



- HEALTHY LIFE EXPECTANCY
- HEALTHY AGING
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- HEALTH INSURANCE
- MEDICAL TREATMENT
- FINANCIAL BENEFITS
- DISEASE COVERAGE
- ACCIDENT PROTECTION
- RISK ADVISORY
- FIRST AID
- MONEY MANAGEMENT
- EXAMINATIONS

MEDICAL

- Stethoscope icon
- Person with heart icon
- Microscope icon
- Heart with cross icon
- Syringe icon
- First aid kit icon



THE FUTURE IS NOW



SINCE 1878



Under the Patronage
of His Eminence **Metropolitan Elias**,
Archbishop of Beirut and its dependencies

Saint George Hospital University Medical Center

Presents its

24th Annual Congress



October 10,11&12, 2019 - Saint George Hospital University Medical Center

In Collaboration with



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Welcome Words

Dear Colleagues,

On behalf of Saint George Hospital University Medical Center, committed to the best quality health service and highest medical education, I proudly declare open the “24th Annual Congress” planned from October 10 to 12, 2019, under the patronage of His Eminence Metropolitan Elias.

This congress will offer a unique model of a large scale academic event dedicated to teaching and training in a wide spectrum of medical specialties provided at the hospital; ranging from endocrinology, neurology, psychiatry, pediatrics, geriatrics, gastro-enterology to pulmonary pathologies. In surgery, the focus will be on updated timely topics including urology, obstetrics and gynecology, plastic surgery, oto-laryngology, head & neck surgery, offered in plenary sessions, scientific symposiums, workshops, live surgeries and scientific exhibitions.

This multi-disciplinary event is expected to attract participants from the Middle East and Europe with prominent experts from the United States of America, Canada, Europe and the region.

We will be honored to host a high leveled international delegation coming from the United States of America and France committed to renewing old and enhancing new academic collaborations.

The 24th Saint George Annual Congress promises a futuristic health care vision based on a medical legacy of excellence in health care and education.

It is our greatest honor and deepest privilege to welcome you; thanking you for your contribution to the success of this distinguished scientific event.

All over the country, Lebanon offers an unparalleled Phoenician, Roman, Byzantine and Arabic Heritage of historical sites.

We promise you unforgettable days in our beautiful city Beirut.

Jihad Khoury, MD

President of the Congress

Chairman of ENT & HNS Department

Dear Colleagues,

It is my pleasure to welcome you to the 24th annual congress of Saint George Hospital University Medical Center which will be held on October 10th, 11th and 12th under the patronage of His Eminence Metropolitan Elias Audi.

Saint George Hospital University Medical Center strives to serve the community and aims at delivering high-quality health care. We constantly work with a focused effort to improve performance and acquire the latest cutting edge medical technology.

Our highly specialized physicians and medical staff are committed to providing state-of-the-art care, as well as achieving scientific progress in the field of research with the collaboration of residents.

This annual congress is an opportunity for us to come together and brainstorm about the latest advancements in the medical field and share the achievements and expertise that were gathered over the past 141 years in the life of Saint George Hospital University Medical Center. This event will feature live transmissions of procedures in gastroenterology and gynecology. Additionally, various talks in the fields of neurology, geriatrics, cancer genetics, pain management, wound care, pulmonary medicine, neonatology, pediatrics and medical imaging will be presented.

We are pleased to host international experts with different medical backgrounds to speak about breakthroughs in their respective fields and to share with us their vast and multidisciplinary experience.

Last but not least, I would like to thank our sponsors for their continuous support and excellent job in making this event happen.

Finally, on behalf of the Scientific and Organizing Committees, I look forward to welcoming you to what promises to be an exciting, meaningful and fruitful event.

Yours faithfully

Alexandre Nehme, MD, MBA

Interim Dean of Saint George University of Beirut - Faculty of Medicine

Chief Medical Officer of Saint George Hospital University Medical Center

Committees

President of the Congress

Jihad Khoury, MD

Scientific Committee

Roula Bou Khalil, MD – Chair

Paola Atallah, MD

Georges Cortas, MD

Emile Dabaj, MD

Elie Estephan, MD

Fouad Fata, MD

Rosette Jabbour, MD

Georges Karam, MD

Fouad Khoury, MD

Judy Matta, MD

Pierre Mouawad, MD

Alexandre Nehme, MD

Samer Nehme, MD

Roy Raad, MD

William Watfa, MD

Organizing Committee

Joudy Bahous, MD - Chair

Alexandre Nehme, MD

Corinne Aad, MHA

Wael Abi Ghanem, RPH

Jean Abou Mrad, MIBM

Antoine Jaklis, MD

Lina Moukheiber, MPH

Wael Nakat, MBA

International Speakers

Michèle Abriquet , MD, CHU Nîmes	<i>France</i>
Fabienne Absil , MD, Hospital Epicura Ath	<i>Belgium</i>
Joseph Akar , MD, Yale University School of Medicine	<i>USA</i>
Blaise Aguirre , MD, McLean Hospital/Harvard	<i>USA</i>
Caroline Aloviseti , MD, CHU Nîmes	<i>France</i>
Renaud Bollens , MD, Catholic University Of Lille, Saint Philibert Hospital & CHWAPI Tournai City	<i>Belgium</i>
Michel Carretier , MD, CHU Poitiers	<i>France</i>
Guillaume Chambon , MD, CHU Nîmes	<i>France</i>
Benjamin Conte , MD, CHU Nîmes	<i>France</i>
Romain Coriat , MD, Professeur des Universités Service de Gastro-Entérologie, CHU Cochin, Paris	<i>France</i>
Per-Henrik Groop , MD, Groop Pre-Henrik, MD, PhD, University of Helsinki in Poland	<i>Finland</i>
Lionel Groussin , MD, Université de Paris	<i>France</i>
Kamal Haddad , MD, Gerontopole de Toulouse	<i>France</i>
Celia Hoebeke , MD, Latimou Children Hospital Medical University Center of Marseilles	<i>France</i>
James Hummel , MD, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin	<i>USA</i>
Julie Kalaani , MD, CHU Nîmes	<i>France</i>
Philippe Khafagy , MD, GHI Le Raincy-Montfermeil, GPNE Avicenne university Hospital, Paris 13	<i>France</i>
Benjamin Lallemand , MD, Professeur, Chef de Service, CHU Nîmes	<i>France</i>
Cédric Le Guillou , MD, CHU Nîmes	<i>France</i>
Vasileios Lioutas , MD, Beth Israel Deaconas Medical Center, Harvard Medical School	<i>USA</i>
Michel Marre , MD, Metabolic Inflammation in Diabetes and its Complications Cordeliers Research Centre	<i>France</i>
Eleonora Masci , MD, CHU Nîmes	<i>France</i>
Michel Mondain , MD, Département d'ORL-CHU Montpellier-Université de Montpellier	<i>France</i>
Stefan Mönk , MD, Former President of SESAM	<i>Germany</i>
Michel Potin , MD, Fondation Rothschild Hospital, Interventional Neuroradiology Department - Paris	<i>France</i>
Wassim Raffoul , MD, Chef de service Service de Chirurgie plastique et de la main Département de l'appareil locomoteur Centre Hospitalier Universitaire Vaudois Lausanne, Genève	<i>Switzerland</i>
Christophe Reynaud , MD, CHU Nîmes	<i>France</i>
Rima Saad , PhD, McLean Hospital/Harvard	<i>USA</i>
Renate Savich , MD, University of Mississippi Medical Center	<i>USA</i>
Suayib Yalcin , MD, Hacettepe University, Institute of Cancer, Department of Medical Oncology	<i>Turkey</i>

Lebanese Speakers

Johnny Abboud, MD, Assistant Professor of Clinical Medicine, SGHUMC

Elias Abi Khalil, MD, American Board of OB/GYN, AAGL Minimally Invasive Gynecologic Surgery, Obstetrics and Gynecology at SGHUMC, Assistant Professor of OB/GYN at Balamand University

Sirine Abou Al Hassan, LD, MSc, Pediatrics and Maternal Health Dietitian, SGHUMC

Lucie Abou Jaoudeh, MD, Cardiovascular Imaging, Radiology department, Saint George University Hospital, Beirut

Pauline Abou Jaoude, MD, Assistant Professor of Clinical Pediatrics

Fadi Abu Rizk, MD, Instructor of Clinical Medicine, SGHUMC

Nadia Asmar, MD, Nadia Asmar, MD, MPH, LAU School of Medicine

Mia Atoui, MA, Embrace

Joseph Bou Serhal, MD, Professor and Research Laboratory Director, Saint Joseph University of Beirut, Lebanon
Adjunct Clinical Professor, Boston University, USA, Executive Committee Member, World Federation of Orthodontists

Carmen Adem-Hachem, MD, Assistant Professor of Clinical Radiology, SGHUMC

Yomna Cassir Haddad, DESS, Gerontopole de Toulouse, France

Marlene Chakhtoura, MD, American University of Beirut

Rita Maria Chidiac, MD, Associate Professor of Clinical Medicine, Head of Endocrinology Division, SGHUMC

Caroline Cordahi Tabet, DEA, SGHUMC/IDRAAC

Emile Dabaj, MD, Assistant Professor at Clinical Obstetrics & Gynecology, SGHUMC

Elie Estephan, MD, Associate Professor in Clinical Medicine, Head Acute Care Unit for Elderly in St George Hospital,
Responsible for Geriatric Program at Foyer St George, SGHUMC

Said Farhat, MD, Associate Professor of Clinical Medicine, SGHUMC

Elias Fiani, MD, Gastroenterology, SGHUMC

Gide Jabbour, MD, Gastroenterology, SGHUMC

Michel Jabbour, MD, Professor and Chairman of Surgery, Chief of Urology, President of Medical Committee, SGHUMC

Georges Juvelekian, MD, Chairman of Medicine and Head of the Pulmonary, Critical Care, and Sleep Division
Associate Professor of Clinical Medicine, SGHUMC

Ghada Keserwani, BSN, ICW, IIWCC, Clinical Case Manager, Wound Care Expert, SGHUMC

Dany Khoury, MD, Faculty of Medicine and Medical Science, University of Balamand Pediatrics, Pediatric Hematologist-Oncologist, SGHUMC

Fouad Khoury, MD, Assistant Professor of Clinical Surgery, SGHUMC

Judy Matta, MD, Assistant Professor of Clinical Pediatrics, University of Balamand, Pediatric Gastroenterology, Hepatology, and Clinical Nutrition, SGHUMC

Pierre Mouawad, MD, Assistant Professor of Clinical Pediatrics, Head of Pediatric Division, Pediatric Gastroenterology, Hepatology & Nutrition Unit, Saint George University Hospital

Samer Nehme, MD, Pulmonary and Critical Care Physician, Interstitial Lung Diseases, Neurological Intensive Care Unit
SGHUMC

Roy Raad, MD, Assistant Professor, Department of Medical imaging SGHUMC

Rachad Rayess, MD, SGHUMC/IDRAAC

Joseph Salame, MD

William Watfa, MD, Assistant Professor, Plastic, Reconstructive and Aesthetic Surgery, Fellow of the European Board (EBOPRAS) SGHUMC

Thursday October 10

13:00-14:30

Registration

Hall A - Batlouni

15:00-17:45

Psychiatry Session
In Collaboration with McLean / Harvard, Lebanese Psychological Association, Lebanese Psychiatric Society
Leila Dirani, Elie Karam

Moderators

15:00-15:30

Integrating Dialectical Behavioral Therapy in an Adolescent Young Adult Psychiatric Setting
Blaise Aguirre

15:30-16:00

Integrating Behavioral Approaches: Individual and Group Therapy Programming
Rima Saad

16:00-16:20

Understanding Ideation of Harm in Adolescents: A Clinical Perspective
Rachad Rayess

Hall B - Amphitheater Bechara

14:30-17:35

Moderators

14:30-15:00

Moderators

15:00-15:30

Moderators

15:30-16:00

Moderators

16:00-16:20

Endocrinology Session

Carole Saad Riachi, Nada Ghorayeb, Roula Bou Khalil

New Therapies in Diabetes
Michel Marre

Najat Fares, Rawan Saab, Salam Sisi
Diabetes and Kidneys
Per-Henrik Groop

Paola Atallah, Pierrette Habib, Ghada Sebaaly

Diabetes a Deadly Disease with a New Outlook
Rita Maria Chidiac

Fady Abou Jaoude, Simon Abou Jaoude, Nidal Abi Rafeh

Clinical Applications of Cardiovascular MRI
Lucie Abou Jaoudeh

16:20-16:45

Coffee Break

sponsored by Blom Bank

Moderators

16:45-17:00

Aimée Nasser Karam, Robert Sacy
Self Harm and Bullying
Caroline Cordahi Tabet

17:00-17:20

Self-Harm in Autism Spectrum, Developmental Delay and Intellectual Disability
Younna Cassir Haddad

17:20-17:40

Suicide Hotline Adolescents Calls
Mia Atoui

Moderators

16:45-17:10

Moderators

17:10-17:35

Georges Hajj, Zelia Tohmeh, Saria Wakim

Non Avid Thyroid Cancer - Role of Tyrosine Kinase Inhibitors
Lionel Groussin

Maya Barake, Fouad Jabbour, Carla Sawan

Updates in Osteoporosis Management
Marlene Chakhtoura

17:40-18:15

Round Table

Children and Adolescents' Harmful Behaviors Challenges and Safety Integrating Evidence-based Treatments
Blaise Aguirre, Rima Saad, Leila Dirani, Rachad Rayess
Caroline Cordahi Tabet, Younna Cassir Haddad, Mia Atoui, Robert Sacy

18:30

Opening Ceremony - Amphitheater Bechara

Friday October 11

08:00-09:00

Registration

Hall A - Batlouni

09:00-13:00	Neurovascular Session
09:00-10:30	Stroke Session
Moderators	Samir Atweh, Michel Mouawad, Ghassan Abou Chedid
09:00-09:30	Stroke Management: Ischemic versus Hemorrhagic Vasileios Lioutas
09:30-09:40	Advances in Diagnostic Imaging of Acute Strokes Carmen Adem-Hachem
09:40-10:05	Latest Advances in Mechanical Thrombectomies for Acute Ischemic Strokes Michel Piotin
10:05-10:30	Intracranial Vascular Malformations and Aneurysms: From Diagnosis to Endovascular Therapy Joseph Salame

Hall B - Amphitheater Bechara

09:00-10:30	Pediatric Session
Moderators	Hicham Mansour, Peter Noun, Krystal Ouaijan
09:00-09:20	Malnutrition Screening Tools in Pediatrics Sirine Abou Al Hassan
09:20-09:45	Nutritional Challenges in Pediatric Hematology and Oncology Patients Dany Khoury
09:45-10:15	Nutrition in Neurometabolic and Disabled Children Celia Hoebeke
10:15-10:30	Q & A

10:30-11:00

Coffee Break

11:00-13:00	Heart and Brain Session		
Moderators	Kamel Ezzedine, Claude Semaan, Jeanine Helou	Moderators	Elie Aramouni, Dany Hamod, Ramy Ghabril
11:00-11:30	Patent Foramen Ovale Closure versus Medical Treatment for Cryptogenic Strokes Vasileios Lioutas	11:00-11:25	Nutritional Challenges in Pediatric Chronic Kidney Disease Pauline Abou Jaoude
11:30-12:00	Diagnostic Tools in Cryptogenic Strokes James Hummel	11:25-11:50	"It's Alimentary My Dear Watson": Nutritional Support in Pediatric Gastrointestinal Diseases Judy Matta
12:00-12:30	New Updates of NOAC Usage in Embolic Strokes Johnny Abboud	11:50-12:20	Nutrition for the Neonate: What is the Latest Evidence? Renate Savich
12:30-13:00	Non Pharmacological Treatment for Stroke Prevention in Atrial Fibrillation Joseph Akar	12:20-12:45	Obesity in Children Pierre Mouawad
		12:45-13:00	Q & A

13:00-13:30

Lunch

Friday October 11

Hall B - Amphitheater Bechara

13:30-14:30

Round Table: Simulation in Health Care

Simulation for Safety: Can We Address Healthcare Challenges Through Education? **Stefan Monk**

Simulation for Safety: Emerging Challenges To Be Addressed **Nadia Asmar**

The Future: How to Associate Body Donation Centers and Surgical Simulation **Michel Carretier**

Hall A - Batlouni

14:30-16:30

Gastroenterology Session

Moderators

Khalil Bedran, Fadi Daniel,
Mahmoud Hallal

14:30-15:00

Crohn's Disease **Said Farhat**

15:00-15:30

Investigation of Pelvic Floor
Dysfunction **Gide Jabbour**

15:30-15:45

Chronic Constipation **Elias Fiani**

15:45-16:00

Superficial Cancers of the GI
Romain Coriat

16:00-16:30

CRC Screening **Suayib Yalcin**

Hall B - Amphitheater Bechara

14:30-17:30

Pulmonary Session

14:30-17:00

Interstitial Lung Diseases and Lung Imaging

Moderators

Pierre Bou Khalil, Khalil Diab,
Ihab Jizi

14:30-15:50

Approach to Chest CT Scan in
Interstitial Lung diseases
Philippe Khafagy

15:50-16:30

Idiopathic Pulmonary Fibrosis: What
is New? **Samer Nehme**

16:30-17:00

Coffee Break

17:00-18:30

Frailty in Elderly Session

Moderators

Nazem Bassil, Fady G. Haddad,
Nabil Naja

17:00-17:30

Frailty Assessment in Older-Cancer
Patients: The Best Way to Guide the
Choice of Treatment
Cédric Le Guillou

17:30-18:00

Implementation of Intrinsic Capacities
for the Prevention and Detection
of Frailty, and Integrated Approach in
Elderly Care **Kamal Haddad**

18:00-18:30

Cognitive Frailty: Treating Physical
Frailty to Prevent Dementia (Motor-
Cognitive Risk Syndrome)
Elie Estephan

17:00-17:30

New Guidelines for Screening for
Lung Cancer by Low Dose Chest
CT Scan **Roy Raad**

17:30-19:00

Moderators

Obstructive Lung Diseases
Moussa Riachi, Wajdi Abi Saleh,
Salah Zeineddine

17:30-18:15

COPD Updates: GOLD Criteria and
New Therapeutic Modalities
Fadi Abu Rizk

18:15-18:45

Asthma Updates: New GINA
Guidelines and New Therapeutic
Modalities **Georges Juvelekian**

18:45-19:00

Inhaler Devices in Obstructive Lung
Diseases **Samer Nehme**

Saturday October 12

08:00-09:00

Registration

Hall A - Batlouni

09:00-13:00

Urology Session: Challenges in GU Laparoscopy

Moderators

Georges Assaf, Pascal Hajj, Pierre Sarkis

09:00-09:15

Introduction to Laparoscopy
Renaud Bollens

09:15-09:30

Lap Nephrectomy: Step by step
Renaud Bollens

09:30-09:50

Pyeloplasty: Lap vs Endoscopic
Michel Jabbour

Moderators

Joe Nohra, Nehme Raad

09:50-11:30

Live Surgery: Laparoscopic Complex Partial Nephrectomy
Renaud Bollens

11:30-12:00

Coffee Break

12:00-13:00

Semi Live Session

Moderators

Imad Ghantous, Mohammad Moussa, Fouad Aoun

12:00-12:20

Lap Management of Pelvic Organ Prolapse
Fouad Khoury

12:20-12:50

Vascular complications in Laparoscopy
Renaud Bollens

12:50-13:00

Q & A

Hall B - Amphitheater Bechara

09:00-13:00

ENT - Head and Neck Session

Moderators

Elias Khoury, Nabil Moukarzel, Alexandre Malek

09:00-09:20

Robotic Surgery in Head and Neck Surgery: Chirurgie Robotique des VADS
Guillaume Chambon

09:20-09:30

Ambulatory Thyroid Surgery: Chirurgie Ambulatoire de la Thyroïde
Éléonara Masci

09:30-10:00

Lecture: Update in the Management of Thyroid Nodules: Prise en Charge des Nodules de la Thyroïde
Benjamin Lallemand

10:00-10:15

Q & A

10:15-10:45

Coffee Break

Moderators

Srour Diab, Fouad Fatta, Charbel Rameh

10:45-11:05

Pediatric Chronic Rhinosinusitis Management in Rhinologists and Pediatric Otolaryngologists: Pathologie Sinusienne de L'Enfant et Chirurgie
Michel Mondain

11:05-11:25

Management of Difficult Intubations in Otolaryngology: Gestion des Intubations Difficiles en ORL
Julie Kalaani, Benjamin Conte, Michèle Abriquet

11:25-11:45

Deafness in Children: La Surdit e de L'Enfant
Michel Mondain

11:45-12:00

Q & A

12:00-13:00

UPDATE in SAS

Moderators

Anthony Hawat, Nidal Sabri, Mustafa Sweidan

12:00-12:15

New Pharmacological Modalities in Obstructive Sleep Apnea
Georges Juvelekian

12:15-12:35

Drug-induced Sleep Endoscopy in Patient with SAS: Comment R aliser une Endoscopie du Sommeil Induit?
Caroline Aloviseti

12:35-12:50

3D Airway Evaluation of Sleep Apnea Patients
Joseph Bou Serhal, Elie Jabbour

12:50-13:00

Q & A

Saturday October 12

13:00-14:00

Lunch

Hall A - Batlouni

14:00-16:00

Obstetrics and Gynecology Session

Moderators

Georges El Kehdy, Toufic Eid,
Jean Nassar

14:00-14:20

Management of Pelviperineal Pain +
Semi Live Video **Fabienne Absil**

14:20-14:40

Lap Management of Perineal Descent
Renaud Bollens

14:40-15:00

Lap Hysterectomy **Fabienne Absil**

15:00-15:20

Imaging Modalities for the Non-
Invasive Diagnosis of Endometriosis
Emile Dabaj

15:20-15:40

Role of minimally Invasive
Gynecological Surgery in Infertility
Elias Abi Khalil

15:40-16:00

Q & A

Hall B - Amphitheater Bechara

14:00-15:55

Plastic and Reconstructive Session

Moderators

Samer Abou Zeid, Joseph Bakhach,
Michel Feghali

14:00-14:35

New Cellular Therapies
Wassim Raffoul

14:35-14:55

What's New in Wound Care?
Ghada Keserwani

14:55-15:15

Plastic & Reconstructive Surgery in
a University Hospital
William Watfa

15:15-15:55

Breast Surgery
Wassim Raffoul

Workshop

Attendees are Welcomed!

Priority for the workshops will be given to attendees who are pre-registered at: executive5@trustandtraders.com

Friday October 11

Hall C - Small Batlouni

Ultrasound Simulation Workshop

14:30-15:30 Session 1

15:30-16:30 Session 2

Saturday October 12

Hall C - Small Batlouni

10:00-12:00 Interpretation of Chest Imaging
Philippe Khafagy

12:00-14:00 Non Invasive Ventilation Solutions **Philips team and SOAL**

Free Registration for 3 days including workshops

ABSTRACT

Blaise Aguirre

Blaise Aguirre, MD, is a child and adolescent psychiatrist. He is a trainer in, and specializes in, dialectical behavior therapy (DBT) as well as other treatments such as mentalization-based treatment (MBT) for borderline personality disorder and associated conditions. He is the founding medical director of 3East continuum of care, an array of programs for teens which use DBT to target self-endangering behaviors as well as the symptoms of borderline personality disorder (BPD) traits. Dr. Aguirre has been a staff psychiatrist at McLean Hospital since 2000 and is nationally and internationally recognized for his extensive work in the treatment of mood and personality disorders in adolescents. He lectures regularly throughout the world.

Dr. Aguirre is the author or co-author of many books including *Borderline Personality Disorder in Adolescents*, *Mindfulness for Borderline Personality Disorder*, *Coping with BPD*, and *Fighting Back*.

Integrating Dialectical Behavioral Therapy in an Adolescent Young Adult Psychiatric Setting

- 1) Suicide is a significant concern affecting young people all over the world
- 2) Many systems have a revolving door approach to treating people with suicidal behaviors
- 3) Dialectical behavior therapy has a large evidence base for efficacy in targeting suicidal and self-destructive behavior
- 4) This talk will make the case for the implementation of a DBT approach for mentally ill patients with difficulties in regulating emotions and in particular when suicidal and self-injurious behaviors are present

Rima Saad

Dr. Saad is a clinical psychologist who specializes in the treatment of adults with complex psychopathology. She has been on the faculty of Harvard Medical School and McLean Hospital for 20 years, providing individual and group consultation and therapy at the inpatient, residential, partial and outpatient levels of care. Her expertise is in providing evidence-based treatments such as cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT) and acceptance and commitment therapy (ACT). She is the Director of Behavioral and Group Therapy Services for the Pavilion program, a unique comprehensive evaluation center based at McLean. Additionally, she launched the Middle East Center for Culturally Informed Care (MECCIC), a specialty service customized to international patients from the Middle East. MECCIC seeks to support McLean programs in tailoring treatments with consideration of cultural and family issues as well as to promote McLean resources to a network of families, providers and institutions in the Middle East. Dr. Saad is also actively involved in teaching and supervising trainees in psychology and psychiatry.

Integrating Behavioral Approaches: Individual and Group Therapy Programming

This presentation will focus on the challenge of integrating evidence based behavioral approaches into a complex hospital setting with multiple therapeutic modalities. Specific programmatic approaches at the inpatient and outpatient level of care will be reviewed. The experience of the patient, family and clinician will be discussed. Evidence based behavioral approaches (CBT, DBT, ACT) will be overviewed and specific sample interventions may be demonstrated if time allows.

Rachad Rayess

Dr. Rachad Rayess received his medical degree from the American University of Beirut and after a year of postdoctoral research, he moved to Boston, Massachusetts to start adult psychiatry training at Harvard Medical School. He completed an adult psychiatry residency at the Harvard South Shore Residency Training Program in 2008 and then completed a child psychiatry fellowship at the Cambridge Program, a Harvard Medical School child psychiatry fellowship program, in 2010. Dr. Rayess then moved to Anchorage, Alaska where he worked in outpatient psychiatry (child and adult) for almost 10 years and recently moved back to Lebanon.

Dr. Rayess is board certified (American Board of Psychiatry and Neurology) in adult psychiatry and in child and adolescent psychiatry.

Understanding Ideation of Harm in Adolescents: A Clinical Perspective

Suicidal ideation in adolescents is a complex and important topic for clinicians working in the mental health field. It is critical to be able to understand the difference between acute and chronic suicidal ideation, to tell whether the adolescent is expressing active versus passive suicidal thoughts, and to tease out suicidal from parasuicidal ideation. Competency in history taking, including prior history of suicidal ideation, substance use history and family history, is a vital part of assessing risk. Once the assessment of risk has been done, next comes clinical intervention. Several steps can be taken to help reduce risk of harm.

Hall A - Batlouni

Caroline Cordahi Tabet

Caroline C. Tabet completed her Doctoral course work at the St. Joseph University of Beirut, Lebanon. And after a two-year full-time training in general psychology at St. Georges Hospital University Medical Center in Beirut-Lebanon, she had two years of Child and Adolescent Psychology Specialty training at the following academic institutions in the United States (Yale Child Study Center, Columbia University and the California School for Professional Psychology). Caroline C. Tabet is currently working as a child and adolescent psychologist at MIND clinics and St Georges Hospital University Medical Center in Beirut. She is also an instructor of Psychology at the University of Balamand, Faculty of Medicine and Medical Sciences. She is a founding member and an active researcher with several publications at IDRAAC (Institute for Development Research, Advocacy and Applied Care) an NGO specialized in Mental Health. For more information please visit: www.idraac.org.

Self Harm and Bullying

The presentation aims at exploring the available data to understand the potential relationships between self-harm behavior and bullying, in bullies, victims and / or bully-victims. These issues will be discussed in the context of their link with mental health disorders and other significant factors.

Hall A - Batlouni

Yumna Cassir Haddad

Yumna Cassir Haddad obtained her Masters degree in Clinical Psychology from Saint Joseph University (Lebanon) and her D.E.S.S (Diplôme d'Etudes Supérieures Spécialisé) in Child and Adolescent Psychology from Rene Descartes University (Paris V - France). Yumna Cassir Haddad is currently working as a Child and Adolescent Psychologist at MIND clinics in the Department of Psychiatry and Clinical Psychology at St George Hospital University Medical Center, in Beirut.

She is also an instructor of Psychology at the University of Balamand, Faculty of Medicine and Medical Sciences. She is also member and researcher with several publications at IDRAAC (Institute for Development Research, Advocacy and Applied Care).

Self-Harm in Autism Spectrum, Developmental Delay and Intellectual Disability

The presentation aims at addressing the association of self-injuries behaviors (SIB) with Autism spectrum and other intellectual disabilities. The functional analysis of SIB will be discussed. Some behavioral interventions will be also presented.

Mia Atoui

Ms. Mia Atoui is an Instructor of Psychology at the American University of Beirut's Department of Psychology, and Clinical Psychologist. Ms. Atoui has a master's degree in public health and a master's degree in clinical psychology from the American University of Beirut. She worked as an inpatient psychologist at the American University of Beirut Medical Center and currently works in private practice. She is one of the co-founders of Embrace, and also serves on the executive board and as clinical supervisor of Embrace LifeLine. She is also a board member of the Lebanese Psychological Association.

Suicide Hotline Adolescents Calls

Suicide is quickly becoming a major public health concern in Lebanon, with one person dying of suicide every 2.5 days and one person attempting suicide every 6 hours. Suicide is the second leading cause of death among persons aged 15 to 29. In 2017, Embrace launched the first national helpline for suicide prevention and emotional support, in partnership with the Ministry of Public Health. Since its initiation, 25% of all calls were from an adolescent and young adult population (age 13-21 years old). The data has shown that most calls received are from the Beirut region, with the majority of calls from adolescents struggling with emotional distress (70%), while 45% of calls were from adolescents struggling with suicidal ideation. There are several important risk factors for suicidal ideation that are highlighted among this population, such as the presence of a mental illness, social isolation, and chronic experience with major stressors, with family discord being the most prominent risk factor. The data from the helpline has also shown that family support and social support are considerably the leading protective factors.

Hall B - Amphitheater Bechara

Michel Marre

Doctor Michel Marre is Emeritus Professor of Endocrinology in Université Denis Diderot Paris 7, and a member of INSERM Research unit U1138 dedicated to kidney complication in Paris, France.

His main research topic is “diabetic nephropathy”, its risk factors and related complications. He published the first trial showing the usefulness on ACE inhibition to fight against diabetic nephropathy and found the first genetic basis for diabetic kidney disease. He set up several cohorts of diabetic patients and of the general population to quantify their risks for renal and cardiovascular complications, and he participated to international outcome studies like, DIABHYCAR, ADVANCE, ALTITUDE, ORIGIN, TECOS, or LEADER.

Doctor Marre is past President of the European Diabetic Nephropathy Study Group of the EASD, and of the Société Francophone du Diabète, and currently President of the « Fondation Francophone pour la Recherche sur le Diabète ».

New Therapies in Diabetes

Hall B - Amphitheater Bechara

Per-Henrik Groop

Professor Per-Henrik Groop, MD, DMSc, FRCPE graduated from the University of Helsinki in 1982. It was here where he defended his thesis on 'The relationship between GIP and beta-cell function in man' in 1989. Following post-doctoral studies at Guy's Hospital, University of London, under Professor Giancarlo Viberti, Professor Groop returned to Helsinki as Consultant of Nephrology. He served as Professor of Nephrology (Chair) 2010-2015 and is currently Professor of Internal Medicine (Chair) at the University of Helsinki. He is also Chief Physician at the Abdominal Center Nephrology, University of Helsinki and Helsinki University Hospital and Principal Investigator of the Finnish Diabetic Nephropathy (FinnDiane) Study at the Folkhälsan Research Center in Helsinki, Finland. He is Adjunct Professor at the Department of Diabetes, Monash University, Melbourne, Australia.

His research is focused on the dissection of the pathogenesis of diabetic complications with special emphasis on diabetic nephropathy. In order to provide a unique set of clinical resources with high power to identify genes and genetic variants associated with diabetic complications, Professor Groop initiated the large, nationwide FinnDiane Study in 1997. To date, this landmark study comprises 8400 patients with Type 1 Diabetes and their family members recruited via a comprehensive network of 92 hospitals and healthcare centres throughout Finland. His FinnDiane Research Group represents an inter-disciplinary team of 45 scientists, post-graduate students and personnel.

Professor Groop served as Associate Editor of *Diabetologia*, 2005–2007, and as member of the Advisory Board, 2008–2011. He served as Associate Editor of *Kidney International* and *International Diabetes Monitor*, 2007–2011. He was Chairman of the EASD Scientist Training Course, 2007–2013, President of the European Diabetic Nephropathy Study Group (EDNSG), 2008–2010, Chairman of the Signe and Ane Gyllenberg Foundation since 2011, and Honorary Secretary of the EASD 2013-2016. He was awarded the prestigious EASD Castelli Pedrolì Prize – 24th Camillo Golgi Lecture in 2009 as well as the Novo Nordisk Foundation Lecture in 2012.

Professor Groop has published more than 350 peer-reviewed original articles in high-impact journals, 33 reviews and book chapters, 47 papers in his native languages Swedish and Finnish as well as more than 600 abstracts presented at major international meetings.

Diabetes and Kidneys

Hall B - Amphitheater Bechara

Rita Maria Chidiac

Rita Maria Chidiac is an Associate Professor of Medicine at St George Hospital University Medical Center and is the Chief of Endocrinology division since 2006. She has received her Medical Degree from the American University of Beirut and has pursued her Internal Medicine Residency at Rochester University Medical Center, NY and her Endocrinology fellowship at University Hospitals of Cleveland, Ohio. She is a Member of the Lebanese Society of Endocrinology, Diabetology & Lipidology and of the Endocrine Society (USA).

Diabetes a Deadly Disease with a New Outlook

Diabetes is a “death sentence”. People with type 2 diabetes die prematurely and studies have revealed that the earliest defect in the diabetic heart is that of diastolic dysfunction and not atherosclerosis. It is a complex disease with multiple pathophysiologic defects. Management of type 2 Diabetes has changed over the years and this is related to the different randomized controlled trials. The first landmark trial with a big impact, the UKPDS demonstrated cardiovascular protection 10 years after study closure. These results were not reproducible in the ACCORD, VADT or ADVANCE trials. The conclusion was that late intervention for diabetes control in patients with longstanding disease would not confer cardiovascular protection and has no legacy effect (i.e vascular memory). However, the advent of new classes of drugs SGLT2-inhibitors and GLP-1 receptor agonists has changed the outlook of type 2 diabetes. The revolutionary results of the different CVOTs have even impacted the guidelines of international societies with statements recommending use of these drugs not only in secondary prevention but also in primary prevention for cardiovascular disease.

Hall B - Amphitheater Bechara

Lucie Abou Jaoudeh

Dr Lucie Nader-Abou Jaoude has a 13 years' experience in cardiovascular imaging. She earned her MD from Universite Saint Joseph in Beirut. She completed her Residency in Radiology at Hotel Dieu de France, Beirut, and her Fellowship in Cardiovascular Imaging at Pitie Salpetriere, Paris. Besides her Medical Background, Dr Lucie hold a Master in Hospital and Health, and an Executive MBA from ESA business school and ESCP Europe. Dr Lucie Abou Jaoude is currently a part time radiologist in the radiology department at Saint George University Hospital, Beirut.

Clinical Applications of Cardiovascular MRI

Cardiovascular magnetic resonance (CMR) plays an important role in clinical practice for the diagnosis of diseases of the cardiovascular system. It may be used as a first line imaging technique providing clinically relevant information. CMR is highly accurate in the assessment of cardiac function and cardiac structures. It gives pertinent answers on serious questions such as ischemic heart disease, cardiac viability, hypertrophic and dilated cardiomyopathies, secondary cardiomyopathies, valves diseases, cardiac tumors, pericardial disease, aortic diseases, etc. . .

Hall B - Amphitheater Bechara

Lionel Groussin

Paris Descartes University, Cochin Hospital (Endocrine Tumors Unit), Cochin Institut ("Genomic and Signaling of Endocrine Tumors" Team)

Research field: endocrine tumors (thyroid, parathyroid and adrenal)

Post-doctoral position: Pr James Fagin's Laboratory (Cincinnati, USA)

Non Avid Thyroid Cancer - Role of Tyrosine Kinase Inhibitors

A minority of patients with differentiated thyroid cancers (DTC) will exhibit local or distant aggressive disease which can be refractory to radioiodine (RAI) therapy. Multidisciplinary discussions are needed to determine the best timing and strategy between local treatment (thermal ablation or radiotherapy), follow-up ("wait and see") and systemic therapy. Two different drugs (multiple kinase inhibitors with antiangiogenic properties), sorafenib and lenvatinib, have been approved for progressive metastatic or locally advanced thyroid cancers. Kinase inhibitors targeting known molecular targets in thyroid carcinomas (BRAF, ALK, RET, NTRK) have been studied or are investigated. Two other strategies are currently evaluated: redifferentiation by tyrosine kinase inhibitors (allowing iodine 131 readministration) and immunotherapy (alone or in combination with other options).

Hall B - Amphitheater Bechara

Marlene Chakhtoura

Marlene Chakhtoura, MD, MSc, is an Assistant Professor of Clinical Medicine at the American University of Beirut-Medical Center. After completing her training in Endocrinology and Metabolism, she received the SHARP Master of Sciences degree. Dr Chakhtoura's research interest focuses on osteoporosis, obesity and the link between fat and bone. Dr Chakhtoura is recipient of several awards, including the Endocrine Society Young Investigator Award and the ASBMR Phoebe Leboy Professional Development Award.

Updates in Osteoporosis Management

- Osteoporosis drug holiday applies only to bisphosphonates after 3-5 years of treatment in those at low risk of fracture (low FRAX, no recent fracture, $T\text{-BMD} > -2.5$, $\text{age} < 75$). Treatment with Denosumab and Teriparatide should always be followed by bisphosphonates for consolidation.
- Head to head trials showed that Denosumab and Teriparatide are superior to Bisphosphonates on bone density (for both) and in fracture risk reduction (Teriparatide). When anabolic therapy is indicated, use it first and consolidate with an anti-resorptive. The sequence of Teriparatide followed by Denosumab yielded the highest increment in BMD.
- Shifting from anti-resorptive (Denosumab) to anabolic is associated with bone loss at 6-12 months.

Vasilleios Lioutas

Graduated from the Medical School of Aristotle University of Thessaloniki Greece after which he pursued medical training in the United States. He completed his Internal Medicine internship at Montefiore Medical Center of the Albert Einstein College of Medicine in New York City, followed by a Neurology residency at Boston University Medical Center. Subsequently he completed a Vascular Neurology fellowship at Beth Israel Deaconess Medical Center of Harvard Medical School in 2013. He has remained on staff at Beth Israel Deaconess and is an Assistant Professor of Neurology at Harvard Medical School where he also directs the Neurosonology laboratory. His research focuses on 2 main areas: intracerebral hemorrhage with particular interest in anticoagulation-associated hemorrhage and the epidemiology and cognitive manifestations of cerebral small vessel disease. He is an Investigator at the Framingham Heart Study since 2016.

Stroke Management: Ischemic versus Hemorrhagic

Ischemic and hemorrhagic stroke share many similarities in risk factors, clinical presentation and long-term repercussions. Due to diametrically different underlying pathophysiology, certain aspects of their management differ dramatically. In this presentation we will briefly highlight aspects of acute care that are common ground in both subtypes, such as the importance of sense of urgency and timely intervention and the benefit from organized stroke unit care. The main focus of the presentation will be on differences according to subtype: blood pressure management, handling of antithrombotic agents and interventional options. We will examine recovery trajectory differences between ischemic and hemorrhagic stroke and whether the general perception of intracerebral hemorrhage as a stroke subtype with worse prognosis holds true.

Carmen Adem-Hachem

Assistant Professor of Clinical Radiology

Faculty of Medicine, University of Balamand Ancien Interne et Chef de Clinique des Hôpitaux de Paris St.

George Hospital University Medical Center

Achrafieh, Beirut, Lebanon

Advances in Diagnostic Imaging of Acute Strokes

The first goal in stroke management is to act fast.

To reach this goal, appropriate tools are needed for establishing the accurate diagnosis: ischemic vs hemorrhagic, assess intra- and extra-cranial vasculature, rule out vascular abnormalities.

These tools are provided by the latest technologies used for imaging protocols on 3T MRI.

Michel Piotin

Dr Michel Piotin is the chairman of the Interventional Neuroradiology department of the Rothschild Foundation Hospital in Paris since 2010.

He graduated from Paris medical school in 1992, with board certification in Radiology.

In 2006, he completed his PhD degree in Biological Sciences in Paris.

To date, he published more than two-hundred articles in peer reviewed international journals on cerebral aneurysms and arteriovenous malformations, as well as acute ischemic stroke treatments.

Latest Advances in Mechanical Thrombectomies for Acute Ischemic Strokes

Mechanical thrombectomy (MT) is indicated for patients with acute ischemic stroke (AIS) due to a large vessel occlusion (LVO) in the anterior circulation who can be treated within 6-8 hours after symptom onset. Two recent studies have also demonstrated the benefit of MT up to 24 hours in very selected patients. The two technical modalities of MT, stent retriever (SR) and contact aspiration (CA), have demonstrated to be equivalent in terms of reperfusion and clinical results. The indication for MT in more distal artery (medium and distal vessel occlusions) is still debatable with lack of evidence so far. Whether it is worth to send the patients suspected of LVO AIS directly to an endovascular capable center and not to a primary stroke center to receive intravenous fibrinolysis is an ongoing strategic debate with health system organization issues in most developed countries.

Hall A - Batlouni

Joseph Salame

Intracranial Vascular Malformations and Aneurysms: From Diagnosis to Endovascular Therapy

Vasilleios Lioutas

Please refer to page 27

Patent Foramen Ovale Closure versus Medical Treatment for Cryptogenic Strokes

Patent foramen ovale is frequently found in the general population, with reported prevalence up to 30% or higher. Its role in ischemic stroke is controversial. It is often implicated in the pathogenesis of cryptogenic stroke via a speculated mechanism of right-to-left cardiac shunting and paradoxical embolism. It was hypothesized that PFO closure would lead to significant decrease in recurrent stroke. However, the first generation of PFO closure trials failed to manifest superiority of PFO closure over medical management. We will critically appraise these trials and identify potential explanations for failure. We will highlight the importance of thorough workup, exclusion of alternative stroke etiologies and use of PFO-specific risk stratification scores, such as the ROPE score. Lastly, we will review the second generation of PFO closure trials and conclude with a summary of the relevant evidence.

James Hummel

James P. Hummel, MD is an Associate Professor of Medicine in the Division of Cardiovascular Medicine at the University of Wisconsin School of Medicine and Public Health. Dr. Hummel completed his undergraduate studies in mathematics and computer science at the Pennsylvania State University before obtaining his medical degree from Temple University. He completed a residency in internal medicine at Yale-New Haven Hospital, and fellowships in cardiovascular disease and cardiac electrophysiology at the University of Virginia. He is a clinical cardiac electrophysiologist with special interest in catheter ablation and treatment of atrial fibrillation.

Diagnostic Tools in Cryptogenic Strokes

The term cryptogenic stroke generally refers to ischemic strokes for which no probable cause is elicited despite standard diagnostic evaluation. Cryptogenic mechanisms, which account for 10 to 40% of all ischemic strokes, include emboli from occult paroxysmal atrial fibrillation or aortic atheromatous disease, paradoxical emboli from the venous circulation, hypercoagulable states, and subcritical cerebrovascular stenoses and other vasculopathies. Advanced evaluation in these patients may thus include additional cardiac and vascular imaging studies, hematologic testing, and prolonged arrhythmia monitoring.

Johnny Abboud

New Updates of NOAC Usage in Embolic Strokes

Joseph Akar

Joseph G Akar, MD, PhD is an Associate Professor of Medicine in the Section of Cardiology at the Yale University School of Medicine. Dr. Akar completed a PhD in Molecular Physiology and Biological Physics focusing on the study of electrical and structural remodeling in atrial fibrillation. He is currently Chief of Cardiac Electrophysiology at Yale, and Director of the Electrophysiology Laboratory and the Complex Ablation Program at Yale-New Haven Hospital. Dr. Akar serves on the steering committee of the American College of Cardiology NCDR Left Atrial Appendage Occlusion Registry and the data analytic center of the American College of Cardiology NCDR Atrial Fibrillation Ablation Registry.

Non Pharmacological Treatment for Stroke Prevention in Atrial Fibrillation

Atrial fibrillation (AF) is the most prevalent arrhythmia in humans and is a major cause of stroke. Embolic stroke related to AF tends to be more severe and debilitating than other forms of stroke. Many AF patients at high risk of stroke are also high risk of bleeding. Use of oral anticoagulants in AF patients peaks at ~50% and actually declines with increasing stroke risk. Adherence to anticoagulation remains challenging, with ~30% of patients stop taking novel oral anticoagulant drugs at 2 years. Given that thrombus in the left atrial appendage (LAA) is most common cause of embolic stroke, interventional strategies for LAA occlusion have evolved. Following LAA occlusion, anticoagulation can be safely discontinued. Occlusion of the LAA provides protection against stroke in patients with AF while decreasing the risk of bleeding.

Said Farhat

Associate professor of clinical medicine
Faculty of Medicine-University of Balamand
Hepato-Gastroenterology
Program Director of Gastroenterology
Saint George Hospital University Medical Center

Crohn's Disease

Crohn's disease is an idiopathic and chronic inflammation that can affect any part of the gastrointestinal tract from the mouth to the anus. It has a relapsing/remitting course.

Crohn's disease symptoms vary depending on which part of the gut is affected.

However, despite the facts that, it is unclear whether the abnormal immune system causes Crohn's disease or results from it, the introduction of new medications led to a decrease in complications and surgeries needed: from 45-55% to <30%

Hall A - Batlouni

Gide Jabbour

Investigation of Pelvic Floor Dysfunction

Hall A - Batlouni

Romain Coriat

Diplomes:

Ecole de management des médecins des hôpitaux (EMAMH) – Mines ParisTech 2017

Habilitation à diriger des recherches - Université Paris Descartes 2013

DIU de pédagogie médicale - Université Paris Descartes – Paris VI 2012

Thèse es Sciences - ED474 - Université Paris Descartes – Ecole Normale Supérieure de Paris 2012

Master 2 : Optimisation des modulateurs de ROS - INSERM U1016 - Ecole Normale Supérieure de Paris-
Université Paris Descartes (Mention Très Bien) 2009

Master 1 : Différentiation cellulaire et cancer - Université de Bourgogne 2006

DESC d'oncologie médicale 2006

DIU de cancérologie digestive de l'inter région Est 2004

DIU d'échographie abdominale 2004

Concours National de l'Internat Spécialité Médicale - DES Hépatogastro-entérologie 2005

Université Pierre et Marie Curie, Paris VI - Master M1 : Epidémiologie et Recherche clinique 1997

Université Pierre et Marie Curie, Paris VI - Master M1 : Informatique, Statistiques et Modélisation 1996

Thématiques Hospitalières:

Gastroentérologie générale et endoscopie

Oncologie digestive: Responsable de la prise en charge des patients, du référentiel, de la réunion de concertation pluridisciplinaire et des essais cliniques d'oncologie digestive sur le site Cochin.

Tumeurs Neuro-Endocrines : Coordonnateur régional et secrétaire de la réunion de concertation

Superficial Cancers of the GI

Hall A - Batlouni

Elias Fiani

Chronic Constipation

Suayib Yalcin

- Prof. Suayib Yalcin is a medical oncologist with special interest in cancer treatment and research. His main areas of research interest are gastrointestinal cancers also including neuroendocrine tumors and gastrointestinal stromal tumors as well as supportive care
- He has participated in many clinical cancer research projects as a steering committee member, or principal investigator and serves as editorial board of several cancer journals. He has authored/co-authored more than 100 articles
- Prof. Yalcin currently serves as a full professor at Hacettepe University Cancer Institute, he is the president of the Turkish Association of Cancer Research and Control and Hacettepe Oncology Association and past president of Turkish Society of Medical Oncology
- He is an active member of ASCO, ESMO, EORTC, MMOF and is the former ESMO national representative of Turkey
- He has been the conference chair of international gastrointestinal cancers conference (IGICC) for the last 7 years and also served as an invited speaker in many national and international scientific conferences

CRC Screening

Colorectal cancer (CRC) ranks third among the most commonly diagnosed cancers worldwide, with wide geographical variation in incidence and mortality across the world. Despite proof that screening can decrease CRC incidence and mortality, CRC screening is only offered to a small proportion of the target population worldwide¹. Pr Yalcin will be addressing in his session CRC screening methods from guidelines to latest evidence-based interventions

Reference:

1. Schreuders EH et al. Colorectal cancer screening: a global overview of existing programmes. *Gut*. 2015;64(10):1637-49. doi: 10.1136/gutjnl-2014-309086. Epub 2015 Jun 3.

Cédric Le Guillou

Frailty Assessment in Older-Cancer Patients: The Best Way to Guide the Choice of Treatment

Kamal Haddad

Dr EL HADDAD is a graduate of the University of Balamand, School of Medicine where he also attended his undergraduate studies. Dr EL HADDAD trained at the St Georges Hospital University Medical Center at the department of Family Medicine. Afterwards, he completed a Geriatric fellowship at the Gerontopole de Toulouse, France with an interest in oncogeriatric medicine. Dr EL HADDAD focused on Frailty evaluation and its application in oncogeriatrics in which he published several articles and still working in conjunction with researchers on this specific domain.

Implementation of Intrinsic Capacities for the Prevention and Detection of Frailty, and Integrated Approach in Elderly Care

The 2015 World report on ageing and health defines the goal of healthy ageing as helping people to develop and maintain the functional ability that enables well-being. Functional ability is defined as the “health-related attributes that enable people to be and to do what they have reason to value”. Functional ability consists of the intrinsic capacity of the individual, the environment of the individual and the interactions between them. Intrinsic capacity is “the composite of all the physical and mental capacities that an individual can draw on. This concept of healthy ageing inspires a new focus for health care in older age – a focus on optimizing people’s intrinsic capacities and functional abilities as they age. In October 2017 the World Health Organization (WHO) published Integrated care for older people: Guidelines on community-level interventions to manage declines in intrinsic capacity. These guidelines set out 13 evidence-based recommendations for care providers to help develop and carry out person-centered integrated care for older people (ICOPE) at the community level. The ICOPE approach embodies the focus on optimizing intrinsic capacities and functional abilities as key to healthy ageing.

Hall A - Batlouni

Elie Estephan

- M.D (Family Physician /Geriatrician)
- Associate Professor in Clinical Medicine, Balamand University, Lebanon
- Head Acute Care Unit For Elderly St George Hospital UMC since 2000
- Responsible of the Geriatric Program at Foyer St George, Beyrouth - Lebanon, since May 1996
- Full – timer Geriatrician in the department of medicine at St-Georges Hospital - University of Balamand - Beyrouth - Lebanon, since May 1996
- Full-Timer Family Physician in the department of medicine at St George Hospital Beyrouth-Lebanon, since May 1996
- Member of the American Society of Geriatric medicine
- Member of the French Society of Geriatric medicine
- Member of Lebanese society of Family Physician
- Specialist certified in paliatif care medicine
- Ex-President (twice) of the Lebanese Society of Geriatric Medicine
- President and Founder of Lebanese NGO Saint Pantaléon Group for Contiuous Medical Education

Cognitive Frailty: Treating Physical Frailty to Prevent Dementia (Motor- Cognitive Risk Syndrome)

Hall B - Amphitheater Bechara

Sirine Abou Al Hassan

Sirine Abou Al Hassan has completed a BSc in Nutrition from the American University of Beirut. She completed her internship in collaboration with Accreditation Council for Education in Nutrition and Dietetics ACEND allowing her to hold the credentials in the United States. Thereafter, she completed her Master's degree with distinction in Eating Disorders and Clinical Nutrition from University College London with focus on pediatric population. She joined the Clinical Nutrition department at Saint George Hospital University Medical Center in January holding the position of the Pediatrics and Maternal Health Dietitian. Her main research interest in the clinical field when back to Beirut is pediatric malnutrition in acute care settings. However she still contributes to the field of Eating Disorders in the country by being an active member in the Middle East Eating Disorders Association MEEDA.

Malnutrition Screening Tools in Pediatrics

Malnutrition has always been a concern in the acute care settings in both adults and children, resulting in increasing mortality and morbidity and driving high economic impact on healthcare costs. However pediatric malnutrition is of alarming concern since besides clinical outcomes and length of stay, it also affects physical and cognitive development in children. Prevalence worldwide ranges from 6-32% with scarce data from the Middle East. The first fundamental step in targeting malnutrition should be the systematic use of a validated screening tool in our clinical practice. Various screening tools are now available but differ in their efficiency, methodology and target pediatric population. They should be followed with a thorough nutritional assessment that will direct the nutrition care. The latest evidence-based guidelines recommend an innovative five-step approach including: anthropometric variables, growth changes, chronicity, etiology and pathogenesis, and impact of malnutrition on functional status. More studies are needed in the field of pediatric malnutrition specifically in order to shed the light on such an under-recognized topic in scope of future advancement in medical practice.

Hall B - Amphitheater Bechara

Dany Khoury

Dr. Dany Khoury is originally from Al Koura. He completed his pediatric residency training at Upstate Medical Center in Syracuse NY and fellowship in Pediatric Hematology Oncology at the Children's Hospital of Northwestern University, Chicago.

He also spent 2 years of Clinical and Bench research at the Comprehensive Cancer Center of Northwestern University. His multiple research projects were published in the journal of Bone Marrow Transplant and Oncotarget. He is American Board Certified.

He is currently a reviewer for the Journal of Pediatric Hematology Oncology and has been a speaker at many national and international conferences.

He is currently an Assistant Professor of Clinical Pediatrics at SGH-UMC and is a member of the faculty of medicine at the University of Balamand.

The title of his talk today is "Nutritional Challenges in Pediatric Hematology and Oncology Patients".

Nutritional Challenges in Pediatric Hematology and Oncology Patients

The prevalence of malnutrition in pediatric oncology patients ranges from 8% to 60%. As with any other child, optimal nutrition for growth and development is essential to maximize their health status. However, this may be very challenging in the pediatric oncology population as malnutrition is strongly affected by the underlying diagnosis, stage of the disease, intensity and nature of the therapy, and socioeconomic factors. Many studies have shown that a poor nutritional status is highly correlated with increased treatment-related side effects and overall worse outcome. Therefore, identifying nutritional concerns, intervening in a timely fashion, and working closely with a multidisciplinary care team will improve the nutritional challenges faced by pediatric hematology and oncology patients.

Hall B - Amphitheater Bechara

Celia Hoebeke

Nutrition in Neurometabolic and Disabled Children

Pauline Abou Jaoude

Dr. Abou Jaoude received her MD and specialty degree in Pediatrics from St Joseph University, Beirut, Lebanon. Then, she completed her fellowship in Pediatric Nephrology at “Centre de Référence des Maladies Rénales Rares”, Femme Mère Enfant University hospital, Lyon, France, where she continued to work as an attending physician in the Department of Pediatric Nephrology, until the end of 2010. In 2011, she returned to Lebanon as a consultant physician in Pediatric Nephrology in the LAUMC-RH and Notre Dame de Secours University Hospital. In September 2016, she joined the Pediatric Nephrology Unit in Saint George Hospital – UMC as a full-time attending physician.

Dr. Pauline Abou-Jaoude is an Assistant Professor of Clinical Pediatrics at the University of Balamand and the Lebanese American University. She is a member of several scientific local and international organizations. She has more than 15 publications in international peer reviewed journals, with special interest in nephron reduction. She has also contributed to several international multi-centered studies. She is the president of KIDNEYDS, an NGO supporting Lebanese Children with chronic kidney diseases.

Nutritional Challenges in Pediatric Chronic Kidney Disease

Achieving and maintaining a good nutritional status with optimal growth remains quite challenging in children with chronic kidney diseases (CKD). In fact, patients with CKD, especially young infants, are at significant risk of protein energy malnutrition (PEM), because of multiple adverse consequences related directly or indirectly to renal dysfunction, such as poor appetite with low caloric intake, chronic anemia, fluids and electrolytes disturbances, disorders of the phosphocalcic metabolism, chronic microinflammation, etc. This has a considerable impact on the linear growth, neurocognitive development, and even sexual development of these children.

Thus, optimal management of children with CKD requires a close clinical and biological monitoring of their nutritional status and growth, to prevent and detect early signs of malnutrition. Therapeutic interventions when needed, should be tailored to the needs of each child, according to his age’ nutritional requirements, the underlying kidney disease and the present metabolic disorders. The ultimate goal is to maintain a “normal” linear growth for age without compromising the child’s health and wellbeing. However, this can be achieved only by implementing a multidisciplinary individualized approach, involving not only physicians and nurses, but also specialized dietitian, social worker and most of all, the CHILD and his parents.

Hall B - Amphitheater Bechara

Judy Matta

Dr. Judy Matta is an Assistant Professor of Clinical Pediatrics at the University of Balamand and a Pediatric Gastroenterologist at Saint George University Hospital. She completed her training in Pediatric Gastroenterology, Hepatology, and Clinical Nutrition at the Royal Children's Hospital in Melbourne in 2016.

Dr. Matta's clinical interest involves all aspects of pediatric gastroenterology with a special interest in Bowel Management in Children with Anorectal Malformations and Spina Bifida, Inflammatory Bowel Disease, and Motility disorders.

"It's Alimentary My Dear Watson": Nutritional Support in Pediatric Gastrointestinal Diseases

Digestive diseases are significant causes of nutritional disorders as a consequence of insufficient intake, intestinal malabsorption, and increased protein energy requirements. Malnutrition is an adverse prognostic factor in gastrointestinal diseases and can negatively influence their course. Thus, the preventive use of nutritional assessment allows nutritional support to be introduced in a timely fashion, thereby avoiding morbidity/mortality and limiting the long-term impact of malnutrition on growth and development. If the patient's energy and protein intake are found to be insufficient through the oral route, tube feeding or parenteral nutrition should be used to avoid or treat malnutrition. This presentation will highlight the importance of nutritional management in inflammatory bowel disease, short bowel syndrome, cystic fibrosis and cholestasis and provide an update on the latest nutritional recommendations.

Hall B - Amphitheater Bechara

Renate Savich

Dr. Renate Savich, Professor of Pediatrics, is the Chief, Division of Neonatology and Newborn Services at the University of Mississippi Medical Center in Jackson, Mississippi. She received her M.D. degree at the Northwestern University School of Medicine, in 1982 and completed a pediatrics residency at Children's Memorial Hospital-Northwestern University, before her fellowship training in Neonatal-Perinatal Medicine from 1985-88 at the University of California, San Francisco. She was a neonatologist at the University of New Mexico until 2014, serving as the Chief of the Division of Neonatology and Medical Director of the NICU. A fellow in the American Academy of Pediatrics, Dr. Savich was the Chair of the American Academy of Pediatrics Section on Neonatal-Perinatal Medicine, representing over 6000 neonatologists in the US. Dr. Savich has extensive involvement in neonatal global health, teaching in China, Mexico, Ethiopia and Indonesia. She currently has NIH funding support to perform whole genome sequencing on babies in the NICU with congenital anomalies.

Nutrition for the Neonate: What is the Latest Evidence?

The latest evidence for nutrition of the high-risk neonate will be discussed. The presentation will focus on the evidence for breast milk use in the NICU and for term infants. Donor milk and breast milk preparation will be discussed. Information will also be presented on the unique nutritional requirements of premature infants and other infants with special needs such as those with short bowel syndrome. Current special formulas will also be evaluated and how to best use them in these neonates. Post discharge nutrition will also be addressed in this presentation.

Hall B - Amphitheater Bechara

Pierre Mouawad

“Dr Mouawad is a Pediatric Gastroenterology and Nutrition specialist. He is currently working at the Saint George University Hospital where he is holding the title of Assistant Professor in Clinical Pediatrics and the position of Head of Pediatric Division. His main fields of interest in Pediatric gastroenterology are interventional endoscopy, as well as allergic and functional GI disorders and Inflammatory Bowel Disease.

He is a member of the Francophone Group of Pediatric Gastroenterology, Hepatology and Nutrition.”

Obesity in Children

Hall B - Amphitheater Bechara

Philippe Khafagy

I am the executive chief of the department of radiology of Montfermeil Hospital (Grand Paris Nord Est). I am specialized in Chest imaging and I am a member of two multidisciplinary teams in chest diseases. One of them is in the University hospital of Bobigny (faculty of medicine of Paris 13) which is a tertiary center in rare pulmonary diseases (Interstitial Lung Diseases). I did my initial medical education as well as my radiology specialty in the university hospital of Alexandria in Egypt. I went to Paris almost 10 years ago, to do a fellowship in chest imaging in the University hospital of Paris 13. I decided to continue my journey in France by doing the French board of radiology. After different university diplomas in multiples imaging branches, I was interested in studying other disciplines as Management and Teaching sciences.

I have multiple scientific teaching productions in chest imaging, 3 of them got international awards (prix expositions scientifiques aux journées française de radiologie 2014 et 2017, certificat de mérite à Chicago en 2015). I have a significant teaching activity in chest imaging since I am participating as a trainer or a lecturer in different courses and annual conventions. My focus projects are in relation to chest imaging, teaching, multidisciplinary interaction and artificial intelligence.

Approach to Chest CT Scan in Interstitial Lung diseases

Adequate recognition of pathological signs in chest computed tomography (CT) is based on precise knowledge of their definition, the understanding of post processing tools that should be used for adequate analysis as well as knowledge of the anatomical points and the pitfalls related to them. There are four groups of parenchymal abnormalities: nodular (micronodules, nodules and masses), hyperdensities (ground glass opacities, consolidation, crazy paving, mosaic attenuation), cystic lesions (cyst, emphysema, honeycombing) and reticular lesions (fines interlobular reticulations, septal interlobular thickening). Other pulmonary signs that could be relevant, may be seen in the mediastinum, the tracheobronchial tree, the pleural or the chest wall. Interstitial lung diseases are challenging and need a systematic analysis based on the analysis of the predominant sign. The associated signs are useful to refine the diagnosis.

Hall B - Amphitheater Bechara

Samer Nehme

Dr. Samer Nehme is a fully trained and qualified practitioner of pulmonary and intensive care medicine. He was born in Lebanon and trained at the Saint Georges Hospital University Medical Center in Beirut as resident and then chief resident in Internal Medicine, and as a fellow in pulmonary and critical care medicine, after finishing his training at the American University of Beirut (BS in Biology), and the Faculty of Medicine at the University of Balamand where he received his MD degree. He then lived and trained in Paris in almost all the theoretical and practical aspects of pulmonary diseases, with a subspecialty training in sleep medicine, and an extensive subspecialty training in Interstitial lung disease and rare pulmonary disorders, under the tuition of the great renowned Avicenne Hospital in Paris, which is the referral center for rare and interstitial pulmonary disorders in France and Europe. He also received a diploma in Neurological intensive care unit from the university of Paris Descartes and Institut Pasteur. Dr. Samer Nehme is currently working as a Full time pulmonary and critical care physician at SGHUMC, and is the program director in the pulmonary and critical care division, and a clinical instructor at the University of Balamand. He is currently working on a number of publications and is focusing on the development of a research center as well as an lterstitial lung disease center at the hospital.

Idiopathic Pulmonary Fibrosis: What is New?

This presentation will focus on the basics and the challenges in diagnosing IPF, and will discuss in details the newest 2018 guidelines, and the new therapeutic options and underlying studies, as well as the prognosis of the disease. It will also focus on radiological aspects that help in diagnosing IPF.

Hall B - Amphitheater Bechara

Roy Raad

Dr. Roy Raad is a board-certified radiologist (American Board of Radiology) in the Department of Medical Imaging at St. George Hospital University Medical Center since 2017. Previously, he worked as an Assistant Professor in the Department of Radiology, Nuclear Medicine section at NYU Langone Health, New York, USA, between the years 2014 and 2017. Having graduated as a medical doctor with honors from the Balamand University in 2007, Dr. Raad pursued a Diagnostic Radiology residency at the American University of Beirut Medical Center (AUBMC) in 2007-2012, followed by fellowship training in Thoracic Imaging and Nuclear Medicine at NYU Langone Health, New York, NY. He has published numerous original reports in prestigious peer-reviewed journals, and his vast clinical experience includes specialized expertise in the field of Lung Cancer imaging and imaging using different modalities, including chest radiography, chest CT and PET-CT.

New Guidelines for Screening for Lung Cancer by Low Dose Chest CT Scan

Lung cancer remains the leading cause of cancer mortality in the United States for both men and women. In 2011, the National Lung Screening Trial reported that screening for lung cancer in high-risk current and former smokers with low-dose chest computed tomography (CT) reduced lung cancer mortality by 20%. The U.S. Preventive Services Task Force made lung cancer screening (LCS) with low-dose CT a public health recommendation in 2013. Current accepted guidelines for patient screening include individuals aged 55-77 years who have a tobacco smoking history of at least 30-pack years and who are currently smoking or had quit less than 15 years earlier. A successful LCS program requires a multidisciplinary approach between different specialties, including a solid referral network for eligible patients, a specialized radiology practice, as well as an effective smoking cessation program. Communication of results revolves around the Lung Imaging Reporting and Data System (Lung-RADS) established by the American College of Radiology (ACR) in 2014.

Hall B - Amphitheater Bechara

Fadi Abu Rizk

Pulmonary Critical Care, ABIM, FACC

Graduate of the Lebanese University School of Medical Sciences and Post Graduate Program of Balamand University Lebanon

Internal Medicine Residency- Seton Hall University New Jersey USA

Pulmonary Critical Care Fellowship - State University of New York (SUNY Downstate) NY USA

Faculty Member at the Pulmonary Critical Care Department of SGHUMC and The University of Balamand

COPD Updates: GOLD Criteria and New Therapeutic Modalities

- New Updates in clinical Epidemiology of COPD
- New Updates in the natural History of COPD
- New Updates GOLD 2019 Guidelines in the treatment of COPD
- Pulmonary Rehabilitation Update

Hall B - Amphitheater Bechara

Georges Juvelekian

Graduated with a Doctor of Medicine diploma from the American University of Beirut then completed residency in internal medicine at the University of Rochester Strong Memorial Hospital then fellowship in Pulmonary, Critical care and Sleep medicine at the Cleveland clinic foundation.

Currently president-elect of the Lebanese Pulmonary Society and Chairman of Medicine and head of the pulmonary, critical care, and sleep division at Saint George Hospital University Medical Center in Beirut and associate professor of clinical medicine at Balamand university.

Asthma Updates: New GINA Guidelines and New Therapeutic Modalities

Asthma is a prevalent worldwide chronic disease that continues to represent a challenge to the clinician regarding the optimal management. As such, GINA guidelines have been recently modified to reflect the implementation of novel therapeutic modalities especially in severe asthmatics.

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Samer Nehme

Please refer to page 49

Inhaler Devices in Obstructive Lung Diseases

This presentation will show a historical review of inhalers, the critical role of choosing an appropriate inhaler and assuring a good education for the patient to be able to use it correctly. It will show the different types and mechanisms as well as the advantages and the disadvantages of each type of those inhalers, based on real time studies done on patients suffering from obstructive lung diseases.

Renaud Bollens

Diploma of medicine ULB (Free University of Brussels) 1994

License in Urology octobre 2000: ULB (Free University of Brussels)

Expert and teacher in laparoscopy since 1999

Hospital:

CHWAPI (Tournai), Belgium

Centre Hospitalier Epicura (Baudour /Hornu), Belgium

Catholic University of Lille (Hopital St Philibert, Lomme), France

Consultant:

Centre Hospitalier Emile Meyrich (Esch sur Alzette), Luxemburg

Fondation Champalimaud (Lisbon), Portugal

Fabia Matter Hospital (Rome), Italy

Introduction to Laparoscopy

Since the ninety's, the laparoscopic surgery has created a revolution in Urology. If the laparoscopy has become today the gold standard for many indication as the kidney surgery (nephrectomy, pyeloplasty, partial nephrectomy) or the vaginal prolapse surgery, the advantages seems not so clear in other indications (radical prostatectomy, cystectomy). This technique as also create some specific potential complications usually underestimated. Laparoscopic procedures are more difficult to learn and to teach. Only a part of the surgeons will be able to master this technique in the most difficult indications. The development of the 3D technology is certainly a tool to render more easy this technique. The spread of the knowledge should give the possibility to all specialist to be, at least, able to perform a nephrectomy, an easy partial nephrectomy, a pyeloplasty and a promontofixation.

Lap Nephrectomy: Step by step

Standardisation of a technique is very important to be safe and fast to perform a procedure. The nephrectomy is one of the most frequent indication in urology but also potentially one of the most dangerous. The knowledge of the anatomical details is the base to understand the principles and the logic behind the strategy to perform a surgery. In this topic I will underline the step by step and the tips and tricks to made a potentially dangerous procedure in an easier approach.

Michel Jabbour

Doctor Michel Jabbour is a Full Professor, Chairman of surgery department and the chief of Urology division at Saint George University hospital, Balamand University faculty of Medicine, Beirut, Lebanon.

After his medical studies in Lebanon, he received the American Endourological society fellowship after training with Professor Arthur Smith at Albert Einstein College of Medicine, New York in 1998. He, then, moved to Paris where he received an AFSA degree in Urology, and then worked as an Assistant in Saint Louis Hospital, Paris under Professor Alain Le Duc. The main focus of his work was Oncologic Urology and Neuro-Urology, and he started teaching in The School of surgery of the APHP, Paris.

He returned to Lebanon in 2000 and started teaching at Saint Joseph and Balamand universities, with clinical affiliation to Hotel Dieu and Saint Georges university hospitals. He introduced and developed Percutaneous surgery, Laparoscopy and modern Endo-Urology, and became a national and regional reference on Stone Disease and Percutaneous surgery.

He organized many workshops for Percutaneous surgeries and flexible ureteroscopies at SGHUMC for urologists from the Arab world. He was an Invited speaker to many of the regional countries, giving lectures, running workshops and performing live-transmitted surgeries.

He received an MBA in Health Management in 2010 from Sorbonne and Dauphine universities, Paris in a combined program with Saint Joseph University, Beirut.

Besides Endourology, he is running a large activity in Uro-oncology, Male infertility and Erectile dysfunction.

On research level, he conducted several research projects in the clinical field as well as the basic science field in collaboration with researchers from the faculty of Health Sciences. This resulted in around 40 publications in esteemed international peer-review journals, more than hundred oral, video and poster presentations in international medical congresses.

Pyeloplasty: Lap vs Endoscopic

Managing UPJ obstruction has witnessed, similarly to most pathologies, a shift towards minimally invasive techniques. Open surgery is fading away and the door is open wide to laparoscopic pyeloplasty or endopyelotomy, whether percutaneously or through ureteroscopy. Lap. Pyeloplasty copies the old gold standard technique of Dismembered Andersen – Hynes and thus has a high success rate . However, it is a lengthy procedure with a long learning curve compared to Endopyelotomy which has a lower success rate. The presentation describes both techniques with their pros and cons

Hall A - Batlouni

Renaud Bollens

Please refer to page 54

Live Surgery: Laparoscopic Complex Partial Nephrectomy

Hall A - Batlouni

Fouad Khoury

Dr. Fouad El Khoury is a Consultant Urologist specializing in Uro-Oncology and Laparoscopic Surgery at Saint George Hospital University Medical Center in Beirut. He serves the educational field through his work as an Assistant Professor of Clinical Surgery at the University of Balamand. He has authored several scientific papers and is actively involved in national and international meetings and conferences.

Graduate of the American University of Beirut and the University of Balamand in Lebanon with extensive Uro-oncology training in several renowned hospitals in Belgium, Dr. El Khoury is well experienced in demonstrating the best practices in urology and minimally invasive surgeries. He also received several certifications and diplomas in Laparoscopic and Robotic Urological Surgery with membership in distinguished societies and associations.

Lap Management of Pelvic Organ Prolapse

The presentation will give an overview of the etiology and incidence of Pelvic organ prolapse (POP), with particular emphasis on laparoscopic techniques for POP correction: both anterior and posterior planes / with and without uterine preservation.

The session will be supported with videos and detailed explanations of the techniques along with tips and tricks making a complex surgery a standard routine. The use and type of mesh along with various suturing techniques will also be discussed.

Renaud Bollens

Please refer to page 54

Vascular complications in Laparoscopy

The vascular complications are the most stressful situation in laparoscopy. The kidney surgery is certainly the most dangerous procedure in laparoscopy. When this problem occurs, it's very important to establish a strategy before to try to fix the problem. From the use of the suture, to the conversion in emergency, the topic will explain how to control laparoscopically these uncomfortable situations illustrated by many videoclip.

Fabienne Absil

Diploma of medicine ULB (Free University of Brussels) 1994

Licence in Gynaecology and obstetrics October 1999: ULB (Free University of Brussels)

Hospital:

Specialist in Pelvi perineal pathology and laparoscopic surgery.

Centre Hospitalier Epicura (Ath), Belgium

Management of Pelviperineal Pain + Semi Live Video

The pudendal nerve entrapment is a classical etiology of perineal pain. If the pain is recognized as a symptom of the entrapment, many other functional problems can be observed in this pathology as urge urinary incontinence, obstipation, dyspareunia, erectile dysfunction, pollakiuria, "chronicle prostatitis" etc. In the past the transgluteal approach was recognize as the classical surgical approach but the morbidity of the access has limited the number of indications. We advocate a new minimally invasive surgery to treat this pathology. The laparoscopic urology allows to release all the potential point of compression along the pudendal nerve. The morbidity is low and permit to propose a surgical approach early in the treatment of the patients.

Hall A - Batlouni

Renaud Bollens

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Lap Management of Perineal Descent

Fabienne Absil

Please refer to page 59

Lap Hysterectomy

The laparoscopic hysterectomy is surgical technique well describe since the eighty's. The procedure can be total or subtotal with preservation of the cervix and eventually of the ovaries, dependently of the age and the past medical history of the patient. The hysterectomy can be associated with a prolapse repair in the same procedure. In case of significant risk factor (genetic or under some treatment R/Nolvadex) a hysterectomy can be proposed.

The laparoscopic approach reduces the morbidity, the hospitalization stays and the interruption of professional activity. This surgery remains more difficult and need more expertise to master.

Emile Dabaj

- Medical Degree: University of Balamand
- OBGYN Residency: Saint George Hospital University Medical Center
- Fellowship in Reproductive Endocrinology and Infertility: Universite Libre de Bruxelles- Belgium
- Assistant Professor of Clinical Obstetrics and Gynecology: Faculty of Medicine, University of Balamand

Imaging Modalities for the Non- Invasive Diagnosis of Endometriosis

Endometriosis, a chronic disease that causes pelvic pain and subfertility, affects about 10% of women of reproductive age. Laparoscopy remains the gold standard modality for the diagnosis of Endometriosis, however it's expensive and carries surgical risks. We herein highlight on the performance of imaging tests in the non-invasive diagnosis of pelvic endometriosis, endometriomas and deeply infiltrating endometriosis (DIE) versus surgical diagnosis as a reference standard.

Hall A - Batlouni

Elias Abi Khalil

Assistant professor of Obstetrics & Gynecology at Balamand University School of medicine. He currently practices OBGYN at Saint George University Hospital medical center.

Previous Assistant professor in OB/GYN at the George Washington University.

Completed a two-year fellowship in minimally invasive gynecologic surgery (MIGS) certified by the American Association of Laparoscopic Gynecologists (AAGL), at The George Washington University Medical Faculty Associates.

Completed four-year residency at The George Washington University, where he received multiple awards for excellence in endoscopic surgery, including the prestigious AAGL award for excellence in endoscopic surgery. He is board certified in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG), a fellow of the American Congress of Obstetricians and Gynecologists (ACOG), and a member of the American Association of Laparoscopic Gynecologists.

Dr. Abi Khalil is a published author with more than 20 peer-reviewed publications, with a particular interest in fibroids, endometriosis and minimally invasive gynecologic procedures.

Role of minimally Invasive Gynecological Surgery in Infertility

Operative laparoscopy has become the mainstay surgical approach in female reproductive surgery. The role of many procedures in improving fertility and pregnancy outcomes are still controversial. In this presentation, we will review the role of minimally invasive surgery (laparoscopy and hysteroscopy) in treating different conditions related to infertility including; adhesiolysis, endometriosis, tubal occlusion, PCOS, fibroids, uterine cavity anomalies etc. . .

Hall B - Amphitheater Bechara

Guillaume Chambon

Docteur en médecine

Oto rhino laryngologie et chirurgie cervico faciale

Responsable de l'unité de cancérologie cervico faciale à l'institut de cancérologie du GARD

CHU de NIMES

FRANCE

Robotic Surgery in Head and Neck Surgery: Chirurgie Robotique des VADS

L'assistance robotique s'est progressivement étendue dans la plupart des spécialités chirurgicales. En ORL, elle trouve son application actuelle dans la chirurgie trans orale des VADS et la chirurgie thyroïdienne. Le but de notre présentation, à travers l'expérience du service ORL du CHU de Nîmes et des exemples vidéo, est de préciser l'intérêt de l'utilisation du robot Da VINCI, les limites actuelles de la technique robotique et les possibilités que laisse entrevoir ces techniques innovantes.

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Eléonara Masci

Ambulatory Thyroid Surgery: Chirurgie Ambulatoire de la Thyroïde

Hall B - Amphitheater Bechara

Benjamin Lallemant

Lecture: Update in the Management of Thyroid Nodules: Prise en Charge des Nodules de la Thyroïde

Hall B - Amphitheater Bechara

Michel Mondain

- Head Pediatric ENT Unit, ENT Department CHU Montpellier
- Head Cochlear Implant Center Montpellier – Palavas
- Head Competence Center for rare ENT malformations
- Member of the Reference Center for Genetics Sensorial Abnormalities
- Past President of the French Pediatric Otorhinolaryngology Association
- Member of ESPO, SFORL, AFON, SFA
- Dean of the Montpellier-Nîmes School of Medicine

Pediatric Chronic Rhinosinusitis Management in Rhinologists and Pediatric Otolaryngologists: Pathologie Sinusienne de L'Enfant et Chirurgie

Pediatric Chronic Rhinosinusitis (PCR) is still challenging for pediatric otorhinolaryngologists. While adenoidectomy remains an effective tool for improving symptomatology in a lot of young children, management of more difficult cases requires guidelines facing PCR. Different diseases can be found as cystic fibrosis, immunodeficiency syndrom, or allergy requiring specific approaches. In some cases, surgery can be useful. Guidelines and surgical options in children will be presented.

Hall B - Amphitheater Bechara

Julie Kalaani, Benjamin Conte, Michèle Abriquet

Dr Abriquet M., médecin anesthésiste réanimateur au CHU de Nîmes, diplômée de la faculté de Montpellier-Nîmes, CES Anesthésie -réanimation, Praticien Hospitalier.

Dr Kalaani J., médecin anesthésiste réanimateur CHU de Nîmes, diplômée de la faculté de Montpellier-Nîmes, DESC d'anesthésie réanimation, ancien assistant des Hôpitaux, praticien hospitalier.

Dr Conte B., médecin anesthésiste réanimateur, CHU de Nîmes, diplômé de la faculté de Montpellier-Nîmes, DESC d'anesthésie réanimation, ancien chef de clinique - assistant des hôpitaux, praticien hospitalier.

Management of Difficult Intubations in Otolaryngology: Gestion des Intubations Difficiles en ORL

L'intubation difficile en ORL a une incidence de près de 10%. Les algorithmes habituels de prise en charge ne sont pas toujours adaptés dans cette population. L'évaluation préopératoire des difficultés prévisibles, en plus des critères usuels anesthésiques, nécessite une étroite collaboration avec les chirurgiens pour décider de la méthode la plus appropriée de sécurisation des voies aériennes. Après un bref exposé des méthodes disponibles, nous détaillerons la technique choisie au CHU de Nîmes.

Michel Mondain

Please refer to page 67

Deafness in Children: La Surdit  de L'Enfant

A lot of progresses have modified the Sensorineural Hearing Loss management in children, including imaging development, genetic findings, cochlear implants development, or improvement of conventional hearing aids. However, early intervention, absence of associated disorders, and family participation remain the 3 major predictive factors for a good speech language development in deaf children. We will discuss the limits of the mechanistic approach of child deafness and highlight the importance of a global approach of child deafness management.

Georges Juvelekian

Please refer to page 52

New Pharmacological Modalities in Obstructive Sleep Apnea

Obstructive sleep apnea is a highly prevalent condition with an increasing incidence worldwide. The standard of care has been and continues to be CPAP therapy. However, a significant percentage of patients continues to suffer from residual sleepiness. New pharmacological agents offer promising results in such OSA patients.

Hall B - Amphitheater Bechara

Caroline Aloviseti

Drug-induced Sleep Endoscopy in Patient with SAS: Comment Réaliser une Endoscopie du Sommeil Induit?

Hall B - Amphitheater Bechara

Joseph Bou Serhal

TITLES

- Professor and Research Laboratory Director, Saint Joseph University of Beirut, Lebanon
- Adjunct Clinical Professor, Boston University, USA
- Executive Committee Member, World Federation of Orthodontists.

DEGREES

- Doctor in Dental Surgery Diploma, Saint Joseph University, Lebanon
- Master Degree in Orthodontics, Catholic University of Louvain, Belgium
- Doctorate Degree, University of Liège, Belgium
- Diploma in Sleep Dental Medicine, Paris VII University, France.

Hall B - Amphitheater Bechara

Wassim Raffoul

Professor Wassim Raffoul is Head of the Department of Plastic Surgery and Hand.

Medical doctor at St Joseph University in Beirut (1986) and at the University of Lausanne (1994). Specialized in plastic and reconstructive surgery, as well as in the surgery of the hand and peripheral nerves, he obtained the FMH diploma in both disciplines in 1997 and 1998.

He completed most of his training at the CHUV and Longeraie Clinic in Lausanne. He became Privat Docent and Associate Doctor of the Department of Plastic and Reconstructive Surgery in 2000, then Chief Medical Officer of the Burn Center in 2003. He is appointed Full Professor at the Faculty of Medicine and Biology at the University of Lausanne and Head of the Department of CHUV's plastic and reconstructive surgery in 2010. In 2013, a new hand surgery unit was created at the CHUV, attached to Prof. Raffoul's department, which became the Plastic and Hand Surgery Department.

Clinical Specialties

Plastic and reconstructive surgery, microsurgery, Burns surgery, Surgery of the hand and peripheral nerves

Research

Very active in the field of research, Professor Raffoul's work is internationally recognized. His research, carried out in collaboration with various Swiss and international groups, focuses on healing and reconstruction of the skin through new methods of skin cell culture, regeneration of peripheral nerves, bone and cartilage and breast reconstruction following breast cancer. The development of reconstructive microsurgery is the common point of most of its research and ongoing projects with other specialists from the CHUV and EPFL.

Professor Raffoul also co-directs with Pr Lee Ann Laurent Applegate a research platform bringing together experts from the CHUV, the University Hospital Zurich, the Center des grands brûlés as well as the EPFL, the UNIL, the UNIGE, HUG and UNIBE. This research group won the prestigious SwissTransMed grant in 2014. The platform investigates the impact of biological dressings on the number or severity of wound infections in burn patients and investigates the pathogenesis of wound infections.

New Cellular Therapies

During the last decades numerous cell therapies were introduced in the medicinal arsenal and as a consequence there is a real augmentation of cell regenerative therapies world-wide. In parallel regulations became more and more complex and subject to interpretation

Now a day Cell Therapies are used as biological substitutes/therapies to repair, replace or enhance tissue function

- Aging population (failing organs, tissues not enough available, cosmetic)
- Needs in surgical procedures, wound care and diseases (lack of material, sustain of healing)
- Affections are not "drug-able"
- In vitro toxicity testing (replace animals i.e. skin & cornea)

Finally, cell therapies have to be: efficient, secure, simple, universal and cost effective

Hall B - Amphitheater Bechara

Ghada Keserwani

Ghada Kesserwani, BSN, ICW, IIWCC
Clinical Case Manager
Wound Care and Training Center
Saint George Hospital University Medical Center

What's New in Wound Care?

Back in 1962, George Winter uncovered the truth about wound healing by covering a wound with a simple adhesive film for faster epithelization! Since then, moist wound dressing developed starting by hydrocolloids, foams, amorphous gel, silver. . . . Creating an enormous amount of choices which are sometimes confusing for starters who can't decide what to use and when?

Today, innovative technology is a non-medicated Hydro-Responsive Wound Dressing that cleanses, debrides, reduce bacterial load and activates the wounds with its unique Rinsing-Absorption Mechanism (1-6). The unique rinsing-absorbing mechanism if the HRWD allows its application over bones and tendons for limb salvage, where other dressings are failing! It also ensures a successful skin graft or flap surgery thanks to its optimal wound bed preparation (1-4) or following surgical debridement.

On the other hand, Negative Pressure Wound Therapy is a high-tech option preventing infection in high risk traumatic or post-op surgeries, requiring a highly skilled staff to manage properly intermittent negative pressure and change the dressing.

For granulation and epithelization, 3 options are available to close the wound: flap surgery, applying a skin graft matrix, or secondary healing using a HRWD with Aquaclear Technology that accelerates the epithelization process by concentrating 3 times the existing growth factors (6-7)

Depending on the patient health status, his financial capabilities and most importantly the wound team skills to apply properly the optimal solution, the decision for the right treatment is done.

Hall B - Amphitheater Bechara

William Watfa

Dr. Watfa's fellowship training at the prestigious Centre Hospitalier Universtaire Vaudois (CHUV) in Lausanne, Switzerland, was enriched by the work pursued with Professor Wassim Raffoul in his capacity as Chairman of the Department of Plastic and Reconstructive Surgery, and a leader in hand surgery and the treatment of burns. His last assignment was as Chef de Clinique in Plastic and Hand Surgery at CHUV in Lausanne where he also obtained the European Board of Plastic Surgery.

Dr. Watfa has also added to his experience in aesthetic surgery during his Aesthetic Surgery Fellowship training at the renowned LaClinic-Montreux in Switzerland.

Dr. Watfa is currently a Specialist in Plastic & Reconstructive Surgery/Aesthetic Surgery and Microsurgery at the St. George Hospital University Medical Center, where he holds an academic rank as Assistant Professor of Clinical Surgery.

Plastic & Reconstructive Surgery in a University Hospital

Plastic and reconstructive surgery may have traditionally been labeled as a "less essential" service at St George University Medical Center. Contrary to the "media" representation of this specialty, cosmetic surgery is not the only service offered.

The role of a plastic surgeon in a university hospital ranges from reconstruction after breast cancer, soft tissue cancer, burns, scar revision, hand surgery, lymphedema, congenital anomalies and microsurgery. These services are based on a multidisciplinary approach with many other clinical practices including general surgery, orthopedic surgery, head and neck surgery, gynecology, oncology, vascular surgery, Physiotherapy and Rehabilitation.

Its input allows for more complex surgical procedures to be performed safely and for complications of surgery to be managed successfully. Clearly, plastic surgery plays a critical role at academic medical centers.

Wassim Raffoul

Please refer to page 74

Breast Surgery

Breast surgery occupies a large place in the activity of a plastic surgeon.

This is an area where reconstructive and aesthetic surgery are intimately linked.

Surgery of reductions and pexies are common and well described for a long time Nevertheless we often see complications related to a lack of knowledge of the physiological and anatomical bases of the mammary gland. Implants have been used in breast reconstruction and aesthetics for over 50 years. Many scandals and serious problems have appeared in all these years. The worst of all is currently under the magnifying glass of the experts, it is in relation with the ALCL (Anaplastic Large Cell Lymphoma).

Serious and recent problems with breast implants is increasingly leading to reconstructions and autologous cosmetic surgeries using lipofilling or free flaps.

All these points will be detailed in this presentation.

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