

MEDICRES

7TH INTERNATIONAL MULTIDISCIPLINARY CONGRESS ON



GOOD

MEDICAL



RESEARCH



CLINICAL TRIALS
EPIDEMIOLOGICAL STUDIES
PRE-CLINICAL EXPERIMENTS
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VIRTUAL | OCTOBER 24-31, 2020

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ON

GOOD MEDICAL RESEARCH

CONFERENCE

ABSTRACTS & PROCEEDINGS

BOOK

EDITOR IN CHIEF

PROF. E. ARZU KANIK, PHD

OCTOBER 24 - 31, 2020 | VIRTUAL

WORLDWIDE



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Gökhan Kılıç | OB-GYN
Gülsemin Ertürk Çelik | OB-GYN
Gürkan Uncu | OB-GYN
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M.Iqbal Choudhary | COVID-19
Shukla Deepak | COVID-19
Qiongqiong Zhou | COVID-19
Keykavous Parang | COVID-19
Feixiong Cheng | COVID-19
Laskhimi Kotra | COVID-19
Faruk Berat Akçeşme | COVID-19
Zeynep Atabay | COVID-19 INDUSTRY
Ümit Dereli | COVID-19 INDUSTRY
Hasan Ersin Zeytin | COVID-19 INDUSTRY
Rosalind Hollingsworth | COVID-19 INDUSTRY
Cem Koçak | COVID-19 INDUSTRY
Hatice Öncel | COVID-19 INDUSTRY
Ramazan Karaduman | COVID-19 INDUSTRY
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Serkan Kahyaoğlü | OB-GYN
Bülent Yıldız | OB-GYN
Sezcan Mümüşoğlü | OB-GYN
Gürkan Bozdağ | OB-GYN
Özlem Evliyaoğlü Bozkurt | OB-GYN
Özlem Seçilmiş Kerimoğlü | OB-GYN
Hüseyin Cengiz | OB-GYN
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Dorina Esendağlı | STEMCELLS
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We are in the 9th year of Medicres' Good Medical Research themed events. This year Covid-19 pandemic showed us that the only reliable source we can turn to in such situations is medical research and if the research we have in the literature is not reliable, then we have nothing at all. This is exactly what we have been standing against as MedicReS for many years now; we are completely against waste literature. Now, we are calling out to students, presidents of various associations, publishers, all those individuals and bodies who have a responsibility in this aspect. In a scientific research study, in every step of the way from choosing a subject, to planning, data gathering, criticism and synthesis, a combination of scientific methodology, ethics and biostatistics science and clinical knowledge is meticulously put to use. Responsible researchers should have the scientific maturity to be willing to continuous education in this area; furthermore, they should be willing to acknowledge that topics that they think they know very well may be biased. The most important are MedicReS operates in is post-graduation "Good Medical Researcher" trainings. MedicReS Good Medical Research congress will be supported by conferences held in different clinical areas.

Topics we will be covering during the conference include, first off all choosing a research subject; research ethics, publishing ethics, bioethics, correct research design for disease and purpose, data analysis suitable for chosen design; research paper writing techniques for chosen design, referee standardization, scientific ways of preventing biases during research planning, steps to be taken to ensure validity and efficacy; scientific criticism standards of published research; courses on critical article writing skills, methods for learning biostatistics, ethics, and research methods in graduate and post graduate levels; using technology effectively in medical and research education. We will discuss these issues in main sessions and in private sessions in all clinical areas.

Our congress has a different structure and content compared to national congresses of clinical sciences. It is possible to apply to the congress with research proposals in planning stage and research published a year before the date of the congress or with critical or contributing responses to published research. Our congress is multidisciplinary, and it is possible to join all sessions and trainings with only the registration fee. In some workshops and sessions, there may be limited participants allowed or the language may not be English. While the official written language of the Congress in English; presentations in 20 languages will be accepted. Therefore we advise you to be careful about the language and maximum participant numbers of sessions you would like to participate in. We would be happy if you could complete your registration posthaste. We encourage our participants to become members of MedicReS Club as well.

In this scientific celebration that will continue for a week for almost 24 hours in different time zones, there will also be special sessions or Covid-19 in all clinical sciences and separately as well. There are many things that this epidemic has taught us. We will meet freely without the constraints of time and place or language by using technology and by saving time too. Everything we do is for good research. We sincerely wish to see you in our congress.

Kind Regards,
Prof. Dr. Arzu KANIK
MedicReS Global Scientific Director

ACUTE INVASIVE FUNGAL RHINOSINUSITE: OUR CLINICAL EXPERIENCE

BY ALPER KOYCU | 1

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Background

Acute invasive fungal rhinosinusitis (AIFR) is a rare, rapidly progressive and often fatal fungal infection, and it is increasingly being seen in the population of immunocompromised patients. Modern advances in solid organ transplantation and immunosuppressive therapy have led to an increase in immunocompromised patients and a corresponding rise in AIFR. The commonly isolated fungi are Zygomycota (Mucor, Rhizopus, Rhizomucor, Absidia and other Mucorales), aspergillus species and candida spp. The delay in suspecting the fungal etiology, presentation of the patient for an Otorhinolaryngology consult and lack of defined protocols affects outcome.

Aim

In this study, we aimed to examine the predisposing conditions that cause AIFR, to emphasize the importance of early diagnosis and to discuss the medical treatment and surgical intervention applied.

Material and Method

The clinical characteristics, histopathological results, medical treatments, surgical methods, intranasal endoscopic, and radiologic findings of 9 patients who had diagnosed with acute invasive fungal rhinosinusitis between 2007 and 2019 were examined in detail.

The related pathogens, comorbid diseases that predispose to the disease, the prognosis of the disease, the importance of early diagnosis and treatment were discussed.

Result

While 6 (66.6%) patients had diabetes mellitus, 2 (22.2%) patients had solid organ transplantation (SOD), 1 (11.1%) patient had both diabetes mellitus and SOD. There were no patients who have limited disease only to the sinonasal region. 8 (88.8%) patients had orbital involvement and 4 of whom were also present in intracranial involvement. One patient had intracranial involvement without orbital involvement. In first endoscopic intranasal examination, necrotic mucosal tissues were observed in 8 patients, while 1 patient had normal mucosa. Endoscopic sinus surgery, surgical debridement and medical therapy were applied to all patients. In addition, enucleation was performed in 1 patient, exenteration was performed in 2, decompression with craniotomy and intraventricular shunt placement was performed in 1. The average time from the first symptom to surgery was 4.3 days. Final diagnoses were confirmed on the bases of recognition and typing of fungi on histopathology in seven patients, and fungal cultures in two. Seven patients had Mucor Mycosis infection, one had Aspergillus flavus infection, and one had Candida infection. The overall mortality rate was 66.6% (6/9 patients).

Conclusions

In this study, the most common cause of AIFR disease is uncontrolled diabetes, while the most common fungal pathogen is zygomycetes species. Being suspicious of AIFR disease in patients with risk factors and early consultation of Otorhinolaryngology department may significantly reduce morbidity and mortality.

INVESTIGATION OF miRNA EKSPRESSIONS IN MYELOID HEMATOPOIETIC MALIGNANCIES

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Hematologic malignancies are diseases caused by abnormal proliferation of cells originating from bone marrow. In recent years, molecular pathology and genetic etiology of hematologic malignancies have been tried to be understood and solid data about the diagnosis and prognosis of the disease have been presented. Targeted sequence analysis, exons or whole genome sequencing studies, especially with the development of DNA and RNA sequencing technologies, have provided us with a wealth of knowledge about the genetic etiology and epigenetic changes of the disease.

In this study, hsa-miR-155-5p, hsa-miR-221-5p, hsa-miR-222-5p, hsa-miR-223-3p and hsa-miR-181a-5p expression levels of patients with acute myeloid leukemia (AML) and myelodysplastic syndrome (MDS), which play an active role in hematopoietic differentiation samples were investigated by quantitative real-time PCR method.

A total of 57 patients with the diagnosis of 20 AML and 37 MDS and 7 healthy subjects as control group (F) were included in our study group.

Total RNA isolation and cDNA synthesis were performed from bone marrow samples obtained from patients and healthy individuals. Detected miRNA expression levels were statistically evaluated by using, Shapiro-Wilk test, Mann-Whitney U, Levene Test, Kruskal Wallis test among total patient (AML and MDS) -control, MDS-control, AML-control and AML-MDS between the groups.

According to the test results, a statistically significant difference was found among the groups in terms of expression levels of miR-155 and miR-222 ($p = 0.011$). This difference is due to the difference between AML and K ($p = 0.031$) and MDS and K ($p = 0.003$). No statistically significant difference was found among the groups in the expression levels of miR-221, miR-223 and miR181a examined in the study.

As a result, determination of expression levels of miRNAs associated with AML and MDS will contribute to our understanding of the etiology of hematologic cancers and to provide a broader understanding of the diagnosis and prognosis, and the introduction of miRNA-related therapeutic agents in the treatment processes.

Keywords: myeloid malignancies, hematopoiesis, microRNA, AML, MDS

PSYCHOMETRICS OF THE THANATOPHOBIA SCALE IN TURKISH: A VALIDITY AND RELIABILITY STUDY AMONG NURSES

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Introduction

In today's world, individuals often see death as a disease or a barrier to be overcome. Thus, people confine death to hospitals that they want to keep away from all areas of life, which puts all the emotional and physical burden of death on healthcare personnel.

Whereas, like all people, healthcare professionals may also experience fear and anxiety about death.

Purpose

This study aims to examine the validity and reliability of the Turkish form of the Thanatophobia Scale in nurses.

Methods

In this methodological study, no method was used for sample selection, it was aimed to reach the nurse with ten times the number of items in the scale, and 154 nurses were included in the study. After it was translated from English to Turkish and back translation, the scale was presented to expert opinion.

Content validity, construct validity, item analysis, Kaiser Meyer Olkin-Bartlett tests, confirmatory and explanatory factor analyses, and Cronbach alpha reliability coefficient was used to evaluate the scale.

Results

The content validity index of the scale was 0.91. The item-total score correlation values of the scale were found to be reliable. As a result of the confirmatory and explanatory factor analyses, it was determined that the factor loadings in the single factor structure varied between $r = 0.453$ and 0.718 . It was determined that the Cronbach alpha internal consistency coefficient varied between 0.854 and $0.571-0.815$, and the scale expressions explained 53.762 percent of the total variance.

Conclusion: As a result of the analyzes, it was determined that the Thanatophobia Scale is a valid and reliable tool in Turkish.

Keywords Thanatophobia, nursing, validity, reliability

COMPARISON OF THE EFFECT OF DIFFERENT PRE-ANALYTICAL TECHNIQUES ON THE RESULTS OF 50 GRAMS- ORAL GLUCOSE CHALLENGE TEST FOR SCREENING OF GESTATIONAL DIABETES MELLITUS

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Purpose

We aimed to analyze the pre-analytical process and its effect on 50 grams of oral glucose challenge test results for screening of gestational diabetes mellitus.

Methods

The 50 grams oral glucose challenge test was performed to 30 pregnant women and the blood samples were collected as two pairs for each three tubes containing; serum separating jell (SSJ), sodium fluoride-potassium oxalate (NaF - KOx) and sodium citrate. The first samples were centrifuged within 30 minutes and the second samples were centrifuged after 60 minutes and they were analyzed. One sample was transferred with SSJ tube and were analyzed in the same day according to hospitals routine laboratory practice.

Results

Among the 30 samples, the mean decrease in glucose levels was highest in the SSJ tube (6.9mg/dL), followed by 3 mg/dL in Na citrate tube and 2.7mg/dL in NaF-KOx tube. The mean glucose level of hospitals routine assessment with SSJ tube was 114.7 ± 34.3 mg/dL. The <30 and >60 minutes glucose results were 122.60 ± 33.9 mg/dL vs. 115.7 ± 35.6 mg/dL for SSJ tube, 107.3 ± 29.0 mg/dL vs. 104.3 ± 27.3 mg/dL for Na Citrate tube and 124.5 ± 33.6 mg/dL vs. 121.8 ± 34.4 for NaF-KOx mg/dL tube groups respectively and, both the glucose changes within time and the glucose analysis results between the tubes showed a statistically significant difference ($p < 0.001$).

Conclusion

In cases with longer assessment time and with other blood sample tubes, the clinician should also keep in mind that, especially with results under but close to the cut-off levels, an underdiagnosed gestational diabetes might be present.

THE INVESTIGATION OF THE EFFECTS OF PAN-AURORA KINASE INHIBITOR DANUSERTIB ON THE MRNA EXPRESSION LEVELS OF CHROMOSOMAL TRANSITION COMPLEX GENES IN PANCREATIC CARCINOMA CELLS

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Cancer is a disease caused by uncontrolled cell proliferation of malign tumors in the body.

Pancreatic cancer is the most fatal in this disease group. Pancreatic ductal adenocarcinoma is the most common form of pancreatic cancer. Pancreatic cancer is usually diagnosed late, because it progresses rapidly. The rapid proliferation of cancer cells is due to errors during mitosis. Aurora kinases, one of the many kinases involved in the regulation of mitosis, plays an important role in pancreatic cancer. Of these kinases, three subtypes have been identified as Aurora -A, -B and -C in mammals.

These kinases are known to have potential anti-cancer properties due to their essential role during cell division by therapeutic inhibition. Although there are many inhibitory agents that provide inhibition of aurora kinases, we used the most effective pan Aurora kinase inhibitor called danusertib (PHA-739358).

In this study, MIA PaCa-2 (pancreatic adenocarcinoma) and CFPAC-1 (metastatic pancreatic cells) carcinoma cells were used. Danusertib was administered in a dose-time dependent manner on these two cell lines. As a result of the application, the expression levels of 4 CPC pathway genes (AURKB, INCENP, CDCA8 and BIRC5) were observed.

Consequently, danusertib did not show any inhibition effect on the CFPAC-1 cell line gene expression, but on the MIA PaCa-2 cell line, the expression levels of the CPC pathway genes showed a significant dose-time dependent inhibition effect.

In conclusion, CFPAC-1 cells showed a resistance to danusertib. However, Danusertib has proved to be an antitumor drug on Mia-PaCa2 cell line.

Keywords: Pancreas Carcinoma, Aurora Kinase, Danusertib, CFPAC-1, MIA PaCa-2, AURKB

MOLECULAR AND IMMUNOHISTOCHEMICAL EVALUATION OF BAP-1 ANTIBODY IN BLADDER AND COMPARISON WITH LUMINAL-BASAL SUBTYPING

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Background

Bladder cancer is the tenth most common cancer worldwide. Urothelial carcinoma accounts for about 90% of the primary bladder cancer. Approximately 70% of the newly diagnosed bladder carcinomas do not show invasion. Non-invasive carcinomas can progress into invasive carcinoma, with a rate of about 10%. This distinction is important, as the treatment and the prognosis of invasive and non-invasive carcinomas are different. Bladder cancer has molecularly and clinicopathologically a heterogeneous structure. It is divided into subgroups according to the molecular characteristics, prognosis, and response to the treatment. Non-muscle invasive bladder cancer (NMIBC) branches into subgroups as class 1, 2, 3. Muscle invasive bladder cancer (MIBC) has two major subtypes: “basal” and “luminal”. It has been shown that the basal subtype is an aggressive tumor group that responds to neoadjuvant chemotherapy. To detect molecular subtyping of bladder cancer, various immunohistochemical markers have been practiced before.

The result of one study showed that CK 5/6 can be used to show basal type, while GATA-3 can be used to show luminal type.

The study also indicated that these two immunohistochemical markers have 91% accuracy in molecular subtyping. Being an important tumor suppressor gene, BAP-1 is involved in the cell cycle and differentiation, the DNA damage response, and cell proliferation with the function of a deubiquitinating enzyme. The somatic and germline mutations and immunohistochemical expression of BAP-1 have been detected in many types of cancer such as mesothelioma, uveal melanoma, lung adenocarcinoma, melanocytic neoplasia, and renal cell carcinoma. In a study of BAP-1 mutation in bladder tumors, BAP-1 somatic alteration was observed in 8 (15%) of 54 tumors by exome sequencing, PCR, and Sanger sequencing methods. On the other hand, there is no immunohistochemical study in the literature, which targets BAP-1 antibody in bladder tumors.

Aim

The main goal of this study is to determine the difference of BAP-1 expression patterns between normal bladder tissues and bladder tumor tissues molecularly and to address the difference according to tumor grade immunohistochemically. It is also aimed to detect the molecular subtypes of bladder tumors with CK 5/6 and GATA-3 immunohistochemical stains and evaluate the correlation of subtypes with BAP-1 antibody.

Materials and method

150 non-invasive (75 low-grade, 75 high-grade), 150 invasive (75 lamina propria invasive, 75 muscle invasive), a total of 300 paraffin-embedded specimens of transurethral resection (TUR) materials have been chosen for immunohistochemistry.

Immunohistochemistry was performed with GATA-3, CK 5/6, and BAP-1 antibodies. The percentage of positively stained tumor cells was indicated between 0 and 100, the intensity was indicated as 0 (none), 1 (mild), 2 (moderate), 3 (strong). Fresh transurethral resection materials of 11 patients, with suspicion of primary bladder tumor were included in the study for western blot. A total of 4 samples, consisting of 2 tumor tissue samples and 2 normal tissue samples, were taken and BAP-1 antibody was incubated. The difference of protein expression was evaluated between normal and tumor tissues.

Results

The protein expression levels of BAP-1 were increased more in the tumor tissues compared to the normal tissues by western blot method (81.8%). The immunohistochemical BAP-1 expression was strong in muscle invasive group ($p < 0.05$). The immunohistochemical GATA-3 expression was higher in non-invasive group with papillary morphology, while CK 5/6 expression was higher in muscle invasive group with solid morphology ($p < 0.01$). GATA-3 and CK5/6 immunohistochemical stains had a negative correlation in muscle invasive group ($p < 0.01$). The immunohistochemical expression of BAP-1 had no correlation with GATA-3 and CK 5/6 in all groups ($p > 0.05$).

Conclusions

BAP-1 protein expression in tumor tissues was found to be molecularly higher than normal tissues, and this expression pattern may differ between the tumor tissues immunohistochemically. It is also observed that the basal type features were more common in MIBC, and the luminal type features were more common in non-invasive bladder cancer. We found that GATA-3 and CK5/6 immunohistochemical stains are effective for showing the luminal and the basal subtype of MIBC, respectively. There are still numerous studies on molecular pathways and subtyping of bladder cancer. In this regard, it can be said that the studies, which involve a large series of cases with different antibodies and techniques are needed.

BIOSTATISTICS-BASED ERRORS IN MEDICAL RESEARCH

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In order the results of medical research to be used to improve healthcare services, it must have a scientific evidence value. The high scientific value of medical research is directly related to its statistical value.

Aim of our study, to examine the biostatistical and methodological errors in medical research with an checklist. 150 specialty thesis published by Istanbul Provincial Health Department at the web address were randomly selected.

With the created checklist, the evaluation criteria specific to our work were determined. 14 primary and 7 secondary evaluation criteria were determined. The theses included in the sample were evaluated one by one with this checklist.

In the results, when the checklist mean scores were examined, it was seen that the primary evaluation items got higher scores, as expected. It was observed that items which may affect assessments' objectiveness of study results such as sample size calculation, randomization, giving the number of drop-outs, caused to low scores. It was observed that in 10 (6.7%) of the theses in our sample, no statistical method was used, only descriptive statistics were included. A total of 30 different statistical methods were used in the remaining 141 theses. It is also seen that it is preferred to use statistical methods that require less statistical information.

As a conclusion, while it can be said that certain primary evaluation items are sufficient in our study, even at this point deficiencies are understood, while other items are considered very insufficient. In this context, it will be beneficial to include methodology and biostatistics training in appropriate dimensions, especially in the specialization training, to have experts to audit in this direction in the commissions of manuscript / thesis acceptance, and to apply checklists that are similar to ours. Keywords: Medical Research, Randomized Controlled Research, Delphi List, CONSORT List, Jadad Scale, Pedro Scale

EVALUATION OF THE ATTITUDE OF ANESTHESIA EXPERTS ABOUT USING THE CURRENT PREOPERATIVE EVALUATION GUIDELINE

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Background and Goal of Study

Preoperative evaluation is an evaluation process performed before anesthesia. It is to conduct a comprehensive evaluation of the patient in order to determine the patient's risks, medical conditions and plan to optimize medical care, rather than improving the patient completely. The preoperative evaluation guide was published by the European Anesthesia Association (ESA) in 2011 and updated in 2018. In this article, we aimed to determine whether anesthesiologists use the 2018 ESA Preoperative evaluation guide in their daily routine during preoperative evaluation.

Materials and Methods

The study is cross-sectional and 16 questions were asked to Anesthesiology Experts through an online questionnaire. Questions regarding the year of expertise, the institution studied and the recommendations in the 2018 ESA guidelines were asked.

Results

A total of 100 anesthesiologists were included in the study 40% of them were anesthesiologists for more than 10 years, and 50% were working in public hospitals. While 63% stated that they did not read this guideline, 79% stated that they did not use a computer-based questionnaire for preoperative evaluation.

55.6% of the participants stated that they want a cardiology consultation for cardiac patients and 73% of the participants stated that they want a cardiology consultation for dual antiplatelet therapy in patients with coronary stents. It was determined that 72.7% of the patients with obstructive sleep apnea did not perform non-routine evaluation.

Discussion and Conclusion

Guidelines take into account the risk benefit rates to help physicians choose the best treatment strategies for patients and summarizes and evaluates all current evidence available at the time of writing on a particular subject.

Guidelines and suggestions are aimed at helping healthcare professionals make decisions in their daily practice. As a result of our study, although the number of participants was low, it was observed that anesthesiologists did not follow the guidelines.

Different ways should be used to ensure that the guidelines reach out to anesthesiologists for widespread use and reaching more audiences.

Keywords(3-5): preoperative evaluation, preoperative evaluation guideline, process optimization

ANESTHETIC MANAGEMENT OF DILATED CARDIOMYOPATHY FOR CESAREAN SECTION: A CASE REPORT.

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Background

Peripartum cardiomyopathy is a rare cause of heart failure. It is defined as cardiomyopathy that develops in the last month of pregnancy or within 5 months of the postpartum period without an identifiable cause with an ejection fraction of $< 45\%$ (1). The anesthetic management of dilated cardiomyopathy is challenging and is associated with a high mortality rate. We present a case of a 29-year-old pregnant female with low ejection fraction who underwent an cesarean section.

Case Report

A 29-year-old female, gravida 2, at 34 weeks' gestation admitted for cesarean section. Her symptoms were well-controlled on treatment with metoprolol 1x50 mg, metildopa 4x250mg, enoxoparin 1x0.6ml . The patient is New York Heart Association class 3, following up with a cardiologist and she has a regular follow-up appointment. She has a history of shortness of breath on mild to moderate physical exercise.

Routine laboratory investigations were within normal limits with a hemoglobin level of 12,7 g/dL. 12-lead electrocardiography showed sinus rhythm. Echocardiogram showed global hypokinesis with ejection fraction 28-30% and mild to moderately the mitral valvular malfunction. An awake arterial line was inserted first followed by epidural in the sitting position. The epidural space was located with an 18-G Tuohy needle at the first attempt. After confirming the space by loss of resistance, bupivacaine 0.5% 12 mL + 50 µg fentanyl + 7ml serum phsyologic totally 20ml solution was given into the epidural space titrated within 5 milliliters. Sensorial block level was T4. Hemodynamic monitorisation was stable as heart rate ranged 110-120/min, mean arterial pressure ranged 65-70 mmHg. Fluid administration was restricted to 1000 ml ringer lactate.

Discussion

Anesthetic management goals in a patient with cardiomyopathy consist of maintaining contractility, avoid an increase in the afterload, minimize the use of drugs that induce myocardial depression, and to maintain normovolemia (2).

Conclusion

Epidural anesthesia was successfully applied for the pregnant woman with cardiomyopathy that underwent cesarean section, with an experienced multidiscipline team.

DETERMINING MULTIPLE BEHAVIORAL RISK FACTORS FOR CANCER IN ADULTS IN THE COMMUNITY

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Background

The global incidence rate for cancer is expected to increase over the next twenty years. This trend can be traced to the relationship between demographic and health factors and the behavioral risks that lead to cancer. It is known that about half of the factors causing cancer stem from risk-taking behavior. Reducing the use of tobacco, raising levels of physical activity and preventing obesity can lower the risk of cancer in the community.

Aim

The purpose of this study was to explore the relationship between multiple behavioral risk factors (use of tobacco, obesity and deficient physical activity) and demographics and health history.

Material Method

The study is cross-sectional and was conducted in Antalya in November 2019. The participants were 720 individuals, ages 25-64, selected by means of the multistage cluster sampling method. Data were collected with a health questionnaire on demographic characteristics and health history, including information on body mass index, physical activity, use of tobacco, existence of cancer, perceived health status and status of depression.

Result

The mean age of the participants was 42.3 (SD:10.5); 58.3% were women, 71.4% were married/had partners, 52.4% had a college education or higher and 91.1% received an income over minimum wage. Of the participants, 48.6% perceived their health status as good, 38.3% were at risk of depression, 49.2% had someone in the family while 62.2% had a close neighbor or friend who had a history of cancer. It was found that 6.8% displayed zero risky behavior, 46.9% showed one type of risky behavior, 42.8% showed two, and 3.5% exhibited three types of risky behavior. It was observed that there were significant differences between the participants' behavioral risk groups and their education, civil status, income, perceived health status and whether or not they had a friend or relative who had a history of cancer. Those displaying three risky behaviors were lesser educated and had lower income compared to those exhibiting zero risky behavior. The percentage of married individuals was higher among those engaging in one or two risky behaviors as compared to those exhibiting zero risky behavior. Among the participants exhibiting two risky behaviors, the percentage of those who perceived their health status as very good was lower than among those with zero risk behaviors; the percentage of those with friends or relatives who had a history of cancer was higher.

Conclusions

It was found that married individuals, those with lesser education, lower income, a poorer perception of their health status and those who had people around them with a history of cancer displayed a higher percentage of risky behavior. It is important that interventional and motivational strategies and applications are developed for individuals that fall into this category so that they can prevent themselves from engaging in risk-taking behaviors. Keywords: cancer, health behavior, health promotion.

HEALTH PROBLEMS AND REASONS FOR STRESS OF TURKISH INTENSIVE CARE NURSES IN THE COVID-19 PANDEMIC

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Background

During COVID-19 pandemic, various health problems and stress are common for frontline ICU nurses including fear of being infected, unmet physical needs, and difficulties in patient care due to wearing personal protective equipment (PPE).

Aim

To examine health problems and related reasons for stress including physiological, psychological, and patient-care related stressors among intensive care unit (ICU) nurses during novel coronavirus 2019 (COVID-19) pandemic in Turkey.

Material Method

This study was designed a cross-sectional study. Data were collected between June 2020 and July 2020 and from 1,140 ICU nurses who were actively worked in pandemic process from 65 provinces in Turkey.

An online questionnaire was used consisting of questions regarding nurses' health problems, reasons of psychological, physiological, and patient care-related stress during pandemic. The STROBE cross-sectional reporting guidelines were used.

Result

Only 15.6% of ICU nurses experienced health problems. Nurses had psychological symptoms such as anxiety, insomnia, depression, and physiological symptoms such as respiratory, musculoskeletal, COVID-19, skin symptoms, and headache. Majority of nurses experienced following psychological stressors: fear of being a COVID-19 carrier and infecting loved ones, being separated from loved ones, and getting sick with COVID-19. Reasons for physiological stress were mostly due to working with PPE, skipping toilet breaks, and inadequate hydration. Reasons for patient care-related stress included excessive sweating in PPE, fogging of goggles, and inability to select a venepuncture site with double gloves.

Conclusions

The findings of this study indicate that one-fifth of ICU nurses experience various health problems, although most of them experience intense psychological, physiological, and patient care-related stress. Hospital managers and nursing leaders should take precautions to handle possible stressors which may cause health problems of ICU nurses. Training programs should be developed to reduce fear of ICU nurses, shorten long working hours with PPE, and plan duration of patient care.

THE EFFECT OF COVID-19 PANDEMIC ON QUALITY OF NURSING CARE

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Background

Nurses who are the most active professional group in patient care during COVID-19 pandemic have some physical and psychological distress. The identification of the effects of these distresses on patient care quality would pave the way for developing an algorithm as a guide to cope with these strains and to improve the care quality.

Aim

In this study, we aimed to investigate the effects of COVID-19 pandemic on nursing care quality.

Materials and Methods

This cross-sectional study included a total of 552 nurses from 47 COVID-19 pandemic hospitals located in Istanbul, Turkey between June 17th, 2020 and September 6th, 2020. Data were collected electronically using the data collection tool which was developed by the researchers and Caring Behaviors Inventory (CBI)-24. The independent t-test, one-way analysis of variance, and multiple regression analysis were used for statistical analysis.

Results

The mean age of the participants was 31.29 ± 7.48 years. A total of 85.1% of the participants were women and the majority of them (68.7%) had a bachelor's degree. Of the participants, 64.3% were working in the COVID-19 clinics and 35.7% were working in the intensive care units (ICUs). The majority of the nurses (83.0%) reported that COVID-19 pandemic affected the nursing care, while 59.6% reported that nursing care was sufficient. The mean total CBI-24 score was 4.74 ± 0.99 (total score 6), indicating that the perception of nursing care quality was positive.

The highest score was achieved in the knowledge and skill subscale, while the lowest score was achieved in the connectedness subscale. The married nurses, those providing care to 7 to 10 patients per day in the ICU setting, and those reporting that COVID-19 pandemic affected the nursing care or the care was insufficient, those working in different clinics, those who spent less time in the patient room due to the risk of transmission, those who were unable to meet or delayed their physical demands, and those who had difficulty in working with personal protective equipment (PPE) reported that COVID-19 pandemic significantly and adversely affected the nursing care provided to the patients. According to the multiple regression analysis, only marital status ($\beta=0.21$), the number of patients cared in the ICU ($\beta=0.17$), working in different clinics ($\beta=0.19$), and the having difficulty in working with PPE were found to be significant variables for the reduced perceived nursing care quality by 13% ($r^2:0.13$; $p<0.001$).

Conclusions

This study results show that nurses working in the COVID-19 clinics believe that the nursing care is sufficient; however, the perception of nursing care quality is more unfavorable among the married nurses, nurses working in different clinics, nurses providing care to a higher number of patients in the ICUs, and those having difficulty in working with PPE.

BEING AN INTENSIVE CARE NURSE IN THE COVID-19 PANDEMIC: A QUALITATIVE STUDY

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Background

During the COVID-19 pandemic, intensive care nurses had to cope with fears such as being infected, transmitting the infection, and not being able to meet the treatment and care needs of patients, and they suffered from severe physical fatigue due to intense work pace and personal protective equipment (PPE). It is important to highlight the experiences of these nurses, who focus on providing the best care to their patients under these challenging conditions, so that their problems and support needs in this process could be noticed.

Aim

The aim of this study was to comprehensively determine the experiences of intensive care nurses caring for patients diagnosed with COVID-19.

Material Method

This phenomenological qualitative study was conducted with 26 intensive care nurses who provided treatment and care for patients diagnosed with COVID-19. Data were collected during the re-normalization period, between June 17 and August 31, 2020, using the online individual in-depth interview method. Data obtained through the interviews were analyzed using inductive thematic content analysis.

Results

The majority of the participants were women (n=16), their average age was 28.81 years, 20 of them had a bachelor's degree, and 21 did not have a certificate of intensive care nursing. The weekly working hours of 17 of the nurses were 48 hours or more, and the continuous working time with PPE of 18 of the nurses ranged from 4 to 6 hours. A total of 114 codes, 14 categories and four themes that revealed the nurses' experiences emerged as a result of the qualitative data analysis. Problems encountered in nursing care, challenging care interventions, problems with PPE, health problems, family and social life problems, and administrative problems were discussed under the theme of "Professional and personal problems experienced during the pandemic" (Theme I).

Theme II addressed "Feelings experienced by nurses during the pandemic process". The nurses reported that they most frequently had feelings such as fear of transmitting the infection and being infected, anxiety, burnout, sadness and uncertainty. Theme III, "Methods to cope with problems during the pandemic" addressed the coping methods used by the nurses. The last theme, Theme IV, covered "Opinions on the impact of the pandemic on the nursing profession". The nurses stated that during this process, they gained experience in combating pandemics and crisis management skills.

Conclusions

The results revealed that, during the COVID-19 pandemic, the intensive care nurses made extraordinary efforts to provide their patients with the best care, but they experienced serious physical and psychological problems that they had difficulty coping with in this process. Supporting these nurses, who serve at the most critical area, and making plans to solve their problems are critical both in the success of the fight against the epidemic and in the protection of the nurse workforce.

Key Words: COVID-19 pandemic, experience, intensive care nurse, qualitative study.

HEREDITARY SPHEROCYTOSIS WITH PREGNANCY

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Introduction

Hereditary spherocytosis (HS) is a disorder of the red blood cell membrane protein that leads to sphere shaped red blood cells. The incidence of HS varies from 1:2000 to 1:5001 in northern Europe and America. The prevalence of hereditary spherocytosis in people of other ethnic backgrounds is unknown. Family studies indicate autosomal dominant inheritance in approximately 75 percent of patients with recessive inheritance occurring in most of the remaining patients. It is a heterogeneous group of disorders with regard to clinical severity, protein defects and mode of inheritance. Diagnosis is made by anemia, increased reticulocyte count, MCHC, spherocytes in peripheral smear, elevated bilirubin and LDH levels, decreased MCV. There is increased osmotic and incubated fragility test. The confirmatory test for this disease is sodium dodecyl sulfate polyacrylamide gel electrophoresis. Atypical cases may require measurement of erythrocyte membrane proteins to clarify the nature of the membrane disorder and in the absence of a family history. The disease may be mild, moderate or severe. Mild disease needs no treatment. Moderate disease is treated with folic acid 5 mg/day, supportive treatment and regular check up. Severe disease warrants frequent hematological supervision and splenectomy. Information regarding the course of HS during pregnancy is limited. We report a case of pregnancy with moderate HS detected during pregnancy.

Case Report:

A 24-years old patient who was pregnant for the third time presented at twenty-eighth week of gestation with the complaining of fatigue and jaundice. She had moderate pallor and no hepatosplenomegaly. The Hb was 8,3 g/dL, Htc: 22,7 %, MCV: 62 fL, platelet count 251000, WBC: 8900. Serum iron studies, folic acid and Hb electrophoresis were normal. Reticulocyte count was 5%. Serum bilirubin was increased (total bilirubin 2,7 mg/dL and indirect bilirubin:1,5 mg/dL).LDH was increased (276 U/L) and MCV was decreased. There is spherocytes in peripheral smear and increased osmotic fragility test. Diagnosis of hereditary spherocytosis was confirmed after positive osmotic fragility test and the patient was successfully managed by supportive therapy alone.

Discussion:

Management of pregnancy in Hereditary Spherocytosis is challenging and systemic approach should be adopted to ensure best outcome. The disease may be mild, moderate or severe depending on various parameters. The indication for blood transfusion and splenectomy depends on the severity of symptoms. Splenectomy can be done at any time during pregnancy, second trimester is preferable. Also we have to consider issues related to haematological changes during pregnancy, the need for splenectomy, postsplenectomy infections, antibiotic and antimalarial prophylaxis, the need for optimal dose of folate supplementation to prevent megaloblastic crisis during pregnancy and early diagnosis and management of the newborn affected with hereditary spherocytosis.

Keywords: Hereditary spherocytosis, anemia, pregnancy, treatment

A CASE OF PROSTATE CANCER WITH LUMBAR RADICULOPATHY SYMPTOMS

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Introduction

Symptoms traditionally thought to correlate with prostate cancer

include lower urinary tract symptoms (LUTS), such as nocturia and poor urinary stream, erectile dysfunction and visible haematuria. Our aim is to present a patient who presented with lumbar radicular pain findings but was diagnosed with prostate cancer during differential diagnosis.

Case Report

A 67-year-old male patient was admitted to the algology outpatient clinic due to a new pain that awakened him from sleep at night for the last 15 days and hit his left foot starting from the left hip. There was no neuropathic component of his pain at admission. In his history, it was learned that he received examinations and treatments for the feeling of pain and fullness in the anus for the last 2 years. The patient's lower extremity neurological examination was normal, and the bilateral laseq test was at 70 degrees positive(+). However, left hip movements were also severely painful. Lumbosacral MRI of the case revealed L3-4, L4-5, L5-S1 left paracentral protrusions. Sacroiliac MRI, blood and urine tests were requested from the patient for differential diagnosis. 37.5mg tramadol + 325mg paracetamol combination 3x1 started for pain. In his control examination, he stated that the pain that hit his leg disappeared with medical treatment, and pain in the left inguinal region and anus was more pronounced. In his examination, laseq test was bilateral negative(-).

Fifteen days later, Sacroiliac MR result; 5x3 cm mass to the left of the prostate region, prostate cancer ?, metastatic lymph nodes, posterior to the left acetabulum, tuber ischial at the level of the ischiopubic arm, pathological bone fracture on the metastatic background. In the follow-up of the patient referred to urology and oncology departments, the biopsy result was found to be compatible with prostate adenocarcinoma. As a result of PET performed during follow-up, lymphadenopathies that were thought to be metastatic in the bilateral pelvic chain and possible pathological fracture in the left ischia and sclerosis compatible with metastasis were detected. The pain of the patient, whose oncological follow-up and treatment continues in the oncology department, is under control with medical treatment.

Discussion

Although the lumbosacral MRI result of our case made us think of radicular pain due to lumbar disc hernia, when the complaints and examination findings were evaluated in detail, the examinations requested for differential diagnosis enabled us to reach the correct diagnosis. The pathological fracture in the ischial delayed the actual diagnosis. Because of this case, the importance of physical examination in differential diagnosis should always be taken into consideration in addition to imaging tests in differential diagnosis.

Keywords: Prostate cancer, anal pain, leg pain

THE POTENTIAL VALUE OF RED BLOOD CELL DISTRIBUTION WIDTH IN PATIENTS WITH HYDATIDIFORM MOLE

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Introduction

Red blood cell distribution width (RDW) is a simple and inexpensive parameter, which reflects the heterogeneity of peripheral red blood cell volume. An increased RDW mirrors a profound deregulation of erythrocyte homeostasis involving both impaired erythropoiesis and abnormal red blood cell survival, which may be attributed to a variety of underlying metabolic abnormalities such as oxidative stress and inflammation (1). Oxidative stress is related to the deterioration of the prooxidant and antioxidant balance and present in most organs exposed to high oxygen metabolism such as the placenta (2). Hydatidiform mole (HM) is a gestational trophoblastic disease with two genetically different forms as complete hydatidiform (CHM) and partial hydatidiform mole (PHM). Oxidative stress is one of the risk factors of this disease (3). The aim of this study was to assess the changes of RDW in patients with HM and analyze the relationship between RDW and hydatidiform mole.

Material and Methods

A retrospective analysis was performed in the Zekai Tahir Burak Women's Health Education and Research Hospital, between January 2017 to March 2018. Fifty patients who were diagnosed with HM and 50 gestational age-matched healthy pregnant women were included in this study. Blood samples for routine CBC and RDW levels were analyzed (Table I).

Results

The RDW values were significantly higher in HM group compared with the control group. We also confirmed that RDW

levels were significantly higher in CHM group PHM group in subgroup analyses.

Conclusion

Our

study showed that red blood cell distribution width, an easy and inexpensive

marker; were associated HM and can be used as a diagnostic and prognostic marker in HM.

Keywords: Inflammation, RDW, hydatidiform mole

CONFLICTS OF INTEREST : No conflicts of interest.

INVESTIGATION OF THE FREQUENCY OF ADVERSE EFFECTS IN HOSPITALIZED PATIENTS WHO USING HYDROXYCHLOROQUINE (HCQ) WITH THE DIAGNOSIS/PRE-DIAGNOSIS OF COVID-19

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Background

The COVID-19(Coronavirus Disease 19) pandemic broke out in the Far East in December 2019(Wuhan, China) and spread rapidly all over the world. This virus which disrupts the functioning of the health systems and social life of many countries, including developed countries, is still circulating among us with all its seriousness. A specific treatment option to COVID-19 has not been developed yet. However, there are more than 300 clinical studies investigating potential treatment options, some are still ongoing. Hydroxychloroquine (HCQ) is also one of these options.. When the literature is reviewed, it is seen that the drug has many side effects such as cardiac, hepatic and renal.

Aim

Our aim is to show the frequency of known or new adverse effects of HCQ in all patients who received HCQ treatment with the pre-diagnosis/diagnosis of COVID-19 between March 23,2020 and June 1,2020 at ÇOMÜ Health,Training and Research Hospital, through this to contribute to the scientific literature.

Material Method

Between 23/03/2020-01/06/2020, inpatients who received HCQ treatment with the pre-diagnosis/diagnosis of COVID-19 were identified at ÇOMÜ Health,Training and Research Hospital and the demographic data, clinical information, laboratory tests and drugs used of these patients were retrospectively registered. Adverse effects that occurred during the treatment and were thought to be related to HCQ were registered and statistically analyzed.

Results

573 patients which 10.1%(n=58) using HCQ, 89.9%(n=515) using HCQ and azithromycin had been included to the study. The mean age of the patients was 57.1±18.9 years, the median was 58.0 years(min:18.0-max:96.0). %41.7 (n=239) of the patients were female and %58.3 (n=334) were men.

Gastrointestinal side effects were detected in 0.7%(n=4) of all patients(n=573). 5 patients(0.9%) had cardiac side effects, and 4 of these patients were using azithromycin with HCQ. Hepatotoxicity was associated with drugs in 2.8% and nephrotoxicity was associated with drugs in 1% of the entire patient group (n=573). Bone marrow suppression was found as thrombocytopenia in only 1 patient(0.02). There was no statistically significant difference between patients using HCQ and using HCQ with azithromycin in terms of hepatotoxic, cardiac, nephrotoxic, bone marrow suppression and other side effects.

Conclusions

Although the use of HCQ in the treatment of COVID-19 is still controversial, there are many studies on this subject with unknown results. One of the most important reasons why the drug is the subject of controversy is that the frequency of adverse effects is not known exactly. This study aims to contribute to the literature in this sense, but more multicenter randomized controlled studies are needed on this subject.

INVESTIGATION OF THE FREQUENCY OF ADVERSE EFFECTS IN HOSPITALIZED PATIENTS USING FAVIPIRAVIR FOR SARS-COV-2

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Background

SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus-2), better known as COVID-19 (Coronavirus disease 2019), has become a sensational virus for 2019 and 2020. COVID-19 has quickly turned into a pandemic that has spread all over the world. A licensed treatment agent for COVID-19 has not been developed yet. Broad spectrum antivirals are used experimentally.

Favipiravir is an RNA-dependent RNA polymerase (RdRp) inhibitor. Previously, it has been used in the treatment of RNA viruses such as Influenza, Ebola and norovirus. The fact that COVID-19 is also an RNA virus containing RdRp makes us think that favipiravir can be used in the treatment of COVID-19. Favipiravir, which is included in the treatment regimen of many countries, is also included in the treatment protocol of our country. Although favipiravir has some known side effects, literature information on the frequency of side effects and potential side effects is limited.

Aim

Our aim is to determine the frequency of adverse effects seen in patients who received treatment and who use favipiravir at any stage of their treatment with the pre-diagnosis/diagnosis of COVID-19, through this to contribute to the scientific literature.

Material Method

Our study is a retrospective observational study. Between 23/03/2020-31/05/2020, inpatients who received treatment with the pre-diagnosis/diagnosis of Covid-19 were identified at ÇOMÜ Health, Training and Research Hospital. Patients' anamnesis, clinical information, laboratory tests were retrospectively registered and demographic data, comorbidities and side effects observed in patients who received favipiravir were registered and statistically analyzed.

Results

134 patients were included in the study, 37.3% (n = 50) of these patients were initially started favipiravir and 62.7% (n=84) of them were subsequently started favipiravir. The mean age of the patients was 66.8 ± 15.7 years. 38.1% (n=51) of the group were female and 61.9% (n=83) were male. In total 17 (0.13) adverse effects were detected in the entire patient group. Both serum uric acid increase and hepatotoxicity were detected in 4.5% (n=6) of all patients receiving favipiravir. Nephrotoxicity was 1.5% (n=2) and gastrointestinal side effects were detected in 1.5% (n=2). Cardiac adverse effects were detected in 0.7% (n=1) in the whole group. There was no statistically significant difference in terms of adverse effects between the patients who were initiated with favipiravir and later received favipiravir ($p > 0.05$).

Conclusions

Although there are results supporting the short-term safety of Favipiravir, more studies are needed for its long-term effects. Especially, studies on hyperuricemia, QTc prolongation, use in pregnancy, use during lactation and use in children are insufficient. Although Favipiravir appears to be a good alternative in the treatment of COVID-19, it should be used carefully because there is still insufficient data on its safety.

IMPACTS OF RANDOM AND FIXED EFFECT MODELS ON TYPE I AND TYPE II ERRORS IN BIOEQUALITY HYPOTHESES IN CROSSOVER TRIAL DESIGNS

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Background

Cross-over trial designs have an advantage over other bioequivalence designs since treatments are administered to the experimental units in a specific sequence in cross-over trials to observe the effects of all applications on the experimental unit; thus, cross-over trials add the impact of the sequence to the model. The sequence effect refers to carryover effects that emerge when the effect of a treatment given to an experimental unit in the first period persists into the second period. As the correlation coefficient between the periods increases, the level of importance increases in carryover effects. The method applied to the observation values obtained from the experimental units, to determine whether the factor(s) belonging to the research subjects is statistically significant or not is called ANALYSIS OF VARIANCE (ANOVA).

Many experimental designs are using the ANOVA method. One of these experimental designs is cross-over designs – the most important and widely used form of bioequivalence designs. The fixed effect analysis has been recommended for cross-over designs by the EMA since 08/01/2010; the random effect analysis has been recommended for bioequivalence analyses with a cross-over design by the FDA since 07/01/1992. The hypotheses constructed to determine bioequivalence are analyzed through TOST (two one-way t-tests) and ANOVA models. The test drug, which is found to be within acceptable bioequivalence range by the TOST test, is also considered bioequivalent based on the difference between the treatments, which is calculated through the ANOVA model.

Aim

This study reveals the differences in type I and type II errors, which are influential in testing bioequivalence through the ANOVA method in the two-period, two-sequence, cross-over trial designs. A standardized set of pharmacokinetics data, with a normally distributed logarithm, is generated by means of the MNORMAL software for the simulation.

Material Method

Based on the studies on the hypothesis that the structure (size, change interval, and inter-period correlation) of the pharmacokinetics data potentially influences type I and type II errors. These errors are also effective in testing the bioequivalence of the test drug to the reference drug.

In these simulation studies, 10,000 replications did Repeated sampling 10,000 times for a total of 189 combinations of $3 \times 3 \times 3 \times 7$, with the data sets with the sample size of (n) 12, 24, 32, the coefficient of variation of intra-individual variability (CV) of 15, 25, 30 and the correlation coefficient between periods of (r) 0.30, 0.60, 0.70, 0.80 0.90; and the ratio coefficient of bioequivalence (Test mean/reference mean) of 1, 1.01, 1.02, 1.03, 1.04, 1.05, 1.1, which is obtained by dividing the arithmetic mean of the test drug by that of the reference drug. Thus, the study explores the effects of n, CV, r, Test mean /reference mean in these combinations on testing bioequivalence

Result

The results of the simulation notably indicate that when $r = 0.30$ (the lowest), $CV = 15$ (the lowest) and Mean Ratio (Test mean / reference mean) value is equal to one. The sample size is 24 and 32 rather than the recommended sample size, 12, which does not impact the type I error. Also, it falls the % decisions that the data, originally generated as bioequivalent, are incorrectly not bioequivalent down to zero. In other words, this situation decreases the type II error rate and enhances the test's power. When the CV increases from 15 to 30, the sample size remains at 12, which reduces the test's power from 99.6 to 44.2; when the inter-period correlation (between the data from the same individual) increases from 0.30 to 0.90, the test's power increases, which seems similar to the increase from 12 to 32 in the sample size.

Conclusions

In the case that the AMR (Test mean / reference mean) value increases from 1 to 1.1; the power of the test decreases to 59.6 when the AMR value is 1.03, to 24.2 when it is 1.04, to 9.9 when it is 1.05, and to zero when it is 1.1 in FDA. In EMA, the test's power decreases to 49 when the AMR value is 1.03; to 16.8 when it is 1.04; to 5.9 when it is 1.05, and to zero when it is 1.1 in the same case.

A SAMPLE HOSPITAL APPLICATION FOR THE EVALUATION OF NURSING PROCESSES FROM VALUE FLOW PERSPECTIVE

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Introduction

The importance and effectiveness of value-based process management by analyzing all business processes in operating theaters, which constitute an important operational process area in hospitals, come to the fore.

Purpose

To analyze the value flow process by quantifying it by conducting process improvement studies within the scope of value-based health services to manage operating room nursing services in hospitals.

Methods:

The university hospital nursing workflow processes within a chain hospital group will be observed, and the resulting process steps will be analyzed.

Results:

The customer determines value, quality, timing, and price. It is the product and service that the customer is willing to pay. Value Flow is the determination and elimination of losses by mapping all end-to-end actions, processes, and functions that transform inputs into outputs. Waste is all kinds of activities that do not add value to the service provided by the service recipient's perspective.

If it is an unavoidable waste; transactions that do not create value in service provision but cannot be eliminated. The concept of value in health services is determined not by inputs but by results. Therefore, it is important to measure the results obtained rather than the number of services provided in value measurement. There is no connection between the health service delivery process and the concept of value. As long as the process improvement efforts regarding the process do not positively affect health outcomes, they do not contribute to value.

Conclusion:

As a result of the study conducted in this context, the processes and functions were mapped by analyzing the processes with patient benefit, quality, and efficiency in nursing processes, and wasting and necessary waste were determined. The work was concluded by determining the efforts to eliminate the determined waste and the recommendations to minimize the necessary waste.

Keywords:

Value-Based Nursing, Waste, Compulsory Waste, Value Stream

“I’M A HERO, BUT...” AN EVALUATION OF DEPRESSION, ANXIETY AND STRESS LEVELS OF FRONTLINE HEALTHCARE PROFESSIONALS DURING COVID-19 PANDEMIC IN TURKEY

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Abstract

Purpose

It was aimed to evaluate depression, anxiety, stress symptoms of health professionals during the COVID-19 pandemic and to reveal the risk factors.

Design and Methods

416 professionals participated in this study. Data were collected online by Depression-Anxiety-Stress Scale.

Findings

A statistically significant, positive relationship was determined between professionals’ perceptions of COVID-19 risk and scale scores.

Practice Implications

The professionals involved in the struggle against the COVID-19 have high levels of depression, anxiety, stress. It is recommended to revise the content to enable individuals to increase skills in coping with similar situations and to take measures to protect the health.

Keywords: COVID-19, depression, anxiety, stress, healthcare professional, pandemic

THE INFLUENCE OF THE ONCOLOGY FOCUSED TRANSGENDER SIMULATED PATIENT SIMULATION ON NURSING STUDENTS' CULTURAL COMPETENCE DEVELOPMENT

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Background

Disparities experienced by transgender patients, especially in cancer care leads to poorer outcomes and overall health. Simulation, using transgender simulated patients (SPs) with a focus on cancer care can be an effective way to foster cultural competence nursing education.

Methods

Guided by the National League for Nursing (NLN)/Jeffries Simulation Theory and Cultural Competence and Confidence Model, this grant funded, pretest (n = 48) and post-test (n = 41) comparison group, quasi-experimental study aimed to understand changes in students' transcultural self-efficacy (TSE) following the Transgender SP Simulation (TSPS) focusing on an oncological emergency management. Developed by following recommended guidelines and standards, the TSPS had content validity review and pilot testing. It aimed to improve students' knowledge, skills, and attitudes with regard to providing culturally congruent nursing care. The statistical methods included paired sample t-tests, independent t-tests, and correlation analyses.

Results

Students who participated in the transgender SP simulation (TSPS) intervention had significantly higher post-test transcultural self-efficacy scores ($p < 0.05$).

Discussion

SP methodology can be an effective way to foster cultural congruence in nursing care. The findings contribute to the importance of continuous efforts for the inclusion of lesbian, gay, bisexual, transgender, queer (LGBTQ) topic in nursing education to enhance culturally congruent care.

INVESTIGATING THE CRITICAL THINKING LEVELS OF CLINICAL NURSES WORKING IN PUBLIC HOSPITALS AND EXAMINING EFFECTIVE VARIABLE

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Introduction

One of the most important skills that a nurse should have in performing these roles as a professional, both in problem-solving and decision making and in performing their roles, is critical thinking.

Purpose

The study aimed to investigate clinical nurses' critical thinking levels working in public hospitals and determine personal and professional variables that affect critical thinking.

Methods

It is a descriptive and cross-sectional study. The research was conducted in five public hospitals. 1635 clinical nurses were working in those hospitals. The minimum number of nurses to be included in the sampling was calculated as 310 for the alpha 0.05 error coefficient at a 95% confidence interval. Data were collected from 559 nurses by a survey consisted of a descriptive information form and the "Critical Thinking Scale for Nurses in Clinical Practice."

Results

Nurses critical thinking scores were 358.78 (38.10). Total critical thinking scores of the clinical nurses significantly differed according to education, hospital type, working schedule, professional category, and position ($p < .05$). When those variables tested through a regression model, there was a significant effect on the total critical thinking scores of the clinical nurses ($F: 3.992; p: .003$).

Conclusion

Nurses have master or higher degree got higher critical thinking scores. Manager nurses, registered nurses, nurses who work in daytime and in research and training hospitals also got higher critical thinking scores.

Keywords: Clinical nursing, Critical thinking, Public hospitals

EFFECT OF CIPROFLOXACIN ON IN VITRO SPERM DNA FRAGMENTATION AND SPERM MITOCHONDRIAL ACTIVITY

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Background

Infertility is defined as occurrence of no pregnancy despite having unprotected sexual intercourse over a time period of 12 months or more. Male infertility affects the 25% of the young couples and it forms the half of the all infertility cases. Infertility is a very important issue affecting both mental state and the social life of couples. Infertility develops by 50% of female factors and %40 of male factors. 10% of all the infertility cases are defined as unexplainable infertility. Abnormal or irregular chromatin packaging is the main determinant of sperm DNA damage mechanism. The developmental abnormalities of sperms are related to chromatin condensation time.

Aim

The sperm DNA fragmentation index and the maturation defect ratios very important in sperm selection before the time of fertilization. The activity of mitochondria, the energy store which is needed for sperm to move and reach the oocyte, along with the sperm DNA fragmentation are carrying utmost importance at the current research topics. In this study, to determine the effects of an antibiotic known as ciprofloxacin on the sperm mitochondrial activity and sperm DNA fragmentation, the samples obtained by the 30 male patients that visited the Biruni University Hospital for routine control procedures are used.

Material Method

First, the semen analyzed sperm cells are divided into three equal portions to apply ciprofloxacin in different doses and to form the control group. Ciprofloxacin applied to the divided sperm groups at 7.4 and 14.8 microliters doses then incubated with the temperature of 36.5 celcius for two hours. After the application of doses, the semen analyzes are repeated and the differences are monitored. The DNA damage is determined by using the fluorescent microscope with acridine painting technique and by preparing as semen sample spreading preparation. It is detected that the group which incubated with high dose of ciproflaxacin had more DNA damage compared to the control group.

Result

The mitochondrial activity of the sperm samples that are incubated with the different doses of antibiotic are detected with MTT test it is determined that the semen sample exposed to the high dose of antibiotic lost its vitality more compared to the semen sample of low dose and the control group.

OPINIONS OF PHARMACISTS IN ISTANBUL ABOUT PHARMACOGENETIC

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Background

The differences in drug response have been linked to gender, age, diet, smoking and alcohol use liver and kidney dysfunction. In addition to these factors, my genetic survival is known to be among the most important reasons for drug response to differ among individuals. Pharmacogenetics is an area that emerged in the middle of the 20th century as a subject of research investigating the changes in drug response among individuals due to genetic differences.

Aim

It is the field of research that will write its name in gold letters to medical science, which will become more meaningful with the advancement of pharmacogenetic technology. Adverse drug reactions are the cause of death in the WorldWe aimed to demonstrate that opinions of pharmacists in İstanbul about pharmacogenetic.

Material Method

In this study, pharmacists who have completed their professions in İstanbul were asked about the questionnaire questions prepared about pharmacogenetics and the answers were analyzed.

Results

Pharmacists were asked whether the enzyme CYP450 is phase I or phase II enzyme. 47.1% of pharmacists engaged in pharmacy for less than 5 years gave the correct answer by giving the phase I answer, but for more than 20 years, 17.6% of the pharmacists doing this profession gave the correct answer.

Do you know that 50% of the Adverse Drug Reaction occurred due to incorrect drug dosing, but 50% of them are caused by genetic factors? He stated that he knows 36.8% of those who do pharmacy for less than 5 years, but he stated that 6.7% of those who do pharmacy for more than 20 years know the same question and 93.3% do not know exactly.

Conclusions

It is known that, with pharmacogenetics, medicines will be given to the right patient with the right medication and the most appropriate dose, thereby reducing adverse drug reactions. This is exactly the purpose of the emergence of the field of Pharmacogenetics.

Pharmacogenetics is also a guide for physicians and pharmacists in choosing the appropriate treatment option for individuals and rational drug use.

PREVALANCE OF ANTIBIOTICS USED IN A UNIVERSITY HOSPITAL: A CROSS-SECTIONAL STUDY

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Background

Antimicrobial resistance, one of the global health problems in recent years, is a serious trouble for the whole world. One of the main causes of antimicrobial resistance is the unnecessary and inappropriate antibiotic treatments.

Aim

It is aimed to apply the principles of rational use of antibiotics, defined as using the right antibiotic at the right dose and in the right time in the correct diagnosis, in order to eliminate this risky situation. Today, many health organizations are engaged in activities aimed at rational use of antibiotics in hospitals and society. The purposes of these activities include using antibiotic treatment guidelines and raising public awareness.

Material Method

This study was conducted in a foundation university hospital in İstanbul, Turkey. The demographic and clinical information of the patients hospitalized 15 different clinics on the same date, as well as the antibiotic data (antibiotic type, antibiogram test results, etc.) were analyzed retrospectively and cross-sectionally.

In the study, patient epicrisis files stored in the hospital data base were examined. The data were compared and evaluated according to the infectious diseases specialist consultations and Surgical prophylaxis guideline. Antibiotics were used in 110 patients out of 230 patients who were hospitalized in the university hospital on the study day (14.01.2020).

Result

The results of the study were expressed as a percentage and the rate of antibiotic use was recorded as 47.8%. Considering the distribution of patients who received antibiotic treatment in the clinics included in the study, the Intensive Care Unit ranks are highest with 25.4% (n = 28). When the percentage distribution of antibiotics used by the patients in the study were examined, the most frequently used antibiotic was ceftriaxone with 41.8% (n = 46). When the usage purposes of the antibiotics in the study have compared; observed that empirical treatment has applied for 42.7% (n = 47), prophylaxis treatment for 20.9% (n = 23) and 36.4% (n = 40) treatment for the agent.

Comparing the appropriateness of these treatments; 31.9% (n = 15) of the antibiotics used for empirical treatment was appropriate, 68.1% (n = 32) was inappropriate; 56.5% (n = 13) of prophylaxis treatment was appropriate 43.5% (n = 10) was inappropriate; 100% (n = 40) of the causative treatment was found to be appropriate. The study findings are similar to the other studies conducted in Turkey, but usage rate of 3rd generation cephalosporins was determined higher.

Conclusions

Although it is recommended that such cross-sectional further studies to determine the current antibiotic usage status and appropriateness in hospitals will provide to control the development of antibiotic resistance.

DISTANCE EDUCATION PROCESS DURING PANDEMIC PERIOD: THE SAMPLE OF YÜKSEK İHTİSAS UNIVERSITY FACULTY OF MEDICINE

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Although medical education includes very intense theoretical education in terms of its structure, it is an education that requires practical training. Medical faculties differ from other faculties due to the structure of education. For these reasons, the distance education process to be designed for medical faculties has to be different. It is possible to provide the theoretical dimension with distance education. However, practical training to be provided with distance education requires many more distance education tools and systems that will provide interaction.

Technologies such as augmented reality, virtual reality, and artificial intelligence should be included in the distance education process.

However, practical trainings should be provided face to face. The reason for this is that the medical faculty students should be supported not only in cognitive terms, but also with a constructivist education approach, to experience situations or cases. In this study, the pandemic process experienced in the Faculty of Medicine of the Yüksek İhtisas University has been explained.

In a short time, the MOODLE Learning Management System was established and the distance education process started. LMS installation, usage, lesson, evaluation and activity process were explained. During the Distance Education process, it was observed that students participated more in simultaneous virtual classroom sessions.

By sharing the course contents early, students were enabled to interact with the contents before. Students participated in the activities and their views on this issue were positive.

Keywords: Distance education, Medical faculties, medical education.

PROGNOSTIC IMPACT OF RAI-131 THERAPY IN METASTATIC DIFFERENTIATED THYROID CANCER

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Purpose

Radioactive iodine-131 (RAI) therapy is a significant treatment modality in differentiated thyroid cancer. We sought to characterize prognostic effect of RAI-131 therapy in differentiated thyroid cancer patients presenting with metastasis. In addition, the treatment response of TG and Anti-TG levels were evaluated.

Methods

A total of 45 (25 female, 20 male) differentiated thyroid cancer patients were analyzed who underwent bilateral total thyroidectomy surgery and received subsequent RAI from 2011 to 2020. We collected information on histopathologic features, Thyroglobuline (TG) and Anti- Thyroglobuline (Anti-TG) blood levels, the total RAI-131 dose administered, 18F-FDG PET/ CT, disease status, and survival.

Results

Within this cohort, at the time of the diagnosis, the mean and median age was 51 years (range 27-71). The mean follow-up was 44.41 months, median was 35.5 months (range 6-115). The administered RAI dose was 200-1000 mCi. 35 patients had lymph node metastasis, 24 patients had lung metastasis and 5 patients had bone metastasis. All patients had elevated blood TG and/or Anti-TG levels without TSH suppression during their first RAI treatment. TG or Anti-TG increase was detected in 10 patients who received sequential therapy. 5 patients had partial TG or Anti-TG response but 5 patients had TG or Anti-TG progression. Of these patients, only 2 patients died over this period therefore median survival time couldn't be calculated in survival analysis.

Conclusions

RAI treatment is a widely used treatment method in differentiated thyroid cancer. With RAI treatment, survival was very good even in newly diagnosed metastatic differentiated cancer cases in our group.

ADNEXIAL TORSION IN A YOUNG SINGLE PATIENT: A CASE REPORT

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Introduction

Adnexal torsion; It involves torsion of ovaries, tubes or both and occurs as a result of arterial, venous or lymphatic occlusion. The incidence in patients with acute abdominal pain is 2.7 %.(1,2,3)

Case

A 27-year-old single patient presented to the emergency department with acute abdominal pain; Right lower quadrant pain and nausea and vomiting were accompanying since the night. The patient had no other accompanying genitourinary or gastrointestinal symptoms. She had never had a similar complaint before. She was admitted to the service with the diagnosis of ovarian torsion. The patient, whose general condition was good, vital signs were stable, was hemoglobin: 12.8 gr / dl WBC: 7300. There is sensitivity in the right lower quadrant. Defense, rebound was not available. When her background was questioned, there was no feature. In ultrasonography, endometrial thickness: 7 mm, myometrium was homogeneous, left ovary was normal in size and vascularity. There was an appearance of 45x44 mm in the right adnexal lodge, consistent with the torsioned ovarian tissue, with reduced echo and no apparent vascularity. Paraovarian fluid was present. Operation decision was made for the patient. Intraoperative observation revealed natural uterus, right ovary and tube torsion. (Figure 1). After the 5 cm torsion mass was detorsioned. After waiting 30 minutes , it was observed that the ovarian and tubal structures were rebleeding.

After bleeding was controlled, tubal tissues were suspended in the sacrouterine ligament. After the abdominal cleaning, a drain was placed in the abdomen and the procedure was ended. Postoperative hemoglobin and leukocyte were respectively 12.3 g / dl, leukocyte 5390. There were no complications in the early period. The patient, whose general condition was good and vital signs were stable during follow-up, was discharged on the second postoperative day with recommendations, as no additional complaints were present. In the control ultrasonography performed in the first month after the operation, it was observed that the ovarian size and blood flow were normal. There were no additional problems in her follow-up.

Discussion:

Torsion of adnexal structures is important among gynecological emergencies and should be considered in differential diagnosis. Due to the unclear symptoms, it may lead to delays in the treatment approach. The patient's complaints should be listened to carefully. To correct diagnosis, laboratory findings should be evaluated together with ultrasonography and doppler. These are helpful in diagnosis and laparoscopy is the gold standard. Organ-preserving surgery should be our first choice, especially in young patients, with an early diagnosis. Delays in diagnosis can lead to organ loss. Therefore, ovarian torsion should be considered in the differential diagnosis in these patients.

ENZALUTAMIDE SINGLE CENTER EXPERIENCE IN METASTATIC CASTRATION RESISTANT PROSTATE CANCER

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Background

Prostate cancer is the second most common malignancy and the sixth in cancer-related deaths in men worldwide. There are many drugs that can be used in castration sensitive and resistant period in prostate cancer, enzalutamide is one of them.

Enzalutamide is a second generation androgen receptor inhibitor and is an approved agent in both castration sensitive / resistant prostate cancer treatment. In our country, almost all of its use is in the castration resistant period.

Aim

In this retrospective descriptive case series, we aimed to describe our center experience in patients with metastatic castration resistant prostate cancer (mCRPC) treated with enzalutamide.

Material Method

Patients who were given enzalutamide treatment with the diagnosis of mCRPC in our center from March 2017 to December 2019 were evaluated. The clinical data of the patients, tumor characteristics, and the effect of enzalutamide on radiographic progression-free survival and overall survival were analyzed.

Result

Sixty patients were included in the study; the median age of prostate cancer diagnosis was 68.5 ± 8.4 years. As curative treatment, 10 (16.7%) patients received radical prostatectomy, and 16 (26.7%) patients received radiotherapy (definitive and adjuvant). At diagnosis, 44 (73.3%) patients had a Gleason score of 8 and over. As the most common comorbidities; 24 patients (40%) had hypertension, 17 (28.3%) had diabetes, and 14 (23.3%) had cardiac disease. Before enzalutamide, 40 patients had received docetaxel and the median number of cycles was six. Twenty of the patients did not take docetaxel before enzalutamide due to their comorbidities. Fifty two (86.7%) patients had bone, 42 (70%) patients had lymph node, 10 patients (16.7%) had visceral metastasis before enzalutamide treatment. Median age at initiation of enzalutamide was 73.3 ± 9 years. The median PSA before treatment was 17.5 ng/ml (0.4 - 743), while the median PSA after treatment was found to be 1.51 ng / ml (<0.01 - 503). More than 50% reduction in PSA was achieved in 43 (71.6%) patients. Radiographic progression-free survival of 60 patients was median 11.4 months (CI 95%; 8.0 - 14.7); 13.3 months in the pre-docetaxel group and 10.6 months in the post-docetaxel group. Overall survival was the median 24.1 months in all patients (CI 95%; 20.9 - 27.3); 18.7 months in the pre-docetaxel group; 25.8 months in the post docetaxel group. Lutetium 177 PSMA radionuclide therapy was given to 13 (21.7%) patients after progression and was the most commonly given treatment.

Conclusions

Enzalutamide is effective agent in both pre-docetaxel and post-docetaxel metastatic castration resistant prostate cancer patients. Our progression-free and overall survival results in post-docetaxel patients better than AFFRIM trial, but in pre-docetaxel patients worse than PREVAIL study. We think that the reason is related with the high comorbidities of the patients who received enzalutamide pre-docetaxel and the low number of patients in the study.

DETERMINATION OF THE EFFECT OF CAFEIC ACID PHENETHYL ESTER (CAPE) AND METHYLPREDNISOLONE USED IN THE TREATMENT OF LEUKEMIA ON DIFFERENTIATION IN HL-60 CELLS

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Background

Blood cells originate from hematopoietic stem cells with high differentiation capacity. Leukemia is a malignant disease that originates from the hematopoietic system and is defined as clonal, neoplastic blood diseases. Glucocorticoids (such as dexamethasone, methylprednisolone) have an important role in the treatment of many autoimmune diseases and are widely used in cancer treatment.

Methylprednisolone (MP), a member of the steroid hormone family. Many researchers have turned to natural and premium products that are thought to have antioxidant, antimicrobial, anti-inflammatory and similar properties in order to treat and prevent diseases. Caffeic acid phenethyl ester (CAPE), which carries very long aromatic and aliphatic carbon groups that allow it to reach the region where it will act through the cell membrane structures, is one of the substances with the strongest biological effect typically contained in poplar propolis.

Aim

In this direction, we investigated the effect of methylprednisolone, an antileukemic agent, and CAPE on differentiation in acute myeloid leukemia (AML) cells.

Materyal Method

Cellular differentiation levels were determined by flow cytometry using CD11b, CD14 and CD68 cell markers.

Result

While CD11b expression increased in the MP treated groups, there was no change in CD14 and CD68 gene expression. MP + CAPE combination, on the other hand, revealed a synergistic effect at CD11b level.

Conclusions

The effects of CAPE, which is the active ingredient of propolis, which has a potential to be a medicine, will shed light on the future researches.

THE EFFECTS OF AURORA KINASE B INHIBITOR TOZASERTIB AND METHYLPREDNISOLONE ON CPC (CHROMOSOMAL PASSANGER COMPLEX) PATHWAY IN LEUKEMIC CELLS

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Background

Differentiation problems occurring in the process of formation of blood cells (hematopoiesis) by hematopoietic stem cells with the interaction of cytokines, growth factors and hormones in the bone marrow may lead to hematopoietic neoplasms and leukemias. The classification of hematopoietic and lymphoid neoplasias is made by considering the properties of immunophenotypic, morphological, cytogenetic and biological molecules. HL-60 cell line, the Acute Myeloid Leukemia cell, originating from immature white blood cells were used in our study.

Due to the high proliferation abilities of these cells, they have been associated with Aurora kinases, which have roles in the cell cycle regulatory and chromosomal transition complex of mitosis.

Aim

In this study, the effects and synergistic effects of tozasertib (VX680) and methylprednisolone (MP) were investigated in a dose-time dependent manner. With these agents, it was aimed to activate the antiproliferative and apoptotic pathways by inhibiting the AURKB gene.

Materyal Method

The HL-60 cells were exposed to VX680 and MP agents for 24 and 48 hours and then were measured for quantitative gene expressions of AURKB, BIRC5, CDCA8.

Result

As a result, a low synergistic effect was observed on AURKB and BIRC5 expressions by 24 hours exposure of HL-60 cell line with VX680 and MP. In the meantime, antagonist effect was observed instead of the expected synergistic effect in AURKB, CDCA8, BIRC5 expression levels.

Conclusions

Considering that MP and VX680 show more effects at 48th hours, it might be expected that both individual and synergistic effects could be higher if the cells would be exposed to these drugs for a longer time.

EFFECT OF CAFEIC ACID PHENETHYL ESTER (CAPE) ON CELL CYCLE IN HUMAN ACUTE MYELOID LEUKEMIA CELLS

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Background

Leukemia is a malignant disease that originates from the hematopoietic system and is defined as clonal, neoplastic blood diseases. Methylprednisolone (MP) that used in the treatment of Acute Myeloid Leukemia (AML) is a member of the steroid hormone family. The most interesting product in treatment with natural products is propolis, a natural bee product. One of the most active ingredients of poplar propolis is caffeic acid phenethyl ester (CAPE). CAPE has shown anticancer, antioxidant and antitumoral activity in many studies.

Aim

In the light of these information, Cell Cyce has been aimed to determine in CAPE (1 μ M) and MP (5x10⁻⁴ M) applied HL-60 cells.

Materyal method

CAPE (1 μ M) and MP (5x10⁻⁴ M) applied HL-60 cells were analyzed using PI staining technique, and cells in S, G0/G1 and G2 phases were analyzed by Flow cytometry. On the FACS Aria III instrument, the G0/G1, S, and G2/M phases were analyzed in percentage ratios using the Mod Fit program.

Results

The HL-60 cells treated with MP and CAPE were been arrested in the G0/G1 and G2/M phases of the cell cycle in different groups. In our study is especially demonstrated that HL-60 cells were effected in cell cyle's S phase by the CAPE.

Conclusions

As a result, with this research, the effectiveness of CAPE, the active ingredient of propolis, in AML treatment and its interaction with MP have been determined. Combination with antioxidant therapy may improve the side effects of chemotherapy on leukocytes, liver and kidney, thereby enhancing the effect of chemotherapy by increasing the dose.

INTERACTION OF CAFEIC ACID PHENETHYL ESTER (CAPE) WITH METHYLPREDNISOLONE USED IN THE TREATMENT OF HUMAN ACUTE MYELOID LEUKEMIA

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Background

Leukemia is a malignant disease that originates from the hematopoietic system and defined as clonal, neoplastic blood diseases. Methylprednisolone (MP) that a member of the steroid hormone family is one of the chemotherapeutic drugs used in the treatment of Acute Myeloid Leukemia (AML). The most researched product in treatment with bee products is propolis. Caffeic acid phenethylester (CAPE), defined as the most active ingredient of propolis, has been the focus of many cancer studies, especially with reference to its anti-carcinogenic effect.

Aim

For this reason, in this study, it was aimed to investigate the effects of CAPE on AML treatment and whether it has synergistic effect with methylprednisolone (MP) used as an anticancer agent.

Material Method

Early and late apoptotic cells were analyzed by flow cytometry by applying combinations of MP and CAPE to acute myeloblastic leukemia cells.

Results

It was observed the apoptosis by enhanced of the expression of caspase-8 gene in HL-60 cells treated with MP and CAPE.

Conclusions

As a result of this study, it is suggest that CAPE will be increase the effect of chemotherapy and minimize the damage of normal tissues and cells.

DRUG ADHERENCE LEVELS IN ELDER HYPERTENSIVES WITH MILD COGNITIVE IMPAIRMENT

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Background

Hypertension and co-morbid cognitive impairment are common illnesses affecting older adults. Anti-hypertensive medication compliance is vital in achieving therapeutic outcomes and reducing serious events. However, in this condition successful approach could be difficult.

While antihypertensive drug adherence has been extensively evaluated in many studies; however, there is a paucity of evaluating the adherence levels of antihypertensive pharmacotherapies among elder hypertensives with cognitive impairment.

Aim

This paper attempts to show drug adherence level and predictors of compliance in hypertensive elders with mild cognitive impairment.

Material Method

This study was a cross-sectional study conducted in Isparta City center with face-to-face interview from 01.01.2015 to 31.03.2015. We examine total of 460 patients aged 65 years or older, who are taking at least one long-term antihypertensive drug. Criteria for excluding the subjects were as follows: acute delirium, terminal illness and cancer, advanced neurologic disorders as amyotrophic lateral sclerosis, Parkinson disease, multiple sclerosis, and dementia not being able to speak. Mild cognitive impairment defined as history of dementia that leads to interference with daily functioning, but able to communicate and understand.

We enrolled 58 individuals who were suitable for the study. Researchers determined anti-hypertensive medication adherence with Morisky medical adherence scale (MMS-8) questionnaire. Good compliant patients according to the scale were defined as '6 and upper'(maximum 8 points) and those with '<6 points' as bad compliance. Body mass index was calculated by measuring the height and body weight of patients.

Result

Median age of study group was 78 (65-92), and 70% was female. Mean hypertension duration was 10.5(6-15) years. Mean Morisky Medication Scale was 3.73 ± 1.68 . Most of the patients was polypharmatic (mean drug numbers per patient 6.3 ± 2.0). The most frequent education level was to be a primary school graduate (52.6%). Most often concomitant disease was dysrhythmia (36.8%) (Table 1). We evaluate total 107 antihypertensive medication for drug adherence. Most common first three anti-hypertensive drug components were hydrochlorothiazide (14,9%), metoprolol (10.2%), ramipril (9.4%) (Table 2). Most frequent prescribed anti-hypertensive was ramipril in first line therapy, hydrochlorothiazide in second line therapy, metoprolol in third line therapy, hydrochlorothiazide in forth line therapy. The variables of age, education level, total number of drugs, which are thought to effect on the medication compliance score; were evaluated in the linear regression analysis using the enter method. The model created was significant ($F=18.23$, $p<0.001$) and these variables together explained the change in Morisky drug adherence score by 57% ($R^2=0.579$). According to analyses, age and education level found effecting anti-hypertensive medication adherence.

Conclusions

This study reported a high proportion of poor medication adherence among hypertensive elders with cognitive impairment. Advanced age and low education level affects drug adherence negatively. Although number of drugs, hypertension duration did not affect the adherence. Hypertensive elders with cognitive impairment should be more closely monitored to optimize their drug taking behavior. And a special attention and nursery programs should be used in this population.

MEDICAL RESEARCH PREFERENCES AND THE USE OF SOCIAL MEDIA AMONG DOCTORS

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Aim

To investigate the medical research preferences among doctors. In addition, the usage of social media as a research tool was also evaluated.

Materials and methods

An internet-based survey was conducted across the social media platforms and also via the communication channels of doctors. The primary aim was to find the most commonly used platforms for searching newly published articles and the most common platforms that provide the easiest way of finding newly published articles. The secondary aim was to investigate the role of social media in medical research.

Results

The demographic characteristics of the doctors; gender, country, speciality and affiliation are listed in Table. Totally, 235 doctors replied the questionnaire. Female doctors were in 57.4% and most of the replies were from Turkey (78.7%) and India (13.2%). Obstetrics and gynecology (16.2%), pediatrics (11.9) and oncology divisions (25.5%) were the most common specialities among a variety of affiliations between the professor and resident. Most of the researchers perform a weekly (24.3%) internet search for newly published articles. Moreover, 2-3 times in a week (22.6) was the second most common choice for the frequency of internet search.

Pubmed (57.9%) was found to be the most commonly used platform to search a newly published article. Pubmed, Google scholar and Uptodate were respectively the 1st, 2nd and 3rd most common platforms that provide an easiest way to find newly published articles. When social media is evaluated as a separate tool, it is mostly used as an alternative option to find newly published articles easily. However, Twitter was also replied to be a part of first choice to find newly published articles easily.

Conclusion

Researchers frequently check newly published articles, and a weekly-based search is the most commonly preferred habit via the platforms of Pubmed, Google and Uptodate. On the other hand, Twitter is a highly evolving tool among the social media platforms and when the Twitter accounts share the newly published articles as soon as they are published, the articles are more easily noticed.

Keywords : social media, research, academic, publishing, health

Conflict of interest

None

EVALUATION OF PATIENTS WHO UNDERWENT NON-CARDIAC SURGERY AND ADMITTED TO THE POST-ANESTHETIC CARE UNIT: RETROSPECTIVE STUDY

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Introduction

Post-anesthetic care unit (PACU) is accepted as the standard for the follow-up of patients who have undergone surgery and are at risk due to various reasons in the early postoperative period. In this study, we aimed to evaluate the patients who underwent non-cardiac surgery and admitted to the post-anesthetic care unit, retrospectively.

Methods

A total of 167 patients who had undergone elective or emergency non-cardiac surgery in the operating room of Mersin University Medical Faculty Hospital between June 1, 2020 and September 1, 2020 and were admitted to PACU, were included to the study (total number of patients who had non-cardiac surgery in the same period was 2867). Follow-up and treatment processes of the patients were obtained from the PACU forms. Operations for each surgical branch were grouped as major and minor. Surgery types and durations, follow-up periods in the PACU, reasons for admission to PACU, comorbidities, treatments applied and to where they were transferred from PACU were recorded.

Results

The admission rate of patients underwent non-cardiac surgery to PACU was 5.82% (n=167). The distribution of gender was 42.5% (n=71) female and 57.5% (n=96) male. The mean age of the patients admitted to PACU was 55.83±19.93.

The mean duration of surgery was 186.35±89.78 minutes, while the mean duration of follow-up in PACU was 52.57±24.48 minutes. The ratio of major surgery is 98.2% (n=164). Thoracic (n=43, 25.7%) and Orthopedic surgery (n=33, 19.8%) were observed to be the most common surgeries requiring PACU. Among the most common reasons for PACU admission; 85.6% (n=143) were metabolic/hematological complications (e.g. hypothermia, hypoglycemia, anemia), 64.0% (n=107) were airway/respiratory problems, and 47.3% were postoperative agitation/severe pain. It was determined that 44.9% of all patients admitted to PACU had comorbidities, the most common was cardiac disease at 17.9% (n=30) and hypertension at 16.1% (n=27). Among the treatments applied, active warming (95.2%), supplemental oxygen (75.4%), opioid administration (48.5%) and inotropic agent administration (5.9%) were detected respectively. Of the patients, 75.4% (n=126) whose follow-up was completed in PACU were transferred to the intensive care unit and 24.6% (n=41) to the wards.

Conclusion

Patients with major surgery and long duration of surgery have a high risk for PACU admission. It is noteworthy that although more than half of the patients admitted to PACU do not have any additional disease, they require PACU in the early postoperative period.

Keywords: non-cardiac surgery, postanesthetic care unit, postoperative complication, patient safety.

THE EFFECT OF LABOR INDUCTION WITH OXYTOCIN ON EARLY POSTPARTUM BLEEDING, PERINEAL INTEGRITY AND BREASTFEEDING: A RANDOMIZED CONTROLLED STUDY

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Aim

In this study, it was carried out to evaluate the hemorrhage, perineal integrity and breastfeeding results of mothers who underwent oxytocin induction in the first stage of labor in the early postpartum period.

Method

The study was conducted as a randomized controlled experimental study. The sampling of the study included 35 pregnant women who received oxytocin induction (experimental group) and 35 pregnant women that did not receive oxytocin (control group) according to inclusion criteria of the study. Personal Information Form, Visual Analogue Scale (VAS), LATCH Breastfeeding Diagnostic Scale, Breastfeeding Self-Efficacy Scale (BSES), REEDA scale, postpartum bleeding follow-up bag, pad follow-up were used in data collection..

Results

There was no significant difference between the mean age, education level, gestational week and prenatal hemogram and hematocrit number of pregnant women in the experimental and control groups. While the amount of early postpartum hemorrhage and REEDA scale mean score was significantly higher in the experimental group, the mean VAS score was significantly lower in the control group. Oxytocin administered in 68.6% women laceration, whereas the control group showed that the laceration was 25.7 women. There was no significant difference between the mean scores of BSES and LATCH Breastfeeding Diagnostic Scale in both groups.

Conclusion

According to the study findings, it was determined that oxytocin induction applied in the first stage of labor increased bleeding, pain and perineal trauma in the early postpartum period, but did not affect the results of breastfeeding.

Keywords: Postpartum Pain, Breastfeeding, Synthetic Oxytocin, Postpartum hemorrhage, Perineal Integrity.

THE EFFECT OF CARE GIVEN TO PATIENTS WITH TYPE 2 DIABETES ON ADAPTATION TO THE DISEASE

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Objective

In the management of Type 2 diabetes, it is important to follow the treatment and care guidelines to control the disease and maximize the individual's self-care function and responsibility. This situation, which requires some modifications in the lifestyle, may cause adaptation problems and some complications in Type 2 diabetes patients. Nurses, whose primary task is to provide care in line with the needs of the individual and who adopt a holistic care approach, have an important role in patients with diabetes in terms of the disease, treatment and adaptation to life. This study was carried out to evaluate the effect of care given to patients with Type 2 diabetes on the adaptation process to the disease and to determine the effective factors.

Method

This descriptive study was carried out in a state hospital in Istanbul between December 2018 and March 2019. The sample of the study consisted of 200 Type 2 diabetes mellitus patients who applied to the diabetes outpatient clinic of the hospital. Data was obtained with "The Patient Information Form", "Patient Assessment of Chronic Illness Care Survey-Patient Form" and "Assessment Scale for Treatment Compliance in Type 2 Diabetes Mellitus". NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) program was used for statistical

Results

The mean age of patients with Type 2 diabetes that participated in the study was 59.85 ± 12.52 years. The duration of diabetes was 11.01 ± 8.41 years in these cases, and hand/foot numbness was the leading problem (45.5%) developed due to diabetes. In order to keep their blood sugar under control, 74% of the patients stated that they used insulin regularly, and 57% of them paid attention to their nutrition. The highest sub-dimension mean total score (3.85 ± 0.87) obtained from the Patient Assessment of Chronic Illness Care Survey constituted the "Support for decision-making" sub-dimension. It was observed that the highest sub-dimension item total mean score (15.18 ± 3.99) was obtained from the "Feelings and behaviors suitable for compliance" sub-dimension in the Assessment Scale for Treatment Compliance in Type 2 Diabetes Mellitus. In this study, a statistically significant negative correlation was found between the total patient care assessment score and information and personal factors, anger feelings, and total compliance score ($r: -0.187$; $r: -0.211$; $r: -0.184$; respectively; $p < 0.01$).

Conclusion

It can be suggested that patients with Type 2 diabetes have a moderate level of satisfaction with the care they receive and have a moderate level of compliance with the treatment. In this study, it was seen that the care given to the patients was most effective on the control of anger with the disease. The evaluation of the care by the patients is thought to be a guide in planning interventions to increase the quality of nursing care.

Key Words: Chronic disease, compliance, diabetes mellitus, nursing care, patient satisfaction.

KNOWLEDGE, ATTITUDES AND BEHAVIORS OF THE STUDENTS OF HEALTH UNDERGRADUATE PROGRAMS ABOUT THE NEW CORONAVIRUS (COVID-19) PANDEMIC; MARCH'2020

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Background

Coronavirus pandemic is a global health crisis that continues due to COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Although mild, flu-like symptoms are seen in the majority of patients affected by the virus, some patients experience serious complications such as pneumonia, acute respiratory distress syndrome, and organ failure due to hyperinflammation and cytokine storm syndrome. In the first days of the pandemic, the approach of medical, dentistry and midwifery nursing students who received health undergraduate education, understanding the virus and epidemic, learning and teaching the ways of transmission and protection correctly, and feeling anxiety with their profession have been a matter of curiosity. Healthy knowledge will be essential during this period. reducing anxiety and fear will only come through information and social assistance.

Aims

This survey study aims to determine the knowledge, attitudes and behaviors of the students in the undergraduate programs of the Health Faculties of the universities with the approval of the Ethics Committee of the SAU Faculty of Medicine about the pandemic COVID19 epidemic. Participation in the survey is on a voluntary basis and the data will only be used for scientific purposes.

Material and method

In the study, in the first days of the pandemic, a questionnaire was applied to the medical, dentistry and midwifery nursing students who received health undergraduate education after the approval of the ethics committee to determine where they can get accurate information, as well as virus, epidemic, contamination and prevention. An interview form created by scanning the literature was used as a data collection tool. The obtained data were evaluated in the SPSS program and analyzed using tests suitable for the structure of the variables.

Results

64 (55.2%) of a total of 116 people between the ages of 17-28 who participated in the survey are women. There were 71 (61.2%) people studying at the medical faculty and 41 (35.3%) studying at the dentistry faculty. "Does thinking about the COVID19 outbreak make you feel anxious?" 26 (22.4%) answered frequently, 50 (43.1%) sometimes, 29 (25%) quite rarely. 87 (75%) participants stated that the epidemic threat did not affect the desire to read in the health section. 109 (96.5%) of the multiple-choice question asked to determine the precautions that the students took and / or would take in order not to be infected, washing hands frequently, 87 (77%) avoiding coughing and sneezing patients, 69 (61.1%)) to stay away from people with infected contact, 60 (53.1%) to use disinfectant, 47 (41.6%) to wear a mask. The frequency of following the news about the COVID19 outbreak affected 50 (43.1%) people moderately, while it affected 16 (13.8%) people. 42 (36.2%) of the participants frequently use social media news sources and 29 (25%) rely on conspiracy theories / biological weapons news circulating on the internet. "Do you think reading a chapter on health puts you at great risk and makes yourself more hectic?" Of the 115 people who answered the question, 60 (52.1%) disagree with this opinion, 38 (33.1%) agree.

Conclusion

It is very important that the healthcare professionals of the future have the right knowledge and behavior patterns in the pandemic that will go down in history. It can be seen from this study conducted at the beginning of the pandemic tunnel that the reduction of future uncertainty and anxiety can only be possible with social contact, education and cooperation within the physical distance.

COVID-19 AND ATHLETE HEALTH

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Background

The COVID-19 outbreak has brought our lives to a sudden and complete lockdown. While the numbers of confirmed cases and deaths continue to rise, people around the world are taking brave actions to mitigate transmission and save lives. Virtually every organized sport at any level and any age has been cancelled and indefinitely postponed. With the rise in identified cases and death toll, most countries worldwide are increasing their "stay-at-home" restrictions, and many citizens are under mandatory confinement. Consequentially, recreational athletes and "weekend warriors" also have been benched during these turbulent times. Not many possibilities for resuming sports activities are available, given the combination of social distancing with the closure of parks, gyms, and sports venues. In addition to these, serious information confusion and anxiety have occurred among the athletes.

Aims

In these studies, it was tried to determine the level of knowledge of the professional athletes about the COVID19 outbreak, transmission and prevention ways.

Material and Method

The ethics committee permission was obtained for the study (Sakarya University medical school ethics committee 22.09.2020 and number E-8442) and the questionnaire was applied to the volunteers of coaches and academicians and students between the ages of 18-60 who work at the Faculty of Sport Sciences of Sakarya University of Applied Sciences. An interview form created by scanning the literature was used as the data collection tool. The questionnaire form consists of questions containing sociodemographic information, sports injuries, sports-related infections, and transmission and protection in Covid-19 infection. The obtained data were evaluated in the SPSS program and analyzed using tests suitable for the structure of the variables.

Results

61 (62.9%) of 97 people between the ages of 16-51+ who participated in the survey are male. 38 (39.2%) of the participants were coaches, 26 (26.8%) were passive athletes, 23 (23.7%) were active athletes, 40 (41.2%) of the participants were (wrestling, judo...) is in close contact with the other athlete. While 32 people (33%) were knowledgeable about sports-related infections, 37 (38.1%) were partially informed. "Do you get regular flu vaccinations?" 89 people (91.8%) answered "No" to the question. 42 (43.3%) of the people 97 (99%) of whom did not have COVID19 infection continued their sports activities after the mepidemic.

55 of them (56.7%) think that the transmission frequency of this infection is high among athletes. 45 of them (46.4%) state that COVID-19 will be mild in athletes. "COVID-19 can be passed without symptoms (asymptomatic)." 82 (84.5%) thought, "COVID-19 is transmitted by respiration." 77 (79.4%) agreed with the thought "Close contact sports (wrestling, basketball, etc.) can be done to protect against COVID-19 infection" and 58 (59.8%) people agree. 82 (84.5%) disagreed with the idea that athletes can do sports by wearing masks. 60 (61.9%) stated that sports should not be done in sports halls in order to prevent COVID-19 contamination because of the common areas used in sports halls, 53 (54.6%) stated that the measures taken in the gym are not sufficient for the transmission of COVID-19 infection. 92 (94.8%) people stated that before sports, the athletes' health complaints (fever, headache, cough, weakness, etc.) should be questioned and the fever should be measured before entering the sports hall. "COVID-19 infection is transmitted to athletes outside the gym." 15 (15.5%) agreed, 47 (48.5%) disagreed, and 35 (36.1%) had no idea. 33 (34%) of the participants think that COVID-19 can be transmitted from water while swimming in a pool or sea. "How do you get information about COVID-19 infection?" 81 (83.5%) internet, 66 (68%) social media, 65 (67%) television, 61 (62.9%) written-visual media, 45 (46.4%) physicians answered the multiple-choice question.

Conclusion

There are many unanswered questions regarding COVID19 and more will arise as we better understand our circumstances. For example, we do not yet know the long-term effects on the health or play performance of athletes affected by COVID-19. Are we ready to rehabilitate many athletes with musculoskeletal injuries due to adverse conditions and COVID19 in the future? How should we prepare for the next winter or the winter after that for the sport and its systems? Is the information and information sufficient? what about testing arrangements? vaccinations? And much more. We understand more than ever that sports keep our body and mind healthy and bring us together. For a healthy future for ourselves and our athletes, we should read the COVID19 epidemic better and never take the process lightly. These days, we must take precautions so that our athletes and sports fans can get back to doing what they love.

HEALTHY LIFE STYLE BEHAVIORS IN INFERTILE COUPLES

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Background:

A healthy lifestyle is not only aimed at preventing any disease or ailment, but also improving the general health and well-being of the individual. As a matter of fact, the development of healthy lifestyle behaviors in infertility has an important place in preventing infertility and bringing fertility ability to the ideal level.

Aim

The aim of this study is to explain the negative effects of lifestyle behaviors on fertility in couples.

Material and Methods

In the focus of current studies, the effect of healthy lifestyle behaviors on infertile couples is emphasized.

Results

Evidence on the effect of lifestyle factors on general health and fertility is increasing day by day. Negative lifestyle behaviors related to infertility are changeable habits, behaviors or situations that negatively affect fertility. Of these; smoking, body mass index lower than 18.5 kg/m²- higher than 25 kg/m², exercise level, alcohol consumption, caffeine consumption and stress were shown the negative affects to follicle development, ovulation and causing to failure the success rate of both fertilization and assisted reproduction techniques.

It is possible to get positive results with the contributions the infertile couple can make about lifestyle behaviors that have positive effects on the treatment of infertility and assisted reproductive techniques (ART).

Conclusions

Nurses have important tasks to identification of health risk behaviors and to plan and change of these behaviors. Therefore, the nurses should inform the infertile couple about the effect of healthy lifestyle to the reproductive health and encourage them about the health promoting lifestyle.

Key words: Infertility; Healthy lifestyle; Nurse.

CLASSIFICATION OF COVID 19 CASE NUMBERS FOR G8 COUNTRIES AND TURKEY BY RANDOM FOREST METHOD

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Background

Epidemic diseases are one of the most important factors affecting the lives of people in human history. Coronaviruses affecting the world at the beginning of the 21st century, which are SARS in 2002, MERS in 2012, and finally Covid-19 in 2019 have been threatened the public health and life. Covid-19, which emerged in Wuhan province of China in December 2019 and affected the whole world in a short time, has been continuing its effect nowadays. Exhaustive studies have been continued in different fields, especially in the field of medicine, related to Covid-19, which has not yet been brought under control. Since machine learning is one of the predictor disciplines, it reveals consistent predictions for the future based on existing data. The Random Forest method, one of the different algorithms developed for this purpose, was proposed by Leo Breiman in 2001.

This method was created as a combination of the Bagging method proposed by Breiman in 1996 and The Random Subspace technique proposed by Ho in 1998. It was also influenced by a study described by Amit and Geman in 1997, where the best distinction for each knot was determined through a random selection. It is a popular type of modeling because it can be applied to both regression and classification problems.

Aim

In this study, it is aimed to classify G8 countries using the Random Forest method for Covid-19 data. For that purpose, it has been made the most appropriate classification for the countries by considering the numbers of confirmed, deaths, and recovered people announced daily and interpreted that the results obtained. The accuracy of the results has been examined according to the fit values.

Material Method

The study used data on 180-day cases of Covid-19 between 22.01.2020 and 19.07.2020 for G-8 countries. The G8 countries, consisting of Turkey, Germany, the United Kingdom, France, Italy, Russia, Canada, and Japan, were classified with the Random Forest algorithm using the numbers of confirmed, recovered, and death people announced on a daily basis. The Random Forest algorithm creates training and test data sets using the Bootstrap sampling method. 200 decision trees (CART) considered appropriate were created with the training data set.

A class was assigned for each observation in the dataset, and in the classification process, the classification decision was determined by utilizing the estimate of each tree and the multiplicity of votes method. This reduces bias while reducing the error rate in estimates. Random Forest classifiers are fast-running classifiers in addition to being resistant to the overfitting problem. A powerful classifier, Random Forest offers high performance in classification and regression estimates. The Random Forest Classifier can also perform a strong classification with missing data. Analysis of the study was carried out with the help of the JASP program and the results were interpreted.

Result

As a result of the application, 921 of the 1440 observations were used for training, 231 for verification and 288 for testing. The accuracy of the observations was found to be 77% for training, 57% for verification and 61% for testing. About 55% of the predicted samples were correctly estimated. About 59% of the samples were correctly identified. The values of the three variables considered, were found to be 0.277 for the number of recovered, 0.262 for the number of death and 0.339 for the number of confirmed people. In order to determine the area under the ROC curve drawn for the fit of the model, the mean of the AUC score was found to be 78%. This value indicates the success rate of the classification.

Conclusions

The applications of machine learning algorithms in the health sector are increasing day by day. Machine learning-based decision support systems are used to achieve more accurate results in diagnoses and treatments made by doctors in the health sector, to prevent human-caused errors, and to help the doctor's decision. It appears that one of these algorithms, Random Forest Covid-19, gives successful results of around 78% in classification data.

THE ROLE OF THE NURSE IN HYPERTENSION MANAGEMENT IN THE ELDERLY

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Background

Hypertension in the elderly is defined by systolic blood pressure above 140 mmHg or diastolic blood pressure above 90 mmHg in individuals over 65 years of age. With the advancing age, the blood pressure level also increases. Hypertension management in the elderly besides pharmacological treatment; Weight management is possible with non-pharmacological treatment that includes diet, salt consumption, physical activity, smoking, alcohol consumption and combating stress. Hypertension management has an important place in primary health care services.

Aim

The aim of this study is to explain the role of the nurse in the management of hypertension in the elderly.

Material Method

In the light of current studies, the importance of the nurse's role in the management of hypertension in the elderly is emphasized within the scope of primary health care services.

Result

In addition to being a common problem in the elderly, when uncontrolled, hypertension causes complications such as stroke, myocardial infarction, heart failure, peripheral vascular disease and chronic kidney failure, and harms the elderly more.

Studies have reported that hypertension and its possible complications have negative effects on the quality of life as one of the major reasons limiting the daily life activities of the elderly with hypertension. For these reasons, successful hypertension management in the elderly is extremely vital. Successful hypertension management is possible with the elderly patient gaining and monitoring their own blood pressure and taking into account the recommended lifestyle changes. Hypertension management programs, in which nurses will actively participate, are extremely vital in order to detect hypertension in the early period and to control the complications of the disease. Goal; It is not to restore or improve the patient's former health, but to ensure the elderly individual's compliance and cooperation with the illness or the treatment program. Hypertension management increases the quality of life by causing positive changes in the individual's lifestyle.

Conclusions

Hypertension prevalence is high in the elderly, and when not controlled, it causes serious complications and negatively affects the quality of life. Nurses have proven effective in the management of hypertension in many studies. As a result, success can be achieved in hypertension management with effective programs to be implemented in line with the needs of the patient under the leadership of the nurse.

Key words: Elderly, hypertension, hypertension management, life quality

TERMINATION OF FIRST TRIMESTER CESAREAN SCAR PREGNANCY BY DILATATION AND CURETTAGE WHICH CAUSES UTERINE RUPTURE THAT RESULT IN DEVELOPMENT OF UTERINE ARTERY PSEUDOANEURYSM WHICH REQUIRING HYSTEROTOMY: A CASE REPORT

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Introduction

Cesarean scar pregnancy (CSP) rate increase with increase cesarean delivery.

Termination of CSP with dilatation and curettage (D&C) could causes arterial injury leading to development of uterine artery pseudoanerysm (UAP). UAP could cause spotting vaginal bleeding to patient mortality. Thus UAP diagnosed and treated timely. Here in, a nine weeks pregnant woman undergone D&C to terminate CSP. After D&C uterine rupture occurred subsequently developed UAP that was resected via hysterotomy.

Case

The patient diagnosed as CSP at 9 weeks gestation with fetus. D&C was performed to terminate CSP. Uterine rupture occurred and restricted by visceral uterine peritoneum. During observation to resolution of hematoma, vaginal bleeding occurred. Transvaginal ultrasonography (TVUSG) evaluation revealed an UAP developed in hematoma. UAP cause troublesome vaginal bleeding. Thus hysterotomy was performed to treat UAP and stop patient symptom. After hysterotomy the patient symptom relieved.

Conclusion

UAP is a rare entity. Clinic course of UAP is changeable, from asymptomatic condition to life threatening hemorrhage. Diagnosis and management of UAP are important to prevent severe symptoms and complications.

Keywords: Cesarean scar pregnancy, uterine rupture, uterine artery pseudoaneurysm, case report

GRANULOSA CELL TUMOR OF THE OVARY: RETROSPECTIVE ANALYSIS OF 29 CASES

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Background

Sex-cord stromal tumors constitute approximately 2-5% of all ovarian neoplasms. Granulosa cell tumor (GCT) is the most frequently detected subtype of the sex cord-stromal tumors. Different than the epithelial ovarian cancers, most GCTs are early diagnosed and characterized by low malignant potential and late recurrences.

Aim

Since GCTs are extremely rare cancers and need special approaches to held on appropriately, we aimed to present our experiences about this patient group.

Material Method

Twenty-nine patients diagnosed with GCT who were followed-up in Istanbul University Oncology Institute between 2008 and 2018, were included in the study. The stage, performed surgery, chemotherapy, hormone therapy, the degree of the histologic differentiation, recurrence rate, recurrence therapy was recorded.

Results

The median age of the patients was 51(17-73y) years. The symptoms at diagnosis were the pain (38%), distension (18%), mass (21%), and bleeding (18%). 45% of the patients were in the premenopausal period. The follow-up period was median 46 (6-156) months. In accordance with the FIGO staging system, 26 patients (90%) were diagnosed in stage 1-2, and 3 patients (10%) were diagnosed at advanced stage (3-4). Patients were detected as well differentiated in 2(7%), moderate differentiated in 13(45%), and poorly differentiated in 8(28%) patients in the histologic examination. 5(17%) patients underwent fertility protective surgery (USO), 10(35%) patients underwent TAH+BSO, and 14(48%) underwent debulking surgery. GCT was detected in 28 patients, and juvenile GCT was detected in 1 patient. 8(28%) patients received the paclitaxel/carboplatin, and 3(10%) patients received the BEP treatment protocol. Recurrence was detected in 7(24%) patients during the follow-up and required recurrent surgery and chemotherapy. The median recurrence month was 36(12-180 m); the median number of recurrence was 5(1-5). The median follow-up period of 7 patients who developed recurrence was 96 months (33-156). The most common recurrence regions were the pelvic, intraabdominal, retroperitoneal region, and liver metastasis.

Conclusion

GCTs are rare. It is the disease group with longer survival and frequent and late recurrences. Primary treatment is surgery, and hormone therapies may be administered in recurrent cases. Multidisciplinary patient-based treatment evaluations must be performed.

COMPARISON OF NURSES' PRODUCTIVITY ATTITUDES ACCORDING TO DIFFERENT SHIFTS

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Introduction

It is assumed that increasing the productivity levels of nurses will also increase the productivity of the health care organizations they work in. The importance of determining nurses' productivity attitudes and the factors that may affect these attitudes are emphasized.

Purpose

This study aims to investigate whether nurses' productivity attitudes differ according to their working conditions in different shifts.

Methods

A total of 176 nurses working in a university hospital in Kocaeli were included in this descriptive study. The data collection tool, including the descriptive information form and the Attitude Scale towards Productivity, was delivered to the nurses working day and night shifts after obtaining the necessary permissions and filled in by the nurses who volunteered to participate in the study. After the completed questionnaires were transferred to the computer environment, descriptive statistics (percentage, mean, standard deviation) and parametric (t-test and one-way analysis of variance in independent groups) and non-parametric (Mann Whitney U Analysis and Kruskal Wallis) comparison analyzes were used.

Results

It was determined that there is a statistically significant difference between the groups in terms of commitment to the profession and rewarding sub-dimensions of the Attitude Scale Regarding Productivity according to fixed and shift working situations ($p < .05$). In the comparative analysis, statistically significant differences were found between the productivity levels of the subgroups according to other independent variables such as personal characteristics, income status, satisfaction with the institution, satisfaction with the unit, working time at the institution, working time in the unit, and wage ($p < .05$).

Conclusion

The productivity attitudes of nurses vary according to the shift they work.

Keywords: Nurse, Shift, Productivity

EFFECTS OF INTERLEUKIN 1 BETA GENE POLYMORPHISIM IN PATIENTS WITH ATHEROSCLEROSIS

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Background

Atherosclerosis is one of the lethal diseases worldwide. it is multifactorial disease that has several environmental and genetics involving factors. Very Serious manifestations occur in parallel to atherosclerosis, on of the most important is the cardiovascular diseases. inflammation recently thought to have a crucial role in the development of atherosclerosis, and the main mediator for the inflammatory response is IL-1 Beta. alteration within the sequence of the gene that encoding for the protein result in alteration of the production and function of the protein itself.

Materials and Methods

In our study we determined the polymorphism of IL-1 Beta (-115) gene and its effect on atherosclerosis disease. Our study include a total of 94 people from the turkish population; 47 patients with atherosclerosis and 47 of control healthy group. IL-1 beta single nucleotide polymorphism was detected by PCR technique then the results were evaluated and analyzed.

Results

Our results showed a significant differences between patient and control groups for the homozygous mutant genotype (GG) ($p=0.016$) and for the heterozygous genotype (AG) ($p=0.039$) and for the wild type allele (A). ($p=0.016$) While no significant differences were found for the homozygous wild type (AA) ($p=0.789$) nor for the mutant allele (G) ($p=0.789$). Conclusion: After we analyzed the data, carrying of the Heterozygote Genotype (AG) of IL-1 Beta gene is increasing risk of atherosclerosis, while carrying of the homozygous Mutant Genotype (GG) is reducing the risk. Also carrying the wild type allele A is increasing the risk.

Key Words: Atherosclerosis, inflammation, Interleukin 1 beta.

NURSES' RESPONSIBILITIES IN ACTIVE AND HEALTHY AGING

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Introduction

In parallel with the rapid aging of the population all over the world, chronic health problems increase rapidly and require the change of existing health care policies and priorities. The concept of active and healthy aging has been defined as "the process of maintaining functional ability to ensure well-being in old age". The active and healthy aging process can delay chronic illness, increase productivity, and help reduce depression. Nurses, who take active roles in preventive and rehabilitative health services in the active and healthy aging process, also have important roles and responsibilities.

Purpose

The defining nurses' roles in responsibilities in supporting elderly people for leading responsibilities in active and healthy aging will help nurses participate more actively in activities aiming to improve the elderly health more efficiently and consequently contribute to the quality of life and chronic conditions common in the elderly population. This review aims to describe the nurses' responsibilities in active and healthy aging.

Methods

The researcher retrieved for current literature, guidelines, and systematic reviews using internet databases such as Google Scholar, PubMed, Medline, and Web of Science. The literature review was conducted between October 2-11, 2020 using keywords such as "active aging", "healthy aging", "nurse and aging", and "roles and responsibilities".

Main text

The global strategy and action plan developed on aging and health emphasize the importance of equal health and social service for each elderly individual, including all elderly people. In this action plan, attention has been drawn to socio-economic differences and optimizing health opportunities, and developing intergenerational relationships. In line with this action plan, nurses are expected to take active roles in providing education to meet the basic care needs of individuals and increasing home care opportunities. In addition, nurses should take a leading role in the issues of continuity of physical and mental health, management of medicines and treatments, healthy eating and exercise habits, creating a safe environment, dealing with generational differences, and increasing interaction with family members and friends. Nurses will make important contributions to the health of the elderly with their roles as a consultant and educator and with their research on priority issues for active and healthy aging.

Conclusion

Nurses take responsibilities and provide frontline healthcare for the elderly in a wide variety of settings, including acute and chronic patient care and long-term patient care in the home care process as a leader, communicator, caregiver, consultant, and researcher roles. Nurses need to work actively with social services and home care services, to develop care plans with coordinated teamwork and multidisciplinary and multisector projects specific to elderly people.

Keywords: Active aging, healthy aging, nurses, responsibility

Grant acknowledgments: None

USE OF MRI FOR DETECTING THE BEST METHOD OF TOPICAL NASAL DRUG DELIVERY

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Background

Intranasal drug administration which intends to deliver medication to the nasal cavity has been adopted for the management of a number of sinonasal conditions including acute and chronic rhinosinusitis and allergic rhinitis. Studies on delivery of nasal drops to the middle meatus demonstrated that the choice of head position during administration is highly relevant to the success of intranasal delivery. Choosing the optimal head position may maximize the efficacy of topical nasal preparations for the treatment of infectious and allergic sinonasal diseases.

Aim

In this study we aimed to compare four well-known head positions for delivery of topical nasal medications with a non-invasive objective method magnetic resonance imaging.

Material Method

This study was a prospective four period study. We used almond oil in a nasal spray container to deliver the oil to the paranasal sinuses and the nasopharynx. Five healthy volunteers tested the Mygind, Ragan, Mecca and 'head back' head positions. Intranasal and nasopharyngeal delivery was assessed with magnetic resonance imaging. We compared four head positions to deliver topical nasal sprays with five healthy volunteers. Each subject performed each maneuver on different days for a duration of five minutes after administering six puffs of topical nasal spray. According to the staining at MRI imaging an independent radiologist interpreted scored the presence or absence of the oil in subsites of the nasal cavity and compared the head positions for delivery of preparation.

Result

Our results indicated that there was no significant difference between head positions in terms of delivery to nasopharynx ($p>0,05$). The Mygind position was greatly superior in delivering the administered spray to paranasal sinuses ($p=0,007$).

Conclusions

Our study is the first to radiographically describe the distribution of nasal spray using MRI scan. We have shown that the Mygind position is the best method for paranasal sinus spray drug delivery. Delivery of the oil to the nasopharynx was similar in all positions.

OBESITY MAY BE ASSOCIATED WITH THE SEVERITY OF EAR-NOSE-THROAT SYMPTOMS IN COVID-19 PATIENTS

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Background

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was first diagnosed in late 2019 in Hubei Province, China. Since then the highly infectious airborne virus has spread across the globe. Initial reports linked males, of an advanced age, and sustaining medical conditions such as diabetes, hypertension, obesity, coronary artery disease, and heart failure, as being in the at risk group likely to suffer the worst outcome. Obesity causes the narrowing of the airway around the pharynx. Anatomically floppy and redundant tissues comprised of fatty deposits narrow the pharynx. A viral infection such as COVID-19, can cause the patients to suffer from severe ear-nose-throat (ENT) symptoms.

Aim

The main aim of this study was to investigate the correlation between body-mass index (BMI) and the severity of otolaryngological symptoms in patients with COVID-19 admitted to our tertiary care hospital.

Material Method

This retrospective cohort study was conducted at the University of Health Sciences, Umraniye Research and Education Hospital, a tertiary academic institution in the Istanbul, Turkey. Fifteen patients presenting with COVID-19 like symptoms underwent a reverse transcription polymerase chain reaction test (RT-PCR). Patients were admitted to the inpatient COVID service after their tests proved conclusive for COVID-19.

Furthermore, only those fitting the selection criteria were included in the study, the criteria being: adults (over 18 years of age); with a laboratory-confirmed COVID-19 infection; Turkish native speakers, and patients capable of filling out the questionnaire. Conversely, the following criteria disqualified patients, these being: patients with a history of ENT or those that were already in the intensive care unit prior to the study's commencement. Due to the study's focus being on the correlation between obesity and otolaryngological complaints only mild to moderate COVID-19 patients were selected. (Mild to moderate patients being those that did not require intensive care treatment).

Result

Ninety-eight women and 97 men with a mean age of 46.77 ± 14.09 (range 22-89 age) and mean BMI of 28.06 ± 4.58 kg/m² (range 17.1-45.79 kg/m²) were included in the study. Regarding the relationship between the BMI values and severity of ENT symptoms, we found no correlation between the BMI and rhinorrhea, nasal obstruction, postnasal drip, sore throat, face pain/heaviness, ear pain, dysphagia, fever, and cough ($r=1$; $p=1$, $r=-0.96$; $p=0.183$, $r=0.103$; $p=0.152$, $r=0.107$; $p=0.139$, $r=0.081$; $p=0.221$, $r=0.082$; $p=0.254$, $r=-0.033$; $p=0.645$, $r=-0.21$; $p=0.769$, $r=-0.115$; $p=0.111$, $r=0.046$; $p=0.536$ respectively). Moreover, there was no correlation between BMI and total ENT symptom score $r=-0.123$; $p=0.088$. However, there was a profound correlation between BMI and severity of dyspnea ($r=0.297$; $p=0.000$).

Conclusions

In our dataset of 195 patients with Covid-19, we found a significant inverse correlation between BMI and the severity of dyspnea. Therefore, obese patients diagnosed with COVID-19 should be treated with particular attention.

PSYCHOMETRICS OF THE COPENHAGEN BURNOUT INVENTORY IN TURKISH AND EVALUATION OF THE RELATIONSHIP BETWEEN WORK STRESS AND BURNOUT AMONG NURSES

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Background

Although there are several studies related to nursing burnout in Turkish literature, none was using The Copenhagen burnout inventory.

Purpose

The study aimed to perform psychometrics of the Copenhagen Exhaustion Inventory and research whether there is a relationship between job stress and burnout levels of nurses working in a university hospital.

Methods

The study's population consisted of 662 nurses working in a research and practice hospital in Kocaeli province. The authors could gather data from 383 nurses who participated in the study voluntarily. The data collection tool was a survey that consisted of an information form, Work Stress Scale, and the Copenhagen Burnout Inventory.

Results

In the study, the work stress scores of the nurses were 32.34 ± 5.62 , and The Copenhagen Burnout Inventory scores were 56.680 ± 16.40 . In the Copenhagen Exhaustion Inventory's validity and reliability pilot study, it was determined that the correlation values of the scale items varied between .534 and .795. The internal consistency coefficient was .944. The three-factor scale structure was partially confirmed. There was a statistically highly significant, moderate, and positive correlation ($r: .548$; $p < .001$) between the scores of both scales of the nurses.

Conclusion

As a result of the study, nurses experienced moderate work stress and burnout, and there was a positive relationship between job stress levels and burnout levels. It is recommended that institution administrators take necessary precautions, develop stress management, burnout prevention, and coping programs to reduce the job stress levels of the nurses working in the institution and the feeling of burnout they experience.

Keywords: Nursing, Stress, Work stress, Burnout

FEASIBILITY AND SAFETY OF LAPAROSCOPIC SURGERY IN LARGE OVARIAN MASSES

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Background

Ovarian masses are common surgical conditions encountered by gynecologists. The advantages of laparoscopic surgery have made the laparoscopic approach a priority choice in the surgical treatment of benign small ovarian masses. However, some surgeons refrain from laparoscopic surgery of large masses due to difficult visualization, damage risk of the intra-abdominal organs, unintended rupture of occult malignancy, intraperitoneal spillage risk and the need for subsequent adjuvant therapy.

Purpose

The aim of the study was to assess the feasibility and safety of laparoscopic treatment for large ovarian masses with benign features.

Methods

Women who had ovarian mass with low risk malignancy (with the Risk of Malignancy Index [RMI] < 200 or increased serum CA125 level with typical characteristics of endometrioma and mature cystic teratoma by ultrasonographic examination) and underwent laparoscopic surgery at a tertiary care center, between 2017 and 2019, were included in the study. Women who had extraovarian adnexal mass, undergone laparotomy for initial surgical approach, and with high risk malignancy findings were excluded from the study. Women were divided into the two groups according to the diameter of ovarian mass: ≥ 10 cm as a case group and < 10 cm as a control group. Demographic and clinical characteristics, operation and histopathological results of groups were compared.

Results

During the study period a total of 260 women, 64 women with large mass and 196 without, were underwent laparoscopic surgery for an ovarian tumor. The salpingo-oophorectomy rate was significantly higher in women with large mass than without (65.6% vs 44.4%, $p = 0.003$). There was no significant difference in terms of laparoscopy technique, operation time, complication rate, preoperative and postoperative Hb levels, and length of hospital stay between the two groups ($p > 0.05$). While the intraoperative cyst rupture rate of two groups was similar (26.6% vs. 35.7, $p = 0.178$), the aspiration of cyst content was performed more commonly in women with large ovarian cyst (29.7% vs 5.1%, $p < 0.001$). The conversion to laparotomy rate (7.8% vs. 0%, $p = 0.001$) and the unexpected malignancy rate were higher in women with large ovarian mass than without. While 5 (7.8%) women had malign or borderline tumor in the large mass group, no women with ovarian mass < 10 cm in diameter had either malign or borderline tumor ($p = 0.001$).

Conclusion

The study results showed that the laparoscopic surgery of large ovarian masses was feasible. However, safety of laparoscopy in large ovarian masses was uncertain according to the study results. Clinicians should keep in mind the higher unexpected malignancy risk of ovarian masses with benign features and ≥ 10 cm in diameter than the small masses and inform patients about the consequences of laparoscopic surgery.

ASSOCIATION OF TUMOR NECROSIS FACTOR (TNF) ALPHA AND BETA POLYMORPHISM IN CORONARY ARTERY DISEASE

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Background

Coronary Artery Disease or Atherosclerosis is a dynamic and progressive inflammatory pathology and is the major cause of death and disability worldwide. The purpose of this study is to bring together the current information concerning the role of pro- and anti-inflammatory cytokines in the development, progression, and complications of atherosclerosis. In present study we assess whether these Tumor Necrosis Factor (TNF) Alpha and Beta polymorphisms were related to the risk of CAD or not Genotyping was performed with techniques based on Real Time-Polymerase Chain Reaction.

Materials and Methods

In our study we compared patient group (n:50) which have coronary artery disease and control group (n:50) about risk factors such as hyperlipidemia, smoking, obesity and diabetes and their association between Tumor Necrosis Factor (TNF) Alpha and Beta polymorphisms and Coronary Artery Disease.

Results

In the comparison of the patient and control groups, male gender ($p=0.0860$) and cigarette consumption ($p=0.110$) and diabetes ($p=0.026$) were assumed to be the risk factors . Total cholesterol ($p=0.102$) and LDL ($p=0.178$) levels were high, HDL ($p=0,040$) levels were found to be lower in patients group. Tumor Necrosis Factor Alpha (TNF α) genotype was significantly higher in patients group compared to control group. The frequency of the Hemozygote Mutant Genotype was found to be significantly higher in patients compared to controls ($p=0.004$). The cardiovascular risk for Homozygote Mutant Genotype was 12.2-times increased in patients compared with the control group (OR=12.250, 95% CI=1.504-99.798; $p=0.004$).

Conclusion

No association was found about those Tumor Necrosis Factor (TNF) Beta polymorphisms and CAD between the groups. Genetic predisposition of individuals can be determined with new approaches in the early life stages and thus disease formation can be prevented with new measures taken against Coronary Artery Disease .

Key Words: Atherosclerosis, polymorphism, Tumor Necrosis Factor (TNF) alpha and beta

QUALITATIVE ANALYSIS OF THE OPINIONS OF THE HEALTH CARE PROFESSIONALS ABOUT THE WASTE IN HOSPITALS

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Background

Developing technology, population growth and changes in the income level of the society have led to an increase in the expectations of the society from health services. In line with the expectations of the society, it is inevitable that hospitals where health services are provided to deliver more comprehensive services. Today, the fact that many hospitals serve as enterprises has made health services accessible. This situation also caused services such as the use of high-tech medical devices and hotel management to be added to the hospital expenses. As a result of this change in the provision of health services, the health service received from hospitals has started to be seen as a social status in the society. In this context, it has increased the costs of the financing and service provision that countries allocate for health. This situation has brought up the issue of waste in health.

Aim

The aim of this study is to reveal in detail the views of healthcare professionals working in hospitals on waste.

Material Method

This research was conducted between May 2019 and September 2019, in qualitative design. The sample of the research; total of 60 healthcare professionals with different experience and education, working in different positions (12 doctor, 7 nurse manager, 20 nurse, 1 emergency aid technician, 4 caregiver, 7 cleaning staff, 9 secretary) and were selected using the maximum diversity sampling method among healthcare workers from five hospitals from three different sectors (private, university and Ministry of Health) in İstanbul. In individual and in-depth interviews with healthcare professionals participating in the study, a "Semi-Structured Interview Form" consisting of 14 questions was used, and the results were evaluated using content analysis and Nvivo12 program.

Result

In line with the findings obtained from the research four main themes as "waste perception", "wasted resources", "causes of waste" and "measures to be taken against waste", sub-themes and codes related to these main themes were created. In line with the statements of healthcare professionals, it has been stated that waste is very high in hospitals and disposable materials are among the most wasted resources. It was stated that material and personnel management in hospitals occupy an important place among the reasons of waste, and it was emphasized that institutional and political measures rather than individual measures will be decisive in the measures to be taken.

Conclusion

In that case that the healthcare professionals participating in the study thought that determining the wasted resources and the reasons for waste in hospitals and taking measures to prevent waste can reduce waste.

INVESTIGATION OF 1335 G/C POLYMORPHISM IN RS11549428 SEQUENCE OF SOCS-1 GENE IN EXON-2 REGION IN PATIENTS WITH SICKLE CELL DISEASE

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Background

Sickle Cell Disease (SCD) is an autosomal recessive congenital blood disease that can result in life-threatening acute complications and chronic damage to various organs. It is a very important health problem for our region. Cytokine signals and suppressor proteins have important roles in the regulation and control of gene expression.

Aim

In this study, SCD patients from Mediterranean Region of Turkey to determine the genotypic differences in individuals with sickle cell disease, peripheral blood samples were taken primarily from patients and healthy control group.

Material Method

In this study, SCD patients from Mediterranean Region of Turkey to determine the genotypic differences in individuals with sickle cell disease, peripheral blood samples were taken primarily from patients and healthy control group. The DNA purification was performed by using manufacture isolation kit protocol.

In the study conducted to compare 70 individuals with sickle cell anemia who were admitted to the hospital due to a stable patient and crisis with 70 healthy population of the same age group. The rs11549428 gene sequence in the SOCS-1 gene locus of the participants was screened by PCR and RFLP studies.

Result

No statistical significance was found in the data of 1335 G/C single nucleotide polymorphism in exon-2 of the patient group included in this study.

Conclusions

It has been observed that there is no connection between this investigated 1335 G/C single nucleotide polymorphism and SCD.

Keywords: Single Nucleotide Polimorphism (SNP), inflammation, sickle cell disease (SCD), SOCS-1, autozomal

EVALUATION OF BIOLOGICAL VARIATION MEASUREMENTS IN DIFFERENT VARIABLES AND SAMPLE SIZES

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Background

In the field of biochemistry, biological variation must be calculated in order to give reliable results for diagnosis and interpretation of the temporal changes of analytes.

Aim

The aim of this study is to observe how biological variation works for different sample sizes.

Material Method

For the statistical analysis of biological variation analysis; the data obtained in different sample sizes related to four variables namely Vitamin D, Ferritin, Folate and Vitamin B12 were used. For analytical variation calculations, the variance between the results of the paired individuals was calculated. The variance between individuals' own results for intra-individual biological variation was calculated. Inter-individual variation for the total variation was calculated using all the results of all individuals. The online application (<https://turcosa.shinyapps.io/biovar/>) was used to calculate the assumptions for this analysis.

Result

Analytical variation values as a result of biological variation analysis applied in various sample sizes of 15-30-45-85-150-250 were found 7.976-8.740 for Vitamin D, 23.314-29.138 for Ferritin, 5.686-5.922 for Folate, and 8.182-9.204 for Vitamin B12.

Conclusions

As a result of the application, there is not a big difference in different sample sizes, but as the sample size increases, more consistent results are obtained.

POSTPARTUM DEVELOPING FAST PROGRESSING HELLP SYNDROME; A CASE REPORT

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Background

HELLP Syndrome (Hemolysis, increase in liver enzymes and decrease in platelets), which is a severe form or variant of preeclampsia. But may occur without signs of severe preeclampsia. HELLP syndrome may cause serious complications such as disseminated intravascular coagulopathy (DIC), acute renal failure, adult respiratory distress syndrome (ARDS), liver rupture, and cardiopulmonary failure.

Aim

Our aim in presenting this case is to remind that HELPP syndrome may develop postpartum period even if the treatment is "delivery" and without clinical symptoms. The case we present includes points to be considered in the close follow-up of a case that shows rapid progression within the postnatal hours.

Material Method

This is a case report.

Case

A 30-year-old patient with a pregnancy of 36 weeks and 3 days according to the last menstrual period (G4P2Y2A1). In ultrasonographic examination, a single alive fetus compatible with 34 weeks was observed and amniotic fluid was normal. Arterial blood pressure (ABP) at admission was 170/110 mm/Hg. She had no preeclamptic symptoms or complaints. There was no history of chronic disease, hypertension or operation in his medical history. In laboratory tests there was no pathology other than +2 protein in the urine test. Magnesium infusion for eclampsia prophylaxis and vaginal dinoprostone insert for labor induction was applied. The labor lasted 5.5 hours in total. The patient's ABP was measured as 130/80 mm/Hg after delivery. Postpartum magnesium infusion and close follow-up continued. Due to occasionally increased diastolic blood pressure values to 100-110 mm/Hg the patient was followed up in the intensive care unit. Within 12 hours, platelet values dropped 5 times and liver enzymes increased 10 times.

Result

After effective antihypertensive treatment, steroid therapy and uterine cavity control, the patient's blood pressure values were adjusted. She was discharged on the 4th postpartum day with triple antihypertensive treatment and recommendations.

Conclusions

HELLP syndrome can develop without clinical symptoms. Vaginal delivery under careful monitoring is important in preventing bleeding and operation risks. In terms of residual trophoblastic tissue reaction, uterine cavity control can be kept in mind. The follow-up should not be relaxed as blood pressure values return to normal in the first hours after birth. Complications can be minimized with close follow-up. Keywords: HELLP syndrome, postpartum period, vaginal delivery.

TOPOGRAPHICAL INVESTIGATION OF REPERFUSION IN ISCHEMIC BRAIN CORTEX AFTER RECANALIZATION

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Objective

Acute stroke treatment aims to increase blood flow in penumbra, the salvageable ischemic tissue. In this study, reperfusion in recanalized ischemic tissue was examined topographically from ischemic core to periphery, differences in blood flow according to its proximity to the ischemic core were investigated over one-hour period.

Method

We performed one-hour distal middle cerebral artery (dMCA) ischemia in Swiss male mice (n=3/group). A 3x3mm parietal craniotomy was drilled and an imaging window was prepared in anesthetized mouse. dMCA was compressed for 1h with a glass, blunt-tipped micropipette through a burrhole drilled in the temporal bone just posterior to zygoma to induce ischemia. Recanalization was achieved by pulling the micropipette after one hour. Serial cortical blood flow recordings were obtained by laser-speckled contrast imaging (LSCI) during ischemia and recanalization phases. One group of mice was given S-PBN (156mg/kg intraperitoneal), a neuroprotective, blood-brain-barrier impermeable antioxidant, 10minutes before and immediately after recanalization (n=3). Tissue reperfusion was assessed by LSCI as "relative change to pre-ischemic basal level". Blood flow values were compared in three regions of interest (ROI) defined according to the proximity to the ischemic core.

Results

Despite the short duration and distal location of ischemia, we observed that the cortical blood flow did not completely recover within 1-hour following recanalization (partial no- reflow). Cortical blood flow was $88\pm6\%$ in the near-core ROI, $86\pm5\%$ in the intermediate ROI, and $79\pm3\%$ in the peripheral ROI compared to pre-ischemia levels (mean \pm SE; $p<0.001$ with Kruskal Wallis test). Blood-brain-barrier impermeable S-PBN, which was given just before recanalization and effective only in circulation, provided additional improvement in tissue reperfusion (compared to untreated group; $p<0.001$ and $p=0.005$ in near-core ROI and intermediate ROI, respectively). This improvement was heterogenous topographically (near-core ROI= $91\pm9\%$, intermediate ROI= $105\pm10\%$, peripheral ROI= $85\pm6\%$) and after 30 minutes of recanalization, blood flow increased above the baseline values in the intermediate ROI. Conclusion: Effect of recanalization, the standard therapeutic approach in acute stroke, is heterogeneous on microcirculation and shows regional differences. Topographical and temporal evolution of the penumbra should be considered when evaluating the effectiveness of neuroprotective agents in experimental and translational studies.

INVESTIGATION OF THE COMBINED THERAPY OF IL-6 AND VITAMIN D IN SW1353 CELLS

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Introduction

Inflammation affects immune surveillance and responses which also play important decisive roles at different stages of tumor development processes, including initiation, promotion, malignant conversion, invasion, and metastasis. Interleukin-6 (IL-6), released from macrophages and monocytes, is involved in many inflammatory pathologies and cancer pathogenesis. 1,25 (OH)₂D₃ (Vitamin D), in addition to its modulatory roles in calcium-phosphorus homeostasis, plays a role in cell proliferation and differentiation. It has been shown to have anti-inflammatory effects in some autoimmune diseases such as osteoarthritis (OA) and rheumatoid arthritis (RA). There are no studies in the literature regarding the combined treatment of IL-6 and vitamin D.

Purpose

In this study, we aimed to investigate the effects of different doses of IL-6 and vitamin D on SW1353 cells.

Methods

Exogenous IL-6 (1, 5, 10, 20 ng / ml) and vitamin D (10⁻⁷M and 10⁻⁶M) were administered on SW1353 cell lines in vitro. WST-1 and LDH assays were performed to determine toxic effects of IL-6 and vitamin D. Additionally, RT-qPCR analysis was performed.

Results

We observed that IL-6 (alone) suppressed cell proliferation in lower doses but this effect is reversed with higher IL-6 concentrations. IL-6 was not toxic on SW1353 cells with any of the doses used. Both 10⁻⁷M and 10⁻⁶M concentrations of vitamin D inhibited cell proliferation but did not cause any toxic effect on cells. When combined, 10⁻⁷M vitamin D but not 10⁻⁶M concentration reversed the IL-6 effects on Sw1353 cells being more effective on 20ng/ml dose of IL-6. According to RT-qPCR data, administration of IL-6 and vitamin D alone decreased VDR (vitamin D receptor) expression compared to the control, while the opposite effect was observed in combined therapy. On the other hand, a decrease in Bcl-2 expression was observed in IL-6 or vitamin D (alone) compared to the control, while an increase in Bcl-2 expression was observed in combined therapy. Similarly, osteopontin expression decreased in IL-6 and vitamin D treatments alone compared to the control. Osteopontin expression increased in combined therapy. RT-qPCR results was similar for VDR, Bcl-2 and osteopontin. Interestingly, a significant decrease was observed in the combined doses of IL-6 (10ng/mL) and vitamin D (10⁻⁷M) in expression of cell the mRNAs protein studied.

Conclusio

This preliminary data suggest that there is an interaction between IL-6 and vitamin D. This interaction points to a process that runs through VDR, BCL-2 and osteopontin in processes such as inflammation.

Key Words: SW1353, Cancer, IL-6, 1,25 (OH)₂D₃, Vitamin D, treatment.

RELATIONSHIP OF MATERNAL HEIGHT AND WEIGHT WITH CERVICAL LENGTH IN NULLIPAROUS PREGNANT

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Background/Introduction

Preterm birth is the most common cause of perinatal morbidity and mortality in the world. Preterm delivery is defined as the birth before the 37th gestational week (1, 2). Basic reasons related to premature birth; adverse medical conditions in the mother or fetus, genetic effects, environmental exposure, infertility treatments, behavioral and socioeconomic factors and iatrogenic preterm birth (3). Various studies have evaluated the relationship of factors such as maternal demographic characteristics, behavioral and anthropometric characteristics, body mass index (BMI), maternal nutritional status with preterm birth (4-6). Evidence for the relationship between maternal characteristics and cervical length is limited and is often associated with preterm delivery rather than cervical length. Short maternal height is an anthropometric variable that has been suggested to be associated with preterm birth in various studies, but the degree of pre-term delivery predisposition to short mothers in women is unknown (7, 8). Structurally, short cervical length may be associated with maternal short stature, but few studies have examined this relationship.

Aim

In this study, we aimed to investigate the relationship between short maternal height and maternal BMI variables with cervical length and the effects of these anthropometric measurements in predicting premature birth.

Material and Methods

This prospective cohort study was conducted among uncomplicated nulliparous pregnancies between 24-28 weeks of gestation who applied to our gynecology and obstetrics clinic. Informed consent of all participants was obtained. Nulliparous pregnant women over the age of 18 with a healthy single pregnancy were included in the study. At the first visit, demographic information of the participants including age, height, weight, body mass index, and obstetric histories was recorded. The gestational age of the patients was calculated according to their last menstrual period and confirmed by an early period (8-12 weeks) ultrasound.

Results

A total of 200 nulliparous pregnant women were evaluated for the study. The median value of cervical lengths measured at the 24th and 28th weeks of the patients was determined as 34 mm. The age median value of the patients was 28 (16, 46), the median height was 166 cm (148,184), and the weight median value was 76 (58, 105). No statistically significant correlation was found in the correlation analysis of the cervical lengths of the patients with age, height, weight and body mass index (p values: 0.662, 0.851, 0.596, 0.502,0.886, respectively).

No significant relationship was found in the correlation analysis of cervical length calculated according to the week of measurement and maternal age, height, weight and body mass index (p values: 0.790, 0.610, 0.558, 0.340, 0.998, respectively). Patients were divided into three groups according to their body mass index as ideal (18.5,24.9), overweight (25-29.9) and obese (> 30), and their cervical lengths were compared. In the overweight group, labor under 37 weeks was found to be significantly higher (p= 0.016). There was no significant difference between cervix lengths and z scores of cervix lengths of these groups (p values; 0.777, 0.902, respectively).

Conclusion

In this study, it was determined that the second-trimester cervical length of nulliparous pregnant women did not significantly change with BMI and maternal height in the Turkish population. As a result, no significant relationship was found between cervical length and maternal height and weight in the Turkish population. However, as there may be differences in this regard between different ethnic groups, more studies are needed on this subject.

e-picos

e-picos is a software developed by MedicReS