

Joint Event on



World Congress on

# **BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**

&

Annual Conference on

# **ORTHOPEDICS AND RHEUMATOLOGY**

September 06-07, 2018 | Bangkok, Thailand

# **POSTERS**

## **“A MOTHER’S SILENT ADVERSARY”: A CASE OF PREGNANT WOMAN WITH CERVICAL CANCER**

**Paola M Millare and Nelinda Catherine P Pangilinan**

Rizal Medical Center, Philippines

**C**ervical cancer is the most commonly diagnosed gynecological malignancy during pregnancy. Owing to the rarity of the disease, and the complexity of all factors that have to be taken into consideration, standardization of treatment is very difficult. In the Philippines, cervical cancer is the second most common malignancy among women. For this reason much attention has been put to early detection and treatment of the disease. The treatment of cancer during pregnancy is most challenging in the case of cervical cancer, since the pregnant uterus itself is affected. Approximately 500,000 new cases of invasive cervical cancer have been diagnosed worldwide each year with more than 250,000 women dying of the disease. Cervical cancer is the second most common cancer in women after breast cancer. For this reason, much attention has been put to early detection and treatment of the disease. The importance of Pap smear and visual inspection with acetic acid as screening tools cannot be overemphasized. However, cervical cancer remains a leading cause of cancer deaths among women with a low socioeconomic level. Almost half a million cases are diagnosed each year, 80% of whom are from developing countries like the Philippines. The overall survival rate is 44% or 10 in 100,000 women die of the disease in five years.

## **BIOGRAPHY**

Paola M Millare is a registered Nurse and Doctor. She has done her graduation at Far Eastern University–School of Medicine (2014). She is currently under training as a third year OB resident in Rizal Medical Center, Philippines.

[paolamillare@yahoo.com](mailto:paolamillare@yahoo.com)



## **THERAPEUTIC RESPONSE AND SIDE EFFECTS OF CHEMOTHERAPY COMBINATION REGIMEN BETWEEN PACLITAXEL-CISPLATIN AND PACLITAXEL-CARBOPLATIN ON CERVICAL CANCER STAGE IIB**

**Subhan Arif Rahman, Sharvianty Arifuddin, Nusratuddin  
Abdullah, Maisuri T Chalid, Nugraha U P and Effendi Lukas**  
Hasanuddin University, Indonesia

**Background:** To compare therapeutic response and side effects of chemotherapy combination regimen between paclitaxel-cisplatin and paclitaxel-carboplatin on cervical cancer stage IIB.

**Methods:** 32 patients with stage II B cervical cancer that diagnosed by physical examination and CT scans were included in the study. Chemotherapy combination regimen paclitaxel 175 mg/m<sup>2</sup> and cisplatin 50 mg/m<sup>2</sup> in group one (16 patients) compared with paclitaxel 175 mg/m<sup>2</sup> and Carboplatin 300 mg/m<sup>2</sup> in group 2 (16 patients). The tumor volume was measured in three dimensions with computed tomography scan (CT scan) before and after six cycles. Clinical response is evaluated by physical examination.

**Result:** The average tumor volume decreases significantly (73.41% vs. 75.65% in groups 1 and 2, respectively, P=0.001), complete response rate (25% vs. 31.2%), and partial response (62.5% vs. 56.2%), progressive response rate (12.5% vs. 6.2%), with p>0.05 which means no significant differences on complete response rate, partial response rate and progressive response rate between groups of carboplatin nor cisplatin group. Class three toxicity (CTC criteria) were more dominant in the cisplatin group, nausea and vomiting (12.5%), and hematologic grade three hematologic toxicity symptoms in both groups (12.5% vs. 12.5%)

**Conclusion:** Chemotherapy combination regimen of paclitaxel-carboplatin proved to be more effective in reduction of tumor size with fewer side effects compared to the paclitaxel-cisplatin combination regimen in stage IIB cervical cancer.

[Subhan.arifrahman@yahoo.com](mailto:Subhan.arifrahman@yahoo.com)



Note:

World Congress on  
**BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**  
&  
Annual Conference on  
**ORTHOPEDICS AND RHEUMATOLOGY**

September 06-07, 2018 | Bangkok, Thailand

Mohammad Khaerumayansyah et al., Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

**DETERMINANT FACTOR PSYCHOSOCIAL  
AND MEDICO OBSTETRIC IN REFERRAL  
PATIENT WITH COMPLICATION AT THE  
HOSPITAL OF EDUCATION NETWORK  
IN MAKASSAR CITY BETWEEN 01ST  
JANUARY- 31ST MARCH 2018**

**Mohammad Khaerumayansyah<sup>1</sup>, Nasrudin Andi Mappaware<sup>1</sup>,  
Retno Budi Farid<sup>2</sup>, Siti Maisuri Tadjuddin Chalid<sup>1</sup> and  
Andi Mardiah Tahir<sup>1</sup>**

<sup>1</sup>Hasanuddin University, Indonesia

<sup>2</sup>University of Indonesia

**Background:** Maternal mortality rate (MMR) is one indicator to see the health status of women AKI is also one of the targets set in the millennium development goals (MDGs), namely improving maternal health where the target to be achieved until 2015 is reducing to ¼ the risk of maternal mortality.

**Objective:** Finding out whether the psychosocial determinants and obstetric medico effect on decision making refers to complications in the obstetric field.

**Method:** The type of research used was observational research with cross sectional study design. The population of the study were all maternity patients and referred to the 430-school network education hospital with the sample of 70 respondents.

**Result:** Results of the study showed that parity ( $p=0.013$ ), pregnancy distance ( $p=0.000$ ), poor obstetric history ( $p=0.013$ ) with complications at Network Hospital in Makassar city.

**Conclusion:** The results showed that the determinant factor of Medico obstetric more dominant influence on maternity referral with complication compared with psychosocial factor.

[mkhaerumayansyah@yahoo.com](mailto:mkhaerumayansyah@yahoo.com)



**PERINEAL WARM COMPRESSES DURING THE SECOND STAGE OF LABOR DECREASE INCIDENCE AND DEGREE OF PERINEAL LACERATION IN PRIMIPAROUS**

**Umiyanti Thenu, Trika Irianta, Fatmawati Madya, Isharyah Sunarno, David Lotisna and Retno B Farid**

Hasanuddin University, Indonesia

**Introduction:** Women during their first vaginal birth commonly get perineal trauma, induced by spontaneous laceration and episiotomy. Perineal warm compresses during the second stage of labor have been shown to decrease risk of perineal laceration or the need for episiotomy in primiparous, but the role between perineal body length with incidence and degree of perineal laceration is still in debate.

**Objective:** The aim of this study was to evaluate correlation between perineal warm compresses and perineal body length during the second stage with incidence and degree of perineal laceration in primiparous.

**Methods:** It was a nonrandomized controlled trial conducted at teaching hospital of Department of Obstetrics and Gynecology, Hasanuddin University from January to May 2018. There were 62 samples for perineal warm compresses group and 62 samples for control group.

**Results:** Chi-Square test showed significant correlation between perineal warm compresses during the second stage with perineal laceration incidence ( $p=0.030$ ) and perineal laceration degree in primiparous ( $p=0.004$ ). Perineal body length has no correlation with the incidence of perineal laceration ( $p=1.000$ ) and degree of perineal laceration ( $p=0.149$ ). Perineal warm compresses were effective in decreasing the degree of perineal laceration, particularly in primiparous with perineal body length of  $<3.3\text{cm}$  ( $p=0.006$ ).

**Conclusion:** Perineal warm compresses during the second stage, decreases the incidence and degree of perineal laceration in primiparous. But, the perineal body length did not correlate with perineal laceration incidence and degree in primiparous. Perineal warm compresses during the second stage may decrease perineal laceration degree in primiparous with perineal body length  $<3.3\text{cm}$ .

**BIOGRAPHY**

Umiyanti Thenu has completed her medical degree from Hasanuddin University, Indonesia. She is pursuing Obstetrics and Gynecology specialist medical education in Hasanuddin University, Indonesia.

[dr.umiyanti@gmail.com](mailto:dr.umiyanti@gmail.com)



Note:

World Congress on  
**BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**  
&  
Annual Conference on  
**ORTHOPEDICS AND RHEUMATOLOGY**

September 06-07, 2018 | Bangkok, Thailand

Nur Indah Purnamasari et al., Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

**EVALUATION OF SEVERE PREECLAMPSIA  
CLINICAL PATHWAYS IMPLEMENTATION  
BASED ON LENGTH OF STAY, USE OF  
DIAGNOSTIC TESTS AND USE OF DRUGS  
INDICATORS AT WAHIDIN SUDIROHUSODO  
HOSPITAL**

**Nur Indah Purnamasari and Isharyah Sunarno**  
Hasanuddin University, Indonesia

**Background:** The purposes of clinical pathways are reducing variations within health care, more predictable cost, more standardized cares, improving quality of care, improving the procedure costs, improving the quality of collected information and as a counter-check especially in high cost and high value cases.

**Method:** A prospective cohort study was used to compare evaluation of clinical pathways implementation in patients with severe preeclampsia. Statistical analysis using Kolmogorov-Smirnov test and Mann Whitney U test.

**Result:** More patients with three days length of stay (10 patients or 50%) while patients without clinical pathways implementation with three days length of stay were (four patients or 20%). Type of test done in patients with clinical pathways implementation was complete blood count (20 patients or 100%) and the least was cardiocography (eight patients or 40%). The most common drug used in patients with clinical pathways implementation was nifedipine/perdipine (19 patients or 95%) and the least was methyldopa (two patients or 10%)

**Conclusion:** Clinical pathways implementation in patients with severe preeclampsia may reduce length of stay in hospital, provide guidelines for appropriate diagnostic test, but there is no difference in the effectiveness of drug use.

**BIOGRAPHY**

Nur Indah Purnamasari has completed her doctor's education program in the Medical Faculty of Indonesian Muslim Universities. Currently, she is undergoing an obstetrics and gynecology specialist medical education program at Hasanuddin University.

[nurindahpurnamasari@gmail.com](mailto:nurindahpurnamasari@gmail.com)



## WHICH WHITESIDE'S LINE?

**Ervin Chino N Tayag and Syquia J F**

University of Santo Tomas Hospital, Philippines

**Background:** The anteroposterior axis (Whiteside's line) of the distal femur has been used to orient the femoral component in total knee arthroplasty. Although initially described as a line connecting the deepest point in the patellar groove and the center of the intercondylar notch, others have used a line connecting the deepest point in the patellar groove to the highest point of the intercondylar notch. Furthermore, depending on the system used, the axis could be determined on the distal femur before or after the distal femoral cut has been made.

**Objective:** The objective of this study is to determine the value of Whiteside's line varied depending on which landmarks were used and on whether it is taken before or after the distal femoral cut.

**Methods:** The following landmarks were identified from the distal femur of 40 knees: deepest point of the patellar groove, highest point of the intercondylar notch, center of the intercondylar notch, lateral epicondylar prominence, and medial epicondylar prominence. Three lines were drawn: one connecting the patellar groove to the highest point of the intercondylar notch (line A); one connecting the patellar groove to the center of the notch (line B); and one connecting the epicondyles (transepicondylar axis). The distal femur was cut using a total knee distal femoral cutting instrumentation. The same landmarks and lines were identified. The angles subtended by the various lines against a line perpendicular to the transepicondylar axis were recorded. Values in internal rotation were assigned negative numbers while values in external rotation were assigned positive numbers.

**Results:** The mean results of lines A and B in both the uncut and cut distal femurs were negative. Line A measurements tended to be more negative than line B measurements. However, there were no statistical differences among the various measurements taken.

**Conclusion:** Based on this report, measurements taken from the deepest point of the patellar groove to either the highest point of the notch or the center of the notch may be used to determine Whiteside's line. Furthermore, the results will not be statistically different if taken before or after cutting the distal femur. However, since it is beneficial to avoid internal rotation of the femoral component in total knee replacement, the use of the center of the notch may be a better option than the use of the apex of the notch.



Note:

## BIOGRAPHY

Ervin Chino N Tayag did his degree of BS Biology and Medicine from the University of Santo Tomas in Manila, Philippines. He is currently, the Chief Resident of the Department of Orthopedics of the University of Santo Tomas Hospital. His interests are in adult reconstruction and sports medicine.

[chinotayag@yahoo.com](mailto:chinotayag@yahoo.com)

Joint Event on



World Congress on

# **BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**

&

Annual Conference on

# **ORTHOPEDICS AND RHEUMATOLOGY**

September 06-07, 2018 | Bangkok, Thailand

# **ACCEPTED ABSTRACTS**



## **ELECTRICAL INHIBITION (EI) OF PRETERM UTERINE ELECTRICAL AND MECHANICAL ACTIVITY**

**Jeffrey Karsdon<sup>1</sup>, Kathryn E Patrick<sup>1</sup>, Frederick Naftolin<sup>2</sup>, Neil Euliano<sup>3</sup> and Anthony Gregg<sup>1</sup>**

<sup>1</sup>University of Florida, USA

<sup>2</sup>New York University Medical Center, USA

<sup>3</sup>O B Medical, Gainesville, USA

**Introduction:** Uterine smooth muscle electrical activity precedes mechanical contractions and can be monitored with uterine electromyogram (EMG). A novel localized electrical method is proposed, electrical inhibition (EI), that uses a weak electrical current as a theorized uterine pacemaker to alter preterm activity of the uterus. The effect of EI on uterine activity can be objectively monitored using uterine tocodynamometry (TOCO) and EMG. The investigators hypothesis, preterm uterine electrical and mechanical activity can be inhibited by EI.

**Methods:** Patients in preterm labor between 24-34 weeks gestation were identified and consented as per an IRB-approved protocol. An FDA-approved EI catheter was placed into the vagina adjacent to the posterior cervix under ultrasound guidance. Each patient underwent a 20-minute pre-EI (C1) period, a 20-minute EI intervention (EI) period, and a 20-minute post-EI control (C2) period. EI was administered by the FDA-approved EI device. During the EI intervention, a constant bipolar current (0-20 mA at 0-50 Hz) was manually administered for 10 s with a pulse duration of 0-20 ms at the time of a contraction based on EMG recording. Uterine EMG was recorded with abdominal surface electrodes. The uterine EMG was computerized to produce the electro-hysterogram (EHG) and EMG power spectral density (PSD). TOCO and EHG contraction frequency or peak-to-peak (P-P) interval and EMG peak frequency (Pf) were calculated from the PSD. A paired student t-test was used to analyze differences in P-P and Pf between each C1, EI, and C2 periods at the 0.05 significance level.

**Results:** The average Pf was significantly decreased between C1 and EI intervention periods (0.306 vs. 0.221 Hz,  $p=0.045$ ) as well as between C1 and C2 periods (0.306 vs. 0.202 Hz,  $p=0.022$ ). The average P-P interval was significantly increased between C1 and EI periods (7.1 vs. 11 min,  $p=0.047$ ). Finally, uterine contraction frequency on TOCO was decreased between C2 and C1 periods (5.5 vs. 8.3 min). There were no adverse events in either mother-neonate dyad related to EI intervention.

**Conclusion:** Preterm human uterine electrical and mechanical activity were decreased with EI. Knowledge from this study could advance the field of preterm birth prevention by supporting the development of an electroceutical tocolytic that obviates the systemic maternofetal side effects of traditional tocolytics.

World Congress on

# BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

&

Annual Conference on

# ORTHOPEDICS AND RHEUMATOLOGY

September 06-07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## PHARMACOKINETIC AND TOLERABILITY STUDY OF JNP0201, A NOVEL 17 $\beta$ -ESTRADIOL AND PROGESTERONE INTRAVAGINAL RING, IN SHEEP

Herman Weiss<sup>1</sup>, Bridget A Martell<sup>2</sup>,  
Elaine R Richardson<sup>3</sup> and Laurie A Iciek<sup>4</sup>

<sup>1</sup>Juniper Pharmaceuticals Inc, USA

<sup>2</sup>Yale University School of Medicine, USA

<sup>3</sup>Richardson Consulting Services LLC, USA

<sup>4</sup>Biologics Consulting Group Inc, USA

**Objective:** To evaluate the pharmacokinetics and local tolerability of JNP0201, a novel intravaginal ring delivering 17 $\beta$ -estradiol and progesterone, in drug-naïve ovariectomized female Dorset crossbred sheep.

**Methods:** Animals were randomized to treatment groups one or two (comparator ring, with 50 or 100  $\mu$ g/day 17 $\beta$ -estradiol, respectively, N=5), groups three or four (JNP0201, 160  $\mu$ g/day 17 $\beta$ -estradiol with five and 10 mg/day progesterone, respectively, N=5), or group five (160  $\mu$ g 17 $\beta$ -estradiol and 10 mg progesterone intravenously, N=3). Intravaginal rings were placed on day one and remained in place through day 29. Animals underwent daily examinations to confirm ring placement, and external vaginal irritation was scored from 0 (none) to four (severe). Blood samples were taken at scheduled times for pharmacokinetic analysis. Postmortem examinations performed on groups 1-4 included internal vaginal irritation, macroscopic and microscopic evaluations, including irritation scoring and histopathology.

**Results:** Intravaginal rings were retained over 28 days in all but one animal (group four). Clinical observations showed no significant abnormal findings. Pharmacokinetic analysis in JNP0201 animals showed sustained release of 17 $\beta$ -estradiol and progesterone (respective area under the curve 0-672 hours: group 3: 17,400 pg\*hr/mL and 240,000 pg\*hr/mL; group 4: 21,000 pg\*hr/mL and 485,000 pg\*hr/MI). For both external and internal vaginal irritation, mean scores were typically 0-1 and did not exceed two for any group. Irritation scores and microscopic assessments were consistent with foreign object placement; microscopic tests showed minimal to mild leukocytic infiltration and ulceration.

**Conclusions:** JNP0201 intravaginal rings were well tolerated. Pharmacokinetic results will be used to guide future human clinical studies.

World Congress on

# BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH &

Annual Conference on

# ORTHOPEDICS AND RHEUMATOLOGY

September 06 - 07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## HORMONE THERAPY IN UROGYNECOLOGY

### A Ramsey

Chicago Incontinence Center, USA

Urogenital embryonic development is so close that the genital and lower urinary systems are hormonally dependent. Aging and hormonal deficiency will affect both parts equally, and disease and physiological as well as pathological disorders are hormonally influenced. Screening, investigating, and management of urogynecology/lower urinary tract disorders must take the hormonal influence in consideration as neither set of systems can be viewed in isolation. Many medical professionals make the mistake of only thinking of estrogen when talking about hormonal influences and therapy. Several hormones affect both urological and genital systems equally. The hormones include estrogen, progesterone, testosterone, DHEA, cortisol, thyroid, pregnenolone, and melatonin. These hormones and their influences on the urogenital systems will be discussed. Clear evidence exists to support that recurrent urinary tract infection, urinary frequency, urinary incontinence, urgency, nocturia, as well as dysuria may influence hormonal imbalance as a precursor to these symptoms. This presentation will explore the causative relationship and the value of this enormous therapeutic benefit in the field of urogynaecology, both in relation of dysfunctions of the lower urinary tract, and in the female genital organ prolapse.

## **MODERN ROLE OF REPEATED COURSES ANTENATAL CORTICOSTEROIDS IN PTL**

**Sheashaa A**

Cairo University, Egypt

**R**ebirth of use of progesterone in prevention of preterm birth. Preterm birth is currently the most important problem in maternal-child health throughout the world. It complicates one in eight US deliveries, and accounts for over 85% of all perinatal morbidity and mortality. Although survival of preterm infants has increased steadily over the past four decades, efforts to prevent preterm birth have been largely unsuccessful. The US Food and Drug Administration (FDA) on February 3, 2011 approved the use of progesterone supplementation (hydroxyl progesterone caproate) during pregnancy to reduce the risk of recurrent preterm birth in women with a history of at least one prior spontaneous preterm delivery. This is the first time that the FDA has approved a medication for the prevention of preterm birth specifically for use in pregnancy in almost 15 years. Progesterone supplementation reduces the risk of preterm birth by about one-third in women with a singleton pregnancy who have had a previous spontaneous singleton preterm birth and in women with a short cervix on ultrasound examination in the current pregnancy. For women with mid trimester cervical shortening (defined as  $\leq 20$  mm before 24 weeks) and no prior spontaneous singleton preterm birth, vaginal progesterone treatment 200 mg daily through the 36 weeks of gestation is suggested as a reasonable option. Routine progesterone supplementation does not appear to be useful for preventing preterm birth. For women with twin pregnancies and a previous spontaneous preterm birth. In women with preterm premature rupture of membranes or after an episode of arrested preterm labor or with cerclage, the effect on efficacy is unclear.

## **OOCYTE RETRIEVAL-ET SIMULATOR, A STEP TOWARDS COMPETENCE AND PROFICIENCY IN ICSI PROCEDURES**

**Younis Y**

Lotus Fertility Center, Egypt

Oocyte retrieval (OR) and embryo transfer (ET) are mainly operator-dependent and requires training to be performed successfully. Acquisition of oocytes is the first step towards successful outcomes in an ART program and is easily mastered. However, the number of procedures required for a trainee to learn the procedure and reach proficiency is not well defined. To our knowledge little data exist about minimum number of retrievals physicians should perform under direct supervision prior to independent practice. ET is a critical step in the overall success of (ICSI). A successful ET should deliver the embryos a traumatically to the point in the endometrial lining where implantation is most likely to occur. Despite its apparent simplicity, it is an integral part of ICSI cycle that can be difficult to teach and perform well. Standard practice is currently to perform a recommended number of procedures under supervision till the trainee acquires proficiency, few ICSI procedures training protocols have been reported in scientific literature. Moreover, commonly used training schemes are not tailored to the trainee and do not allow for individualized assessment of proficiency. Moreover, the difficulties encountered by clinics and hospitals to teach ICSI procedures and to operate on real patients, opens ethical issues of great relevance both from the legal and practical point of view. As a training tool, simulation engages learners and allows for deliberate practice and allows trainees to experience learning in an immersive environment. Simulation allows educators to control the environment and ensure desired learning objectives are met while permitting increased trainee autonomy and provides a safe environment to practice and make mistakes without jeopardizing patient care. Oocyte retrieval-ET simulator might be a crucial step towards the creation of true training schools in all ART procedures.

World Congress on

# BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

&

Annual Conference on

# ORTHOPEDICS AND RHEUMATOLOGY

September 06 - 07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## SELLING A FANTASY: THE SECRET TO PATIENT RETENTION

**Lexi Montgomery**

The Darling Company, USA

Patient retention is a huge issue for the cosmetic and orthopedic surgery communities. Generally, this is because patients do not build a deep enough connection with their surgeon to return for future procedures. Instead, they trust their primary care doctor (someone they've built a relationship with) to point them to a surgeon. This can be remedied by incorporating the sale of a fantasy into the patient acquisition experience. A common complaint amongst patients is that their surgeon had poor bedside manner or that they didn't feel comfortable and The Darling Company has found a recipe to eliminate this lack of trust and simultaneously close/retain more patients. Upon acquiring 230 new patients for a struggling plastic surgery center in Miami, Lexi and her team sold over \$806,000 of cosmetic surgery procedures in just 72 days. This led her to write a book called "Selling A Fantasy" that discusses strategies for transforming the way surgical practices around the world sell their services. Clients have seen an average of 33% email open rates, and an average of 15% increase in conversion through their website.



Note:

World Congress on

# BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

&

Annual Conference on

# ORTHOPEDICS AND RHEUMATOLOGY

September 06 - 07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## THE PERIPHERAL BLOOD CD4+CD25+REGULATORY T CELLS IN WITH JUVENILE IDIOPATHIC ARTHRITIS

**Zeng Hua-Song and Bei Wang**

Guangzhou Women and Children's Medical Center, China

**Objective:** To investigate the juvenile idiopathic arthritis (joint-less) (JIA) in children with peripheral blood CD4+CD25+regulatory T cells and its significance.

**Methods:** Immunofluorescence labeling antibodies and flow cytometry of 23 cases of children with JIA and 26 cases of child health in peripheral blood CD4+CD25+, CD4+lymphocyte subsets of cells ratio test.

**Results:** JIA (joint-less) in children with peripheral blood CD4+CD25+cell percentage was significantly lower than control group [(6.44±1.27)% ratio (8.23±1.33)%,  $P<0.05$ ], and the percentage of CD4+ cells significantly lower than control group [(33.64±7.63)% ratio (46.79±5.02)%,  $P<0.05$ ].

**Conclusion:** Peripheral blood CD4+CD25+cells and CD4+cells involved in the JIA (joint-less) morbidity.

World Congress on

# BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

&

Annual Conference on

# ORTHOPEDICS AND RHEUMATOLOGY

September 06 - 07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## THE EXPRESSION OF TH17 CELL IN PERIPHERAL BLOOD OF CHILDREN WITH SLE

**Zeng Hua-Song and Huo Le-Ying**

Guangzhou Women and Children's Medical Center, China

**Objective:** To investigate the Th17 cell expression in peripheral blood of children with systemic lupus erythematosus (SLE) and discuss the role of Th17 cells and the cytokines in the pathogenesis of SLE.

**Methods:** 25 children with SLE were enrolled and 15 healthy children as control. Flow cytometry (FCM) was employed to detect the expression of Th17 cells in peripheral blood of SLE children (SLE group, n=25), and IL-17, IL-21 levels in plasma were detected by ELISA.

**Results:** Compared with that in control, the frequencies of CD3<sup>+</sup>CD8-IL-17<sup>+</sup>T, CD3<sup>+</sup>CD8-IL-21<sup>+</sup>T cells increased significantly in SLE patients (P<0.01). The plasma concentrations of IL-17, IL-21 were higher obviously (P<0.01). The SLE activity was positive correlated with the frequencies of CD3<sup>+</sup>CD8-IL-17<sup>+</sup>T cells (r=0.732 P<0.01), but not with the CD3<sup>+</sup>CD8-IL-21<sup>+</sup> T cells (r=-0.002, P>0.05).

**Conclusions:** Th17 cells and the related cytokines played an important role in the pathogenesis of SLE.



## **LUMBAR SPINE SURGERY: A REVIEW OF SURGICAL TECHNIQUES AND RECENT IMPROVEMENTS**

**Philippe Lauweryns and Michiel Vande Kerckhove**

STZH Hospital, Belgium

This presentation is a keynote lecture and review of surgical techniques in the lumbar spine. Indications and complications of microdiscectomy are discussed. Lumbar fusion is the golden standard surgical technique for incapacitating back pain. Different techniques, indications and complications are discussed. Lumbar disc prosthesis as an alternative technique is evaluated. More recent improvements in technology are presented, with regards to biomaterials and composite materials. Kyphoplasty is discussed, as well as 3D printing and patient specific implants. Techniques of disc nucleus prosthesis are evaluated, as well as new evolutions in biologics and bone graft substitutes such as P-15 or I factor. More recently faster fusion has been achieved with the use of interbody fusion cages with surface coating technology, such as ultra-thin titanium coating. Finally, posterior dynamic stabilization is discussed, as well as global set-up in operating rooms with specialized spine frames. The main author presents a comprehensive overview and review based on his personal experience as a full-time spine surgeon since more than 20 years and based on literature and personal research.



Note:

World Congress on

# BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

&

Annual Conference on

# ORTHOPEDICS AND RHEUMATOLOGY

September 06-07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## IMPROVED ALIGNMENT AND OPERATING ROOM EFFICIENCY COST WITH PATIENT SPECIFIC INSTRUMENTATION FOR TKA

Luc Renson<sup>1</sup>, Pascal Poilvache<sup>2</sup> and Hans Van den Wyngaert

<sup>1</sup>STZH Hospital Sint Truiden, Belgium

<sup>2</sup>Katholieke Universiteit Leuven, Belgium

**Background:** Patient specific instrumentation (PSI) created using preoperative 3D modelling was developed to offer surgeons a simplified, reliable, efficient and customised TKA procedure.

**Methods:** In this prospective study, 60 patients who underwent TKA with conventional instrumentation and 71 patients operated on using PSI were followed for one year. The primary endpoint was surgical time. Secondary endpoints included the number of instrument trays used, radiographic limb alignment and clinical outcomes.

**Results:** Compared with conventional instrumentation, PSI significantly reduced total surgical time (mean, 8.9 minutes;  $\pm 3.3$  minutes (standard deviation);  $p=0.038$ ), OR time ( $8.6 \pm 4.2$  minutes;  $p=0.043$ ), and number of instrument trays (six trays,  $p<0.001$ ). Mechanical axis malalignment of the lower limb  $>3^\circ$  was observed in 14% of PSI patients versus 29% with conventional instrumentation ( $p=0.043$ ). PSI predicted the size of the actual femoral and tibial components used in 85.9% and 78.9% of cases, respectively. There were no differences in VAS pain, EQ-5D and oxford knee scores at one-year follow-up

**Conclusion:** PSI improves alignment, surgical and OR time over conventional instrumentation, reduces the number of instruments trays used and results in fewer outliers in overall mechanical alignment in the coronal plane. No advantages in terms of clinical outcome were noticed up to one year of follow-up.



Note:

World Congress on  
**BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**  
&  
Annual Conference on  
**ORTHOPEDICS AND RHEUMATOLOGY**

September 06 - 07, 2018 | Bangkok, Thailand

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

## **GENDER AND AGING PROCESS IMPACT ON FEMORAL INTRAMEDULLARY NAIL LOOSENING**

**Nihat Acar**

Catalca Ilyas Cokay Hospital, Turkey

**Aim:** To enhance the press-fit stability and to prevent nail loosening and inter-fragmentary shear motion in femoral intramedullary nail fixation, the nail-cortex contact length ratio (NCCLR) should be kept large enough. This retrospective study was designed to assess the NCCLR changes related to gender and aging process.

**Materials & Methods:** Femur anteroposterior (AP) radiograms of femoral shaft fracture of 204 patients older than 20 years, operated in our hospital were included in this study. All femurs were reamed with 13-mm, 14-mm, and 15-mm diameter reamers. Patients were divided into two major groups (male and female groups). Each group was subdivided into four subgroups, 20-39 years, 40-59 years, 60-69 years, and above 70 years. The NCCLR of the femur diaphysis were measured in all groups and changes were compared between the groups.

**Results:** In the female group, the mean NCCLR values in the 20-39, 40-59, 60-69 and above 70 years were  $13.8 \pm 4$  cm,  $11.6 \pm 4.3$  cm,  $9.4 \pm 5.3$  cm and  $8.8 \pm 3$  cm respectively. Whereas in the male group, mean values were,  $11.1 \pm 3.8$  cm,  $10.6 \pm 3$  cm,  $9.1 \pm 4.3$  cm and  $5.7 \pm 1.2$  cm respectively. A significant 48.6% decrease of NCCLR length between 20-39-year and 40-59-year old female groups was noticed ( $Z = -2.423$ ;  $P = 0.015$ ). However, in the male group, the significant NCCLR (86%) was noticed between the 40-59 years age group and above 70 years age group ( $Z = -4.279$ ;  $P = 0.001$ ).

**Conclusion:** As NCCLR decreases after the age of 40 years in women and after the age of 70 years in men groups, to enhance nail stability and to provide better NCCLR thicker intramedullary nails should be used in these age groups.

## **LIMB SPARING RECONSTRUCTIVE SURGERY AND ILIZAROV LENGTHENING IN FIBULAR HEMIMELIA OF ACHTERMAN–KALAMCHI II PATIENTS**

**Mohamed El-Sayed<sup>1</sup>, Johannes Correll<sup>2</sup> and Kriatian Pholig<sup>3</sup>**

<sup>1</sup>Tanta University, Egypt

<sup>2</sup>Aschau Pediatric Orthopedic Hospital, Germany

**F**ibular hemimelia is the commonest congenital deformity or absence of long bones. It encompasses a spectrum of anomalies affecting femur, knee, tibia, ankle, and foot. It may be associated with other complex syndromes as femur fibula ulna syndrome (FFU), but mostly occurs as an isolated deformity. Management of this complex deformity is controversial, and the question has always been; is amputation a must? The aim of this study was to evaluate the long-term results of management of fibular hemimelia (Achtermann–Kalamchi, type-II) using limb reconstructive surgeries, followed by staged lengthening by the Ilizarov method. We reviewed 157 consecutive patients (180 limb segments) with a mean follow-up period of 10.7 years (1.2–21 years). The results were favorable, and all the patients walked independently. Although, this type of management is technically demanding and entails a lengthy procedure with many complications anticipated, the Ilizarov lengthening after limb reconstruction is still an attractive option for management of this type of limb deficiency.



Note:

World Congress on

**BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH**  
&

Annual Conference on

**ORTHOPEDICS AND RHEUMATOLOGY****September 06-07, 2018 | Bangkok, Thailand**

Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C3-009

**IS RENAL BIOPSY AN ESSENTIAL TOOL FOR INITIATING TREATMENT IN LUPUS NEPHRITIS; AN EXPERIENCE OF TERTIARY CARE CENTER IN NEPAL****Bartaula Bijay, Subedi Manish, Dhakal Sushil, Mudbhari Bandana, Tripathi Prashant Mani and Sharma Sanjib Kumar**

B P Koirala Institute of Health Sciences, Nepal

**Introduction:** Lupus nephritis is one of the common complications of systemic lupus erythematosus. Timely treatment will decrease progression to chronic kidney disease. Treatment varies with different stages for which biopsy is needed. Controversies still exist regarding its requirement in management.

**Methods:** Retrospective study from September 2014 to August 2016 in B P Koirala Institute of Health Sciences, Dharan, Nepal among all patients with systemic lupus erythematosus and undergone renal biopsy.

**Results:** Of 92 patients, most were female 85 (92.4%) with median age 32 years. In this study, 80.4% had some clinical symptomatology. Of the clinical manifestations 41.3% had polyarthritis, edema (20.7%), malar rash (17.4%), ANA was positive in 80.4% and ds DNA in 70.7%. Renal biopsy showed a greater number of patients 27 (35%) had stage IV lupus nephritis, followed by stage I, 19 (24%) and stage II, 16 (20%) lupus nephritis. Median urinary protein in class I was 1.05 gm, class II (0.63 gm), class III (1.5 gm), class IV (2.44 gm), class V (3.99 gm) and class VI (4.7 gm). Only stage IV had kappa of 0.269 with  $p(0.003)$  showing agreement between proteinuria and histological staging which was significant with  $p(<0.005)$ . But overall kappa analysis showed none to fair strength of agreement for different stages of lupus nephritis (-0.014-0.269) with proteinuria.

**Conclusions:** Kappa (k) analysis showed none to fair strength of agreement for different stages of lupus nephritis and proteinuria. So, only proteinuria is not enough to replace the need of renal biopsy in Lupus Nephritis.

## **A MODIFIED STABLE CAPSULORRHAPHY TECHNIQUE IN DEVELOPMENTAL DYSPLASIA OF THE HIP SURGERIES (DDH)**

**Mohammed El-Sayed**

Tanta University, Egypt

**C**apsulorrhaphy is considered as the single most important step in open reduction of developmental dysplasia of the hip (DDH). In neglected cases of DDH after the walking age, the capsule is adherent to the outer table of the iliac bone and is difficult to be exposed. Furthermore, in high-riding dislocations, it is not always an easy task to plan and perform an adequate capsulorrhaphy, especially to decide for the exact location of transverse limb of the classic (T-shaped capsulotomy). We have designed a new capsulorrhaphy technique, that was performed in 309 DDH hips, whom first presented after the walking age. A minimum period of two-year follow-up post-operatively was needed for inclusion of the cases in this study. In all, except five hips, a good primary stabilization and stable concentric reduction during the follow-up period was achieved. Redislocation took place in only five cases. In four cases a poor family compliance and loss of stabilization of the concentric reduction by destruction of the hip spica led to early re-dislocation. In only one hip, an excess derotation of the femur led to posterior dislocation. The need for another surgery was considered a failure and a revision was done. The new technique provided adequate, stable and simple closure of the capsule and maintained the head at the reduced position without any short-term complications.



Note: