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The Relationship Between Students’ Quality of Life & Students’ Academic Success: A Cross-Sectional Study from Yeditepe University Faculty of Medicine

Introduction

Medical schools are institutions that challenge students not only academically but also in fields of physical and psychological health and social relationships. Previous studies consistently show that student well being is at its lowest especially during terms of intense studying (e.g. pre-exam periods,) [1] and evidence strongly suggests that there is a strong relationship between quality of life and academic performance. [2] In this study, using World Health Organization’s Quality of Life BREF (WHOQOL-BREF) scale, the relationship between academic performance (GPA) and quality of life scores have been assessed via a cross-sectional study that uses data from 188 medical students at Yeditepe University Faculty of Medicine.

Objectives

The objective of this project was to study the correlation between the quality of life and academic performance of medical students at Yeditepe University Faculty of Medicine using the WHOQOLBREF scale.

Methods & Design

From June 2018 to October 2018, medical students from all phases at Yeditepe University were asked to fill out a questionnaire that was available online via Google Forms. This form asked medical students the questions of WHOQOL-BREF Turkish Version, and questions regarding the student’s GPA, gender, and phase. The results of our cross-sectional study analyzed with independent samples t-test and Spearman’s test to reveal relationships and correlations.
Results

For preclinical medical students, subdomains of energy & fatigue, general work capacity, (physical health) body image and appearance and self-esteem (psychological health) have been found to have statistically significant relationships with GPA levels, yet there were no correlations according to the Spearman’s test. Clinical medical students’ GPA values and quality of life test results have revealed statistically significant relationships for the subdomains of activities of daily living, work capacity (physical health), body image and appearance and self-esteem (psychological health). Spearman’s test has shown that the major domain of physical health, subdomains of energy & fatigue, activities of daily living, work capacity, body image and appearance, and self-esteem do have moderately negative correlations with the differences in GPA levels. Results also revealed that there is a relationship between gender and differences in GPA levels for preclinical medical students, while no difference exists between genders of clinical medical students. Also, it was observed that quality of life mean scores decrease significantly as students get to higher phases in medical school.

Conclusion

In conclusion, for preclinical medical students, quality of life test values revealed statistically significant relationships with several subdomains, but no correlations were found. Absence of a correlation between the quality of life and academic performance might be demotivating for medical students because of the fact that what they learn in theoretical lessons (preservation of health) and real-life results do not meet. Results for the test of the clinical students conclude that there is a moderate negative correlation between differences in GPA levels and physical health, energy & fatigue, activities of daily living, work capacity, body image and appearance, and self-esteem. This result suggests that while the difference in GPA levels increases, the scores that medical students give for these subdomains decrease.

Keywords:
World Health Organization Quality of Life, WHOQOL-BREF, physical health, psychological health, social relationships, environment, medical school, medical students, GPA, academic success
Introduction

Drinking alcohol has been found to be commonplace amongst medical students across the globe, similar to the general student population. Quantitative studies have previously measured the rates of drinking in students, however very few have taken a qualitative approach to gain a better understanding of why alcohol has been found to feature so prominently in the lives of medical students. This study aims to qualitatively analyse students’ experiences and opinions on the effects of alcohol on social integration in medical school.

Methods & Materials

Qualitative data was collected from four focus groups with 26 medical students and four interviews with individuals of interest. Data was analysed thematically to explore whether there were repeated patterns of perception within the data on the relationship between alcohol and social integration.

Results

Thematic analysis yielded key themes relating to social integration/isolation: Socialisation, Drinking Culture, Social Pressure and Change. Alcohol facilitated socialisation in medical school and is the central focus of many social programmes. Although the drinking culture at medical school is embraced by some students, others are isolated by it including younger/older students, religious students and those who are recovering from alcoholism. Niche groups are often formed as a result of this social exclusion.
Discussion & Conclusions

Alcohol is a main driving force for social integration/isolation at medical school. In addition to the existing education about negative health consequences of drinking alcohol, education about the social consequences of the medical school "drinking culture" is warranted, as is further research to determine whether our findings are generalisable to other medical schools, other student bodies, and society at large. We need to understand the pressures and socialisation processes of students to understand drinking behaviour. Only then can we begin to create opportunities for change in relation to alcohol-driven social integration and isolation.

Authors:

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Abstract

We present the case of a 38-year-old male patient diagnosed with a poorly differentiated gastric adenocarcinoma, with a number of particularities, including the early age of onset and lack of digestive symptoms.

Background

Gastric cancer is usually a disease of older age, correlated with low standards of hygiene, a highly processed diet, lacking fresh produce and Helicobacter pylori infection.

Case presentation

The patient first presented to his general practitioner with lumbar pain in late 2017. An X-ray scan showed nothing other than a lumbar discopathy. Due to persistent symptoms, a thoracic and lumbar CT is performed, showing hyperdense and osteolytic lesions, spinal hernias and multiple adenopathies scattered in his thorax and abdomen. After performing a bone marrow biopsy, our patient is diagnosed with a poorly differentiated carcinoma of unknown origin. The next step was a contrast CT scan, highlighting a thickening of the gastric wall around the fornix and small curvature, which was also biopsied.
In April 2018, whilst still awaiting the histopathology report, he presents with movement impairing pain in his left shoulder, nausea and dehydration, showing an evolving malignancy. The blood count reveals anemia and thrombocytopenia, corrected with multiple transfusions and special chemotherapy to unblock the bone marrow - 3 doses of Vincristine and 9 doses of Cisplatin, after which the patient developed gastric mucositis and hand-foot syndrome, along with worsened bone pain. He is also given zoledronic acid, an osteoclast inhibitor, to halt the evolution of his bone lesions. Chemotherapy was continued after receiving the complete histopathological diagnosis. The next 6 doses of Paclitaxel and Ramucirumab showed no effect, with increasing tumor markers and secondary hemorrhagic syndrome probably induced by Ramucirumab. He underwent two more chemotherapy courses, with no visible results. Momentarily, the patient returned to his home town and his evolution is unknown.

**Particularities and conclusion**

The particularities mainly consist of the age of onset and clinical presentation. Certain rare genetic conditions may cause early cancers with a very similar presentation to our case. The tumor did not form a solid mass, only infiltrating the wall of the stomach asymptomatically, but with numerous lymph node and bone metastases. The bone marrow was also heavily infiltrated, leading to pancytopenia. Despite gastric cancer incidence dropping in recent years, the genetically-determined type is not included, therefore great efforts are needed for the early diagnosis and treatment of this highly deadly malignancy.
Introduction
Uludag Simulation Wars is a project that wants to draw attention to the importance of simulation technology in education. The highest unity of medical education and technology integration is seen in simulation systems today. In this project, it is aimed to bring together the latest technologies and developments in education with the new generation of teaching methods and to illustrate the benefits and permanence of technology-supported education, peer interaction and the positive impact of the game (simulation) in the learning process. In this project, which focuses on medical simulation, the target audience consists of students from the Faculty of Medicine. Students who experience simulation-based training practices are expected to compete against time in teams, to gain competence in team-based learning and crisis resource management.

Method & Materials
The project will be realized among the faculties of Medicine at state universities in Bursa Uludağ University, the first and most well-equipped Center in the field of Medical Practice and Simulation Center (USIM). Within the scope of this project, a total of 18 teams (6 different teams for each semester) for three different periods (March, April and may) formed. 54 medical students from 6 different universities participated in the competitions. After a day of basic simulation training to be given to these students; six different stations (3D anatomy, virtual patient simulator, emergency simulator, ultrasound simulator, basic life support simulator, laparoscopic surgery simulator) will compete simultaneously with teams, these competition stations are expected to complete successfully as soon as possible. Before and after competitions in every phase of the project; clinical decision making, change in professional knowledge and skills, team-based work, crisis resource management, structured focus group interviews aimed at evaluating professional attitudes and behaviors, and likert scale assessment surveys implemented.

Conclusion
It is thought that the positive outcomes from this project will benefit the development of inter-university cooperation in Turkey, provision of joint use of educational resources and drawing attention to simulation-based education.

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CLINICAL EVENTS OF FIRST DETECTED ATRIAL FIBRILATION IN PATIENTS WITH HYPERTENSIVE EMERGENCY

Actuality

The occurrence of arrhythmias among patients with hypertension (HT) has become the basis of a numerous studies. It remains interesting to determine the clinical manifestations of the first detected atrial fibrillation (FD AF) on the background of HT in the development of hypertensive crises (HC).

Purpose of the study

To determine the clinical manifestations of the FDAF in group of patients with HT during the development of HC.

Material and methods of research

The research results are based on a survey of 73 patients with documented HT in the state of HC during the emergency medical help on the prehospital phase. All studied were subjected to anamnestic, general clinical and instrumental examination to verify the diagnosis, identify complications and associated pathology.

Obtained results and its discussion

The quantity of patients in the first group with HT combined with FDAF during the development of HC was 38 people (22 men and 16 women), with an average age of age 57.4 ± 1.0. The quantity of second group of patients with HT during the development of HC without AF was 35 people (17 men and 18 women), with an average age of 57.2 ± 0.9.
The groups were comparable in age and duration of HT. Analysis of complaints in patients with HC showed that the prevalence of the main symptoms in the first group were: shortness of breath - 23 (60.5%), headache - 1 (2.6%), dizziness - 6 (15.8%), heart interruptions - 14 (36.8%), palpitation - 26 (68.4%). In the second group: shortness of breath - 5 (14.3%), headache - 33 (94.3%), dizziness - 23 (65.7%), heart interruptions - 8 (22.9%), palpitation - 15 (42.9%). Only heart interruptions did not have a significant difference between the groups by the criterion \( c_2 \) \((p>0.05)\). Clinical manifestations such as shortness of breath and palpitations were more prevalent among patients with HT combined with the FDAF and development of HC \((p<0.05)\), but headache and dizziness were prevalent among patients with HT during the development of HC without AF \((p<0.05)\).

The results of ROC-analysis showed that heart interruptions, as a manifestation of the FDAF in patients with HT during the development of HC \((AUC = 0.576, 95\% CI AUC 0.457 \text{ to } 0.689)\) had a sensitivity of 36.84% and specificity of 78.38%. Also palpitations, as a manifestation of FDAF in patients with HT during the development of HC, had sensitivity of 68.42% and specificity of 59.46% at \( AUC = 0.639, 95\% CI AUC 0.520 \text{ to } 0.747 \).

Conclusions

1. The most frequent clinical manifestation accompanying the FDAF in 26 (68.4%) patients with HT during the development of HC was heartbeat.
2. Heart interruptions and palpitations in patients with HT during the development of HC had insufficient sensitivity and specificity for AF.
3. Patients with developing HC require mandatory ECG registration before emergency medical treatment to determine further treatment tactics.

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INVESTIGATING THE ORIGIN OF IMAT: CAN MYOBLASTS TRANSDIFFERENTIATE INTO FAT CELLS?

In 2016 the WHO reported that 39% of the global adult population (≥18 years) were overweight and 13% were obese according. Excess body fat is the strongest risk factor for type 2 diabetes. Overweight and obesity, together with physical inactivity, are believed to be responsible for a large proportion of diabetes-related health care costs in the world.

Sarcopenia is a condition characterized by progressive loss of skeletal muscle mass and happens naturally as a part of the aging process. Patients with sarcopenia have an increased risk of loss of strength, falls, fractures, physical disability and mortality, hence causing an additional global burden to healthcare costs. Research shows evidence suggesting this aging process is accelerated in patients with obesity and metabolic disease, thus defining it as sarcopenic obesity. Radiology images of patients with sarcopenic obesity, compared with lean age gender matched adults, revealed excess amount of Intramuscular Adipose Tissue (IMAT) in skeletal muscle. There is strong evidence of a negative relationship between excess amount IMAT and insulin sensitivity. While the existence of IMAT is being known for a long time, the origin of the ectopic fat tissue accumulation under obese and diabetic conditions remains unknown.
In order to understand this origin, RNA Sequencing of IMAT, subcutaneous fat and skeletal muscle were compared in this study. The results showed that IMAT is a unique entity, containing genes that are common with both subcutaneous fat and skeletal muscle tissues. Expression of specific gene sets were upregulated in IMAT of diabetic and insulin resistant patients compared to lean subjects.

Based on these results we aim to investigate herein whether human muscle progenitor cells can transdifferentiate into fat cells, causing the accumulation of IMAT in the muscle tissue under obese and diabetic conditions. To address this question we are currently conducting cell culture experiments to determine if myoblasts can transdifferentiate in vitro into adipose tissue when genes that are more active in obesity and diabetes are induced. To characterize cells at the end of the study we perform RNA seq, RT-qPCR and Immunofluorescence staining methods; all of which I am actively involved during my internship at the HMGU.

The results obtained herein reveal which genes are involved in the transdifferentiation process and the yet unknown mechanism, leading to possible prevention or treatment chances.
IDIOPATHIC THROMBOCYTOPENIC PURPURA

HISTORY
- Past history of migraine and mild hypertension. Elevated levels of triglycerides and VLDL, patient took Atorvastatin 10mg daily for a period of 1 month
- Gingival bleeding
- Frequent bruising
- Mild menorrhagea

EXAMINATION
- Vital signs came normal.
- Gingival bleeding
- Ecchymosis on both right and left thighs and left leg.

DIFFERENTIAL DIAGNOSIS
- Scurvy
- Dengue
- Leukemia
- Drug induced Thrombocytopenia
- Aplastic anaemia

PATIENT DETAILS
23 year old female, studying in Bangalore. Came to dermatology department with complains of ecchymosis.

CASE SUMMARY
Chief complaints: ecchymosis, gingival bleeding

MANAGEMENT
- a CBC conducted showed platelet count to be 22,000/mm³. Rbc and leukocyte count came normal.
- Bone marrow aspiration showed normal amount of megakaryocytes. Suggests idiopathic thrombocytopenic purpura

TREATMENT
- therapy consisted of prednisone for period of four weeks. the counts came back to 2lakhs/mm³ but after tapering, the counts again start decreasing. Upon increasing the dose again by 10mg, the platelet count started rising. In view of severe muscle weakness it was proposed to start Eltrombopag or romiplostim.

FOLLOW UP
- Follow up after two weeks has shown significant increase in the number of platelets even after reduction of dose twice by 10mg daily. Hence it was proposed that the two new drugs should be withheld.

CASE DISCUSSION
- Thrombocytopenia gets spontaneously remitted in a period of 6 months in case of children, however in adults there is remittance in a period of 6 months after medication Atorvastatin and Dapsone is also sometimes showed to be the cause of thrombocytopenia (Drug induced), since the patient lacked any family history of having any sort of blood related disorders. It is estimated that the patient could have had normal thrombocytes after stoppage of Atorvastatin, however the counts for patient fell below 20,000 leading to an immediate start of medication.
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INTRODUCTION

Breast cancer is uncontrolled proliferation of epithelial cells in the ducts and lobules of the breast and it is a leading cause of death in women. The high risk of breast cancer development has raised the importance of the prevention of its development, and regular breast examination is a key component. Within breast examination methods self-examination, examination at the specialist and mammography is included. This study evaluates the level of practice of these examination methods from women in Kosovo, indicating the level of awareness of breast cancer development and prevention, which will help to efficiently plan projects to handle this problem, and it assesses four major risk factors of breast cancer development (age, positive family history, previous health problems with breast cancer or ovaries, gene mutations of BRCA1 and BRCA2 genes).

METHODS & MATERIALS

This was a cross-sectional anonymous survey distributed to 273 women with an average age of 48.17 from seven cities of Kosovo. The survey was divided into two parts. The first part consisted of questions regarding the practice of self-examination methods age and level of education. The second part involved questions upon the risk factors of breast cancer development. Collected data were further processed by Microsoft Excel.
RESULTS

From 273 women involved in the survey, with an average age of 48.17, 24% have practiced NONE of the methods of breast examination, 52% have practiced at least ONE of the examination methods, and 23.4% have practiced all THREE methods. There is a high correlation between the level of education of the survey’s participants and practice of breast cancer examination. 24.17% of the participants have NO risk factors for breast cancer development, 61.5% have ONE of the risk factors and 12.5% have TWO risk factors for breast cancer development.

DISCUSSION & CONCLUSION

Based on the processed data, it is concluded that the level of awareness and breast examination among women in the Republic of Kosovo is not desirable. From the age group of 40+ that participated in the survey (72% of the total) more than half (56%) have never had a mammography from which 73.21% are with low or middle level of education.

24.54% of the total have never had a breast self-examination.

Based on the risk factor evaluation and the low self-care for breast cancer, it is concluded that the awareness projects should be intensified and mammography coverage by central Institutions should be expanded. This study also detects the target group of the future projects, which should be focused on the group of women with a low level of education and living in the suburb areas and the marginalised group of society with limited access to the Health Institutions.
The important thing in science is not so much to obtain new facts as to discover new ways of thinking about them.

Sir William Bragg