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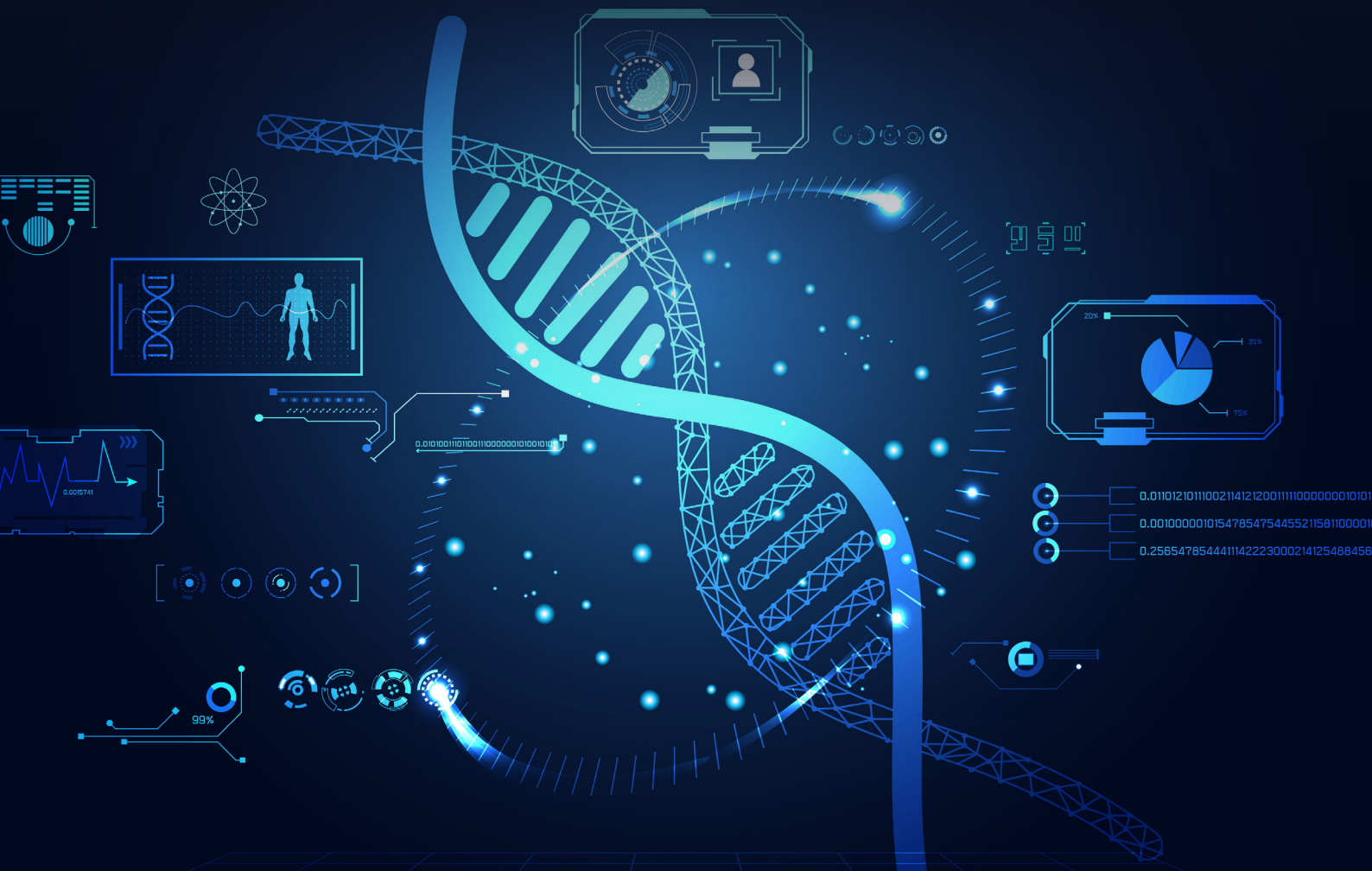
Book of Abstracts

WORLD CONFERENCE ON

MEDICAL AND HEALTH SCIENCES

NOVEMBER 24-25, 2025 | BANGKOK, THAILAND



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EURASIA CONFERENCES

World Conference on

MEDICAL AND HEALTH SCIENCES

November 24-25, 2025 | Bangkok, Thailand

BOOK OF ABSTRACTS

Abstracts of the World Conference on Medical and Health Sciences

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ABOUT EURASIA CONFERENCES

Established in 2022, Eurasia Conferences has rapidly gained recognition for organizing high-quality conferences across a diverse range of fields including science, technology, social sciences, humanities, business and economics, life sciences, medicine, and healthcare. Our mission is to drive progress and innovation through dialogue and collaboration among professionals worldwide.

Since our inception, we have successfully hosted over 50 conferences, providing platforms for scholars, researchers, professionals, and students to exchange knowledge and cultivate new ideas. Our events are strategically designed to foster networking, stimulate in-depth discussions, and facilitate the sharing of cutting-edge research and practical solutions to address contemporary challenges.

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World Conference on

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November 24-25, 2025 | Bangkok, Thailand

SCIENTIFIC PROGRAM

DAY 1

NOVEMBER 24, 2025

08:55-09:00 @
Introduction and Welcome Note
Conference Room: Garden 3

Speaker Sessions

Track-1: World Conference on Dermatology, Cosmetology, and Plastic Surgery

09:00-09:30	**Title: PRPS (Platelet Rich Stroma + Stromal Vascular Fraction) – A Complete Autologous Regenerative System Prepared within 30 Minutes, Facilitating Self-Repair of Soft Tissues** **Dr. HPJD Stevens,** Dept of Plastic &Aesthetic Surgery, Velthuis Clinic, Rotterdam, The Netherlands
09:30-10:00	**Title: Evaluation of the Hair Growth-Promoting Effects of Combined Treatment with Hair Growth Stimulants** **Dr. Ryusuke Suzuki,** SHEM,INC, Tokyo Japan
10:00-10:30	**Title: The 4D-Facelift: A Cause-Based Regenerative Approach to Facial Aging** **Dr. HPJD Stevens,** Dept of Plastic &Aesthetic Surgery, Velthuis Clinic, Rotterdam, The Netherlands

Group Photo, Tea and Refreshments Break 10:30-11:00

Track-2: World Conference on Neuroscience, Neurology, and Mental Health

11:00-11:30	**Title: Autism Cure Research Progress** **Dr. Aamir Jalal Al Mosawi,** Advisor in Pediatrics and Pediatric Psychiatry, Baghdad Medical City and the Iraqi Ministry of Health, Iraq
11:30- 11:50	**Title: "From Varsity to Psychiatric hospital": The residuals of joblessness on the Mental Health of Varsity female graduates, South Africa** **Prof. Mary Maluleke,** Department of Advanced Nursing, Faculty of Health Sciences, University of Venda, South Africa
11:50- 12:10	**Title: Nf-kB and N-myc Dependent Regulation of Glial Glutamate Transporter-1 in Peri-Contusional Cortex Is Associated With Greater Morbidity in Old Age** **Dr. Rajaneesh Kumar Gupta,** Department of Molecular & Human Genetics, Institute of Science, Banaras Hindu University, Varanasi, UP, India.
12:10-12:30	**Title: "My workplace, my stressor." Voices of selected Secondary schools' educators in South Africa** **Dr. Thingahangwi Cecilia Masutha,** Department of Advanced Nursing Science, Faculty of Health Sciences, University of Venda, Thohoyandou, South Africa

Lunch Break 12:30-13:30

13:30-13:50

Title: The Use of the Ubuntu Community Model to Address Gender-Based Violence (Gbv) Among Students in Higher Education: Participatory Action Research

Dr. Sinethemba Nyandeni, Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa

13:50-14:10

Title: Investigation of RUNX1 as a Potential Therapeutic Target for Ischemic Stroke

Weihong He, Department of Physiology, Sichuan University, Chengdu, Sichuan, China

Track-3: World Conference on Cardiology and Vascular Medicine

14:10-14:30

Title: The Impact of Endograft Selection on Outcomes Following Treatment Outside of Instructions for Use (IFU) in Endovascular Abdominal Aortic Aneurysm Repair (EVAR)

James Dodd, Vascular and Endovascular Surgery, Royal Perth Hospital, Perth,Australia

14:30-14:50

Title: RUNX1: A Novel Therapeutic Target for Myocardial Infarction and Cerebral Infarction

Weihong He, Department of Physiology, Sichuan University, Chengdu, Sichuan, China

14:50-15:10

Title: Intraoperative Extravascular Ultrasound in the Identification of Flow-Limiting Dissections after Balloon Angioplasty in the Femoropopliteal Segment

James Dodd, Vascular and Endovascular Surgery, Royal Perth Hospital, Perth, Australia

15:10-15:30

Title: Silent Retention: Endovascular Retrieval of a Guidewire Undetected for Three Months in an ESRD Patient

Abdul Qadir Nawabi, Southeast University, Nanjing, China

Tea and Refreshments Break 15:30-16:00

16:00-16:20

Title: Sex-Related Outcomes Following Drug Balloon Angioplasty in Patients from the BIOLUX P-III Registry: A Subgroup Analysis

James Dodd, Vascular and Endovascular Surgery, Royal Perth Hospital, Perth, Australia

Track-4: World Conference on Advances in Medicine, Surgery, and Orthopedics

16:20-16:40	**Title: Ilizarov Ring Fixator for Ankle Fusion: A Gold Standard in Managing Complex Ankle Pathologies** **Dr. Brajesh Nandan,** Senior consultant orthopaedic surgeon, Specialist-Orthopaedic oncology and limb reconstruction surgery, Sir Gangaram Hospital- New Delhi, India
16:40-17:10	**Title: A new dietary therapy for chronic renal failure: Intestinal dialysis technology** **Aamir Jalal Al Mosawi,** Advisor in Pediatrics and Pediatric Psychiatry, Baghdad Medical City and the Iraqi, Ministry of Health, Iraq

Poster-Sessions

Poster-1	**Title: Young-Burgess Classification of Pelvic Ring Fractures as a Diagnostic Tool to Predict Vascular Injury Patterns and Targeted Embolization: A 10-Year-Retrospective Study of Patients at a Single Regional Trauma Center in South Korea** **Seongwook Kim, D**onguk Lee, Ki-choul Kim, Department of Orthopaedic Surgery, Dankook University College of Medicine, Cheonan, Korea, Republic of
Poster-2	**Title: Discrepancies in Left Ventricular Volumetric Quantification Between Echocardiography and Cardiac Magnetic Resonance in Severe Chronic Aortic Regurgitation: Implications for Aortic Valve Replacement Timing** **Shavisa Akavuthivanich,** Princess Srisavangavadhana Faculty of Medicine, Chulabhorn Royal Academy, Bangkok, Thailand
Poster-3	**Title: Management Dilemma of Pediatric Carotid Aneurysm: A Case Report from a Cardiovascular Center** **Mohammad Yassien M. Ditongcopun,** Section of Cardiovascular Surgery, Department of Surgery and Anesthesia, Philippine Heart Center, Philippines
Poster-4	**Title: Functional Recovery Through Cognitive Rehabilitation in Severe Episodic Memory Impairment Due to Suspected Autoimmune Limbic Encephalitis** **Rubén Sebastián González and Carmen Terrón Cuadrado,** Neuropsychology Unit. Neurology Service. Hospital Universitario Nuestra Señora del Rosario. Madrid. Spain

Certificate Distribution and Conference Closing Ceremony 17:40-18:00

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SPEAKER PRESENTATIONS

https://doi.org/10.62422/978-93-47569-23-4-001

PRPS (Platelet Rich Stroma + Stromal Vascular Fraction) – A Complete Autologous Regenerative System Prepared within 30 Minutes, Facilitating Self-Repair of Soft Tissues

HPJD Stevens, MD, PhD, Plastic Surgeon
Dept of Plastic &Aesthetic Surgery, Velthuis Clinic, Rotterdam, The Netherlands

Background: Platelet Rich Stroma (PRPS) combines Platelet-Rich Plasma (PRP) and mechanically dissociated Stromal Vascular Fraction (SVF), forming a complete autologous regenerative system prepared intra-operatively within 30 minutes. It provides a biologically balanced matrix of growth factors, cytokines, and stromal cells to promote self-repair of damaged or degenerated tissue.

Methods: PRPS is generated through mechanical fractionation of autologous lipoaspirate (FAT procedure) to obtain tissue-SVF (tSVF) containing intact extracellular matrix and perivascular stromal cells, then mixed with autologous PRP from whole blood without anticoagulants. The product is injected into target tissues as a viable, cell-rich scaffold. Clinical applications include facial aging, radiation-induced skin injury, scar remodeling, and joint regeneration (knee, carpometacarpal, shoulder).

Results: Peer-reviewed studies and clinical experience show significant improvements in pain, elasticity, and tissue remodeling in both soft-tissue and joint applications. The regenerative response depends not only on cellular composition but also on the biological role of trauma as a regenerative trigger. A conceptual “stairway of trauma” model illustrates this process: a five-step descending scale (–10% per step) describing progressive tissue damage, where –5 indicates full loss of regenerative potential. A single PRPS session may reverse one to two steps upward, resulting in reduced pain and improved function.

Conclusions: PRPS provides a reproducible, autologous regenerative platform that integrates stromal-cell–driven paracrine activity with platelet-derived signaling. Its capacity to restore microenvironmental balance makes it a promising adjunct in aesthetic, reconstructive, and orthopedic regeneration.

Biography:

Dutch plastic surgeon (born 1962, The Hague) specialized in aesthetic and regenerative surgeryof face and body. MD (1992), PhD (1991), Plastic Surgeon (1999) from Erasmus UniversityRotterdam; Consultant at Velthuis Clinics and PRPSclinics, Rotterdam. Co-promotor of doctoral research on lipofilling and PRP, and lecturer for MasterClass BioSurgery. Co-founder ofDAFPRS; member of NVPC, NVEPC, ISAPS, and EASAPS. Published 80 peer-reviewed papers and held 75+ international lectures. Key expertise: 4D Facelift, PRPS (Platelet RichStroma + SVF), and Organical Surgery.

www.drstevens.nl, www.4Dfacelift.com, www.PRPSclinics.com

https://doi.org/10.62422/978-93-47569-23-4-002

Evaluation of the Hair Growth-Promoting Effects of Combined Treatment with Hair Growth Stimulants

RYUSUKE SUZUKI
SHEM,INC, Tokyo Japan

The number of people with hair loss and thinning hair is increasing in Japan, regardless of age or sex, due to the aging of the population, advancement of women into the workforce, and increase in social stress. Hair loss and thinning have been attributed to genetic predisposition and hormonal imbalance; however, recent research has explored their relationship with environmental and psychological stress. Since 1981, we have been providing treatments focused on growing and nurturing hair in Japan, with the number of patients exceeding 2000 per year. We have conducted research on hair growth and regrowth for 40 years, focusing on factors such as hormonal imbalance, sebum, and stress, based on findings from our specialized manual treatments. In recent years, the number of patients taking finasteride has increased, and we have developed a treatment strategy to maximize its effectiveness. However, some patients either do not respond to the treatment or may not require the use of finasteride. In this study, we report on 1) cases in which efficacy was confirmed with manual treatment alone, 2) cases in which efficacy was confirmed with finasteride and manual treatment, 3) cases that did not respond to manual treatment and finasteride, and 4) cases with confirmed efficacy with continued treatment after discontinuation of finasteride.

Biography:

Ryusuke Suzuki has completed his PHD at the age of 28 years from Kitasato University, USA. He was the visiting researcher of R&D Center for Artificial Skin, School of Allied Health Sciences, Kitasato University, Japan. He has over 10 publications. He is the president of SHEM Co., Ltd. He is an advisor to more than 10 pharmaceutical, cosmetics and health equipment manufacturers, helping to develop new products.

https://doi.org/10.62422/978-93-47569-23-4-003

The 4D-Facelift: A Cause-Based Regenerative Approach to Facial Aging

HPJD Stevens, MD, PhD, Plastic Surgeon
Dept of Plastic &Aesthetic Surgery, Velthuis Clinic, Rotterdam, The Netherlands

The 1.2.3-Dimensional Concept for cause-based facial rejuvenation has proven its value over the past two decades by offering a vector-driven approach to reverse age-related facial changes. Achieving a true “back-in-time” effect, however, requires addressing all three dimensions of aging while activating skin regeneration through a trauma trigger—the key to unlocking the fourth dimension: regeneration.

1D: Vertical ptosis is corrected with targeted vertical lifting, when indicated, including en-bloc deep-plane face and neck lifts, triple-layer mid-facelifts, tarsal tucks, ROOFlifts, and reversed brow lifts.

2D: As a two-dimensional process, skin aging is managed by superficial micro-fat grafting combined with PRP, which reduces postoperative downtime (18.9 to 13.2 days, $p = 0.019$) and modestly improves fine wrinkles and texture. A randomized clinical trial confirmed these benefits but found no significant gain in elasticity ($p > 0.05$).

3D: Volume loss is addressed by deep structural lipofilling (12–22 cc per side), which produces superior outcomes to lifting alone ($p < 0.05$). While results were excellent, they did not fully restore youthful facial characteristics.

4D: The regenerative step introduces PRPS® (Platelet-Rich Plasma + Stromal Vascular Fraction)—produced intra-operatively within 30 minutes via mechanical fractionation of adipose tissue (FAT procedure). When combined with a controlled trauma trigger, such as a 40% TCA peel, it stimulates cellular repair, improving dermal structure and elasticity.

This integrated protocol—the 4D Facelift—enables biological rejuvenation equivalent to a 10– 15-year reversal in facial aging and represents a reproducible, cause-based approach to comprehensive facial restoration.

Biography:

Dutch plastic surgeon (born 1962, The Hague) specialized in aesthetic and regenerative surgeryof face and body. MD (1992), PhD (1991), Plastic Surgeon (1999) from Erasmus UniversityRotterdam; Consultant at Velthuis Clinics and PRPSclinics, Rotterdam. Co-promotor of doctoral research on lipofilling and PRP, and lecturer for MasterClass BioSurgery. Co-founder ofDAFPRS; member of NVPC, NVEPC, ISAPS, and EASAPS. Published 80 peer-reviewed papers and held 75+ international lectures. Key expertise: 4D Facelift, PRPS (Platelet RichStroma + SVF), and Organical Surgery.

www.drstevens.nl, www.4Dfacelift.com, www.PRPSclinics.com

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Autism Cure Research Progress

Aamir Jalal Al Mosawi
Advisor in Pediatrics and Pediatric Psychiatry, Baghdad Medical City and the Iraqi Ministry of Health
Member Advisory Council of The International Association of Medical Colleges

Introduction: Autism disorders have become increasingly known as pervasive developmental disorders since the 1980s. They are very complex and heterogeneous group of chronic disorders that marked by early impairment in socialization, communication, and behavior. The aim of this keynote talk is to describe our extensive experiences with treatment of autistic disorders with emphasis on the possibility of curing these disorders with a new therapeutic approach. Marked improvement or disappearance of autistic features in these disorders has not been reported with any therapy before.

Methodology Autism curative therapies should target the core diagnostic features of autism including poor responsiveness to name and lack of eye contact. During the previous decade, at least 19 patients have been reported in the literature including 18 patient from Iraq and one patient from Cuba have achieved cure of the major autistic diagnostic features with the use of a new therapeutic approach using individualized courses of intramuscular cerebrolysin as the curative agents. During a comprehensive study spanning from December 2017 to November 2019, we observed 116 patients with various autism disorders at the Children Teaching Hospital of Baghdad Medical City. The patients' age ranged from two years to 16 years. These 116 patients were reported in several publications. Clinical details of these patients and their treatments were included in a book translated into several languages. All the patients had very poor speech development except the patients with Asperger syndrome. Most of the patients with a diagnosis other than Asperger syndrome were not saying any word, and few patients were saying a few words. Most patients were treated with a new therapeutic approach which included injectable cerebrolysin as the main therapeutic component. Marked improvement or disappearance of autistic features in these disorders has not been reported with any therapy before. Our research unveiled a groundbreaking approach, as utilizing injectable cerebrolysin in the treatment of autism disorders was associated with a remarkable efficacy in ameliorating autistic features, leading to unprecedented levels of improvement in some cases.

Discussion While these results are indeed promising, it is essential to acknowledge the ongoing challenges in autism treatment. Achieving a cure represents only the first step; sustained rehabilitation and support are imperative to address lingering cognitive, behavioral, and social difficulties. Long-term follow-up studies have underscored the importance of continued intervention and support to optimize outcomes for individuals with autism. Despite achieving remission of autistic features, patients may continue to encounter challenges in learning and behavior that necessitate tailored interventions and ongoing therapeutic support.

Conclusion In conclusion, the progress in autism cure research offers hope to individuals and families grappling with this complex condition. By harnessing innovative therapeutic approaches, we can continue to advance the frontiers of autism treatment and ultimately enhance the lives of those affected. Thank you for your attention. I welcome any questions or comments you may have.

Key Reference

Al-Mosawi AJ. The pattern of pervasive developmental disorders in Iraqi children.1st ed., Saarbrücken; LAP Lambert Academic Publishing: 2019 (ISBN: 978-3-330-05029-7).

Bookauthority's Best autism Books of All Time

https://bookauthority.org/books/best-autism-books

Al-Mosawi AJ. The pattern of pervasive developmental disorders in Iraqi children.1st ed., Saarbrücken; LAP Lambert Academic Publishing: 2019 (ISBN: 978-3-330-05029-7) was number 9 in Bookauthority's Best Psychiatry Books of All Time. Doi: 10.13140/RG.2.2.25403.28967

https://bookauthority.org/books/best-psychiatry-books

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"From Varsity to Psychiatric hospital": The residuals of joblessness on the Mental Health of Varsity female graduates, South Africa.

Maluleke M[1], Bila KE[2], Masutha TC[1], Rangwaneni ME[1], Kutame A P[3]
[1]Department of Advanced Nursing, Faculty of Health Sciences,
University of Venda, South Africa.
[2]Mavambe Community, Collins Chabane Municipality, South Africa.
[3]Faculty of Humanities, Social Sciences and Education, University of Venda, South Africa

Background: Unemployment continues to remain a significant concern in South Africa. As a result, young graduates face a severe predicament that threatens their social security, the country's long-term economic success, and future potential.

Aim: The study investigated the experiences of unemployed female graduates in a rural community of South Africa.

Methods: A qualitative approach with an explorative descriptive design was carried out among all 9 consented unemployed female graduates, who were selected using a purposive snowball sampling technique. Data were collected at the participants' homes through in-depth individual interviews guided by one open-ended central question and analysed using Tesch's open coding method.

Results: The analysis revealed three themes reflecting the experiences of the unemployed female graduates: theme 1: marginalisation, theme 2: dependency syndrome, and Theme 3: mental health problems.

Recommendations: Investigations to be conducted to determine the kind of support needed by graduates, and exploring the experiences of unemployed male graduates.

Keywords: Experiences; Female; Graduates; Unemployment; Varsity

Biography:

Prof Mary Maluleke Mary Maluleke, an Associate Professor in the Faculty of Health Sciences, Department of Advanced Nursing Sciences, University of Venda, South Africa. Her professional qualifications are, a) registered professional nurse, midwife, and an Advanced Psychiatric Nurse. Her highest academic qualification is a PhD. She graduated with over 60 postgraduate students. She serves as an external examiner of dissertations and thesis. She published 34 articles in accredited journals. Participated in various Community Engagement, Societal impact projects. Her area of specialty is Mental Health, Community Health Nursing, Community engagement, and qualitative research paradigm. A team player in collaboration projects, that is, (departmental, interdepartmental, faculty, interfaculty, local, regional, national, and international).

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Nf-κB and N-myc dependent regulation of glial glutamate transporter-1 in peri-contusional cortex is associated with greater morbidity in old age

Rajaneesh Kumar Gupta
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Banaras Hindu University, Varanasi, UP, India

Astrocytes outnumber neurons in brain. Besides structural support astrocytes maintain the extracellular milieu in brain that is critical for proper functioning of neurons especially during aging. We found that the brain glutamate homeostasis, neuronal firing, dendritic spine density, and learning/memory were severely affected in old age than adult counterpart after traumatic brain injury in mice. To explore the role of astrocytes, we analyzed the level of glia-specific glutamate transporter 1 (GLT-1) and found that it was decreased in peri-contusional cortex. This decrement was more robust in the old in comparison to adult peri-contusional cortex. This could be responsible for excess build up of glutamate at the glutamatergic synapse, hence glutamate excitotoxicity, neuronal firing, and dendritic spine, and memory loss. To propose the underlying molecular mechanism, we showed that the binding of transcription factors NF-κB and N-myc to 5' flanking region of GLT-1 gene was significantly enhanced following brain trauma. Binding of NF-κB to -583, -272, and -251 and N-myc to -163 upstream of transcription initiation site were involved in the age-dependent GLT-1 expression in peri-contusional cortex. These results suggest that NF-κB and N-myc dependent over activation of glial GLT-1 may be responsible for the greater morbidity in old age following brain trauma.

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“My workplace, my stressor.” Voices of selected Secondary schools’ educators in South Africa.

Masutha TC[1], Mudzweda A[2], Kubayi D[2]
[1]Department of Advanced Nursing Science, Faculty of Health Sciences, University of Venda, Thohoyandou, South Africa

Background: Disruptive behavior within classrooms has long been a concern of educators and researchers. Globally, a learner's disruptive behavior extracts high costs on health care, educational failure, and mental health services.

Purpose: This project investigated the impact of learners' disruptive behaviors on educators' mental health in two selected Secondary Schools in the Mavambe Community of South Africa.

Methods: Qualitative, Participatory Action Research (PAR) was used in two purposively selected secondary schools. Forty-one educators were sampled purposively and participated in the data generation, which was later analyzed using Tech’s open coding method. Ethical principles and measures of trustworthiness were applied throughout the project.

Results: The analysed data revealed two themes and four sub-themes. Theme 1. Emotional and Psychological Distress. Sub-themes: 1) Burnout and Exhaustion. 2) Anxiety and Helplessness. 3) Low Self-Esteem and Self-Doubt. 4) Frustration and Anger. Theme 2. Workplace Stress and Job Dissatisfaction. Sub-themes: 1) Lack of Support from the Administration. 2) Workload Increase. 3) Lack of Professional Development. 4) Poor Work-Life Balance.

Recommendations: Based on the study findings, investigations should be conducted regarding 1) interventions to promote educators' mental health. 2. Strategies to mitigate disruptive behaviour of secondary school learners.

Keywords: disruptive behavior, educators, experiences, learners, mental health, schools

Biography:

Dr. Thingahangwi Cecilia Masutha is a dedicated mental health expert, lecturer, and advocate for adolescent health. With a PhD in Mental Health from UNIVEN, she has extensive experience as a professional nurse and educator in mental health. Her research and community engagement focus on mental health, particularly addressing learners' and educators’ mental health. She collaborates with schools and health institutions to provide education on mental wellness. As an Ubuntu Ambassador and coordinator of the Mavambe Community Engagement initiative, she works to reduce school dropout rates and mental illness, empowering educators to continue their education and improve mental health.

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The Use of the Ubuntu Community Model to Address Gender-Based Violence (Gbv) Among Students in Higher Education: Participatory Action Research

Sinethemba Nyandeni[1] Fhumulani M. Mulaudzi[1], and Rachel T. Lebese[2]

[1]Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa

[2]Department of Public Health, Faculty of Health Sciences, University of Venda, Thohoyandou, South Africa

Background: Gender-based violence (GBV) incidents among the youth, particularly tertiary students, are a serious issue in South Africa. These incidents have claimed many lives and left many with traumatic experiences despite existing policies. Using the Ubuntu community model to address GBV among students in higher education could help institutions reduce social injustices and human rights abuses, challenge GBV norms, and dismantle stereotypes and social biases.

Aim: This study aims to employ a participatory action research (PAR) approach to involve tertiary students in discussions about the risks of mental health disorders linked to GBV, the factors that predispose them to GBV, boys' views and roles in preventing GBV, and the influence of social media and online dating on GBV.

Methods: PAR will be applied to engage students from different universities and colleges through semi-structured and focus group discussions during webinars, radio talks, walkathons, and pledges against GBV. They will also be asked to develop a reflective journal to capture their experience with the participant. The data collected will be analysed following the steps of inductive thematic analysis.

Findings: The findings will enable students to create safe spaces within their environment and adopt healthy practices to maintain good mental health.

Conclusion: Ubuntu values and principles could serve as a foundation for fostering GBV-free behaviour. Addressing GBV in these institutions will significantly impact social justice, discrimination, and gender inequality issues. Furthermore, it will contribute to preventing mental health disorders such as depression and anxiety.

Biography:

Dr. Sinethemba Nyandeni is a postdoctoral fellow in nursing science at the University of Pretoria, South Africa. She holds a PhD in Nursing Sciences from the University of Pretoria. Her research interests include African Philosophy of Ubuntu, maternal and child healthcare, the prevention of teenage pregnancy, and the use of artificial intelligence in healthcare. She has 6 years of working experience in a neonatal intensive care unit (NICU). She is currently working on a research project, based on her doctoral dissertation, tentatively entitled, "The implementation of Ubuntu-led Interventions for the prevention of teenage pregnancy in South Africa. She will also be focusing on how the knowledge of indigenous sexual health education could enhance the Ubuntu-led interventions for the prevention of teenage pregnancy.

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Investigation of RUNX1 as a Potential Therapeutic Target for Ischemic Stroke

Weihong He[1], Si Wang[2] and Hengshu Chen[3]
[1]Department of Physiology, Sichuan University, Chengdu, Sichuan, China
[2]Department or Cardiology, West China Hospital, Sichuan University, Chengdu, Sichuan, China
[3]Department or Neurology, West China Hospital, Sichuan University, Chengdu, Sichuan, China

The high mortality and morbidity of ischemic stroke result in immense public healthcare burden and serious socio-economic consequences. New pharmacological treatments for ischemic stroke are urgently required. Runt-related transcription factor-1 (RUNX1), a member of the core-binding factor family of transcription factors, has emerged as a potential target for ischemic diseases. RUNX1 has been known as a master regulator of developmental hematopoiesis because of its indispensable role in the specification of the hematopoietic lineage during embryogenesis. Whilst the focus of RUNX1 has predominately been in the hematopoietic field, recent evidence reveals that RUNX1 is activated in multiple tissues in response to injury. In the studies of myocardial infarction, growing evidence showed that RUNX1 expression increases and negatively correlates with cardiac function. Furthermore, recent studies from our group and others showed that antagonizing RUNX1 function reduces infarct size and preserves myocardial contractility following myocardial infarction. Based on the observation that RUNX1 was activated follow tissue ischemia, the present study sought to investigate the role of RUNX1 in a rat model of middle cerebral artery occlusion (MCAO). Rats were subjected to MCAO by means of surgically inserting a monofilament into the middle cerebral artery. We report that RUNX1 expression is increased in the brain following MCAO and increased RUNX1 is associated with increased infarct size. Our ongoing study aims to address whether the increased RUNX1 expression can be therapeutically targeted to reduce infarct size and examine whether it is an effective target with translational potential for the therapy of ischemic stroke.

Biography:

Weihong He is a principal investigator and associate professor at the Department of Physiology, West China School of Basic Medical Sciences and Forensic Medicine, Sichuan University. Weihong obtained an MD (2012) at West China School of Medicine & West China Hospital, Sichuan University, and completed a PhD (2017) at the BHF Glasgow Cardiovascular Research Centre, University of Glasgow. Weihong was associate professor at Jining Medical University (2018-2020). Since 2020, Weihong has led a research group to study the pathophysiology of cardiovascular diseases and to investigate novel therapeutic drugs for the treatment of myocardial infarction and cerebral infarction at Sichuan University. He also teaches physiology and mentors both national and international students. Weihong has expertise in a number of methodologies which span the level of biochemistry, cell biology, isolated organ, and whole animal in vivo disease models.

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The Impact of Endograft Selection on Outcomes Following Treatment Outside of Instructions for Use (IFU) in Endovascular Abdominal Aortic Aneurysm Repair (EVAR)

James Dodd[1] and Ian P Barry[1], Luke P Turley[2] , Daniela L Mwipatayi[3], Angel Thomas[4], Mariah T Mwipatayi[5], Bibombe P Mwipatayi[6]

[1]Vascular and Endovascular Surgery, Royal Perth Hospital, Perth, AUS
[2]Surgery, Royal College of Surgeons in Ireland, Dublin, IRL
[3]Medicine, University of Medicine and Health Sciences, Royal College of Surgeons in Ireland, Dublin, IRL
[4]Curtin Medical School, Faculty of Health Sciences, Curtin University, Perth, AUS
[5]Medicine, University of Buckingham Medical School, Buckingham, GBR
[6]Vascular and Endovascular Surgery, Royal Perth Hospital, Perth, AUS

Background: As endovascular aneurysm repair (EVAR) has become the treatment of choice for abdominal aortic aneurysms, there is increasing endograft utilization outside instructions for use (IFU). We aimed to determine whether graft selection influences outcomes following EVAR outside of IFU.

Methods: Retrospective data was analysed from previously published data for 636 patients, collated from the Endurant Stent Graft Natural Selection Global Post-Market Registry (ENGAGE) and the Global Registry for Endovascular Aortic Treatment (GREAT). Patients were recruited into the ENGAGE registry between 2009 and 2011 and into the GREAT registry between August 2010 and October 2016. In ENGAGE, they received the Medtronic Endurant stent graft (Medtronic Vascular Inc, Dublin, Ireland) while patients analysed in GREAT received the Gore Excluder stent-graft (W. L. Gore & Associates, Flagstaff, Arizona). Outcomes included all-cause mortality, aneurysm-related mortality, endoleak occurrence, and surgical reintervention rates.

Results: Of the 636 patients treated outside IFU, 225 were from ENGAGE and 411 were from GREAT. The rate of type IA endoleak development was lower in the Excluder cohort (Endurant 10.6% vs. Excluder 7.0%). The reintervention rate was 16% at five years following the Endurant aortic graft while it was 13.3% at five years with the Excluder.

Conclusion: Treatment outside of IFU, be it with a suprarenal or an infrarenal fixation device, is associated with worse outcomes. This analysis reinforces the importance of the consideration of either fenestrated or open repair in those aneurysms that fail to satisfy IFU while endovascular repair in such a setting should be reserved as a last resort strategy.

Biography:

Dr James Dodd, Vascular Surgical Registrar from Royal Perth Hospital, Perth, WA.

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RUNX1: A Novel Therapeutic Target for Myocardial Infarction and Cerebral Infarction

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Ischemia of organs can have severe consequences such as myocardial infarction (MI) and cerebral infarction. In the clinical setting, ischemic stroke and MI are both life-threatening conditions with narrow therapeutic time-window that leads to poor patient prognosis. Pharmacological approaches against these diseases remain limited and thus new therapeutic targets are urgently needed. RUNX1, the Runt-related transcription factor-1, is an emerging target for cardiovascular diseases. RUNX1 is a member of the core-binding factor family of transcription factors. It is a master regulator transcription factor which works at top levels of signaling cascades and dictates cell fate during development. RUNX1 was classically characterized for its involvement in hematopoietic system and blood cancer genesis. Recently, a role that RUNX1 plays in the heart has come prominence and it represents a promising therapeutic target for MI, adverse cardiac remodeling, and heart failure. Here, we present our recent progress in the study of RUNX1 using animal disease models of MI and ischemic stroke. Our data show that targeting RUNX1 reduces infarct size and improves cardiac function following MI. The protective effect is associated with the repression of a key type of lysosomal proteases, cathepsins. Inhibition of RUNX1 reduces the expression of cathepsins and prevents the activation of cathepsin-mediated cell death signaling following ischemic injury. Based on our data and recent findings from other groups, we envisage that the usage of RUNX1 as a therapeutic target for tissue protection has the potential to be translated into clinical application for the treatment of MI and ischemic stroke.

Biography:

Weihong He is a principal investigator and associate professor at the Department of Physiology, West China School of Basic Medical Sciences and Forensic Medicine, Sichuan University. Weihong obtained an MD (2012) at West China School of Medicine & West China Hospital, Sichuan University, and completed a PhD (2017) at the BHF Glasgow Cardiovascular Research Centre, University of Glasgow. Weihong was associate professor at Jining Medical University (2018-2020). Since 2020, Weihong has led a research group to study the pathophysiology of cardiovascular diseases and to investigate novel therapeutic drugs for the treatment of myocardial infarction and cerebral infarction at Sichuan University. He also teaches physiology and mentors both national and international students. Weihong has expertise in a number of methodologies which span the level of biochemistry, cell biology, isolated organ, and whole animal in vivo disease models.

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Intraoperative Extravascular Ultrasound in the Identification of Flow-Limiting Dissections after Balloon Angioplasty in the Femoropopliteal Segment

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Background: The BIO REACT study is designed to investigate the incremental value of Extravascular UltraSound (EVUS) added to conventional angiography, compared to conventional angiography only for the identification of Flow-Limiting Dissections (FLD) and to evaluate the safety and efficacy of the REsponse Adapted Combination Therapy (REACT) for the treatment of femoropopliteal lesions.

Methods: The primary endpoints were the specificity and sensitivity of EVUS added to angiography for the detection of FLD. Secondary endpoints were primary patency of the REACT therapy within 12 months, fCD-TLR, freedom from MAE, major target limb amputations (mTLA) and survival rates within 24 months.

Results: A total of 150 patients were included. EVUS added to angiography had an overall sensitivity of 29% and specificity of 93% for the detection of FLD. There was no PSVR cut-off offering a clinically acceptable trade-off between meaningful sensitivity and specificity values for the detection of FLD. At 12 months, treatment with the REACT resulted in primary patency and fCD-TLR of 81.6% and 94.3%, respectively. In addition, freedom from MAE was 94.3% at 12 months. At 24 months, the survival rate was 94.0%. No mTLA was reported up to the 24-month follow-up.

Conclusions: The addition of DUS to angiography showed limited value for detecting FLD in femoropopliteal artery disease.

Biography:

Dr James Dodd, Vascular Surgical Registrar from Royal Perth Hospital, Perth, WA.

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Silent Retention: Endovascular Retrieval of a Guidewire Undetected for Three Months in an ESRD Patient

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A 45-year-old female with a 13-year history of uncontrolled hypertension and end-stage renal disease (ESRD) on long-term hemodialysis was referred to our department following the incidental discovery of a retained guidewire on a posterior-anterior (PA) chest X-ray. The guidewire had been inadvertently left in situ during the placement of a permanent venous catheter in the right subclavian vein at an outside hospital three months earlier. Despite the prolonged retention, the patient remained asymptomatic. Imaging revealed a 50 cm J-tip guidewire extending from the internal iliac vein to the subclavian vein. After obtaining informed consent, the guidewire was successfully retrieved using an endovascular approach in the interventional radiology suite. Post-procedural imaging confirmed complete removal, and the patient was discharged in stable condition with no complications at follow-up. This case highlights the importance of procedural vigilance, adherence to standardized protocols, and early intervention to mitigate the risks associated with retained intravascular foreign bodies.

KEYWORDS Retained guidewire, end-stage renal disease, hemodialysis, central venous catheter, interventional radiology, foreign body retrieval, vascular complications

Introduction

Central venous catheterization (CVC) is a crucial procedure in modern medicine, widely used for hemodynamic monitoring, medication administration, and hemodialysis access. The Seldinger technique, the standard method for CVC insertion, is generally safe but carries risks, including mechanical complications, infections, and other iatrogenic errors [1]. One rare but serious complication is the inadvertent retention of a guidewire, which can lead to thrombosis, venous stenosis, infection, or embolization.

Although retained guidewires are uncommon, studies indicate they remain a significant safety concern [2]. Contributing factors include operator inexperience, lack of standardized protocols, and failure to confirm wire removal post-procedure [2]. Guidelines emphasize the importance of procedural checklists and mandatory imaging to prevent such occurrences. Endovascular retrieval is the preferred intervention for retained intravascular foreign bodies due to its high success rate and minimal invasiveness [3]. Various retrieval techniques, including the use of snare devices, have proven effective in safely extracting retained wires.

This case describes a 45-year-old female with ESRD who presented with an asymptomatic retained guidewire discovered three months post-catheterization. It underscores the critical importance of procedural vigilance, adherence to standardized protocols, and the role of minimally invasive retrieval techniques in managing iatrogenic complications.

Case Presentation

A 45-year-old female with a 13-year history of uncontrolled hypertension and ESRD on long-term hemodialysis was referred to our department following an incidental finding of a retained guidewire on a PA chest X-ray. The guidewire had been inadvertently left in situ during the placement of a permanent venous catheter in the right subclavian vein at an outside hospital three months prior. The patient remained asymptomatic at presentation.

Management and Procedures

A thorough imaging review confirmed a 50 cm J-tip guidewire extending from the internal iliac vein to the subclavian vein (Figure 1.). Despite its prolonged retention, the patient exhibited no signs of infection, thrombosis, or vascular compromise. She continued to undergo regular hemodialysis via the right subclavian catheter.

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Sex-Related Outcomes Following Drug Balloon Angioplasty in Patients from the BIOLUX P-III Registry: A Subgroup Analysis

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Purpose: To evaluate the use of drug-coated balloons in a real-world patient population with peripheral arterial disease and analyse the impact of sex on mid-term outcomes following their utilisation.

Methods: The BIOLUX P-III is a prospective, international, multi-centre, registry of patients with infra-inguinal lesions treated using the Passeo-18 Lux, a drug-coated balloon. Our study is a 24-month subgroup analysis of these patients; primary endpoints were freedom from major adverse events and clinically driven target lesion re-vascularisation within 12 months post-intervention.

Results: Of the 877 patients in the registry, 561 (64.0%) were male and 316 (36.0%) were female. Chronic limb threatening ischaemia (Rutherford class ≥ 4) occurred in 35.7% of males and 40.6% of females. Rates of freedom from major adverse events and clinically driven target lesion re-vascularisation at 12 months were 87.3% (95% confidence interval [CI] 84.2-89.9) and 90.4% (95% CI 86.5-93.3), and 92.3% (95% CI 89.9-94.1) and 92.9% (95% CI 89.7-95.1) in males and females, respectively. All-cause mortality at 24 months was 12.0% (95% CI 9.4-15.3) in males and 11.9% (95% CI 8.6-16.5) in females. The major target limb amputation rate at 24 months was 9.1% (95% CI 6.9-11.9) in males and 4.0% (95% CI 2.3-7.0) in females.

Conclusion: Treatment with the Passeo-18 Lux DCB demonstrated high efficacy and low complication rates. Despite the greater proportion of chronic limb threatening ischaemia observed in females, males were at a greater risk of ipsilateral major limb amputation and major adverse events following drug-coated balloon utilisation.

Biography:

Dr James Dodd, Vascular Surgical Registrar from Royal Perth Hospital, Perth, WA.

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Ilizarov Ring Fixator for Ankle Fusion: A Gold Standard in Managing Complex Ankle Pathologies

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Introduction: Ankle arthrodesis is a surgical procedure for end-stage arthritis and complex ankle pathologies, offering a limb-salvaging alternative to amputation. This study aims to present clinical experience with the Ilizarov apparatus in achieving stable, painless ankle fusion in patients with varied complex ankle pathologies.

Materials and Methods: A retrospective study was conducted involving 27 patients who underwent ankle arthrodesis using the Ilizarov fixator between 2014 and 2024. Clinical and radiological evaluations were performed using the ASAMI scoring system. Surgical techniques, patient demographics, and outcomes were analyzed.

Results: All 27 patients achieved successful bone union. ASAMI Bone results were rated excellent in 23 and good in 4. Functional outcomes were rated as good in 22 patients and fair in 5. Pin tract infections were effectively managed with antibiotics. The Ilizarov technique demonstrated superior results in achieving stable, pain-free ankles, even in cases with severe osteomyelitis and destroyed ankles with deformities.

Discussion: The Ilizarov apparatus provides a minimally invasive, versatile approach for complex ankle pathologies, enabling dynamic axial compression, early weight-bearing, and deformity correction. Despite limitations such as high costs and skill requirements, its success rate surpasses that of internal fixation techniques.

Conclusion: The Ilizarov apparatus is the gold standard for ankle arthrodesis, offering stable fusion and addressing comorbidities such as osteomyelitis and limb length discrepancy, with high patient satisfaction and functional recovery.

Keywords: Ankle arthrodesis, Ilizarov apparatus, bone union, limb salvage, complex ankle pathology

Biography:

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A New Dietary Therapy for Chronic Renal Failure: Intestinal Dialysis Technology

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Advisor in Pediatrics and Pediatric Psychiatry, Baghdad Medical City and the Iraqi Ministry of Health
Member Advisory Council of The International Association of Medical Colleges

The use of a dietary material to increase extra renal excretion and shift the urinary excretion of urea to the intestinal excretion has been increasingly called “Intestinal dialysis technology. The aim of this paper is to describe our extensive experiences with Intestinal dialysis.

Chronic renal failure and the uremic syndrome.

Relevant urea Metabolism and the urea enterohepatic cycle.

Peritoneal dialysis and intestinal dialysis: Mechanism of action.

Management of non-terminal chronic renal failure.

Principles of dietary interventions in chronic renal failure.

The rational for protein restriction in chronic renal failure.

Pharmacologic management of non-terminal chronic renal failure.

What makes intestinal (dietary) dialysis possible?

Urea lowering effect of dietary fibers.

Intestinal dialysis components.

Intestinal dialysis: The available evidence and research progress

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POSTER PRESENTATIONS

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Young-Burgess Classification of Pelvic Ring Fractures as a Diagnostic Tool to Predict Vascular Injury Patterns and Targeted Embolization: A 10-Year-Retrospective Study of Patients at a Single Regional Trauma Center in South Korea

Seongwook Kim[1] , Donguk Lee[1] , Ki-choul Kim[1]
[1]Department of Orthopaedic Surgery, Dankook University College of Medicine, Cheonan, Korea, Republic of

Purpose: Pelvic ring fractures are associated with high morbidity and mortality due to severe hemorrhage. The Young-Burgess (Y-B) classification system is widely used to evaluate fracture mechanism and stability but its utility in predicting transfusion needs and vascular injury patterns remains unclear. This study aimed to investigate the relationship between Y-B classification, transfusion volume, and embolized vessel patterns in pelvic fracture patients.

Methods: A retrospective analysis was conducted on 207 patients with pelvic ring fractures who underwent angiography at a single regional trauma center from February 2014 to August 2023. Data collected included demographic information, Y-B classification, transfusion volumes within 24 hours, and embolized vessels. Embolization was performed based on angiographic evidence of vascular injury.

Results: Among 207 patients, 153 (73.9%) underwent embolization. Embolization rates significantly differed by Y-B classification (p=0.009), with unstable fractures (LC3, APC3, VS) showing higher transfusion volumes and embolization rates. The iliolumbar artery (VS), internal iliac artery (APC3), and superior gluteal artery (LC3) were the most commonly embolized vessels. Transfusion requirements were highest in VS fractures, followed by LC3 and APC3.

Conclusion: Unstable pelvic ring fractures, particularly VS, APC3, and LC3 types, are linked to increased transfusion needs and higher risk of major vascular injury requiring embolization. The Y-B classification is a useful tool for risk stratification and guiding targeted interventions. Early massive transfusion preparation and prompt vascular evaluation are recommended for patients with unstable fracture patterns.

Biography:

Residents of department of Orthopaedic Surgery, Dankook University College of Medicine

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Discrepancies in Left Ventricular Volumetric Quantification Between Echocardiography and Cardiac Magnetic Resonance in Severe Chronic Aortic Regurgitation: Implications for Aortic Valve Replacement Timing

Shavisa Akavuthivanich[1,2], Nikoo Aziminia MBBS[1,3], Jonathan B Bennett MBBS[1,3], Leire Tapia BSc[4], Christian Nitsche PhD[1,3], Francisco Gama MD[5,6], Alexander Birkinshaw MBBS[7], Abhishek Shetye MBBS[3], Aderonke T Abiodun MBBS[1,3], Michael McKenna MBChB[8], Iain Pierce PhD[1,3], Pamela de la Cruz BSc[3], Dan Sado PhD[7], Rhodri H Davies PhD[1,3], Barts Valve Team Investigators, Peter Kellman PhD[9], Arantxa González PhD[4,10], James C Moon MD[1,3], Sanjeev Bhattacharyya MD[1,3], Guy Lloyd MD[3], Thomas A Treibel PhD[1,3], George D Thornton PhD[1,3]

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Background: Two-dimensional transthoracic echocardiography (TTE) is used to assess aortic regurgitation (AR) severity and guide aortic valve replacement (AVR). However, it may underestimate left ventricular (LV) volumes and function compared to cardiac magnetic resonance (CMR), the gold standard for evaluating LV volumes, mass, and function. This underestimation may delay recognition of myocardial dysfunction, resulting in late surgery after irreversible damage. We assessed the correlation and agreement between TTE and CMR in evaluating LV volumes and ejection fraction (LVEF), and whether TTE underestimates surgical need.

Method: 80 patients with severe chronic AR underwent same-day TTE and CMR. LV end-diastolic volume (LVEDV), end-systolic volume (LVESV), and LVEF were measured using Simpson's biplane on TTE and disc summation on CMR. LV dilation was classified using modality-specific thresholds, and bias and agreement were assessed.

Results: Median age was 60 years, 48% had a bicuspid valve. Median LVEDV by CMR was 273 mL; median regurgitant fraction was 43%. TTE underestimated LVEDV by 83.1 mL, LVESV by 17.9 mL, and LVEF by 8.8%, with larger discrepancies in larger ventricles. Agreement between modalities was moderate for LVEDV (CCC:0.54, 95% CI:0.44-0.63), reasonable for LVESV (CCC:0.78, 95% CI:0.70-0.86), and weak for LVEF (CCC:0.32, 95% CI:0.18-0.45), with CMR generally yielding higher LVEF. CMR reclassified 7.5% of patients as having severe dilation missed by TTE.

Conclusion: 2D TTE using Simpson's biplane method underestimates LV volumes compared to CMR and limited agreement in assessing LVEF. CMR reclassified some patients as severe dilated, suggesting it may offer complementary information in guiding AVR decisions.

Keywords: Aortic regurgitation, left ventricular function, transthoracic echocardiography, cardiac magnetic resonance, aortic valve replacement

Biography:

Shavisa Akavuthivanich is a fifth-year medical student at Princess Srisavangavadhana Faculty of Medicine, Chulabhorn Royal Academy. She completed an intercalated Bsc in Cardiovascular Science at University College London, where she developed an interest in cardiac imaging and valvular heart disease. This is her first abstract presentation at a scientific conference, marking the beginning of her academic contributions in cardiology.

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Management Dilemma of Pediatric Carotid Aneurysm: A Case Report from a Cardiovascular Center

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Carotid artery pseudoaneurysms are exceptionally rare in children and present significant diagnostic and therapeutic challenges. We report a 12-year-old male with a large left common carotid artery (LCCA) pseudoaneurysm presenting with a pulsatile neck mass. CT angiography confirmed a 6-cm saccular pseudoaneurysm with thrombus and collateral flow reconstitution. He underwent partial excision of the pseudoaneurysm and distal LCCA ligation due to dense adhesion to adjacent neurovascular structures. Histopathology confirmed a pseudoaneurysm with organizing thrombus and Gram-positive bacilli. Postoperatively, his hoarseness resolved, with no neurologic deficits. This case highlights the rarity of pediatric carotid pseudoaneurysms, reviews contemporary diagnostic strategies, discusses operative challenges, and emphasizes the importance of long-term surveillance.

Introduction

Extracranial carotid artery aneurysms (ECAAs) are rare, representing less than 1% of all peripheral aneurysms, and their occurrence in children is exceptionally uncommon. Most pediatric cases arise from infection, trauma, or iatrogenic injury. Welleweerd et al. emphasized that ECAAs pose risks of rupture, thromboembolism, and cranial nerve compression, mandating individualized management strategies[1]. In children, the rarity of natural history data means most symptomatic or enlarging lesions require surgical intervention rather than observation.

In the Philippines, only a handful of carotid pseudoaneurysm cases have been described in the literature, such as Baroque and Montes' report of a carotid pseudoaneurysm presenting as stroke[2]. These local accounts illustrate that, even in resource-constrained settings, multidisciplinary decision-making and prompt intervention remain key.

Case Presentation

A 12-year-old male, previously treated with mitral valve repair for rheumatic heart disease, presented in 5 months history of a a 6-cm left lateral pulsatile neck mass (Fig1) and hoarseness of voice. There was no history of cannulation at the left lateral neck. Neurologic examination was normal.

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Functional Recovery Through Cognitive Rehabilitation in Severe Episodic Memory Impairment Due to Suspected Autoimmune Limbic Encephalitis

Rubén Sebastián González[1] and Carmen Terrón Cuadrado[2]
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This case describes a young woman with severe episodic memory impairment following suspected autoimmune limbic encephalitis associated with an ovarian teratoma. After surgery and immunotherapy (corticosteroids, IVIG, rituximab), systemic symptoms improved, but profound memory deficits persisted. The patient exhibited rapid forgetting, absence of new episodic learning, working memory impairment, and disorientation, while semantic knowledge and reasoning were relatively preserved.

Neuropsychological assessments confirmed impaired memory consolidation and attentional fatigue, with additional executive dysfunction. Given the severity, some centers considered the patient unsuitable for cognitive rehabilitation.

A personalized program was implemented, focusing on functional adaptation rather than memory recovery. Internal strategies (e.g., visualization, mnemonics) were combined with structured use of external aids (mobile apps, reminders, calendars), with an emphasis on real-life applicability and generalization. The intervention was oriented toward solving everyday problems and fostering autonomy.

Despite not retaining new episodic memories or recognizing co-workers daily, the patient achieved functional independence through compensatory routines. She completed her legal qualification, obtained employment at a major corporation, and maintains her position without formal adaptations. In her personal life, she established a stable relationship and married, supported by structured orientation strategies.

This case challenges the belief that severe amnesia precludes rehabilitation and highlights the role of ecological, strategy-based interventions in restoring functionality and quality of life, even when cognitive test scores remain impaired.

Biography:

Mr. Rubén Sebastián González is a clinical neuropsychologist working in Madrid, Spain. He provides neuropsychological assessment for cognitive impairment and demyelinating diseases at Hospital Universitario Nuestra Señora del Rosario, Hospital Universitario La Princesa, and Hospital Universitario Sanitas La Moraleja. His clinical work focuses on supporting diagnostic decisions in neurodegenerative conditions through comprehensive evaluation and collaboration with neurology teams. He is also involved in cognitive rehabilitation and interdisciplinary care.

Participants Index

UPCOMING CONFERENCE

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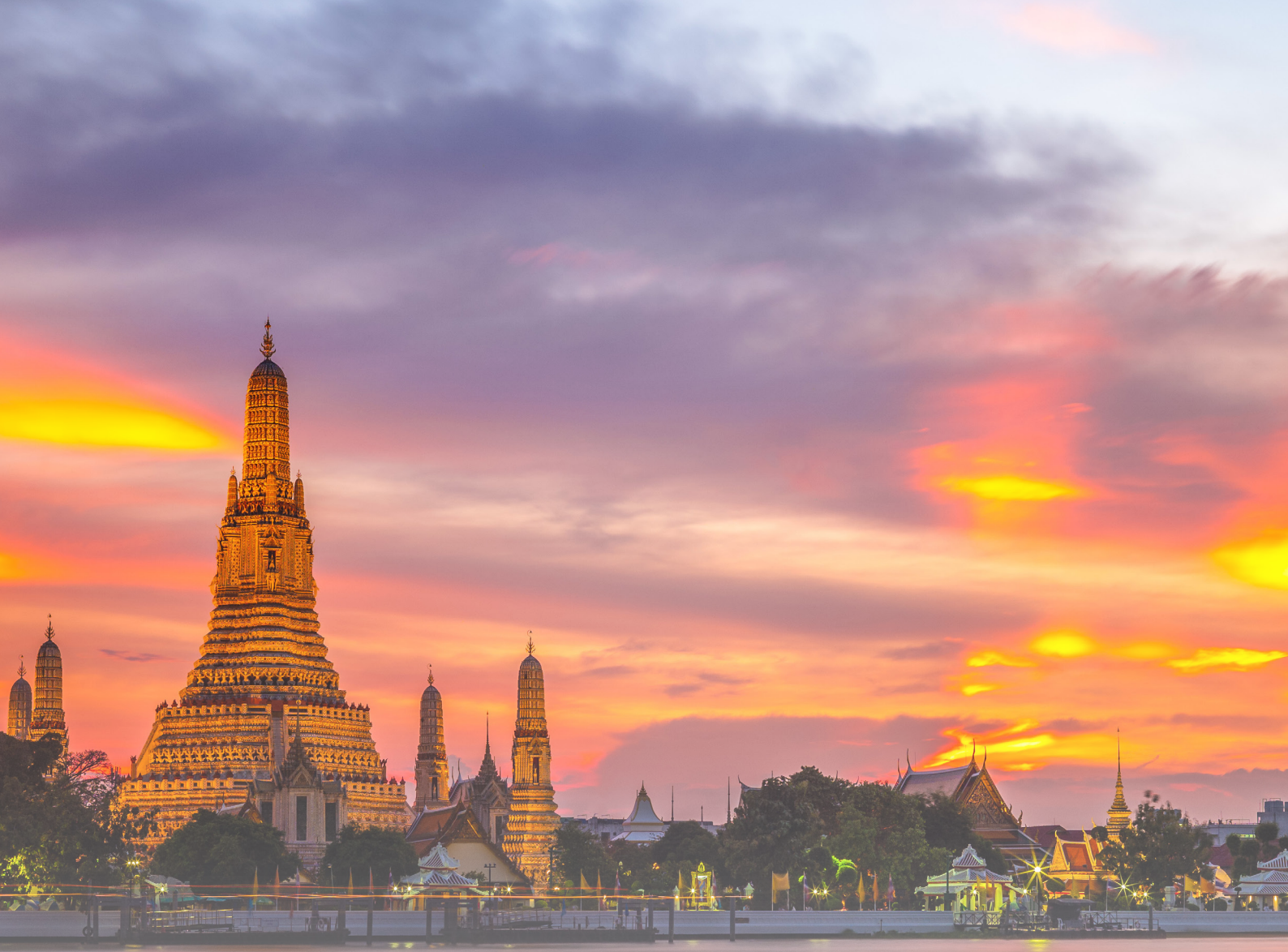

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