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Lower extremity revascularization: Ground reality of a developing country

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Peripheral arterial disease (PAD) has emerged as an important health care issue all over the world. According to recent statistics, more than 200 million people were suffering from PAD worldwide in the first decade of the new millennium. PAD prevalence increased by 23.5% over the same period. Though increases were more in low-income and middle-income countries (28.7%), significant increases were also seen in high-income countries (13.1%). PAD afflicts the lower extremities (LE) more than the upper extremities resulting in poor walking capacity, rest pain and tissue loss. Revascularization has been the mainstay of treatment for advanced PAD known as 'chronic limb threatening ischemia' (CLTI). Both surgical and endovascular modalities are in practice for revascularization of the LE arteries. Endovascular revascularization has got huge momentum in the recent years thanks to relentless efforts towards upgradation of technology and availability of newer hardware. Surgical revascularization is considered 'gold standard' for certain types of lesions not suitable for endovascular revascularization. Decisions regarding the mode of revascularization are made based on criteria suggested by a variety of evaluation tools such as TASC (Trans-Atlantic Inter-Society Consensus), WIfl (Wound, Ischemia, and foot Infection), GLASS (Global Limb Anatomic Staging System), TAP (target artery path), PLAN (patient risk, limb severity, and anatomic pattern of disease), LBP (limb-based patency) etc. BASIL-2, BASIL-3 (Bypass vs Angioplasty in Symptomatic Ischemia of the Leg) and BEST-CLI trials are on-going to answer the questions regarding suitability of endovascular vs surgical bypass for CLTI.

Biography

Abul Hasan Muhammad Bashar is currently working as Associate Professor (Vascular Surgery) National Institute of Cardiovascular Diseases (NICVD), Dhaka. He worked as a Medical Officer in 250-bedded general hospital, Jessore, Bangladesh. He got affiliations in Member of Bangladesh Medical Association, Life member of Bangladesh Cardiac Society, General Secretary of Bangladesh Vascular Society. He published 65 articles in peer-reviewed medical journals.

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Novel advances in modifying BMPR2 signalling in PAH

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Pulmonary Arterial Hypertension (PAH) is a disease of the pulmonary arteries, that is characterized by progressive narrowing of the pulmonary arterial lumen and increased pulmonary vascular resistance, ultimately leading to right ventricular dysfunction, heart failure and premature death. Current treatments mainly target pulmonary vasodilation and leave the progressive vascular remodelling unchecked resulting in persistent high morbidity and mortality in PAH even with treatment. Therefore, novel therapeutic strategies are urgently needed. Loss of function mutations of the Bone Morphogenetic Protein Receptor 2 (BMPR2) are the most common genetic factor in hereditary forms of PAH, suggesting that the BMPR2 pathway is fundamentally important in the pathogenesis. Dysfunctional BMPR2 signalling recapitulates the cellular abnormalities in PAH as well as the pathobiology in experimental pulmonary hypertension (PH). Approaches to restore BMPR2 signalling by increasing the expression of BMPR2 or its downstream signalling targets are currently actively explored as novel ways to prevent and improve experimental PH as well as PAH in patients. Here, we summarize existing as well as novel potential treatment strategies for PAH that activate the BMPR2 receptor pharmaceutically or genetically, increase the receptor availability at the cell surface, or reconstitute downstream BMPR2 signalling.

Biography

Svenja Dannewitz Prosseda did her MSc Ph.D., at Uniklinikum Freiburg, Baden-Württemberg, Germany, Interested in pulmonary and cardiovascular remodeling in response to hypoxia and inflammation. Our research platform is the world through worldwide collaboration, we can begin to answer the question of a global disease. She is currently working in Cactus communication.

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