Joint event on

World Congress on **Breast Cancer**

&

5th International Conference on

Vascular Biology & Surgeons Meeting

February 25-26, 2019 London, UK

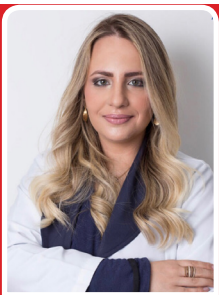
Keynote Forum

30 YEARS OF EXCELLENCE IN MEDICAL PUBLISHING

Joint event on

World Congress on **Breast Cancer**
&
5th International Conference on
Vascular Biology & Surgeons Meeting

February 25-26, 2019 London, UK



Fatima Mohamad El Hajj

Analiamed Health and Wellness, Brazil

Percutaneous artery embolization in the treatment of bleedings. State-of-the-art

Embolization consists in to introducing in a blood vessel, agent or material that led into the bloodstream, will occlude a vessel in the distance. Percutaneous arterial embolization (PAE) is a treatment method sedimented worldwide and renowned as the gold standard for diagnosis and treatment of hemorrhage. In Brazil is being increasingly indicated, either emergency or elective, to avoid major surgery or the removal of an organ, total or segmentar. This paper describes the state of the art of the indications of PAE in hemorrhage, the most modern techniques, illustrating the application of this therapeutic modality.

Biography

Fatima Mohamad El Hajj is a Brazilian - Lebanese Vascular Surgeon. She completed MD in Pontifical Catholic University of Sao Paulo-PUCSP and Vascular Surgery Degree in IAMSPE. Currently a Vascular Surgeon at Analiamed Health and Wellness and CEO of Analiamed Diagnose Center.

fatimamedlv@hotmail.co

Joint event on

World Congress on **Breast Cancer**
&
5th International Conference on
Vascular Biology & Surgeons Meeting

February 25-26, 2019 London, UK

Ori Eyal

Rambam Medical Centre, Israel

Case report: Use of angioseal to close entry point of Central Venous Cathete (CVC) into subclavian artery 6 days after mistaken insertion

Ultrasound guided CVC insertion was performed in the hematological oncological ward in a acute myeloid leukemic patient, thrombocytopenic 20,000, with chronic renal failure and immune system failure in a septic shock state. The CVC was inserted into the right subclavien artery. Due to the fragile state of this patient the CVC was left in place [arterial line] for 6 days until his platelet count was elevated and his shock state overcome with antibiotics. The interventional Radiologist removed the CVC with the use of angioseal device. This case demonstrates that a CVC may be left in place as an arterial line for a number of days until the patient is stabilized and able to undergo an interventional procedure.

Biography

Ori Eyal graduated from Debrecen, Hungry Medical school in 2009. He is currently working in Rambam Medical Centre Haifa Israel as a vascular and transplant Surgery Resident. FLS certified. He is a winner of 2 consecutive laparoscopy simulator Israeli residency competitions. His research interest is about all-round surgeon in general and vascular surgery. He is Currently working as a vascular and transplant surgery resident in hospital and as a general surgeon consultant.

oriscoby@hotmail.com

Notes:

Joint event on

World Congress on **Breast Cancer**
&
5th International Conference on
Vascular Biology & Surgeons Meeting

February 25-26, 2019 London, UK

Fatima Mohamad El Hajj

Analiamed Health and Wellness, Brazil

Can carotid endarterectomy only be indicated by Doppler ultrasonography?

Stroke is a disease of great health relevance due to its morbidity and high costs generated. Symptomatology varies from asymptomatic, fugitive amaurosis, Transient Ischemic Attack (TIA) and direct manifestations of stroke. In view of this, prevention would be the best option to reduce costs secondary to morbidity and mortality due to stroke. Carotid endarterectomy (ACE) is the most common preventive procedure. ECA is a surgical technique consolidated 50 years ago. Large studies such as NASCET, VA, ECST, ACAS and ASCT have already analyzed and proven the indications, cost-effectiveness and limitations of the technique. Digital angiography is the gold standard for determining the degree of carotid stenosis, as methods of investigating carotid stenosis and defining the surgical indication of endarterectomy. Because it is an invasive examination, with a risk of major complications (TIA / stroke) of approximately 4%, it has been progressively replaced by tomography (Angio-CT) or resonance angiography (Angio-NMR). At the same time, Doppler ultrasonography (US) is a non-invasive, low-cost method of screening carotid stenosis. With the incessant progress of diagnostic methods, Doppler ultrasonography (US) has proven to be a method of choice for noninvasive evaluation of the carotid arteries. The degree of carotid artery stenosis is largely based on either a peak systolic velocity or final diastolic velocity analysis, or both, of the carotid artery. Doppler scanning in pulsed mode combined with B-mode ultrasound allows the diagnosis of carotid atheromatous lesions (> 70% stenosis), with sensitivity and specificity above 90%. The US adds comparative advantages to the other contrasted methods, since it is a lower cost procedure, it lacks complications and contraindications, it is easy to access, it does not require the use of contrast, it also has information about plaque morphology, stenosis percentage and topography of the carotid bifurcation.

Biography

Fatima Mohamad El Hajj is a Brazilian - Lebanese Vascular Surgeon. She completed MD in Pontifical Catholic University of Sao Paulo- PUCSP and Vascular Surgery Degree in IAMSPE. Currently a Vascular Surgeon at Analiamed Health and Wellness and CEO of Analiamed Diagnose Center.

fatimamedlv@hotmail.com

Notes:

Joint event on

World Congress on **Breast Cancer**
&
5th International Conference on
Vascular Biology & Surgeons Meeting

February 25-26, 2019 London, UK

Rodrigo Riemma

Hospital das Clinicas de Goias - HC-UFG, Brazil

My worst arterial case of 2018

Case: A 38-year-old female patient from the basic health system presented on june 1st, with abdominal pain that was investigated with abdominal ultrasonography and showed cholelithiasis. Patient was treated for cholecystitis in the basic unit and evolved with new episodes of abdominal pain, chest pain and hypotension. The patient underwent abdominal angiotomography showing a type B aortic dissection of stanford, beginning in the proximal descending portion extending to the emergence of the superior mesenteric artery, occlusion of the celiac trunk and thrombus at 8 cm from the origin of the superior mesenteric artery. Signs of renal and splenic infarctions. Patient was referred to our service on June 16th with abdominal distension and abdominal pain associated with oral feeding, She evolved with non-acceptance of enteral diet and the parenteral diet was started. Loss of 20 kg during hospitalization of 81 days.

Treatment: Performed open surgery with embolectomy of superior mesenteric artery without thrombus outlet and opted to perform aorto-hepatic bypass with PTFE 4 and cholecystectomy.

After surgical procedure decided by abdominal evaluation that evidenced a new finding of important ileal semi-occlusion. Performed enterectomy with primary enteroanastomosis.

Patient progressed well postoperatively, with gradual weight gain after oral feeding and absence of abdominal pain.

Biography

Rodrigo Riemma graduated in medicine from Federal University of Goias in 2006. He specialized in vascular and endovascular Surgery in 2014. Angiology and vascular surgery specialist of the Brazilian Society of angiology and endovascular surgery. Angioradiology, endovascular surgery and Doppler ultrasound specialist at the Brazilian College of Radiology. CEO at Instituto de Vascular e Laser since 2015. He currently works as a vascular and endovascular surgery Professor at Hospital das Clinicas de Goias - HC-UFG, Brazil.

rodrigoriemma@gmail.com