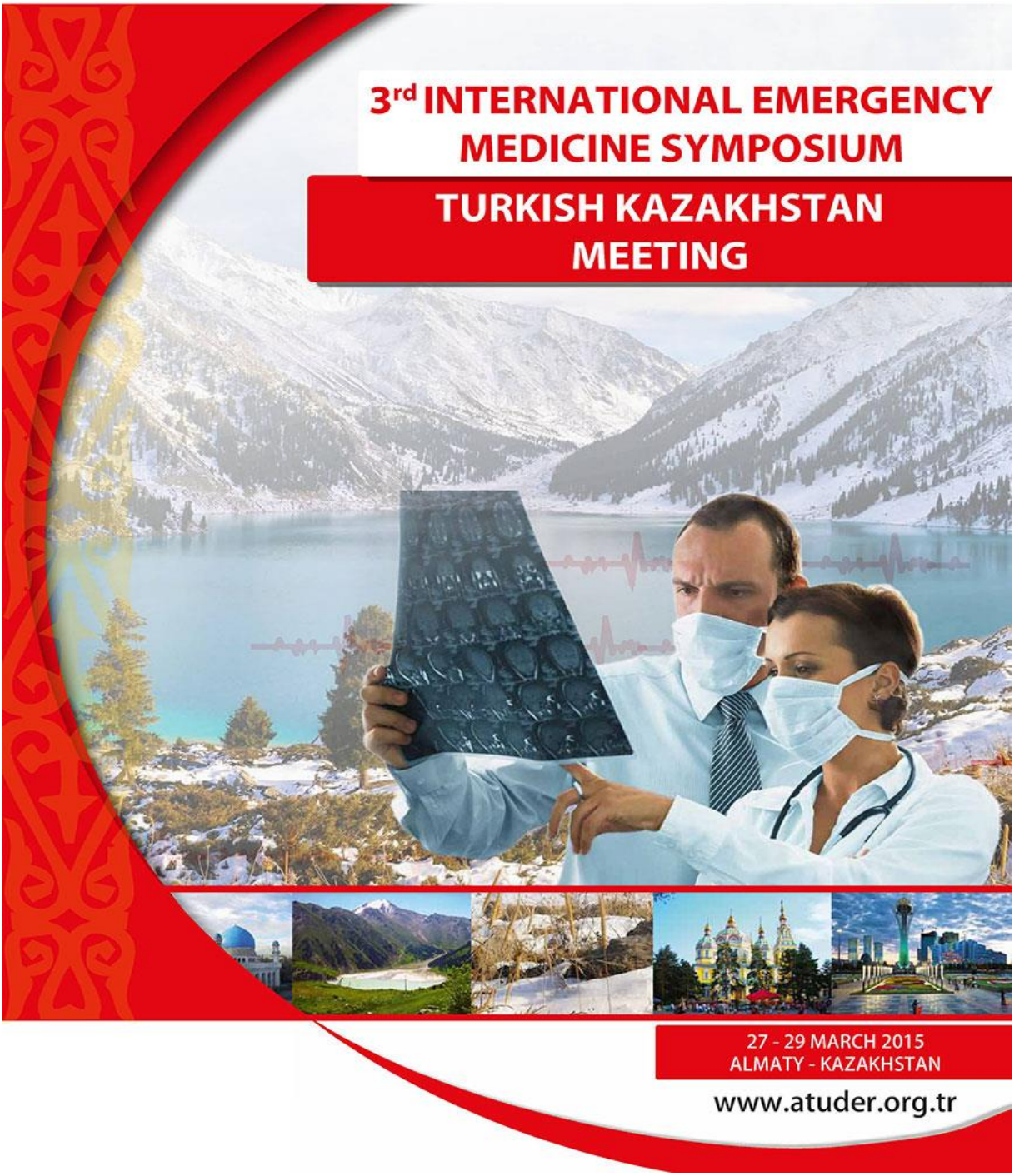


POSTER PRESENTATION BOOK

The Symposium was Adopted Just the Poster Papers

Symposium Boards

Honorary Chairman of the Symposium

Prof.Dr. Akanov Aikan Akanovich

Chairmans of the Symposium

Prof.Dr. Başar Cander

Prof. Dr. Darmenov Oralbay Kenzhebaevich

Prof.Dr. Polat Durukan

Symposium Secretaries

Prof. Dr. Nurmanbetova Farida Nusupzhanovna

Doç. Dr. Cemil Kavalcı

Uzm. Dr. Ömer Salt

Dr. Murat Muratoğlu

Symposium Organizing Committee

Prof.Dr. Mehmet Gül

Prof.Dr. Batırhanov Shayhsalam Kilibaevich

Prof.Dr. Egemberdiev Tolegen Zholimbetovich

Doç.Dr. İbraeva Gulmira Alpısbaevna

Doç.Dr. Eralina Svetlana Nurushevna

Doç.Dr.Salim Satar

Doç. Dr. Selahattin Kıyan

Doç. Dr. Sadık Girişgin

Doç. Dr. Yunsur Çevik

Doç. Dr. Murat Orak

Doç. Dr. Mustafa Burak Sayhan

Symposium Report Evaluation Board

Prof. Dr. Darmenov Oralbay Kenzhebaevich

Prof.Dr. Polat Durukan

Doç.Dr. Cemil Kavalcı

Doç.Dr. Mustafa Burak Sayhan

Dr. Murat Muratoğlu

P1. WORKLOAD PERCEPTİON": A SURVEY AMONG HEALTH CARE WORKERS IN EMERGENCY SERVICE

Doç. Dr. Türker TOPALHAN[1], Doç. Dr. Bülent BAYAT[1], Doç. Dr. Cemil KAVALCI[2], Uzm. Dr. Afşin Emre KAYIPMAZ[2], Dr. Meliha FINDIK[2]

[1)] Gazi Üniversitesi İ.İ.B.F. Çalışma Ekonomisi ve Endüstri İlişkileri Bölümü

[2)] Başkent Üniversitesi TIP Fakültesi Hastanesi Acil Tıp Hekimliği Bölümü

Workload is an intensive concept which defines indivual's performance and behaviours that affect production process. In literature workload phenomenon has two different perspectives: as a necessary part of a (objective) planned job and as a form of perception who does the job (subjective workload). This research aims to investigate health care workers' perceptions about workload who work in emergency medical services.

Method

This study was approved by the local ethics committee and was conducted with survey method in the emergency departments of Baskent University Medical School and Gazi University Medical School. Survey forms to be filled were handed over to health care workers (physicians, nurses, and emergency medical technicians (EMT)) were requested to fill the form. Two kinds of data were detected with IWPS (individual workload perception scale) defined by Cox and his friends: factual data (categorical) and data about perception of individual workload (numerical). There were five groups based on the perception of workload (below normal/0-30 score interval, normal (reasonable)/31-60 score interval, above normal/61-90 score interval, heavy workload/91-120 score interval very heavy workload/121-150 score interval). Data were analysed by SPSS 13.00 for Windows software package. Descriptive variables were expressed as mean and percentage. Categorical data were compared with Chi-square test. A p value less than 0.05 was accepted as statistically significant.

Results

In total, 148 subjects participated in the survey. One hundred and two subjects (%68.9) were male and 46 were female. Mean age was 27.17 (+,-6.06) years. The workers' workload perception based on the professional groups was summarized on table 1. An analysis of workload perception by professional groups revealed that workload perception was above normal in nurses and emergency medical technicians, and heavy in doctors.

Table 1. Relationship between Profession and Workload Perception						
	Perception of Workload					P value
	Normal	Above Normal	Heavy	Very Heavy	Total	
Doctor	8.8%	32.4%	58.8%	0.0%	100.0%	P<0.001
Nurse	0.0%	50.0%	25.0%	25.0%	100.0%	
EMT	3.1%	65.6%	28.1%	3.1%	100.0%	
Total	5.4%	48.6%	41.9%	4.1%	100.0%	

Workload perception by sector was summarized on table 2. Workload perception was above normal in private sector and heavy in public sector.

Table 2: Relationship between Private Sector and Workload Perception						
	Perception of Workload				Total	
	Normal	Above Normal	Heavy	Very Heavy		
Private Sector	5.4%	59.5%	32.4%	2.7%	100%	P<0.005
Public Sector	5.4%	37.8%	51.4%	5.4%	100%	
Total	5.4%	48.6%	41.9%	4.1%	100%	

Discussion

According to the results of this study that examined emergency service health care workers' workload perception, the majority of emergency service health care workers (including professional groups and sectors) had a workload above the normal level. The majority of emergency service health care workers working in public sector had a heavy workload while the latter was perceived above normal in private sector.

References

1. Dağdeviren M, Eraslan E, Kurt M. Çalışanların Toplam İş Yükü Seviyelerinin Belirlenmesine Yönelik Bir Model ve Uygulaması: Gazi University Journal of Faculty of Engineering, 2005;20; pp. 517 – 525.

2. Lin SY, Lin C, Yeh MC, Lin S And Hwang YJ. A psychometric evaluation of the Taiwan version of the individual workload perception scale. Journal of clinical nursing 2011; 20; pp. 494 – 503. doi: 10.111/j.1365-2702-2010-03495.x

Keywords: Workload, Emergency Service Health Care Workers, Public and Private Sector Differences.

P2. A STUDY OF THE PRESENCE AND LEVEL OF ESTRANGEMENT AMONG EMERGENCY SERVİCE HEALTH CARE WORKERS

Doç. Dr. Bülent BAYAT [1], Doç. Dr. Türker TOPALHAN [1], Doç. Dr. Cemil KAVALCI[2], Uzm. Dr. Afşin Emre KAYIPMAZ[2], Dr. Meliha FINDIK[2]

[1)] Gazi Üniversitesi İ.İ.B.F. Çalışma Ekonomisi ve Endüstri İlişkileri Bölümü

[2)] Başkent Üniversitesi TIP Fakültesi Hastanesi Acil Tıp Hekimliği Bölümü

INTRODUCTION

Estrangement is emotional and social condition that is highly dependent on working life/working conditions. If the person who constructs himself by working is forced to hard working conditions, he draws himself away himself and society. In literature most researchers linked estrangement to working conditions. Estrangement is determined by organization in structural level and working conditions in functional level when it is dealed with organizational level.

The aim of this study was to explore the presence and level of estrangement in emergency service health care workers.

METHODS

This study was conducted in the emergency departments of Baskent University Medical School and Gazi University Medical School via questionnaire method after being approved by the local Ethics Committee. The questionnaire forms were filled by healthcare staff (physicians, nurses, and emergency medical technicians). The estrangement scale used in the research was developed by Bayat and based on the estrangement theory of Johnson and Seeman. The scale consists of 36 proposals. The participants can get 36-180points. The categories by points were as follows: “0-36 points: no estrangement, 37-72 points: low estrangement, 73-109 points: medium estrangement, 110-156 points: high estrangement, 157-180 points: very high estrangement”. The data were analyzed with SPSS 13.00 for Windows software package. The descriptive data were presented as “n, % and mean”. Chi-square test was used for comparison of categorical data. A p value less than 0.05 was accepted as statistically significant.

RESULTS

A total of 148 participants were enrolled. They consisted of 102 males (%68,9) and 46 females (%31,1). The mean age was 27.7+6.06 years. The estrangement level of workers by the professional groups was summarized on Table 1. The analysis of the estrangement level of workers by professional groups revealed a low and medium estrangement among nurses, high estrangement among emergency medical technicians, and medium estrangement among doctors.

Table 1: The Relationship Between Professional Groups and Estrangement Level

Profession	Estrangement Level				Total	P value
	Low	Medium	High	Very High		
Physician	20,6%	64,7%	11,8%	2,9%	100,0%	p<0.001
Nurse	50,0%	50,0%	0,0%	0,0%	100,0%	
EMT	31,2%	28,1%	34,4%	6,2%	100,0%	
Total	28,4%	47,3%	20,3%	4,1%	100,0%	

The estrangement level of workers by sector was summarized on Table 2. The analysis of the estrangement level of workers by sector revealed a maximum medium estrangement level in public and private sector.

Table 2: The Relationship Between Sector and Estrangement Level

	Estrangement Level				Total	P value
	Low	Medium	High	Very High		
Private Sector	21,6%	45,9%	29,7%	2,7%	100,0%	p<0.001
Public Sector	35,1%	48,6%	10,8%	5,4%	100,0%	
Total	28,4%	47,3%	20,3%	4,1%	100,0%	

DISCUSSION

According to the results of this study investigating the presence and level of estrangement among emergency service healthcare workers, doctors had a more prevalent and severe estrangement than the other professional groups.

REFERENCES

1.Taştan S İşci E, Arslan B. Örgütsel destek algısının işe yabancılaşma ve örgutsel bağlılığa etkisinin incelenmesi: İstanbul özel hastanelerinde bir çalışma. Journal of Pamukkale University Social Sciences, 2014; 19: pp: 121-138.

2.Usul H ve Atan A, Sağlık sektöründe yabancılasma düzeyi”, Journal of KMÜ Social And Economic Researchs, 2014; 16 (26): pp: 1-10

Keywords: Estrangement Level, Public Sector, Private Sector. Emergency Health Care Workers.

P3. SURGICAL TREATMENT OF ACUTE CALCULOUS CHOLECYSTITIS

Aimagambetov MJ, Bulegenov TA,Asylbekov EM, Elchibaev BM, Akparov TL, Serikova GS

Department of internship of surgerySemey State Medical University

Introduction

Minimally invasive interventions for gallstone disease and its complications are gradually gaining recognition due to minor trauma, sufficient efficiency, and with experience are everyday manipulation [1-6]. Conversion and postoperative mortality of minimally invasive interventions is 2 - 23.6%, 0.5 - 2.5% [2, 4, 5, 6-10].

Material and methods Analyzed the results of treatment of 225 patients with different forms of acute calculous cholecystitis. The age of patients ranged from 20 to 86 years. Women was 167 (74.2%), men - 58 (25.8%). Up to 24 hours from the onset of the disease were hospitalized 32 (14.2%) in the period 24 - 72 hours - 76 (33.8%), in terms of more than 72 hours - 117 (52.0%) patients. Of these, 33 (14.7%) patients had previous surgery on the organs of the lower floor of the abdominal cavity, 7 (3.1%) - on the upper abdominal cavity. The majority of patients had comorbidities: 135 (60, 0%) patients suffering from various disorders of the cardiovascular system, chronic lung disease (chronic bronchitis, pulmonary fibrosis, emphysema, bronchiectasis, bronchial asthma), diseases of the digestive system, urinary, metabolism, pathology of bone - joint system and others.

All patients on admission to hospital was conducted a comprehensive physical examination. The presence of lesions of the gallbladder and bile ducts were diagnosed based on clinical, laboratory data, ultrasound, endoscopic methods of investigation and verification during surgery, and histological findings. In 11 (4.9%) patients had catarrhal calculous cholecystitis in 165 (73.3%) - an abscess in 49 (21.8%) - gangrenous calculous cholecystitis. The incidence of destructive cholecystitis observed in 106 (47.1%) patients (paravesical infiltrate and abscess, empyema, jaundice, choledocholithiasis, cholangitis, peritonitis, internal biliary fistula)..

Results and discussion In 5 (5.8%) of the 86 patients Making laparotomy and completion operations in the traditional way done for laparoscopically operated In one case was damage to the structure of the duodenum. The transition to a mini - access to the right upper quadrant with a set of tools mini - assistant. When multiple cholangiography revealed choledocholithiasis, and the incision is extended downwards. The operation is completed suturing defect duodenum, cholecystectomy, holedoholitotomiey, choledochoduodenostomy and drainage of common bile duct through the cystic duct stump. In three observations are also the transition to the mini-access right upper quadrant with a set of tools mini-assistant in the presence of a dense infiltrate and due to technical difficulties incision is extended downwards, cholecystectomy performed by Pribram. In one case also revealed a dense infiltrate and sclerotic gall bladder. Made upper midline laparotomy and cholecystectomy, given the availability of a wide cystic duct, common bile duct and the expansion of the presence of small stones made cholangiography. In this case, revealed multiple stones in the common bile duct. The transaction is completed holedoholitotomiey, choledochoduodenostomy and drainage through the common bile duct stump of the cystic duct. In 5 (5.8%) patients with no deaths were postoperative complications. One of them, the left femoral vein thrombosis. In two patients was lower lobe pneumonia. In two patients flowed bile, which stopped on their own. Reoperation was not. All patients were discharged from the recovery.

Patients operated on the traditional way of deaths was not. Re-operated on two patients. One of them for 6 day performed an appendectomy, a second resection of the greater omentum over the purulent omentita. Postoperative complications occurred in 4 (11.1%) patients. In 2 of them were lower lobe pneumonia, in 2 - liver failure. Wound complications were not observed. All patients were discharged from the recovery.

Conclusion Thus, the complementarity of laparoscopic cholecystectomy cholecystectomy from mini-approach in acute cholecystitis and its complications lead to a decrease in the conversion of postoperative complications.

P4.FALL AND INJURIES AMONG ELDERLY (LITERATURE REVIEW)

A.S. Tlemissov, TA Bulegenov, Semey State Medical University

Abstract

In this paper we studied the literature data problems falling and injuries among elderly

According to United Nations estimates that by 2025 the number of older people will double from the current 600 million. To 1.2 billion. Although the proportion of older people in the total population is higher in developed countries, the percentage increase in the elderly population is much greater in developing countries (UN Population Division, 2004). The number of people aged 60 years and older as a proportion of the world's population will double from 11% in 2006 to 22% in 2050 [1]. The median age of the European Region is the highest in the world. With the increase in life expectancy, largely increasing proportion of older people. By 2050, more than 27% of the population will be elderly [2]. Elderly patients at increased risk of injury - for a more active lifestyle and a violation of cognitive functions. For older people enough much less effort to injury [3].

According to experts, having sharp differences in injury rates between countries indicate a significant potential for improvement. Thousands of deaths could be prevented if all over Europe deaths from injury would be reduced to the level of the most prosperous countries in this regard. To implement preventive measures requires political will and consistently implemented a comprehensive program. It is necessary to creating a culture of safety, where unintentional injuries are not regarded as inevitable [19].

Keywords: elderly, fall, injuries.

P5.Modern methods of treatment of perforated duodenal ulcer

Aimagambetov M.J, OmarovN.B., Bulegenov T.A, Elchibaev B.M, Serikova G.S.
Department of internship in surgery, State Medical University of Semey, Kazakhstan

A key issue in the treatment of perforated ulcers is the problem of choosing the optimal surgical approach, both to reduce the risk of death and to achieve the most favorable functional outcome [2,5,8,11,13].

This approach should take into account not only the general principles of abdominal surgery, but the specific mechanisms that are typical for the development of peptic ulcer disease [1,3,9,10]. Thus, in a number of experimental and clinical work revealed the important role of vascular disorders of the stomach and in the wall of the duodenum in the pathogenesis of duodenal ulcers [4,5,6,7]. The development of these disorders, and pathological increase in acid production associated with functional disorders of the autonomic regulation, hyperactivity segmental level of the parasympathetic nervous system [Gisbert JP, Calvet X., 2009; Lundell L., 2011].

Material and methods:

The study is based on a study of the results of surgical treatment of 112 patients with perforated duodenal ulcer.

All patients were operated on an emergency basis.

Of the 112 operated the vast majority were men - 100 people (89.2%), and was only 12 (10.8%) women.

Among our patients 109 (97.3%) were of working age. The age of patients ranged from 16 to 73 years, mean age 38,9 ± 1,0 years

The combination of perforation duodenal stenosis degree I-II was detected in 32 (28.6%), with the presence of the second ulcer - 15 (13.4%) and its penetration into the head of the pancreas in 3 patients (2.7%). Covered with perforation was detected in 5 (4.5%) cases (Table 1).

Table - 1 Characteristics of intraoperative data

Intraoperative find	Total patients	
	the number of patients	M±m
Isolation of the front wall of perforated ulcer duodenum	69	61,6±4,6
In conjunction with duodenum compensated stenosis	22	19,6±3,8
In conjunction with duodenum subcompensated stenosis	8	7,1±2,4
In combination with the rear wall of duodenum ulcer	15	13,4±3,2
Total:	112	100,0

The choice of surgical approach was aimed at simultaneously solving the following tasks - the elimination of the source of peritonitis, radical treatment of peptic ulcer disease, a small trauma.

All patients were divided into two groups. The first accounted for 55 (49.1%) patients who made videolaparoscopy, sanitation, stitching holes perforated duodenum (the comparison group). The second group consisted of 57 (50.9%) patients who underwent videolaparoscopy, brushing with excision of duodenal ulcer with the implementation of small duodenoplasty access (study group).

Conclusions:

1. Evaluation long-term clinical outcomes after laparoscopic excision of perforated duodenal ulcer, duodenoplasty of mini access followed in 54bolnyh.Otlichny and good results were obtained in 49 (93.3%), satisfactory-5 (6.6%). All patients had positive dynamics of body weight, ability to work restored in 21-28 days after surgery.
2. Posleoperatsionnye complications occurred in 8 (18%) patients: festering wounds -1 (2.2%), dysphagia, 2 (4.4%), gatrostaz-2 (4.4%), acute pancreatitis -3 (7 , 2%). Endoscopic and radiological significant pathological changes were found.
3. Uchityvaya results videolaparoscopy, excision of perforated duodenal ulcer with duodenoplasty of mini access suggests that this operation is a valid method of treatment of perforated duodenal ulcer.

P6. Acute and emergency medicine on the level of primary care for children and adults

M.A. Kamaliev[1], A.B. Almukhanova[2]

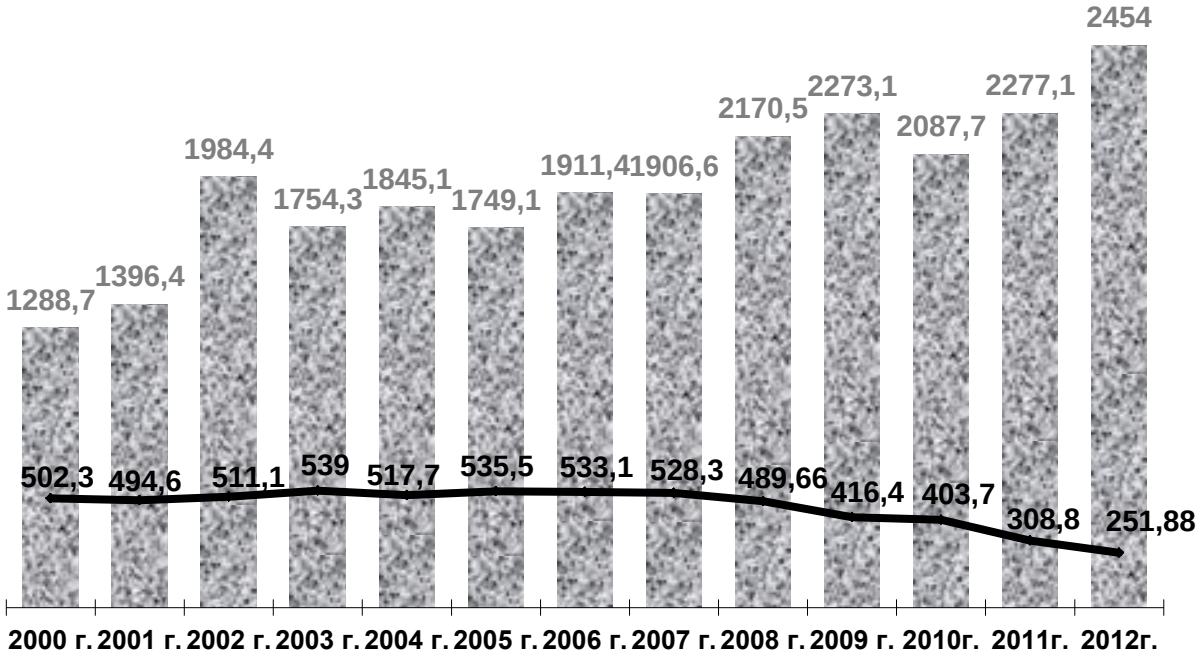
[1] Doctor of medicine, professor, chief of department of public health, Kazakh National Medical University named after S. D. Asfendiyarov, Almaty, Kazachstan
[2] Student of phD in specialization of Public health, Kazakh National Medical University named after S. D. Asfendiyarov, Almaty, Kazachstan

Abstract

Reduction of circulation diseases mortality of population is proved as a priority target of Health Care Service and its integrated solution includes improvement of cardiac care on the stages of treatment. This article shows the most relevant organizational aspects in provision of emergency treatment for patients with circulation diseases in conditions of high–tech hospital.

Key words: Circulation diseases, cardiac and cardiac surgery treatment.

Picture – Indicators of newly diagnosed morbidity and mortality
from CVD in the Republic of Kazakhstan in 2000-2012 years. (per 100 000 population)
-------- morbidity
-------- mortality



P7. Financial integration of ambulance and emergency services in primary health care

Imangazinov S. B., Kabulov K. S., Tanbaeva K. D.

Pavlodar branch of MSU, Semey

It is interesting and important from a health-economic perspective that the rate of referral for emergency medical assistance decreased. There is a significant reduction in uptake by some medical practitioners to 30% and more with the simple implementation of per capita financing at the level of family group practices (FGPs). Patients regularly observed by family physicians, rarely require emergency care. Up until the doctors don't organize correct treatment of simple clinical disease, in urgent cases, their populations will ask for help on the ambulance. In the structure of appeals for the ambulance emergency care is 80%. More than 60% in the structure of the emergency takes care to patients with hypertension, bronchial asthma, various hyperthermie.

The purpose of the message - submission of the results of a retrospective comparative analysis of emergency services, Pavlodar, worked in various conditions of financial cooperation with the network of primary medicosanitary care (PHC).

Materials and methods. The analysis is based on archival data of the health system Pavlodar during the integration of PHC services in the organization of emergency and urgent care, Pavlodar in 2000 and after project completion. The ambulance, Pavlodar in 2000 served the population with a population of 302 thousand, 2004 - 309,8 thousand. For the period comparative study of the number of employees did not undergo significant deviations (table 1).

As can be seen from table 3, 2004 emergency visits ambulance on observation chronic pathologies in cases that are subject to constant observation and treatment by specialists in primary health care, carried out in the 64080 cases against 36890 in 2000, which is 1.7 times more than in 2000, and among children this indicator has increased in 2 times.

As for other urgent conditions requiring emergency medical care in case of exacerbation or deterioration in patients with chronic pulmonary and cardiovascular systems are subject to constant observation and treatment by specialists of primary health care has been a rise of 1.5 and 1.4 times respectively. Provides information prove the influence of the mechanism of co-financing at the emergency level on the nature of incoming calls at the service of "03" and on the quality of medical assistance in emergency cases and exceptions unreasonable visits ambulance crews. The increase in the number of emergency calls was the basis of the increase in the number of emergency teams from 21 in 2000 to 25 in 2004 and the cost of providing the needs of the service "03" (table 4).

Thus, one of the mechanisms for the effective use of the health budget is financing services of emergency and urgent care at the expense of primary care.

Literature

1 . T. K. Rahypbekov, Financial management in health care. -Astana, 2002.-p. 288 .

P8. COMPARISION OF TWO CORONARY ARTERY BYPASS SURGERY TECHNIQUE WITH RESPECT TO ACUTE KIDNEY INJURY

Deniz Sarp Beyazpinar[1], Bahadir Gultekin[1], Cagri Kayipmaz[1], Atilla Sezgin[1], Afsin Emre Kayipmaz [2], Tufan Akin Giray [2]

[1]Başkent University, Faculty of Medicine, Department of Cardiovascular Surgery, Ankara, Turkey

[2]Başkent University, Faculty of Medicine, Emergency Department, Ankara, Turkey

INTRODUCTION

Percutaneous coronary intervention and coronary bypass surgery together form the interventional therapy for atherosclerotic heart disease. In the conventional coronary artery bypass grafting operation cardiac arrest is established by cardioplegia, aorta is clamped, and tissue perfusion is maintained by extracorporeal circulation. In the on-pump beating heart bypass grafting technique, on the other hand, cardioplegia and aortic clamping are not utilized, and extracorporeal circulation is used whenever needed for maintaining mean arterial pressure at a certain level.

The aim of our study was to compare the conventional technique and on-pump beating heart technique with respect to acute renal injury and attendant dialysis requirement.

METHOD

The study was performed retrospectively after ethics committee approval. Seventy-seven patients who underwent isolated coronary bypass surgery for coronary artery disease between 2012 and 2013 formed Group 1 and 76 patients who were applied on-pump beating heart technique at the same time window formed Group 2.

RESULTS

The two groups were not significantly different with respect to preoperative renal function tests. There was, however, a significant difference between them with regard to cardiopulmonary bypass time and duration of intensive care unit stay ($p<0.05$). Seven (9.21%) of 76 cases in Group 2 and 11 (14.28%) of 77 cases in Group 2 developed acute renal injury. Both groups were similar with respect to rates of acute renal injury, however ($p>0.05$). One patient in Group 2 and 4 in Group 1 had dialysis requirement later.

CONCLUSION

Despite being statistically non-significant, the results of the present study suggested that on-pump beating heart coronary bypass surgery was superior to the conventional technique in terms of acute renal injury and, more importantly, development of acute renal failure in patients with a serum creatinine of 1-1.3 mg/dl.

P9. APPLICATION OF MODERN EDUCATIONAL TECHNOLOGY IN THE POST-GRADUATE TRAINING OF ANESTHESIOLOGISTS - RESUSCITATORS

Kuluspaev E.S., Alpischeva S.V., Karibaeva A.Ye., Terekhov D.V.

State Medical University, Semey city, Kazakhstan

The social order of local health authorities for anesthesiology and resuscitation course is to prepare anesthesiologists for central district hospitals. Post-graduate training in our department is carried out in the form of 20-week primary specialization in anesthesiology and intensive care medicine. The regional need in anesthesiologists – resuscitators specialists is so great that in recent years, the number of wishing to study is 15-20 people.

Important role in preparing trainees is to development practical skills of intensive care on mannequins. The course has 8 mannequins of «Laerdal Medical» company allows fulfilling almost all the existing intensive care methods. Mannequins have important additional functions that can be applied to pediatric patients. «ALS Baby Trainer» mannequin simulates 3 months baby with 5 kg and allows intraosseous access for drug therapy. «Uetimate Hurt» mannequin simulates various injuries and allows to master skills of trachea intubation at traumatic head injuries, treatment of wounds, release and transport of casualties. These mannequins can join VitalSim the system, which is a simulator of the different parameters of human life:

all kinds of abnormal heart rhythm and response to defibrillation and outer cardiostimulation, imitation of heart sounds and noises, normal and abnormal lungs wheezing, bowel sounds and voice - moaning, crying, vomiting, laryngospasm. «VitalSim» mannequin allows setting different levels of systolic and diastolic blood pressure from 2 to 300 mm Hg v., to vary the degree of pulse filling. This makes possible to create scenarios of emergency clinical situations: acute myocardial infarction, ventricular fibrillation, atrioventricular block, bilateral pneumothorax etc., and develop an algorithm of resuscitation event. VitalSim memory can store 25 scenarios simultaneously.

A significant part of free time anesthesiologists - resuscitators trainee devote to develop practical skills on mannequins. Final exam consists of two stages: computer test control and solution of situational problems in all fields of specialty. Positive mark is 65% of correct answers; diagnosis of emergency conditions and provision of resuscitation events on mannequins.

Conclusion.

Anesthesiology and Intensive Care course at Semey State Medical University has unique experience in a wide application and implementation of the innovative technologies to the professional postgraduate education system, including elements of the virtual approach to learn practical skills.

P10. ***Diagnostic value of troponin T in patients with multiple organ failure syndrome***

Kuluspaev E.S.,Terechov D.V ., Karibaeva A.E., Alpischeva S.V., Buhanchenko A.G.

State medical university of Semey city, Semey c., Kazakhstan

Abstract: The study included 122 patients [75 men, 47 women aged 42 to 76 years, mean 59±10.3 years] hospitalized in ITD. Cardio specific tropin T in blood of patients indicates myocardial involvement in the pathological process.

Keywords: research, Tropin T, acute myocardial infarction, inflammatory process.

P11.Modern experience of surgical care to patients with maxillofacial area trauma.

Dauletkhozhaev N.A.; Urazalin Zh.B.; Sabdanalyev A.M.; Seytkulov A.B.; Chairoyev M.M.

KazNMU named after S.D.Asfendiyarov, №5 City Clinical Hospital

Modern experience of surgical care to patients with maxillofacial area trauma.

In 2013 in Almaty city – about 5,045 people applied to the hospital with face trauma. The characteristics of new types of injuries are given: gunshot wounds by complex "Osa", facial wounds by angle grinder. The main principles of providing emergency care to patients with facial trauma in modern conditions were formulated: precision-guided diagnostics of injuries; single-stage and operative intervention; minimally invasive surgery; convenience during the postoperative and rehabilitation periods for patients. There is given own experience of organization of the diagnostics and treatment of facial trauma using CT и 3D X-ray work, endoscopic methods, osteosynthesis miniplates. Two clinical examples of using methods mentioned above are given.

Key words: Maxillofacial trauma, gunshot wound of face, incised wound of face, computer tomography of skull.

P12. PROTECTING EYES AGAINST FOREIGN BODIES DUE TO THE EXPLOSIONS

AKSOY Yakup[1], SEVINC Mehmet Koray[2], COLAKOGLU Kadir[3], EYİ Yusuf Emrah[4]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Gülhane Military Medical Academy, Dept. of Ophthalmology, Ankara, TURKEY

[3] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: Explosions due to the mines, handmade explosives, grenades etc. may cause severe eye injuries due to the foreign bodies. These injuries may be only superficial or sometimes deep which may cause permanent visual loss. We present here a case of bilateral multiple conjunctival and corneal injury after mine explosion.

CASE REPORT: The case was a 28 years old male patient who was presented our emergency policlinic with complaint of bilateral pain in eyes, lacrimation and decrease in vision. He had encountered a mine explosion about 3 meters away from him. On examination vital signs were in normal limits. There were many foreign bodies buried in skin of hands, neck and face. Ophthalmological examination showed many foreign bodies in conjunctiva and cornea. Much of them were superficial but a few had penetrated to the deep stroma of cornea. A deeply penetrated one had located in the center of the left cornea. Visual acuity was 20/25 on right and 20/40 on left. All foreign bodies were removed from conjunctiva and cornea after topical anesthesia in operating room. Final visual acuity was 20/20 in right eye but 20/25 in left eye 4 months later.

CONCLUSION: Explosions may cause mortal injuries. Besides this eye injuries are not commonly mortal but they are sight threatening. For an active military unit which is on a mission it's always possible to encounter an explosion which may cause eye injury. To decrease the damage of explosion protecting goggles always should be worn during missions.

P13. Mianserin Cardiotoxicty: A Case Report and Short Review of Literature

Şeref Kerem Çorbacıoğlu, Murat Güvendi, Yunsur Çevik

Keciören Traning and Research Hospital, Emergency Department, Ankara, Turkey

Abstract

Introduction: Mianserin, which has a tetracyclic structure, is frequently used in depression, sleep disorders, and anxiety treatment in clinical practice. Although mianserin is considered to be more safely than other anti-depressant agents in terms of fewer side effects and cardiotoxicity, results of the studies and case reports on effects of mianserin in the literature are controversial.

Case Report: In this paper, we reported that case of a woman who was admitted for self-poising with mianserin and detected first-degree AV block on electrocardiogram without clinical findings such as hypotension, bradycardia, and arrhythmias.

Conclusion: Although mianserin is known as a safe drug terms of cardiotoxicity, physicians should be aware that overdosing of these drugs can cause changing from nonlife-threatening situations to life-threatening situations.

Keywords: Mianserin, Poisoning, Cardiotoxicity, First-degree AV block, PR interval

P14.What is the cause of seizure: isoniazid poising or epidural hematoma? A case report.

Tuba Şafak, Ali Ekber Karabulut, Şeref Kerem Çorbacıoğlu, Yunsur Çevik

Keciören Training and Research Hospital, Emergency Department, Ankara, Turkey

Abstract

Introduction: Isoniazid is the primary drug that widely used in the treatment of tuberculosis. Due to the decrease of the incidence of tuberculosis usage of isoniazid and related intoxications less seen day by day. In this case we present a patient who was admitted for self-poising with isoniazid and falling down the stairs.

Case report: A 26-year-old woman was brought to emergency department for self-poisoning with a large unknown dosage of isoniazid. On arrival at the ED she had a generalized tonic-clonic seizure. Arterial blood gas analysis revealed that lactic acidosis and hyperglycemia. At the same time she had a head trauma and brain computed tomography demonstrated epidural hematoma, thus 18mg/kg phenytoin was started for seizure prophylaxis. Intravenous pyridoxine treatment was planned for intoxication of isoniazid but treatment could not be available due to absence of this drug on our local region. On the follow-up of patient metabolic acidosis, bicarbonate and glucose levels were reduced and the patient had no seizures again during follow period, thus she was discharged.

Conclusion: When physicians encounter the patient with lactic acidosis, hyperglycemia, and seizure, they should consider that the patient might use large dosage of INAH and the seizure attack may not respond to classical anticonvulsant agents.

P15. **A Cause of Back Pain in Emergency Department: Superior Vena Cava Thrombosis**

[1] Afsin Emre Kayipmaz, [1] Cemil Kavalci, [2] Cagri Kayipmaz

[1] Baskent University Faculty of Medicine, Emergency Department

[2] Baskent University Faculty of Medicine, Department of Cardiovascular Surgery

Introduction

Back pain and shortness of breath are the two of the most common 10 reasons of emergency admission (1). Etiology of these two symptoms should be studied carefully in the emergency department. Because, back pain may arise from a simple disorder as musculoskeletal problems on the one hand, it can also have fatal causes like aortic diseases (2). In this report, we aimed to present a case admitted to our emergency department with the complaints of back pain and dyspnea and diagnosed with superior vena cava thrombosis.

Case Report

A 65-year-old woman was admitted to our emergency department with the complaints of back pain and shortness of breath for 2 days. She had chronic renal failure and she was on hemodialysis three days per week. Her arterial blood pressure was 90/60 mmHg. She had a sinus tachycardia at a rate of 120 beats per minute on ECG. She had no notable abnormality on physical examination. Her blood results showed BUN: 40 mg/dL, Creatinine: 6.27 mg/dL, CRP: 71.1 mg/dL, and White blood count: 16520/µL. Thoracoabdominal computed tomography and computed tomographic angiography were performed with the working diagnoses of aortic dissection and pulmonary embolism. The results of these tomographic scans revealed a thrombosis in the superior vena cava extending to the internal jugular vein and right atrium. The cardiovascular surgery department hospitalized the patient upon these findings. On the second day of hospitalization a transesophageal echocardiography was performed, showing a mobile thrombus with a diameter of 6x8 mm in the thoracic aorta. The patient was discharged with medical therapy and an elective surgery was scheduled.

Conclusion

It has been reported that superior vena cava thrombus could occur in 30% of the patients who had central venous catheters. Likewise, our patient had a history of hemodialysis therapy via a central venous catheter. Hence we suggest that the central catheter could be a predisposing factor for thrombus formation. Superior vena cava thrombosis should be kept in mind in patients presenting to emergency department with back pain and dyspnea, particularly when they also had a history of endovascular intervention.

References

1. Pines JM, Mullins PM, Cooper JK, Feng LB, Roth KE. National trends in emergency department use, care patterns, and quality of care of older adults in the United States. J Am Geriatr Soc. 2013; 61: 12–7.

2. Edlow J a. Managing Nontraumatic Acute Back Pain. Ann Emerg Med. American College of Emergency Physicians; 2015; 1–6.

P16. A Case of Eels Fish Bite in Emergency Department

AKSOY Yakup[1], EYİ Yusuf Emrah[2]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: Eels fishes are carnivorous which lives both in shallow and deep water in sea. They live in small caves and hunters different sea creatures such as fishes and lobsters. They don't attack people if they don't feel dangerous. We report here a case whose finger was bitten by an Eels fish.

CASE REPORT: A 28 years old male patient was presented our emergency policlinic with complaint of bleeding of hand finger after bite of an eels fish. He informed that he had just finished fishing and started to clean and prepare the hunted fishes on rocks of the coast before about two hours. He was cleaning the fishes in sea water and suddenly an Eels fish bite his left second hand finger. He reflexively took his hand out of the water and saw the fish biting his finger. Immediately hold the fish and throw in the sea. On examination vital signs were in normal limits. There were small cuts in shape of parallel lines on each side of second finger of left hand (Figure 1). There was not hyperemia, increase of heat or edema on hand. We cleaned the cuts with povidon iodine, applied antibacterial pomade and closed with gauze. We prescribed a broad-spectrum antibiotic and controlled the injury every day. On about 21th day the finger was normal except small scars.

CONCLUSION: Possibly the eels fish thought the cleaning fish as an easy injured hunt and attacked it. But it also it saw the finger a part of the hunt and bite it. Although many kinds of poisonous creatures in sea, eels fishes are not. But they have really sharp and powerful teeth which may break bones of fingers. Our case was chancy. Also they had different kinds of bacteria in mouth and this may cause secondary infection. The doctors especially working in a place close the sea should be ready for this kind of injuries and intervene quickly.

Figure 1; a:Sample Eels Fish, b: Left second finger, c: Left second finger

P17. A Case of Eye Injury Due to Airbag Who Didn't Use Seat Belt

AKSOY Yakup[1], EYİ Yusuf Emrah[2]Kaya Abdullah[3], Colakoğlu Kadir[4]

[1]Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2]Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

[3]GATA Haydarpasa Training Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

OBJECTIVE: The seat belts and airbag in cars are created to save life and decrease the risk of injury in crashes. But in our country using seat belt while driving is not applied by many drivers and other passengers in cars. Here we present a case of ocular injury due to airbag in a patient who wasn't using seat belt at the time of accident

CASE REPORT: A 33 years old male patient was admitted to our policlinic with complaint of redness and edema on eyelids and periocular area on left eye. He informed that he was in the front seat of a car which was being used by his friend and suddenly they crashed to wall 2 days before. Then airbag suddenly stared and hit to his left cheek and eye. On examination vital signs of patient were in normal limits. There were edema and echimosis on his left cheek and lids of the left eye. Biomicroscopy showed subconjonctival hemorrhage at infero-lateral location of the left eye (Figure 1). On fundus examination we detected retinal edema at position which was fixing to location of subconjunctival hemorrhage. But visual acuity was 20/20 in both eyes. He controlled at seventh day and subconjunctival hemorrhage and retinal edema was disappeared.

CONCLUSION: The seat belt is really a vital instrument in cars. But the importance of it is felled in an accident much more than a normal driving. Another very important instrument of a car, the airbag may injury the driver or passenger instead of protecting them if seat belt is not used in an accident. This case showed us that the importance of seatbelt is not understood by society. Therefore education about it should be given by authorities and controls should be done by officers.

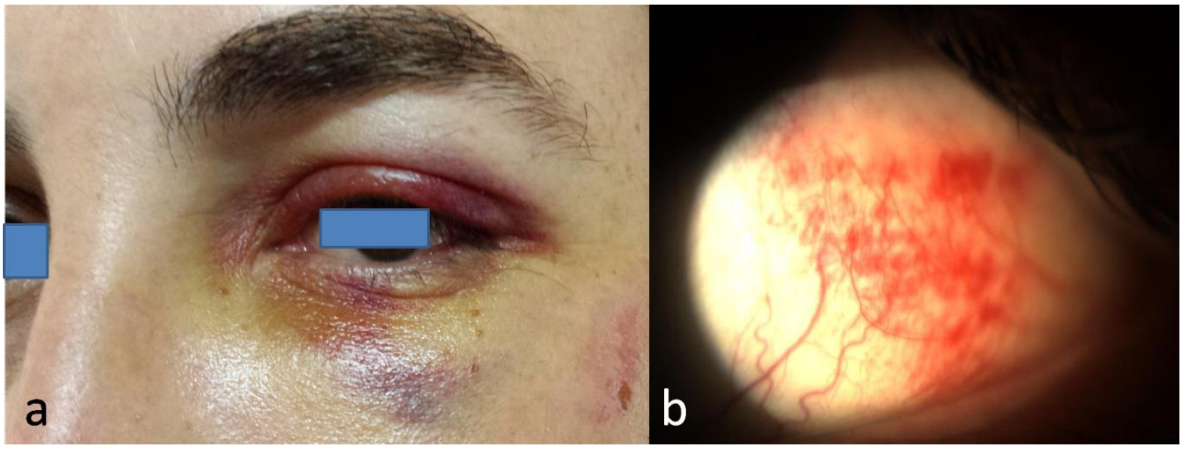


Figure 1; a:Edema and echimosis on his left cheek and lids of the left eye, b:Biomicroscopy showed subconjonctival hemorrhage at infero-lateral location of the left eye

P18. A Nightmare of Ocular Trauma After a Beautiful Day in Playground

AKSOY Yakup[1], SEVINC Mehmet Koray[2], COLAKOGLU Kadir[3], EYI Yusuf Emrah[4]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Gülhane Military Medical Academy, Dept. of Ophthalmology, Ankara, TURKEY

[3] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: The children who are in period of growing, developing and learning are full of energy. Because of this energy children many times they shows uncontrolled movements and behaviors which may cause severe body injuries. This risk increases in neglected playgrounds which are common destinations of children. Here we present a case of eye injury emerged due to the broken ladder.

CASE REPORT: A 8 years old male patient was admitted to the emergency policlinic with complaint of incised upper eye lid and red, painfull eye by his parents. They reported that child was playing in playground and suddenly he stumbled because of broken ladder and fell on ground. They noticed that he had also hit his right eye to the stick that was in his hand. On examination vital signs were in normal limits. There were periorbital edema, echimosis and 2 vertically located superficial skin incisions on upper eyelid. On biomicroscopy subconjunctival hemorrhage in lateral conjunctiva and corneal epithelial loss in lateral cornea was detected. Visual acuity was 20/20 in left eye and 20/50 in right. Intraocular Pressure was 15 mm hg in both eyes. Antibiotic pomade treatment was started and eye was closed with eye pad. On examination at third day corneal epithelium was totally healed and visual acuity was 20/20 in both eyes.

CONCLUSION: Playgrounds are places were children spent most of their time. Therefore they should be made from safe materials for children. Also regular controls and maintenance should be done by qualified persons. Otherwise AAU may emerge commonly due to the ankylosing spondylitis in young males. But we couldn't find a sign of this in our case. AAU causes pain, lacrimation and redness in eye and decreased visual acuity in different degrees. In emergency department AAU should be remembered as a cause of red eye and the patient should be referred to the ophthalmologist to start early treatment and investigate the etiology of uveitis.

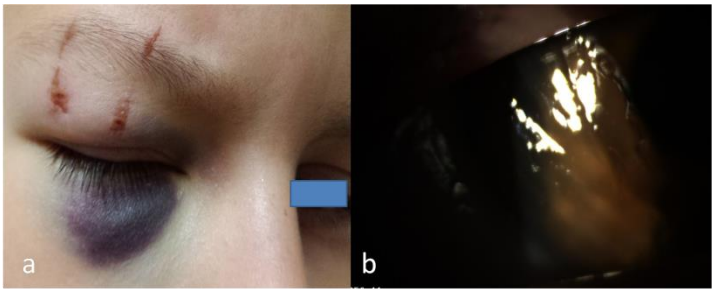


Figure 1: a; Periorbital edema, echimosis and skin incisions on upper eyelid, b: Corneal epithelial loss

P19. Biomicroscopy is Important in Eye İnjuries at Emergencies

AKSOY Yakup[1], Kar Taner[2], Sevinc Mehmet Koray[3], EYİ Yusuf Emrah[4]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] GATA Haydarpasa Training Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[3] Gülhane Military Medical Academy, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: Biomicroscopy is an important part of eye examination. The eye structures are small to see and evaluate without an apparatus is very difficult. Especially on examination of an injured eye to see and confirm the integrity of the eye structures may be vital for eye health. Here we present a case of overlooked corneal penetration

CASE REPORT: A 21 years old male patient was presented our policlinic with complaint of decreased visual acuity and pain in left eye. He reported that he had hit his left eye to the branch of a tree. He was examined by an emergency doctor in an health center. On phisical examination vital signs were in normal limits. On ophthalmological examination visual acuity was 20/20 on right eye and 20/40 in left eye. Intraocular Pressure (IOP) was 15 mm hg in right and 10 mm hg in left one. On biomicroscopic examination we saw a triangle shaped (1,5x 1x5x1 mm) epithelial- anterior stromal flep at 2 oclock position on parasantral cornea. A stromal channel (0.3mm diameter) was starting under the flep and was continued toward anterior chamber. Also there was an opening on endothelia at the finish point of this stromal channel. After painting with florescein we saw that seidel test was positive. This means that anterior chamber liquid was leaking from anterior chamber to corneal surface. Also anterior camber deepth was shallower than right eye. The patient was hospitalized, bandage contact lens was fixed on injured cornea to decrease leaking and prophilactic antibiotic and anti-fungal treatment was started. The leaking ended two days later and IOP was 16 mm hg in right and 15 mm hg in left. The vision was 20/20 in both eyes at seventh day of hospitalization.

CONCLUSION: Corneal penetration is an important cause of blindness. The blindness is essentially caused by primary tissue damage. Besides this secondary infection and hypotonia may also cause blindness. To detect and not to skip penetration during examination in injured eyes biomicroscopy should be taught and applied in emergencies.

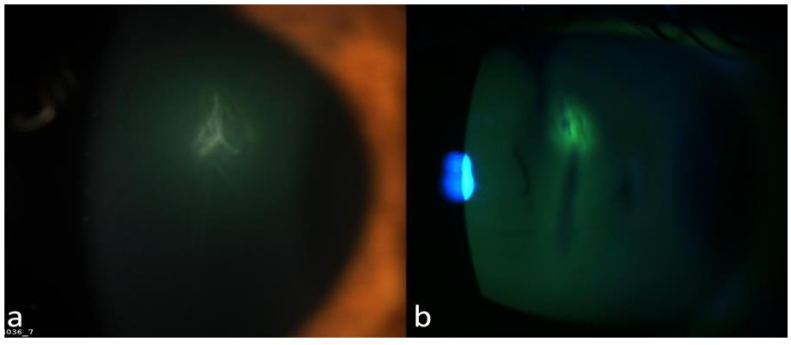


Figure 1; Biomicroscopy a: Triangle shaped epithelial- anterior stromal flep b; Anterior chamber liquid was leaking from anterior chamber to corneal surface

P20. Emergency Doctor's Attention Led to The Correct Diagnosis.

AKSOY Yakup[1], BEDIR Yavuz Bahadır[2.] KAYA Abdullah[3], COLAKOGLU Kadir[4], EYİ Yusuf Emrah[5]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Girne Military Hospital, Girne, TRNC

[3] GATA Haydarpasa Training Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[5]Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: Emergency doctors see many eye traumas in emergency patient. But most of these are simple injuries such as corneal foreign bodies and photokeratitis. Orbital wall fracture is an important pathology after eye traumas and skipping this pathology may cause severe ophthalmological damage. We present here a case of orbital fracture diagnosed with attention of emergency doctor.

CASE REPORT: The case was a 24 years old male patient who was presented emergency policlinic with complaint of eye pain and eye lid swelling and skin tear on left eye. He informed that a part of a machine at work had hit about 1 cm inferior of the inferior orbital rim. On examination vital signs were in normal limits. There was skin incision on inferior periorbital region and 360 degree edema and echymosis on left side.Visual acuity was 20/20 in both eyes. There was conjunctival chemosis, subconjunctival hemorrhage and minimal corneal epithelial defect in left eye. The doctor in emergency completed examination and detected eye movement restriction while patient looking superior and lateral positions. Then he suspected if there could be orbital wall fracture. On orbital computed tomography.we saw that there was fracture which was lining from inferior rim to medial wall of the orbita. Also intra orbital edema at inferior and medial location which was restricting movement of eye was detected. The incision was sutured and patient was referred to department of ophthalmology of an university for operation.

CONCLUSION: Orbital fractures may cause really important complications such as orbital cellulitis, orbital muscle restriction, orbital fat prolapsus and blindness. Therefore early detection of this pathology is important. Especially restriction of eye movement is an important clue for orbital fracture.

Figure 1: The skin incision on inferior periorbital region and 360 degree edema and echimosis on left side. Conjunctival chemosis and subconjunctival hemorrhage

P21.Examination of Fornixes and Palpebral Conjunctiva in Patients with Foreign Body in Eye

AKSOY Yakup[1], KAYA Abdullah[2], COLAKOGLU Kadir[3], EYİ Yusuf Emrah[4]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] GATA Haydarpasa Training Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[3] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: Ophthalmological injuries due to the different kind of foreign bodies are common problems in emergency departments. These injuries are generally not mortal and may be only superficial. But sometimes they may cause permanent blindness. Therefore correct and full eye examination with early treatment is important in emergencies. Here we present a case of total corneal epithelial defect after soil exposure to eye.

CASE REPORT: The case was a 24 years old male patient who was presented our policlinic with complaint of bilateral pain in eyes, lacrimation and swelling in eye lids. He reported that his friend had thrown soil in his eyes by mistake. He also informed that he had been examined by a doctor in emergency department and both eyes were washed with physiological saline by doctor. On examination vital signs were in normal limits. There was edema in upper and lower eyelids of left eye. He couldn't open his eyelids due to this edema. We opened the eyelids by forcing with fingers and continued the examination. Firstly we instilled alcaine drop to decrease the pain and relieve the patient. On biomicroscopy we saw that there was severe chemosis and upper and lower fornixes were full of seared soil parts in left eye. We cleared this soil parts using antibiotic ointment plowed buds and penset. Also we saw that there was total corneal epithelial loss in left cornea. The examination of the right eye was normal. The vision was 20/20 in right bt 20/100 in left eye. The patient was hospitalized and started treatment. Final visual acuity was 20/20 in both eyes on control 1 month later.

CONCLUSION: Washing the eye after foreign body exposure is an important part of the treatment in emergencies. But washing is not enough especially in chemical materials and soil exposures. Because in these injuries these materials may remain hidden under the eyelids and fornix and continues to damage to the cornea and conjunctiva. So it is important to turn the lid and clean the inner side and fornix.

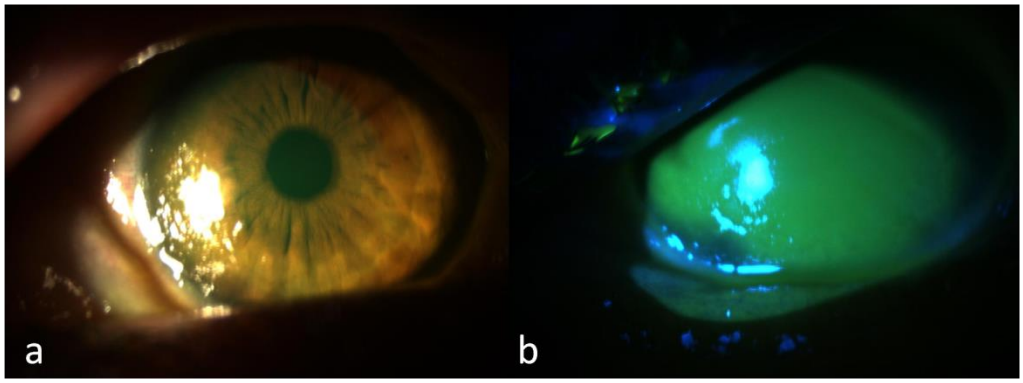


Figure 1;Total corneal epithelial loss in left cornea, a: Without Florescein, b: With Florescein

P22. Three Cases of Allergic Urticaria and Allergic Conjunctivitis Due to the Contact with Caterpillar Powder

AKSOY Yakup[1], COLAKOGLU Kadir[2], EYI Yusuf Emrah[3], SEVINC Mehmet Koray[4]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[3] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

[4]Gülhane Military Medical Academy, Dept. of Ophthalmology, Ankara, TURKEY

OBJECTIVE: Allergic diseases increase in spring months. Because, many kinds of allergens such as pollens, fruits and insects emerge in these months. Powder of caterpillars is another powerfull allergen that also emerges in spring and summer. Here we present three cases of allergic urticaria and allergic conjunctivitis due to the contact with caterpillar powder

CASE REPORT: Te cases were 21, 21, and 22 years old males. All of them admitted to the our emergency policlinic with complaint of itching and redness on different parts of the skin and itching, swelling and redness in eyes. They informed that they were cleaning backyard of their friends' and one of them inadvertently touched to the nest of caterpillars and suddenly a kind of dust spread around. Then they started to cough and different parts of their body containing eye were started to itch. On examination vital signs were in normal limits in all cases. The cases had red and fluffy-looking urticarial lesions in different parts such as arm, neck face chest etc. Also there was edema on upper eyelid, conjunctival chemosis, and ciliary injection on left eye of a case. All case was treated with intramuscular dexamethasone and Feniramine Maleat injections in emergency department. About 30 minutes later the lesions were regressed and itching was decreased in all cases.

CONCLUSION: The urticaria due to the caterpillars powder is frequently encountered condition in North Cprus this powder is very powerfull allergen which causes severe itching, redness on skin, itching in eyes and breathlessness in some cases. So the people living near trees should be careful about caterpillars and powder of it. Also health professionals should also know about them to diagnose and treat these cases in a short time.

Figure 1; a: Urticaria on chest, b: Urticaria on neck, c: Periorbital urticaria, d: Urticaria on arm

P23. Neglected Control and Post Traumatic Visual Loss

AKSOY Yakup[1], SEVİNC Mehmet Koray, EYİ Yusuf Emrah[3]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Gülhane Military Medical Academy, Dept. of Ophthalmology, Ankara, TURKEY

[3] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: Eye traumas are commonly seen in emergencies. But usually these are simple injuries which may be treated easily and don't cause visual loss. But especially after strong eye traumas second and third control is important to detect secondary developed ocular pathologies. Here we present a case who had ocular trauma on right eye but neglected to come for control and come with visual loss 3 weeks later.

CASE REPORT: A 21 years old male patient was presented our emergency policlinic with complaint of ocular trauma at right side. At emergency examination vital signs were normal and the patient was referred to ophthalmologist. On ophthalmologic examination we saw that visual acuity was 20/25 at right side. Biomicroscopy showed epithelial defect on central cornea. Fundus was normal by ophthalmoscopy. The patient was told to come for control at third and seventh day but the patient came about 21 days later with complaint of visual loss at right eye. On examination at third week we detected that visial acuity was at level of ''see hand movements''. Corneal surface was normal but on fundus examination we saw that foveal region had swollen. Optical Coherence Tomography was applied at another hospital and subretinal hemorrhage was detected in foveal region

CONCLUSION: Controls after ocular trauma is important. Retinal detachment intravitreal hemorrhage, intraocular pressure changes, choroidal detachment and intra and subretinal hemorrhage may emerge in following days of trauma. So the patient should be advised to come for control at third and seventh day of trauma.

P24. A cause of Red Eye in Emergency: Acute Anterior Uveitis

AKSOY Yakup[1], SEVINC Mehmet Koray[2], COLAKOGLU Kadir[3], EYI Yusuf Emrah[4]

[1] Girne Military Hospital, Dept. of Ophthalmology, Girne, TRNC

[2] Gülhane Military Medical Academy, Dept. of Ophthalmology, Ankara, TURKEY

[3] Kasımpasa Military Hospital, Dept. of Ophthalmology, İstanbul, TURKEY

[4] Gülhane Military Medical Academy, Dept. of Emergency Medicine, Ankara, TURKEY

OBJECTIVE: There are many causes of red eye in patients admitted to the emergency policlinic. subconjunctival hemorrhage, acute conjunctivitis, photo keratitis, chemical exposure and others. Acute uveitis may also cause severe red and painful eye. We presented here a case of acute anterior uveitis who admitted to the emergency policlinic with red eye.

CASE REPORT: A 22 years old male patient was admitted to the emergency policlinic with complaint of red and painfull eye and decreased vision. He had noticed this when he woke up in the morning. This was first time that he had such pain in his eye. On phisical examination vital signs were in normal limits. On ophthalmological examination visual acuity was 20/20 in left eye and 20/200 in right. Biomicroscopic examination showed conjunctival hyperemia, keratic presipitats on inner surface of the cornea. There was widespread cell in anterior chamber which had created 1 mm level at the bottom. Also we saw pupillary iris adhesions on lens. Intraocular Pressure was 1O mm hg in right and 15 mm hg in left one. We hospitalized the patient with diagnosis of acute anterior uveitis (AAU) and prednisolone acetate and siklopentolat drop treatment was started. The uveitis responded to the treatment and on seventh day of treatment the uveitis was regressed and visual acuity was 20/20 in both eyes.

CONCLUSION: AAU may emerge commonly due to the ankylosing spondylitis in young males. But we couldn't find a sign of this in our case. AAU causes pain, lacrimation and redness in eye and decreased visual acuity in different degrees. In emergency department AAU should be remembered as a cause of red eye and the patient should be referred to the ophthalmologist to start early treatment and investigate the etiology of uveitis.

P25. **Long-Term Use of Cervical Collar and Trauma Board**

Ümit Kaldırım[1], Salim Kemal Tuncer[2], Yusuf Emrah Eyi[3], Ibrahim Arzıman[2], Adem Parlak[4], Yakup Aksoy[5]
[1]Department of Emergency Medicine, Siirt Military Hospital, Siirt, Turkey
[2]Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey
[3]Department of Emergency Medicine, President Guard Regimen, Ankara, Turkey
[4] Department of Family Medicine, President Guard Regimen, Ankara, Turkey
[5] Department of Ophthalmology, Girne Military Hospital, Girne, Cyprus

INTRODUCTION: Fixing the vertebral column is one of the most important aspects in the management of first aid and emergency management of posttraumatic injured patient. After each trauma, performing these transactions on a regular basis have some undesired effects outside the known benefits such as obstructing the medical intervention and diagnosing of injured as well as affecting the quality of transport of the injured. This paper aimed to evaluate an unnecessary application created by the use of trauma board.
CASE: A 34-year-old male attached cervical collar suffering from loin pain and abrasion due to motor vehicle accident was admitted to emergency department on trauma board. On admission consciousness was clear and oriented to cooperate, moreover his vital signs were within normal range. He stated that he got out of the car without help and having loin pain due to crash. Although he had no waist and back pain he was put to trauma board by health care providers for 30 minutes. No other pathologic results of the primary survey were obtained. Secondary survey revealed tenderness on thoracic spine 6th to 8th and lumbar spine 2nd to 4th. He declared that his pain arose after he was put on the trauma board. No other pathologic results of the X-Ray examination were obtained. Vertebral tomography was planned due to ongoing tenderness of thoracic and lumbar spine. Tomography confirmed that no other pathologic results were present. Vertebral sensitivity was thought to be due to long stay on trauma board. Analgesic was administered. Patient were discharged after a period of observation.
CONCLUSION: Use of cervical collar and trauma board remains importance in trauma patients during transport in the hospital or from scene to hospital. It is necessary to make an effective assessment about trauma board and cervical collar use on the scene for healthcare providers. Therefore, if trauma board and servikal collar attached on the scene is not required, must be removed earlier especially after effective evaluation in emergency departments.

P26. Echocardiography and Emergency Department

Ümit Kaldırım[1], Adem Parlak[2], Yusuf Emrah Eyi[3], Ibrahim Arzıman[4], Salim Kemal Tuncer[4], Ali Osman Yıldırım[4]
[1]Department of Emergency Medicine, Siirt Military Hospital, Siirt, Turkey
[2]Department of Family Medicine, President Guard Regimen, Ankara, Turkey
[3]Department of Emergency Medicine, President Guard Regimen, Ankara, Turkey
[4]Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey

INTRODUCTION: A patient, who applies to emergency with dyspnea, should be evaluated for cardiac and respiratory causes. For differential diagnosis, using echocardiography (ECHO) and ultrasonography in emergency service is vital. In emergency departments, ECHO may be life saving for some patients. In this study, we aimed to express a case apllied to emergency service with a respiratory distress got worse last two days and had no medical problem previously and used ECHO for diagnosis.

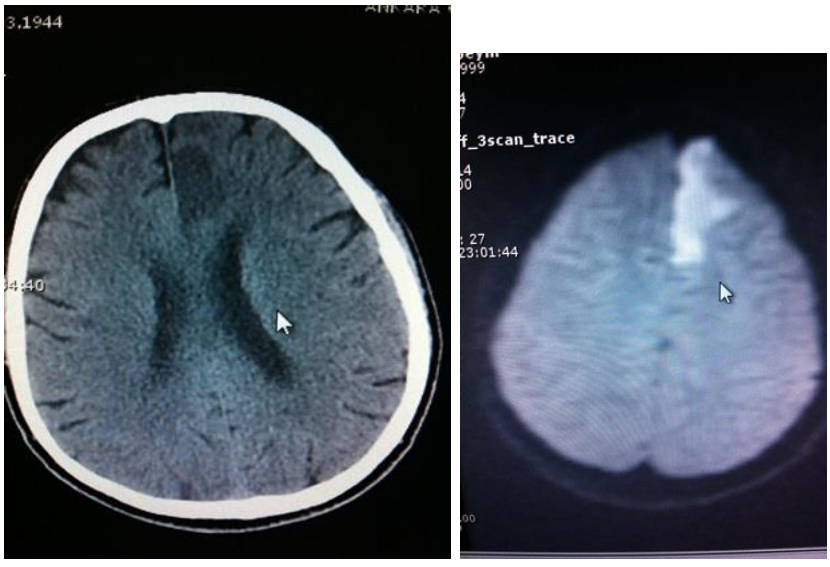
CASE: A 38 year old man, was applied to emergency service with dyspnea and fever, has been used antibiotherapy for 2 days. His blood pressure was: 70/55 mmHg, fever: 38 °C, pulse; 124 beat / min, oxygen saturation;92%, respiratory rate; 26. In patient's physical examination; respiratory sound was decreased on the basal region of the right lung and had infiltrative lesion at the same regio on computed tomography (Figure 1). Patient had no medical problem and his dyspnea got worse last 2 days. He had a normal electrocardiogram and dilated right heart chambers and 2 to 3 degree tricuspid valves failure in ECHO. Pulmonary artery pressure was 40 – 45 mmHg (Figure 2). Patient was suspected as unstable pulmonary embolism. Patient was admitted to intensive care unit and thrombolytic therapy was started. One day later, patient's situation had become stable and contrast enhanced thoracic spiral computerized tomography was administered and diagnosis of pulmonary embolism was confirmed. Existing treatment was continued.

DİSCUSSİON / CONCLUSION: Massive pulmonary embolism is one of the life threatening condition. Early diagnosis of pulmonary embolism and starting thrombolytic therapy are life-saving procedures. Detecting the presence of cardiac symptoms and using ECHO for differential diagnosis make an important contribution to diagnose as pulmonary embolism. Emergency medicine specialist should be evaluate suspected patient with pulmonary embolism with carrefully and use ECHO for differential diagnosis.

P27. Early Ischemia Finding in Tomography

Ümit Kaldırım[1], Ibrahim Arzıman[2], Yusuf Emrah Eyi[3], Salim Kemal Tuncer[2], Ali Osman Yıldırım[2], Murat Durusu[2]
[1]Department of Emergency Medicine, Siirt Military Hospital, Siirt, Turkey
[2]Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey
[3]Department of Emergency Medicine, President Guard Regimen, Ankara, Turkey

OBJECTIVE: Cerebral ischemia is an often clinical situation, and d one of the frequent admission reasons in elderly. In early period (first 6 hours) there cannot be observed any finding in the brain computed tomography (BCT) for ischemia. In this presentation, we wanted to share early ischemia findings in the BCT of a patient having speech disorder and comprehension disorder for two hours.
CASE: A 62 year old male was brought to ED by his relatives with the complaints of speech disorder, comprehension disorder and imperception for 2-3 hours. There were no history of any medication and illness. Vital signs were in normal ranges. He was trying to talk with meaningless sentences. BCT was planned with aphasia pre-diagnosis. Hypo echoic region was observed in left frontal lobe. Compatible pathological lesion with BCT was observed at Diffusion MRI. The patient hospitalized to the neurology clinic with aphasia due to ischemia diagnosis.
CONCLUSIONS: Early findings (first 6 hours) in BCT cannot be observed in ischemic cerebrovascular event. In these cases, Diffusion MRI is the first choice as imaging method. In BCT, although it not obvious, ischemia finding that can explain the clinic presentation can be observed. And it will be beneficial for the services that they do not have the opportunity for Diffusion MRI. In these conditions, BCT should be investigated carefully and correlated with the clinical presentations.



P28.Clavicle Fracture and The Importance of Figure-of-eight Wrap

Ümit Kaldırım[1], Yusuf Emrah Eyi [2], Ibrahim Arzıman[3], Salim Kemal Tuncer[3], Şükrü Ardıç[4], Murat Durusu[3]
[1]Department of Emergency Medicine, Siirt Military Hospital, Siirt, Turkey
[2] Department of Emergency Medicine, President Guard Regimen, Ankara, Turkey
[3] Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey
[4]Department of Emergency Medicine, Elazığ Military Hospital, Elazığ, Turkey

OBJECTIVE: Clavicle fractures are one of the most seen orthopedic emergencies. Although the percentage of fracture admissions to ED in adults is 8-10%, it is 15-20% in children. Usually figure-of-eight wrap is enough for recovery except extreme displaced or open fractures. We wanted to share a patient whose clavicle fracture got worst after removing figure-of-eight wrap.

CASE: A 52 year old male patient admitted to ED with complaint of pain at right shoulder that occurred after falling during sport. His right hand and arm functions were in normal ranges. Right shoulder moves were limited and painful. In X-ray examination, non-displaced fracture was observed in the midline of right clavicle. Figure-of-eight wrap was used and he was discharged with analgesic. After a week, the patient admitted to ED again with the same complaints. In his history, he has removed the bandage himself with his decision. He felt sudden acute pain while he was moving his shoulder without bandage. Separation of clavicle fracture and being displaced fracture from non-displaced fracture were observed in the x-ray graphics. Figure-of-eight wrap was used again and referred to orthopedics clinic.

CONCLUSION: Sometimes the patients remove the figure-of-eight wrap before the treatment period (approximately 4-6 weeks).This behavior may cause separation of clavicle fracture and prolong the recovery period as in our case. The patients shall be warned by the emergency doctors about the complications of clavicle fractures and possible situations which might happen removing the bandage without informing the doctor.

P29. Acute Pancreatitis and Metronidazole

Ümit Kaldırım[1], Yusuf Emrah Eyi [2], Ibrahim Arzıman[3], Ali Osman Yıldırım[3], Şükrü Ardıç[4], Salim Kemal Tuncer[3]
[1]Department of Emergency Medicine, Siirt Military Hospital, Siirt, Turkey
[2]Department of Emergency Medicine, Gulhane Military Medical Academy, Ankara, Turkey
[3]Department of Emergency Medicine, President Guard Regimen, Ankara, Turkey
[4]Department of Emergency Medicine, Elazığ Military Hospital, Elazığ, Turkey

Object: Acute pancreatitis is an inflammatory process that begins at the pancreas tissue and can affect the other organ systems. It can vary from mild inflammation to progressive pancreas necrosis and can cause multi organ failures that have 20-30% mortality. 80% of acute pancreatitis cases are because of bile stones and alcohol consumption. Rare cause of acute pancreatitis is drugs. In this case we wanted to study metronidazole induced acute pancreatitis patient.

CASE: 65 year old male patient admitted ED with complaints of abdominal pain and nausea. Abdominal pain started 2 hours ago and was intense at the umbilical part. He had hypertension for 12 years and had diverticulitis diagnosis for 5 years. He had three times diverticulitis attacks. One week before this admission, he had acute abdominal pain and began to use ciprofloxacin 500 mg 2x1, metronidazole 500 mg 2x1 with diagnosis of diverticulitis. He did not have any complaints till his admission day. In his physical examination, abdomen was distended, rebound tenderness was positive. Radiologic imaging was in normal ranges. Biochemical values were observed as WBC: 17.000, serum amylase 2715, HsCRP: 186. He was diagnosed as metronidazole induced acute pancreatitis. Oral intake was stopped and 500cc/h IV saline was started. 150 mcg fentanyl was used for pain control. He was hospitalized to the gastroenterology clinic.

CONCLUSION: Acute pancreatitis is a sudden onset inflammation of pancreas with upper abdominal pain radiating to the back. Although most common causes are gallstones and alcohol, numbers of acute pancreatitis cases due to multi drug use are increasing. Drug induced acute pancreatitis takes 1.4-2% of all acute pancreatitis patients, and it is known that metronidazole is very rare cause. Emergency physicians must be aware of this often prescribed and used drug in the EDs – metronidazole can cause acute sudden abdominal pain and acute pancreatitis.

P30. ALTERNATIVE METHOD FOR DIAGNOSIS OF TRAUMATIC LENS DISLOCATION: EMERGENCY ULTRASONOGRAPHY

Arda Kocataş, Mustafa Burak Sayhan

Trakya Universty Medical School, Department of Emergency Medicine, Edirne

Ectopia lentis is different positions (dislocation or malposition) of the lens of the eye. The most common cause of a lens dislocation is blunt ocular trauma. Ectopia lentis can be diagnosed by ultrasonography (US), computed tomography (CT) scan, or magnetic resonance imaging (MRI).

A 50-year-old man presented to the Emergency Department (ED) with loss of vision, periorbital ecchymosis and edema after blunt trauma to his left eye. His vital signs were body temperature 36.7°C; blood pressure 130/80 mmHg; and heart rate 92 beats per minute. His physical examination revealed periorbital ecchymosis, painful eye movement and edema (Figure 1). The patient did not open the left eyelids. Because the patient can not open the eyelids, US performed by an Emergency Physician in ED, revealed a lens dislocation in the left eye globe, indicating a freely floating lens inside the eye globe. The patient was diagnosed with ectopia lentis (Figure 2). The patient transfered to Ophthalmology Department.

Although traumatic lens dislocations are recommended to be diagnosed with MRI and CT, US is a suitable alternative method in the ED because it is a fast and cost effective method and patient does not expose to ionized radiation.

Figure 1: The patient's physical examination revealed periorbital ecchymosis and edema

Figure 2: Image of the left eye ultrasonography, showing the lens dislocated in the left eye globe.

P31. Ligation of the internal iliac arteries in the emergency cases for obstetric hemorrhages

Musuraliev M.S., Makenjan uulu A.
Kyrgyz State Medical Academy by I.K.Akhunbaev,
Department of Obstetrics and Gynecology №1, Bishkek, Kyrgyz Republic.

The aim of research: Substantiation of ligation of internal iliac artery to stop severe obstetric hemorrhages and means/opportunities of preserving an organ in emergency situations.

Methods: In the research done, there were analyzed 284 cases of ligation of iliac artery to stop severe obstetric hemorrhages during rendering emergency obstetric aid for the period 2004-2013 in the Kyrgyz Republic

Results: In conditions of provision urgent medical care, for pregnant and parturient women in critical state, on timely ligation of iliac arteries made it possible to save uterus: the placental abruption – 69,6% (32 parturient women); postpartum hemorrhage (hypotonic hemorrhage) – 58,3% (35 parturient women); traumatic injuries of the uterus – 55,2% (16 parturient women). As a result 48,6% of cases there were managed to avoid hysterectomy.

Conclusion: Ligation of the internal iliac arteries is one of the most effective methods of stopping severe obstetric hemorrhages. This method makes possible to reduce an intraoperative hemorrhage which makes possible to save the uterus**.**

Key words: ligation of internal iliac arteries, severe obstetric hemorrhages, hysterectomy.

P32. Pulmonary Embolism with Abdominal Pain: A Case Report

Murat Muratoglu [1] Tufan Akın Giray [1] Elif Celikel [1] Cemil Kavalcı [1] Serdar Arslan [2] Polat Durukan [3]

1 Baskent University Department of Emergency Medicine, Ankara, Turkey , 2 Baskent University Department of Radiology, Ankara, Turkey

3 Erciyes University Department of Emergency Medicine, Kayseri, Turkey

Introduction

One in every 500 to 1000 ED patients who present to the ED has a PE, and atypical presentations are common . No matter how aggressively one pursues the diagnosis and work-up, it is believed that about 1-2% of patients with PE will be missed.

Case Report:

A 29-year-old female presented to the emergency department with a 5 days history of right upper quadrant abdominal pain. The patient was a smoker and over 3 years use contraceptives. She not had any comorbid disease. Her pain aggravated with deeply respiration. She not had a shortness of breath. The patient report cough and minimally hemoptysis with sputum. The vital signs were as follows: Blood pressure 125/52 mmHg, pulse 90 per minute, respiratory rate 16 per minute, oxygen saturation 98% on room air and body temperature at 36.6 °C. Her abdominal examination was remarkable for severe right upper quadrant pain to palpation without defense or rebound. There was no costovertebral angle tenderness. Her lung sounds were clear bilaterally. The patient remarked that the abdominal pain was made worse with deep inspiration. Her cardiac exam was normal. ECG was a normal sinus rithm with rate of 90 per minute. Arterial blood gas analysis revealed PH at 7.45, Pco2 at 32.1, HCO3 at 25.4, PaO2 at 58.3 mmHg and oxygen saturation 95%. Laboratory analysis revealed a normal complete blood count, complete metabolic profile, urinalysis, and amylase - lipase. A right upper quadrant ultrasound examination was normal. A chest radiograph was significant for a right lower minimally lobe infiltrate. A *d*-dimer test was added and was positive (4,3 mg/mL) at which point a computed tomography angiogram (CTA) of the chest was performed. On CT we found a PE in segmental pulmoner artery. Fig (1) The right lower lung lobe contained a peripheral based wedge-shaped opacity consistent with pulmonary infarct. Fig(2) Anticoagulation (Enoxaparin) was started in the emergency department.

Discussion:

The consequences of missing a PE can be catastrophic. Rapid diagnosis and treatment are essential in order to decrease mortality. Up to 70% of PEs are misdiagnosed by practitioners to whom the patient presents and are discovered postmortem. In patients presenting with a PE in the main or lobar pulmonary arteries the “classic” symptoms of dyspnea or tachypnea occur in 92%. However, when smaller subsegmental PEs are taken into account, only 73% of patients presented with dyspnea, 70% with tachypnea and 66% had pleuritic chest pain.[4] Our patient had no classic symptoms. Abdominal pain may be seen in 6.7% of cases of PE.[5] The mechanism of abdominal pain is unknown, but may be due to hepatic congestion (secondary to right heart strain), distension of Glisson's capsule, or diaphragmatic pleurisy resulting from pulmonary infarction.

Without a high index of suspicion, PE is an easily missed diagnosis with dire consequences. As a result, it should be considered in the differential for a variety of symptoms, including abdominal pain. A PE can masquerade as a variety of other entities and physicians should be aware of the various signs, symptoms, and radiographic findings that can lead to this life-saving diagnosis.

P33. Diagnosis and treatment of acute appendicitis in pregnant women

Ibadildin A.S., Scharoun G.I., Ayapbergenov E.B.

Kazakh National Medical University
them. S.D. Asfendiyarov
Department of Surgical Diseases №2

Treated 152 patients with acute appendicitis in pregnant women. Volume of operations: appendectomy. Delivery in 5 patients with acute appendicitis (3.3%). Agreed tactics with obstetrician-gynecologists, continuity in the treatment of acute appendicitis in pregnant women allowed to reduce preterm birth in acute appendicitis to 3.3%, to prevent maternal mortality.
Key words: acute appendicitis, pregnancy, treatment.

P34. Analysis of Geriatric Vertebra Fractures: Review of Four Years

Tufan Akın Giray[1], Erkin Sönmez[2], Murat Haberal[3], Cem Yılmaz[2], Cemil Kavalcı[1]
[1]Baskent University Faculty of Medicine, Emergency department, Ankara, Turkey
[2]Baskent University Faculty of Medicine, Neursurgery department, Ankara, Turkey
[3]Baskent University Faculty of Medicine, Radiology department, Ankara, Turkey

Introduction: Currently, traumatic injuries constitute a major public health problem and are characterized by high morbidity and mortality rates. Traumatic injury may reflect the injury severity and patient life is more deeply affected by spinal fractures than other types of injuries.The aim of the present study was to examine any non-spinal tissue injuries accompanying spinal fractures in an attempt to determine if spinal fractures are an indicator of the presence, severity, and prognosis of concomitant organ/tissue injuries in a Level 1 reference trauma center in Turkey.

Methods: This cross-sectional, retrospective study had a design that colloborated the information of the patients admitting to the emergency services of level 1 trauma centers in the Central Anatolian Region of Turkey between January 2011 and January 2015.The patients were grouped into major, minor, and complex spine fracture groups. The major spinal fracture group included compression and burst fractures, the minor group involved process fractures, and the complex group contained combined fractures of more than 1 pattern or dislocation. Descriptive variables were presented as n, proportions and mean ±SD. Categorical variables were compared between the groups using the Chi-square test.

Results

Among 111 spinal fracture patients, 28 (25.2%) had accompanying injuries in other regions. Forty-one (64,1%) of them were female and 23 (35,9%) were male, with a female- to-male ratio of approximately 1.78. The age range of the patients with accompanying injuries was 65 to 100 years. Patients aged 75 to 84 years (n=26, 40,6%) were most likely to have accompanying injuries in other tissues/systems. Males were significantly more prone to accompanying injuries in other tissues/systems than females (p=0.021).

The most common thrauma mechanism was a falls (n=71, 64%). Other thrauma mechanism was presented on table 1.

Table 1.Trauma mechanism

Mechanism	n	%
mVC	7	10,9
Pedestrian	6	9,4
Falls	51	79,7

Anatomical localization of vertebral fractures are summarized in Table 2.

Table 2. Localization of fracture

Localization	n	%
Cervical	10	15,6
Thoracal	24	37,5
Lumbar	30	46,9

There was a 14 (21,9%) Accompanying injuries of a patients. Accompanying injuries to spine fractures were examined, thorax (n=7, 10.9%) and extremity injuries (n=7, 10.9%) were the most common accompanying injuries. There was no significant difference between the anatomical levels of the spinal fractures with respect to the accompanying injuries (Table 1, 2).

Conclusion:

Geriatric spinal trauma presented the most common fracture as a lumbar vertebra and in the 75-84 age group.

Keywords: Geriatric trauma, vertebra fracture, emergency

P35. Cervical dislocation secondary to epileptic seizure: CASE REPORT

Tufan Akın Giray[1], Erkin Sönmez[2], Murat Haberal[3], Cem Yılmaz[2], Cemil Kavalcı[1]
[1]Baskent University Faculty of Medicine, Emergency department, Ankara, Turkey
[2]Baskent University Faculty of Medicine, Neursurgery department, Ankara, Turkey
[3]Baskent University Faculty of Medicine, Radiology department, Ankara, Turkey

Introduction: Cervical dislocation secondary to epileptic seizure is a rare condition. This case report aims to present a case of cervical dislocation after epileptic seizure.

Case report: A 66-year-old man presented to emergency department with neck pain after epileptic seizure. His vital signs were as follows: blood pressure 130/40 mmHg, pulse rate 86 bpm, SpO2 98%, and respiratory rate 18/minute. He had a history of epilepsy, with two epileptic attacks on average annually. His seizures were of the generalized tonic clonic variety. He was on oxcarbazepine therapy for his disorder. After his last epileptic seizure that happened on the day of emergency department admission he remembered nothing but had neck pain. On physcial examination he had tenderneas in cervical vertebrae and left monoparesis. A cervical collar was placed and the patient was sent to cervical computed tomography that revealed a dislocation of c4 and c5 vertebrae (Figure 1). The patient was consulted with the neurosurgery department and treated by surgerically (Figure 2).

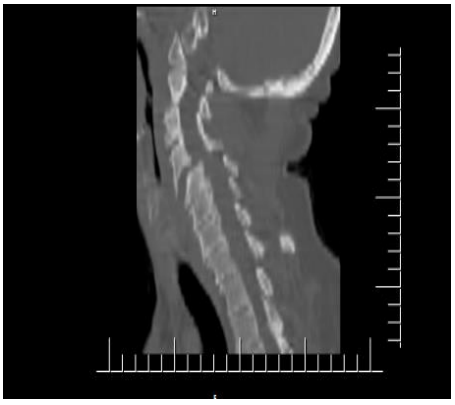


Figure 1

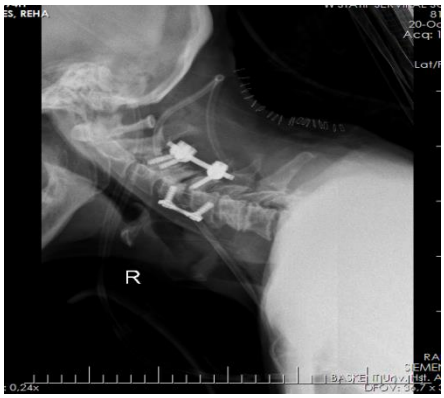


Figure 2

Conclusion: While epileptic seizure-induced trauma has frequently been reported, cervical trauma is very rare (1,2,3,4). Physicians should be vigilant for potential trauma after epileptic seizures.

Keywords: epileptic seizure, cervical dislocation, emergency

P36. Cervical fracture in aquapark: CASE REPORT

Tufan Akın Giray[1], Erkin Sönmez[2], Murat Haberal[3], Cem Yılmaz[2], Cemil Kavalcı[1]
[1]Baskent University Faculty of Medicine, Emergency department, Ankara, Turkey
[2]Baskent University Faculty of Medicine, Neursurgery department, Ankara, Turkey
[3]Baskent University Faculty of Medicine, Radiology department, Ankara, Turkey

Introduction: Cervical fractures have very high mortality and morbidity rates.

Case report: A 44-year-old man presented to emergency department with neck pain. He stated that the day before the emergency department admission he went to an aquapark where he slided down a water slide head down to jump into a pool with an unknown water depth. On physical examination he had cervical tenderness; he was put on a cervical collar and sent for a cervical CT, which showed C5-C6 dislocation-fracture. A neurosurgery consultation was obtained and the patient was admitted for surgery.

Conclusion: Aquaparks water slides have a tube-like slide on which water flows down into a pool that is usually not so deep. Unfortunately, they can lead to untoward consequences such as cervical fracture (1). Diving into a relatively shallow water with high speed is reportedly one of the main reasons of spinal injuries (2,3,4).
This case report highlights that diving injuries during aquapark activities may have significant health consequences. Thus, rules and necessary measures should be strictly applied for aquapark activities.

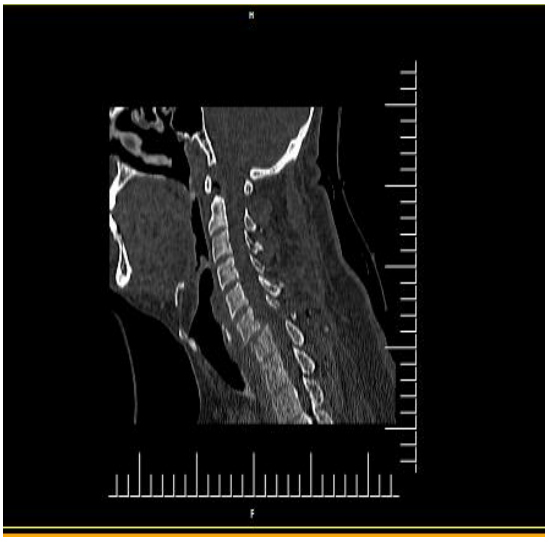


Figure 1

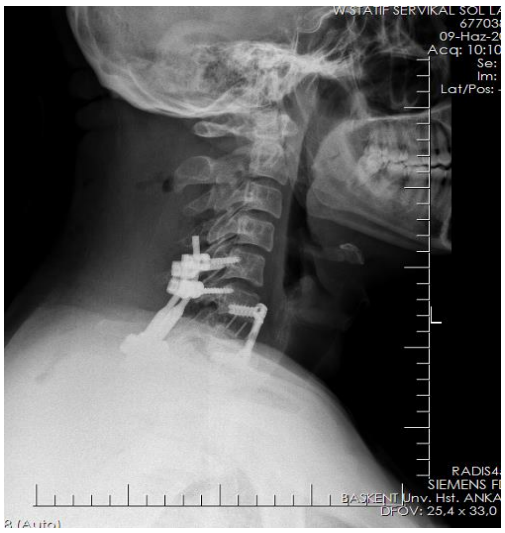


Figure 2

Keyword:Cervical fracture, emergency, aquapark

P37. OPTIMIZATION OF SURGICAL CARE FOR PATIENTS WITH CONCOMITANT INJURY IN A MULTIDISCIPLINARY HOSPITAL

A.N. BAIMAKHANOV[1], G.A. AKHMEDZHANOVA[1], ZH.M. MOLDAKULOV[2], KH.A. DASSIBEKOV[2], T.K. KOZHAKHMETOV[2]

Kazakh National Medical University named after S.D.Asphendiyarov[1]
Municipal Clinical Hospital No.4 of Almaty[2]

In the overall structure of injuries the share of concomitant injuries ranges from 12 to 36% (S.F. Bagnenko) and has no downward trend in the city that is due to the increase in the number of road accidents, the number of injuries received at construction sites, manufacturing, and in everyday life. According to world statistics, a concomitant injury as a cause of death among patients younger than 50 years ranks first. Mortality in severe cases ranges from 23.3 to 85% (V.A. Sokolov), and disablement and disability level is 10 times higher than in the case with isolated injuries (M.M. Abakumov, N.N. Lebedev, V.I. Malyarchuk). According to information from the database of traffic accidents and persons affected by them 23359 accidents were registered in Kazakhstan within 12 months in 2013, compared to 14168 - in 2012, more than 3000 persons died, more than 29000 had injuries of varying severity. Increase in the number of patients with concomitant injuries, major mortality of the population of working age require creation of a clear algorithm for diagnosis and treatment for this group of patients, especially in modern multi-disciplinary clinic, which has not only high-tech diagnostic and treatment facilities operating around the clock, but is also provided with subject-matter specialists.

The aim of our study was to investigate the etiology and dynamics of injuries in the megalopolis, as well as summarize the experience of introducing modern diagnostic algorithm and treatment of patients with concomitant injury of the abdominal cavity organs through creation of a multidisciplinary "active traumatology group" and the most efficient use of the "golden hour" after injury.

P38. Optimization of First-Aid Training of Interns in General Practice

R.S. Begimbetova, S.S. Salimova, Zh.M. Alimanova

Asfendiyarov Kazakh National Medical University, Department of Primary Health Care, Almaty

According to the level of medical care used during training of interns – the general practitioners – one of the interactive training methods is the role play.

We have developed the hypertension role play which is a common disease in physician practice at the level of primary health care.

The stages of the role play with interns of 6 year in GP on delivery of health care in case of hypertensive crisis were described. The conclusions were drawn on the effectiveness of the role play as an interactive training method.

Key words: role play, interactive methods, first-aid, general practitioner (GP).

P39.Expansion of Innovative Training Methods Applied in General Medical Practice of Emergency Care

D.O. Karibayeva, R.S. Begimbetova, K.K. Akanova

Asfendiyarov Kazakh National Medical University,

Department of Primary Health Care, Almaty

Usage of emergency situation scenarios involving a standardized patient in combination with simulation computer-controlled manikins/models for the purpose of development of specific skills allows increasing professional experience in emergency medical aid of a general practitioner.

Key words: innovative methods, medical education, general practitioner, emergency care, clinical situation scenarios, standardized patient

P40. **Risk factors and modern principles of diagnostics of pelvic inflammatory diseases by women of reproductive age**

D.M. Nuradilova[a] *, L.K. Kaliyeva [b], S.B. Kalimoldayeva[c] , Kh.A. Dassibekov[d]

[a] [b]Kazakh National Medical University named after S.D. Asfendiyarov, Department of obstetrics and gynecology No.2, Almaty city, the Republic of Kazakhstan

[c] State-owned public enterprise with right of economic jurisdiction "Regional diagnostics center", Clinical Diagnostics Laboratory, Almaty city, the Republic of Kazakhstan

[d] City clinical hospital No.4, Almaty city, the Republic of Kazakhstan

Pelvic inflammatory diseases are a significant medical and social problem, since they not only lower quality of life, but also influence reproductive health of modern women. The problem is worsened by low effectiveness of traditional methods of treatment, when the character of disease-causing microflora is not taken into account. Due to this development of modern strategy of diagnostics of pelvic inflammatory diseases of women of reproductive age is currently important. Detecting risk factors of this pathology will ensure development of complex of measures of preventive character.

P41.TRAUMATIC DISSECTION OF AORTA: A CASE REPORT

Sule Yakar[1], Necmi Baykan[1], Nesij Dogan Kaymaz[1], Ömer Salt[2], Cemil Kavalcı[3], Polat Durukan[1]

[1]Erciyes University Faculty of Medicine, Department of Emergency Medicine, Kayseri, Turkey
[2]Yozgat State Hospital, Emergency Department, Yozgat, Turkey

[3]Baskent University Faculty of Medicine, Department of Emergency Medicine, Ankara, Turkey

Introduction

Traumatic dissection of aorta (TDA); is a rare but life-threatening condition. Approximately 90% of acute traumatic lesions are caused by non-penetrating car accidents. Two different anatomic classification systems have been used to describe aortic dissections; the De Bakey and the Stanford systems. In this study, we aimed to present radiological and clinical characteristics of a patient who was with TDA.

Case Report

A 60 year old, male patient was admitted to our emergency department. He was referred to our hospital for evaluation of chest pain after a car accident. On arrival, his consciousness level was E4V4M6 on the Glasgow Coma Scale (GCS). Cranial nerves were intact with no focal neurological deficits, and pupils were isochoric with normal light reflexes on both sides. Heart rate was 88 beats/min, and blood pressure was 170/90 mmHg. Respiratory rate was 20 times/min, with decreased breath sounds in both lungs. In thorax examination; there was marked tenderness with palpation in the left hemithorax and the patient's abdominal examination revealed common defense on all quadrants. Levels of serum electrolytes, glucose, blood urea, creatinine, and complete blood counts were normal. Electrocardiogram of the patient was in sinus rhythm and revealed no ischemic changes. After the stabilization of the patient, radiography and complete body CT were performed Thorax CT revealed bilateral pneumothorax, bilateral multiple rib fractures and type 1 traumatic aortic dissection (Fig.1-2-3). There was mandible fracture detected on cranial CT. No traumatic changes were observed in other areas of the body or extremities. Bilateral chest tubes were inserted and the patient was intubated. The patient was consulted to cardiovascular surgery and admitted to the surgical ward.

Conclusion

Major vascular injuries; may occur after high-energy trauma and deaths are seen in the first minutes due to the injury. However; TDA can be easily diagnosed by computed tomography. In conclusion; TDA should be considered in the differential diagnosis in patients who present with chest pain after trauma.

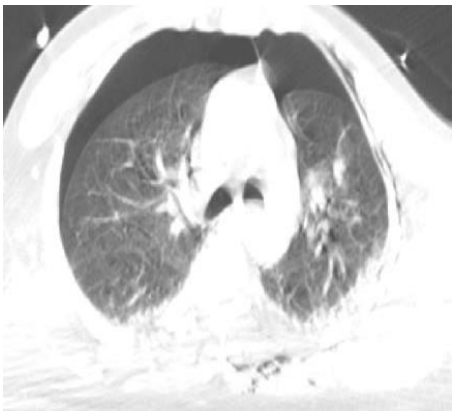


Figure 1

Figure 2

P42.AN INTERESTING CAUSE OF ABDOMINAL PAIN: SURGICAL INSTRUMENT

Sule Yakar[1], Polat Durukan[1], Bahadır Taslıdere[1], Necmi Baykan[1], Omer Salt[2], Nesij Dogan Kaymaz[1]

[1]Erciyes University Faculty of Medicine, Department of Emergency Medicine, Kayseri, Turkey

[2]Yozgat State Hospital, Emergency Department, Yozgat, Turkey

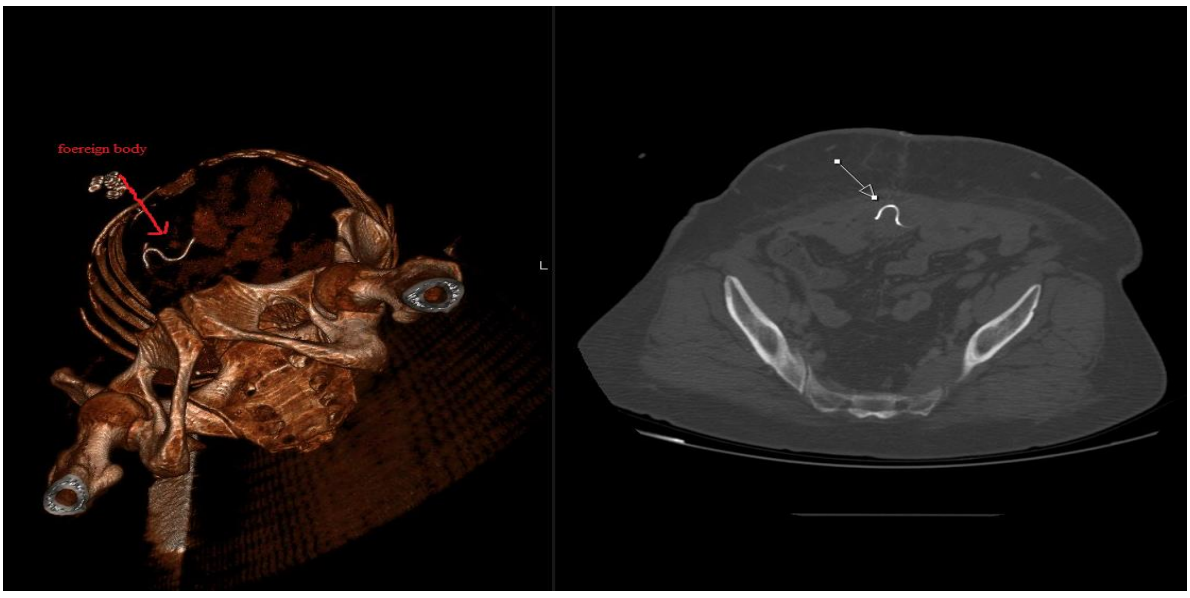
Introduction

Retained surgical foreign bodies are rare conditions and computed tomography is a valuable tool in diagnosis. Patients may present with abdominal pain, nausea and/or vomiting. Abscess or fistula formation may be observed.

We present a case of an intra-abdominal abscess associated with retained foreign body after surgical treatment.

Retained surgical foreign bodies should be considered in patients who have abdominal pain and intra-abdominal abscess symptoms particularly in patients had abdominal operation previously.

A fifty-seven-years-old woman referred to our emergency department suffering post operational abdominal pain and fever . She has a history of appendectomy 21 days before. On arrival, blood pressure was 150/80 mm Hg, heart rate 83 beats/min, respiratory rate 20 breaths/min, and temperature 36,6 °C. Pain was constant and localized beneath the incision line. On physical examination, the abdomen was distended and there was no tenderness, guarding or rebound. Her hemoglobin level was 11,5 g/dL, white cell count 9400/mm3, and platelet count 327000/mm3, and her biochemical parameters revealed normal. 12-lead electrocardiogram and abdominal x-ray were revealed normal. There was a suspected abcess formation on abdominal ultrasound (US) imaging, in this reason a dynamic spiral abdominopelvic computed tomography (CT) scan with radio-opaque contrast media was performed to determine the source of intra-abdominal pain. CT scan revealed a collection area measuring 9,5*4,5 cm in sizes which contained inflammatory changes and an object resembling a foreign body (Fig.1-2).



P43.FRACTURE OF THE STYLOID PROCESS: A CASE REPORT

Polat Durukan[1], Sule Yakar[1], Necmi Baykan[1], Omer Salt[2], Dogan Nesij Kaymaz[1]

[1]Erciyes University Faculty of Medicine, Department of Emergency Medicine, Kayseri, Turkey

[2]Yozgat State Hospital, Emergency Department, Yozgat, Turkey

Introduction

Styloid process (SP) fracture of the temporal bone is rare. Eagle syndrome refers to symptomatic elongation of the styloid process or calcified stylohyoid ligament. Styloid process fractures could be seen in such kind of patients. In this study, we aimed to present radiological and clinical characteristics of a patient who has SP fracture without mandibular fracture or Eagle syndrome.

Case Report

A 62-year-old male patient was admitted to emergency department after motor vehicle accident. On arrival, his consciousness level was E4V5M6 on the Glasgow Coma Scale (GCS). Cranial nerves were intact with no focal neurological deficits, and pupils were isochoric with normal light reflexes on both sides. Heart rate was 78 beats/min, respiratory rate was 20 times/min and blood pressure was 106/70 mmHg. Physical examination revealed no abnormality except tenderness on the right maxillary sinus anterior wall. Levels of serum electrolytes, glucose, blood urea and creatinine, and complete blood counts were normal. Head CT revealed traumatic subarachnoid hemorrhage in the right temporoparietal region (Fig.1). Bone window of the cranial CT revealed left styloid process fracture and right maxillary sinus anterior wall fracture (Fig.2-3). No traumatic changes were observed in other areas of the body or extremities. The patient was consulted to neurosurgery, plastic surgery and otorhinolaryngology. He was admitted to the neurosurgery department and treated with conservative non-surgical therapy. His condition improved clinically within 2 days after admission. He was discharged after 5 days. No problem was observed during the follow-up period.

Conclusion

Diagnosis of SP fractures may be made easily and reliably with high-resolution bone window imaging. Emergency physicians should keep in mind that; SP fractures can be seen in isolated form without mandibular fractures.

P44. AVULSION FRACTURE OF SPINA ILIACA ANTERIOR INFERIOR: CASE REPORT

Necmi Baykan[1], Polat Durukan[1], Şule Yakar[1], Nesij Doğan Kaymaz[1],Ömer Salt[2]

[1]Erciyes University Faculty of Medicine, Department of Emergency Medicine, Kayseri, Turkey

[2]Yozgat State Hospital, Emergency Department, Yozgat, Turkey

Introduction

Avulsion fractures of pelvic apophysis are not quite common but well frequently tended to be seen through the adolescent period, before growth plates' closure.Most common and typical injury locations are Spina Iliaca Anterior Superior (SIAS), Spina Iliaca Anterior Inferior (SIAI) and tuberositas ischii. Sudden, forceful and uncontrolled muscle contraction during sport, constitutes the typical mechanism of injury. Avulsion fracture of SIAI occurs after strong contraction of rectus femoris muscle. Shooting a ball, running and jumping are the most commonly reported injury mechanisms.Avulsion fractures of SIAS and SIAI are reported in literature.Majority of these patients are young and have sufferred sport related injuries.

Key words: Spina iliaca anterior superior, avulsion fracture, emergency medicine

Case Report

16 years old male patient referred to our E.R. with right inguinal pain, suddenly started after shooting a ball approximately 6-8 hours ago, before arrival.Passive motion of right hip was painful, just as stepping on.There was a remarkable relief in pain while resting.There was no obvious inspection finding, but the patient had a serious pain on right inguinal zone and right lower quadrant, with palpation. Active flexion and passive hyperextension of right hip joint was aggravating the pain. An antero-posterior (AP) radiograph of pelvis showed us a fragmented bone fracture 1 cm inferolaterally to SIAI (Figure 1). A pelvic Computerized Tomography (CT) was obtained in order to assign the exact position of fragmanted bone. After consultation to orthopedic surgeons, patient was discharged with order of absolute bed resting and avoiding from stepping on.

P45.PENETRATING NECK TRAUMA IN A TODDLER: A CASE REPORT

Dogan Nesij Kaymaz[1], Polat Durukan[1], Necmi Baykan[1], Omer Salt[2], Sule Yakar[1]

[1]Erciyes University Faculty of Medicine, Department of Emergency Medicine, Kayseri, Turkey
[2]Yozgat State Hospital, Emergency Department, Yozgat, Turkey

Introduction

In our clinic, penetrating neck injuries are accepted relatively rare but hard to handle events, similar with world wide literature. Oropharyngeal foreign body traumas may cause intracranial, neurovascular, respiratory or upper gastrointestinal injuries which can forge ahead life threatening conditions eventually. Management of such injuries have tended to be less invasive with widespread clinical use of CTA after 1980's.

Case Report

2 years old male toddler suffering a foreign body (pen) in his mouth which due to a home accident, was admitted to our emergency room. In the examination during the admission; he was agitated, with "AVPU score A". His vital signs were normal. .First physical assessment showed no tachypnea, stridor, subcutaneous emphysema or active bleeding.On the detailed examination, there was no neuromotor deficitis or any finding suggests a carotid sheat injury; such as murmur, unisocoria or absent pupillary light reflex.

Patient was hemodinamically stable and immediately transferred to Computerized Tomography (CT) unit. demonstrated the foreign body (pen) stuck into C2 transvers foramen neighboring through the posterior pharyngeal wall (Figure 1 a-b). Patient was admitted to neurosurgery intensive care unit ICU and operated by head and neck surgeons . Under general anesthesia the foreign body was cautiously pulled back. 1*1 cm sized tissue gap was sutured subsequent to control of bleeding. After clinical follow up patient was discharged without any complications

Conclusion

Although neck trauma due to foreign body is rare, it can be a life threatening condition. In this reason parents need to be very vigilant in this regard. And emergency physicians must keep in mind the potential complications of such traumas.

Key words: Neck trauma, penetration, emergency department

P46.PATIENT WITH POST TRAUMATIC INTERHEMISPHERIC SUBDURAL HEMATOMA: A CASE REPORT

Necmi Baykan[1], Polat Durukan[1], Ömer Salt[2], Şule Yakar[1], Nesij Doğan Kaymaz[1], Cemil Kavalci[3]

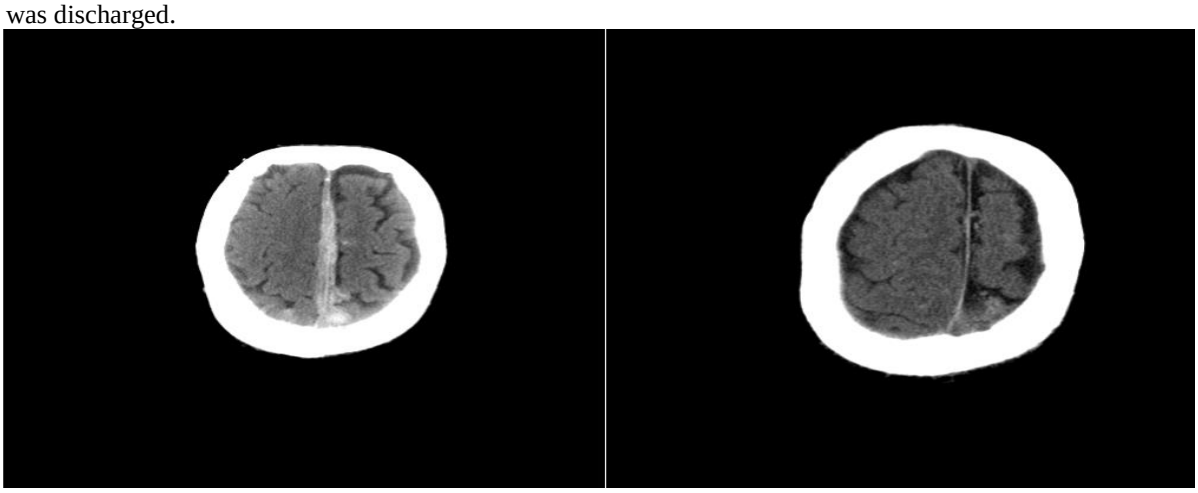
[1]Erciyes University Faculty of Medicine, Department of Emergency Medicine, Kayseri, Turkey
[2]Yozgat State Hospital, Emergency Department, Yozgat, Turkey
[3]Baskent University Faculty of Medicine, Department of Emergency Medicine, Ankara, Turkey

Introduction

Traumatic interhemispheric subdural hematoma (ISH) is a rare but substantial clinical condition. Interhemispheric subdural hematoma constitutes 6% of all traumatic subdural hematom cases. It usually occurs unilateralllly, but can also be bilaterally in some cases. Interhemispheric subdural hematoma mostly presents with contralateral monoparesis of lower extemity or hemiparesis when lower extremity suffers more than upper extremity; which is known as falx syndrome. Falx syndrome constitutes 30% of all IHS cases. Trauma, coagulopathy, Shaken Baby Syndrome, ruptured aneursym anticoagulant use are the main etiologic factors. Among all ISH cases 87-91% patient suffer trauma. ISH is more common in 6. and 7. decades and male patients.Patients can be treated conservatively in most cases but surgical management may also be neccessary occasionally. We present a post traumatic ISH which doesn't show any neuropathologic finding.

Case Report

48 year-old male patient was brought to the Emergency Department after a motor vehicle accident. In first clinical assessment; patient was concious, cooperated and oriented with 15 Glasgow Coma Scale score (GCS). There was no lateralized motor deficit or any neuropathological finding. We only noted 2-3 cm laceration laterally to right eyebrow and abrasion on right frontal area. There is no evidence of intracranial hypertension on examination. Laceration was sutured. Direct graphies of the patient were obtained. Because of high energy head trauma we were concerned about brain parenchyma, so we performed a cranial computerized tomography (CT) which demonstrated a hyperdense area through falx cerebri, reached 13 mm in the largest part (Figure 1a). Patient was consulted to brain surgeons. A conservative care plan was established, thus patient was hospitalized for observation. 48. hour head CT showed resolution of hematoma (Figure 1b) .After 7 days of observation patient was discharged.



Conclusion

Interhemispheric subdural hematoma is a rare post traumatic complication. Falx syndrome findings might be presented. And falx syndrome might be seen in %30 of all ISH cases. It might be related with <1 cm hematoma size, why majority of patients doesn't show falx syndrome clinic. Management of ISH has been controversial. Surgical or conservative approaches may be chosen.

P47. **MODERN APPROACHES TO TACTICS OF MAINTAINING THE COMPLICATED ACUTE CORONARY SYNDROME**

Bedelbayeva G.G., Nurmakhanova Zh.M., Mukhambetyarova S. A., Sarmalayev A.S., Aminov A.

Kazakh National Medical University named after S.D. Asfendiyarov, KAZAKHSTAN

Abstract

Objectives: To examine whether the treatments and outcomes of acute coronary syndrome (ACS)-associated acute heart failure (AHF) are different from non-ACS-associated AHF.

Methods: We examined outcomes of AHF patients with and without ACS as its principal cause.

Results: Of the 102 patients in our national heart failure survey, 2336 (56.9%) had AHF, of whom 923 (39.5%) had ACS-associated AHF. These patients were more likely to receive intravenous inotropes and vasodilators and to undergo coronary angiography and revascularization, but less likely to receive intravenous diuretics. The unadjusted in-hospital, 30-day, one-year, and four-year mortality rates for AHF patients with or without ACS were 6.5% versus 5.0% (P =0.13), 10.3% versus 7.5% (P = 0.02), 26.6% versus 31.0% (P 0.02), and 55.3% versus 63.3% (P= 0.0001), respectively. In the multivariate analysis, the adjusted mortality risk for patients with ACS at the respective time points were 1.46 (0.99 – 2.10), 1.67 (1.22 – 2.30), 1.02 (0.86 – 1.20), and 0.93 (0.82 – 1.04).

Conclusions: Patients with ACS-associated AHF seem to have a unique clinical course and perhaps should be distinguished from other AHF patients.

Keywords: Acute heart failure, acute coronary syndrome, outcomes.

P48. ARRHYTHMIAS IN PATIENTS WITH ACUTE CORONARY SYNDROME

Bedelbayeva G.G., Nurmakhanova Zh.M., Mukhambetyarova S. A., Sarmalayev A.S., Aminov A.

Kazakh National Medical University named after S.D. Asfendiyarov, KAZAKHSTAN

Abstract

Objectives: In patients with acute coronary syndrome (ACS) sought describe arrhythmias during hospitalization, explore the association between arrhythmias and patient outcomes, and explore predictors of the occurrence of arrhythmias.

Methods: In a prospective sub-study of the immediate aim study, we analyzed electrocardiographic (ECG) data from 78 patients with ACS.

Results: Approximately 22% of patients had more than 50 premature ventricular contractions (PVCs) per hour. Non-sustained ventricular tachycardia (VT) occurred in 15% of patients. Very few patients (≤1%) had a malignant arrhythmia (sustained VT, asystole, torsade de pointes, or ventricular fibrillation). Only more than 50 PVCs/hour independently predicted an increased length of stay ($p<.0001$). No arrhythmias predicted mortality. Age greater than 65 years and a final diagnosis of acute myocardial infarction independently predicted more than 50 PVCs per hour ($p=0.0004$).

Conclusions: Patients with ACS seem to have fewer serious arrhythmias today, which may have implications for the appropriate use of continuous ECG monitoring.

Keywords: Acute myocardial infarction, Arrhythmia, Acute coronary syndrome, Outcomes

P49. Doctor's autonomy in case of patient's refusal of emergency surgery

Almaty municipal clinical hospital No. 4, the Republic of Kazakhstan.Higher school of public health care in Almaty, the Republic of Kazakhstan.

Smagulov A.M., Baimakhanov A.N., Kalmatayeva Zh.A., Mustafina A.M.

Situation with complex and ambiguous vision has become a problem of relations between a doctor and a patient in the Republic of Kazakhstan (hereinafter the RoK). On the one hand, adoption of legislation in accordance with the principles of international law and bioethics had to correctly highlight the key points, and on the other hand, the actual situation in the health care sector brought to light vacuum and inconsistency of legal and ethical standards. Kazakhstan's medicine after being for a long time a part of the Soviet health care system, now is implementing a sweeping painful reform, which includes rethinking on principles of delivery of health care on the basis of generally accepted international standards.

Transition to the informed consent doctrine adopted in the RoK and embodied in the Code "On People's Health and Healthcare System" (hereinafter the Code) adopted on September 18, 2009 No.193-IV in the articles 91 p. 3 and 139 p. 1 drew strong criticism from both health professionals and mass media. These articles express the legal norm regarding the voluntary patient informed consent to diagnostics and treatment. The basis of them is the absolute norm enshrined in the Constitution of the RoK and ensuring the right of the population to the health care. This right is the essential element of principles of personal legal status of a human and a citizen.