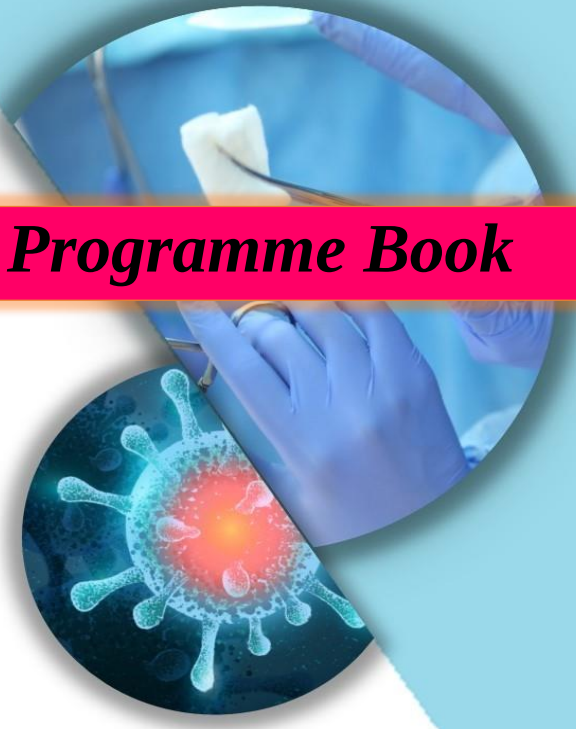
1st ASTES Webinar

Trauma Care, Emergency Surgery and more...

in COVID-19 Times



Final Programme Book

27th November 2020

Organized by:

ASTES - *(Albanian Society for Trauma & Emergency Surgery)*

&

UMT - *(University of Medicine, Tirana) Albania*

Albanian Society for Trauma and Emergency Surgery
ASTES

UNIVERSITETI I MJEKESISE. TIRANE

The 1st Webinar of Albanian Society for Trauma and Emergency Surgery (ASTES), in association with the University of Medicine, Tirana

TRAUMA CARE, EMERGENCY SURGERY AND MORE...

IN COVID-19 TIMES

27th November 2020

Target Audience:
- All Healthcare Providers

Info: www.astes.org.al
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GUEST LECTURERS

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Ridvan Alimehmeti
Fatmir Caushi
Imri Vishi
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GUEST SPEAKER PROFILES

Prof. Dr. Arben GJATA MD, Ph.D.

Lecturer at University of Medicine of Tirana and General Surgeon at the University Hospital Centre "Mother Teresa", Tirana, Albania.

Professor Gjata completed his medical and specialization studies at the University of Medicine of Tirana and also a Specialization in General Surgery in Wilhelm University in Germany.
Currently he is the Rector of University of Medicine of Tirana, Albania.

Asc. Prof. Dr. Agron DOGJANI, MD, Ph.D., FACS., FISS.

Professor of Surgery at the Medical University of Tirana and "General Surgeon", University Trauma Hospital. Tirana, He graduated from the Medical University of Tirana in 1989 and completed his specialization at the Medical University of Tirana in 1995. He has completed various specializations in Germany, USA, Austria, Greece, etc. to complete his education in the field of surgery and scientific research.
His field of interest is General Surgery, Trauma Care, Laparoscopic Surgery… etc. Prof. Agron is the author and co-author of many books, publications and scientific papers that have been reviewed in journals, congresses and symposia.
He is the President of ASTES; Chairman of the Editorial Board of AJTES;

Fellow of ACS (American College of Surgeon) – FACS;

Fellow of ISS /SIC (International Society of Surgery) - FISS;

Albanian National Delegates to ISS / SIC;

National Delegate of ASTES as "Institutional Member" in ESTES; Albania National Delegates to WSES (World Society of Emergency Surgery);

Member of Iatsic (International Association for Trauma Surgery and Intensive Care);

International Member of AAST (American Association for the Surgery of Trauma)

Prof. Agron is a BLS & D, PhTLS instructor and potential ATLS instructor and Chief of ATLS Albania.
He is the organizer, moderator and leader of many national, regional and international events.

GUEST SPEAKER PROFILES

Ilir ALIMEHMETI, MD, Ph.D.

Deputy Dean, Faculty of Medicine, University of Medicine, Tirana, Albania.
He graduated from the Faculty of Medicine, University of Medicine, Tirana. He specialised in Endocrinology and Clinical Epidemiology.

28.08.2018 – Present: Scientific Commissioner, Institute of Public Health, Tirana, Albania.
01.05.2018 – Present: National Coordinator, NDAL (Neurodegenerative Diseases Albania) Project, Interreg Program
13.03.2018 – Present: Institutional Coordinator,GRADUA Project, Erasmus+ Program
25.09.2017 – Present: Head of the Projects and International Relations Office Faculty of Medicine, University of Medicine, Tirana, Albania
01.09.2015 – Present: Head of Occupational and Safety Health, Department of Family and Occupational Health, Faculty of Medicine, University of Medicine, Tirana, Albania
27.02.2016 – 27.02.2019: ICSHNet Cost Action IS1408 – Management Committee Observer; Industrially-Contaminated Sited and Health Network, Cost Action IS1408
01/09/2014 – 31.08.2016: Researcher on Non-Communicable Diseases Department of International Health, School for Public Health and Primary Care (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands
12.02.2015 – 30.06.2016: World Health Organization (WHO) – National Program CoordinatorHealth Academy Program, World Health Organization, Country Office Albania. 01/03/2013 – 31.08.2015: Lecturer in Research Methods, Department of Epidemiology and Research – Faculty of Public Health – University of Medicine, Tirana, Albania. University Education, Health
14/10/2011 – 07.04.2015: Medical Doctor, Service of Endocrinology – University Hospital Centre "Mother Theresa", Tirana – Albania. Health
01.11.2011 – 30.09.2015: Lecturer Albanian University – Tirana – Albania. Faculty of Medical Sciences – Class: Pharmacology, University, Education, Health.

GUEST SPEAKER PROFILES

Prof. Dr. Edvin PRIFTI, MD, Ph.D.

Cardiosurgeon

Head of the Cardiac Surgery Service at UHT "Mother Theresa", Prof. Edvin Prifti, after finishing with Gold Medal at the Faculty of Medicine, the University of Tirana (1995) started the Cardiology Specialization School at the University of Siena in Italy and two years later transferred to the University of La Sapienza, Rome Italy, which ends (Clinical Fellowship),

Prof. Dr. Arvin DIBRA, MD, Ph.D.

Professor of General Surgery, Lecturer in Surgical Semiotics at the Faculty of Medicine of the University of Tirana and Lecturer of General Surgery at the Catholic University " Lady of Good Counsel" since 2005.
Lecturer in the PHD School in Robotics and advanced technology applied to surgery of the University of Rome "Tor Vergata".
Board Member of the Regional Physician Order of Tirana.
Board Member of the Physician Order of Albania.Member of the Academic Senate of the University of Medicine, Tirana. Member of the Counsel for the Academic Promotion of the University of Medicine, Tirana. Member of the Italian Young Surgeons Society.

Dr. Imri VISHI, MD, MSc

"General Surgeon"at the American Clinic Hospital, Kosovo.
1999 – "General Surgeon" at the Abdominal Surgery Clinic at UCCK, Prishtina, Kosovo.
2000-2010 - "General Surgeon" at the Regional Hospital in Ferizaj, Kosovo.
2003-2010 – "Clinical Mentor" of Specialists at the Surgery Clinic, Prishtina, Kosovo.
2003-2005 – "Clinical Mentor" of Family Medicine Specialists in Ferizaj, Kosovo.
2007-2010 – "Assistant Professor" of Surgery at the Faculty of Medicine in Prishtina,
1999 – "General Surgeon" at the Abdominal Surgery Clinic at UCCK, Prishtina, Kosovo.
2000-2010 - "General Surgeon" at the Regional Hospital in Ferizaj, Kosovo.
2003-2010 – "Clinical Mentor" of Specialists at the Surgery Clinic, Prishtina, Kosovo.
2003-2005 – "Clinical Mentor" of Family Medicine Specialists in Ferizaj, Kosovo.
2007-2010 – "Assistant Professor" of Surgery at the Faculty of Medicine in Prishtina,
He is involved in many projects and research programmes. The results of his clinical experiences are presented on numerous International Congresses, and in some specialized international journals.

GUEST SPEAKER PROFILES

Prof. Asc. Dr. Basri LENJANI MD. Ph.D.

Head of Emergency Department, ShSKUK
He graduated from Faculty of Medicine, Prishtina, in 1997 and completed his residency program in Emergency Medicine in 2004. He finished his post diploma courses in Emergency Medicine in Prishtina in 2008. Doctor Basri received his PhD from University of Tirana in 2013.
WORK EXPERIENCE:
Professor in Secondary Medical School "Dr.Ali Sokoli'', Prishtinë 1995-2002.
Emergency physician, Prishtinë, 1999-2000.
Emergency physician, QKUK, Emergency Center, Prishtinë, 2004-2005.
Head of Emergency Department, QKUK, Prishtinë, 2005-2017.
Lecturer in The State University of Tetovo, 2007-2009.
Lecturer in First Aid Courses, Kosovo Red Cross, 2010-
Assistant in Faculty of Medicine,

Dr. Dritan Çobani, M.D., MSc.

He graduated from Faculty of Medicine of Tirana
He graduated from the Medical University of Tirana, and completed his specialization as "General Surgeon" at the University of Medicine Tirana.
Qualification in General Surgery in Istanbul, Turkey
"General Surgeon" at General Surgery Service at University Hospital of Trauma.
He is involved in many projects and research programmes. The results of his clinical experiences are presented on numerous International Congresses, and in some specialized international journals.

Asc. Prof. Dr. Majlinda NAÇO, MD, Ph.D.

Anesthetist at anesthesia and intensive care unit at general surgery at central university hospital "Mother Thereza", Tirana, Albania.
Professor in University of Tirana, Faculty of Medicine Department of Anesthesia, Intensive Care Subject: Anesthesiology.
She graduated from the Faculty of Medicine, Tirana in 1989, and attended the Academy in Anesthesia and Intensive Care Unit, Faculty of Medicine, University of Tirana, over the period of 1991 to 1994.
In 1994 she graduated for anesthesia and Intensive care, University of Tirana, Faculty of Medicine. Prof. Naço received her Master degree in anesthesiology, Faculty of Medicine, University of Tirana. She graduated as Doctor of Medical Science in Anesthesiology in 2010 and later in 2016 she graduated as Associate Professor in Anesthesia and IC, Faculty of Medicine, University of Tirana.

GUEST SPEAKER PROFILES

Asc. Prof. Dr. Ridvan ALIMEHMETI, MD, Ph.D.

Ridvan H. ALIMEHMETI graduated from the UMT, Faculty of Medicine in 1993. From the University of Milan in Italy he got the title of Specialist in Neurosurgery in 2001 after complete residency Course at the Institute of Neurosurgery. From University of Milan, Ridvan conceived the title Doctor in Medicine and Surgery in 2002 and PhD Degree in Neurological Sciences and Pain, in 2007. He successfully passed the written Exam of European Association of Neurosurgical Societies (EANS) Board in 2006 after completing four years of Training Courses. In 2015 he was conceived the title Associate Professor in Neurosurgery at the University of Medicine, Tirana. Ridvan is lecturer of neurosurgery and tutor of microsurgery at University of Medicine, Tirana and Italian Catholic University of Medicine, in Tirana. He has been visiting doctor in Royal National Orthopedic Hospital in London; Hand Institute of Paris and Department of Peripheral Nerve and Hand Surgery, Fudan University, Shanghai. During six months in 2017 Ridvan has completed observership programs beside Department of Neurosurgery of Johns Hopkins University; Inova Fairfax Hospital and Dellon Institute for Peripheral Nerve Surgery, in the United States. Ridvan is faculty of Training Courses of EANS and World Federation of Neurosurgical Societies (WFNS), Peripheral Nerve Surgery Section. He is member of EANS, WFNS, and Albanian Neuroscience Societies. He's in charge of peripheral nerve and pain surgery, stereotactic & functional neurosurgery at the University Hospital Center "Mother Teresa" in Tirana. Ridvan is invited peer-reviewer in fifteen international medical scientific journals and editorial board member in two. He held more than 100 presentations in professional congresses and conferences and authored 37 scientific articles.

Edvin SELMANI, MD, Ph.D.

EDVIN SELMANI is a 46- year-old orthopedic and trauma surgeon . He is lecturer at the University of Medicine of Tirana, Albania. He has done many trainings and Fellowships in USA and Europe for foot and ankle surgery. He is also specialized in sports medicine, pediatric orthopedics disorders and joint replacements. He has published more than 30 articles in national and international journals . He is the author of monograph "Surgical treatment of Clubfoot" and coauthor of "Orthopedics Textbook for medical students". Dr. Selmani is member of many international medical societies such as AAOS, EPOS, AOFAS, ESTES, AJTES AAOST.
Dr. Selmani is also a member of several editorial teams of medical journals such as: Journal of European Orthopedics and Traumatology EOTR (Liaison Editor member 2011 - 2015)International Journal of Orthopedics (IJO) (Editorial Board member 2011 - cont); Editor- in- Chief AJTES 2018 ; Vice Editor (2019)

GUEST SPEAKER PROFILES

Asc. Prof. Dr. Fatmir CAUSHI, MD, Ph.D.

He graduated as "General physician" at the Faculty of Medicine at University of Tirana in 1998 with excellent results. 1998 - 2003 he attended the specialization course for "General Surgeon", at the University Hospital "Mother Teresa" of Tirana where he received the highest marks.
July 10th, 2003 – ongoing, he works in the Department of Thoracic Surgery at the University Hospital of Pulmonary Diseases in Tirana (Albania), where he was qualified as Thoracic Surgeon.
September 2007 – 2011, pedagogue at University of Medical Sciences of Tirana in the Department of Anatomy. From 2012 – ongoing, pedagogue of General Surgery at the Nursing Faculty of Medical Sciences University of Tirana. From 2017 – ongoing, pedagogue of Thoracic Surgery at University of Medical Sciences of Tirana.
February 17th, 2014, head of Department of Thoracic Surgery at the University Hospital of Pulmonary Diseases in Tirana (Albania).
October 1st, 2005 - June 15th, 2006 he attended post graduated studies at the Department of Morphology of the Faculty of Medicine of Tirana University and he graduated Msc. October 2009 - October 2012, he attended doctoral studies at the Faculty of Medicine of Tirana University and I graduated at January of 2013 Ph.D. with the highest mark. On July 2017 he graduated as Associated Professor form University of Medical Sciences of Tirana.

Prof. Dr. Kastriot HAXHIREXHA, MD, Ph.D.

Professor of Surgery at the Faculty of Medicine, Tetovo.
Dean of the Faculty of Medical Sciences, Tetovo University.
He graduated from the Faculty of Medicine, Zagreb University, where he also completed his specialization within a time period of six semesters.
Prof. Haxhirexha has been a professor of Surgery at the Faculty of Medicine, Tirana.
He is the author of several surgery books and has participated in many national and international congresses and symposium.

GUEST SPEAKER PROFILES

Alfred IBRAHIMI, MD, Ph.D.

Alfred Ibrahimi graduated from the Medical University of Tirana in 2000 and completed his specialization in 2006. He has been working as an anesthesiologist near the cardiovascular department at the University Hospital Center "Mother Teresa" in Tirana since January 2006. In 2016, Alfred conceived a PhD from the University of Medicine, Tirana. The theme of his PhD research was "CCRT in Intensive Care Unit". He has completed various specializations in Italy, Japan etc. He is the author of many publications and scientific papers that have been published in journals and international congresses.
He is a member of ASTES, ASA & ESA.

Merita RROJI, MD, Ph.D.

Lecturer at Medical University of Tirana,
Faculty of Medicine, Tirana, Albania
Head of Dialysis Unit (Hemodialysis and PD program),
University Hospital Center "Mother Tereza", Tirana, Albania.
She graduated from the Faculty of Medicine, Tirana in 1997, and completed her Residency Program in Nephrology, Faculty of Medicine, Tirana, over the period of 1998 to 2001. She received her Master Degree in Medicine, Nephrology, Faculty of Medicine, Department of Internal Diseases in 2006; Thesis Topic "PD an alternative of Renal Replacement Therapy".
2010 January-May: Training course, Policlinico S. Orsola-Malpigi, Universita di Bologna, Italia; Host Mentor. Prof Santoro Antonio.
2010-2014: PhD program in Medicine. Nephrology, University of Medicine.
2013- 2014: ISN-ERA-EDTA Fellowship, Gent University: Host Mentor. Prof Vanholder R; Training in clinic Nephrology, Transplantation, Aphaeresis, AKI, and renal pathology.
2014: ISN "Scholar"; Scientific degree" Doctor of Science" in Medicine
Dr. Rroji is a: Member of Albanian Society of Nephrology; Member of ERA-EDTA; Member of ISN; Member of BANTAO

GUEST SPEAKER PROFILES

Dr. Vrenos HODAJ

Chief Executive Officer of VIP service and Internal & Emergency Medicine in University Hospital of Trauma, Tirana. He graduated from the Medical University of Tirana in 1983 and completed his specialization at the Medical University of Tirana in 1991. He has completed various specializations. Dr Vrenos completed his Residency Program in Cardiology, Faculty of Medicine, Tirana, over the period of 1998 to 1999.

In 2010 Dr Vrenos attended the ECG & Pharmacology Preparatory Course for Advanced Cardiac Life Support, in Robert Wood Johnson University Hospital Hamilton, USA. In August 2010 Dr Vrenos carried out the program "ARRYTHMIA RECOGNITION & TREATMENT in Accordance with the American Heart Association Guidelines for Emergency Cardiovascular Care" in USA. He has published several articles in international medical journals. He's co-authored a book on Sex and sexual transmitted diseases.

Skender BUCI, MD, Ph.D.

He graduated from Faculty of Medicine of Tirana in 1983.
General surgeon at the University Hospital of Trauma, Tirana, Albania.
October-December 1995-Qualification Course GATA in Ankara, Turkey
Head of General Surgery Service at University Hospital Of Trauma.

MSN. Erjona ZOGAJ

Medical imaging technician at University Hospital of Tirana.
Erjona graduated from Faculty of Medical Sciences in 2015 and completed her master studies in 2017.
Breast Cancer Awareness organized by Ministry of Health and University of Medicine

-Training Course " Medical Emergencies" organized by German Doctors
-National Medical Sciences Conference Exhibition,, Abstract "Role of Ct in medical emergencies in QSUT"
-Lecturer in ASTES 2018 Conference in Ohër Maqedoni, " Radiologic techniques in specific pathologies; Coauthor in a Scientific work and in an educational poster in Balkan Medical Conference in May 2019; Participant in Conference "The latest news about modern medicine" September 2019; Scientific poster "Role of x-ray in late onset development dysplasia of hip, with emphasis on possible risks factors to be considered as indicator for radiological examination (prelimitary data)"- European Congress of Radiology -ESR, Wien.

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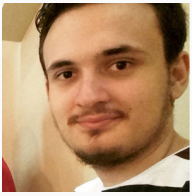
Sindi SHANDRO
Medical Student
Faculty of Medicine, UMT.

Seimir LAQJA
Medical Student
Faculty of Medicine, UMT.



MSN. Erjona ZOGAJ
Medical imaging technician at
University Hospital of Trauma,
Tirana, Albania.

TIME	GUEST LECTURERS	PRESENTATION TOPICS
9:30-9:50	Prof. Dr. **Edvin PRIFTI** MD, Ph.D.	Minimally Invasive Cardiac Surgery; Albanian Experience.
9:50-10:10	Ilir ALIMEHMETI, MD, Ph.D.	Endocrine And Metabolic Aspects of Covid-19.
10:10-10:30	Asc. Prof. Dr. Agron DOGJANI, MD,Ph.D., FACS, FISS	Influence of COVID 19 on EmergencySurgery and Trauma Management.
10:30-10:50	Prof. Dr. Arvin DIBRA, MD, Ph.D.	Management of Acute Non-Variceal GastroIntestinal Hemorrhage.
10:50-11:10	Asc. Prof. Dr. Basri LENJANI MD.Ph.D	COVID-19 Emergency Management.
11:10-11:30	Asc. Prof. Dr. Majlinda NAÇO, MD,Ph.D.	Anesthesia Management During EmergencySurgery in Covid-19 Time.
11:30-11:50	Imri VISHI, MD,MSc	Our experiences in management of urgent surgical complications of gastric cancers.
11:50-12:10	**Pannel Discussion (Questions and Answer Session)** **Ilir Alimehmeti; Agron Dogjani; Edvin Prifti; Arvin Dibra; Basri Lenjani; Majlinda Naço, Imri Vishi**	
12:10-12:30	Edvin SELMANI MD, Ph.D.	The Impact of Covid-19 In Trauma and Orthopedic Surgery in Albania
12:30-12:50	Asc. Prof. Dr. Ridvan ALIMEHMETI MD, Ph.D.	Delayed Posttraumatic Siringomyelia.

1st ASTES Webinar **- Agenda**

1st ASTES Webinar - Agenda

12:50-13:10	Asc. Prof. Dr. Fatmir CAUSHI, MD,Ph.D.	Rib Fracture Fixation, a new Era in Treatment of Chest Trauma in Albania
13:10-13:30	Prof. Dr. Kastriot HAXHIREXHA MD, Ph.D.	How To Keep Surgical Patients Safe During the Covid-19 Pandemic
13:30-13:50	Alfred IBRAHIMI, MD, Ph.D.	Perioperative Management of COVID-19 Patients Undergoing Cardiac Surgery with Cardiopulmonary Bypass
13:50-14:10	Pannel Discussion (Questions and Answers Session) Edvin Selmani; Ridvan Alimehmeti; Fatmir Caushi; Kastriot Haxhirexha; Alfred Ibrahimi,	
14:10-14:30	Dritan ÇOBANI, MD, MSc.	Ileum perforation due to Blunt Trauma in Femoral Hernia a case report.
14:30-14:50	Merita RROJI, MD, Ph.D.	Why Covid-19 Could Concern Nephrologists?
14:50-15:10	Dr. Vrenos HODAJ	Challenges and Issues about Organizing and Managing SUT Hospital to Respond to the Covid-19 outbreak
15:10-15:30	MSN. Erjona ZOGAJ	COVID-19 and Technicians Radiation Protection.
15:30-15:50	Skënder BUCI, MD, Ph.D	Bilateral Chylothorax after a Blunt chest Trauma
15:50-16:10	Pannel Discussion (Questions and Answers Session) Merita Rroji; Dritan Çobani, Vrenos Hodaj; Erjona Zogaj; Skender Buci,	

Minimally Invasive Cardiac Surgery. Albanian Experience.

Edvin PRIFTI

Cardiosurgeon

Lecturer in Surgery, at the Faculty of Medicine, UMT, Tirana, ALBANIA.

Head of the Cardiac Surgery Service at UHC" Mother Teresa", Tirana, ALBANIA

Abstract:
Introduction and Objectives: The minimally invasive cardiac surgery (MICS) consisting in various techniques such as a right-anterior mini-thoracotomy (MT) or mini-sternotomy (MST). We are presenting our experience with MICS in terms of hospital outcome and patient's satisfaction.
Materials and methods: *Between February 2010 and August 2018, 133 (Group I) patients with congenital heart defects and 32 (Group II) patients with MV disease and 10 patients with AV disease underwent MICS. Patients were all managed under the same postoperative practice guidelines:*

1-Early extubating
2- Early discharge from the ICU.
In Group I, 65 patients had atrial septal defect type ostium secundum, 12 had subaortic ventricular septal defect, 10 atrial septal defect sinus venosum type, 6 posterior extension ventricular septal defect, 30 patients had a patent ductus arteriosum, and 10 patients aortic coarctation.
In Group II, 19 MV (mitral valve) regurgitation and 13 MV stenosis and in Group III all patients had AV stenosis.
Results: *All patients survived surgery. In Group I all patients were discharged home in good clinical conditions. In Group II, all patients underwent right MT on the 3rd or 4th intercostals space. All but one patient in Group III underwent upper MST, just one underwent right MT on the second intercostals space. All patients survived and were discharged on the 5th postoperative day.*
Conclusions: *MICS is a safe and effective procedure with comparable functional results to a classic surgical approach with a high rate of subjective satisfaction. Such operations now are feasible with excellent outcome even in our country.*

Keywords: *MICS, Atrial Septal Defect, Cardiac Surgery.*

Endocrine and Metabolic Aspects of the COVID-19 Pandemic.

Ilir ALIMEHMETI

Clinical Epidemiologist & Endocrinologist
Deputy Dean – Faculty of Medicine, UMT, Tirana, ALBANIA

Abstract:
Introduction: *SARS-CoV-2 outbreak requires that endocrinologists move forward to the first line of health care, together with other physicians such as those in internal medicine and emergency units. This will preserve the health condition and prevent the adverse COVID-19-related outcomes. People with diabetes in particular, are among those in high-risk categories for developing serious illness modality of COVID-19 infection, but other endocrine axes may also be strongly affected by COVID-19.*
Topics to be discussed:
Pituitary: possible hypothalamic-pituitary dysfunction and alteration in antidiuretic hormone metabolism. Diabetes: Worse outcomes in diabetic patients;
Thyroid: sick euthyroid syndrome;
Adrenal glands: probable higher susceptibility to COVID-19 in adrenal insufficiency and Cushing's syndrome; Bone. Low vitamin D may be linked to more severe disease and there is an increased risk of hypocalcemia. Testicle: Higher susceptibility and worse outcomes have been reported in men; Obesity. Worse prognosis in obese patients
Furthermore, during this webinar we will discuss about new metabolic targets that have been considered for COVID-19 therapy, including the use of oxytocin, melatonin, and 27-hydroxycholesterol.
Results: *Use of melatonin. Viruses can cause an explosion of inflammatory cytokines and reactive oxygen species, and melatonin, an anti-inflammatory and anti-oxidative molecule, protects against acute respiratory distress syndrome caused by viral and other pathogens. Melatonin is effective in critical care patients by reducing vessel permeability, anxiety, sedation use, and improving sleeping quality, which might also be beneficial for COVID-19 patients. In addition, melatonin could be an adjuvant to prevent pulmonary fibrosis. Notably, melatonin has a high safety profile.*

Keywords: *SARS-CoV – 2, Endocrine, Metabolic, Melatonin, Target.*

Influence of COVID 19 on Emergency Surgery and Trauma Management.

Agron DOGJANI [1, 2], Arben GJATA [1], Kastriot HAXHIREXHA [3], Luan NIKOLLARI [2] , Sindi SHANDRO [1], Seimir LAQJA [1].

[1] *University of Medicine of Tirana, ALBANIA*
[2] *University Hospital of Trauma, Tirana, ALBANIA,*
[3] *State University of Tetovo, NORTH of MACEDONIA.*

Abstract:
Introduction: *Never before have we seen an infectious disease as devastating and pervasive as COVID-19. It was first found in residents of Wuhan, China, in December 2019, after which COVID-19 spread rapidly to every country on the globe. The first case in the Republic of Albania was reported in Tirana on March 8, 2020, when a patient and her child who had come from Florence, Italy were tested positive.*
Its consequences were rapid, in patients with significant symptoms (especially respiratory dysfunction or failure) who needed in-hospital medical care.
Purpose: *to inform surgeons and not only on how to provide emergency surgery and trauma care during enduring times.*
To manage the urgent treatment of patients with traumatic and non-traumatic during the pandemic, this basic guide was drafted to recommend surgical emergency management actors based on the best evidence already identified by the Ministry of Health.
The presentation illustrates the general principles for triage and assessment of patients with traumatic and non-traumatic surgical emergencies during COVID-19, indications for emergency surgery and pandemic control, and prevention of infection by medical personnel by providing a practical algorithm.
Conclusions: *The trauma emergency care measures we have provided can protect the medical staff involved in emergency care and ensure the timely timing of effective interventions during the outbreak of COVID-19. Surgeons will need to be on top during this pandemic terrible, to manage the surgical patients, maintaining the same standards as those we follow in normal situations*

Keywords: *Corona virus, Trauma, Urgent Surgery, Infection Prevention.*

Management of Acute Non Variceal Gastro Intestinal Haemorrhage.

Arvin DIBRA

Lecturer in Surgery at the Faculty of Medicine, UMT, Tirana, ALBANIA.
General Surgeon at General Surgery Service at UHC "Mother Teresa", Tirana, ALBANIA.

Abstract:
Introduction: *Upper gastrointestinal haemorrhage is a frequent surgical emergency, with an incidence of up to 150 per 100,000. Even if its incidence is declining, the mortality remains still high.*
A large use of non-steroid anti-inflammatory drugs and the increased prescription of anti-platelet agents and anti-coagulants after cardiovascular interventions, for prevention of cerebral vascular accidents or for prevention for other thrombotic lesions may have aggravated the situation.
The patient with acute upper gastrointestinal bleeding commonly present with hematemesis and / or melena. An initial evaluation of patients involves an assessment of hemodynamic stability and resuscitation if necessary. It is important to identify those patients who are at risk of ongoing bleeding and death.
Then the endoscopy must be performed looking for both diagnosis, and where possible, the haemostasis. Upper endoscopy is the diagnostic modality of choice for acute upper GI bleeding. Endoscopy has a high sensitivity and specificity for locating and identifying bleeding lesions in the upper GI tract. In addition, once a bleeding lesion has been identified, therapeutic endoscopy can achieve acute hemostasis and prevent recurrent bleeding in most patients. Early endoscopy (within 24 hours) is recommended for most patients with acute upper GI bleeding, though whether early endoscopy affects outcomes and resource utilization is unsettled
Results: *We present our experience and the current standard treatment of the most common upper GI bleeding emergencies in adults as supported by evidence-based medicine with some practical considerations.*

Keywords: *Gastrointestinal Haemorrhage, Endoscopy, Emergency.*

Approaches, Problems, Reorganization & Management of the Emergency Clinic during the COVID-19 Pandemic.

Basri LENJANI

Emergency Clinic, University Clinical Centre of Pristina, KOSOVO.

Abstract:
Emergency clinics since the spread of COVID-19 disease were at the forefront, serving an essential function based on the law of emergency medical care in identifying diseases, injuries and patients affected by COVID19, isolating them from other patients for the purpose of providing emergency medical care.
This invasive outbreak of COVID19 affected patients has reinforced the role of Emergency Medicine in public health. Problems of the reorganization of SHME were a challenge and overcrowding even with cases of three levels of health care.
The health structure was coping with an increasing number of COVID-19 patients in ED and anticipating the consequences, the need for more beds, medical equipment, medicines and consumables was ED's challenge.
ED is often the only place that can provide the necessary medical interventions (for example, intravenous fluids or drugs to manage life-threatening acute conditions. Medications as well as immediate access to advanced diagnostic tests when needed such as CT, MRI and other diagnostic and treatment procedures were available. The need for the safety of medical and support staff has a great importance, providing personal protective equipment and segregation of teams according to the mutual roles between medical staff.

In conclusion, *EDs have to play their role according to the duties and responsibilities that belong to them and the institutional support is indisputable in providing spare beds, medicines, sleeping materials and support staff.*

Keywords: *Emergency Clinic, Emergency Medical Care, Injured, COVID-19.*

Anesthesia Management during Emergency Surgery in Covid-19 Time.

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Anesthesiologist- Intensivist at General Surgery Service at UHC "Mother Teresa", Tirana, ALBANIA

Abstract:
Introduction: *In order to minimize the risk of aerosolisation and contamination of personnel it is necessary to:*

-Limit the number of staff present in the operating theatre;
-Avoid ventilating the patient with a face mask during the preoxygenation phase;
-Stop oxygen before removing the bag valve mask;
-Intubate the patient by the most experienced senior using a video laryngoscope;
-Connect the ventilator after inflating the intubation tube balloon.

The order of administration should be muscle relaxant, intravenous general anesthetic and opioids to avoid cough. Avoid mask pressurization ventilation before the patient loses consciousness. Disinfect operating room after each operation. During anesthesia maintenance, use a small tidal volume of lung protective ventilation to reduce ventilator-related lung injury. Tidal volume is 4-8 mL /kg ideal body weight, inspiratory plateau pressure is less< 30 cm H2O, PEEP<8 cm H2O and recruitment manoeuvres per 30 min. Adjust ventilation parameters during the procedure according to blood gas analysis and PetCO2.
Conclusion: *Pre-examination and epidemiologic investigation for all surgical patients to avoid missed diagnoses, including temperature reading, laboratory examination and chest computed tomography. Carry out emergency surgery in a negative pressure operating room. Self protection according to the three-level protection requirements. Adopt general anesthesia or monitoring anesthesia. All anesthetic equipments, appliances and drugs must be specially assigned. Rapid sequence induction with adequate muscle relaxation is recommended to prevent cough.*

Keywords: *Ventilator, Anesthetic, Pressure*

Our experiences in management of urgent surgical complications of gastric cancers.

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[2]*University Hospital of Trauma,Tirana, ALBANIA,*

Abstract

Complications of gastroduodenal cancer that require urgent surgical intervention include perforation, hemorrhage and stenosis ...
Gastric adenocarcinoma is rarely presented in conditions of surgical urgency due to early detection of local and general signs.
Gastric stromal tumors occupy 47-60% of all gastrointestinal tumors and are presented mainly with hematemesis / Melena, 40-65% of patients due to an ulceration of the gastric mucosa that is absent from the tumor.
Complete resection (R0) is performed,avoiding tumor rupture or wedge resection is adequate, if technically possible.
Large tumors necessitate subtotal or total gastrectomy.
Radical gastrectomy is not required, only complete tumor resection, without lymhadenectomy and 1 – 2 cm free of tumor margin is needed.
Almost 1/3 of all complicated cases, which require urgent treatment for ileus, perforation or hemorrhage, resulting in significant morbidity and mortality. We are often forced to perform operations in two or three stages. Recently laparoscopic techniques, as a safe and effective alternative to Hartman's conventional procedure are more preferred, mainly because of the better results.

Keywords: *Gastrointestinal stromal, Tumors, Neuroendocrine, Cancer*

The impact of COVID-19 in Trauma and Orthopedic Surgery in Albania.

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Orthopedic Surgeon at the University Hospital of Trauma, Tirana, ALBANIA

Abstract:
Introduction: *The coronavirus 2019 (COVID-19) global pandemic has had a significant impact on trauma and orthopaedic (T&O) departments worldwide. To manage the peak of the epidemic, orthopaedic staff were redeployed to frontline medical care; these roles included managing minor injury units, forming a "proning" team, and assisting in the intensive care unit (ICU). In addition, outpatient clinics were restructured to facilitate virtual consultations, elective procedures were cancelled, and inpatient hospital admissions minimized to reduce nosocomial COVID-19 infections. Urgent operations for fractures, infection and tumours went ahead but required strict planning to ensure patient safety.*

Orthopaedic training has also been significantly impacted during this period. This article discusses the impact of COVID-19 on T&O in Albania and highlights key lessons learned that may help to proactively prepare for the next global pandemic.

Conclusions: *The COVID-19 pandemic has had an unprecendented impact on T&O in Albania , with changes in outpatient clinics, fracture clinics, inpatient hospital admissions, elective and emergency operative procedures, staff redeployment and reallocation of resources. The main lessons learned for the next pandemic are that orthopaedic departments need to remain flexible to infra-structural reorganisation to increase critical care capacity, maintain a low threshold for remote staff computer access to reduce hospital staff exposure, facilitate outpatient management via telephone consultations to reduce hospital footfall, and redirect training via web-based platforms while operative experience cannot be gained.*

Keywords: *Coronavirus, Trauma, Orthopaedic, Training.*

Surgery for Pain Relief in Severe Traumatic Lesions of Sensitive Nerves.

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Abstract

Background

Severe traumatic lesions of sensitive nerves (superficial radial, digital, saphenous, sural etc.) in most of the cases end up with pain, paresthesia, anesthesia (anesthesia dolorosa). Since these are usually nerves that serve as possible donors for nerve grafts in case of major nerve damage, their repair may raise questions of how to cope with a needed nerve graft (in lack of cadaver or artificial grafts).

Methods

A retrospective study of operated cases harboring lesions of superficial sensitive nerves is conducted. The affected nerves were: superficial radial, medial antebrachial cutaneous, digital, distal superficial peroneal, saphenous, posterior femoral, sural nerves in the time frame from 2000 to 2018.

The surgical technique was described in the literature from Dellon A.L. It consisted in detachment of the proximal stump of the severely injured nerve from the skin, excision of neuroma and upward reversion of the proximal stump within the deepest muscle bulk in the region, keeping the loop safe from kinking or strangulation.

Results

Modality of trauma: sharp or blunt severance, shotgun injury, iatrogenic.

All cases had in common the absence of a considerable length of the injured nerve to be treated with end-to-end neurorrhaphy.

The method of treatment applied revealed successful to considerably reduce or eliminate the pain and/or paresthesia.

Timing of surgery had an influence in the outcome, with late operated cases having an incomplete and/or longer time of recovery from painful paresthesia.

Recurrence was observed in a case of distal superficial nerve operation. A more proximal cut and reverse technique performed 4 months after first operation yielded good result of pain relief.

No anesthetic ulcerations of the skin were observed in the operated cases.

Conclusions

Surgery for pain relief in cases of severe injury of sensitive nerves is a safe and effective whenever there is a careful selection of the cases and correct application of the technique.

Keyword: traumatic lesions, sensitive nerves, pain, paresthesia, and neurorrhaphy.

Rib Fracture Fixation a New Era in Treatment of Chest Trauma in Albania

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Abstract:
Blunt trauma to the chest wall and rib fractures are remarkably frequent and are the basis of considerable morbidity and possible mortality. Rib fractures can be interpreted as signs of significant trauma. The greater the number of fractured ribs, the higher the mortality and morbidity rates.
Operative rib fixation has the potential to reduce ventilator days and ICU stay and subsequently hospital costs in selected patients with severe traumatic flail chest requiring mechanical ventilation. Rib-specific plating systems have started to be used in the last 10 years. These have inaugurated in the modern era of rib repair with chest wall stabilization (CWS) techniques that are safer, easier to perform, and more efficient. Recent consensus statements have sought to define the indications and contraindications, as well as the when, the how, and the technical details of CWS. Repair should be considered for patients who have three or more displaced rib fractures or a flail chest, whether or not mechanical ventilation is required.
Meanwhile in Albania, this protocol is entering so timidly facing prejudiced thoughts and economic difficulties. During the last 3 years, 10 cases of chest stabilization have been treated in our clinic. The result was excellent in 9 of them. These patients left the hospital after 7 days in excellent condition. Meanwhile, in one case, three days after surgery an acute kidney failure was installed. However, even this separate case raises the issue of equipping our hospital facilities with the equipment needed to treat complex patients as a trauma patient.

Keywords: *Chest Wall Trauma, Rib Fracture, Flail Chest.*

How to Keep Surgical Patients Safe during the COVID-19 Pandemic.

Kastriot HAXHIREXHA

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General Surgeon at Tetovo clinic Hospital, NORTH of MACEDONIA.

Abstract:
The SARS-Cov-2 Pandemic - 19 has presented new challenges for all branches of medicine; in particular, surgery clinics are affected the most by this problem due to their work's specifics nature.
To minimize postoperative risks and protect the surgical team in the surgery wards, detailed control of patients who must undergo surgery is advised.
In this respect, all surgeons must carefully implement all preventive measures to prevent the disease's spread and avoid unwanted complications. For this purpose, all patients admitted to the operating wards should be considered Covid positive until the examination results confirm otherwise.
Today, in most hospitals, elective surgeries are postponed until a due time when the epidemic is expected to reduce its intensity. At the same time, only emergency patients whose disease is life-threatening and those with malignant diseases are operated.
We will present our standing regarding the treatment of patients with surgical diseases conform to the recommendations of the government of North Macedonia
Conclusions: *We must each keep our sights focused on preventing the spread of SARS-CoV-2 during interactions with our patients, taking note of evolving injury patterns and remaining active in providing information on methods to maintain musculoskeletal health. In doing so, we can each do our part in keeping our communities safe and prevent further burdening our healthcare system as we each try to establish our "new normal" in the context of the evolving pandemic.*

Keywords: *COVID-19, Surgery, Preventive Measures, Emergency.*

Perioperative Management of COVID -19 Patients undergoing Cardiac Surgery with Cardiopulmonary Bypass.

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Abstract:
The coronavirus disease 2019 (COVID-19) pandemic has recently put global health services under escalating pressure. For patients who are known to be COVID-19 positive or at high suspicion for COVID-19 infection, although non-operative treatment is preferred for stable cardiovascular diseases to reduce the exposure, emergent cardiac surgery is still necessary when the primary concern is life-threatening and there is no alternative option. It is recommended that surgery be carried out in an infection-customized room with negative pressure, an air purification system, and an air disinfection facility. Turn off the air-conditioning system. All medical staff need to take a temperature measurement. (2) Hang a "COVID-19" sign outside the operating room. The diagnosis of COVID-19 is quite challenging due to the inconsistent correlation between laboratory findings, radiological imaging, and the clinical picture and contact history of the patient. The patients who underwent cardiac surgery with cardiopulmonary bypass (CPB) face double risk because CPB triggers an intense inflammatory response and the leading cause of mortality in COVID patients is "cytokine storm". In our institution 25 confirmed cases operated with open heart surgery. 18 cases isolated CABG, 4 cases valvular combined with CABG and 1 valvular disease.
Results:*18 patients (72%) normal recovery, no respiratory failure, only 3 days of postoperative fever (max 39,4). 4 patients with moderate respiratory failure. 3 patients with severe respiratory failure. One patient died out our institution.*
Recommendation:*It is important a preoperative screening for COVID -19 patients. Aggressive respiratory assistance (early intubation), high doses of corticosteroids, and extracorporeal cytokine removal are proved to give better results.*

Keywords: *COVID-19, Cytokine Storm, Bypass, Surgery.*

Ileum perforation due to Blunt Trauma in Femoral Hernia a case report.

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Abstract

Background: *Intestinal injuries after abdominal trauma related to right femoral hernia is a rare complication.Increased pressure within the intestinal lumen can result in its contusion and perforation.*
Case report: A 38-year-old female patient with an 11-year history of a right femoral hernia who presented to the emergency department 6 hours later after falling from a height, during a physical activity but after a careless fall and falls with abdomen on a solid body which coincides with the herniary mass which has long been irreponible. The patient complained of severe abdominal pain and abdominal examination revealed an irreponible and painful right femoral hernia on touch and at rest. The hemodynamic state was 100/80 mm Hg and FC 110 '. Laboratory data showed leucocytosis, without anemia.
An abdominal ultrasound revealed free fluid in the Abdomen and the resulting abdominal radiograph pneumoperitoneum.
Operated where a significant amount of sero-hematic fluid and a rupture of the ileum 40 cm from the ileocecal valve were found. As a result, the lips of the ileum were refreshed with its primary suture. The postoperative period was good. Oli patient from the hospital on the 5th postoperative day ...

Keyword; *Small bowel perforation, femoral hernia, pneumoperitoneum*

Why Covid-19 Could Concern Nephrologist?

Merita RROJI

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Abstract:
Most COVID-19 infections are not severe, with the spectrum of symptoms ranging from mild to critical.
COVID-19 is primarily considered a respiratory illness, but the kidney may be one of the targets of SARS-CoV-2 infection since the virus enters cells through the angiotensin-converting enzyme 2 receptor, which is found in abundance in the kidney. Many patients with chronic kidney disease have multiple comorbidities such as diabetes and hypertension, which can predispose them to COVID-19. Chronic kidney disease is associated with a higher risk of severe infection. A meta-analysis showed that about 20% of patients with chronic kidney disease who contracted COVID-19 had severe disease, a 3-fold higher risk compared with those without chronic kidney disease. Those with COVID-19 and AKI had a higher prevalence of chronic kidney disease than those without AKI The studies highlight the importance of CKD as a risk factor for COVID-19 mortality.
Patients with end-stage kidney disease on maintenance dialysis usually have multiple comorbidities and are at increased risk of COVID-19. Unavoidable patient gathering and frequent travel to outpatient dialysis units can increase their risk of infection. Therefore, preventive strategies should be implemented to minimize transmission. The nephrological community should collect more epidemiological data to obtain a better understanding of the course of COVID-19. We should make every effort to ensure that these patients with high mortality risk are included in clinical trials of disease-modifying treatments. Likewise, patients with CKD, including those who are on dialysis or living with a kidney transplant, should be included in vaccination trials because uremia and the use of immunosuppressive agents could potentially hamper vaccination responses.

Keywords: *COVID-19, Kidney, Dialysis.*

Challenges and Issues about Organizing and Managing our Hospital to Respond to the COVID-19 Outbreak.

Vrenos HODAJ [1, 2], Rushan MUHAMETI[1]

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[2]*Deputy Director at the University Hospital of Trauma,Tirana, ALBANIA,*

Abstract:
The very nature of this global public health crisis presents not just clinical challenges, but organizational and managerial ones as well.
Together, health care staff from the front lines to the C- suite- can meet the challenges by applying principles from management research. This article outlines actions that should be taken by health care leaders of hospitals in order to manage this very difficult period of time faced. Also, it presents actions taken by leading staff of our hospital during this period of time.
The challenges encountered by our hospital were as followings:
Our hospital was officially tasked to cover big duties and responsibilities
Keeping on treating all trauma cases. Treating all abdominal surgical emergencies. Treating all thoracic emergencies. Covering and treating all tumoral emergencies and treating all urologic emergencies as well. We have to fulfil all these responsibilities with the same medical personnel, with the same infrastructure and with the same medical equipments too. It has to be taken into consideration the unknown situation for all our medical staff and the panic that usually happens in this difficult situation.
These are some of our actions taken in order to resend to this new situation for our hospital
First of all, we focused on putting people first, taking care of all our medical staff confronting at a high risk. Managing operations creatively, attend to teamwork and communications, create outside partnerships, and embrace clear and humble leadership.
***Finally,** our opinion is that we managed to respond well to this very difficult period of time faced in our hospital.*

Keywords: *COVID-19, Surgical Emergency, Hospital, Leadership.*

Covid-19 in Radiology Department for technologist- review.

Erjona ZOGAJ

Medical Imaging Technician

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Abstract:
The outbreak of Coronavirus Disease 2019 (COVID-19) is a huge threat to global public health security. In the absence of specific antiviral medicines to prevent or treat COVID-19, it is essential to detect the infected patients at an early stage and immediately isolate them from the healthy population. In view of the advantages of sensitivity and high spatial resolution, CT imaging has played an important role in screening and diagnosing of COVID-19
The radiologic technologists performing CT scans for the infected patients become high-risk medical care personnel. It is critical for the radiology department to ensure the personal safety of radiologic technologists and avoid cross-infection
Radiologic technologists responsible for CT scanning are at a high risk of direct or indirect exposure to pathogens. Even more, as in the early stage of infection of the SARS-COV-2 virus, an exposed individual is asymptomatic. Radiologic technologists are thus at risk of occupational exposure to the SARS-COV-2 virus, due to cross-infection.
In order to avoid cross-infection, it is necessary to set up a CT scanner for infected patients.
After leaving the contaminated area and entering the potentially contaminated area, medical personnel should first disinfect their hands and then remove the surgical mask, outer shoe covers, outer gloves, disposable gowns, and protective glasses in proper order.
The technologists can operate the examination bed through the control button in the operating room, and conduct breathing and breath holding training for the patient through the intercom system. If necessary, the technologists need to enter the CT scanner room and help the patient on the table. After doing this and entering the operation room, they must perform hand hygiene.

Keywords: *COVID-19, CT scanner, Medical Care Personnel.*

Bilateral Chylothorax after a Blunt Chest Trauma. A case reports.

Skender BUCI, Dorina SHTJEFNI

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Abstract:

Introduction: *Chylothorax caused by blunt trauma is extremely rare. In most cases chylothorax is unilateral.*

A 36 year-old-man was a victim of an automobile accident. He was hospitalized in the Department of Surgery, with diagnosis "Compressive thoracic vertebral (8,10) fracture". Two days after the accident, CT of his chest presented massive amounts of fluid collection in his right pleural cavity and presence of minimal pleural fluid in his left pleural cavity. A chest tube insertion was done in his right pleural cavity and 1000ml of milky fluid was drained. Laboratory analysis of the pleural fluid was consistent with chylothorax. Conservative management consists of: reducing chyle flow via starvation diet, with total parenteral nutrition, electrolytes vitamins, plasma and human albumin. After 10 days of treatment, the patient is on a fat-free diet. After insertion of a chest tube in the left pleural cavity, 700ml of milky fluid was drained. After 5 days there was no fluid left in the left pleural cavity. The drainage of fluid in the right pleural cavity has continued for 3 weeks. He was draining chylothorax at about 150-300ml per day. On the third week, the patient underwent pleurodesis for his right-sided pleural effusion. The next week, he was draining less than 100ml per day. On the fifth week, drainage gradually decreased to 20-30ml per day and there was no need for drainage tube to be placed. The patient is discharged home in stable condition.

Conclusions: A fat-free diet is useful in treating chylothorax. Thoracic duct ligation is indicated when the debit his higher than 500ml per day, after 2-3 weeks

Keywords: *Chylothorax, Blunt Trauma, CT, Drainage.*

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