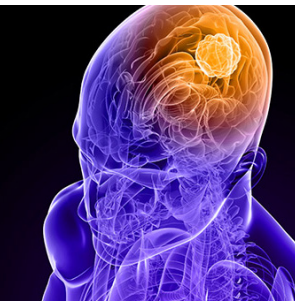

Poster Presentation

Health 2019 ***Neuroscience 2019***



Joint Event on
3rd International Conference on
Health Care and Health Management
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6th International Conference on
Neuroscience and Neurological Disorders

November 04-05, 2019 | Prague, Czech Republic

Odontogenic keratocyst involving mandibula: Case report

Halil Anlar

Tepebasi Oral and Dental Health Hospital, Turkey

Odontogenic keratocyst (OKC) is defined as a developmental, noninflammatory odontogenic cyst that arises from cell rests of dental lamina and comprises approximately 11% of all cysts of the jaws. OKCs are most often seen in the mandibular ramus and angle, also it can become well large because of its potential for significant expansion, extension into adjacent tissues, and rapid growth. Generally adult patient and men are affected.


In this case report, a 35 year old male patient visited our clinic because of swelling and pain of the right mandibular ramus region. Intraoral examination there was

hyperemia in the vestibul region of third molar and raphe pterygomandibularis. The radiographic examination shows that unilocular radiolucency in right ramus mandibula. At the surgery, curetage was performed on the lesion site. After the histopathologic examination, lesion is defined odontogenic keratocyst. The patient was recalled after six months and any recurrence have not seen.

Speaker Biography

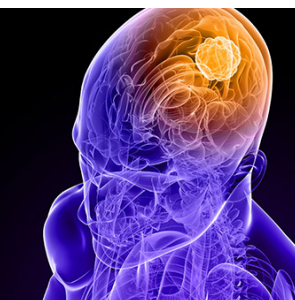
Halil Anlar is a PhD scholar in the department of doctor of dental surgery at Tepebasi Oral and Dental Health Hospital in keTury.

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Video Presentation

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Glucose toxicity: The worldwide problem and the all-natural solution

John F Burd

Lysulin Inc, USA

Glucose toxicity is a worldwide epidemic leading to the insulin resistance and the development of obesity and Type 2 diabetes in both children and adults. In addition to poor health and early death, this is costing our healthcare systems a fortune to treat diabetes and its complications. Glucose is not a passive bystander in our bloodstream but is a toxic and reactive compound. Glucose reacts with all of the proteins in our body forming glycated proteins. These glycated proteins progress to become what is known as Advanced Glycation Endproducts (AGEs). These AGEs are known to be the culprits associated with kidney failure, blindness, amputations and cardiovascular disease. Protein glycation is also the cause of insulin resistance which can lead to insulin depletion. When this happens, we have to resort to injection of insulin in an attempt to keep our blood glucose levels in the normal range.

In over 20 years of R&D and clinical studies, nutritional supplements have been proven to combat glucose toxicity. Three important supplements having this ability are LYSINE, ZINC and VITAMIN C. These three supplements are now in one tablet, Lysulin® to combat glucose toxicity and protein glycation. Unlike the available prescription drugs for type 2 diabetes which are directed at the symptoms of diabetes (high blood glucose), Lysulin is directed at the problem, which is protein glycation. Clinical studies have proven that Lysulin

supplementation lowers HbA1c better than most prescription drugs for diabetes. Historically, supplements have had a bad reputation because many of them have made unsubstantiated claims. Conversely, Lysulin is firmly grounded on a foundation published literature and clinical studies proving that Lysulin will lower blood glucose and glycated proteins. The history of studies proving the effectiveness of Lysulin will be presented along with recent data from double blind placebo controlled studies.

Speaker Biography

John F Burd is a Founder & CEO of Lysulin, Inc, and has launched an all-natural, scientifically proven nutraceutical product proven to improve the health of people with diabetes. He also found Wonder Spray, Inc., making a natural antibiotic solution useful for a variety of ailments that kills all pathogens and yet is safe and non-toxic to human tissues. Prior to Lysulin, He was a General Partner of Windamere Venture Partners. He was previously President & CEO of DexCom, now the leader in continuing glucose monitoring for people with diabetes. He has authored over 50 publications and holds 35 patents. He graduated from Purdue University with a B.S. in Biochemistry, and earned an M.S. and Ph.D., from the University of Wisconsin. In 2010 he was inducted into the American Association of Clinical Chemistry Hall of Fame and received the Ullman Prize for innovation in clinical chemistry.

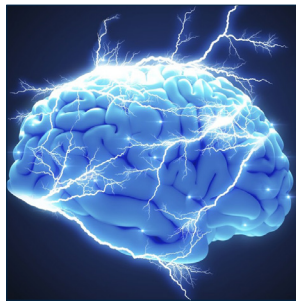
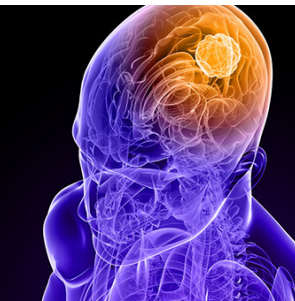
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Accepted Abstracts

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Scanning the horizon: Emerging evidence in the pediatric wound care 2019

Vita Boyar

Cohen Children's Medical Center, USA

There is an emerging awareness that hospitalized children and neonates are at risk for multiple cutaneous injuries. More than 40% of children entering our hospitals leave with scars; over 25% are non-intentional secondary to pressure injuries, medical adhesive device related injuries, PIV extravasations, infections, burns and surgical wounds. Over 50% of pediatric pressure injuries are medical-device related, most are avoidable. PIV extravasations are a common and at times, serious complication of neonatal stay. Medical adhesives related skin injuries are on the rise. Technology have advanced pediatric care to new height, but with that came a new wave in skin injuries. A common cause of delayed wound healing/ wound dehiscence is colonization with microbes, often leading to infection. Infection can impede the healing process by inducing a strong systemic and local inflammatory response. Most prevention and treatment protocols are

extrapolated from adult practice, despite the fact that many "adults" products are contraindicated in neonates. Studies support the use of non-medicated dressings in managing wound bioburden. Pediatric population is in great need of guidelines, protocols and less harmful treatment.

This presentation will present an overview of pediatric wound care state in 2019, most common injuries and discuss new, non-toxic products to heal pediatric wounds from actual case presentations, such as Active Leptospermum honey (ALH), dialkylcarbamoylchloride (DACC) coated dressing fibers , concentrated surfactant gel, amniotic membrane products as well as offer insight into preventative care and quality improvement in pediatric and neonatal care.

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Alternative medicine: Doubtful treatment or a powerful healing force

Roger Haw Boon Hong

Ansted University, Malaysia

Alternative medicine is an approach to healing used in place of conventional medicine. Complementary medicine, on the other hand, is used together with conventional medicine. For example, if a special diet is used to treat cancer in place of surgery recommended by a conventional doctor, the diet would serve as an alternative therapy. However, if a special diet were used to combat high cholesterol levels in a patient with heart disease, in addition to coronary artery bypass surgery, the diet would serve as a complementary therapy. Since the same therapy can serve as either complementary or alternative, the various therapies outside the domain of conventional medicine are often grouped together under the term CAM (complementary and alternative medicine) therapies. The increasing interest in alternative medicine,

which attempts to treat a patient's body, mind, and spirit, can be viewed as a measure of the spiritual hunger in our high-tech society. The desire within the medical community to integrate treatments for a patient's spiritual needs as well as physical needs is validating the importance of pastoral care in the hospital setting. Perhaps an approach to healing that makes use of the strengths of both conventional medicine and alternative medicine would enable a person to experience the best of both medical worlds. The forms of alternative medicine with scientific backing could be used to maintain health and increase physical fitness, while conventional medicine could be used to accurately diagnose and eradicate disease. Certain cautions, however, should be observed.

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Notes:

Whole blood automation: Technology for blood components preparation in Blood

Haw Boon Hong

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Background and objective: The Reveos automated blood processing system has been developed for whole blood units separation. The aim of this study was evaluate the product specifications and quality of components produced by the Reveos system. This system has been installed in Blood Transfusion Centre, Faculty of Medicine, Khon Kaen University since September 2016 for leukocyte reduction (LR) set and in 2019, Non-leukocyte reduction (NLR) set was developed for the same machine, therefore LR and NLR set were consider to routine blood collection, then the validation have to perform.

Materials and Methods: The Reveos NLR set-4NG45650 can separate blood components; Leuko-poor RBCs, Plasma and platelets during the procedure by centrifugation and buffy coat removal by automation system. Whole blood (WB) volume including CPD based on WB collection volume 450+10% mL. And centrifugation by selective protocol of Reveos. WB was processed using the Reveos system and compare according to validate the use of the first installation. Reveos red cells were leukoreduced and stored in SAGM at 4°C. Reveos plasma was frozen at -30°C and factor activity was assessed after thawing. Leukoreduced platelet concentrates Reveos were prepared by pooling 4 iso-group interim platelet units or 1-2 random platelet concentrate from top-bottom method and 3-2 interim platelet units pooled by Reveos pooling set, Comparison the value of volume, hematocrit, platelet contents and white blood cell contamination of Leukocyte depleted red blood cells (LDPRC) and Leukocyte poor red blood cells (LPRC) with SPSS statistics.

Results: 408 whole blood was processing with Reveos system. Average of fresh frozen plasma, interim platelet and leuko-packed is 217.52, 62.40 and 10.2 mL., respectively. The platelet index more than 60 cells/u is 75.8%. The quality of LDPRC; hematocrit equal 55.8%, volume equal 313 mL. and white cell contamination equal 0.0 X 10⁶ cells/u. Comparison

the value with SPSS statistics were found that the hematocrit, volume and white blood cell contamination were not different ($P>0.01$, $P>0.05$ and $P>0.05$, respectively). The quality of LDPRC(N=68); platelet contents equal 3.03 X 10¹¹ cells/u, volume equal 255.8 mL. and white cell contamination equal 0.0 X 10⁶ cells/u. All values were not differ statistically ($P>0.05$). The validation shown blood product specification, Reveos NLR set blood performance data were; 20 units test for volume and percent hematocrit Leuko-poor RBCs in additive solution were found 200-350 mL, and 50-70 % hematocrit and both ratio QC pass 100%. 19 units were tested residual white blood cells in Leuko-poor RBCs found 95% has residual white blood cells less than 1.2X10⁹ cells/unit. All plasma product 100% pass. 12 units tested of platelet transfusable platelet (TPU) for volume, platelet yield and residual white blood cells in TPU were found 40-70 mL, all of them platelet yield more than 5.5X10¹⁰ cells/unit (100% QC pass) and residual white blood cells less than 0.2X10⁹ cells/unit (100% QC pass). Further, platelet recovery in leukocyte depleted pooled platelet concentrates (4 units of interim platelet unit per pool) 2 pool has describe in volume, platelet yield, and residual were found; pool no.1 has 352.4 mL, 3.34 X10¹¹ cells/units and 0.092x10⁶ cells/unit. Pool no. 2 has 350.5 mL, 2.82x10¹¹ cells/unit and 0.060x10⁶ cells/unit. Time per 4 units completed approximately 25 minutes.

Discussion and Conclusion: Council of Europe (CoE) requirements; platelet yield must be more than 2.0 X10¹¹ cells/unit, volume more than 40 mL per 60X10⁹ of platelets and residual white blood cells less than 1.0x10⁶ cells/unit. The benefits of process WB into Leuko-poor RBCs, platelet and plasma in a single centrifuge cycle. Achieve consistent and reliable blood performance criteria through automated sedimentation and separation.

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Shock wave therapy and ultrasound therapy plus exercises for frozen shoulder joint clients

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Palestine Ahliya University, Palestine

Purpose: The aim of this study is to assess influence of shockwave therapy plus exercise and ultrasound therapy plus exercises on pain severity and range of motion with frozen shoulder joint patients.

Patients: twenty patients with frozen shoulder joint patients, illness time ranging between 2-9 months participated in this study at Palestine Ahliya University. They were randomly chosen from ortho pedic surgeon assigned into 2 equal groups. Each group consists of ten patients.

Methods: Patients were analyzed pre and post treatment for shoulder pain severity by pain scale (VAS) and range of motion (ROM) of the shoulder joint by using goniometer. Group (A) received shock wave therapy, 2000 impulses per session, an energy flex density of 0.22mJ/mm², pulse rate 10/sec and frequency 1-15 Hz plus an exercise program.

Group (B) received ultrasound with a frequency of 3MH, and intensity 1w/cm was applied on the affected shoulder at the site of pain using ultrasound gel for 5 minute plus the same exercise program. The two groups received treatment 3 times per week for 4 weeks.

Results: (SWT) plus exercises and (UST) plus exercise were effective in decreasing shoulder joint pain and increase ROM. Moreover, (SWT) group was the most influential in decreasing pain and exaggerating range of motion of the shoulder joint.

Conclusions: (SWT) group and (UST) group are beneficial in decreasing pain and increasing range of motion with frozen shoulder joint and should emphasis added to the physical therapy program.

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