

Scientific Tracks & Sessions February 21, 2019

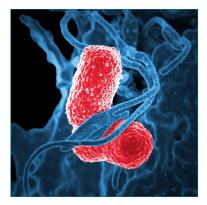
Wound Care 2019 Microbiology 2019











Joint Event on

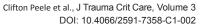
2nd International Conference on

Wound Care, Tissue Repair and Regenerative Medicine &

World Congress on

Microbiology & Applied Microbiology

February 21-22, 2019 | Paris, France





Wound Care, Tissue Repair and Regenerative Medicine

World Congress on

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The use of amniotic membrane in healing excisional debridement of sea urchin stings

Clifton Peele, Sarah Foyle and **Barbara Saar** University Hospitals Richmond Medical Center, USA

Sea urchin stings have plagued many people and most commonly affect the feet. Many physicians in literature have described treatments for these traumas. The various treatment options for sea urchin stings range from soaking the feet in vinegar to help detach the barbs, to antibiotic therapy with narcotics for pain control. However, in an extensive review of literature, Dehydrated Human Amnion/Chorion Membrane has not yet been used to treat sea urchin stings. Allografts have been used to treat every type of traumatic condition and chronic foot ulcers that affect every type of population. Now Allografts such as Dehydrated Human Amnion/Chorion Membrane have found a new usefulness in the treatment of Sea Urchin stings. The

Dehydrated Human Amnion/Chorion Membrane can reduce the scar tissue formation, decrease skin contracture and return to normal epithelialize skin.

Speaker Biography

Clifton Peele is a native of Eastern North Carolina, where he earned his Bachelor of Science Degree from East Carolina University. After which he earned his doctorate in podiatric medicine from the renowned Des Moines University in Des Moines, Iowa. Advancing his training as a preceptor at One Foot Two Foot Clinic in Suffolk, VA. He completed his medical and surgical training at the prestigious Howard University Hospital in Washington, D.C. He was fortunate to be accepted to a two-year fellowship in wound care and diabetic limb salvage at University Hospital in Cleveland, OH. Currently, he is a podiatrist at Total Foot Care Clinic in Hattiesburg, MS.

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Lymphedema stage III with ulcus: What must/can we do? (case report)

Tanja Planinsek Rucigaj

University Medical Centre Ljubljana, Slovenia

61-year-old patient had damaged a left leg in an accident Awith a motor. When treatment was complete the left shin was not sufficiently vascularized. Due to an injury, swelling of the left leg with ulcers began to occur. The compression therapy was not possible, since the ankle brachial index was below 0.5, the swelling has increased, and erysipelas were appearing. On the fourth treatment with penicillin, the patient developed an allergic reaction to this antibiotic. The pain in the left legs increased. Since revascularization was not possible, and with insufficient compression therapy of left swollen leg, the question of eventual amputation of left leg above the knee was appeared. The transplantation of lymph nodes from the left axilla to the left popliteal fossa was performed. The edema of the left lower leg was softened and more reduced when patient start to walk, which was restricted due the pain before the surgical therapy. During the walking patient tolerates preventive

stockings. At the site of the removal of the lymph nodes on the left thorax a contracture appeared. A limited mobility of the left arm is after physical therapy almost 100%. The erysipelas did not appear anymore.

Speaker Biography

Tanja Planinsek Rucigaj is dermatovenerologist from 2001. In 2003, she was elected for the assistant to the subject of dermatovenerology on Medical Faculty in Ljubljana. Since 2009, she is a lecturer at the College of Health Care Jesenice, now faculty of Health Angela Boskin. In 2015, she was finished two years study of lymphology at European e-Lymph school. Since April 2009, she is a head of Dermatovenerology Clinic, University Medical Centre Ljubljana. She completed her PhD in October 2018. From 2006-2014, she was the president of the Association of Slovenian Dermatovenerologists. Since 2008, she is a vice president of Balkan Venous Forum. Between 2011-2015, she was a president of Wound Management Association Slovenia, then as a vice-president till Jan 2017. From 2016, she is a president of Slovenian Association of Phlebology and Lymphology. She has more than 600 entries in Co-operative Online Bibliographic System/Servis and her publications have been cited over 140 times.

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Atypical ulcers: Definition and diagnosis

Sandra Marinovic Kulisic University of Zagreb, Croatia

Wounds mean distruption of normal continuity of structures. Ulcers are excavations of the skin that reach at least to the deph of the dermis. Ninety- five percent of atypical ulcers manifest as one of the above mentioned entities. Other forms of chronic wounds represent atypical ulcers, which can be caused by autoimmune disorders, infectious diseases, vascular diseases and vasculopathies, metabolic and genetic diseases, neoplasm, external factors, drug related reactions, etc.

The features of atypical ulcers are the following; difficult to recognize, pose problems in making an accurate diagnosis, and especially complex treatment. They are characterized by inflammation and infections caudes by rare agents from the environment, low virulence microbes, predominantly bacteria and fungi, multiple-resistant strains, opportunistic microbes.

The diagnosis of atypical ulcers is very difficult. Althought a wound biopsy generally is recommended in the case of refractory, nonhealing ulcers or when wounds present with atypical signs and symptoms, little is known about the distribution of atypical ulcers.

Molecular and histologic analysis of atypical ulcers have been suggested as a method to validate the use of debridment. The non healing edge contains cells with molecular markers indicative of healing impairment.

Speaker Biography

Sandra Marinovic Kulisic was born in 1976. She currently working in Department of Dermatology and Medicine, University of Zagreb. She completed her education MD, MS in 2008, specialization in dermatovenerology in 2010 and MD, PhD 2014 as research associate. She completed many training courses on vein surgery, wound healing, pediatric allergology and dermatology etc. She is also having membership in various associations like Croatian Medical Association since 2001, Croatian Society Dermatovenerologic Croatian Medical Association since 2003, Croatian Catholic Medical Society since 2004, Croatian Association for early 2007, member of the European Wound Management Association since 2006, a member of the Austrian and Italian society for phlebotomist from the 2010 and UEMS Thematic Federation Wound Healing in 2016. She received various awards like Scientific Award "Borislav Nakic" Croatian Academy of Medical Sciences, for the best scientific work in the field of medicine published in 2008, recognition of the Croatian Medical Association in 2011. She has many publications in international journals.

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Gisha Paul, J Trauma Crit Care, Volume 3 DOI: 10.4066/2591-7358-C1-002

Pressure injuries in ICU and prevention: A multidisciplinary approach

Gisha Paul

American Hospital Dubai, UAE

The highest incidence of pressure injuries ocuur in ICU in most of the acute care hospitals. Some practioners really find difficulty keeping it below the bench mark. All hospital acquired pressure injury care expences are not covered by the insurance. Hence pressure injuries in critical care patients can creat a big loss of revenue to the organisation and can compromise patient safety. Understanding pressure injuries, stages and prevention methods can reduce this burden of loss to the organiosation. A proper guidline implementation and practices can change this situation. The multidisciplinary

rounds on these patients can help to reduce the incidents and will help to manage the situation. Every organistion must have a wound care services, with selected quality indicators.

Speaker Biography

Gisha Paul, a certified wound care nurse. She has completed her post graduation in wound mangement from MacEwan University, Canada. She is an ex ICU nurse with great experience and currently, working as a wound care nurse at American Hospital Dubai. She has solid experience in managing cancer, vascular, diabetic, surgical wounds including negative pressure wound therapy.

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Workshop

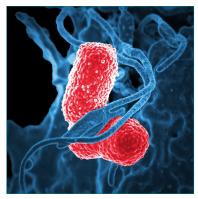
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Jasmina Begic

Balkan Wound Management Association (BALWMA), Bosnia and Herzegovina

1st Balkan wound management association platforms: Patient in the Focus

Introduction: Balkan Wound Management Association, BALWMA, is founded in Sarajevo in August 2014. Participation of Balkan Countries, because the global trend of regional associations "based on common interest and solidarity". All country associations are members in the European Wound Management Association (EWMA). Worldwide trend of regional networking – Facebook, Tweeter, Instagram, etc. launched as social networks for connecting people and information exchange, later recognized as a power tool for business promotion and development. Corporate Sponsors, regional approach in programming in addition to their country programs. The region of the Balkan is considered by many current and prospective companies to offer opportunities as a large market. International organizations and industry have departments for Balkans and do regional programming and business plans in addition to their country plans. The Global Telemedicine market will reach \$ 41,2 Billion by 2021. Aim: Education about EU principles in the wound healing for medical staff, collaboration with medical institution, Government, NGO,

medical chambers, industry on the domestic/English language, decrease the cost of travel, accommodation in the countries, members of BALWMA.

E leaning: Globalisation of EU standards for medical team, professionals, patients, society. Partnership. Connect patients and doctor, 24/7. Benefit for patients, benefits for the doctors. Networking of labor market Global health service. To be mobile for patients with chronic wounds. Improve quality of life. Improve quality of life Medical tourism.

Speaker Biography

Jasmina Begic is a medical consultant for BIOPTRON, Zepter International for Bosnia and Herzegovina, founder of Association for Wound Management in B&H, founder and author of Euro-Asian Forum, one of founder of BALWMA. She is currently working as a dermatovenerologyst in Bioptron International team -Wound Healing. She finished per graduation and post-graduation studies at Medical School of University Sarajevo, Sarajevo, Sosnia and Herzegovina and completed her PhD in the field of tissue regeneration and wound healing from Indian Institute of Technology, Kharagpur. She is also active member in UEMS TF WH, EWMA, EADV.

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Human papillomavirus infection in genital women in four regions of Senegal

El Hadji Seydou Mbaye^{1,2}, Tarik Gheit¹, Ahmadou Dem², Sandrine McKay-Chopin¹, Ndeye Coumba Toure-Kane², Souleymane Mboup², Massimo Tommasino¹, Bakary S Sylla¹ and Cheikh Saad Bouh Boye²

¹International Agency for Research on Cancer (IARC/WHO), France ²Aristide Le Dantec Hospital, Senegal

Cervical cancer is the most frequent cancer among women in Senegal. However, there are few data concerning the HPV types inducing neoplasia and cervical cancers and their prevalence, in the general population of Senegal.

Aim: The aim of this study is to determine the prevalence of HPV infection in Senegalese women aged from 18 years and older.

Materials and Methods: A study was performed on 498 cervix samples collected from healthy women aged 18 and older in Dakar. 438 other samples were collected from three other regions, Thies, Saint Louis and Louga. The samples were screened for 21 HPV genotypes using an HPV type-specific E7 PCR bead-based multiplex genotyping assay (TS-MPG) which is a laboratory-developed method for the detection of HPV.

Results: The prevalence for pHR/HR-HPV in the region of Dakar was 20.68%. HPV 52 (3.21%) was the most prevalent HPV type, followed by HPV 16 (3.01%) and HPV 31 (3.01%). In the regions of Thies, Louga and Saint Louis, the prevalence for pHR/HR-HPV was 29.19%, 23.15% and 20% respectively.

Conclusion: The study revealed the specificity of the HR-HPV

prevalence in Dakar and other regions of Senegal. The patterns differs from the one observed in the other regions of the world and rise the issue of the development of vaccination program in the country. Such a program should take into account the real HPV prevalence for an effective protection of HPV-associated diseases.

Speaker Biography

El Hadji Seydou Mbaye was born in 1978 in Kaolack a region of Senegal. During 2008-2013, he pursued his PhD in Biology and Human Pathologies with the collaboration of the International Agency for Research on Cancer (IARC) /WHO, Lyon (France); he was certified by the Federation International of Gynecology Obstetrics (FIGO), the Accreditation Council of Oncology in Europe (ACOE, www.acoe.be), the Institute Catalan of Oncology (ICO) for cervical cancer prevention in support of CME for physicians. These credits are also recognised as Physician's Recognition Award (AMA PRA Category 1 credits) by the American Medical Association. He was certified by the United Nations for Basic Notion of Security on the Ground-Protection, Health and behavior, by the International Agency for Research on Cancer (IARC)/World Health Organization, Lyon (France) for Safety Certificate. He has published 1 Book with a style of philosophical story. Author of the world program against cancer in low and middle incomes countries, he is first authoring of more than 90 articles published in reputed journals. He is editorial board member of the International Journal of Immunology, associate membership of the World Society for Virology and also, member of BCNet International Working Group, International Agency for Research on Cancer (IARC)/ World Health Organization (WHO).

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