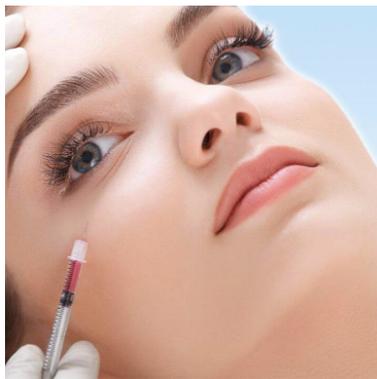


# Poster

## *Cosmetics 2019 & Biomarkers 2019*



Joint Event  
International Conference on  
**Plastic and Cosmetic Surgery**  
&  
International Conference on  
**Biomarkers**

March 11-12, 2019 | London, UK

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***In vitro* evaluation of the new radiotracer  $^{99m}\text{Tc}$ -HYNIC-PSMA for prostate cancer diagnosis****Monika Orzelowska, Michał Maurin and Piotr Garnuszek**

National Centre for Nuclear Research Radioisotope Centre POLATOM, Poland

**Introduction:** Prostate cancer is the second commonly occurring malignancy in men. The selection of an effective therapy form depends on the proper assessment of the disease progression. The prostate-specific membrane antigen (PSMA) is becoming increasingly recognized as a viable target for imaging and therapy of prostate and other types of cancer.

As it is important to fully characterize the properties of radiolabelled compounds before *in vivo* studies, the aim of this work was to evaluate the *in vitro* biological activity of new developed PSMA inhibitor -  $^{99m}\text{Tc}$ -HYNIC-PSMA-potential tracer for SPECT diagnosis of prostate cancer.

**Method:** Saturation binding assay was performed to determine specificity of binding, dissociation constant (Kd) and maximal concentration of receptors on the cell surface (Bmax). HYNIC-PSMA inhibitor was labelled with  $^{99m}\text{Tc}$ . The binding of  $^{99m}\text{Tc}$ -HYNIC-PSMA was evaluated by carrying out the studies using the cell membranes isolated from LNCaP cells. The non-specific binding was determined using membranes isolated from PC3 cells known not to express PSMA. IC50 values of the tested compounds were determined by competitive binding assay on LNCaP cell membranes using  $^{131}\text{I}$ -MIP1095 radioligand

with known high affinity to PSMA (IC50=0.3). As a reference substance, PSMA11 was used.

**Results:**  $^{99m}\text{Tc}$ -PSMA-T4 showed high specific affinity to PSMA, which represented 99% of total binding. The Kd value determined from the specific binding of the tested radioligand was 5.47 nM and the Bmax was 9533 pmol/mg. The IC50 value of HYNIC-PSMA was assessed at the level of 79.5 and it was 10 times lower than value obtained for PSMA11.

**Conclusion:** High specific binding of  $^{99m}\text{Tc}$ -HYNIC-PSMA to the PSMA suggests its huge potential for prostate cancer diagnosis. Comparison of the affinities of  $^{99m}\text{Tc}$ -HYNIC-PSMA and  $^{68}\text{Ga}$ -PSMA11 points out that despite SPECT technique has a lower spatial resolution than PET,  $^{99m}\text{Tc}$ -HYNIC-PSMA can be a useful alternative in diagnosis and staging of prostate cancer.

**Speaker Biography**

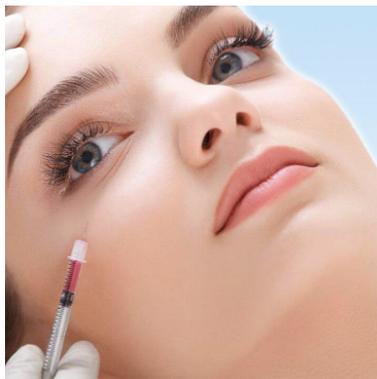
Monika Orzelowska graduated in Biotechnology from the Faculty of Biology and Biotechnology in Maria-Curie Skłodowska University in Lublin, Poland. She obtained a master's degree in 2014. In August 2015, she started work in R&D Department at National Centre for Nuclear Research, Radioisotope Centre POLATOM.

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Notes:

# Accepted Abstracts

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**Noninvasive protein biomarkers for detection of transplant injury in kidney transplantation**

**Tara Sigdel**

University of California San Francisco, USA

**Background:** The human urinary proteome provides an assessment of kidney injury with specific biomarkers for different kidney injury phenotypes.

**Method:** In an effort to fully map and decipher changes in the urine proteome and peptidome after kidney transplantation, renal allograft biopsy matched urine samples were collected from 396 kidney transplant recipients. Centralized and blinded histology data from paired graft biopsies was used to classify urine samples into diagnostic categories of acute rejection, chronic allograft nephropathy, BK virus nephritis, and stable graft. Two hundred forty-five urine samples were analyzed by liquid chromatography-mass spectrometry using isobaric Tags for Relative and Absolute Quantitation (iTRAQ) reagents. From a group of over 900 proteins identified in transplant injury, a set of 131 peptides were assessed by selected reaction monitoring

for their significance in accurately segregating organ injury causation and pathology in an independent cohort of 151 urine samples. Ultimately, a minimal set of 35 proteins were identified for their ability to segregate the 3 major transplant injury clinical groups.

**Results:** Our analysis identified a panel of 11 urinary peptides for acute rejection (93% area under the curve [AUC]), 12 urinary peptides for chronic allograft nephropathy (99% AUC), and 12 urinary peptides for BK virus nephritis (83% AUC).

**Conclusion:** Urinary proteome discovery and targeted validation can identify urine protein panels for rapid and noninvasive differentiation of different causes of kidney transplant injury, without the requirement of an invasive biopsy.

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**Biological and genetic factors associated to treatment resistance in lymphoma****Ken H Young**

The University of Texas, USA

**D**iffuse large B cell lymphoma (DLBCL) is the most common type of lymphoma and accounts for 30% - 40% of all non-Hodgkin lymphomas. In the past two decades, results from several phase 3 studies have established the rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP) as the standard therapy for patients with DLBCL with 50-70% of patients being cured. The remaining patients are refractory to R-CHOP or relapse after complete response (CR). Understanding the biology of DLBCL is essential for identifying patients who are not cured by R-CHOP and uncovering potential pathways that could be targeted. A milestone in the research of DLBCL biology is the identification of two different subtypes of DLBCL, germinal center B-like (GCB) and activated B-like (ABC). These two types of DLBCL show distinct gene expression profiles and different clinical outcomes. With the advent of high-throughput sequencing platforms, an increasing number of driver genes in the pathogenesis of DLBCL have been unveiled. Recently, three studies comprising over 1800 DLBCL cases were assessed using whole-exome sequencing with other high-throughput techniques to comprehensively define the genomic landscape of DLBCL, providing more insights into DLBCL development and potential therapeutic targets. I will present the prevalence, functional roles, and clinical implications of genetic events including somatic mutations, copy number alterations (CNVs), and chromosomal translocations in DLBCL.

Clinical heterogeneity is a major challenge for the treatment of DLBCL. Different cell-of-origin may contribute to the distinct biology of DLBCL as suggested by the germinal center-like and activated B cell (ABC)-like DLBCL classification system. Characterization of biological and genetic parameters underlying the molecular mechanisms help to identify critical targets responsible for drug resistance, treatment failure and recurrence, and it is helpful for better understanding the pathogenesis of DLBCL. In this presentation, the important molecular and biological events are systemically analyzed in a large cohort of de novo DLBCL patients to evaluate for the correlation of biological and genetic parameters with clinical outcome using high-throughput next generation sequencing (NGS). Gene expression and epigenetic miRNA profiling have also been explored for particular signature from each of the patients based on B-cell differentiation. Combined genetic, clinical and pathologic dissections provide insight in better understanding of the cell-of-origin, drug resistance, and recurrence in DLBCL patients.

The elaboration of the genetics of DLBCL not only improves our understanding of disease pathogenesis, but also provides us with insights about disease classification, prognostication and therapeutic targets.

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**Biologic heterogeneity of AML: Implications for prognosis and treatment**

**Clara D Bloomfield**

The Ohio State University Comprehensive Cancer Center, USA

Adult acute myeloid leukemia (AML) was essentially incurable 50 years ago. Today 35-40% <60 years old and 5-15% ≥60 are cured. AML is a biologically heterogeneous disease significantly impacting prognosis and treatment. Most important for selecting therapy are cytogenetics and molecular genetics. Both are incorporated into the current AML World Health Organization (WHO) and European LeukemiaNet (ELN) classifications. Therapies are being developed that target the genetic aberrations.

In the 2016/2017 WHO AML classification AML with *NPM1* mutations and AML with biallelic *CEBPA* mutations are definite entities and AML with *BCR-ABL1* and AML with mutated *RUNX1* are provisional entities. The other major change is the addition of “myeloid neoplasms with germline predisposition”.

The 2017 ELN divides AML into three risk categories. The Favorable category includes AML with t(8;21)(q22;q22), inv(16)(p13.1q22), mutated *NPM1* without *FLT3-ITD* or with

*FLT3-ITD* with a low allelic ratio (*FLT3-ITD<sup>low</sup>*), and biallelic mutated *CEBPA*. The Intermediate category includes mutated *NPM1* and *FLT3-ITD<sup>high</sup>*, wild-type *NPM1* without *FLT3-ITD* or with *FLT3-ITD<sup>low</sup>*, t(9;11)(p21.3;q23.3) and cytogenetic abnormalities not favorable or adverse. The Adverse category includes AML with t(6;9)(p23;q34.1), t(v;11q23), t(9;22)(q34.1;q11.2), inv(3)(q21.3q26.2)/t(3;3)(q21.3;q26.2), -5/del(5q)/-7/-17/abn(17p), complex karyotype (≥3) or monosomal karyotype, wild-type *NPM1* and *FLT3-ITD<sup>high</sup>*, mutated *RUNX1*, mutated *ASXL1* and mutated *TP53*.

Additional genes allow more precise classification of ELN genetic groups/subsets. Molecular understanding of AML is rapidly increasing. This is resulting in subgroups with apparent cure rates of >80% of younger and >40% of older patients without allogeneic transplantation in first complete remission, new predictors for treatment response and new targeted therapies.

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**Extracellular vesicles and their microRNA cargo serve as biomarkers and communicators in liquid biopsies in liver disease****Gyongyi Szabo**

University of Massachusetts Medical School, USA

Liquid biopsies (serum or plasma) are of great interest in the diagnosis and prognostication of liver diseases. Extracellular vesicles (EVs), that contain nucleic acids including microRNAs and proteins are produced by most cell types in the liver, are being exploited in biomarker discovery. We have shown that different types of liver injury (alcoholic, drug-induced or inflammation-related) result in increased levels of circulating EVs and these EVs are enriched in miR-122 indicating hepatocyte injury or miR-155 indicating liver inflammation. We found significantly increased number of circulating EVs in mice with alcoholic liver disease (ALD). Exosomes represented most of the EVs (~80%). MicroRNA array of EVs revealed a significant increase of 7 inflammatory miRs (miR-192, -122, -30a) in alcohol-fed mice compared to controls and of those miRNAs showed excellent diagnostic value by ROC analyses. In patients with acute alcoholic hepatitis, we found a significant increase in the number of circulating EVs compared to controls with an increase in miR-192 and miR-30a in their cargo. Mass

spectrometric analysis of circulating EVs in mice revealed a distinct signature of proteins involved in inflammatory responses, cellular development, and cellular movement between ALD EVs and control EVs. We also identified uniquely important proteins in ALD EVs that were not present in control EVs. Finally, we found that ALD EVs injected intravenously into alcohol naive mice were taken up by hepatocytes and MØs in the recipients' livers. The biological activity of ALD EVs in recipient mice was indicated by increased numbers of inflammatory (M1) Kupffer cells and infiltrating macrophages, while the percentage of anti-inflammatory (M2) macrophages was decreased. We identified heat shock protein 90 in ALD EVs as the mediator of ALD-EV - induced macrophage activation. These results indicate a specific miRNA and protein signature of ALD EVs and demonstrate a functional role of circulating EVs in ALD.

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**Elevated levels of anti-tumor immunity related markers and cells are the best correlates of long-term survival in SCLC****Farhad Kosari**

Mayo Clinic, USA

**Introduction:** While most small cell lung cancer (SCLC) patients die within a few months, a sub-group of patients survive for many years. Factors determining long-term survivorship remain largely unknown. We present the first comprehensive comparative genomic and tumor microenvironment analyses of small cell lung cancer (SCLC) between patients with long term (LTS) and expected (EXS) survival times.

**Methods:** We compared surgically resected tumors of 23 LTS (survival >4 years) and 18 EXS (survival ≤2 years). There were no differences in clinical variables including TNM staging and curative versus non-curative intent surgery between the groups. Gene expression profiling was performed by microarrays and tumor microenvironment analyses were by IHC of prominent immune related markers.

**Results:** Immune related genes and pathways represented the majority of the differentially overexpressed genes in LTS compared to the EXS. The differences in the immunological

tumor-microenvironment were confirmed by quantitative immuno-staining. Increased numbers of tumor infiltrating and associated lymphocytes were present throughout tumors of LTS. Several differentiating patterns of enhanced anti-tumor immunity were identified. While some areas of LTS tumors also harbored higher numbers of suppressive immune cells (monocytes, regulatory lymphocytes, and macrophages), ratios of these suppressive cells to CD3+ lymphocytes were generally lower in LTS tumors indicating a more tumor suppressive microenvironment.

**Conclusions:** Our data demonstrate that long-term survivorship of SCLC patients is strongly influenced by the presence of anti-tumor immune cells in the tumor microenvironment. Characterization of the anti-tumor immune responses may identify opportunities for individualized immunotherapies for SCLC.

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## Rules to a safe and optimized results in buttock augmentation with fat graft

**Foued Hamza**

Dr Hamza Clinic, France

Buttock appearance is undeniably important to human attraction. A low (0.70) waist-to-hip ratio in women is regarded as ideal. Today, the Brazilian Butt Lift is one of the most requested cosmetic surgical procedures. The gluteus area is a symbol of sensuality and sexuality, which is important according to the body image scale for both women and men. Deformities or lack of a pleasant shape of the region is very frequent and the demand for correction is increasing. A combined procedure of liposuction and lipostructure that aims at shaping the gluteus contour by modifying the natural convexities and concavities has been used by the author for the past 4 years with good results and patient satisfaction. The advantage of autologous fat is that there is minimal risk of infection and no risks of implant malposition, rotation, or extrusion. Another advantage of autologous fat transfer is that fat is removed from less desirable

areas such as the abdomen, flanks, back, and/or thighs. The key area to suction is the lumbosacral triangle (the "V" zone). This alone gives the visual illusion of a prominent buttock. The fat is harvested using standard tumescent liposuction techniques and then separated by gravity. The most serious complication of buttock fat injection is fat embolism, which is often immediately fatal. This problem is caused by deep penetration of the cannula, with trauma to the gluteal veins. Surgeons may reduce the risk by injecting tangentially to the muscle, staying within the subcutaneous plane. The authors present here their approach for this predictable procedure explaining the golden rules to do it safely with a good outcome results. A good result depends on the harmonious combination of fat elimination by liposuction and fat grafting to the buttocks with long lasting results.

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**Smocker line (sl): Sequential combined treatment by dermoabrasion with non-ablative electrosurgery multifrequency and peeling with mandelic acid in only one session**

**Enrico Guarino**  
Consum.it Spa, Italy

**Introduction:** Perioral wrinkles affect more than 90% of women with an important impact on the self-esteem of sound to affect the quality of life in psychological and socio-cultural terms. The formation of the smoker line is influenced by a series of factors such as age, genetics, sun exposure, repetitive facial movements, the use of various depilatory treatments, smoking; Even the lips have a much thinner layer of skin than the skin of the face, which makes it the most venerable area to get damaged by UV. The muscles surrounding the skin are normal, the repeated contraction of the muscles of the Upper lip in normal daily life, causing a loss of collagen and a slowing down of the natural fibroblasts, with thinning of the dermis. SL treatment is a very popular procedure for smokers or former smokers with an average age of 50 years. With this issue we have considered the use of a technique combined with superficial dermabrasion, performed with a multi-frequency electric device and subsequent peeling with mandelic acid and lactoferrin.

**Materials and methods:** Patients with upper and second grade lip wrinkles were inserted into the protocol. Patients were taken pre-treatment and subsequent photographs with weekly check the first month and once a month for the following six months. The protocol consisted of two times:

**Time I:** After cleansing and a light scrub based on mandelic acid, we proceeded to superficial dermabrasion using a multifrequency electrosurgery able to create a voltaic arc, with removal of the corneal layer.

**Time II:** Once the superficial corneal layer of the skin was removed, a peeling consisting of mandelic acid was combined with lactoferrin, in several states using pads, until a white Frost was obtained. Once the objective was achieved, the peeling and positioning of a post-peeling cream were carried out with the patient going to his home. Patients were given home treatment based on mandelic acid and lactoferrin.

**Results:** In the period from September 2017 to September 2018 we treated 25 women with an average age of 60 (Range

52/73). In the first postoperative week, patients experienced mild spontaneous edema. In 10 cases the appearance of hyperemia was observed, which resolved within the first thirty days of treatment. A marked improvement was observed in 18 cases from 70% to 90% of class I - II wrinkles (thin lines and generalized deep lines with moderate structural changes). A moderate improvement was observed in 7, in class II - III wrinkles with percentages ranging from 40% to 60%. No cases of hyperpigmentation, hypopigmentation, erythema, ecchymosis, pain, pruritus, herpes outbreaks, infectious processes or scars have been reported.

**Conclusions:** Dermabrasion controlled by a voltaic arc, combined with peeling with mandelic acid, pyruvic acid and lactoferrin, described in this study has proved effective for the marked reduction of perioral wrinkles. The arc acts without coming into contact with the tissues, creating a delicate coagulation. In response to the lesion, fibroblasts in the papillary dermis increase the production of pro-type I and type III collagen, in addition to transforming the growth factor beta-1 (TGF- $\beta$ ), the increase in collagen in turn thickens the dermis, increasing the tensile strength of the skin and making it the clinical aspect of rejuvenation. To reduce any side effects related to the use of the venous arc and to have a homogeneous skin regeneration without discoloration or scars, we have opted for the use of mandelic acid able to act without inducing erythema, accelerating the breakdown processes of the skin, preventing the formation of dyschromia, moisturizing power and tensor effect of the skin. To minimize the inflammatory state and the risk of hyperchromia we decided to use, in combination with mandelic acid, the lactoferrin that I have iron-chelating, antimicrobial, antioxidant and anti-inflammatory properties. In conclusion, perioral wrinkles can be treated, with a high success rate through the combined use of superficial dermabrasion by means of a voltaic arc and a peeling with mandelic acid and lactoferrin.

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## Roadmap to running a successful cosmetic surgery clinic

**Pyn Lim Prendergast**

European College of Aesthetic Medicine & Surgery, Ireland

Running a cosmetic clinic has been challenging and with so many competitors out there, how can one stand out from the crowd. Also with so many information that you can find in social media and internet, how can your stories be heard from the audience and how as a clinic owner create a story that can reach out to their target audience they want? Once they are able to get their audience to call the clinic for enquiries, how can they create an unforgettable experience and how can they improve their conversion rate. How many times should a follow up calls be? How quickly should be the response time in order to capture the audience if they

have any miss calls? How can they build a better customer relationship in order to improve the customer retention rates? It is proven that it is cheaper to retain and get new spending on existing patients than to try to get new patients. So, is there a full prove strategy to retain existing customers. In this presentation, I would like to discuss and share my experience with the audience on how to address each of the above questions. We will look into some example how some company using 'thinking out of the box' idea to achieve the results they want.

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## Rhinoplasty: Spare roof technique - A new approach to the dorsum

**Miguel Gonçalves Ferreira**  
Hospital Santo António, Portugal

Since 2014 we have been developing the Spare Roof Technique - SRT. According to many authors, in rhinoplasty, the most difficult segment of control is the dorsum. Most revisions are due to iatrogenic manoeuvres on the dorsum and unpredictability in its healing / special reorganization in the so-called K area. The transition from the upper 1/3 to the middle 1/3 is clearly a critical area in the stability of the nasal pyramid - area of bone-cartilaginous transition. In this region, the superior alveolar cartilage extends cephalically up to 10 mm underneath the bones of the nose. In the Caucasian nose the most relevant dysmorphic feature is the Hump, in both genders. The treatment of this dysmorphism has been reported since the times of ancient Egypt. In the 1980s and 1990s more advanced techniques were popularized and much research work was done. Today there are clearly two types of techniques from the conceptual point of view - the "surface" and those that work the most basal part of the nasal pyramid - the "structurants". The techniques most practiced and taught in the western world are clearly the surface ones: "Humpectomy en bloc" - HEB and "Split Hump Technique" - SHT are the techniques that dominate this group and are most used in all reduction rhinoplasty. In HEB the block is removed, i.e. the whole osteo-cartilaginous set is removed en bloc - thereby destroying the K area and the Upper Lateral Cartilage - ULCs. In this technique it is mandatory to reconstruct this area, mainly with spacer grafts - Spreader Grafts.

In SHT the ULCs are only separated in the midline, and they are used to confine the Spreader Flaps - this is a less aggressive technique for the stability of the middle 1/3. SHT is clearly the most commonly used technique today. Minor variations of this

technique have been described which, while important, do not fully meet the needs felt on a day-to-day basis.

The persistent difficulty in achieving harmonious and soft dorsum has led to the development of numerous camouflage techniques - namely for intermediate and fine skins. From the temporal fascia to cartilage powder (ex-diced), passing through the interposition of fat, muscle or other materials. These techniques are not always fully effective and the long-term results remain clearly unsatisfactory in the subgroup candidate for revision surgery. In this context, the idea arises of preserving important structures like the ULCs and the Spare Roof Technique - SRT is developed. Conceptually this technique has the following 4 steps:

1. Separation of the upper part of the quadrangular septum from the ULCs
2. Excision of the excess cartilage along the upper edge of the septum
3. Osteotomy of the caudal portion the Nasal Bones - NB - preserving the ULCs immediately by low-step performed with ultrasonic surgery or diamond drill.
4. Suture of the ULCs to the remaining quadrangular septum in order to avoid the spring/convex effect of the ULCs.

In this way, we achieve a uniformly smooth and structurally stable dorsum (demonstrated by our outcomes and by engineering calculations). From the structural point of view there is an alteration of the area K which is moved cephalically between 3 and 10 mm.

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## Combination of oral lymecycline and (adapalene and benzyl peroxide) gel with salicylic peel in treatment of nodulocystic acne in a female in fertile period: Case study

Manal Elsabae Gamil Sedrak

CosmeSurge, UAE

**Background:** Clearance of nodulocystic acne lesions in a female in fertile period where oral Isotretinoin cannot be given with safety. Nodulocystic acne is a severe form of inflammatory acne characterised by the presence of nodules and cysts that are painful and often leave scarring. Because of this severe type of acne can cause scarring, it's best to start treating it as quickly as possible. Oral antibiotics or isotretinoin is usually prescribed; sometimes corticosteroid injections can be used for immediate relief or to avoid scarring. One 24 years old newly married female presented to the clinic with severe distressful nodulocystic acne, oral Isotretinoin was totally unaccepted by both the patient and her husband. Salicylic acid peel was done after gentle evacuation of the lesions every 2 weeks interval, together with Oral administration of lymecycline and topical

application of (adapalene Benzyl peroxide gel) evening time, leaving a gap of 2 days interval before and after the peels.

**Results:** Good improvement is seen after one month with complete clearance of lesions within 3 months of treatment. No scars are left behind, only post inflammatory hyperpigmentations, with minimal macular scars that can be handled by micro needling and laser combination.

**Conclusion:** Safety and efficacy of combination treatment with oral lymecycline and Adapalene perioxide gel with Salicylic peels in patients in fertile period without taking the precautions and risks oral Isotretinoin therapy.

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## Urine - The next generation early disease biomarker source

**Youhe Gao**

Beijing Normal University, China

**H**ow to find the early sensitive biomarker is the most important question for medicine. Biomarker is the measurable change associated with the disease. Without homeostatic control, urine accumulates many early changes therefore theoretically is a better biomarker source than blood. Disease animal models were used to limit the confounding factors to minimum. Early candidate biomarkers were found in many disease models including type2 diabetes, lung fibrosis, liver fibrosis, chronic pancreatitis, chronic obstructive pulmonary disease, multiple sclerosis, myocarditis, subcutaneous cancer

model, bacterial meningitis, astrocytoma cancer model, patient derived xenograph model, Alzheimer disease etc. Relatively significant percentage of those candidate biomarkers had been reported to related to the disease. And many early biomarkers appeared earlier than clinical symptom, than MRI imaging, than significant pathological changes. Preservation of urine samples on membrane will also be discussed. This simple and economical method will greatly speed up the urinary biomarker discovery and validation.

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**Fact file and risk factors of street pharmaceutical teachers affiliated abusing drugs and regards aspect of allergy among adult men specified long distance institutions in Pune, India****Rahul Hajare**

Fellow Indian Council of Medical Research, India

Single time itching reduce the inches of human health. Traditionally proverb. In the India like all nations, drug abuse is seen as a social and health problem that has many serious implications for the physical, social, psychological and intellectual development of the victims more especially, the teaching Staffs. Therefore, it continues to be a concern to families, community leaders, educators, social workers, health care professionals, academics, government and its development partners. Though there some studies on drug abuse, there is none on teaching staffs and drug abuse focusing on the street teaching staffs the most vulnerable category. Street teaching staffs care hypothesized to be more at risk of any epidemic including drug abuse. This study sought to determine the risk and prevalence of drug abuse among street teaching staffs focusing on those in the car parks. The research was focused on six critical areas: knowledge of drug abuse, perception towards it, knowledge of the causes, knowledge of negative impacts of it, knowledge of the preventive methods; and knowledge of the support services needed by abusers. A structured questionnaire was used to collect the data from thirty-five participants (i.e. one driver and six casual apprentices from each of the five car parks) were

interviewed. The data was presented and analyzed using tables and percentage. The findings revealed among others, that there is high level of awareness of drug abuse but the feeling towards it is mixed. Like other teaching staffs, street teaching staffs are abusing drugs mainly due to peer influence with the ultimate objective of getting high to relief stress, group recognition, trusted by peers, etc. Similarly, participants are highly aware of the negative impacts encompassing fighting, stealing, mental illness, etc. To finance the behavior, victims are engaged in all types of dangerous antisocial behavior including romantic ones exposing them to a range of diseases including, obesity, diabetes, ageing, epigenetic, window STIs and window HIV/AIDS. Ghutaka is the most commonly abused drug. Though in the minority, some have started experimenting cocaine/coke. While participants have good knowledge of the critical methods to fight drug abuse, the support services needed by victims, victims are mostly reluctant to seek the services not only because they are hard to find but fear societal stigmatization, exclusion and discrimination and professionals' maltreatments.

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## My experience with fat grafting after explanation of breast implants due to aesthetic complications

**Avry Raveh**

Raveh Plastic Surgery Clinic, Israel

**F**at grafting has become very common in the field of aesthetic plastic surgery: Fat grafting of aging face lack of volume due to syndromes or breast reconstruction. Much was discussed in primary aesthetic breast augmentation with fat grafting: techniques, fat absorption and pros and cons. Up until now many patients with rippling or capsule contracture (stages 3-4), were bound to lose their implants without any good option for the

lack of volume after the explanation. In the past 3 years I have been learning this subject thoroughly. I operated on over 100 patients who had aesthetic complications of breast implants. Some of which had explanation and fat grafting at the same procedure and some had it done in 2 different operations. I will speak about my experience and the technic I have developed.

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