



2021
27-28 OCT
YEMEN-SANAA

المؤتمر العلمي الثالث
للجراحة العامة وجراحة المناظير
The third scientific conference of General & laparoscopic surgery

جمعية الجراحين اليمنية

تم بحمد الله تعالى انعقاد الاجتماع التأسيسي لجمعية الجراحين اليمنيين يوم 30 يناير 2019 م وكانت خطوة جبارة في تاريخ الجراحة العامة وبعد طول انتظار. حضر الاجتماع ما يقارب من 140 عضو حاصلين على شهادة الدكتوراه وكذا شهادة الاختصاص ماجستير وبارت ون في بور الجراحة العامة ، وعدد من الاطباء الممارسين للجراحه والذي لم يشاركو بالانتخاب حسب اللائحة ، وبحضور ممثلين عن وزارة الشؤون الإجتماعية والعمل .

رؤيتنا

تطوير المعارف النظرية والعملية وتشجيع إجراء البحوث وتقديم الاستشارات والدراسات العلمية في مجال الجراحة العامة والمناظير

رسالتنا

تيسير تبادل الإنتاج العلمي والأفكار والاستشارات العلمية في مجال الجراحة العامة والمناظير

أهدافنا

1. تنمية الفكر العلمي في مجال تخصص الجراحة العامة والمناظير والعمل على تطويره وتنشيطه .
2. تحقيق التواصل العلمي لمنتسبي الجمعية .
3. تقديم المشورة العلمية في مجال التخصص .
4. تطوير الأداء المهني لمنتسبي الجمعية .



الهيئة الإدارية

- | | |
|--------------------------------------|---------------------------------------|
| د/ ياسر عبدربه (رئيس الجمعية) | د/ محمد الشهاري (نائب الرئيس) |
| د/ توفيق المخلافي (الأمين العام) | د/ علي العمري (المسؤول العلمي) |
| د/ وهيب القباطي (مسؤول التدريب) | د/ محمد الشجاع (المسؤول المالي) |
| د/ أمل غانم (المسؤول العلمي المساعد) | د/ وليد غيلان (مسؤول العلاقات العامة) |
| د/ لؤي القباطي (مسؤول الخدمات) | |

هيئة الرقابة والتفتيش

- | | | |
|-----------------------|-----------------------|-------------------------|
| د/ زايد جفاف (رئيساً) | د/ عيبر سعدان (عضواً) | د/ فهمي اسماعيل (عضواً) |
|-----------------------|-----------------------|-------------------------|

نشاط الجمعية

1. عقد المؤتمرات العلمية التي تتصل بمجالات اهتمامها .
2. تنظيم دورات تدريبية في المجالات ذات العلاقة .
3. إجراء ونشر الدراسات العلمية لتطوير جوانب الممارسة التطبيقية .
4. المشاركة في المعارض والمؤتمرات المحلية والدولية .
5. دعوة العلماء والمفكرين ذوي العلاقة للمشاركة في نشاطات الجمعية وذلك وفق الإجراءات المنظمة لذلك .
6. إيصال كل ما هو جديد في علم الجراحة عبر مواقع التواصل للجمعية .



تحت شعار " بالعلم نستمر "

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الحمد لله رب العالمين وأشهد أن لا اله إلا الله وحده لا شريك له وأشهد أن محمد عبد الله ورسوله صلوات الله عليه وعلى اله وتزامنا مع ذكرى المولد النبوي الشريف مولد خير البرية صلوات الله عليه وعلى اله وبهذه المناسبة الجليلة تهدف وزارة الصحة العامة والسكان إلى تطوير العمل الطبي وجودته من خلال تطبيق معايير الجودة في العمل الطبي وفق الأسس العلمية والعالمية ومن هذا المنطلق نشجع إقامة المؤتمرات العلمية التي تساعد في تحسين وتطوير المستوى العلمي رغم الظروف القاسية من خلال مناقشه كل جديد توصل إليه العلم الحديث كل بما يخص مجاله حيث قد أقيمت في الفترة الاخيره الكثير من المؤتمرات العلمية في مجالات الطب المختلفة . وعلى الجانب الأخر تسعى الوزارة بالتعاون مع المجلس الطبي لتحسين وتجويد الأعمال الطبية وتطوير مجالات التدريب في مساقات البورد العربي واليميني بمختلف المجالات وتشجيع الانشطه التي تندرج ضمن مضلة التعليم الطبي المستمر وعلى هذا النحو وفي غضون الظروف الراهنة التي تمر بها بلادنا وما تتعرض له من عدوان غاشم وحصار مستمر لأكثر من سبعة أعوام نبارك انعقاد المؤتمر العلمي الثالث للجراحة العامة وجراحة المناظير ونشجع استمرار إقامة هذه الأنشطة مؤكدين صمود شعبنا وقيادتنا السياسية حتى تنفرج الغمامة عنا والنصر والفرج القريب بإذن الله



أ.د. طه المتوكلي

معالي وزير الصحة العامة والسكان





الأخوة والزملاء الأجلاء

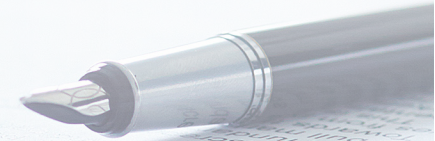
رئيس وأعضاء الهيئة الإدارية لجمعية الجراحين اليمنية
الأخوة رئيس وأعضاء اللجنة التحضيرية لمؤتمر جمعية الجراحين
اليمنية السنوي للعام 2021
الإخوة أعضاء الجمعية العلمية المحترمون
الزميلات والزملاء أعضاء جمعية الجراحين اليمنية في كل ربوع وطننا
الحبيب
السلام عليكم ورحمة الله وبركاته

لاشك ان العمل الجمعي في كل المجالات بصور عامه وفي العمل
المهني الأكاديمي في المجال الطبي بصوره خاصه له نتائج ايجابية
تميزه تصب محصلته النهائية في خدمة المهنة وفي تطوير
مقدرات ممارسي المهنة وهذا بالتالي ينعكس ايجابيا على نوع
الخدمات الطبية النوعية التي يتم تقديمها للمجتمع،
ومن هذا المنطلق فقد خطى نخبه متميزة من أبناء مهنة الطب
الإنسانية في اختصاص الجراحات في اليمن، خطوات متميزة قبل
بضع سنوات باتجاه تأسيس جمعية الجراحين اليمنية التي أصبحت
الحضن الدافئ لجميع الجراحين، تعمل على جمعهم على الخير،
تهتم بالأنشطة العلمية والبحثية لمنتسبيها وفي مقدمة ذلك هذا
المؤتمر الرائع والمميز بتنظيمه وفي محتوياته وبالنخبة المتميزة
للمشاركين فيه بأوراق بحثيه او بمحاضرات علمية أو بتقديم بيان
علمي على حالات طبيه نادره،

وهذا النشاط الذي يقوم على جهود نخبه من الأساتذة المتميزين
في تخصصاتهم الذين حملوا على كاهلهم النهوض بهذا التخصص
المهم من التخصصات الطبية متطوعين بجهدهم مآلهم وقتهم
دونما تذمر،
الأساتذة الأعزاء
الزملاء الجراحون المشاركون بالمؤتمر



أ.د. عبدالله المطري
رئيس المؤتمر



ان بلادنا بصوره عامه ومهنة الطب بكل ركائزها (أطباء، مرافق
صحيه، مؤسسات تعليميه طبيه) بشكل خاص تمر بظروف
اقتصادية صعبه بسبب ظروف الحرب والحصار وما نتج عنهما من
تدمير وتدهور للبنية التحتية مما نتج عن ذلك صعوبة اللحاق بركب
التطور في المجالات الطبية الذي يشهدها العالم بسبب العوز المادي
للطبيب وكذلك صعوبة قدرته على المشاركات العلمية على الصعيد
الدولي وكذلك صعوبة إقامة مؤتمرات علميه دوليه في اليمن مما
أدى إلى صعوبة اللحاق بكل ما هو جديد بالرغم من بذل كل ما
يمكن من قبل الأطباء في اليمن للتغلب على ذلك سواء بجهدهم
الفردية أو بجهود جمعياتهم الطبية ومنها جمعية الجراحين اليمنية.
الزملاء الجراحين .. اننا نفاخر بكم الكون بأنكم وبرغم الظروف
القاهرة الذي أشرنا إليها أعلاه، الا انكم وبجهودكم وبمنابراتكم
وباهتمامكم العلمي والمهني قد قلمتم الفجوة الناتجة عن الظروف
القائمة إلى حددها الأدنى وأصبح الجراح اليمني يضاهاي كبار الجراحين
في العالم من حيث إجراء العمليات الدقيقة والكبير في اختصاصات
جراحيه كانت إلى قبل سنوات قليله لا تتم الا خارج اليمن
فتحية إكبار وإجلال لكل الجراحين بصوره خاصه ولكل الأطباء على
امتداد بلادنا

وفق الله الجميع لخدمة مهمتنا الإنسانية النبيلة
ووفق الله رئيس وأعضاء الجمعية اليمنية للجراحين وكل اللجان
المنبثقة عنها لما فيه خير منتسبيها
ولما فيه خير اليمن
ونقول لكم نحن منتسبي الجمعية، نحن معكم على قلب رجل واحد
للنهوض بالعمل الطبي الجراحي مهنيا واكاديميا ونتواجه بالدعوة
لكل الجهات الرسمية والمجتمعية لدعم جمعيتنا بما يودي إلى خلق
بيئة محيطه آمنه ومستقرة تمكن الجراح من أداء عمله بسلامه
وأمن واطمئنان.. والسلام عليكم ورحمة الله وبركاته



للعام الثالث على التوالي وجمعية الجراحين اليمنية دأبت بكل همة وعزيمة على عقد المؤتمر السنوي للجراحين وقد توج العام الماضي بإقامة الامتحان النهائي للزمالة اليمنية في مساق الجراحة العامة وهو ما نؤكد عليه في هذا العام 2021 بعد نهاية المؤتمر .. فمن خلال هذه الكلمة نحيي جميع الجراحين اليمنيين في كل ربوع الوطن والمهجر على مؤازرتهم ومشاركتهم في هذا الحدث العلمي الكبير والذي سيقف فيه الجراحين بالاستماع والمناقشة في كثير من المواضيع العلمية المختلفة ذات الاهمية لكل الجراحين وكذلك طلاب الدراسات العليا .. كما سيشارك معنا بالتواصل عن بعد عدد الاساتذة المهتمين من خارج الوطن

نتمنى للجميع التوفيق والنجاح وللمؤتمرا الثالث تحقيق افضل النتائج والقرارات والتوصيات لما من شأنها رفع مستوى العمل الجراحي النوعي ومواكبة كل جديد في هذا التخصص وفتح المجال لجيل الشباب من الجراحين نساء ورجالا لرفع مستوى الخدمة المهنية بكل أمانة واحترافية والسلام عليكم ورحمة الله وبركاته

أ.د. عبدالحكيم التميمي رئيس اللجنة العلمية

تزامناً مع احتفالات بلادنا في مولد الرسول الأعظم محمد صلى الله عليه وسلم أقيم المؤتمر العلمي الثالث للجراحة العامة و المناظير ضمن سلسله من النشاطات و المؤتمرات و الدورات التي تهدف من خلالها الجمعية لعرض وتبادل أبحاث و دراسات و أوراق علمية لمعرفة آخر ما توصل اليه العلم في مجال الجراحة العامة و المناظير بحيث نحث الجراحين و الزملاء لضرورة التعليم العلمي المستمر و حرصاً من الهيئة الإدارية للجمعية لإقامة و دعم مثل هذه الاعمال لما فيها من فائدة لمرضانا و وطننا الحبيب رغم المعوقات و الظروف الصعبة التي تعيشها بلادنا الحبيبة مع تمنياتنا من الاستفادة من الأوراق العلمية التي سوف تعرض في هذه المؤتمر كخلاصة لأعمال كوكبة من جراحيين اليمن و أيضاً ندعو للمشاركة و الاستفادة من الورش التي تقوم فيه الجمعية كورش المناظير و دورات البحوث العلمية في تحليل البيانات و كتابة البحث العلمي و نهدف ان شاء الله لنجاح هذه المؤتمر بعد النجاح الرائع للمؤتمرات السابقة و لمن لم يحالفه الحظ بالمشاركة في هذه المؤتمر ندعوه للمشاركة في المؤتمرات القادمة لكي تعم الفائدة و الخبرات للجميع و الله الموفق



أ.د. ياسر عبدربه نائب رئيس المؤتمر



الحمد لله والصلاة والسلام على رسول الله وعلى آله وصحبه وسلم بفضل من الله وتوفيقه استطاعت جمعية الجراحين اليمنية أن تصل إلى المؤتمر العلمي الثالث خلال الفترة القصيرة السابقة منذ بدء إنشاء الجمعية ، وهذا الأعمال تكلفت بالنجاح المشهود له والله الحمد . الأخوة الزملاء الجراحين ، نفخر كل الفخر بالعمل معاً بروح الفريق الواحد لإبراز هذه العمل وإنه لشرف عظيم أن نلتقي سويا في

هذا المؤتمر ونتمنى أن يكون هذا اللقاء المثمر بؤرة خير لتبادل الخبرات والأراء بما يسهم في تطوير المهارات والخبرات الجراحية لدى الجميع .

الحمد لله تم إقامة فعاليات علمية مصاحبة للمؤتمر وكانت إضافة جديدة ضمن فعاليات المؤتمر مثل الورشة العملية للأبحاث العلمية وتحليل البيانات ، تأتي هذه الورشات لغرض تعزيز مفاهيم البحث العلمي وأهميته وتطويره كي تصبح المؤتمرات القادمة ان شاء الله وافرة بالأبحاث العلمية التي تمثل إضافة علمية مميزة للمجتمع الطبي .

لقد أخذ الزملاء في اللجنة التحضيرية على عاتقهم هم انجاح هذا العمل بعد الاستعانة بالله عز وجل ، وأنا هنا لا يسعني الا أن اشكرهم جميعاً فهم جنود تجردوا لهذا العمل معاً بكل جد واجتهاد واخلاص مراعيين أن لديهم هدف واحد وهو الوصول إلى أرقى ما يمكن الوصول إليه بالرغم من المعوقات الكثيرة التي واجهتنا ، لهم مني أجل الحب والتقدير وكل معاني الشكر والعرفان.

الشكر والتقدير لأعضاء الهيئة الإدارية للجمعية على تضافر جهودهم وسداد رأيهم ولرئاسة المؤتمر وكل الإحترام للجنة العلمية ولكم جميعاً أيها الاساتذة والزملاء الجرحين أعضاء جمعيتنا الحبيبية

أ.د. محمد محمد الشهاري

رئيس اللجنة التحضيرية- نائب رئيس الجمعية



في بداية الحديث نهنئ الوسط الطبي في الجمهورية اليمنية لما يشهد من تقدم واستمرارية ونهضة في المجال الصحي بشكل عام مع إقامة المؤتمرات العلمية والندوات الطبية والذي يعتبر مؤتمراً هذا [المؤتمر الثالث للجراحة العامة وجراحة المناظير] إحدى هذه الفعاليات المثمرة حيث ان الطيبب اليمني يتميز بالكفاءة والقدرات العلمية والعملية العالية .

ان انعقاد هذه الفعالية الكبيرة في ظل الظروف الصعبة التي تمر بها البلاد يمثل تحدياً كبيراً .. كون اليمن والوطن العربي برمته يمر بمحنه قد تكون هي الاقسى عبر التاريخ ، تأثرت به كل القطاعات الصحية ، الا أننا وبفضل الله قررنا تجاوز كل الظروف وتحدينا كل العقبات باتخاذ قرار قيام المؤتمر الثالث للجراحة العامة وجراحة المناظير لنؤكد للجميع ان العلم هو سلاحنا وسنتابع كل ماهو جديد وحديث وسننقل خبراتنا لبعضنا عبر كل الفعاليات العلمية .

فأهلاً بزملائنا من جميع ربوع الوطن الحبيب نعتز ونفتخر بكم وبحضوركم وتفاعلكم بإثراء المؤتمر بكل ماهو جديد ومفيد .. ودمتم في سعادة ورقية

أ.د. توفيق عبد الحميد الخلافي

أمين عام المؤتمر



لجان المؤتمر

Conference Committees



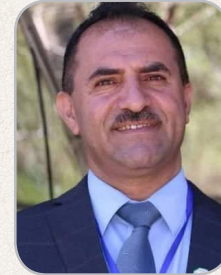
أ.د. عبدالحكيم التميمي

رئيس اللجنة العلمية



أ.د. ياسر عبدربه

نائب رئيس المؤتمر



أ.د. عبدالله المطري

رئيس المؤتمر



أ.د. محمد الشهاري

رئيس اللجنة التحضيرية



أ.د. وهيب القباطي

سكرتير المؤتمر



أ.د. توفيق المخلافي

أمين عام المؤتمر



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د. مسعد الصيادي



مباحث المؤتمر

Conference Topics



- **Trauma Surgery**
 - **Gastrointestinal Surgery**
 - **Hepatobiliary Surgery**
 - **Pancreatic Surgery**
 - **Laparoscopic Surgery**
 - **Breast Surgery**
 - **Thoracic Surgery**
 - **Vascular Surgery**
 - **Plastic Surgery**
 - **Endocrine Surgery**
 - **Pediatric Surgery**
-



3rd EVENT
المؤتمر العلمي الثالث
للجراحة العامة وجراحة المناظير
The 3rd Scientific conference of
General and laparoscopic surgery
2021 27-28 OCT
YSS



البرنامج العلمي

Scientific Program



General Surgery

اليوم الأول

(Chairmen) :- Dr. Abdullah Almatary , Dr. Ali Mohmmmed Saleh , Dr. Ali Alsabahi

Time 10 :00 A.M. – 10:50 A.M.

NO.	TOPIC	Presented by	Time
1	Patient Safety Practice	Dr. Nagi Hawmush	10:00-10:20 A.M.
2	Skills Based Assessment in Surgical Practice	Dr. Abdulhakim Omer Altamimi	10:20 – 10: 40 A.M.
Session Discussion			10:40 – 10-50 A.M.

Pancreatic Surgery :

(Chairmen) :- Dr. Mohammed Al-Badani , Dr. Ahmed Ateik , Dr. Burkan Nasr

Time 10 :50 A.M. – 11:50 A.M.

NO.	TOPIC	Presented by	Time
1	Tips & Tricks in Pancreaticoduodenectomy (Whipple Procedure)	Dr. Ajith	10:50 – 11:05 A.M.
2	How to Avoid Biliary Injury in Laparoscopic Cholecystectomy	Dr. Ajith	11:05 – 11:20 A.M.
3	Pancreaticoduodenectomy (Whipple's Procedure) – Intra-Operative Difficulties and Early Post Operative Complication at Al-Thawrah Hospital January 2016 – October 2021	Dr. Mohammed Alshehari	11:20 – 11:30 A.M.
Session Discussion			11:30 A.M. – 11:50 A.M.

BREAK 11:50 A.M. – 12:20 P.M.



Plastic Surgery

(Chairmen) :- Dr. Abdulhakim Altamimi , Dr. Abdullatif Abo Talib , Dr. Waheeb Al-Kubati

Time 12 :20 P.M. – 1:20 P.M.

NO.	TOPIC	Presented by	Time
1	<i>Reliability of Oncoplastic Breast Conserving Surgery.</i>	<i>Dr.Jamila A. Alsanabani</i>	<i>12:20 P.M. – 12:30 P.M.</i>
2	<i>Microsurgery Free Flap and Replantation Surgery New Era in Tissue Reconstruction and limb salvage.</i>	<i>Dr.Abdulfattah Altam</i>	<i>12:30 P.M. – 12:40 P.M.</i>
3	<i>Cleft Lip in Yemen</i>	<i>Dr.Mohammed Hamood Al-Saeedi</i>	<i>12:40 P.M. – 12:50 P.M.</i>
4	<i>Common Conditions Which Need the Urgent Involvement and Calling the Plastic Surgeon.</i>	<i>Dr.Bashir Othman</i>	<i>12:50 P.M. – 1:00 P.M.</i>
5	<i>Surgical Management of Face & Neck Firearm Injuries in AlThawra Hospital.</i>	<i>Dr. Saifa Mohammed</i>	<i>1:00 P.M. – 1:10 P.M.</i>
<i>Session Discussion</i>			<i>1:10 P.M. – 1:20 P.M.</i>



Endocrine Surgery

(Chairmen) :- Dr. Ahmed Almalahi , Dr. Abdo Shamsan , Dr. Waleed Gilan

Time 1:20 P.M. – 2:30 P.M.

NO.	TOPIC	Presented by	Time
1	<i>Focused Parathyroidectomy in Primary Hyperparathyroidism</i>	<i>Dr. Yasser Abdurabo Obadiel</i>	<i>1:20 P.M. – 1:30 P.M.</i>
2	<i>Lingual Thyroid- Case Report</i>	<i>Dr-Ali Daiffallah Almassaudi</i>	<i>1:30 P.M.- 1:40 P.M.</i>
3	<i>Diagnostic Accuracy of Fine Needle Aspiration Biopsy for Detection of Malignancy in Thyroid Nodules From 1st January,2020 To 31 December, 2020, in Aden Hospitals.</i>	<i>Dr. Meeaad Mohammed Omer Bayusef</i>	<i>1:40 P.M. – 1:50 P.M.</i>
4	<i>The Results of Treatment of Patients with Thyroid Cancer Under Blockade Conditions and the Absence of Radioactive Iodine in the Republic of Yemen</i>	<i>Dr. Anis Qassem Al-Yahiri</i>	<i>1:50 P.M. – 2:00 P.M.</i>
5	<i>A Case Report Of Spontaneous Ruptured Pheochromocytoma.</i>	<i>Dr.Alameen Alnoor.</i>	<i>2:00 P.M. – 2:10 P.M.</i>
<i>Session Discussion</i>			<i>2:10 P.M. – 2:20 P.M.</i>

Panel Discussions

2:20 P.M. – 2:50 P.M.

Topics :

Acute Mesenteric Ischemia with Massive Bowel Infarction
Acute Abdomin with hemodynamic Instability with MOD

SPEAKER : *Dr. Alameen Alnoor.*

MODREATOR : *Dr. Mohammed Alshehari*

NO.	Name
1	<i>Dr. Naji Hawmash</i>
2	<i>Dr. Abdulhakim Altamimi</i>
3	<i>Dr. Abdullah Almatary</i>
4	<i>Dr. Yasser Abdalmughni</i>
5	<i>Dr. Ahmed Almalahi</i>
6	<i>Dr. Muad Gamil</i>

اليوم الثاني

GIT Surgery

(Chairmen) :-Dr. Tofik Almekhlafi, Dr. Yasser Abdurabo , Dr. Maha Alkadasi

Time 8:15 A.M. – 9:30 A.M.

NO.	TOPIC	Presented by	Time
1	Update in Rectal Prolapse	Dr. Anil Keshava	8:15 A.M. – 8:30 A.M.
2	Transverse Testicular Ectopia with Inguinal Hernia in an Adult Patient—A case Report.	Dr. Faris Alhajami	8:30 A.M – 8:40 A.M
3	Jelly Belly Abdomen A rare Case and Poorly Understood Condition.	Dr .Yaser A. A Mughni	8:40 A.M. – 8:50 A.M.
4	Our Experience of Pelvic Exenteration, Beyond TME for Locally Advanced and Recurrent Rectal Cancer.	Dr. Waheeb Al-Kubati	8:50 A.M.– 9:00 A.M.
5	Ileal Duplication Cysts (Case Report).	Dr Nashwan Tashan	9:00 A.M. – 9:10 A.M.
Session Discussion			9:10 A.M. – 9:30 A.M.

Bariatric and Thoracic Surgery

(Chairmen) :- Dr. Ali Al-Amery, Dr. Osama Al-Sunidar , Dr. Mohammed Aldobali

Time 9:30 A.M. – 10:30 A.M.

NO.	TOPIC	Presented by	Time
1	Effects of Bariatric Surgery on Obesity Related Comorbidities Among Yemeni Patients in 2019.	Dr. Tofik Al-mekhlafi	9:30 A.M – 9:40 A.M



2	<i>Obesity and Metabolic Surgery</i>	<i>Dr. Fawaz Emran</i>	<i>9:40 A.M. – 9:50 A.M.</i>
3	<i>Pediatric with lung hydatid cyst</i>	<i>Dr. Burkan Nasr</i>	<i>9:50 A.M. – 10:00 A.M.</i>
4	<i>Pulmonary Resection</i>	<i>Dr. Laila Al-Aizari</i>	<i>10:00 A.M – 10:10 A.M</i>
5	<i>Median arcuate ligament syndrome</i>	<i>Dr. Fares sarhan Awn</i>	<i>10:10 A.M – 10:20 A.M.</i>
<i>Session Discussion</i>			<i>10:20 A.M. – 10:30 A.M.</i>

BREAK 10:30 A.M. – 11:00 P.M.

Hepatobiliary Surgery

<i>(Chairmen) :-Dr Najj Hawmash., Dr. Fadhl Al-Muhtadi, Dr. Gamila Alsanabani</i>			
<i>Time 11:00 A.M. – 11:40 A.M.</i>			
<i>NO.</i>	<i>TOPIC</i>	<i>Presented by</i>	<i>Time</i>
<i>1</i>	<i>Liver Transplantation in Yemen</i>	<i>Dr.Rasheed M Aleezi</i>	<i>11:00 A.M – 11:10 A.M</i>
<i>2</i>	<i>Hepatic Resection in Yemen.</i>	<i>Dr. Ahmed Ateik</i>	<i>11:10 A.M. –11:20 A.M.</i>
<i>3</i>	<i>The Role of Imaging in Surgical Planning for Liver Resection , What the Radiologist Need to Know</i>	<i>Dr. Mansour Alhameli</i>	<i>11:20 A.M. – 11:30 A.M.</i>
<i>Session Discussion</i>			<i>11:30 A.M. – 11:40 A.M.</i>



Laparoscopic and Robotic Surgery

<i>(Chairmen) :-Dr. Yasser Abdalmughni, Dr. Saeed Al-Bahloli , Dr. Muad Gamil</i>			
<i>Time 11 :40 A.M. – 12:50 P.M.</i>			
<i>NO.</i>	<i>TOPIC</i>	<i>Presented by</i>	<i>Time</i>
<i>1</i>	<i>Laparoscopic Treatment of Concomitant Liver and Lung Hydatid Cyst (Case Study).</i>	<i>Dr. Mohammed Saleh Aldawbali</i>	<i>11:40 A.M. – 11:50 A.M.</i>
<i>2</i>	<i>The Role of Laparoscopic Intervention in Females with Lower Abdominal Surgical Emergencies, and the Interfere of the General Surgeon in the Gyno-obstetric Domain: the Experience in One Single Center in Aden (Research Article).</i>	<i>Dr. Muad Gamil M Haidar</i>	<i>11:50 A.M. – 12:00 P.M.</i>
<i>3</i>	<i>Advanced Robotic Surgery</i>	<i>Dr. R.K. Mishra</i>	<i>12:00 P.M. – 12:20 P.M.</i>
<i>4</i>	<i>Overnight Observation Post Laparoscopic Cholecystectomy</i>	<i>Dr. Khulood Abdulrahman Shukri</i>	<i>12:20 P.M. – 12:30 P.M.</i>
<i>Session Discussion</i>			<i>12:30 P.M. – 12:50 P.M.</i>

Trauma Surgery

<i>(Chairmen) :- Dr. Mohammed Issa, Dr. Ali Albarashi , Dr. Anter Al-Affary</i>			
<i>Time 12:50 P.M. – 1:30 P.M.</i>			
<i>NO.</i>	<i>TOPIC</i>	<i>Presented by</i>	<i>Time</i>
<i>1</i>	<i>Management of Penetrating Neck Vascular Injuries at Aden Hospitals April 2017 - December 2019</i>	<i>Dr.Fatima Al marzoqy</i>	<i>12:50 P.M. – 1:00 P.M.</i>



2	<i>Gastric Outlet Obstruction Post Corrosive Ingestion.</i>	<i>Dr. Belquis AL tuweity</i>	<i>1:00 P.M. - 1:10 P.M.</i>
3	<i>Corrosive Doudenal Injury Managed by Emergency Whipple</i>	<i>Dr. Sarah Abdulkhaliq Shream.</i>	<i>1:10 P.M. - 1:20 P.M.</i>
<i>Session Discussion</i>			<i>1:20 P.M. - 1:30 P.M.</i>

Vascular Surgery and Miscellaneous Topics

(Chairmen) :-Dr. Mohammed A Ghafour, Dr. Mohamed Alshujaa, Dr. Loai Alkubate

Time 1:30 P.M. -2:20 P.M.

NO.	TOPIC	Presented by	Time
1	<i>Prospective Evaluation of Factors Associated with Arteriovenous Fistula Primary Failure and Complications in Hemodialysis Patients 1617</i>	<i>Dr. Ismail Alshameri</i>	<i>1:30 P.M. - 1:40 P.M.</i>
2	<i>Popliteal Vascular Injury Management Role of Temporary Intraarterial Shunt.</i>	<i>Dr. Abdallatef Ali</i>	<i>1:40 P.M. - 1:50 P.M.</i>
3	<i>Jejunoileal Atresia A Case Report.</i>	<i>Dr.Abdulwahhab Al-Mathhagi</i>	<i>1:50 P.M. - 2:00 P.M.</i>
4	<i>Breast Endometriosis</i>	<i>Dr.Saleh Al-Wageeh</i>	<i>2:00 P.M. - 2:10 P.M.</i>
5	<i>Rectal Necrotizing Fasciitis due to Fungal Infection in Immunocompetent Patient</i>	<i>Dr.Jalal Alhobaishi</i>	<i>2:10 P.M. - 2:20 P.M.</i>
<i>Session Discussion</i>			<i>2:20 P.M. - 2:30 P.M.</i>

General Assembly



ملخصات الأوراق العلمية *Abstracts*



Patient Safety Practice (PSP)

This is the third presentation as regards the theme of patients' safety and quality of healthcare. we are going to discuss in short, the 10 strongly encouraged implementations and we will just mention the 12 encouraged implementations. Lastly, we might enumerate the 14 hospital complications that will not covered by insurance (if happened in the hospital after admission).



Skills based assessment in surgical practice

Surgical training and assessment has been criticised in the past for lacking transparency, reliability and validity. The new Intercollegiate Surgical Curriculum Programme (ISCP) has a well-defined, competencebased syllabus and a system of workplace-based assessments and examinations that map to the syllabus.

The main aims of workplace-based assessment are to aid learning through objective feedback and to provide evidence that the competencies required to progress to the next level of training have been achieved.

Reduction in surgical experience means that more training will need to be undertaken on simulations, although experience and assessment in the operating room must remain the 'gold-standard'. Simulation training will require the provision of properly resourced surgical skills facilities in every hospital. The key to reliable assessment and constructive feedback is well-trained trainers.

Training is a skill that must be learned, and assessment and feedback techniques form part of this. In surgery, it has been assumed that all consultants are trainers but this is clearly not the case. Surgeons will need to follow the example of primary care, where trainers are selected from experienced general practitioners who demonstrate enthusiasm and ability. The reward for the trainer should be protected time for training.

The reward for the National Health Service will be better trained surgeons.



Pancreaticoduodenectomy (Whipple's Procedure) – intraoperative difficulties and early postoperative complications at Al-Thawrah Hospital January 2016- October 2021

Abstract

Background: Pancreaticoduodenectomy (PD) is considered to be the standard surgical treatment for tumors of the pancreatic head, proximal bile duct, duodenum and ampulla. this complex surgical technique has evolved and, although the mortality rate has been reduced by the development of high volume centers to be less than 5%. Morbidity remains high, with a rate close to 40%.

Aim: To describe the intraoperative difficulties and early postoperative complication of whipple's procedure (PD) in Al-Thawrah hospital – Sana'a from January 2016 to October 2021

Method: Retrospective descriptive cross-sectional study from January 2016 to October 2021 for the patients who underwent whipple's procedure (PD) in Al-Thawrah Hospital, Sana'a

Results: A review of 52 patients underwent Whipple's procedure , 53% male and 47% female, between 18 – 75 years old with median age of 50. Operative type was classic in 96% of cases and 4% pyloric preservation . Pancreatic reconstruction was pancreaticojejunostomy in 94% and pancreaticogastrostomy 6% . the most common intraoperative difficulties were seen the normal diameter of biliary tree was in 11%, aberrant right hepatic artery in 8% and operative field adhesion in 6%. The most common postoperative complications were wound infection in 66% , pancreatic fistula type B and C in 25%, bile leak in 11% and delayed gastric emptying in 7%, mortality rate 6% half of them due to pancreatic leak and the others due to cardiac problems. The overall stay post operative between 7 to 14 days.

Conclusion: Whipple Procedure is complex procedure with Significant morbidity . high volume and referral centers makes morbidity and mortality less



Reliability of Oncoplastic Breast Conserving Surgery for Management of Early Breast Cancer in Yemeni Patients.

Abstract

Background:

Oncoplastic breast conserving surgery is limited in treatment of Yemeni breast cancer patients. The aim of this study is to evaluate the reliability and safety of oncoplastic breast surgery in Yemeni patients with early breast cancer.

Material & Methods:

Patients with early breast cancer who underwent oncoplastic breast conserving surgery from July 2014 to July 2020 were included in this retrospective study. Data on the patient's demographic, tumor characteristics, the type of oncoplastic technique performed, surgical margin involved, re-excision rate, complications, satisfaction, follow up and local recurrence rate were included to evaluate the results.

Results:

A total of 50 breast cancer patients underwent oncoplastic surgery by using different techniques. Volume displacement technique was the commonest technique used in 92% of the patients (local glandular flap in 64%, reduction mammoplasty in 22%, Grissotti flap in 4% and batwing in 2%) While the volume replacement (Latissimus dorsi flap) technique was used in 8 % of the patients with small breasts. 70% of the patients were less than 40 years old. The mean tumor size was 3.4cm. Most of the tumors (84%) was invasive ductal carcinoma. The overall postoperative complication was 14% [wound infection (4%), wound dehiscence (8%) and fat necrosis (2%)]. Re excision rate was 12% and complete mastectomy was performed for 2 patients. Patient satisfaction was 96%. Local recurrence rate was 4% with mean follow up of 23.1 (SD:16) months.

Conclusion:

The oncoplastic breast conserving surgery is reliable and safe with good oncological and aesthetic outcomes for treatment of early breast cancer in Yemeni patients.



Microsurgery Free Flap and Replantation Surgery New Era in Tissue Reconstruction and limb salvage.

Abstract

Background & Aim: Microsurgery is an advanced surgical technique that allows us to solve a lot of complex surgical problems & tissue defects, also considered a revolution in surgery ,through which it was possible to managed a lot of surgical problems that were difficult to treat previously, and also it became possible to preserve & replant many of the amputated limbs and parts. Aim of this paper is to explain the role of microsurgery in tissue reconstruction and in replantation of the severed limb and parts. also to high light on the principles of replantation surgery & how to save the amputated parts during transportation. Also, to see what the world has achieved in this field and what are the steps we have taken to catch up with this field

Methodology: This retrospective study was carried out between July 2019 and August 2021 .total 25 patients ,18 of them had difficult, complex wounds at different parts of body, that not amenable for regional or pedicle procedures or skin grafts, where managed by 19 Free flaps transfer (13 patients were post trauma, one post iatrogenic injury (orthopedic) and 4 were post tumors excision). 7 of 25 patients had limbs amputations (varies from digits and toes amputations to major upper or lower limbs amputations and from partial to total amputations) .

Results: 13 free flaps were complete survived, two flaps has partial necrosis, and total loss of 3 flaps .5 flaps were re-explored , 3 of them salvaged and two ended by total flap loss. Minor wound dehiscence was noted in two flaps which were managed conservatively. about replanted group (7 patients),4 replanted parts were complete survived, one has partial necrosis and 2 ended by total necrosis.

Conclusion: Despite the length of procedures of Microsurgical free flap and replantation surgery ,and it's need for skills, experience and patience, Also its relatively high cost, Soft-tissue reconstruction with the microsurgery techniques provides an excellent functional and cosmetic result with lowest donor site morbidity with high patients satisfactory .



Cleft Lip in Yemen: A 13-Years Study.

Abstract

Cleft lip and palate is the most common congenital facial anomaly in children, which can affect appearance, speech, hearing, growth, psychosocial wellbeing and social integration.

Complete clefts lip and palate represent a long journey for patients, families and the cleft team.

We have to face a lack of function, symmetry and shape. There are involved soft tissue, muscles, cartilages, bone and all of them are displaced, distorted or missed. In more than 20 years of experience in our department we developed a strong surgical protocol that has its center the cheilo-rhino-plasty and periosteoplasty procedure. Within 3 stage procedure we try to restore every single part involved in order to achieve better results and less need of further procedures.

Our Study Started from 01.12. 2001 and ended in 30.11.2015 K.U.H

We received 3941 patient in our hospital from all region of our country from 01.12.2001 until 30.11.2015

Conclusion

We believe that most cases of cleft lip and cleft palate are caused by an interaction of genetic and environmental factors in all region of Yemen ,but we discovered a Khat and Sea food in the East and West of Yemen are as definite cause.

Remnants of radiation

Due to remnants of radiation in the Sea in last 10 years we found high incident of congenital anomaly and cancer disease in the East and west of Yemen



Common Conditions Which Need the Urgent Involvement and Calling the Plastic Surgeon.

Plastic surgery is a surgical specialty involving the restoration, reconstruction, or alteration of the human body. It can be divided into two main .

collaborative multidisciplinary approach is recognized as being crucial to the increase success rate of many surgical procures so too the early involvement of plastic surgery in this overview lecture we will discuse the most common conditions which need the urgent involvement and calling the plastic surgeon to interfeerer for examples and not **conclusive** : burns,

Facial trauma ,hand trauma ,and lower limb trauma .

Amputated part of body like the ear or fingers, Compartment syndrome what ever the cause like trauma or snake bite,



Surgical Management of Face & Neck Firearm Injuries in AlThawra Hospital.

Abstract

MOjectives: This research is aimed at finding the patterns of surgical management of firearm injuries in the face & neck, types of reconstructive surgeries which can be done in these cases, and types of firearms that caused the injuries.

Methods: The data of 86 patients admitted to TMGH\ Sana'a were collected; then processed by PC and adopting by SPSS program.

Result: The results revealed 86 cases, 93% were males & 7% were females, most of them were in young ages. The civilians represented (72%), came from Hajja and Sana'a (21%) & (16%) respectively. The departments of General surgery and Maxillofacial were received most of the cases (35%) & (30%) respectively. The medium velocity firearm was most common used (51%). Mortality was (3%), and the most common anatomical sites which were injured; were the face (79%). Eighteen cases were vitally unstable and needed CPR; two of them needed airway control. All cases underwent for definitive surgeries; either immediately or later, which were 52% of the cases non-vascular soft tissues surgeries; included the reconstructive surgeries which were done for 37 patients. And the vascular surgeries represented 9%. Facial bones reductions & fixations done in (27%) of the cases; most of them were in lower face. About (12%) neurological surgeries were done & (29%) morbidities.

Conclusion: The firearms injuries are worldwide issues. And Yemen is considered as widely using without an oversight or control. The massive damage of firearm injuries in the face and neck remains the important challenge for the surgeons, so the team work is one of the most important basics in the success of our interventions. The treatment of face and neck firearm injuries requires a good assessment, which will lead to satisfactory outcome, also the early tissues debridement with bony fixation or reduction to minimize the scars formations and disfigurements, then simplified the reconstruction later on. But this study was conducted only on one hospital in the capital, and this is not sufficient, so we need more studies in other hospitals & governorates.



FOCUSED PARATHYROIDECTOMY IN PRIMARY HYPERPARATHYROIDISM

Background

Primary hyperparathyroidism PH is a common endocrine disorder with variable clinical presentation and different surgical approaches.

Methods and patients:

A review of patients with diagnosis of PH seen over a period of 6 years from 2016 to 2021 was conducted. The patients with positive preoperative localization by ultrasonography. US were operated by focused parathyroidectomy FP and the outcome was assessed.

Results:

A 34 patients with PH, 28 were female their age ranged from 13 to 73 years with mean age 42(+ 11) years. The most common presentation was bone disorders. US was positive in 21 patients .

Focused parathyroidectomy was done in 21 patients with positive US and the success rate was 100%. Bilateral neck exploration was done in 8 patients and 4 patients underwent to unilateral parathyroidectomy.

Conclusion:

Neck ultrasonography has high accuracy in identifying solitary parathyroid adenoma and can guide focused approach in surgery for PH with its advantages of small incision, less tissue trauma and high success rate.



lingual thyroid

CASE REPORT

A rare case of lingual thyroid of massive size is being reported in a 26-year-old female patient who presented with dysphagia, signs and symptoms of upper airway obstruction and posterior swelling of tongue. Ultrasound study revealed the absence of a normal thyroid gland in the neck and CT scan revealed mass at the base of tongue . Diagnosis of a lingual thyroid was made based on the site specific and characteristic nature of lingual thyroid. Surgical excision was planned under general anesthesia, The mass was completely excised through a trans oral approach and histopathological examination was reported as thyroid tissue . Postoperatively the patient was placed under lifelong thyroxin replacement. Follow-up showed excellent results with rapid healing of surgical site with minimal patient discomfort.



Diagnostic accuracy of fine needle aspiration biopsy for detection of malignancy in thyroid nodules From 1st January,2020 To 31 December, 2020, in Aden hospitals.

Background: Thyroid nodules are common diagnostic challenge encountered in surgery. More than 90% of all thyroid nodules are benign. Thyroid cancer accounts for only a small percentage of thyroid nodules. Accuracy of diagnosis is very essential for evaluating possible malignancy and for their management.

Objective: Study aimed to identify the role of the fine needle aspiration biopsy for the detection of malignancy in patients with thyroid nodules. **Patients and methods:** This study was a prospective study of 129 patients with thyroid nodules who underwent thyroidectomy. It was performed during the period January 1st, 2020 – December 31, 2020, at Aden hospitals -Yemen. All variables were reviewed and entered to computerized data base system. Initially, descriptive analysis of results and variables predominantly analyzed as frequencies, tables and percentages. Z test was used to evaluate the difference between percentages. The association of each recorded variable with the final histological diagnosis was evaluated by using the Chi-square and Fisher Exact tests with P value of $< 0.05\%$ considered as statistically significant.

Results: Among the 129 patients, 92 (88.5 %) were women, and 12 (11.5 %) men, were with solitary thyroid nodule, while 21 (84 %) were female, and 4 (16 %) men with multiple thyroid nodules. The female to male ratio was 7.06:1. One hundred patients (77.5 %) corresponded to benign pathology [93 women and 7 men], and 29 (22.5 %) to cancer [20 women and 9 men]. Histological diagnosis of malignancy in thyroid nodules was of statistical significant association with: The presence of palpable lymph node, rapid nodular growth, fixed feature, solid nature, and the results of FNAB ($P \leq 0.05$). Among 125 of 129 patients, Neck ultrasound was done. TSH, T3 and T4 measurement only assessed the function of the nodules with 126 (97.6 %) of the patients were euthyroid. The false negative results of FNAB were 3.1 % and the overall sensitivity, specificity and accuracy were 86.2 %, 87 % and 86.8 % respectively.

Conclusion and recommendation: Fine needle aspiration biopsy was the most popular diagnostic test used in the diagnosis of thyroid nodules, it was performed in all studied patients. Fine needle aspiration biopsy had an acceptable diagnostic accuracy in the assessment of thyroid nodules with over all sensitivity, specificity and accuracy of 86.2 %, 87.0 % and 86.8 % respectively. The improvement of our knowledge, the proper use and the good interpretation of the different diagnostic methods will provide a more precise diagnosis and good prognosis for patients with thyroid nodules.



The results of treatment of patients with thyroid cancer under blockade conditions and the absence of radioactive iodine in the Republic of Yemen

Introduction: The World Health Organization (WHO) classifies malignant epithelial thyroid tumors into four major groups (papillary, follicular, medullar and undifferentiated). Papillary thyroid carcinoma (PTC) is the most common type, for about eight out of ten thyroid cancers belong to this histological type. Prophylactic neck dissection performed by the Hui Su.

Radioactive iodine (RAI) is considered effective for patients with total or nearly total thyroidectomy, but the beneficial effects of RAI are still controversial. War conditions forced us to study alternative methods of using radioactive iodine in the treatment of patients with PTC.

Material and methods: Between January 2014 and June 2021, in Al-Yakhiri hospital, 57 total thyroidectomy with Radical Bilateral Neck Dissection (RBND), were performed, 50 for malignant disease, 7 for false positive cytology. RBND involves surgical clearance of Levels II-VI. Mean age was 40.7 years old and 92% of the patients were female. 7(14%) patients had hypothyroidism which required preoperative thyroid hormone treatment. The Thyroid Stimulating Hormone- Suppression Therapy (TSH-ST) immediately started after RBND for most patients on the first day. It consisted in reducing the level of TSH < 0.1 mIU/L.

Results: The Apron flap was used on most operations (40)80% and with lateral extensions had 10(20%). RBND involves surgical clearance of Levels II-VI performed in all operated patients, besides that, 4(8%) of them had resection of sternocleidomastoid muscle (SCM) and accessory nerve (XIn) and internal jugular vein (IJV) with clearance of Levels IB. The PTC was the most common 80.9% (38 patients from 47) by histopathological report and 4(8%) patients of 50 had resection of sternocleidomastoid muscle (SCM) and accessory nerve (XIn) and internal jugular vein (IJV).

The postoperative mortality rate not observed (0%). The postoperative morbidity rate was 22.8% (n =13). Seroma(8.7%), Hypocalcemia(7%), Wound infection(5.3%), Bleeding(1.8%) To suppress TSH and growth of any residual thyroid the TSH-ST (levothyroxine 150 – 600mcg) done in all patients 57(100%) at the first day after RBND.

We tracked the results of treatment for two years in 30 patients with PTC; only 3 of them received radioactive iodine abroad. Biennial Recurrence rate for PTC appeared in one woman (2%), who had RAI postoperatively in the form of neck lymph nodes metastasis.

Conclusion: For patients with PTC, thyroidectomy plus prophylactic RBND is a safe and efficient procedure and it results in lower recurrence rate. Postoperative treatment with exogenous thyroid hormone in doses sufficient to suppress TSH (not less than 150mcg), decreases incidence of recurrence. Total Thyroidectomy with RBND followed by TSH-ST, in our opinion, applicable optimal treatment scheme care for this patient population.



A Case Report Of Spontaneous Ruptured Pheochromocytoma

Abstract

Pheochromocytoma/paraganglioma (PPGL) is a rare neuroendocrine tumor, with a prevalence of 0.1–0.6% in hypertensives and an estimated incidence of 2–8 per million in the general population. The diagnosis is pursued in three clinical scenarios: the patient presents with symptoms of catecholamine excess, incidental detection of an adrenal mass on imaging and during the investigation of a genetic syndrome such as multiple endocrine neoplasia type 2 (MEN2), Von Hippel–Lindau (VHL), neurofibromatosis 1 (NF1). The presenting symptoms and signs can be varied, with the classic presentation of paroxysmal hypertension, headache, palpitations and sweating seen in only 40% of cases. One of rare presentations is rupture of pheochromocytoma with only 50 cases have been reported worldwide. The mortality rate of ruptured pheochromocytoma is approximately 31% worldwide. The causes of mortality include bleeding, heart failure and multiorgan dysfunction from excessive release of catecholamine, postoperative severe hypotension, and pulmonary edema. Correct diagnosis and elective surgery after controlling blood pressure are the most important prognostic factors. Our patient is a 62 years old male, a known case of neurofibromatosis type 1 presented to the hospital complaining of sudden severe abdominal pain more in the right side of the abdomen, associated with nausea & vomiting. On examination patient was tachycardic, but blood pressure was still within normal. Abdomen was rigid, slightly tender. Laboratory evaluation revealed a drop in Hb level & leukocytosis. Abdominal CT scan was done revealing a heterogenous mass of 6.5 cm in size in the right retroperitoneal space with hematoma around the mass. Emergency exploratory laparotomy was performed successfully & pathological evaluation revealed ruptured pheochromocytoma. The patient recovered in good health & has been followed up in years.

3rd EVENT

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Transverse testicular ectopia with inguinal hernia in an adult patienta case report.

Background:

Transverse testicular ectopia (TTE) is a rare congenital anomaly in which both the testis are in the same hemiscrotum or one testis in the inguinal canal of the same side. It is usually associated with other anomalies such as inguinal hernia, persistent Mullerian duct syndrome (PMDS), true hermaphroditism, and pseudo- hermaphroditism. The majority of patients present with ipsilateral inguinal hernia and contralateral nonpalpable testis In this case report, we present a rare case of TTE in an adult patient with empty left scrotum,both testecal in right scrotum, left aplastic and single longer right seminal vesicle, rudimentary uterus? and right side inguinal hernia.

Case presentation:

A 36-year-old male came with complaint of pain in the scrotum for 2 weeks with a long- standing history of right inguinoscrotal swelling and infertility. Clinical examination revealed a right inguinoscrotal swelling, in which right testis was not palpable separately and left testis was palpable beside the right one,with empty left hemiscrotum.when reduced the swelling, both testis retracted to inguinal canal

Ultrasound imaging and CT of the scrotum revealed TTE with both testes in the right hemiscrotum and normal size,single right seminal vesicle, right side patent process vaginalis with a non- obstructive, and non-strangulated inguinoscrotal hernia. Surgical intervention with hernioplasty transeptal orchidodpexy and testicular biopsy. And biopsy from rudimentary uterus

Conclusion:

The present case report emphasizes that though TTE is a rare congenital anomaly, it should be considered as a differential diagnosis in patients with an ipsilateral absent testis and contralateral hernia and/or infertility, and a detailed imaging and biochemical investigation should be employed considering the wide spectrum of associated conditions



Jelly Belly abdomen a rare case and poorly understood condition

Background:

Gelatinous abdomen due to Pseudomyxoma peritonei (PMP) is a rare clinical condition with an estimated incidence of one to two per million (worldwide) per year. It is characterized by the peritoneal deposition of mucinous tumors, most commonly of the appendix, and occasionally from the ovary, coupled by mucinous ascites, other origins are rarely reported, and it is characterized by clinical and unusual pathologic manifestations posing diagnostic and therapeutic problems. Involvement of abdominal viscera and lymph node metastases are rare and sporadic cases have been reported in the literature.

Here, we report a rare case of abdominal PMP, which originated from rectal carcinoma.

The prognosis of the patient consisted of pathological diagnosis, with samples from exploratory laparotomy, radiological visualization and extent of resection.

We apply a cytoreductive technique, in an attempt to remove all visible evidence of the disease, plus referral to cancer center for further possible treatment on bases of the results of histopathology.



Our Experience of Pelvic Exenteration, beyond TME for locally advanced and recurrent rectal cancer.

Introduction: There have been significant advances in the surgical management of locally advanced and recurrent rectal cancer in recent decades. Patient with advanced rectal cancers involving adjacent organs and neurovascular structures, beyond the traditional mesorectal planes, who would have traditionally been considered irresectable at many centres, now undergo surgery by pelvic exenteration routinely. While high rates of morbidity and mortality were reported by the pioneers of pelvic exenteration (PE) in early literature, this is now considered historical data. As a result, Pelvic Exenteration (PE) is now performed routinely at increasing rate offering our patients a chance of long-term survival with acceptable morbidity and quality of life. This paper describes the surgical techniques that we have been performed for radical multivisceral pelvic resections and their outcomes regarding only rectal cancers, excluding those with distant metastases or other pelvic cancers.

Methods and Results; Retrospective study for our 20 Patients who underwent Pelvic Exenteration (PE) for advanced or recurrent rectal cancer in 5, public and private, hospitals between the period June 2008 to June 2021. The majority were male patients with locally advanced cancers. Majority of our females patients underwent PE were recurrent rectal cancer post abdominoperineal resection were done in out site centers for mucinous signet ring primary adenocarcinomas. Clear R0 were achieved in almost all cases. All cases were axial or central without lateral pelvic involvement.

We got reasonable rates of long-term survival (up to 60 % at 5 years) and acceptable morbidity and quality of life.

Conclusions; Patients with locally advanced or recurrent rectal cancers beyond TME or with multivisceral pelvic involvement without distant metastases are candidates for pelvic exenteration surgery. Achieving R0 resection with acceptable morbidity has become the ultimate goal of curative exenterative surgery and demonstrated to be the most important factor in predicting both long-term survival and postoperative quality of life. We faced limitations to standardized our results as poor quality MRI, no radiologist specializes in MRI reporting pelvic MRI and absence of multidisciplinary team.



Duplication cyst.

Gastrointestinal tract duplication cysts are rare congenital gastrointestinal malformation in young patients and adults. The reported incidence is 1/4500, and more than 80% occurs before the age of two as an acute abdomen or bowel obstruction. The most common site is Ileum (60%), while the colonic localization is reported between 4 and 18%. They consist of foregut duplication cysts, small bowel duplication cysts, and large bowel duplication cysts. Endoscopic ultrasound (EUS) has been widely used as a modality for the evaluation and diagnosis of duplication cysts. EUS is the diagnostic tool of choice to investigate duplication cysts since it can distinguish between solid and cystic lesions. The question of whether or not to perform EUS-fine needle aspiration (EUS-FNA) on a lesion suspected of being a duplication cyst is controversial as these lesions can become infected with significant consequences, although EUS-FNA is often required to obtain a definitive diagnosis and to rule out more ominous lesions. This manuscript will review the literature on duplication cysts throughout the body and will also focus on the role of EUS and FNA with regards to these lesions.



Effect of Bariatric Surgery on Obesity related comorbidities among Yemeni Patients in 2019

Abstract

Introduction: A pandemic of obesity and it's related comorbidities are rising. Many obese complain of diabetes, gastroesophageal reflux, osteoarthritis and other conditions. Some of these patients fail to respond to conservative therapy, in these patients, bariatric surgery "metabolic surgery " has emerged as an effective treatment.

Objective: To assess the effect of laparoscopic bariatric surgery on obesity and related comorbidities among patients operated in Sana'a, Yemen in 2019.

Methods: This is a descriptive prospective study that followed up 50 patients who underwent laparoscopic bariatric surgery in 2019. The follow-up lasted for six months to detect changes in body mass index, random blood sugar, and glycated hemoglobin.

Additionally, joint pain and gastro-esophageal reflux disease were evaluated as well.

Results: Among the 50 obese who were involved in this study, 22 were males and 28 were females. Their mean age was 37.4 ± 10.2 years. Patients underwent one of three laparoscopic procedures that are sleeve gastrectomy, single anastomosis sleeve ileal bypass, and single anastomosis duodeno-ileal bypass with sleeve gastrectomy . The overall mean body mass index (BMI) preoperatively was 45.4 ± 7.3 kg/m² . Postoperatively at six months BMI was 32.4 ± 4 kg/m² . Among diabetic patients preoperative glycated hemoglobin (HbA1C) was 8.1 ± 2.3 % on medical therapy. HbA1C at 6 months postoperatively was 5.3 ± 1.2 %, these findings among others were statistically significant. Diabetic remission, defined as HbA1C of < 6 % without medication, was achieved in 12 patients (80 %) of the 15 diabetic patients at 6 months follow-up. In regard to gastroesophageal reflux disease and joint pain were reported 76% and 90% respectively. Had significant improvements to resolution postoperatively.

Conclusion: Clinicians are encouraged to take advantage of bariatric surgery efficacy in treating their patients who do not respond to conservative therapy.



Obesity and Metabolic Surgery (BARIATRIC Surgery)

Abstract

- Obesity is a result from the accumulation of excess fat in the body.
- It is a chronic long-term disease with serious long-term consequences for health such as:DM,Hypertension,Dyslipidemia,Coronary Heart Disease & Arthritis
- Obesity is defined as having a body mass index greater than 30
- BMI=Body weight in Kg/ Height in meter²
- The national institute of health recommends four BMI categories
- Causes of obesity: Genetics: It affects the metabolisms storage and distribution of body fat -Family factors: Due to lifestyle and genes – Emotions -Environment: Due to lifestyle and eating habits
- Sex: Men have more muscles than women while women have more fat than men
- Age: The more you age, the more fat you develop
- Certain medical conditions: Cushing syndrome, Depression, Medications (such as steroids and birth control pills), and anti-depressant
- Eating disorder (Binge eating and bulimia)
- Medical treatment
- Bariatric surgical procedures cause weight loss by restricting the amount of food the stomach can hold, causing malabsorption of nutrients, or by a combination of both gastric restriction and malabsorption. Bariatric procedures also often cause hormonal changes. Most weight loss surgeries today are performed using minimally invasive techniques
- The most common bariatric surgery procedures are gastric bypass, sleeve gastrectomy, adjustable gastric band, and biliopan-creatic diversion with duodenal switch. Each surgery has its own advantages and disadvantages.



Evaluation and surgical management pediatric lung hydatid cyst

Abstract

The aim of this study was to review the problems encountered in treating the pediatric patients with complicated ruptured lung hydatid cysts and to highlight the risks associated with delay of surgical treatment in lung hydatid disease.

METHODS:

A prospective analysis the medical records for 50 Pediatric patients with lung hydatid cyst were operated in Saudi Hospital at Hajjah between April 2015 and august 2021 with age 5-12 years. The patients were divided into two groups based on whether the lung cyst was intact non complicated (group 1, n = 27) or complicated (group 2, n = 23). A complicated cyst was defined as one that had ruptured into a bronchus or into the pleural cavity.

All patients were treated surgically. Data related to symptoms, preoperative complications, surgical procedures performed, postoperative morbidity, hospitalization time, were collected from each patients' parents, and the group findings were compared.

RESULT:

50 surgical procedures performed, 45 posterolateral thoracotomy, 2 posterolateral thoracotomy with phrenotomy, one posterolateral thoracotomy with laparotomy and 2 tube thoracostomy.

In most cases of non complicated intact lung hydatid cysts, the lesions were either incidental findings or the patient had presented with cough, dyspnea and chest pain. In addition to these symptoms, the patients with complicated cyst had presented with problems such as expectoration of cystic contents, hemoptysis, productive sputum, and fever. The differences between the groups with respect to the rates of preoperative complications and postoperative morbidity, frequency of decortications, and hospital stay were statistically significant ($p < 0.05$).

CONCLUSIONS:

Surgery is the primary mode of treatment for pediatric patients with lung hydatid disease. Complicated cases have higher rates of preoperative and postoperative complications and require longer hospitalization time and more extensive surgical procedures than uncomplicated cases. This underlines the need for early surgery in any patient who is diagnosed with pulmonary Hydatidosis.



Pulmonary Resection (Indications, Types and Outcomes) In Al-Thawra Modern General Hospital, Sana'a 2018-2020

Abstract

Background: Pulmonary (lung) resection is an operation used to diagnose and treat various lung diseases such as infection, congenital anomalies, malignancy and trauma. Despite its difficulties and complications, lung resection can be the best and most effective choice for some diseases especially in destroyed lung and lung cancer.

Objective: Study the indications, types and outcomes of pulmonary resection in our local practice.

Methodology: A prospective descriptive study of all patients underwent lung resection in Al Thawra Modern General Hospital in Sana'a from

1st January 2018 to 31st December 2020.

Result: Fifty patients had undergone lung resection, 54% (27 patients) were male while 23 patients (46%) were female. Mean age was 19 ± 18.9 years. The majority of our patients were younger than 21 years 60% (30 patients). The indications of lung resection were bronchiectasis in 13 cases (26%), lung cancer in 9 cases (18%), emphysema in 8 cases (16%), congenital cystic adenomatoid malformation in 7 cases (14%), trauma in 4 cases (8%), empyema in 3 cases (6%), lung abscess, hydatid disease and bronchopulmonary sequestration were in 2 cases (4%) for each. Left lung was the most affected in 28 cases (56%). 3 cases had Readmission for 2nd lung resection. Lobectomy was performed in 31 cases (62%), pneumonectomy in 4 cases (8%), segmentectomy in 11 cases (22%), and non-anatomic wedge resection in 4 cases (8%). Mean of postoperative intensive care unit days was 2.7 ± 3.2 days ($p = .001$). Postoperative complication occurred in 24 cases (48%); lung collapse occurred in 7 patients (14%), atelectasis and pneumonia in 4 patients (8%), bronchopleural fistula (air leak) in 3 patients (6%) and respiratory failure in 2 patients (4%). 2 patients had wound infection. Mortality in our study occurred in 5 cases all had lobectomy. Mean of Length of hospital stay (postoperative period) was 9.7 ± 7.8 days ($p = .002$).

Conclusion: Lung resection is important procedure despite the limited facilities in our country, its outcomes is good providing relieve of patient's symptoms and treatment of various lung diseases.



Median arcuate ligament syndrome abstract

Background

Median arcuate ligament syndrome celiac trunk compression syndrome , or Dunbar syndrome is a rare condition characterized by abdominal pain attributed to compression of the celiac artery and the celiac ganglia by the median arcuate ligament. It is estimated that in 10–24% of normal, asymptomatic individuals the approximately 1% of these individuals exhibit severe compression associated with symptoms of MALS. The syndrome most commonly affects individuals between 20 and 40 years old .

Case report

A 40 year old male patient complaining of abdominal pain mostly related to eating for long time associated with significant weight loss sought medical advice many times with no benefit. After taking history and clinical examination we think he has superior mesentery artery syndrome. Abdominal CT angio was requested and showed picture of celiac trunk compression syndrome patient underwent laparoscopic release successfully and discharge home in the 2nd day with a good health .

Conclusion

MALS is a rear condition and not easy to diagnosed, surgical release is best option in severely symptomatic patient.



Liver transplantation in YEMEN, IS IT POSSIBLE?

Objective: Since the early eighties, liver transplantation has quickly become the ultimate solution for patients with end-stage liver disease. As a result, liver transplant programs proliferated all over the world. This study reviews the status of liver diseases in YEMEN and the necessity to establish LT program taking lessons from nearby Arab LT programs experiences.

Methods: Review articles that describe the status of LT in Arab world and those describe the LT programs in Egypt and Saudi Arabia, most successful programs, then compare results with our situation in YEMEN to figure the necessity and the possibility of initiation our own program. If we want to start, we should begin from end of others.

Results: The Arab World is composed of 22 countries with approximately 350 million people. The first DDLT in the Arab World was performed in 1990 at Riyadh Military Hospital in Saudi Arabia. The first LDLT was performed in 1991 at the National Liver Institute in Egypt. Between 1990 and August 2013, 3,804 liver transplants (3,052 [80%] LDLT and 752 [20%] DDLT) were performed at 27 centers in 11 Arab countries. The largest percentage of liver transplantation has been performed by 13 transplant centers in Egypt (56%) followed by four transplant centers in Saudi Arabia (35%) and two transplant centers in Jordan (5%). In the remaining eight Arab countries, liver transplant activity has been limited to one program in each country. More than 70% of the LDLT in this series were performed by the transplant centers in Egypt with five living donor deaths reported (0.2% rate of mortality). More than 90% of the DDLT were performed in Saudi Arabia; 4 liver transplant centers in Saudi Arabia have collectively performed 1,338 LT (52% DDLT and 48% LDLT), including 13 split LT procedures. There were no reported living donor deaths in Saudi Arabia. A small number of transplants have been performed in Algeria, Tunisia, and Lebanon. The initial transplant programs in Libya, Kuwait, and United Arab Emirates performed a few liver transplants, but they were subsequently suspended because of logistical and technical reasons.

Conclusion: Liver disease is endemic in YEMEN. It is estimated that considerable numbers of patients require liver transplantation annually. A liver transplant program is not only feasible but necessary and cost effective. Great effort is required in this direction to achieve a successful transplant program.



Hepatic Resection in Yemen.

Background:

During the last ten years, resection of liver in different

Patients has become the standard of cure, with 5-year survival rates of 30–70%..

Objectives: This study aimed to analyze liver surgery in Yemen, indication, technique, complications, outcomes and Hospital Procedural Volumes.

Methods:

The total of patients who underwent liver resection in our experience from 2013 to 2021 were 60 patients with different indication, technique, complications and outcomes. 20 of them female and 40 male, age 5-70 years old

Results The most common indications for hepatic resection were primary hepatic malignancy (55%)(33), biliary tract malignancy (15)(25%), and benign hepatic tumor (9)(15%) secondary metastases (3)(5%). the technique was (35) Rt. hepatoectomy ,(5) extended Rt. hepatoectomy, (8) left hepatoectomy, (7) wedge resections (5) nonanatomical resection. Complication; Hepatic failure (1 case) , Bile leakage (BL)(8 cases) , Ascites 5 case, Acute renal failure (ARF)2 cases, Surgical site infections (SSI)6 cases, Coagulation disorders 5 cases, Postoperative pneumonia and respiratory disorder (PPN/RD)6 cases, mortality 2 cases died in hospital, 3 cases within 3 month, By follow-up and dividing time in early and late periods, we found a five-year survival of 40% (20/51)

Conclusions;

Major hepatic resection for malignant or benign disease can be performed safely with minimal morbidity and mortality in Yemen. the few surgeons performing hepatic surgery have regularly been taking part in international courses and spending long periods (months and years) in high-volume centers around the world. Hospital procedural volume is an important predictor of mortality after hepatic resection. Patients who require resection of primary and secondary liver tumors should be offered referral to a hepato-biliary surgeon.



The role of imaging in surgical planning for liver resection

SUMMARY:

The management of patients undergoing surgical resection for liver malignancies requires a mul- tidisciplinary team, including a dedicated radiologist.

In the preoperative workup, the radiologist has to provide precise, relevant information to the surgeon. This requires the radiologist to know the basics of surgical techniques as well as liver surgical anatomy in order to help to avoid unexpected surgical scenarios and complications. Moreover, virtual resections and volumetries on radiological images will be discussed, and basic concepts of postoperative liver failure, regeneration, and methods for hypertrophy induction will be provided.



Laparoscopic treatment of Concomitant Liver and lung Hydatid Cyst . case study

Abstract

Over the world, hydatidosis is endemic in many countries. It is more prevalent in Middle East esp. Egypt, Yemen and Iraq We came across with a 25y female patient who had a concomitant hydatidosis of the liver and lung .

reviewed the management

We believe that simultaneous management of hepatic cysts and pulmonary cyst through minimal invasive surgey as laparoscopic and thoracoscopic route is convenient and should be encouraged in certain patients because this approach decreased morbidity and mortality by deferring second operation



The role of laparoscopic intervention in females with lower abdominal surgical emergencies, and the interfere of the general surgeon in the gyno-obstetric domain: the experience in one single center in Aden (Research article).

Abstract

Background: The diagnosis of acute lower abdominal pain in females of reproductive age is considered challenging. Most of these cases are evaluated by general surgeons. Acute appendicitis is the most likely diagnosis. Attention should be paid to the expected gynecological pathologies that should be diagnosed and treated on time.

Objectives: This study aims to illustrate the role of laparoscopic intervention in the diagnosis and treatment of females with acute pelvic surgical emergencies in our center, and to explain the indications and limitations of the contribution of the general surgeons in the contests of emergency gynecological issues.

Method: A prospective cross-sectional analysis of medical records for females of 15- 55 years old who underwent laparoscopic intervention for lower abdominal emergencies was conducted at Al-Naqib surgical unit between Jan 2016 and Dec 2019. All laparoscopic interventions were performed by the same surgical team.

Results: Ninety- seven females were reported. According to the laparoscopic findings, the studied cases were 54 acute appendicitis, 15 acute appendicitis accompanies ovarian cyst, 8 acute appendicitis in pregnant women, 6 ectopic pregnancies, 6 complicated ovarian cyst, and 3 teratomas, and 5 others (nonspecific). Conversion to open was 3. Conversion to open was in one case, and hand-assisted was done in 2 cases. The average hospital stay was one day except for 2 complicated cases. The reported post-procedure complications were 2, one case had enterocutaneous fistula, and the other case had deep abscess formation.

Conclusions: Laparoscopic surgery is ideal for diagnosing and treating females with acute lower abdominal surgical emergencies. In our circumstances well-trained and experienced laparoscopic general surgeons are liable to perform gynecological emergencies in conditions such as incidental issues discovered during the laparoscopic intervention when Gyno-obstetrician is unreachable, or if the patient is refired by a gynecologist for laparoscopic intervention.



Overnight Observation Post Laparoscopic Cholecystectomy

Background:

laparoscopic cholecystectomy is the treatment of choice for symptomatic gall bladder stone. There is controversy regarding the optimal candidate and postoperative observation time for patients post laparoscopic cholecystectomy.

OBJECTIVES:

To identify clinical and surgical factors which could determine if patient need to be kept either as 24-hour observation or discharge home at same day post elective laparoscopic cholecystectomy.

METHODS:

A retrospective review was performed from January 2017 to May 2020 on consecutive patients undergoing laparoscopic cholecystectomy, patients' demographics, surgical and postoperative details were analyzed.

RESULT:

203 laparoscopic cholecystectomies were performed, the median age was 38 (IQR, 20–50) years, mean postoperative stay was 1.2 ± 0.57 days. Fifteen (7.4%) patients were discharged home at same day. Three (1.5%,) patients were re-admitted; 149(71.8%) patients might be discharged home at same day.

CONCLUSION :

The majority of patients can be successfully managed with day care laparoscopic cholecystectomy without overnight stay. The median time of 4h is sufficient for postoperative observation. The main significant factor for overnight observation in this study was drain presence. AbstractAbstractAbstractAbstract



Management of Penetrating Neck Vascular Injuries at Aden Hospitals April 2017 - December 2019

Introduction: penetrating vascular trauma to the neck can result in life-threatening injuries, because it contains a high concreteness of vital organ structures. Therefore, trauma require prompt diagnosis and treatment.

Objectives: To describe the management of penetrating neck vascular injury in Aden hospitals during 2017 – 2019.

Patients and methods: A retrospective analysis of all penetrating neck vascular injury PNVI among patients admitted to Aden Hospitals (2017-2019). Self-design questionnaire was use to collect Patients characteristic ; details of PNVI, associated injuries, hospital course, and mortality; analyzed with SPSS version 22.

Results: Of the total 52 PNVI cases, male were 98.1 %. The mean age was 28.63 ± 10.07 years. Gunshot was the predominant mechanism of injury (75.0%). Injuries in zone II involved in (57.7%). Of the PNVI (65.4%) were associated with other injuries most of theme aerodigestive tract injury (38.2%). Stable patients were (57.7%). Patients presented with small non-pulsatile hematoma (28.8%), external bleeding (26.9%), rapid expanding hematoma (25.0%), neurological deficit (13.5%) and palpable thrill-audible bruit (5.8%). There is significant difference between stability of patients and their presentation ($P= 0.033$), most of stable patients have small non-pulsatile hematoma (43.3%), whereas an unstable patients have rapid expanding hematoma (36.4%). Neck exploration was performed in (94.2%). Arteries were more prone to injury (72.2%), veins (28.8 %). The common carotid artery ranked 1st as the commonest affected carotid arteries (41.5%), followed by external carotid artery (14.6%) and vertebral artery (12.2%), the internal jugular vein was the commonest injured vein (61.9%). Amid those patients managed operatively; (55.9 %) of injuries were repaired while ligation was performed on (44.06%). Type of repair; simple ripper (51.5%), using graft (33.3%) and end-to-end anastomosis. Complications were encountered in (50.0%) of them (42.3%) neurological deficit, wound infection (3.8%), fistula and hoarseness (1.9% for each). Overall mortality rate was (19.2%). Most of deaths occurred when patients were unstable during presentation ($p<0.012$).

Conclusion and recommendations: PNVI represent an alarming serious entity. Dominant presentation, exclusively among young male, mainly exposed to gunshot wound. The need for operative intervention should be based on clinical features. Moreover, further researches and an institutional protocol guidelines management is request.



Gastric outlet Obstruction Post Corrosive Ingestion (Management and outcomes in Pediatric Patients)

Abstract

Background: Gastric stricture due to corrosive agent ingestion is a rare cause of obstruction in the upper gastrointestinal tract in children. These injuries are still increasing in developing countries, relating to social, economic, and educational variables, mainly due to the lack of prevention.

Patients and Method: A prospective descriptive study of 56 child who had gastric outlet obstruction post corrosive ingestion admitted in Al Thawra Modern General Hospital in Sana'a from 1st January 2016 to 31st December 2020. Data included demographic, clinical presentation, preoperative data and treatment, type and time of operation, postoperative ICU admission, complications and length of hospital stay. All patients were followed up for (1 to 5 years). Excluding of any patients above age of 10, and recurrent cases. Then data collected and analyzed with statistical package for social science (SPSS 22).

Result: A total of 56 patients were included in this study, 66.1% (37cases) were male and 33.9% (19 cases) were female. The mean age was 4 year old. All of patients have a latent period (period from time of ingestion till appear of symptoms) 1-2 weeks. The material ingested was acidic in 55 cases (98.2%), alkali represented in one case only who had associated esophageal stricture. The time of surgery performed was after 4 weeks of ingestion in 26 cases(46.4%), with minimum of 3 weeks in 12 cases (21.4%) and maximum after 3months in only one case. One case was operated in two stages. Heineke Mikulicz pyloroplasty was performed in 54 cases (96.4%), gastrojejunostomy in 2 cases(3.6%). One case recurrent and re operated, One case (1.8%) mortality, 2 cases (3.6%) developed pneumonia. No cases had anastomotic leak or wound infection, 2 cases wereadmitted to ICU for 2-3 days. Mean Length of Hospital stay (post-operative stay) was 6.4+ 1.5. Follow up period 1-5 years, all cases had accepted body built and no other complains.

Conclusion: Surgery is treatment of choice in patients post corrosive ingestion who present with gastric outlet obstruction. Prevention of corrosive ingestion has great importance to avoid these complications. Heineke Mikulicz operation is a simple and effective operation for most of gastric injuries. Early definitive surgery has better outcome with decrease morbidity and mortality.

Dr. Belquis AL Tuweity



Corrosive Doudenal Injury Managed By Emergency Whipple

Background

Caustic products are widely available and utilized in every house but thier danger is often underestimated , accidental ingestion has been frequently reported in children but its use in case of attempted suicide among adults is increasing world wide.

Corrosive ingestion is a devastating event with significant mortality and morbidity, it may result in serious injuries to the entire gastrointestinal tract but mostly to the upper GIT including the oropharyngeal cavity, larynx, esophagus, stomach , to lesser extent to the duodenum and other sites . Corrosive injuries can be presented with different clinical pictures varying according to the site and extent of injury . Early diagnosis , appropriate evaluation, management and avoiding malpractice are essential steps for better outcomes. Many literatures and studies emphasize the important role of endoscopy for providing detailed information and data regarding the extent and severity of injury which ultimately improve the treatment and prognosis.

Therapeutic approaches of corrosive injuries including conservative treatment for stable patient with mild injuries while emergency surgeries indicated for sever injuries in which the patient unstable, there's hemorrhage, free perforation, mediastinitis or peritonitis. We report a case of Corrosive duodenal injury managed by emergency whipple.

Case report

15 years old female post corrosive ingestion about 9 days prior to admission, underwent gasrtic wash at previous hospital after corrosive ingestion ,presented to Al-Thowara modern general hospital ER in a bad general condition with picture of peritonitis due to perforated viscus based on clinical and paraclinical data , underwent exploratory laparotomy. The finding were necrosis of almost the whole duodenum, disruption of DJ and necrosis of few centimeters of jejunum, classical whipple was preformed with reconstruction at the second look .

Conclusion

Corrosive ingestion is still common health problem, that leads to vast majority gastrointestinal tract injuries predominantly in some sites and to lesser extent to other sites, these injuries represent one of medical and surgical emergency that requires promote diagnosis, appropriate evaluation and management either conservatively or surgical operations when indicated.

Dr. Sarah Abdulkhaliq Shream



Prospective Evaluation of Factors Associated with Arteriovenous Fistula Primary Failure and Complications in Hemodialysis Patients 1617

Abstract

Aim: The objective of this study was to analysis factors affecting arteriovenous fistula patency, to improve access outcome.

Methods& Patients: Patients (n=290) were enrolled in our prospective observational study. Demographic, clinical, and operative variables were compared between those with and without NAVF function loss. In addition, we evaluated the distribution and complication of NAVF and its association with different factors. All statistical analyses were performed with the use of appropriate SPSS software package, version 24.0.

Results: We found 96.5% (n=280) of patients had NAVFs, among them 67.9% (190/280) of patients had upper NAVFs, followed by lower NAVFs 32.1% (90/280), while 3.4% (10/290) of patients had depended on a cuff catheter. The most frequent complication post NAVF creation was thrombosis (11.4%), followed by noninfectious fluid collections (9.3%), infection (6.4%), Limp edema (4.3%), Aneurysmal degeneration (3.2%), arterial steal syndrome (2.5%) and venous hypertension (1.8%). History of dialysis catheter used AVF location and absent intraoperative thrill were independently associated with loss of NAVF primary patency. There was a statistically significant increase in the number of steal syndrome in patients who had diabetes mellitus (P value= 0.021) and

in patients who had age >65 years (P value 0.002), while female gender was not (P value= 0.122). History of catheter used (P = 0.02), previous AVF procedure (P= 0.01), and present of non-infection fluid (P = 0.00) were found significantly increase the infection rate of NAVF.

Conclusions: Identifying risk factors affecting AVF patency is crucial. Early and timely treating complications post AVF is essential for proper management and maturation.



Popliteal Vascular injury management role of temporary intraarterial shunt

Abstract

Background: extremity vascular injury remains a challenging entity, and the Popliteal artery trauma has the highest rate of limb loss of all peripheral vascular injuries. We aim to review our experience in management of popliteal vascular injuries and the effect of using temporary intravascular shunts on early limb salvage and to determine the factors associated with amputation during the acute phase of extremity injury management.

Methods: From January 2017 to December's 2020 we managed total of 58 popliteal vascular injuries presented to Althawra general modern hospital and private hospital. Variables were retrospectively collected included patient demographics, mechanism and type of injuries, limb ischemia time, type of vascular reconstruction, associated complications, limb salvage, and mortality.

Result : About 78 vascular reconstruction for 58 patients with popliteal vessels injury majority were male 53(93%) with mean age 26.5 most of patients 35 (60%) presented after 6h penetrating injury was the cause in 42(72%) blunt 16 (27%) 30(52%) patients with isolated popliteal artery injury and combined artery and vein 25 (43%) 3 patients with isolated venous injuries Reverse vein graft was used in popliteal artery injury in 43 (74%) 15 (26%) end to end anastomosis Venous injury was repaired in 20(71%) ligated in 8 (29%) Temporary intraarterial shunt was used in 20(34%) patients Overall fasciotomy is 43(74%) Overall limb salvage is (89.7%)

Associated fractures in 39 (67%) treated with external fixation nerve injury in 5 patients Most common complication is wound infections 14(24%) patients Graft thrombosis 6(10%) Secondary amputation 6 (10%) Bleeding in 2 (3%) patients mortality 2 (3%) patient

Conclusion: popliteal artery injury is real challenge however early diagnosis and treatment improve limb salvage we advocate venous repair whenever possible liberal fasciotomy and use of temporary intraarterial shunt in advanced ischemia complex injury improve limb salvage



Jejunioleal Atresia A Case Report.

Abstract

4 days neonat, 2.2kg.with jejunioleal atresia type III B, with short bowel syndrom and bowel failure.

The case recovared well and gain the wieght normaly after the operation

During the opertion, we found an atretic in the proximal part of the jejunum, and distal ileal atresia around 5 cm from ileocecal angel without spirled segment.

A surgical primary anastomosis end to said was conducted, the case recovared well and feed orally without any Total Paranteral Nutrition TBN within 21 days .

After 7 months Follow-up, the case condition is stable and baby grow normaly.



Isolated Breast Endometriosis in a Young Female Presented as a Breast Abscess: A Case Report .

Abstract

Ectopic endometriosis is a gynecologic disorder which is defined by the presence of endometrial tissue outside the uterus. It is specifically targeting 6-10% of women aged 15– 49 years and is the third main cause of gynecologic problem. Isolated breast involvement is a very uncommon manifestation of ectopic endometriosis. We present a 16-year-old girl with complaint of fever, left breast pain and breast enlargement for 3 days ago. The ultrasound of the left breast showed a well-defined heterogeneous mass lesion with thick turbid fluid components measuring 6× 3.5 cm, consistent with abscess formation. The mass was surgically excised from the patient without complication. The histopathologic report revealed the left breast endometriosis. The main purpose of this report is for physicians to consider the breast endometriosis as a differential diagnosis of breast abscesses when facing an unusual presentation especially in areas where the prevalence of this disease is rare.



Rectal Necrotizing Fasciitis due to Fungal Infection in Immunocompetent Patient

Background : perianal necrotizing infection is a not unusual condition and generally provoked by perianal abscess or trauma. Fungal necrotizing infection of rectum and perianal region is rare and unexpected cause for necrotizing fasciitis in immunocompetent patients .This condition makes an unusual and new challenge for surgical management.

Thus, we report a case of rectal necrotizing fasciitis caused by Basidiobolomycosis

Case presentation: the patient is a 60 years old male. Present to ER complain of perianal swelling, pain, ulceration and offensive discharge for 15days. On examination pt was vitally unstable, toxic and looks ill. Local examination, necrotic blackis skin of the anal verge and the surrounding perianal area. the rectal mucosa was also necrotic blackish with offensive pus discharge. Total loss of anal sphincter control. Laboratory results: wbc 25 Hb 10 plt 910. KFT, LFT normal. Alb 23. HIV negative and normal glucose levels .

Patient had proctosigmoidoscopy before 2 months for pain and rectal bleeding and showed large ulcerating mass involving whole rectum, biopsy taken but not examined due to financial problems.

Patient under went diverting colostomy and local debridment but no vaible rectal mucosa proximally. Patient then had CT scan shows nonenhanced very enlarged rectum, very thick wall with intra and extramural air. So patient underwent abdomenoperineal resection and found rectosegmoid mass occupying most of pelvis and necrotic tissue over bladder, and later pelvic wall depride-ment as possible, closure of pelvic brim by omentum. The mass sent for histopathology and the result shows esinophilic-rich necrotizing granulomatous inflammation consistent with fungal (bisidiobolomycosis) infection. So fluconazloe given till his last day. The patient had multiple sessions of debridment in lithotomy position. Post operative course was complicated by hypo-albuminemia, lower limb edema and laparotomy wound dehescence and evaceration with colostomy output pooring over the incision. Patient had reclosure of abdominal dehescence that was complicated by high output enteroatmospheric fistula. Primary repair of fistula underwent because the bowel was matted, adhesive, edamatus and inflamed. The fistula leaked again. Patient dyed after 96 days of admission in icu and surglcal ward.

Dr. Jalal Alhobaishi

المؤتمر العلمي الثاني للجراحة العامة وجراحة المناظير

أقامت الجمعية اليمنية للجراحين في نهاية العام السابق المؤتمر العلمي الثاني للجراحة العامة والمناظير تحت شعار "رغم المعوقات نواكب كل جديد" والذي يعتبر استمراراً لمؤتمر علمي يضم جراحي اليمن من جميع محافظات الجمهورية اليمنية.

وحقق المؤتمر نجاحاً بارزاً حيث تم عرض أوراق علمية في مختلف مجالات الجراحة العامة وجراحة المناظير التي قدمها جراحين من مختلف محافظات الجمهورية. وكذلك أقيمت على هامش المؤتمر ورشات علمية، والجدير بالذكر أن جمعية الجراحين اليمنية واصلت إقامة المؤتمر العلمي للجراحين بشكل سنوي. وتهدف إلى ربط وتطوير العمل الجراحي في اليمن رغم الظروف الصعبة التي تمر بها البلاد.



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متميزون في :

- المستشفى الوحيد في اليمن والقرن الأفريقي الحاصل على شهادة الإعتماد الدولية الـ (JCI) والتي تعتبر أعلى شهادة عالمية في جودة الخدمات الطبية.
- المستشفى الوحيد في اليمن الحاصل على جائزة تميز الصحة العربية بدبي للعام 2015م.
- حاصل على جائزة أفضل مستشفى خاص في اليمن للعام 2013 م.
- المستشفى مجهز بأحدث أجهزة التشخيص الحديثة والتي بدورها تساعد الأطباء للوصول إلى التشخيص السليم .
- يتميز المستشفى بتطبيق نظام الجودة العالمية ومكافحة العدوى بشكل كامل في أنظمتها الطبية والإدارية.
- وجود غرف عزل متطورة في كافة أقسام الرقود ومراكز العناية المركزة والتي تعمل بنظام الضغط السلبي .
- وجود وحدة تعقيم مركزية متطورة تعمل حسب المعايير العالمية.
- تخفيف عناء السفر للخارج وذلك عن طريق إستقطاب أفضل الخبرات العالمية والمحلية في كافة التخصصات الطبية لمناظرة الحالات المستعصية وإجراء العمليات المعقدة .



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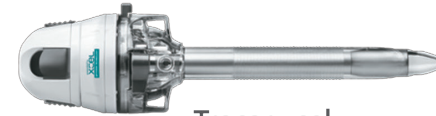
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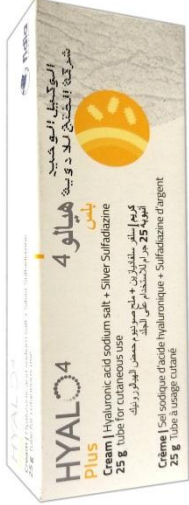
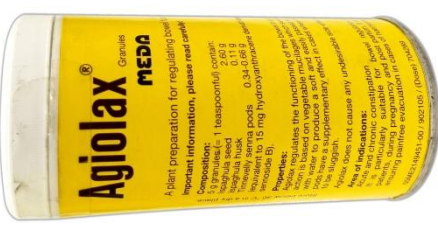
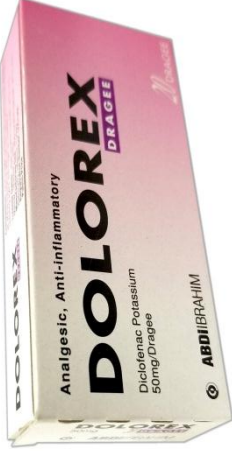
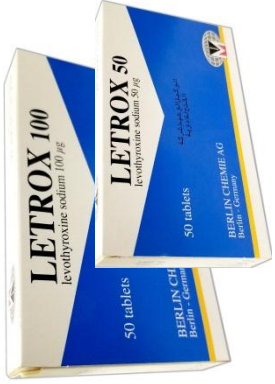
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