

CURRICULUM VITAE

SAPALIDIS G. KONSTANTINOS

DECEMBER 2021

CURRICULUM VITAE SUMMARY

Personal Details

Name: Konstantinos
Surname: Sapalidis
Year of Birth: 1963
Place of Birth: Ptolemaida
Present Employment: Associate Professor March 2019

Place of Residence: Mesimeri, Thessaloniki
Home Address: Mesimeri, Thessaloniki 57500
Telephone Number: +302392092146 / +306944706828
(mobile)
E-mail: sapalidiskonstantinos@gmail.com
Marital Status: Married (1999)

Academic Qualifications

Degree: Craiova University, School of
Medicine/ Romania (9/1990)
Certification of Degree (7/1991)

Medical Specialty: General Surgery (6/1999)

PhD: Medicine, Aristotle University of
Thessaloniki/Greece (6/2004)

Post Graduate Training: 41 post graduate programs

Present Research/Employment: 3rd Surgical Ward AHEPA
University Hospital
Thessaloniki/Greece (1/2012-today)
Associate Professor March 2019

Research programs: Participation in 3 international
research meetings accredited by the
NIH as head researcher, with
protocol number:
1) **NCT00692835**
2) **NCT00691990**
3) **NCT00693147**
Participation in an international
multicenter study as a research
member, with protocol number:

1) **08-CAR-07-IL-01**

Other Activities:

- Member of 4 committees
- Visiting doctor at Sohos Medical Center/Greece
- Supervising doctor at AHEPA University Hospital Thessaloniki/Greece
- Reviewer of scientific articles of 4 foreign journals
- Founding member of Hellenic Romanian Society of Surgery

PUBLICATIONS	NUMBER OF PUBLICATIONS	1⁰² AUTHOR	2⁰² AUTHOR	3⁰² AUTHOR	>3 AUTHOR	CORRESPONDING AUTHOR
PUBLICATIONS IN INTERNATIONAL JOURNALS (PUBMED, SCOPUS)	71	17	12	12	29	16
ABSTRACTS IN INTERNATIONAL JOURNALS	10	1	2	6	1	-
ABSTRACTS IN GREEK PROCEEDINGS	141	36	30	33	42	-
REVIEWER	20	-	-	-	-	-
CHAPTERS IN UNIVERSITY BOOKS	6	3	2	1	-	-
PH.D	1	-	-	-	-	-

SCIENTIFIC WORK

NATIONAL MEETINGS	215
INTERNATIONAL MEETINGS	43
ROUND TABLES	18
WORKSHOPS	15
PRESIDENT IN CONGRESS SESSIONS	14
DISCRIMINATIONS	2
ABSTRACT IN HELLENIC CONGRESSES	141

CITATION INDEX: 281

HIRSCH (H-INDEX H H-FACTOR): 11

TOTAL IMPACT FACTOR : 89.892

Distinctions

- 1) **Aristotle University of Thessaloniki, Greece, Distinction for outstanding clinical applications 18 May 2018**
- 2) **``Diploma De Onoare`` for outstanding clinical and educational offer; Distinction from the University of Medicine and Pharmacology Craiova, Romania. Prof. Rector. Univ.dr. Ion Rogoveanu**
- 3) **“Honoris Causa” University of Medicine and Pharmacology Craiova, Romania. 21 March 2019**

Publications in International Journals

1) Vacuum-assisted closure in severe abdominal sepsis with or without retention sutured sequential fascial closure: a clinical trial.

Pliakos I, Papavramidis TS, Mihalopoulos N, Koulouris H, Kesisoglou I, **Sapalidis K**, Deligiannidis N, Papavramidis S.
Surgery. 2010 Nov;148(5):947-53. doi: 10.1016/j.surg.2010.01.021. Epub 2010 Mar 15.
PMID:20227097

Impact Factor 3.801

2) Spontaneous abdominal wall endometriosis: a case report.

Papavramidis TS, **Sapalidis K**, Michalopoulos N, Karayanopoulou G, Raptou G, Tzioufa V, Kesisoglou I, Papavramidis ST.
Acta Chir Belg. 2009 Nov-Dec;109(6):778-81.
PMID:20184068

Impact Factor 0.7

3) Management of an extrasphincteric fistula in an HIV-positive patient by using fibrin glue: a case report with tips and tricks.

Papavramidis TS, Pliakos I, Charpidou D, Petalotis G, Kollaras P, **Sapalidis K**, Kesisoglou I, Papavramidis ST.
BMC Gastroenterol. 2010 Feb 14;10:18. doi: 10.1186/1471-230X-10-18.
PMID:20152052

Impact Factor 2.818

4) Minimally invasive video-assisted total thyroidectomy: an easy to learn technique for skillful surgeons.

Papavramidis TS, Michalopoulos N, Pliakos J, Triantafillopoulou K, **Sapalidis K**, Deligiannidis N, Kesisoglou I, Ntokmetzioglou I, Papavramidis ST.
Head Neck. 2010 Oct;32(10):1370-6. doi: 10.1002/hed.21336.
PMID:20091694

Impact Factor 2.471

5) Superficial selective cervical plexus block following total thyroidectomy: a randomized trial.

Kesisoglou I, Papavramidis TS, Michalopoulos N, Ioannidis K, Trikoupi A, **Sapalidis K**, Papavramidis ST.
Head Neck. 2010 Aug;32(8):984-8. doi: 10.1002/hed.21286.
PMID:19953610

Impact Factor 2.471

6) Emergency treatment of complicated colorectal cancer in the elderly. Should the surgical procedure be influenced by the factor 'age'?

Kesisoglou I, Pliakos I, **Sapalidis K**, Deligiannidis N, Papavramidis S.
Eur J Cancer Care (Engl). 2010 Nov;19(6):820-6. doi: 10.1111/j.1365-2354.2009.01119.x.
PMID: 19832892

Impact Factor 2.409

7) Right atrium myxoma coexisting with antiphospholipid syndrome: a case report.

Pliakos C, Alexiadou E, Metallidis S, Papavramidis TS, Kapoulas S, Sapalidis K, Nikolaidis P.
Cardiovasc Ultrasound. 2009 Oct 11;7:47. doi: 10.1186/1476-7120-7-47.
PMID:19818150

Impact Factor 1.915

8) UltraCision harmonic scalpel versus clamp-and-tie total thyroidectomy: a clinical trial.

Papavramidis TS, **Sapalidis K**, Michalopoulos N, Triantafillopoulou K, Gkoutzamanis G, Kesisoglou I, Papavramidis ST.
Head Neck. 2010 Jun;32(6):723-7. doi: 10.1002/hed.21240.
PMID:19787787

Impact Factor 2.471

9)Synchronous and metachronous adenocarcinomas of the large intestine.

Tziris N, Dokmetzioglou J, Giannoulis K, Kesisoglou I, **Sapalidis K**, Kotidis E, Gambros O.
Hippokratia. 2008 Jul;12(3):150-2.
PMID:18923668

Impact Factor 0.589

10)Gigantic hepatic amebic abscess presenting as acute abdomen: a case report.

Papavramidis TS, **Sapalidis K**, Pappas D, Karagianopoulou G, Trikoupi A, Souleimanis CH, Papavramidis ST.
J Med Case Rep. 2008 Oct 12;2:325. doi: 10.1186/1752-1947-2-325.
PMID:18847505

Impact Factor 0.68

11)Alleviation of myelodysplastic syndrome-associated skin rash after treatment with decitabine.

Papaioannou M, **Sapalidis K**, Kotoula V.
Eur J Haematol. 2008 Dec;81(6):489-90. doi: 10.1111/j.1600-0609.2008.01135.x. Epub 2008 Aug 6. No abstract available.
PMID:18691250

Impact Factor 2.595

12)Pre- and postoperative esophageal and gastric pH levels in morbidly obese patients undergoing vertical gastropasty.

Papavramidis TS, Papavramidis ST, Sapalidis KG, Kesisoglou II, Gambros OI.
Obes Surg. 2004 Feb;14(2):271-4.
PMID:15018760

Impact Factor 3.895

13)Laparoscopic cholecystectomy after bariatric surgery.

Papavramidis S, Deligiannidis N, Papavramidis T, **Sapalidis K**, Katsamakas M, Gamvros O.
Surg Endosc. 2003 Jul;17(7):1061-4. Epub 2003 Apr 28.
PMID:12712384

Impact Factor 3.117

14)The use of three different mesh materials in the treatment of abdominal wall defects.

Deligiannidis N, Papavasiliou I, **Sapalidis K**, Kesisoglou I, Papavramidis S, Gamvros O.
Hernia. 2002 Jul;6(2):51-5.
PMID:12152638

Impact Factor 2.417

15)Interferon- γ and Colorectal Cancer: an up-to date.

Kosmidis C, **Sapalidis K**, Koletsa T, Kosmidou M, Efthimiadis C, Anthimidis G, Varsamis N, Michalopoulos N, Koulouris C, Atmatzidis S, Liavas L, Strati TM, Koimtzis G, Tsakalidis A, Mantalovas S, Zarampouka K, Florou M, Giannakidis DE, Georgakoudi E, Baka S, Zarogoulidis P, Man YG, Kesisoglou I.
J Cancer. 2018 Jan 1;9(2):232-238. doi: 10.7150/jca.22962. eCollection 2018. Review.
PMID:29344268

Impact Factor 3.249

16)Laparoscopic Cholecystectomy with Freehand Laparoscopic Camera Controller.

Sapalidis K, Michalopoulos N, Mantalovas S, Kesisoglou I.
Curr Health Sci J. 2017 Apr-Jun;43(2):159-162. doi: 10.12865/CHSJ.43.02.09. Epub 2017 Jun 29.
PMID:30595872

Impact Factor 0

17)Squamous cell carcinoma arising from chronic sacrococcygeal pilonidal disease: a case report.

Michalopoulos N, **Sapalidis K**, Laskou S, Triantafyllou E, Raptou G, Kesisoglou I.
World J Surg Oncol. 2017 Mar 17;15(1):65. doi: 10.1186/s12957-017-1129-0.
PMID:28302173

Impact Factor 1.825

18)Pancreatic cancer from bench to bedside: molecular pathways and treatment options.

Kosmidis C, **Sapalidis K**, Kotidis E, Mixalopoulos N, Zarogoulidis P, Tsavlis D, Baka S, Man YG, Kanellos J.
Ann Transl Med. 2016 May;4(9):165. doi: 10.21037/atm.2016.05.11. Review.
PMID:27275478

Impact Factor 0

19)Heterotopic mesenteric ossification of ileostomy - "intraabdominal myositis ossificans".

Sapalidis K, Strati TM, Liavas L, Kotidis E, Koletsa T, Tsiompanou F, Kanellos I, Albu DF.
Rom J Morphol Embryol. 2016;57(1):277-81.
PMID:27151721

Impact Factor 0.771

20)Histological and immunohistochemical study on sentinel lymph node in colorectal cancer - values and limitations.

Mogoantă SŞ, Calotă F, Vasile I, Crafcuic AV, Gherghinescu MC, **Sapalidis K**, Ilie DS, Ion DA.
Rom J Morphol Embryol. 2016;57(1):65-74.
PMID:27151690

Impact Factor 0.771

21)Minimally Invasive Video-Assisted Total Thyroidectomy (mi V.A.T.T.) - Case Series of 48 Patients.

Sapalidis K, Mylonas KS, Kotidis E, Michalopoulos N, Anastasiadis I, Kanellos ID.
Curr Health Sci J. 2016 Jan-Mar;42(1):40-46. doi: 10.12865/CHSJ.42.01.06. Epub 2016 Mar 29.
PMID:30568811

Impact Factor 0

22)Surgical management of gastrointestinal stromal tumors: a single centre's experience.

Sapalidis K, Panteli N, Strati TM, Anastasiadis I, Kanellos I.
Hippokratia. 2015 Jan-Mar;19(1):73-5.

PMID:26435652

Impact Factor 0.589

23)Massive Localized Lymphedema in the Morbidly Obese Patient: A Clinical Entity Mimicking Lymphosarcoma.

Kotidis E, Cepaityte D, Petrakis G, **Sapalidis K**, Kanellos I.
Wounds. 2015 Sep;27(9):249-52.

PMID:26367787

Impact Factor 1.31

24)Primary squamous cell carcinoma of the thyroid gland.

Sapalidis K, Anastasiadis I, Panteli N, Strati TM, Liavas L, Poullos C, Kanellos I.
J Surg Case Rep. 2014 Dec 8;2014(12). pii: rju133. doi: 10.1093/jscr/rju133.

PMID:25487371

Impact Factor 0

25)Total thyroidectomy without the use of drainage - case series of 66 patients.

Sapalidis K, Strati T, Anastasiadis I, Panteli N, Liavas L, Kesisoglou I, Kanellos I.
Curr Health Sci J. 2014 Jan;40(1):57-9. doi: 10.12865/CHSJ.40.01.11. Epub 2013 Dec 29.

PMID:24791207

Impact Factor 0

26)Intrajejunal migration of adjustable gastric band: a case report.

Sapalidis K, Liavas L, Panteli N, Kosmatopoulos E, Anastasiadis I, Charalambides S, Kesisoglou I, Tziris N.
Curr Health Sci J. 2013 Apr;39(2):118-20. Epub 2013 May 21.

PMID:24778857

Impact Factor 0

27)Successful surgical in situ treatment of prosthetic graft infection by staged procedure after Bentall operation and total aortic arch replacement.

Tossios P, Karatzopoulos A, Tsagakis K, **Sapalidis K**, Triantafillopoulou K, Kalogera A, Karapanagiotidis GT, Grosomanidis V.
Springerplus. 2014 Apr 2;3:172. doi: 10.1186/2193-1801-3-172. eCollection 2014.

PMID:24741478

Impact Factor 0

28)Treatment of infected thoracic aortic prosthetic grafts with the in situ preservation strategy: a review of its history, surgical technique, and results.

Tossios P, Karatzopoulos A, Tsagakis K, **Sapalidis K**, Grosomanidis V, Kalogera A, Kouskouras K, Foroulis CN, Anastasiadis K.
Heart Lung Circ. 2014 Jan;23(1):24-31. doi: 10.1016/j.hlc.2013.09.001. Epub 2013 Sep 12. Review.

PMID:24103706

Impact Factor 1.921

29)The role of allopurinol's timing in the ischemia reperfusion injury of small intestine.

Sapalidis K, Papavramidis TS, Gialamas E, Deligiannidis N, Tzioufa V, Papavramidis S.
J Emerg Trauma Shock. 2013 Jul;6(3):203-8. doi: 10.4103/0974-2700.115346.

PMID:23960379

Impact Factor 0

30)The value of vacuum-assisted closure in septic patients treated with laparostomy.

Pliakos I, Papavramidis TS, Michalopoulos N, Deligiannidis N, Kesisoglou I, Sapalidis K, Papavramidis S.
Am Surg. 2012 Sep;78(9):957-61.

PMID:22964204

Impact Factor 0.607

31)Intraoperative stimulation neuromonitoring versus intraoperative continuous electromyographic neuromonitoring in total thyroidectomy: identifying laryngeal complications.

Koulouris C, Papavramidis TS, Pliakos I, Michalopoulos N, Polyzonis M, **Sapalidis K**, Kesisoglou I, Gkoutzamanis G, Papavramidis ST.
Am J Surg. 2012 Jul;204(1):49-53. doi: 10.1016/j.amjsurg.2011.05.011. Epub 2011 Dec 9.

PMID:22169175

Impact Factor 2.85

32)Fibrin glue as a protective biomembrane for a duodenal ulcer vessel.

Germanidis G, Papavramidis TS, Mantzoukis K, **Sapalidis K**, Divanis D, Kalevrosoglou I, Chassapopoulou E, Nikolaidis P.

Endoscopy. 2010;42 Suppl 2:E348-9. doi: 10.1055/s-0030-1255982. Epub 2010 Dec 17.

No abstract available.

PMID:21170843

Impact Factor 6.629

33)Treatment of early rectal cancer.

Kesisoglou I, **Sapalidis K**.

Tech Coloproctol. 2010 Nov;14 Suppl 1:S33-4. doi: 10.1007/s10151-010-0640-x.

PMID:20811921

Impact Factor 2.378

34)Umbilical endosalpingiosis: a case report.

Papavramidis TS, **Sapalidis K**, Michalopoulos N, Karayannopoulou G, Cheva A, Papavramidis ST.

J Med Case Rep. 2010 Aug 24;4:287. doi: 10.1186/1752-1947-4-287.

PMID:20735830

Impact Factor 0.68

35)Laparoscopic Excision of an Adrenal Ganglioneuroma Presented as an Incidentaloma of the Retro Peritoneum.

Sapalidis K, Mandalovas S, Kesisoglou I.

Curr Health Sci J. 2018 Jan-Mar;44(1):71-75. doi: 10.12865/CHSJ.44.01.12. Epub 2018 Feb 11.

PMID:30622759

Impact Factor 0

36)Rare Co-Existence of Amyand's and Littre's Hernia Treated with Appendectomy and Bowel Resection Followed by Polypropylene Mesh Application.

Kosmidis C, Mantalovas S, **Sapalidis K**, Koulouris C, Koimtzis G, Pavlidis ET, Atmatzidis S, Michalopoulos N, Kesisoglou II.

Am J Case Rep. 2018 Nov 29;19:1422-1424. doi: 10.12659/AJCR.910196.

PMID:30487477

Impact Factor 0

37)Sigmoido-Cecal Fistula: A Rare Case of Complicated Recurrent Diverticulitis and a Review of the Literature.

Strati TM, **Sapalidis K**, Koimtzis GD, Pavlidis E, Atmatzidis S, Liavas L, Chrysogonidis I, Samoilis G, Zarampouka K, Michailidou K, Kesisoglou II, Kosmidis C.
Am J Case Rep. 2018 Nov 22;19:1386-1392. doi: 10.12659/AJCR.911790.
PMID:30464167

Impact Factor 0

38)Mini-laparoscopic cholecystectomy with the MiniLap® percutaneous surgical system: a series of 32 patients.

Sapalidis K, Kosmidis C, Michalopoulos N, Laskou S, Pavlidis E, Mantalovas S, Giannakidis D, Amaniti A, Koulouris C, Katsaounis A, Munteanu AC, Surlin V, Zarogoulidis P, Kesisoglou I.
Int J Gen Med. 2018 Sep 20;11:369-371. doi: 10.2147/IJGM.S172655. eCollection 2018.
PMID:30288083

Impact Factor 0

39)The cost of hospital treatment of advanced stage lung cancer patients in a developing South East European country.

Perin J, Zarić B, Đodić JE, Potić Z, Potić M, Sekeruš V, Laskou S, Koulouris C, Katsaounis A, Pavlidis E, Mantalovas S, Giannakidis D, Michalopoulos N, Amaniti A, Konstantinou F, Sardeli C, Ning Y, Shi H, Huang H, Bai C, Li Q, Perin B, Passos I, Kosmidis C, Kesisoglou I, **Sapalidis K**.
J Cancer. 2018 Jul 30;9(17):3038-3045. doi: 10.7150/jca.26278. eCollection 2018.
PMID:30210626

impact Factor 3.249

40)Indication of total parathyroidectomy for an Epstein syndrome patient with end-stage renal disease.

Marinescu D, Bică EC, Ghiluși MC, Bică M, Pătrașcu AM, Pătrașcu Ș, Pantea S, Strâmbu VDE, Șurlin V, Mărgăritescu ND, **Sapalidis K**, Rotaru I.
Rom J Morphol Embryol. 2018;59(2):573-576.
PMID:30173265

Impact Factor 0.771

41)Conventional Versus Therapeutic Stents for Airway Malignancies: Novel Local

Therapies Underway.

Zarogoulidis P, Sardeli C, Konstantinou F, **Sapalidis K**.

EBioMedicine. 2018 Jul;33:10-11. doi: 10.1016/j.ebiom.2018.06.024. Epub 2018 Jun 28.

No abstract available.

PMID:30049382

Impact Factor 6.112

42) Beware of hemopneumothorax following core needle breast biopsy.

Schizas N, Lazopoulos A, Krimiotis D, Rallis T, Paliouras D, Gogakos A, Chatzinikolaou F, Sarafis P, Domeyer P, Zarogoulidis P, Tsiouda T, Sardeli C, Laskou S, Koulouris C, Pavlidis E, Mantalobas S, Giannakidis D, Kesisoglou I, **Sapalidis K**, Barbetakis N.

Respir Med Case Rep. 2018 Jun 19;25:49-51. doi: 10.1016/j.rmcr.2018.06.008.

eCollection 2018.

PMID:30013911

Impact Factor 0.55

43) Deep accidental hypothermia accompanied with cardiac arrest after alcohol and drug poisoning treated with extracorporeal life support.

Grapatsas K, Leivaditis V, Panagiotopoulos I, Spiliotopoulos K, Koletsis E, Dahm M, Kosmidis C, Laskou S, Zarogoulidis P, Katsaounis A, Pavlidis E, Giannakidis D, Koulouris C, Mantalovas S, Konstantinou F, Amaniti A, Munteanu A, Surlin V, **Sapalidis K**, Kesisoglou I.

Respir Med Case Rep. 2018 Jun 19;25:66-67. doi: 10.1016/j.rmcr.2018.06.011.

eCollection 2018.

PMID:30003024

Impact Factor 0.55

44) Small bowel obstruction as a result of an obturator hernia: a rare cause and a challenging diagnosis.

Pavlidis E, Kosmidis C, **Sapalidis K**, Tsakalidis A, Giannakidis D, Rafailidis V, Koimtzis G, Kesisoglou I.

J Surg Case Rep. 2018 Jul 3;2018(7):rjy161. doi: 10.1093/jscr/rjy161. eCollection 2018 Jul.

PMID:29992011

Impact Factor 0

45) Esophagus leiomyoma diagnosed with convex endobronchial ultrasound (EBUS).

Zarogoulidis P, Laskou S, Katsaounis A, Pavlidis E, Giannakidis D, Koulouris C, Mantalovas S, Kougioumtzi I, Katsikogiannis N, Konstantinou F, Hohenforst-Schmidt W, Huang H, Bai C, Euthimiou A, Hatzibougas D, Fiteli I, Sardeli C, Rapti A, Kesisoglou I, **Sapalidis K**.

Respir Med Case Rep. 2018 May 4;24:95-97. doi: 10.1016/j.rmcr.2018.05.005. eCollection 2018.

PMID:29977771

Impact Factor 0.55

46)New hybrid method for trachea dilatation with rigid and flexible tools.

Sapalidis K, Laskou S, Amaniti A, Koulouris C, Giannakidis D, Mantalovas S, Karapantzos I, Karapantzou C, Zarogoulidis P, Arapakis I, Huang H, Bai C, Kougioumtzi I, Katsikogiannis N, Sarika E, Konstantinou F, Hohenforst-Schmidt W, Kesisoglou I.

Respir Med Case Rep. 2018 Apr 20;24:65-73. doi: 10.1016/j.rmcr.2018.04.012. eCollection 2018.

PMID:29977763

Impact Factor 0

47)Lung cancer induced from chemotherapy a 20 years old case.

Sapalidis K, Laskou S, Amaniti A, Mantalovas S, Giannakidis D, Koulouris C, Karapantzos I, Karapantzou C, Mponiou K, Tsiouda T, Konstantinou F, Kougioumtzi I, Katsikogiannis N, Sardeli C, Gogakos A, Schizas N, Domeyer P, Zarogoulidis P, Kesisoglou I.

Respir Med Case Rep. 2018 Mar 27;24:32-34. doi: 10.1016/j.rmcr.2018.03.013. eCollection 2018.

PMID:29977753

Impact Factor 0.55

48)Multiple metachronous and synchronous malignancies with lung and thorax involvement. Report of two cases.

Sapalidis K, Schizas N, Lazopoulos A, Kamaroudi P, Paliouras D, Sardeli C, Konstantinou F, Chatzinikolaou F, Sarafis P, Zarogoulidis P, Kougioumtzi I, Katsikogiannis N, Karapantzos I, Karapantzou C, Laskou S, Koulouris C, Mantalobas S, Giannakidis D, Kesisoglou I, Barbetakis N.

Respir Med Case Rep. 2018 Mar 19;24:5-7. doi: 10.1016/j.rmcr.2018.03.006. eCollection 2018.

PMID:29977745

Impact Factor 0.55

49) Aerosol Immunotherapy with or without Cisplatin for metastatic lung cancer non-small cell lung cancer disease: *In vivo* Study. A more efficient combination.

Sapalidis K, Zarogoulidis P, Pavlidis E, Laskou S, Katsaounis A, Koulouris C, Giannakidis D, Mantalovas S, Huang H, Bai C, Wen Y, Wang L, Sardeli C, Amaniti A, Karapantzos I, Karapantzou C, Hohenforst-Schmidt W, Konstantinou F, Kesisoglou I, Benhanseen N.

J Cancer. 2018 Apr 30;9(11):1973-1977. doi: 10.7150/jca.24782. eCollection 2018.

PMID:29896282

Impact Factor 3.249

50) Monitoring changes in quality of life in patients with lung cancer under treatment with chemotherapy and co administration of zoledronic acid by using specialized questionnaires.

Tremmas I, Petsatodis G, Potoupnis M, Laskou S, Giannakidis D, Mantalovas S, Koulouris C, Katsaounis A, Pavlidis E, Amaniti A, Huang H, Bai C, Shi D, Dardas A, Zarogoulidis P, Sardeli C, Konstantinou F, Katsikogiannis N, Zarogoulidis K, Karapantzos I, Karapantzou C, Shen X, Kesisoglou I, **Sapalidis K**.

J Cancer. 2018 Apr 19;9(10):1731-1736. doi: 10.7150/jca.24785. eCollection 2018.

PMID:29805698

Impact Factor 3.249

51) Psoriatic arthritis due to nivolumab administration a case report and review of the literature.

Sapalidis K, Kosmidis C, Michalopoulos N, Koulouris C, Mantalobas S, Giannakidis D, Munteanu A, Surlin V, Laskou S, Zarogoulidis P, Drougas D, Sardeli C, Karapantzou C, Karapantzos I, Hohenforst-Schmidt W, Huang H, Kesisoglou I.

Respir Med Case Rep. 2018 Mar 2;23:182-187. doi: 10.1016/j.rmcr.2018.03.001. eCollection 2018.

PMID:29719813

Impact Factor 0

52) Convex-probe endobronchial ultrasound for thyroid biopsy a new hybrid method.

Sapalidis K, Kosmidis C, Laskou S, Zarogoulidis P, Karapantzos I, Karapantzou C, Kallianos A, Hohenforst-Schmidt W, Karanikas M, Thomaidis V, Huang H, Bai C, Kesisoglou I.

Respir Med Case Rep. 2018 Feb 2;23:125-127. doi: 10.1016/j.rmcr.2018.01.012.
eCollection 2018.

PMID:29719797

Impact Factor 0

53)Inhaled Immunotherapy Administration for Lung Cancer; Efficient? Certainly Possible.

Sapalidis K, Zarogoulidis P, Huang H, Bai C, Wen Y, Wang L, Boniou K, Karapantzos I, Karapantzou C, Karanikas M, Thomaidis V, Kosmidis C, Sardeli C, Benhassen N, Man YG, Florou MC, Mantalovas S, Laskou S, Giannakidis D, Koulouris C, Amaniti A, Kesisoglou I, Hohenforst-Schmidt W.

J Cancer. 2018 Mar 2;9(6):1121-1126. doi: 10.7150/jca.24397. eCollection 2018.

PMID:29581792

Impact Factor 3.249

54)A New and Safe Mode of Ventilation for Interventional Pulmonary Medicine: The Ease of Nasal Superimposed High Frequency Jet Ventilation.

Hohenforst-Schmidt W, Zarogoulidis P, Huang H, Man YG, Laskou S, Koulouris C, Giannakidis D, Mantalobas S, Florou MC, Amaniti A, Steinheimer M, Sinha A, Freitag L, Turner JF, Browning R, Vogl T, Roman A, Benhassen N, Kesisoglou I, **Sapalidis K**. J Cancer. 2018 Feb 12;9(5):816-833. doi: 10.7150/jca.23737. eCollection 2018.

PMID:29581760

Impact Factor 3.249

55) Journal of Cancer Open Access Volume 10, Issue 3, 2019, Pages 634-642

Radial probe endobronchial ultrasound assisted conventional transbronchial needle aspiration in the diagnosis of solitary peribronchial pulmonary lesion located in the segmental bronchi(Article)(Open Access)

Huang, Z.^{a,1},Huang, H.¹,Han, J.^{b,1},Ning, Y.¹,Shen, Y.^{c,1},Shi, H.¹,Wang, Q.¹,Bai, C.¹,Li, Q.^d,Michael, S.^e,Zarogoulidis, P.^f,Hohenforst-Schmidt, W.^g,Konstantinou, F.^h,Turner, J.F.ⁱ,Koulouris, C.^j,Katsaounis, A.^j,Amaniti, A.,Mantalovas, S.^j,Pavlidis, E.^j,Giannakidis, D.^j,Passos, I.^j,Michalopoulos, N.^j,Kosmidis, C.^j,Mogoantă, S.Ş.^k,Sapalidis, K.^j

accepted

Impact Factor 3.249

56) Fibrosis and lung cancer, molecular pathways, journal of cancer

accepted

Impact Factor 3.249

57) Commentary Current Cancer Drug Targets, 2019, Vol. 19, No. 1 3 Targeted Nanotechnology from Bench to Bedside

Konstantinos Sapalidis , Christoforos Kosmidis , Stela Laskou , Athanasios Katsaounis , Stylianos Mantalobas , Ioannis Passos , Nikolaos Michalopoulos , Aikaterini Amaniti , Chrysa Sardeli and Paul Zarogoulidis,*

Impact Factor 3.182

58) Primary Hyperparathyroidism Presenting as Major Depression; The Surgical Treatment of a Psychiatric Disorder; A Case Report and Review of the Literature

Authors: Kosmidis C*, Koimtzis G, Sapalidis K, Koulouris Ch, Tsakalidis A, Givannakis ME, Androulakis A, Georgakoudi E and Kesisoglou I.

Austin J Med Oncol 4(2): id1034 (2017) - Page – 02

Impact Factor 0

59) Milk of Calcium Gallbladder – Limy Bile Syndrome: A Rare Cause of Gallbladder Disease

Christoforos S. Kosmidis, Georgios D. Koimtzis, Konstantinos G. Sapalidis, Nikolaos Michalopoulos, Stylianos V. Mantalovas, Aikaterini T. Zarampouka, Eleni Georgakoudi, Isaac Kesisoglou

Med Sci Case Rep 2017; 4:61-63 :: DOI: 10.12659/MSCR.905349

Impact Factor 0

60) Acute Abdomen due to Migration of Esophageal Stent.

Sapalidis K, Triantafyllou E, Partsanakis E, Gavriioglou G, Strati Titika-M, et al. Journal of Surgery [Jurnalul de chirurgie]. 2016; 12(4): 169-171 DOI:10.7438/1584-9341-12-4-8

Impact Factor 0

61) Bradycardia Leading to Asystole Following Dexmedetomidine Infusion during Cataract Surgery: Dexmedetomidine-Induced Asystole for Cataract Surgery, Amaniti Aikaterini, Dalakakis Ioannis, Gkinas Dimitrios, Sapalidis Konstantinos, Grosomanidis Vasilios, and Papazisis George
Case Report (2 pages), Article ID 2896032, Volume 2018 (2018)

Impact Factor 0

International Publications in Scopus

1)Hellenic Journal of Gastroenterology Volume 9, Issue 1, 1996, Pages 63-66

Vertical gastropasty with artificial pseudopylorus for morbid obesity. Technique, complications and results in 100 cases(Article)

Papavramidis, S., Efstathiou, A.,Kessissoglou, I.,Sapalidis, K.,Aidonopoulos, A.View Correspondence (jump link)

Abstract

A total of 100 consecutive morbidly obese patients, 16 males and 84 females, are included in this study with the aim to evaluate the results of Vertical Gastropasty with Artificial Pseudopylorus, in the treatment of their disease. The mean age of the patients was 34 years (range: 20-58), the mean percentage excess weight 121% (range: 80-224), and the mean BMI 51 kg/m² (range: 41-80). Vertical gastropasty with artificial pseudopylorus represents our own modification of vertical banded gastropasty which avoids the creation of the circular stapled window and the mesh banding of the outlet. The partitioning of the stomach is done by the use of three double row staplers vertically, downwards from His' angle, parallel to the lesser curvature of the stomach. The pseudopylorus is constructed by the use of two bands of silk No 0, which are completely covered by stomach seromuscular coat The circumference of the pseudopylorus is 4.8 cm and the total volume content of the vertical part of the stomach 15-20 mL. Follow up was achieved at 3 (96 patients), 6 (91 patients), 12 (74 patients), 18 (54 patients), 24 (49 patients) and 36 (28 patients) months after operation. The percentage of followed-up patients ranged from 92 to 100 percent at the point time. There was one death due to massive embolism. The early complication rate was 4 percent and the late 7 percent. The percentage excess weight loss (\pm SD) at 3, 6, 12, 18, 24 and 36 months after surgery was 32 \pm 10, 51 \pm 12, 71 \pm 12, 82 \pm 9 and 80 \pm 11 respectively. The postoperative changes in BMI (\pm SD) at the same time were: 40 \pm 7, 34 \pm 7, 29 \pm 6, 27 \pm 5, 28 \pm 3 and 28 \pm 4 respectively. It is concluded that vertical gastropasty with artificial pseudopylorus is a simple, safe and rapid technique, effective in weight reduction, and avoids the complications of other forms of gastropasty. This technique appears to be useful in the treatment of morbid obesity.

Impact Factor 0

2)Surgical ChroniclesVolume 10, Issue 4, October 2005, Pages 298-301

Unusual location of recurrent metastasis of mucosal rectal carcinoma(Article)

Ntokmetzioglou, J.,Sapalidis, K.,Ghiatas, N.,Tsirir, N.,Deligiannidis, N.,Gamvros, O.

Abstract

The villous adenoma appears 10 % of the neoplastic polyps and in 20 % of the cases it involves invasive carcinoma. Aim: The presentation of a patient with extremely rare location of a recurrent metastasis of mucosal rectal carcinoma. Material: A 53 year old woman on the 15/09/1993 was submitted to a low frontal excision of a villous adenoma with minimum transformation to a mucosal carcinoma of good differentiation level B1 according to Dukes. On 27/01/1997 the patient undergoes an ectoperitoneal cystic tumor with high-density mucus which extended from the internal oblique muscle until the inguinal junction. Results from rapid biopsy and histological examination indicated that it concerned an mucosal adenocarcinoma. She was submitted to a one year complementary chemotherapy of 36 sessions. On 26/02/1999 she reappeared an ectoperitoneal cystic tumor at the left inguinal region which is cut-off. The histological examination is the same as before. She is submitted to complementary radiotherapy. On the 30/11/2001 she presented a new recurrence which was cut-out mid was again a mucosal adenocarcinoma. On the 26/05/2004 a large cystic tumor was resected from the inner surface of the left thigh which forces the femoral vessels and is a metastasis of a mucosal adenocarcinoma. Results: The patient has a 11 year survival period. She has no recurrence at least in the peritoneal cavity and no distal metastases. Conclusions: This uncommon location of the recurrent metastasis is due to the implantation of tumor cells at the ectoperitoneal lumen of the drainage as well as the cystic type of the cancer.

Impact Factor 0

3)Surgical ChroniclesVolume 12, Issue 1, January 2007, Pages 39-44

Adenocarcinoma in right and left colon. A comparative study(Article)

Dokmetzioglou, I.,Kesisoglou, I.,Papavramidis, S.,Sapalidis, K.,Tzirir,
Katsamakas, M.,Gamvros, O.

Abstract

Aim. In this study we compared the frequency, the sex, the age, and the distribution of large bowel carcinoma between patients with a tumor in the right and patients with a tumor in left colon. We also compared the performed operation and final outcome of these patients. Materials - methods. From January 1987 to December 2001,242 patient with a large bowel carcinoma have been treated in the Third Surgical Department of Aristotelian University. In 139 patients the lesion was located in the colon in the rest 103 patients in the rectum. The patients with a colon lesion were separated in two groups. In Group A 49 patients (20.24%) with a tumor in the right colon were included. In Group B 90 patients (37.2%0) with a tumor in the left colon were included. In Group A 2 patients (4.08%) were Dukes' A, 23 patients (46.93%) were Dukes' B, and 12 patients (24.4%) were Dukes' C. In group B 1 patient (1.11%) was Dukes A, 43 patients (47.77%) were Dukes B and 20 patients (22.22%) were Dukes C. Synchronous metastases have been

found in 10 patients of group A (20,4%) and in 22 patients of group B (24,4%). In all patients of Group A a radical operation was performed (right hemicolectomy). In Group B 83 (92.2%) patients have subjected in a radical operation while the rest 7 patients (7.8%) in a palliative operation. The only cause for an emergency operation in Group A was the bowel obstruction in 12 patients (24.5%). In the contrary, there were many causes for an emergency operation in patients of Group B. In 17 patients (18.9%) the cause was bowel obstruction, in 5 (5.5%) perforation and bleeding in 1 patient (1.1%). To compare the data between, the two groups a chi-square test was used. Results. No postoperative death was observed in patients of Group A, while 7 patients (7.7%) of Group B died in the immediate postoperative period. Metastases were observed with the same frequency in both groups. No statistical difference has been found in the frequency of bowel obstruction, the Dukes stage and the five years survival between the two groups. Conclusion. In this series of patients the tumors in the right and left colon presented with the same clinical characteristics. The treatment of right colon carcinomas was radical with zero mortality while the tumors in the left. Ocolon presented a greater operative danger. Finally, no difference was found in the final outcome between the patients of two groups.

Impact Factor 0

4)Surgical Chronicles Volume 12, Issue 1, January 2007, Pages 60-64

Surgical treatment of adrenal tumors(Article)

Sapalidis, K.,Kotidis, E.,Goutzamanis, G.,Ioanidis, K.,Kesisoglou, I.,Gamvros, O.,Aidonopoulos, A.

Abstract

Each of the two adrenal glands is an anatomic entity. They are suprarenal endocrine viscera, located in the lateral retroperitoneal area and surrounded by perirenal fascia with their corresponding kidney. Their morphologies are similar from a practical point of view, allowing for macroscopic surgical and radiologic recognition. Their blood supplies are different, with some technical differences in vascular exclusion. Each adrenal gland comprises two distinct parts: the cortex, producing steroid hormones, and the medulla synthesizing catecholamines. Concecutively, the adrenal glands may develop two types of disease: 1) Pheochromocytoma and 2) Tumors of the cortex which may produce excess hormones. The location of adrenal tumors is achieved by CT, MRI and/or ultrasonography and facilitates their consequent surgical resection. In cases of bilateral adrenalectomy, the patient is given cortisol for the rest of his life. Adjuvant radiotherapy and/or chemotherapy are sometimes useful in patients with malignant adrenal tumors. From January 1987 to September 2005, twenty two patients (9 men and 13 women) with adrenal neoplasms have been operated in this department of surgery. All tumors were benign, sized from 1.5 cm to 4.5 cm in diameter. They were 12 functional adrenal tumors and 10 incidentalomas.

Impact Factor 0

5)Surgical Chronicles Volume 12, Issue 1, January 2007, Pages 65-69

Indications and results of surgical treatment in toxic goiter(Article)

Gamvros, O., Ntokmetzioglou, I., Sapalidis, K., Kesisoglou, I., Giatas, N., Kotidis, E., Gkoutzamanis, G., Aidonopoulos, A.

Abstract

Aim: To evaluate the results of the surgical treatment in patients with toxic goiter. **Patients-methods:** Between 1964 and 2003, 827 patients with toxic goiter (694 men and 133 women) were operated on, for toxic goiter. They represent the 17,76% of all thyroidectomies performed during this period of time. Their age ranged between 12 and 85 years and the women to men ratio was 5,21:1. 226 patients had Graves disease, 312 multinodular toxic goiter and 289 toxic adenoma. Diagnosis was based on the clinical findings and confirmed by hormonal tests. The mean duration of symptoms before operation was 2,6 years in patients with Graves, 1,3 years in toxic adenoma. and 1,1 years in multinodular toxic goiter. All patients had moderate to sizable goiter and were operated after they became euthyroid. 279 patients underwent bilateral subtotal thyroidectomy, 275 total or near total thyroidectomy, 239 lobectomy and 34 homolateral lobectomy and heterolateral subtotal lobectomy. **Results:** No patient died in this series. Recurrence of thyrotoxicosis occurred in 5 patients (2,2%) who were operated on for Graves disease. 542 patients received thyroxin substitution, (65,5%). Permanent hypocalcaemia occurred in 9 patients (1,07%) and permanent recurrent laryngeal nerve injury in 0,63% of the nerves exposed to surgical danger. Differentiated thyroid carcinoma found in 38 patients (4,59%). **Conclusions:** Our results are in accordance with that in the literature and support the opinion that the surgical treatment for toxic goiter is safe and effective.

Impact Factor 0

6)Surgical Chronicles Volume 12, Issue 2, April 2007, Pages 139-144

Complications of thyroidectomy in nodular euthyroid goiter(Article)

Ntokmetzioglou, I., Sapalidis, K., Katsamakas, M., Goutzamanis, G., Kesisoglou, I., Papavramidis, S., Gamvros, O., Aidonopoulos, A.

Abstract

In this retrospective study we present the complications after 3716 thyroidectomies performed in our department for euthyroid goiter between 1964 and 2004. The age of our patients ranged between 8 and 95 years and the men to women ratio was 6/1. The reason for operation was benign euthyroid goiter in 3263 patients and thyroid carcinoma in 453. The indications for surgery were cosmetic problems, suspicion of malignancy, recurrence of the disease and the presence of compression symptoms. No death was detected. In 388 patients we had postoperative hypocalcaemia (314 or 8,44% transient and 74 or 2% permanent). Recurrent laryngeal nerve injury was observed in 83 patients (68 or 1,83% transient and 15 or 0,4% permanent). In 11 patients we had postoperative bleeding, in 22 seroma and in 8 purulence of the surgical incision. The frequency of complications was related to the extend of resection

Impact Factor 0

7)Surgical Chronicles Volume 12, Issue 4, October 2007, Pages 314-316

Thyroid microcarcinoma (occult carcinoma)(Article)

Aidonopoulos, A.,Dokmetzioglou, I.,Sapalidis, K.,Garoufas, K.,Pliakos, I.,Xiros, N.,Kessissoglou, I.,Papavramidis, S.,Gamvros, O.

Abstract

Thyroid microcarcinoma (occult carcinoma or minimal carcinoma) is defined, according to WHO criteria as a papillary thyroid tumor smaller than 10 mm in its greatest diameter. This tumor is an incidental finding at autopsy or in surgical specimens where carcinoma had been unsuspected. Occult carcinoma is not palpable in clinical examination and there are no symptoms. The lesion is usually solitary but in 20% of the patients could be multifocal. Surgery is the treatment of choice: if thyroid microcarcinoma is a solitary lesion, total lobectomy is an adequate operation; in the case of multifocality, total or near-total thyroidectomy is necessary. From January 1964 to December 2006, 222 cases of occult thyroid microcarcinomas among 5163 thyroidectomies were registered in our department of surgery

Impact Factor 0

8)Surgical Chronicles Volume 14, Issue 1, January 2009, Pages 48-51

The use of CAC-30 (Compression Anastomosis Clip) In colon surgery(Article)

Sapalidis, K.,Michalopoulos, N.,Kotidis, E.,Triantafillopoulou, K.,Papavramidis, S.

Abstract

A new technique of compression anastomosis with the use of CAC-30 (Compression Anastomosis Clip). The application of the device CAC-30 is simple, easy and the anastomosis wide and proved to be safe.

Impact Factor 0

9)Surgical Chronicles Volume 14, Issue 2, April 2009, Pages 126-132

Laparoscopic adrenalectomy (Analysis of 13 cases)(Article)

Sapalidis, K.^a,Michalopoulos, N.^a,Th, P.^a,Pliakos, I.^a,Giavropoulou, M.^b,Givos, I.^b,Papavramidis, S.^a

Abstract

Objective: Laparoscopic adrenalectomy is the procedure of choice for adrenal tumors removal The aim of the study is to evaluate the efficiency of laparoscopic adrenalectomy in adrenal tumors and to present the results of small patient's series with adrenal tumors. Material-Methods: From September 2007 until December 2008, 13 patients (9 female, 4 male with mean age: 50.3 years) underwent laparoscopic adrenalectomy. In five patients the tumor size was over 6 cm. We study the results of operation time, intraoperative blood loss, intra and postoperative complications conversion rate and duration of hospitalization. Results: Ten patients underwent laparoscopic adrenalectomy successfully. In three patients the operation converted to open adrenalectomy. The mean operation time was 90.5. min, intra-operative blood loss 93 ml and duration of hospitalization 3.5 days. Conclusions: Laparoscopic adrenalectomy is feasible, effective and safe even in large adrenal tumors.

Impact Factor 0**10)Surgical Chronicles Volume 14, Issue 2, April 2009, Pages 133-139****Mucocele of the appendix(Article)**

Michalopoulos, N.,Papavramidis, T.S.,Karametou, ,Karayannopoulou, G.,Kesisoglou, I.,Sapalidis, K.,Papavramidis, S.

Abstract

Mucocele is a rare lesion of vermiform appendix that occurs in 0.2-0.3% of appendectomies worldwide and represent the 8% of appendix tumors. It is characterized by a cystic dilatation of the lumen caused by mucus-filled obstruction. Eight mucoceles found in 1176 appendectomies performed from January 1987 to December 2008 in our department (0.68%). The mean patient's age was 69.5 years, in 7 of them the mucocele causes were appendiceal mucous neoplasias (2 cystic hyperplasias, 4 cystadenomas, 1 cystadenocarcinoma) and in one patient the cause was inflammation of appendix. The procedure of choice was appendectomy in 6 patients. Right colectomy was performed in two patients, one with cystadenocarcinoma and one other with large cystadenoma. We compare the operative results, follow up and survival of these patients with the corresponding of the literature.

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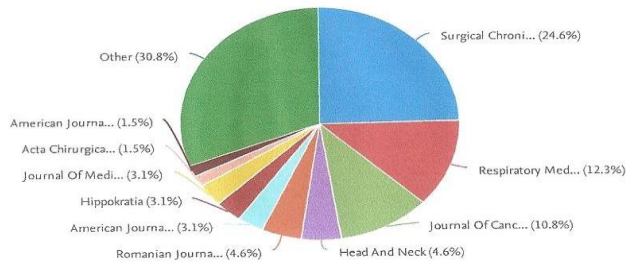
Sapalidis, Konstantinos G.

A.H.E.P.A. Hospital, 3rd Department of Surgery, Thessaloniki, Greece
 Author ID:6507649143

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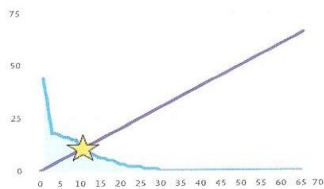
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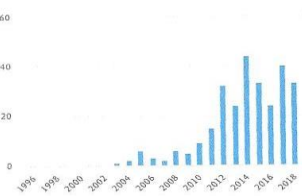
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CAREER AND EDUCATION IN DETAIL

I was born in Ptolemaida/Greece on October of 1963. (P1) I have been married since 1999 (P1). I completed my middle school education in Ptolemaida. I attended the 1st Lyceum (High School) of Toumpa Thessaloniki where I graduated in June of 1981 with honors. On June of 1983 I relocated to Craiova/Romania where I attended Romanian language courses and preparatory classes in order to be accepted to the Medical School. After successfully passing admission exams, the following year I enrolled at the Medical School of Craiova University. On September of 1990 I graduated with honors (P2). On July 15th 1991, after I successfully passed the exams, the degree was certified by the Greek State and recognized as being equal to degrees awarded by medical faculties of Higher Education Institutions (P3).

On August 9th 1991, I was granted the license to practice medicine (P4).

From March 1991 to October 1992 I fulfilled my obligations to the Greek Army by serving as a medical private. From February 1992 to October 1992 I served as a house officer at the surgical clinic of the 403 Army General Hospital (Chief of surgery: Lt Colonel Minas Papahristou) (P5).

From November 1992 to November 1993 I worked as a Rural Service doctor in Aetos, Florina (P6).

From April 5th 1994 to April 4th 1999 I worked as a resident in general surgery at AHEPA Hospital, Aristotle University of Thessaloniki (Chief of surgery: Associate Professor O. Gamvros) where I completed my specialty training programme in June 1999 (P7).

From April 1999 to September 1999 I worked at Agios Loukas Private General Hospital, Thessaloniki as an on-call doctor (P8).

From September 1999 to November 2000 following my application, I was accepted to the Department of Surgery of Aristotle University of Thessaloniki Medical School and provided my services as an honorary research associate at the 3rd Surgical Ward of AHEPA University Hospital/Thessaloniki (P9).

In November of 2000, after evaluation, I was appointed as a NHS specialist registrar at AHEPA University Hospital/Thessaloniki and at the 3rd Surgical Clinic of the

Aristotle University. (Director, Professor O. Gamvros) (P10).

On 17-12-2003 I was subjected to an oral examination by a seven-member committee of the Medical Department of the Aristotle University for my Dissertation which was unanimously approved with Honors. My PhD Thesis is: “The role of allopurinol in the action of free oxygen radicals in the syndrome of ischaemia-reperfusion of the small bowel (experimental study on rabbits)” (P11). On June 4th, 2004 I was announced a Doctor at Aristotle University of Thessaloniki, School of Health Sciences, Department of Medicine (P12).

On November 15th, 2005 I took my oath and assumed my duties as a permanent Specialist Registrar at NHS hospital after evaluation via an official open competition (P13).

From November 1st to September 6th, 2007, I made periodical visits at Sohos Primary Health Care Centre as a visiting surgeon (P14).

On March 10 2009, after a session of the five member council of the 4th Health District of Macedonia and Thrace, I was evaluated and promoted to Senior Registrar at NHS(P15).

On January 11th 2012, I was expelled due to resignation from the position of Senior Registrar in NHS surgery (P16) and positioned as a lecturer at the Surgical Clinic of the Aristotle University of Thessaloniki (Document of the School number A 6539/19-2-2012)(P17).

Since 2012 I have been reviewing medical articles in Hippokratia Journal (impact factor: 0.525) included in PubMed and Scopus (P 18).

Since July of 2012 I have been reviewing medical articles for the European Journal of Gastroenterology (impact factor: 1.757) included in PubMed and Scopus (P 19).

Since March 2013 according to the official resolution of the University of Craiova I am visiting Professor of Medicine and Pharmacology

Since March 2019 I am associate Professor of General Surgery of the Aristotle University of Thessaloniki, Greece

POSTGRADUATE COURSES-SEMINARS-WORKSHOPS

1. From 1994 to 1995 I participated unfailingly in the scientific program “Continuous Advanced Surgical Training” of the Surgical Society of Northern Greece and the exams which were held after completion of each cycle of studies. (ME1)
2. From 1995 to 1996 I participated unfailingly in the scientific program “Continuous Advanced Surgical Training” of the Surgical Society of Northern Greece and the exams which were held after completion of each cycle of studies. (ME2)
3. From 1995 to 1996 I participated unfailingly in the scientific program “Continuous Advanced Surgical Training” of the Surgical Society of Northern Greece and the exams which were held after completion of each cycle of studies. (ME3)
4. On February-March of 1995 I attended a 40 hour program of proficiency in computer science of the Greek Association of Medical Informatics titled: «The use of computers». (ME4)
5. On December 5th-7th 1996 I participated in the 4th International Postgraduate Course in Hepatobiliary, Pancreatic and Gastric Diseases, hosted in Athens/Greece. (ME5)
6. On May 23th-24th 1999 I participated in a two-day workshop of laparoscopic surgery within the proceedings of the International Symposium «Laparoscopic Surgery - State of the Art», hosted in Thessaloniki/Greece. (ME6)
7. On April 15th-16th 2000 I attended a postgraduate course titled: « Current Issues in Gastroenterology » hosted in Thessaloniki/Greece. (ME7)
8. From December 8th-10th 2000 I attended the Special Postgraduate Seminar on “Artificial Diet and Morbid Obesity” which was held in Patra (ME8).
9. From February 1st-3rd 2001 I attended the Educational Seminars entitled: Hyperlipidemias and Atherosclerosis in the 21st century. (ME9)
10. On May 10th 2002 I attended a workshop concerning Hemorrhoidopathy hosted in Vienna/Austria. (ME10)
11. On July 3rd 2002 I attended a workshop of laparoscopic surgery at the Jeanne d’Arc Clinic, Lyon/France (Dr S Benchetrit). (ME11)

12. On May 4th-5th 2003 I attended an educational seminar-workshop titled: “2nd International Course, (Laparoscopic Colorectal Surgery, 16 hours of total duration)”, Heraklion/Greece. (ME12)
13. On May 6th 2003 I attended an educational seminar-workshop titled: “2nd International Course, Laparoscopic Dexterity Course, 8 hours of total duration”, hosted in Heraklion/Greece. (ME13)
14. On October 11th 2003 I attended the 2nd Postgraduate two-day Meeting entitled “Arthropathies” hosted in Thessaloniki/Greece. (ME14)
15. On February 28th 2004 I attended the 3rd Postgraduate Meeting entitled “Rehabilitation-Reintegration”, hosted in Thessaloniki, Greece. (ME15)
16. On March 18th and 20th 2004 I attended the 4th international postgraduate course “HPB MARATHON”, hosted in Athens/Greece. (ME16)
17. On December 3rd-4th 2005 I attended the 11th postgraduate seminar of Anesthesiology and Intensive Care, hosted in Thessaloniki/ Greece. (ME17)
18. On June 17th 2006 I attended postgraduate meetings of the Hellenic society of Digestive Surgery entitled: «Pancreatic Neoplasms» hosted in Thessaloniki, Greece. (ME18)
19. On November 30th-December 1st 2006 I attended an educational program at University Hospital of Pisa/Italy, titled: Advanced Course in Thyroid Surgery of University Hospital Pisa (Professor Paolo Miccoli). (ME19)
20. On December 18th-22th 2006 I attended an educational workshop at S. Agostino Hospital, Modena-Italy, Department of General Surgery Minimal Invasive Surgery Training Centre, titled: ‘ADVANCED LAPAROSCOPIC COURSE’ (Prof. Gianluigi Melotti). (ME20)
21. On March 9th-10th 2007 I attended the 5th international postgraduate course “Frontiers in HPB Diseases” hosted in Athens/Greece. (ME21)
22. On March 31st-April 1st 2008 I attended an educational workshop at Hospital Clinic Universitari, Barcelona-Spain, titled: «Clinical Immersion Course in Bariatric Surgery” (Dr. Antonio M. de Lacy). (ME22)
23. On April 4th 2008 I attended an educational seminar-workshop titled: “Postgraduate Course on Bariatric Surgery” within the proceedings of the 3rd Panhellenic

Conference of the Hellenic society of Digestive Surgery, hosted in Athens/Greece.
(ME23)

24. On June 11th 2008 I attended an educational seminar-workshop titled: Postgraduate Course I, “Laparoscopic Bariatric Surgery” within the proceedings of the 16th International E.A.E.S. Congress hosted in Stockholm/Sweden (Dr. Antonio M. Lacy, Mario Morino). (ME24)
25. On June 19th-20th 2008 I attended a seminar titled: Course of the European School of Laparoscopic Surgery, hosted in Athens/Greece. (ME25)
26. On June 20th-22nd 2008 I attended a seminar titled: 2nd International Experts meeting on Advanced Laparoscopic Surgery, Athens/Greece. (ME26)
27. On May 29th 2008 I attended an internet seminar titled: “Good Clinical Practice Guideline Course” and after successfully passing exams, I was awarded the certificate of the International Conference on Harmonization – Good Clinical Practice Guideline Course. (ME27)
28. On October 20th-21st 2008 I attended a seminar titled: “Multi procedures: Basic techniques”, Advanced Course in Laparoscopic Surgery of Institute of Laparoscopic Surgery, Bordeaux-France. (ME28)
29. Following my application, I was admitted for a postgraduate course in laparoscopic surgery of the upper GI, biliary tract and large bowel, at the Institute of Laparoscopic Surgery of Bagatelle Hospital Bordeaux-Talence/France (Prof, Jean-Louis Dulucq) for a period of 4 months (1/9/2008 – 31/12/2008). (ME29)
30. On May 8th 2009 I attended the educational seminar CARTM27 Hands-on Training Program. (ME 30)
31. On May 11th-12th 2009 I attended a seminar titled: “Multi procedures: Basic techniques”, Advanced Course in Laparoscopic Surgery of Institute of Laparoscopic Surgery, Bordeaux-France.(ME31)
32. On May 11th-15th 2009 I received postgraduate training in laparoscopic surgery of the upper GI, biliary tract and large bowel, at the Institute of Laparoscopic Surgery of Bagatelle Hospital Bordeaux-Talence/France (Prof, Jean-Louis Dulucq). (ME32)
33. Following my application, I was accepted for postgraduate training in laparoscopic surgery of the upper GI, biliary tract and large bowel at the Institute of Laparoscopic

Surgery of Bagatelle Hospital Bordeaux-Talence/France (Prof, Jean-Louis Dulucq) for a period of 2 months (11/5/2009 – 11/7/2009). (ME33)

Undergraduate Courses

1. During my residency and later on as an honorary research associate and as an NHS specialist registrar at the 3rd Surgical Clinic of the Aristotle University, I have actively participated in the practical teaching of students in their 6th and 7th semester taking place in the wards of the Clinic. Additionally, I have participated in the seminar-teaching of students in their 11th semester. (SE1, SE2, SE3, SE4, SE11)
2. In 2009 I signed a teaching contract agreement with the Medical Department of Aristotle University of Thessaloniki

Postgraduate Courses

1. From 1994 and up to now, I have participated as a lecturer in the postgraduate programmes of the 3rd Surgical Clinic Department and contributed with presentations on interesting incidents within the context of a continuous training which concerns both residents and registrars, takes place on a weekly basis and is scheduled on a yearly basis (MM1).
2. During the period of the 1st circle (1st term of 2000) of the training courses for the general medicine residents, I participated as a lecturer in the course “The Multi-injured Patient” (MM2).
3. I participated as a trainer in a Postgraduate Seminar entitled: “Surgical Options for the Surgical Diseases of the Thyroid and Parathyroid Glands” (Coordinating

Professor O. Gamvros), which was held within the context of the 24th Pan-Hellenic Congress of Surgery, Thessaloniki, October 2nd-5th 2004 (MM3).

4. I participated in a training program designed for Nursing Specialties during the academic year 2000-2001 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
5. I participated in the training program designed for Nursing Specialties during the academic year 2001-2002 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
6. I participated in the training program designed for Nursing Specialties during the academic year 2002-2003 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
7. I participated in the training program designed for Nursing Specialties during the academic year 2003-2004 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
8. I participated in the training program designed for Nursing Specialties during the academic year 2004-2005 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4) (SE11).
9. I participated in the training program designed for Nursing Specialties during the academic year 2005-2006 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4) (SE11).
10. I participated in the training program designed for Nursing Specialties during the academic year 2006-2007 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4) (SE11).

11. I participated in the training program designed for Nursing Specialties during the academic year 2007-2008 and taught the classes: 1) Stomach Cancer, 2) Obesity Surgery, 3) Parathyroid Glands Surgery (MM4) (SE11).
12. “Surgical Site Infections”. Lecture within the context of the program “Human Resources Development for Health” and in particular of the “Courses of Action” entitled: “ Hospital Infections- Prevention” (YO5-Y.27-10/E 024) for the personnel of healthcare units undertaken by the Vocational Training Center of the AXEPA University General Hospital from 28-3-2006 to 27-4-2006 (MM5).
13. I participated in the Postgraduate Program of the Medical School of the Aristotle University of Thessaloniki, as a professor teaching the core course “ Perioperative Management of the Patient” of the 2nd spring semester of the academic year 2007-2008, 2 teaching hours (Director of Postgraduate Studies, Professor Konstantinos Papas) (MM6).
14. I participated in the training program designed for Nursing Specialties during the academic year 2006-2007 and taught the courses: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4) (SE11).
15. I participated in the Postgraduate Program of the Aristotle University of Thessaloniki, as a professor teaching the core course “ Perioperative Management of the Patient” of the 2nd spring semester of the academic year 2008-2009, 2 teaching hours (Director of Postgraduate Studies, Professor Konstantinos Papas) (MM6).
16. I participated in the Postgraduate Program of the Aristotle University of Thessaloniki, as a professor teaching the core course “ Perioperative Management of the Patient” of the 2nd spring semester of the academic year 2009-2010, 2 teaching hours (Director of

Postgraduate Studies, Professor Dimitrios Vasilakos) (MM7).

17. I participated in the training program designed for Nursing Specialties during the academic year 2006-2007 and taught the courses:
18. I participated as a trainer in the laparoscopic anastomosis (2 courses- laparoscopic surgeries on the digestive system of cattle and swine), of the Postgraduate course of the Hellenic Surgical Society of the Large Bowel and Rectum entitled “Laparoscopic Surgery Training in Experimental Surgeries” which was held in Thessaloniki on January 28th-29th, 2011(Coordination, Professor Georgios Basdanis) (MM9).
19. I participated as an instructor in the basic training in suturing of the educational seminar “Laparoscopic skills in trauma and emergency surgery” which was held in Thessaloniki on February 17th-19th, 2011 within the context of the Pan-Hellenic Congress of Trauma and Emergency Surgery (MM10)
20. I participated as a trainer in intestinal anastomosis, at the “Postgraduate two-day Seminar” entitled: “Surgical Practices of Open and Laparoscopic Surgery-Workshop”, which was held on May 13th-14th, 2011 in Thessaloniki within the context of the postgraduate courses of the Surgical Society of Northern Greece (coordination, Professor Georgios Basdanis) (MM11).
21. I participated in the training program designed for Nursing Specialties during the academic year 2011-2012 and taught the course “Morbid Obesity” (MM12).
22. I participated as an instructor in laparoscopic anastomosis (laparoscopic surgery on the digestive system of swine), of the Postgraduate course of the Hellenic Surgical Society of the Large Bowel and Rectum entitled “Laparoscopic Surgery Training in Experimental Surgeries” which was held in Thessaloniki on January 21st, 2012

(Coordination, Professor Georgios Basdanis) (MM13).

23. I participated in the postgraduate course of Surgical Oncology of The Aristotle University of Thessaloniki, School of Medicine 2012-2013
24. I participated in the postgraduate course of Morbid Obesity for the Nursing School of The The Aristotle University of Thessaloniki, School of Medicine 2012-2013
25. I participated in the postgraduate course of Morbid Obesity for the Nursing School of The The Aristotle University of Thessaloniki, School of Medicine 2013-2014
26. I participated in the postgraduate course of Morbid Obesity for the Nursing School of The The Aristotle University of Thessaloniki, School of Medicine 2014-2015
27. I participated in 2ND INTERNATIONAL ADVANCED COURSE IN LAPAROSCOPIC AND ROBOTIC GENERAL SURGERY, ROBOTIC UROLOGIC SURGERY, LAPAROSCOPIC AND ROBOTIC GYNAECOLOGIC SURGERY, MAJOR CHEST WALL RESECTION AND RECONSTRUCTION, VASCULAR SURGERY, SURGERY OF CERVICAL SPINE, THESSALONIKI, 23-26 APRIL 2014
28. I participated in the educational courses of the Hellenic Surgery Society ``Colorectal Cancer Complication 2015``
29. I participated in the educational courses of the Hellenic Surgery Society ``Intestinal Obstruction: an up to date`` 2015
30. I participated in the postgraduate course of Morbid Obesity for the Nursing School of The Aristotle University of Thessaloniki, School of Medicine 2014-2015
31. I Participated as an instructor in the laparoscopic course in animal model ``Laparoscopic Techniques`` 2016
32. I Participated in the educational courses of the ``AHEPA`` University General

Hospital, Thessaloniki, Greece: ``Acute Abdomen`` 2016

33. I Participated in the educational courses of the ``G. Papageorgiou`` University General Hospital, Thessaloniki, Greece: ``Acute Trauma`` 2016
34. I Participated in the educational courses of the 1st University Surgery Department of The ``AHEPA`` University General Hospital, Thessaloniki, Greece Aristotle University of Thessaloniki, School of Medicine: ``Spleen Surgery`` 2015-2016
35. I Participated in the educational courses of the 1st University Surgery Department of The ``AHEPA`` University General Hospital, Thessaloniki, Greece Aristotle University of Thessaloniki, School of Medicine: ``Adrenal Surgery`` 2017-2018
36. I Participated in the postgraduate course ``Clinical and Surgical Anatomy`` as an instructor, Thessaloniki, Greece 2019
37. I participated in the postgraduate course of Morbid Obesity for the Nursing School of The Aristotle University of Thessaloniki, School of Medicine 2016-2019
38. I participated in the postgraduate course of Adrenal Surgery for the Nursing School of The Aristotle University of Thessaloniki, School of Medicine 2014-2019
39. I participated in the postgraduate course: ``Colon Surgery`` as an instructor in the University of Thessaly, Greece

Examinations in Postgraduates courses and Undergraduate

Courses

1. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2000-2001 and the courses: 1) Stomach Cancer, 2) Obesity Surgery (MM4).

2. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2001-2002 and the courses: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
3. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2002-2003 and the courses: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
4. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2003-2004 and the courses: 1) Stomach Cancer, 2) Obesity Surgery (MM4).
5. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2004-2005 and the courses: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4).
6. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2005-2006 and the courses: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4).
7. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2006-2007 and the courses: 1) Stomach Cancer, 2) Obesity Surgery, 3)Parathyroid Glands Surgery (MM4).
8. I participated in holding examinations and evaluating postgraduate students as part of the training program designed for Nursing Specialties during the academic year 2007-

2008 and the courses: 1) Stomach Cancer, 2) Obesity Surgery, 3) Parathyroid Glands Surgery (MM4).

Participation in educational societies

1. Hellenic Society of Free Radicals and Oxidative Stress.
2. Hellenic Society of Endocrine Gland Surgery.
3. Hellenic Society of Bariatric Surgery.
4. Hellenic Society of Surgical Infections and Medical Care Quality Assurance
5. International Society of Surgery/ Societe Internationale De Chirurgie. (EE1)
6. Hellenic Society for Infectious Diseases. (EE2)
7. Hellenic College of Surgeons. (EE3)
8. Surgical Society of Northern Greece. (EE4)
9. European Association for Endoscopic Surgery and other Interventional Techniques. (EE5)
10. American College of Surgeons 2019
11. International College of Surgeons 2019

Round Tables

1. "Cholecystopathy after weight loss". Lecture and Roundtable discussion on: "Obesity and Cholecystopathy" (Coordinator G. Minopoulos), 3rd Panhellenic Congress of Obesity Surgery, Thessaloniki April 12-14, 2002
2. "Indications- Perioperative Care". Introduction to Roundtable discussion on: "Surgical Management of Morbid Obesity" (Coordinators: Professor F. Kalfarentzos, Substitute Prof. S. Papavramidis), at the 24th Panhellenic Congress of Surgery, October 2-5, 2004, Thessaloniki.
3. "The Surgeon's Opinion". Introduction to Roundtable discussion and Lecture on

- “Obesity – Evaluation and Management” (Coordinator Substitute Professor S. Papavramidis), 6th Macedonian Congress on Nutrition, Thessaloniki 19-21 November 2004. Full text of the Introduction in Congress Proceedings, pp 105-127 .
4. “Complication of Thyroid Surgery – Other Complications, Relapse”. Introduction to Roundtable discussion on: “Complication of Thyroid Surgery” (Coordinator, Professor D. Karvounaris), Summer Scientific Conference entitled: “The undesirable aspect of endocrine surgery, reoperations and complications” Heraklion 25-26 May 2007 .
 5. “Complications of Thyroidectomy”. Introduction to Roundtable discussion on “Thyroid Gland Surgery” (Coordinator Professor O. Gamvros) 8th Congress of the Surgical Society of Northern Greece, Thessaloniki 18-21 October 2007 .
 6. “The use of the VAC device in general surgery”. Introduction to Satellite Symposium entitled: “The use of the VAC (Vacuum Assisted Closure-VAC) device in modern surgery” (Coordinator Professor S. Papavramidis), 23th Medical Congress of Northern Greece, Thessaloniki 27-29 March 2008.
 7. “Perioperative Chemotherapy and radiotherapy in patients with bowel cancer”. Introduction to Roundtable discussion on: “Surgical Treatment”. (Coordinators: Substitute Professor Pisteuou – Gobaki Kiriaki, Surgical Oncologist-member of the Scientific Academy of New York Barich Alfred), Conference titled: Therapy of Large Intestine and Breast Cancer, Portaria 15 – 17 May .
 8. “What’s new in treating primary hyperparathyroidism”. Introduction to Roundtable Discussion on: “Persistent and Recurrent Hyperparathyroidism” and

- “Notes on parathyroid glands cancer” (Coordinators: Sp. Dimas, N.Liratzopoulos), Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Samos 26 – 27 June 2009 .
9. “Minimally Invasive Surgery of the Thyroid”. Introduction to Roundtable Discussion on: “Reviews and Criticism on New Techniques” (Coordinators: Sp. Papavramidis, K. Sapalidis), 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009 .
 10. “Open Abdomen”. Introduction to Roundtable Discussion on «Techniques of temporary closure of open abdomen» (Coordinators: Sp. Papavramidis, I. Kesisoglou), 27th Panhellenic Congress of Surgery 2010 – International Surgical Forum, Athens 24 – 27 November 2010 .
 11. “Surgical treatment of parathyroid diseases”. Introduction to Roundtable Discussion on: “Classic Approach” (Coordinators: H. Kafetzis, N. Roukounakis), 27th Panhellenic Congress of Surgery 2010 – International Surgical Forum, Athens 24 – 27 November 2010 .
 12. “Nursing problems of the patient with an open abdomen”. Introduction to Roundtable Discussion on: “Problems and complications of the open abdomen”. (Coordinator: K.Sapalidis, K.Koutsuada), 38th Panhellenic Nursing Congress, Chios, 10-13 May 2011
 13. “Quality of surgical treatment of pancreatic cancer”. Introduction to Roundtable Discussion on: «Palliative Surgical Treatment” (Coordinators: Sp. Papavramidis, K. Tsalis), 2nd Panhellenic Congress of Surgical Oncology and Cancer Prevention in Macedonia, Litochoro, 16-18 September 2011 .

14. "Cholangiocarcinoma". Introduction to Roundtable Discussion on: "Gall Bladder Carcinoma" (Coordinators: Sp. Papavramidis, I. Kesisoglou), Workshop on General Surgery, Thessaloniki November 12-13, 2011 .
15. "Intrabdominal sepsis". Introduction to Roundtable Discussion on: "Therapeutic Treatment" (Coordinators: Sp. Papavramidis, I. Kesisoglou), 28th Panhellenic Congress of Surgery 2012 – International Surgical Forum, Athens, 21 – 24 November 2012 .
16. "Minimally Invasive Surgery of the Endocrine Glands". Introduction to Roundtable Discussion "Minimally Invasive Surgery of the Thyroid Gland" (Coordinators: Sp. Papavramidis, K. Villias), 24th Medical Congress of the Hellenic Armed Forces, Thessaloniki, 18-20 October 2012
17. EDUCATIONAL COURSE: ``HEALTH ECONOMY IN COLON DISEASES`` 5TH CONGRESS OF THE PANHELLENIC SURGERY SOCIETY OF COLON AND RECTUM ALEXANDROUPOLIS, GREECE 11-13 APRIL 2013
18. 13TH PANHELLENIC CONGRESS OF ENDOCRINE GLAND SOCIETY: ``MINIMAL INVASIVE TECHNIQUES OF PARATHAROIDECTOMY`` ALEXANDROUPOLIS, 29-30 NOVEMBER 2013
19. «MINIMALLY INVASIVE VIDEO-ASSISTED TOTAL THYROIDECTOMY AND INTRAOPERATIVE CONTINUOUS ELECTROMYOGRAPHIC NEUROMONITORING» « MASA ROTUNDA ROMSNO-GREACA: CLASIC SI MODERN IN CHIRURGIA GLANDEI TIROIDE» (ΣΥΝΤΟΝΙΣΤΗΣ DR. GEORGESCU I.) ΣΤΟ ZILELE U.M.F. DIN CRAIOVA A XLIV-A EDITIE, CRAIOVA 6-7 JUNE 2014.
20. «MINIMALLY INVASIVE VIDEO-ASSISTED TOTAL THYROIDECTOMY WITHOUT THE USE OF DRAINAGE» « MASA ROTUNDA ROMSNO-GREACA: CLASIC SI

MODERN IN CHIRURGIA GLANDEI TIROIDE» (ΣΥΝΤΟΝΙΣΤΗΣ DR. GEORGESCU I.) ΣΤΟ ΖΙΛΕΛΕ
U.M.F. DIN CRAIOVA A XLIV-A EDITIE, CRAIOVA 6-7 JUNE 2014

21. 2ND PANHELLENIC CONGRESS OF THE PANHELLENIC SURGERY SOCIETY « LOGO
TECHNIQUE: ACCEPTANCE FROM THE SURGICAL SOCIETY» THESSALONIKI, GREECE 16-19
OCTOBER 2014

22. SURGICAL TREATMENT METASTASECTOMY: CONGRESS: MOLECULAR TARGETED
TREATMENT SOCIETY THESSALONIKI 28-30 NOVEMBER 2014

23. 29TH PANHELLENIC CONGRESS OF SURGICAL SOCIETY, INTERNATIONAL FORUM : ``LOW
ANTERIOR COLECTOMY`` ATHENS 12-15 NOVEMBER 2014

24. EDUCATIONAL COURSE ``INTRAOPERATIVE COMPLICATIONS: PREVENTION-
RECOGNITION-TREATMENT`` THESSALONIKI, JANUARY 2015

25. EDUCATIONAL COURSE: ``AN UP-TO DATE BENIGN TUMORS OF THYROID`` KAVALA,
GREECE, 9-11 OCTOBER 2015

26. EDUCATIONAL COURSE « TME IN COLON CANCER SAFETY AND EFFICACY; DEBATE»
XANTHI, GREECE 28 NOVEMBER 2015

27. 13TH PANHELLENIC CONGRESS OF SURGICAL ONCOLOGY: ``SURGICAL STRATEGY OF THE
CANCER OF THYROID GLAND, THESSALONIKI 17-20 DECEMBER 2015

28. 6TH PANHELLENIC CONGRESS OF THE HELLENIC SOCIETY OF COLON AND RECTUM:
``TOTAL MESORECTAL ECSISION, ATHENS 31 MARCH 2016

29. EDUCATIONAL COURSE: ``EARLY STOMACH CANCER SURGICAL TREATMENT``
THESSALONIKI, GREECE 8-9 APRIL 2016

30. EDUCATIONAL COURSE: ``CURRENT SURGICAL TREATMENT OF ADRENAL GLAND``
THESSALONIKI, GREECE 17-18 JUNE 2016

31. 1ST SPECIAL CONGRESS OF STOMACH AND ESOPHAGUS: `` ROUX-EN-Y VS BILLROTH II ``
THESSALONIKI, GREECE 26-27 FEBRUARYO 2016
32. 3RD PANHELLENIC CONGRESS OF GENERAL SURGERY «SILS» TECHNIQUE.
VOLOS,GREECE 10-12 JUNE 2016
33. EDUCATIONAL COURSE: ``SECONDARY-TERTIARY HYPERPARATHYROIDISM`` «SURGICAL
TECHNIQUES». ATHENS, GREECE 23-24 SPETEMBER 2016
34. EDUCATIONAL COURSE: PANCREATIC CANCER: ``BENIGN PANCREATIC TUMOR SURGICAL
TREATMENT`` THESSALONIKI,, GREECE 30 MARCH 2017
35. «INTERNATIONAL SEMINAR: PAST, PRESENT AND FUTURE IN LAPAROSCOPIC
GALLBLADER SURGERY», «PERCUTANEOUS TECHNIQUE OF LAPAROSCOPIC
CHOLECYSTECTOMY``. CRAIOVA 5TH MAY 2017
36. EDUCATIONAL COURSE:``postsurgical hypoparathyroidism`` Thessaloniki, Greece 9-
12 May 2018
37. Surgical management of the adrenals. Laparoscopic adrenalectomy. (video
presentation). Craiova 24-26 May 2018.
38. Educational Course; Intestin preparation: ``Non-preparation for intestine surgery``
Thessaloniki, Greece 26 May 2018.
39. Educational course: Safety and Quality of thyroidectomy; «Tips and tricks
retrosternal mesothoracic disease». Alexandroupolis, Greece 12-14 October 2018.
40. Educational course: ``Current Srgical Knowlegde of the thyroid Cancer``;
``Lymphnode clearance`` Thessalonki, 3-5 November 2017
41. Educational course: ``Surgical Treatment of Adrenal Gland``: «Adrenal Cortex»,
Athens, 21-24 November 2018.

42. Educational Course: Prevention and Cancer Treatment: ``Surgical Treatment of Colon Cancer``; Ptolemaida, Greece 25 November 2018.

43. Primary educational course on: ``Surgical treatment of secondary hypertension of adrenal glands`` Saint Athanasios, Greece 7-9 December 2018

Workshops

1. From 5th to 10th December 1996 I took part in the 4th International Postgraduate Course in Hepatobiliary, Pancreatic and Gastric Diseases, which was held in Athens.
2. On May 23rd and 24th 1999 I took part in a two-day workshop on laparoscopic surgery within the context of the International Symposium “Laparoscopic Surgery-State of the Art” which was held in Thessaloniki.
3. From December 8th-10th 2000 I attended the Special Postgraduate Seminar on Artificial Diet and Morbid Obesity which was held in Patra.
4. On May 10th 2002 I attended a workshop on Hemorrhoidopathy which was held in Vienna.
5. On July 3rd 2002 I attended a workshop on laparoscopic surgery at Jeanne d’Arc Clinic, Lyon, France (Dr S Benchetrit).
6. On May 4th and 5th 2003 I attended a seminar and workshop entitled: “2nd International Course, (Laparoscopic Colorectal Surgery, 16 hours of total duration”, Heraklion, Crete, Greece.
7. On May 6th 2003 I attended a seminar and workshop entitled: “2nd International Course, Laparoscopic Dexterity Course, 8 hours of total duration”, Heraklion,

- Crete, Greece.
8. On March 18th and 20th 2004 I attended the 4th international postgraduate course “HPB MARATHON”, which was held in Athens.
 9. On November 30th and December 1st 2006 I attended a workshop at the University Hospital of Pisa, Italy entitled: Advanced Course in Thyroid Surgery of University Hospital Pisa (Professor Paolo Miccoli).
 10. From December 18th-22nd 2006 I attended at S.Agostino Hospital, Modena-Italy, Department of General Surgery Minimal Invasive Surgery Training Centre, a workshop entitled: ‘ADVANCED LAPAROSCOPIC COURSE’ (Prof. Gianluigi Melotti).
 11. On March 9th and 10th 2007 I attended the 5th international postgraduate course “Frontiers in HPB Diseases” which was held in Athens.
 12. From March 31st to April 1st 2008 I attended a workshop at the Hospital Clinic Universitary, Barcelona-Spain, entitled: “Clinical Immersion Course in Bariatric Surgery” (Dr. Antonio M. de Lacy).
 13. On April 4th 2008 I attended a seminar-workshop entitled: “Postgraduate Course on Bariatric Surgery” within the context of the 3rd Congress of the Hellenic Society of Digestive Surgery which was held in Athens.
 14. On June 11th 2008 I attended a seminar-workshop entitled: Postgraduate Course I, “Laparoscopic Bariatric Surgery” within the context of the 16th International E.A.E.S. Congress which was held in Stockholm (Dr. Antonio M. Lacy, Mario Morino).
 15. On June 19th to 20th 2008 I attended a seminar entitled: Course of the European

School of Laparoscopic Surgery, Athens.

16. From June 20th to 22nd I attended a seminar entitled: 2nd International Experts

Meeting on Advanced Laparoscopic Surgery, Athens.

17. On June 20th and 21st 2008 I attended a seminar entitled: “Multi procedures: Basic

techniques”, Advanced Course in Laparoscopic Surgery of Institute of

Laparoscopic Surgery, Bordeaux-France.

18. From October 20th to 21th 2008 I attended a seminar entitled: “Multi procedures:

Basic techniques”, Advanced Course in Laparoscopic Surgery of Institute of

Laparoscopic Surgery, Bordeaux-France.

19. I participated in the educational courses of Hellenic Surgery Society as an instructor

“Colon Cancer Complications 2015

20. I participated in the “ADVANCED LAPAROSCOPIC COLORECTAL CLINICAL

IMMERSION” IN THE UNIVERSITY HOSPITAL RIJEKA, CROATIA.

Member of Committees

1. Round table on: “Nursing problems of a patient with an open abdomen”

(Coordinators: K. Sapalidis, Kokkoni Koutsianta), 38th Pan-Hellenic Nursing

Congress, Chios, May 10th-13th 2011.

2. Oral announcements entitled “Small Intestine” at the 10th Congress of Surgery

Society of Northern Greece, Thessaloniki, December 8th-10th 2011.

3. Oral Presentation Abstracts entitled “Diseases of the Small and Large

Intestines” at the 1st Pan-Hellenic Congress of General Surgery, Thessaloniki,

May 25th-26th 2012).

Organization of Congresses

1. Special Secretary of the 3rd Panhellenic Congress of Bariatric Surgery, Thessaloniki, 12-14 April 2002
2. Member of organizing committee of the 14th Panhellenic Congress of Surgical Oncology, 30/3-1/9/2007, Thessaloniki
3. Treasurer of the 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009
4. Member of Committee of the 12th Panhellenic Congress of Endocrine Gland Surgery, Athens, 25 – 27 November 2011
5. Member of Committee of the 2ND PANHELLENIC CONGRESS OF GENERAL SURGERY 16-19/10/2014, THESSALONIKI, GREECE
6. Member of Committee of the ``Colorectal Cancer: an up-to-date`` Xanthi, Greece 28TH NOVEMBER 2015
7. Member of Committee of THE 13TH PANHELLENIC GENERAL SURGICAL ONCOLOGY CONGRESS, THESSALONIKI 17-20 DECEMBER 2015
8. PRESIDENT 1ST SPECIAL CONGRESS OF ``STOMACH AND ESOPHAGUS THERAPEUTIC STRATEGGIES, THESSALONIKI, 26-27 FEBRUARY 2016
9. PRESIDENT PERCUTANEOUS LAPAROSCOPIC SURGERY EDUCATIONAL COURSE 11/10/2016 THESSALONIKI,
10. PRESIDENT PERCUTANEOUS LAPAROSCOPIC SURGERY EDUCATIONAL COURSE 16/12/2016 THESSALONIKI

11. ΜΕΛΟΣ ΤΗΣ ΕΠΙΣΤΗΜΟΝΙΚΗΣ ΕΠΙΤΡΟΠΗΣ ΤΟΥ ΣΥΝΕΔΡΙΟΥ ΜΕ ΘΕΜΑ «ΕΦΑΡΜΟΓΗ ΤΩΝ ΜΟΡΙΑΚΑ ΣΤΟΧΕΥΜΕΝΩΝ ΘΕΡΑΠΕΙΩΝ ΣΤΟΥΣ ΣΥΜΠΛΑΓΕΙΣ ΟΓΚΟΥΣ», ΘΕΣΣΑΛΟΝΙΚΗ 24-25 ΜΑΡΤΙΟΥ 2017.
12. VICE PRESIDENT : ``COMPLICATIONS IN THE SURGERY OF ADRENAL GLANDS``, THESSALONIKI, GREECE 21-22 September 2018
13. Postgraduate surgical courses of the Northern Greece Surgical Society 2017-2018 (Vicepresident)
14. President educational course: ``Cultural Safety in the Surgical Practice``Thessaloniki, 18 January 2019
15. PRESIDENT 5TH PANHELLENIC CONGRESS OF GENERAL SURGERY, 25-27 SEPTEMBER 2020, PTOLEMAIDA, GREECE
16. PRESIDENT PATOLOGIA TUMORALĂ A SÂNULUI, 28 - 30 NOIEMBRIE 2019, CRAIOVA, DOJI, ROMANIA

Participation in Scientific Congresses

1. 1st Congress of the Surgical Society of Northern Greece, Thessaloniki, 20-23 April 1994.
2. 1st Panhellenic Medical Congress on Obesity, Athens 2-4 February 1995.
3. 2nd Congress of the Surgical Society of Northern Greece, Thessaloniki, 12-14 October 1995.
4. 15th Panhellenic Congress of Gastroenterology, Thessaloniki, 22-25 November 1995.
5. The Tenth International Symposium on Obesity Surgery, Prague, Czech Republic September 26-29, 1996.
6. 12th Panhellenic Congress of Anaesthesiology, Rhodes, 25 May 1997.
7. 3rd Congress of the Surgical Society of Northern Greece, Thessaloniki, 29 October - 1 November 1997.
8. 2nd Panhellenic Congress of Thoracic and Cardiovascular Surgery, Thessaloniki, 20-23 November 1997.
9. 18th National Congress of Microbiology and Medical Biopathology, Athens, 1-3 April 1998.
10. 2nd Symposium on Hand Surgery, Thessaloniki, 3-4 April 1998.
11. 8th World Congress of the International Gastro-Surgical Club, Strasbourg, France,

April 15-18 1998.

12. 1st Panhellenic Congress of Obesity Surgery, Heraklion, 8-9 May 1998.
13. 20th International Congress of the European Hernia Society (GREPA), Cologne (Germany), June 18-20, 1998
14. 1st Panhellenic Congress of Free Radicals and Oxidative Stress, Ioannina, 1-3 October 1998.
15. XXI Panhellenic Congress of Surgery, Athens, 13-17 November 1998.
16. 12th Panhellenic Congress of Neurosurgery, Delphi, 19-21 November 1998.
17. Scientific Conference titled: "Hemorrhoidopathy: Alternative Treatment using Circular Stapler", Thessaloniki, 5 December 1998.
18. 2nd Conference of the Vascular Surgery Department of 424 Army General Training Hospital, «Thromboembolic Venous Disease», Thessaloniki, 27 February 1999.
19. International Symposium of Laparoscopic Surgery «Laparoscopic Surgery - State of the Art», Thessaloniki, 21-22 May 1999.
20. 2nd Macedonian Urological Symposium, Urological Association of Northern Greece, Thessaloniki, 22-24 October 1999.
21. 19th Panhellenic Congress of Gastroenterology, Thessaloniki, 30 October-2 November 1999.
22. XXI International Congress of the European Hernia Society, Madrid, November 3-6, 1999.
23. 6th Panhellenic Congress of Surgical Infections, Patra, 5-7 November 1999
24. 13th Panhellenic Congress of Neurosurgery, Kavala, 18-20 November 1999.
25. 2nd Scientific Meeting of Advanced Laparoscopic Surgery, Ioannina, 26-28 November 1999.
26. 6th Panhellenic Congress of Endocrine Gland Surgery, Athens, 14-16 January 2000.
27. Panhellenic Congress of Oncology «Diagnosis and Treatment of Cancer, Recent Developments and Experiences», Thessaloniki 30 March-2 April 2000.
28. 6th Scientific Congress of Greek Medical students, Thessaloniki, 12-14 May 2000.
29. 2nd Panhellenic Congress of Obesity Surgery, Athens 19-20 May 2000.
30. Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Ioannina, 27 May 2000.
31. 1st Panhellenic Congress on Hernia, Athens 7-8 October 2000.
32. 2nd Panhellenic Congress of Free Radicals and Oxidative Stress, Thessaloniki, 12-14 October 2000.
33. 18th Medical Congress of the Hellenic Armed Forces, Thessaloniki 8-11 November 2000.
34. 11th Panhellenic Congress of Haematology, Thessaloniki, 16-19 November 2000.
35. XXII Panhellenic Congress of Surgery, Athens 18-22 November 2000.
36. Hyperlipidimias and Atherosclerosis in the 21st century, Thessaloniki, 1-3 February 2001.
37. Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Athens 19-20 May 2001.
38. 5th Panhellenic Congress of Laparoendoscopic Surgery, Athens 24-26 May 2001
39. 5th International Symposium on Advanced Laparoendoscopic Surgery, Athens 24-26 May 2001.
40. XXIII International Congress Of The European Hernia Society, Hernia New

Techniques, Milan, 21-23 June 2001.

41. 6th World Congress of the International Federation for the Surgery of Obesity, 3rd International Symposium on Laparoscopic Obesity Surgery (ISLOS), 15th International Symposium on Obesity Surgery, Chania-Crete 5-8 September 2001.

42. 5th Congress of the Surgical Society of Northern Greece, Thessaloniki 31 October-3 November 2001.

43. 7th Panhellenic Congress of Surgical Infections (with international participation), Alexandroupolis, 9-11 November 2001.

44. 7th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 7-9 December 2001.

45. 1st Scientific Congress of the Medical School of Thessaloniki, Thessaloniki 21-23 February 2002.

46. 2nd International Congress «Quality of Life in Chronic Kidney Disease», Thessaloniki 8-9 March 2002

47. 3rd Panhellenic Congress of Obesity Surgery, Thessaloniki 12-14 April 2002.

48. 7th Panhellenic Congress of Hepato- Pancreato- Biliary Surgery & Inaugural Congress of the Hellenic Society of Digestive Surgery, Alexandroupolis 19-21 September 2002.

49. 5th European Congress of Trauma and Emergency Surgery, Istanbul/Turkey 1-5 October 2002.

50. Fall Symposium of the Hellenic Society Endocrine Gland Surgery, Thessaloniki 4-5 October 2002.

51. Endocrine Glands and Metabolism 2002, Thessaloniki 17-19 October 2002.

52. 10th Panhellenic Congress of Enteral and Parenteral Nutrition, Alexandroupolis 1-3 November 2002.

53. 19th Medical Congress of the Hellenic Armed Forces, Thessaloniki 7-10 November 2002

54. 23rd Panhellenic Congress of Surgery and International Surgical Forum, Athens 9-12 November 2002.

55. 14th Panhellenic Congress on AIDS, Thessaloniki 14-17 November 2002.

56. 2nd Scientific Congress of the Medical School of Thessaloniki, Thessaloniki 17-18 April 2003.

57. 15th Panhellenic Congress of General Medicine, Sithonia, Chalkidiki 30 April-4 May 2003.

58. Summer Symposium of the Hellenic Society of Endocrine Gland Surgery, Grevena 6-8 June 2003.

59. 9th European AIDS Conference (EACS), 1ST EACS Resistance & Pharmacology Workshop, Warsaw-Poland 25-29 October 2003.

60. 6th Congress of the Surgical Society of Northern Greece, Thessaloniki 13-16 November 2003.

61. 8th Panhellenic Congress of Endocrine Gland Surgery, Athens 28-30 November 2003.

62. 8th Panhellenic Congress of Surgical Infections, Athens 28-30 November 2003.

63. Greek Thrombosis Days, Thessaloniki 18-19 December 2003.

64. 7th Seminar in Pediatric Infectious Diseases, Thessaloniki 14 February 2004.

65. 4^o International Postgraduate Course “HPB MARATHON”, Athens 18-20 March 2004.

66. XXXIX Congress of the European Society for Surgical Research, Athens 12-15 2004.

67. 8th Panhellenic Congress of Hepato- Pancreato- Biliary Surgery, Alexandroupolis 20-21 May 2004.
68. 13th European Congress On Obesity, Prague 26-29 May 2004.
69. International Congress on Colorectal Cancer, Chalkidiki, 28-31 May 2004.
70. 17th Annual Meeting of the Surgical Infection Society of Europe, Cork, Ireland 17-19 June 2004.
71. 18th International Congress on Thrombosis, Ljubljana, Slovenia 20-24 June 2004.
72. 9th World Congress of the International Federation for the Surgery of Obesity, Tokyo, Japan, 8-11 September 2004.
73. 3rd Fall Conference of Surgical Infections, Chalkidiki, 11 September 2004.
74. 5th European Congress of Oto-Rhino-Laryngology Head and Neck Surgery, Rodos-Kos, Hellas, 11-16 September 2004.
75. 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.
76. 16th Panhellenic Congress on AIDS, Athens 11-13 November 2004.
77. 20th Medical Congress of the Hellenic Armed Forces, Thessaloniki 18-21 November 2004.
78. 6th Macedonian Congress on Nutrition, Thessaloniki 19-21 November 2004.
79. 8th Seminar in Pediatric Infectious Diseases, Thessaloniki 12 February 2005.
80. 1st Conference of the Hellenic Surgical Society of the Large Bowel and Anus, Thessaloniki 25-27 February 2005.
81. 17th Panhellenic Congress of General Medicine, Kallithea Chalkidiki 4-8 May 2005.
82. 4th Panhellenic Congress of Obesity Surgery, Athens 13-14 May 2005.
83. 2nd International Congress on Gastrointestinal Oncology, Santorini June 23-25, 2005.
84. 41st World Congress of Surgery, Durban, South Africa, August 21-25, 2005.
85. 7th Congress of the Surgical Society of Northern Greece, Alexandroupolis 14-15 October 2005.
86. 2nd Panhellenic Congress of the Hellenic Society of Digestive Surgery, Athens 10-13 November 2005.
87. 10th European AIDS Conference/EACS, Dublin, Ireland, November 17-20, 2005.
88. 9th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 25-27 November 2005.
89. 17th Panhellenic Congress on AIDS, Athens 25-27 November 2005.
90. 9th Panhellenic Congress of Surgical Infections, Thessaloniki 9-11 December 2005.
91. Scientific Conference « Greek Thrombosis Days », Thessaloniki 10-11 February 2006.
92. 4th International Congress «Risk Factors and Quality of Life in Chronic Kidney Disease», Thessaloniki 9-11 March 2006.
93. Emirates Physiotherapy Conference, Dubai, UAE 29 April - 01 May, 2006.
94. 15th Mediterranean Congress of Chemotherapy, Catania, Italy June, 25-27, 2006
95. 9th Congress of Anaesthesiology and Intensive Care Medicine, Sithonia-Chalkidiki 7-10 September 2006.
96. 12th Panhellenic Congress of the Hellenic Society of Enteral and Parenteral Nutrition, Thessaloniki 17-19 November 2006.
97. 25th Panhellenic Congress of Surgery, International Surgical Forum, Athens 22-26 November 2006
98. 18th Panhellenic Congress on AIDS, Athens 24-26 November 2006.

99. 25th International Congress of Chemotherapy, 17th European Congress of Clinical Microbiology and Infectious Diseases, Munich/Germany, March 31-April 3, 2007.
100. 4th Scientific Congress of the Medical School of Thessaloniki, Thessaloniki 13-16 May 2007.
101. Summer Scientific Conference titled «The unpleasant side of endocrine surgery, «reoperations and complications», Heraklion 25-26 May 2007.
102. 2nd Panhellenic Congress & International Forum of the Hellenic College of Surgeons, Athens 26-28 April 2007.
103. International Scientific Meeting “Thyroid Cancer and Environment” 8-10 June 2007 Fira, Santorini, Greece.
104. 8th Panhellenic Congress of Laparoendoscopic Surgery, Athens 5-7 July 2007.
105. 15th International Congress of the European Association for Endoscopic Surgery (EAES) 4-7 July 2007, Athens, Greece.
106. 42^o World Congress of the International Society of Surgery ISS/SIC. International Surgical Week (ISW 2007) 26-30 August 2007 Montreal, Canada.
107. 8th Congress of the Surgical Society of Northern Greece, Thessaloniki 18-21 October 2007.
108. 11th European AIDS Conference/EACS October 24-27, 2007 Madrid, Spain.
109. 19th Panhellenic Congress on AIDS, Athens 23-25 November 2007.
110. 10th Panhellenic Congress of the Hellenic Society of Endocrine Gland Surgery, Athens 23-25 November 2007.
111. 8th Scientific Conference of Infections titled: «Infections and Mycobacteria», Athens 25-26 January 2008
112. 6th Conference of the Hellenic Surgical Society of the Large Bowel and Anus, Xanthi, 16-17 February 2008.
113. 8th World Congress of IHPBA February 27th – March 2nd, 2008 Mumbai, India.
114. 5th Panhellenic Congress of Family Planning, Sexual Health, Contraception & Υπογεννητικότητα, Thessaloniki 14-16 March 2008.
115. 20+1 Years of Laparoscopic Surgery «Evaluation, Developments and the Future», Alexandroupolis 21-22 March 2008.
116. 23th Medical Congress of Northern Greece, Thessaloniki 27-29 March 2008.
117. 3rd Panhellenic Congress of the Hellenic Society of Digestive Surgery, Athens 4-6 April 2008.
118. 8th Conference New Trends in Cardiology, 17-19 April 2008, Thessaloniki.
119. 30th European Hernia Society (GREPA) Congress, held in Seville, Spain May 7th-10th, 2008.
120. Summer Meeting of the Hellenic Society of Endocrine Gland Surgery, Corfu 31 May 2008.
121. 16th International Congress of the European Association for Endoscopic Surgery, Stockholm Sweden 11-14 June 2008.
122. 15th International Meeting on Advanced Spine Techniques (IMAST). Hong Kong China, July 8-11, 2008.
123. 26th Panhellenic Congress of Surgery 2008 – International Surgical Forum, Athens 12 – 15 November 2008.
124. Euro-Mediterranean & Middle East Laparoscopic Meeting, Bordeaux France, 13 – 15 November 2008.

125. 24th Medical Congress of Northern Greece, Thessaloniki 26-28 March 2009.
126. 5th Scientific Congress of the Medical School of Thessaloniki, Thessaloniki 2-5 April 2009
127. 3rd Panhellenic Congress of the Hellenic Surgical Society of the Large Bowel and Anus, Athens 15 – 17 May 2009.
128. Conference titled: Therapy of Large Intestine and Breast Cancer, Portaria 15 – 17 May 2009
129. Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Samos 26 – 27 June 2009
130. 43rd World Congress of the International Society of Surgery ISS/SIC, Adelaide, Australia 6-10 September 2009
131. 21st World Congress of the International Society for Digestive Surgery ISDS, Adelaide, Australia 6-10 September 2009
132. 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009.
133. 37th Panhellenic Nursing Congress, Porto Carras Resort Chalkidiki, 3-6 May 2010.
134. 15th Congress of the European Society of Surgical Oncology, Bordeaux, France, 15-17 September 2010.
135. 14th Panhellenic Congress of Enteral and Parenteral Nutrition, Alexandroupolis, 19-21 November 2010.
136. 27th Panhellenic Congress of Surgery 2010 – International Surgical Forum, Athens 24 – 27 November 2010.
137. 6th Panhellenic Congress of Trauma and Emergency Surgery, Thessaloniki, 17-17 February 2011.
138. 9th World Congress of the International Hepato-Pancreato-Biliary Association, Buenos Aires, Argentina, April 18-22, 2010.
139. 38th Panhellenic Nursing Congress, Chios, 10-13 May 2011.
140. 10th Panhellenic Congress of Laparoendoscopic Surgery, Athens, 26-28 May 2011.
141. 2nd Panhellenic Congress of Surgical Oncology and Cancer Prevention in Macedonia, Litochoro, 16-18 September 2011.
142. 12th Panhellenic Congress of Endocrine Gland Surgery, Athens, 25 – 27 November 2011.
143. 10th Congress of the Surgical Society of Northern Greece, Thessaloniki, 8-10 December 2011.
144. 28th Panhellenic Congress of Surgery 2012 – International Surgical Forum, Athens, 21 – 24 November 2012.
145. 24th Medical Congress of the Hellenic Armed Forces, Thessaloniki, 18-20 October 2012.
146. 1st Panhellenic Congress of General Surgery, Thessaloniki, 25-27 May 2012.

1. Elected member of the Scientific Council of the AHEPA, University General Hospital of Thessaloniki, for the period 2007-2009. (OD1).
2. Member of the team 3E from when it was established in 2005 and up to now, that it is responsible for the coordination of duty calls at AHEPA, University General Hospital of Thessaloniki. (OD2)
3. Participation in committees which undertake the transaction and evaluation of the materials and the equipment necessary for the operation of the AHEPA, University General Hospital of Thessaloniki. (OD3)
4. Auditing doctor of AHEPA University General Hospital of the financially challenged, insured and uninsured patients of the Hellenic Agricultural Insurance Association during the time period of November-December 2006. (OD4)
5. Active member of the Christian Charity Organization: "The Good Samaritan" since 20/12/1999. (OD5)
6. Member of the supervising committee in the elections of the Medical Society of Thessaloniki in 2005 and 2008. (OD6)

1. On May 10th 2002 I attended a workshop on Hemorrhoidopathy which was held in Vienna.
2. On July 3rd 2002 I attended a workshop on laparoscopic surgery at Jeanne d'Arc Clinic, Lyon, France (Dr S Benchetrit)
3. On November 30th and December 1st 2006 I attended a workshop at the University Hospital of Pisa, Italy entitled: Advanced Course in Thyroid Surgery of University Hospital Pisa (Professor Paolo Miccoli)
4. From December 18th-22nd 2006 I attended at S.Agostino Hospital, Modena-Italy, Department of General Surgery Minimal Invasive Surgery Training Centre, a workshop entitled: 'ADVANCED LAPAROSCOPIC COURSE' (Prof. Gianluigi Melotti).
5. From March 31st to April 1st 2008 I attended a workshop at the Hospital Clinic

Universitary, Barcelona-Spain, entitled: “Clinical Immersion Course in Bariatric Surgery” (Dr. Antonio M. de Lacy).

6. On June 11th 2008 I attended a seminar-workshop entitled: Postgraduate Course I, “Laparoscopic Bariatric Surgery” within the context of the 16th International E.A.E.S. Congress which was held in Stockholm (Dr. Antonio M. Lacy, Mario Morino).
7. I was accepted for advanced training in laparoscopic surgery of the upper digestive system, the biliary track and the large intestine, at the Institute of Laparoscopic Surgery of the Bagatelle Hospital in Bordeaux-Talence, France upon request(Prof, Jean-Louis Dulucq) for a period of 4 months. (1/9/2008 – 31/12/2008)
8. I was accepted for advanced training in laparoscopic surgery of the upper digestive system, the biliary track and the large intestine, at the Institute of Laparoscopic Surgery of the Bagatelle Hospital in Bordeaux-Talence, France upon request(Prof, Jean-Louis Dulucq) for a period of 2 months. (11/5/2009 – 11/7/2009). (ME33)

Participation in Scientific Programs

- 1 Participation as head researcher, in 3 international research protocols approved by NIH:
 - 1) **Classic total thyroidectomy with or without drains**, protocol number NCT00692835
 - 2) **Immediate post-operative course of patients with mini video-assisted total thyroidectomy (MiVAT) versus classic thyroidectomy (cTT)**, protocol number NCT00691990
 - 3) **Late post-operative course of patients with mini video-assisted thyroidectomy (MiVAT) versus classic thyroidectomy (cTT)**, protocol number NCT00693147
- 1 Participation as a research member, in a multicentered study titled: **Compression Anastomosis Using the CAR™ 27** protocol number **08-CAR-07-IL-01**

Clinical Courses

1. From September 1999 to November 2000 I was accepted to the Surgical Department by the Medical Department of the Aristotle University, upon request, and offered my services as an honorary research associate to the 3rd Surgical Clinic of the Aristotle University of Thessaloniki. (P8)
2. Since 2000, I have worked as a General Surgery Specialist Registrar at NHS Hospital. (SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8, SE9)

3. Since 2000, I have been responsible for offering consultation services to patients with surgical problems at the 1st Department of Pathology at the Aristotle University and patients with HIV at the Unit of Infectious Diseases. (SE5, SE6)

ANALYSIS OF RESEARCH WORK

1. Doctoral Thesis

The role of allopurinol in the action of free oxygen radicals in the syndrome of ischaemia-reperfusion of the small bowel (experimental study on rabbits).

Abstract

When a biological tissue is found under ischemic conditions a series of chemical reactions is triggered, which results in cellular malfunction and the death of the cell. This process follows a complex route where the critical point is the accumulation of toxic metabolites in the ischemic tissues. Unquestionably the restoration of blood circulation is necessary for the survival and regrowth of the cells, but paradoxically greater damage has been observed after the reoxygenation of the tissues. Responsible for that are considered the free oxygen radicals that flood the reperfused tissues.

When the small intestine is exposed to ischemia-reperfusion, the intestinal mucosa is flooded with free oxygen radicals which lead to necrotic damage. This has as a result the rapture of intestinal mucosal barrier, the bacterial migration from the intestinal tube to the lymphatic vessels, the systematic circulation and the development of severe septic conditions. The intestinal mucosa is rich in xanthine oxidate which is responsible for the production of the free oxygen radicals. The human body has intrinsic mechanisms which inhibit the production and cleansing of the free radicals. Apart from the above mechanisms it is found that various external substances act protectively by interfering in the production process of the free radicals. The allopurinol which is included in these substances, was used in our experimental study in order to record the optimal administration time. Judging by the results of our study, one can assume that allopurinol administration acts protectively, by preventing the development of necrotic damage in the intestinal mucosa. The best result is achieved when allopurinol is administrated both

before the ischemic phase and before the reperfusion phase. What led us to the above conclusions was the extent of the intestinal mucosa damage which was considered to be significantly lighter compared to the damage observed when allopurinol was administrated only before ischemia or only after reperfusion. The beneficial results of our study are also confirmed by the measured values of the tissue MDA, SOD and neopterin levels, where equivalent changes were observed.

Abstracts in Foreign journals included in PUBMED, EMBASE, Excerpta Medica, SCOPUS (peer reviewed journals)

1. Comparisons between Vertical Banded Gastroplasty and Vertical Gastroplasty with Artificial Pseudo pylorus for morbid obesity S. Papavramidis, I. Kesisoglou, K. Sapalidis, L. Pavlidis, A. Aidonopoulos.

Announced: The Tenth International Symposium on Obesity Surgery, Prague, September 26-29, 1996.

Published: Abstract included in Obesity Surgery 6(4):306, 1996.

Abstract: A comparative clinical study evaluating the results and postoperative care of two surgical procedures for morbid obesity. In this study we compare the results of a team of 48 patients that underwent vertical banded gastroplasty (VBG) and a team of 55 patients that underwent vertical gastroplasty with artificial pseudo pylorus () during the period of January 1998 to December 1991. It is concluded that vertical gastroplasty with artificial pseudo pylorus displays significant advantages concerning complications, failure of gastroplasty and reoperation, while excess weight loss results were slightly better than VBG.

2. Routine cholecystectomy concomitant with bariatric surgery. Does it need? S. Papavramidis, K. Sapalidis, N. Deligiannidis, I. Papavasiliou, O. Gamvros

Announced: 6th World Congress of the International Federation for the Surgery of Obesity. Chania, Crete, 5-8 September 2001.

Published: Abstract included in Obesity Surgery 11: 444, 2001

Abstract: Routine cholecystectomy concomitant with bariatric surgery is a debatable method. In this study 220 patients with morbid obesity were treated with vertical branded gastroplasty from 1990 to 1999. Team A consisted of 120 patients that underwent a routine cholecystectomy concomitant with bariatric surgery. Team B consisted of 100 patients that underwent a routine cholecystectomy surgery without simultaneosuly having bariatric surgery. Ten patients of Team A (8.3%) and 2 patients of Team B (2%) underwent cholecystectomy surgery before having bariatric surgery. Team A had

pathological findings on 97% of the patients in the gallbladder that was removed. Cholecystectomy concomitant with bariatric surgery was compulsory for 26 patients of Team B (26%), since they were diagnosed with gallbladder disease before or during surgery. Of the remaining 72 patients of Team B, 26 (36%) displayed gallbladder disease symptoms within 2 years of the operation. The disease was treated with laparoscopic cholecystectomy, which in 6 cases was converted to an open laparoscopic cholecystectomy. In conclusion routine cholecystectomy concomitant with bariatric surgery is the proper choice.

3. Protective Effect of Allopurinol on the Small intestine Ischaemia Reperfusion Injury. K. Sapolidis, I. Kesisoglou, V. Gioufa-Asimakopoulou, N. Deligiannidis, O. Gamvros, K. Papadimitriou.

Announced: XXXIX Congress of the European Society for Surgical Research, Athens, May 12-15 2004.

Published: Abstract included in European Surgical Research. Vol. 36, Suppl. 1, 2004, p 129

Abstract: An experimental research where rabbits were employed to evaluate the ideal administration time of allopurinol concerning the small intestine ischaemia reperfusion injury. It is concluded that allopurinol's protective action blocks the growth of necrotic lesions in mucous membrane of the small intestine. The optimal result is obtained when allopurinol is administered before the stage of ischaemia and the start of reperfusion.

4. Synchronous and metachronous adenocarcinomas of the large intestine. I. Dokmetzioglou, K. Sapolidis, N. Giatas, N. Tziris, I. Kesisoglou, E. Kotidis, O. Gamvros.

Announced: (poster): 2nd International Congress on Gastrointestinal Oncology, Santorini, Greece, June 23-25, 2005

Published: Abstract included in Annals of Gastroenterology, 18(2):249, 2005

Abstract: The aim of this clinical study was to display the experience of the 3rd Surgical Clinic concerning treatment of synchronous and metachronous adenocarcinoma of the large intestine during the period 1987 – 2004. It is concluded that patients operated for colorectal carcinoma have to be monitored in regular intervals for the rest of the patient's life, mainly through colonoscopy, in order to maintain the ability of an early diagnosis and timely treatment of a possible metachronous carcinoma occurring years later.

5. Rupture of the right Hepatic Duct into an Echinococcal Cyst due to choledocholithiasis. Sapolidis K, Mihalopoulos A, Mihalopoulos N, Papavramidis T, Souleimanis Ch, Fyllosoglou A, Papavramidis S.

Announced: 8th World Congress of IHPBA February 27th – March 2nd, 2008 Mumbai, India.

Published: Abstract included in The Official Journal of the International Hepato Pancreato Biliary Association. 10 (suppl 1)133, 2008.

Abstract: The aim of this study was to display the rarity of the particular incident. A hydatid cyst usually ruptures into the biliary tree manifested by biliary colic and icterus. In the present incident there were gallstones in the hydatid cyst of the right lobe of the liver.

6. Secondary substernal goiter: a special entity? T.S Papavramidis, K. Triantafillopoulou, K. Sapalidis, I. Pliakos, G. Goutzamanis, I.Kesisoglou, S.T. Papavramidis

Announced (poster): 43rd World Congress of the International Society of Surgery ISS/SIC, Adelaide, Australia 6-10 September 2009

Published: Abstract included in World Journal of Surgery. Vol 33 (suppl 1) pag S 230, 2009.

Abstract: Aim of the study was to identify the characteristics of patients with Secondary substernal goiter.

A2. Complete Publications in foreign journal excluding PUBMED

1. Cancer of the colon (Evaluation of 242 cases) O. Gamvros, K. Sapalidis, I. Dokmetzioglou, S. Papavramidis, N. Deligiannidis, S. Tsomkopoulos.

Published: Digestive Surgery 19: 430, 2002

(Informative Abstract): The aim of this study was to examine 242 patients, 139 male and 103 female, having colon cancer that were operated in our clinic during the period from January 1987 to December 2001. In 49 patients (20.24%) the carcinoma was located on the right colon, in 28 cases (11.58%) on the left, in 62 (25.62%) on the sigmoid and 103 (42.56%) in the ortho. In 29 cases (11.98%) the disease was manifested with occlusive ileum and in 5 (2.07%) with intestinal perforation. 49 patients (20.24%) underwent left hemicolectomy, 59 (24.38%) sigmoidectomy and 2 (0.83%) total colectomy. 60 patients (24.8%) underwent low proctosigmoidectomy, 35 (14.46%) abdominoperineal resection, and finally one patient underwent a local resection of the neoplasm through the rectum. In 15 cases the surgery was considered as non radical, while 19 patients were reoperated. According to Dukes' classification 6 patients (2.48%) were classified as stage I, 24 (9.92%) as stage B1, 102 (42.15%) as stage B2, 58 (23.9%) as C1, 23 (9.58%) as C2 and 16 (6.61%) as D. Mean survival rate was 39.15±35.12 months. It is concluded that early diagnosis, the appropriate surgery combined with chemotherapy is vital for the patients's outcome. Mean survival rate was 39.15±35.12 months. It is concluded that early diagnosis, the appropriate surgery combined with chemotherapy is vital for the patients's outcome.

2. Liver function alterations in laparoscopic and open cholecystectomy. I. Kesisoglou, S. Papavramidis, D. Apostolidis, A. Trikoupi, K. Sapalidis, O. Gamvros.

Published: Digestive Surgery 19: 431, 2002

(Informative Abstract): The aim of this study is to compare the liver function disorder of patients undergoing laparoscopic and open cholecystectomy surgery, taking in to account that pneumoperitoneum causes fluctuations in blood flow of intrabdominal organs. A group of 50 patients were divided in to two teams of 25 persons each with similar demographic characteristics. The patients of Team A were operated on using laparoscopic and open cholecystectomy (LC) and Team B patients laparoscopic surgery (LS). In all of the patients measurements of SGOT, SGPT, ALP and prothrombin time (PT)

partial thromboplastin time (APTT), as well as levels of serum bilirubin were taken. The measurements took place a) before the surgery b) right after the surgery c) 24 hours after the surgery had taken place. The values were compared within each team and between the two teams. The comparisons were done with the use of Students' t-test. In team A was observed an increase in SGOT levels and SGPT immediately after the operation ($p < 0.001$ and $p = 0.008$ respectively) and 24 hours after the operation ($p < 0.001$ and $p = 0.015$ respectively). ALP levels did not show a statistically significant difference. PT levels were increased immediately after the operation and 24 hours after the operation ($p = 0.006$ and $p = 0.005$ respectively), while PTT levels did not show a statistically significant difference. Additionally serum bilirubin did not show a statistically significant difference during the study. Similar changes were also observed in the patients of team B. SGOT and SGPT levels were increased not only immediately after the operation ($p = 0.001$ and $p = 0.004$ respectively) but also 24 hours post operatively ($p < 0.001$ for both). ALP levels showed a significant difference 24 hours after the operation ($p = 0.04$). PT and PTT did not show a significant difference post operatively, while Bilirubin showed a significant difference 24 hours after the operation ($p = 0.016$). From the comparison of the respective measures between the two teams, a statistically significant difference was found for SGOT levels immediately after the operation ($p = 0.01$) and for ALP levels 24 hours after the operation ($p = 0.04$). Consequently it is assumed that liver function is altered after a cholecystectomy regardless of the way in which the operation is conducted (open or laparoscopic). This alteration is temporary and without any clinical significance for patients with a normal liver function.

A3. Complete Publications in proceedings of international meetings with reviewers

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A4. Abstracts in proceedings of international meetings with reviewers

1. Comparisons between Vertical Banded Gastroplasty and Vertical Gastroplasty with Artificial Pseudo pylorus for morbid obesity S. Papavramidis, I. Kesisoglou, K. Sapalidis, L. Pavlidis, A. Aidonopoulos.

Announced: Tenth International Symposium on Obesity Surgery, Prague, September 26-29, 1996.

2. The use of three different mesh materials in the treatment of abdominal wall defects. N. Deligiannidis, H. Papavasiliou, K. Sapalidis, I. Kesisoglou, S. Papavramidis, O. Gamvros.

Announced: 23rd International Congress of the European Hernia Society. Milan, Italy, 21-23 June 2001.

3. Routine cholecystectomy concomitant with bariatric surgery. Does it need? S. Papavramidis, K. Sapalidis, N. Deligiannidis, I. Papavasiliou, O. Gamvros

Announced: 6th World Congress of the International Federation for the Surgery of Obesity. Chania, Crete, 5-8 September 2001.

4. Protective Effect of Allopurinol on the Small intestine Ischaemia Reperfusion Injury. K. Sapalidis, I. Kesisoglou, V. Gioufa-Asimakopoulou, N. Deligiannidis, O. Gamvros, K. Papadimitriou.

Announced: XXXIX Congress of the European Society for Surgical Research, Athens, May 12-15 2004.

5. Prognostic factors of colorectal cancer with regard to pathological findings I. Dokmetzioglou, K. Sapalidis, M. Katsamakos, S. Papavramidis, N. Tziris, N. Deligiannidis, O. Gamvros.

Announced: International Congress on Colorectal Cancer, Athos Palace Chalkidiki, Greece. May 28-30, 2004.

Abstract: Congress proceedings (P05). The aim of this study is to evaluate pathological factors of neoplasms in the prognosis and survival of patients with colorectal cancer treated with surgery. During the period from 1987 to 2003, 281 patients with colorectal cancer were operated in our clinic. The factors which are analyzed are the Dukes' classification, the infiltration of neighboring organs, the differentiation of the neoplasm, the presence of infiltrated lymph nodes or distant metastases, the infiltration of vessels and nerves and the size of the tumor. The results show that patients having the least aggressive type of neoplasm have better survival rates, while the therapeutic strategy should acknowledge the factors stated above.

6. The assessment of MDA and SOD after the administration of Allopurinol in the Ischemia-Reperfusion syndrome of the small bowel. K. Sapalidis, P. Makris, F. Girtovitis, D. Anestakis, N. Deligiannidis, O. Gamvros.

Announced: 18th International Congress on Thrombosis, Ljubljana, Slovenia 20-24 June 2004.

Abstract: Congress proceedings p. 91. Aim: The aim of this study is to evaluate the ideal timing for the administration of allopurinol with respect to ischaemia-reperfusion syndrome of the small bowel. Results: The comparison of the results showed that, application of allopurinol in groups B and C had only a small favorable effect. On the other hand, allopurinol's application in group D showed a maximal protective effect. Conclusion: Allopurinol has a protective effect, blocking the development of necrotic lesions in the intestinal mucosa. The optimal effect is achieved when allopurinol is administered both before the ischemia and before the reperfusion phase. The beneficial results are confirmed by determining the tissue levels of MDA and SOD.

7. Synchronous and metachronous adenocarcinomas of the large intestine. I. Dokmetzioglou, K. Sapalidis, N. Giatas, N. Tziris, I. Kesisoglou, E. Kotidis, O. Gamvros.

Announced (poster): 2nd International Congress on Gastrointestinal Oncology, Santorini, Greece, June 23-25, 2005.

8. Rupture of the right Hepatic Duct into an Echinococcal Cyst due to choledocholithiasis. Sapalidis K, Mihalopoulos A, Mihalopoulos N, Papavramidis T,

Souleimanis Ch, Fylosoglou A, Papavramidis S.

Announced: 8th World Congress of IHPBA February 27th – March 2nd , 2008 Mumbai, India.

9. Secondary substernal goiter: a special entity? T.S Papavramidis, K. Triantafillopoulou, K. Sapalidis, I. Pliakos, G. Goutzamanis, I.Kesisoglou, S.T. Papavramidis

Announced (poster) 43rd World Congress of the International Society of Surgery ISS/SIC, Adelaide, Australia 6-10 September 2009

B. PUBLICATIONS IN GREEK SCIENTIFIC JOURNALS

B1. Articles, Reviews, Monographs

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B2. Full Publications in Greek scientific journals

1. Hellenic Journal of Gastroenterology 9(1):63-6, 1996 titled: Vertical gastroplasty with artificial pseudo pylorus for morbid obesity. Technique, complications and results in 100 cases. S. Papavramidis, I. Kesisoglou, A. Eustathiou, K. Sapalidis, A. Aidonopoulos.

Published: Hellenic Journal of Gastroenterology 9(1):63-6, 1996 titled: Vertical gastroplasty with artificial pseudo pylorus for morbid obesity. Technique, complications and results in 100 cases.

2. Endoscopic Sphincterotomy. Indications-results and complications in 71 cases. S. Papavramidis, I. Kesisoglou, D. Georgiadis, A. Eustathiou, K. Sapalidis, A. Aidonopoulos.

Published: Abstract included in Hellenic Journal of Gastroenterology 8 (suppl) :21, 1995.

Abstract: A clinical study review regarding the examination of indications, results and complications of 71 patients (31 male and 40 female), average age 62 (from 21 to 85) years of age, that were subjected to endoscopic sphincterotomy (ES) – sphincter of Oddi during the years 1991-1994. 25 patients were studied with gallstones of the common bile ducts, 19 with obstructive jaundice, 9 with pancreatitis due to gallstones, 8 with echinococcal liver cyst that ruptured in the biliary system, 4 patients with pancreatic head tumor, 4 with tumor of the biliary tract and 2 with hepatoduodenal communication and recurrent cholangitis. It is concluded that the indications of appliance of ES have expanded and it's application contributes significantly to the treatment of many benign and malignant diseases of the biliary tract, the liver and the pancreas.

3. Persistent or Recurring Secondary Hyperparathyroidism (Diagnostics and Therapeutic Problems) O. Gamvros, D. Grekas, A. Dimitriadis, N. Koulouris, K. Sapalidis, A. Aidonopoulos.

Announced: Surgical Chronicles 4: 144-49, 1999.

Abstract: A clinical study that presents 11 cases of patients with persistent (1/11) or recurring (10/11) secondary hyperparathyroidism. Analysis of the causes leading to failure of the first operation and we discuss the diagnostic and therapeutic problems observed on the patients involved. It was concluded that for this particular category of patients a detailed preparation and excision of 4 parathyroid glands as well as loose adipose tissue of the cervix and anterior upper mediastinum in combination with parts of the thymus gland was required as to make certain that fetal remnants of parathyroid cells would be removed.

4. Surgical treatment of morbid obesity with vertical gastroplasty (Mason's vertical gastroplasty). Results 10 years after the surgery. S. Papavramidis, K. Sapalidis, N. Deligiannidis, I. Papavasiliou, O. Gamvros.

Published: Hellenic Journal of Surgery 66: 376-80, 2000.

Abstract: Mason's vertical gastroplasty is a widely used method of treatment of severe obesity. This method has been popular for the past 15-20 years, not only because it can achieve a satisfactory loss of weight for many years but also because it does not disrupt the continuity of the intestinal tube and appears to have relatively few complications. From 1-1-1987 to 31-12-1990, 48 patients with severe obesity (Body Mass Index=53±22 kg/ m²), underwent a vertical gastroplasty to treat their disease. During the last year (1999), the patients underwent a recheck (clinical examination, blood test, biochemical test, radiologic and/or endoscopic control. Of the 48 patients, 4 in the course of the decade passed away, while another 4 did not attend their follow-ups. The remaining 40 patients were reexamined. In 14 (34%), the result was characterized as very satisfactory (loss of excess weight>75%) and in 16 (39%) satisfactory (loss of excess weight 50-75%). In 7 patients (17%) the result was average and the loss of excess weight (25-50%), while in 4 cases (10%) the operation did not succeed the goal of losing weight. Six patients regained the weight (14,6 %), and were reoperated upon. Two patients underwent gastric bypass, while in the other 4 vertical gastroplasty with artificial pseudopylorus was performed. In conclusion Mason's vertical gastroplasty is an excellent method for treatment of morbid obesity.

5. Brown tumors in the mandible as early manifestation of primary hyperparathyroidism. G. Goutzamanis, O. Gamvros, K. Sapalidis, G. Karagiannopoulou, A. Aidonopoulos.

Published: Surgical Chronicles 6: 94-8,2001.

6. Adenocarcinoma in the right and left colon. A comparative study. I. Dokmetzioglou, I. Kesisoglou, S. Papavramidis, K. Sapalidis, N. Tziris, M. Katsamakas, O. Gamvros.

Announced: 23rd Panhellenic Congress of Surgery, International Forum. Athens 9-12 November 2002

Published: Surgical Chronicles 12 (1): 39-44, 2007

7. Advanced Gastric Carcinoma: Treatment, mortality and survival of patients.

Sapalidis K., Papavramidis S., Deligiannidis N., Katsamakas M., Gamvros O.

Published: Hellenic Journal of Surgery 74: 6-11,2002.

Abstract: Advanced gastric cancer is a common entity in our country due to delayed diagnosis and treatment. From 1987 to 2001, 144 patients have been operated in our clinic, 95 male and 49 female patients of average age 63.13 ± 11.61 years old, diagnosed with stomach carcinoma stage III and IV according to Borrmann classification. From them 59 (40.97%) patients were classified as stage III and 85 (59.03%) patients as stage IV. 53 patients (36.80%) underwent total gastrectomy, 13 (9.02%) proximal partial gastrectomy, 73 (50.69%) partial or almost total gastrectomy, 3 (2.77%) nutrition jejunostomy and 1 (0.72%) patient underwent, due to acute abdomen (perforation), suturing. 19 patients with stage IV cancer (13,19%) had more organs excised (left hepatic lobe, transverse, pancreatic body and tail). 59 patients with stage III carcinoma had an average amount of $11,12 \pm 8,68$ lymph glands removed and 85 patients with stage IV carcinoma had 15.89 ± 10.09 lymph glands removed. The histopathological test indicated tumor infiltration in $0,6 \pm 2,00$ stage III lymph glands and $9.94 \pm 8,53$ of stage IV. The immediate postoperative mortality rate of these patients was 3.47 % (5 patients) whereas the survival rate ranged for 3 months to 5 years. As a result, it is concluded that the surgical treatment of advanced gastric carcinoma is the treatment of choice and that the survival of the patients depends not only on the kind of the surgery but mainly on the stage and the histopathological character of the carcinoma.

8. Indications and results of surgical treatment in patients with toxic goiter.

Gamvros O., Sapalidis K., Dokmetzioglou I., Kesisoglou I., Giatas N., Kotidis E., Goutzamanis G., Aidonopoulos A..

Published: Surgical Chronicles 12:65-9, 2007.

9. Unusual location of recurrent metastasis of mucosal rectal carcinoma. I.

Dokmetzioglou, K.Sapalidis, N.Giatas, N.Tziris, N.Deligiannidis, O.Gamvros.

Published: Surgical Chronicles 10: 298-301, 2005.

10. Implications of thyroidectomy of nodular euthyroid goiter. I.

Dokmetzioglou, K.Sapalidis, M.Katsamakas, G.Goutzamanis, I.Kesisoglou, S.Papavramidis, O.Gamvros, A.Aidonopoulos.

Published: Surgical Chronicles 12: 139-44, 2007.

11. Surgical Treatment of Adrenal Gland Neoplasms. K.Sapalidis, E.Kotidis,

G.Goutzamanis, K.Ioannidis, I.Kesisoglou, O.Gamvros, A.Aidonopoulos.

Published: Surgical Chronicles 12:60-4, 2007.

12. Experience of the 1st Video Assisted Thyroidectomy in the 3rd Surgical Clinic

(MiV.A.T). Presentation of Incident. K.Sapalidis, N.Michalopoulos, K.Triantafillopoulou, G.Zounidis, M.Istikoglou, A.Samouka, S.Papavramidis

Published: Perioperative Nursing 2: 20-27, 2008

13. The use of the device CAC-30 (Compression Anastomosis Clip) in large intestine

surgery. Presentation of patient. K. Sapalidis, N. Michalopoulos, E. Kotidis, K. Triantafillopoulou, S. Papavramidis

Published: Surgical Chronicles 14: 48-51, 2009.

14. Video Assisted Thyroidectomy (Mi.V.A.T). Presentation of Patient. K. Sapalidis, N. Michalopoulos, T. Papavramidis, I. Pliakos, I. Kesisoglou, S. Papavramidis

Published: Surgical Chronicles 14: 52-55, 2009.

15. SURGICAL CHRONICLES 2009 14 (2), PP. 126-132.

Laparoscopic adrenalectomy (Analysis of 13 cases).

Sapalidis, K., Michalopoulos, N., Th, P., Pliakos, I., Giavropoulou, M., Giovos, I., Papavramidis, S.

16. SURGICAL CHRONICLES 2009 14 (2), PP. 133-139.

Mucocele of the appendix.

Michalopoulos, N., Papavramidis, T.S., Karametou, M., Karayannopoulou, G., Kesisoglou, I., Sapalidis, K., Papavramidis, S.

17. SURGICAL CHRONICLES. 2010 15 (3-4) , PP. 191-197

Retroperitoneal liposarcoma: Report of three cases

Polyzonis, M., Pliakos, I., Papavramidis, T., Michalopoulos, N., Kesisoglou, I., Sapalidis, K., Papavramidis, S.

18. SURGICAL CHRONICLES 2011 16 (4) , PP. 188-194

Management of nosocomial waste (gr)

Kesisoglou, I., Kanakis, G., Sapalidis, K., Samouka, A.

19. SURGICAL CHRONICLES 2012 17 (1), PP. 61 (Video)

Laparoscopic left nephrectomy

Sapalidis, K., Kesisoglou, I., Mistriotis, G.A., Papavramidis, T.S., Panteli, N., Papavramidis, T.S.

20. SURGICAL CHRONICLES 2012 17 (2) , PP. 136 (Video)

Minimally invasive video assisted total thyroidectomy

Sapalidis, K., Papavramidis, T.S., Mistriotis, G., Koulouris, H., Panteli, N., Ropotinos, N., Kesisoglou, I., Papavramidis, S.

21. Surgical Chronicles 2012 17 (3) , pp. 219 (Video)

Laparoscopic repair of recurrent incisional hernia

Sapalidis K., Panteli N., Anastasiadis I., Koulouris H., Mistriotis G., Kesisoglou I., Papavramidis S.

B3. Complete Publications in Greek Congresses-meetings proceedings

1. “The Surgeon’s Opinion”. Introduction to Roundtable discussion and Lecture on “Obesity – Evaluation and Management” (Coordinator Substitute Professor S. Papavramidis),

Announced: 6th Macedonian Congress on Nutrition, Thessaloniki 19-21 November 2004.

Published: Congress Proceedings pp 105-127

2. “Cholecystopathy after weight loss”. Lecture and Roundtable discussion on: “Obesity and Cholecystopathy” (Coordinator G. Minopoulos),

Announced: 3rd Panhellenic Congress of Obesity Surgery, Thessaloniki April 12-14, 2002 (ST1).

Published: Congress Proceedings, pp 192-201.

B4. Abstracts in Proceedings of National Congresses

1. Vertical Gastroplasty with Artificial Pseudopylorus: Technique, Complications and Results in 100 patients. S. Papavramidis, I. Kesisoglou, A. Eustathiou, K. Sapalidis, A. Aidonopoulos.

Announced: 1st Hellenic Medical Congress of Obesity, Athens 2-4 February 1995

2. Vertical Gastroplasty with Artificial Pseudopylorus. 4 Years of Experience. S. Papavramidis, I. Kesisoglou, A. Eustathiou, K. Sapalidis, A. Aidonopoulos.

Announced: 2nd Congress of the Surgical Society of Northern Greece, Thessaloniki, 12-14 October 1995.

Abstract: Congress Proceedings, pp 505-512. The author’s experience is presented based on the treatment of 112 patients with morbid obesity that underwent vertical gastroplasty with artificial Pseudopylorus, a technique conceived by the authors described in previous studies. The loss of excess weight was calculated where as the BMI changes of the patients was totally satisfactory. The percentage of immediate post-operative complications (topically and generally) was 7,1% and 6,25% for the late post-operative complications. One patient (0,9%) died of mass pulmonary embolism. It is concluded that VGAP is a simple and safe surgical method of treating morbid obesity, since most of the complications are avoided and leads to a satisfactory weight loss as far as the patient is concerned.

3. Endoscopic Sphincterotomy. Indications-results and complications in 71 patients. S. Papavramidis, I. Kesisoglou, D. Georgiadis, A. Eustathiou, K. Sapalidis, A. Aidonopoulos

Announced: 15th Panhellenic Congress of Gastroenterology, Thessaloniki 22-25 November 1995

Published: Abstract included in Hellenic Journal of Gastroenterology 8 (suppl) :21, 1995.

Abstract: A retrospective clinical study were indications, results and complications of 71 patients (31 male και 40 female), average age 62 (from 21 to 85) years, that underwent endoscopic sphincterotomy ES –sphincter of Oddi dysfunction- during 1991-1994. Twenty five patients had choledocholithiasis, 19 obstructive jaundice, 9 pancreatitis due to gallstones, 8 echinococcus liver cyst ruptured into the billiary tract, 4 patients pancreatic head tumor, 4 extrahepatic billiary tract tumor and 2 with hepatoduodenal commutations and recurrent cholangitis. It is concluded that the indications for appliance of ES have broadened and the use of this particular method contributes to treating multiple benign and malignant diseases of the billiary tract, pancreas and liver.

4. The significance of the redundant or ectopic parathyroid glands in the therapeutic treatment of secondary hyperparathyroidism. O. Gamvros, K. Rammos, K. Sapalidis, A. Zisiadis, A. Aidonopoulos

Announced: 2nd Panhellenic Congress of Thoracic and Cardiovascular Surgery, Thessaloniki, 20-23 November 1997.

Abstract: Abstract Book, p 7. The redundant or ectopic parathyroid glands is one of the most common causes of persistent or recurrent hyperparathyroidism, in uraemic patients with hyperplasia of all their parathyroid glands. This study presents 3 cases of patients with persistent (1/3) or recurrent (2/3) secondary hyperparathyroidism due to redundant (2/3) or ectopic intrathoracic parathyroid gland and parathyromatosis (1/3). These patients comprise 30% of all patients with persistent or recurrent hyperparathyroidism studied. Treatment was applied with consecutive exploratory surgical procedures of the neck (1/3) or with exploratory procedure of the mediastinum with middle sternotomy (2/3). All patients after the removal of the redundant or ectopic parathyroid glands had a significant decrease in the serum calcium levels and supplementation therapy was required. The positive role of modern methods should be noted in the detection of the gland responsible as well as relative retrospective literature.

5. Consistent or Recurring Secondary Hyperparathyroidism (Diagnostic and Therapeutic Problems) O. Gamvros, D. Grekas, A. Dimitriadis, N. Koulouris, K. Sapalidis, A. Aidonopoulos.

Announced: 5th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 5-7 December 1997.

6. The levels of neopterin in the population of T και B lymphocytes in thyroid disorders before and after the operation. C. Antzou-Aggouridaki, S. Pournaras, M. Rapti, K. Sapalidis, N. Aggouridakis, V. Tsavdaridou, I. Doumpogias.

Announced: 18th National Congress of Microbiology and Medical Biopathology, Athens, 1-3 April 1998.

Abstract: Abstract Book, p 97. The study of a relatively recent marker (neopterin) in patients with thyroid disorders in an effort to discover a factor of differential diagnosis. Twenty seven patients were examined and neopterin levels were found elevated in patients with multinodular goiter. In case neopterin plays a factor in auto immune response this marker should be a subject of study in a larger population sample.

7. Study of T and B lymphocytes and levels of SCD14 in peripheral blood samples of

patients with thyroid disorders that could potentially be treated with surgery. C. Antzou-Aggouridakis, V. Tsavdaridou, A. Hamouza, K. Sapalidis, N. Aggouridakis, I. Doumpogias.

Announced: 18th National Congress of Microbiology and Medical Biopathology, Athens, 1-3 April 1998.

Abstract: Abstract Book, p 189. The populations of T & B lymphocytes were studied as well as, CD2, CD4, CD8, CD19, και CD25 in 22 patients. The patients were divided in 3 teams groups. Team A: 7 patients with Ca, Team B: 7 patients with Graves or thyroiditis and Team C: 8 patients with multinodular goiter. Twenty healthy individuals were used as control. Elevated sCD14 was observed after the operation in all 3 teams, $p < 0,01$. CD25 was elevated in all 3 teams before and after surgery, leading us to the conclusion that there is an immunological response.

8. Vertical Gastroplasty with Artificial Pseudopylorus in treatment of morbidly obese patients. S. Papavramidis, I. Vogiatzis, K. Sapalidis, F. Kodonas, A. Zisiadis

Announced : 1st Panhellenic Congress of Obesity Surgery, Heraklion, 8-9 May 1998.

Abstract: Abstract Book, study N^o 36. Morbidly obese patients (Super Obesity) constitute a high risk category of people due to the fact that obesity is accompanied by other diseases. We analyze the results of 7 years of applying vertical gastroplasty with artificial pseudopylorus (VGAP) in 65 patients (21 male and 44 female). The weight loss of the patients was satisfactory. The percentages for early post-operative complications were 6% and 14.5% for the later post-operative complications. One patient (1.5%) died of a pulmonary embolism. The diseases coexisting with obesity were either cured completely or showed great improvement within a 30 day period after surgery. It is concluded that VGAP produces remarkable results, concerning weight loss as well as the cure of disorders coexisting with obesity on morbidly obese patients.

9. The effect of Intraventricular Infusion of Neuropeptide Y (NPY) in the secretion of Insuline and Glycogen I. Kesisoglou, I. Giovos, O. Gamvros, I. Dokmetzioglou, K. Kotsa, T. Mouslech, K. Sapalidis.

Announced: XXI Panhellenic Congress of Surgery, Athens 13-17 November 1998.

Award: Honorary Commendation in the category of «Selected Announcements»

Abstract: Abstract Volume, p 92. An experimental study aiming to examine the central nervous system effect of NPY in the secretion of insulin and glycogen, given the known ability of pancreatic hormones to control of diet and the absorption of nutritional substances as well as the effect NPY has in the increase of food consumption. For this study 6 canines were used, cranial valve devices were placed that allow the exact detection of the lateral ventricle of the brain and the secretion of different solution within it. The effect of NPY was studied both after early as well as late secretion in doses of 5, 10 και 25 μg . The secretion of NPY instigated a non-dosage dependant increase of pancreatic hormone secretion leading to the conclusion that immediate neuromediated effect is present regardless of the concentration rate in the hypothalamus.

10. Pre- and post- operative esophageal and gastric pH levels in morbidly obese patients undergoing vertical gastroplasty. T. Papavramidis, S. Papavramidis, K. Sapalidis, I Kesisoglou, O. Gamvros

Announced: 6th Scientific Congress of Medical Students, Thessaloniki, 12-14 May 2000.

Abstract: The aim of this study was to determine whether the anatomicofunctional changes induced by vertical gastropasty lead to pH alterations in the esophagus and body and antrum of the stomach. 23 non-smoking volunteers (3 men, 20 women) mean age 35.29 +/- SD 6.85 years, mean weight 163.17 +/- 52.11 kg and mean BMI 56.06 +/- 14.01 kg/m² were studied. The pH of the esophagus, body and antrum of the stomach were measured preoperatively and 18 months postoperatively (after excess weight loss). Data was analyzed statistically using paired student t-test. The pH values before (pH(1)) and after (pH(2)) the operation were: for the esophagus pH(1e) +/- SD = 6.12 +/- 0.31 and pH(2e) +/- SD = 5.92 +/- 0.37 (P =0.38), for the body of the stomach pH(1b) +/- SD = 2.2 +/- 0.30 and pH(2b) +/- SD = 2.56 +/- 0.34 (P =0.30), and for the antrum pH(1a) +/- SD = 1.78 +/- 0.28, and pH(2a) +/- SD = 1.65 +/- 0.36 (P =0.011). Vertical gastropasty does not affect the pH levels in the esophagus and in the body of the stomach. However, there is acidification in the antrum, which could lead to pH-related diseases.

11. Future results of a conventional vertical gastropasty (Mason's vertical gastropasty) S. Papavramidis, I. Papavasiliou, K. Sapalidis, N. Deligiannidis, O. Gamvros.

Announced: 2nd Panhellenic Surgical Congress of Obesity, Athens 19-20 May 2000.

Abstract: Abstract Book p 35. The aim of this retrospective clinical study is the evaluation of the results of a conventional vertical gastropasty (Mason's vertical gastropasty) applied on 48 patients with morbid obesity during the period of Jan 1987 to Dec 1990. Forty one patients were reexamined (3 died of causes unrelated to the surgery and 4 couldn't be reached). On fourteen of the patients (34%) the result was considered very good, in 16 (39%) good, in 7 (17%) average while in 4 patients the surgery was unsuccessful. Six patients (14,6%) were reoperated. It is concluded that conventional vertical gastropasty is an effective surgical method for morbid obesity concerning future results.

12. Our experience of using three different mesh materials in the treatment of abdominal wall defects. N. Deligiannidis, I. Kesisoglou, N. Tziris, K. Sapalidis, S. Papavramidis, O. Gamvros.

Announced : 1st Panhellenic Congress of Hernia, Athens 7-8 October 2000.

Abstract: Abstract Book p 54. The aim of this retrospective study is to present the experience of the authors in treating major abdominal wall defects using three different mesh materials, conventional polypropylene, expanded polytetrafluoroethylene mesh (e-PTFE) και hydrophilic membrane coated polyester mesh. The immediate post-operative complications are presented and it is concluded that conventional polypropylene exhibit more complications and should be located only in preperitoneal location. Materials from e-PTFE and hydrophilic membrane coated polyester mesh minimize infections, are flexible, steady and ideal for intraperitoneal location.

13. Comparison between the Lichtenstein method and the in lay – on lay mesh in inguinal hernia surgery. N. Deligiannidis, I. Kesisoglou, S. Papavramidis, I. Papavasiliou, K. Sapalidis, O. Gamvros.

Announced : 1st Panhellenic Congress of Hernia, Athens 7-8 October 2000.

Abstract: Abstract Book p 46. The aim of the retrospective study is to compare the Lichtenstein method with the in lay – on lay mesh in the surgical treatment of inguinal hernia. The characteristics of patients are stated and immediate post-operative complications are presented. It is concluded that there is no significant statistical difference between the two methods concerning surgical time, costs, post-operative pain, early and late complications and return to a normal life style and physical activity.

14. Vertical Gastropasty with Artificial Pseudopylorus for the treatment of morbid obesity. Analysis of 170 cases. S. Papavramidis, K. Sapalidis, K. Miliadis, D. Apostolidis, O. Gamvros.

Announced: 18th Medical Congress of Hellenic Armed Forces. Thessaloniki, 8-11 November 2000.

Abstract: Congress Proceedings pp 45-46. From 1.1.1991 to 31.12.1999, 170 patients with morbid obesity, 33 male and 137 female, average age 34 (from 20 to 58) years and average BMI 51 kg/m² (from 41; to 80) underwent vertical gastropasty with artificial pseudopylorus (VGAP). The patients were examined every year with the percentage of re-examined patients varying from 85% to 100%. One patient (0.58%) died during the immediate post-operative period due to pulmonary embolism and 2 others (1.16%) from unrelated causes. The percentage of immediate post-operative complications added up to 6.4% and 12.3% for the late post-operative complications. The percentage of excess weight loss (\pm SD) in the 1,2,3,4,5,6,7,8 και 9th year after the surgery was 71 \pm 12, 82 \pm 9, 80 \pm 10, 78 \pm 13, 70 \pm 12, 72 \pm 4, 71 \pm 10, 70 \pm 8 and 68 \pm 10 respectively, while the fluctuations of BMI during the same period were 29 \pm 6, 27 \pm 5, 28 \pm 3, 28 \pm 4, 29 \pm 6, 30 \pm 7, 30 \pm 8, 31 \pm 8 and 32 \pm 7 kg/m². A hundred and sixteen patients concluded 5 to 9 years after the operation. In 34 patients (29.5%) the outcome was considered as being «very good», in 45 patients as «good», in 19 patients (16.4%) as average, and finally in 8 patients (6.8%) as «bad». The procedure was considered unsuccessful in ten patients and they were reoperated. It is concluded that VGAP is a very effective surgery when dealing with morbid obesity.

15. Leiomyomatic tumors of the gastric system. S. Papavramidis, K. Sapalidis, I. Orfanakos, I. Papavasiliou, T. Zarampoukas, O. Gamvros.

Announced: 18th Medical Congress of the Hellenic Armed Forces, Thessaloniki, 8-11 November 2000.

Abstract: Congress Proceedings pp 186-87. The clinical and histopathological characteristics of the tumors are analyzed in 16 patients, 7 female and 9 male while evaluating the contribution of surgical treatment in the patients' survival. In 12 patients the neoplasm was located in the stomach, 1 in the duodenum, 2 in the jejunum and 1 in the liver. Clinical symptomatology in 6 of the 12 patients with gastric neoplasms was atypical, in 2 there was haemorrhage from the G.I. tract, in 1 haemorrhage from the G.I. tract as well as intrabdominal bleeding coexisted, while in 3 patients the neoplasm was asymptomatic. The patient with tumor of the duodenum complained about epigastric discomfort and diarrhea, two patients with neoplasms of jejunum presented haemorrhage from the G.I. tract and finally the patient with liver tumor was asymptomatic and was admitted for a mass in the right hypochondrial region. In 6 patients stomach tumor, subtotal gastrectomy was performed, in 2 proximal partial gastrectomy, 1 total and in 3

local excision of the tumor. The patient with the duodenal tumor was treated with pancreatoduodenectomy and 2 with tumor localized in the jejunum with partial enterectomy. The patient with liver tumor underwent a simple biopsy. The histopathological examination showed 10 cases of leiomyoma, 4 with leiomyosarcoma and 2 with leiomyoblastoma. One patient (0.66%) passed away during the immediate post-operative period, where as the remaining patients survived for a period of 3 months to over 10 years. In conclusion leiomyomatic tumors of the gastric system are not frequent, differential diagnosis between these tumors is not easy not even histopathologically while their survival depends on the surgical treatment and the specific histopathologic characteristics.

16. The effect of free oxygen radical inhibitors in the syndrome of ischaemia-reperfusion of the small bowel. P. Makris, K. Sapalidis, C. Aggouridaki, N. Aggouridakis, Z. Foka, O. Gamvros.

Announced: 2nd Panhellenic Congress of Free Radicals and Oxidative Stress, Thessaloniki 12-14 October 2000.

Abstract: Abstract Book p 167. The aim of this study is to control the effect of allopurinol a known inhibitor of free radicals in ischaemia-reperfusion syndrome of the small bowel. Twenty rabbits were used of the same species, age, gender and weight. In all ischaemia was provoked by stoppage of circulation of the upper mesenteric artery. They were divided in 4 groups of 5 subjects each. Team A (control) 50 ischaemia and 50 minutes reperfusion. Team B 50 minutes ischaemia and 50 minutes reperfusion. Ten minutes before ischaemia 15mg/kg allopurinol and 2 minutes before reperfusion another 15mg/kg allopurinol were administered. Team C 50 minutes ischaemia and 50 minutes reperfusion. Administration of 30mg/kg of allopurinol before reperfusion. Team D 50 minutes ischaemia and 50 minutes reperfusion. Ten minutes before ischaemia 30mg/kg of allopurinol are administered. In all test subjects blood samples were taken. α) 15 minutes before ischaemia β) 45 minutes after ischaemia and c) 50 minutes before reperfusion. The levels of neopterin were measured using the ELISA method. Team A displayed great statistical increase of neopterin levels. Team B did not display increase in neopterin levels as a result of the administration of allopurinol. When allopurinol was administered right before reperfusion, Team C, displayed a suspension of release of free oxygen radicals during reperfusion, but not during ischaemia. In Team D, where allopurinol was administered right before ischaemia, displayed suspension of release of free oxygen radicals during ischaemia, but not during reperfusion. The administration of allopurinol before ischaemia suspends the release of free radicals, but the administration of the second dose just before reperfusion is important for the suspension of release of free radicals at this stage.

17. The effect of free oxygen radical inhibitors in the syndrome of ischaemia-reperfusion of the small bowel. P. Makris, K. Sapalidis, C. Aggouridaki, N. Aggouridakis, Z. Foka, N. Deligiannidis, O. Gamvros.

Announced: 11th Panhellenic Congress of Hematology, Thessaloniki 16-19 November 2000.

Published: Abstract included in Haema (The Journal of the Hellenic Society of Hematology) Vol 3, Number 4, Suppl, p 171

Abstract: The aim of this study is to control the effect of allopurinol a known inhibitor of free radicals in ischaemia-reperfusion syndrome of the small bowel. Twenty rabbits were used of the same species, age, gender and weight. In all ischaemia was provoked by stoppage of circulation of the upper mesenteric artery. They were divided in 4 groups of 5 subjects each. Team A (control) 50 ischaemia and 50 minutes reperfusion. Team B 50 minutes ischaemia and 50 minutes reperfusion. Ten minutes before ischaemia 15mg/kg allopurinol and 2 minutes before reperfusion another 15mg/kg allopurinol were administered. Team C 50 minutes ischaemia and 50 minutes reperfusion. Administration of 30mg/kg of allopurinol before reperfusion. Team D 50 minutes ischaemia and 50 minutes reperfusion. Ten minutes before ischaemia 30mg/kg of allopurinol are administered. In all test subjects blood samples were taken. α) 15 minutes before ischaemia β) 45 minutes after ischaemia and c) 50 minutes before reperfusion. The levels of neopterin were measured using the ELISA method. Team A displayed great statistical increase of neopterin levels. Team B did not display increase in neopterin levels as a result of the administration of allopurinol. When allopurinol was administered right before reperfusion, Team C, displayed a suspension of release of free oxygen radicals during reperfusion, but not during ischaemia. In Team D, where allopurinol was administered right before ischaemia, displayed suspension of release of free oxygen radicals during ischaemia, but not during reperfusion. The administration of allopurinol before ischaemia suspends the release of free radicals, but the administration of the second dose just before reperfusion is important for the suspension of release of free radicals at this stage.

18. Splenectomy concomitant with proximal and total gastrectomy. Does it need? S. Papavramidis, K. Sapalidis, N. Deligiannidis, I. Christodoulou, O Gamvros

Announced: 22nd Panhellenic Congress of Surgery, Athens, 18-22 November 2000.

Abstract: Abstract Book p 121. The aim of this report is to study the necessity of splenectomy in patients with stomach cancer that underwent proximal or total gastrectomy. From 1.1.1987 to 31. 12. 1999 26 patients (17 male and 9 female, average age 62.9 years), constituted Team A that underwent total or proximal gastrectomy concomitant with splenectomy. Team B consisted of 20 patients (10 male and 10 female average age 63.3 years), that underwent total or proximal gastrectomy without splenectomy. In 2 patients of Team A (7.6%) the spleen and/or vascular stem were found infiltrated by cancer cells. In 5 patients of Team A (19%) and in 2 (10%) of Team B one or more organs were simultaneously removed (left lobe of the liver, body-tail of pancreas, transverse colon). Immediate post-operative fatality for the patients of Team A was 3.7% and for those of Team B 0%. The average survival rate of Team A patients was 2 years and 2.5 years for Team B patients. It is concluded that splenectomy does not benefit stomach cancer patients that undergo total or proximal gastrectomy. In those cases that splenectomy is applied, it is typical that problems derived from this operation are added. The removal of the spleen should only be performed when clear indications of tumor infiltration are found in the organ or in it's the vascular stem.

19. Our experience from the use of three different mesh materials in the treatment of abdominal wall defects. N. Deligiannidis, I. Papavasiliou, K. Sapalidis, I. Kesisoglou, S. Papavramidis, O. Gamvros.

Announced: 5th Congress of the Surgical Society of Northern Greece, Thessaloniki 31 October-3 November 2001.

20. Laparoscopic cholecystectomy after bariatric surgery. S. Papavramidis, N. Deligiannidis, T. Papavramidis, K. Sapalidis, M. Katsamakas, O. Gamvros.

Announced: 5th Congress of the Surgical Society of Northern Greece, Thessaloniki, 31 October- 3 November 2001

Abstract: This prospective study determines the value of laparoscopic cholecystectomy (LC) in patients with cholelithiasis after bariatric surgery. Eighty-four consecutive patients who underwent bariatric surgery without concomitant cholecystectomy were studied. Patients were divided in two groups; group A including 50 patients (59.5%) without gallbladder disease, and group B included 34 patients (40.5%) with symptomatic cholelithiasis within 2 years postoperatively. Characteristics of both groups were compared and analyzed by the use of chi-square tests. In all 34 patients in group B LC was attempted, and the procedure was successful in 28 (82.4%). LC was converted to open procedure in 6 patients (17.6%). Two patients with choledocholithiasis obstructive jaundice underwent endoscopic retrograde cholangiopancreatography and endoscopic sphincterotomy prior to laparoscopic management. The mean operative time was 75 +/- 12 min, and the mean hospitalization was 2.8 +/- 1.1 days. Morbidly obese patients undergoing bariatric surgery are at high risk for developing symptomatic cholelithiasis postoperatively, which usually takes the form of acute cholecystitis. LC is feasible, effective, and seems to be the procedure of choice despite the technical difficulties.

21. Clostridium Necrotizing Infections of Soft Tissue. N.Deligiannidis, M.Katsamakas, I.Kesisoglou, K.Sapalidis, S.Papavramidis, O.Gamvros.

Announced: 7th Panhellenic Congress of Surgical Infections, Alexandroupolis 9-11 November 2001.

Abstract: Congress Proceedings p 11. A retrospective study aiming to present the experience of the authors in the rare necrotizing clostridium infections of soft tissues and correlating bibliographical references. In a period of 10 years (1991-2000) 7 patients (4 male, 3 female) were treated with a necrotizing infection of soft tissue. Five patients displayed a typical gangrene Fournier (necrosis of perineum, scrotum or female genitals), one patient with extensive necrotizing peritonitis and another with extensive muscle necrosis, which was the first clinical manifestation of underlying acute myelogenous leukemia. All the patients underwent surgery that included removal of necrotic tissue. In 3 patients temporary colostomy was performed. A culture of the excised necrotic material revealed a clostridium infection. In 4 cases *Cl. Perfigens* and in 3 *Cl. Difficiles* was isolated. Three of the patients passed away in the immediate post-operative period with clinical symptoms of sepsis and multiple organ failure (43%). The remaining patients were hospitalized for a period of 12 to 60 days (avg 26,7±16,1). In conclusion clostridium infections are extremely serious infections with a high mortality rate. Surgical treatment despite poor results is a very important part in dealing with necrotizing infections of soft tissues.

22. Survival of patients with well differentiated thyroid cancer (Experience of 37 years). O. Gamvros, I. Dokmentzioglou, G. Goutzamanis, S. Papavramidis, K. Sapalidis,

P. Papakonsantinou, A. Rizoulis, A. Aidonopoulos.

Announced: 7th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 7-9 December 2001

Abstract: Congress Proceedings pp 41-42. In this informative article we attempt to report the clinical aspects of intrathoracic goiter and the symptomatology of the patients, as well as the diagnostics used. The treatment of choice is a total or subtotal thyroidectomy completed by cervical incision, excluding a few patients with secondary intrathoracic goiter and all patients with primary intrathoracic goiter, in which middle sternotomy is needed. The clinical symptomatology of intrathoracic goiter depends on its size and is a result of pressure from neighboring organs, excluding patients with hyperactive goiter to whom symptoms of thyrotoxicosis prevail. Diagnosis is set with chest X-ray, cervical mediastinal CT or MRI as well as scintigraphy control. Post-operatively all patients are administered thyroxine for life.

23. Suprarenal Incidentalomas - Report of 4 cases. A. Aidonopoulos, G. Goutzamanis, K. Sapalidis, I. Kesisoglou, O. Gamvros.

Announced: 7th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 7-9 December 2001

Abstract: Abstract Book, p 50. A retrospective study aiming to present the experience of the authors in treating patients with suprarenal incidentaloma. Reference to bibliographical data and experience of the authors in dealing with similar cases.

24. Cancer of the colon (Evaluation of 242 cases) O. Gamvros, K. Sapalidis, I. Dokmetzioglou, S. Papavramidis, N. Deligiannidis, S. Tsomkopoulos.

Announced: 7th Panhellenic Congress of Hepato- Pancreato- Biliary Surgery & Inaugural Congress of the Hellenic Society of Digestive Surgery, Alexandroupolis 19-21 September 2002.

25. Liver function alterations in laparoscopic and open cholecystectomy. I. Kesisoglou, S. Papavramidis, D. Apostolidis, A. Trikoupi, K. Sapalidis, O. Gamvros.

Published: 7th Panhellenic Congress of Hepato- Pancreato- Biliary Surgery & Inaugural Congress of the Hellenic Society of Digestive Surgery. Alexandroupolis, 19-21 September 2002.

26. The choice of surgical therapy in patients with Hyperthyroidism. O. Gamvros. K. Sapalidis, I. Dokmetzioglou, I. Kesisoglou, S. Tsomkopoulos, G. Goutzamanis, A. Aidonopoulos.

Announced: Endocrine Glands and Metabolism 2002, Thessaloniki 17-19 October 2002.

Award: Best Poster

Abstract: Abstract Book, p 128. A retrospective clinical study aiming to evaluate the results of surgical therapy applied in 801 patients during 1964-2001. A total of 221 patients were operated for Graves disease, 297 for multinodular toxic goiter and 283 toxic adenoma. All patients displayed moderate to sizeable enlargement of the thyroid gland. All 279 patients underwent bilateral subtotal thyroidectomy, 253 subtotal or total thyroidectomy, in 237 lobectomy and in 32 ipsilateral lobectomy and contralateral subtotal thyroidectomy. Recurrency of thyrotoxicosis was observed in 5

patients (2,3%) that were operated for Graves disease. Supplementation therapy with thyroxin is administered to 516 patients (65%). Permanent hypocalcaemia was observed in 1,1% of the cases and permanent injury of the recurrent laryngeal nerve in 0,75% the nerves that were exposed to surgical risk. In 35 patients (4,4%) the presence of well differentiated carcinoma was diagnosed. In conclusion based on the results recorded, surgery is a safe and effective treatment for toxic goiter.

27. The use of implant devices of permanent vein access (Infusaport) for chemotherapy administration. I. Dokmetzioglou, I. Kesisoglou, V. Mpaltzopoulos, D. Apostolidis, I. Papavasiliou, K. Sapalidis, O. Gamvros.

Announced: 19th Medical Congress of the Hellenic Armed Forces, Thessaloniki 7-10 November 2002

Abstract: Abstract Book, pp 377-378. A clinical study presenting the experience of the authors in the use of implant devices that allow permanent central vein access for the administration of chemotherapy in patients with malignances. The valve used is described as well as the method of placement. Both the total time of use and complications observed were recorded. In conclusion the use of implant devices is a sufficient method for chemotherapy administration in patients with malignances that have a difficult venous access. Safety of placement, low maintenance and acceptance of patients in the application of implant devices present a significant advantage in patient treatment.

28. Gastric bypass with the preservation of the pylorus and vertical sleeve gastrectomy in treating morbid obesity. S. Papavramidis, V. Mpaltzopoulos, I. Papavasiliou, K. Sapalidis, O. Gamvros. **Video Presentation**

Announced: 23rd Greek Surgical Conference – International Forum. Athens, November 9-12 2002.

Award: Commendation for the 3rd Best Video

Published: Abstract included in the Hellenic Journal of Surgery 74: 6- 11, 2002

Abstract: Gastric bypass with the preservation of the pylorus is a radical method of treating morbid obesity. The technique causes weight loss due to decrease of the capacity of the stomach in one hand and malabsorption on the other. This method has the advantages of maintaining the pylorus. In this Video the vertical sleeve gastrectomy technique is presented and as well as the resection of the duodenum 2 cm below the pylorus. Subsequently 250 cm of the small intestine are measured from the ileocaecal valve, the intestine is cross-sectioned and anastomosed end to end with the duodenum. The duodenal stump is sutured in the classical fashion and bilopancreatic loop is anastomosed end to side with the ileus 50 cm from the ileocecal valve. With this technique the absorptive surface of the intestine is reduced without the creation of blind loop of bowel which is the cause of serious complications.

29. Adenocarcinoma in right and left colon. A comparative study. I. Dokmetzioglou, I. Kesisoglou, S. Papavramidis, K. Sapalidis, N. Tziris, M. Katsamakas, O. Gamvros.

Announced: 23rd Greek Surgical Conference – International Forum. Athens, November 9-12 2002.

Published: Abstract included in the Hellenic Journal of Surgery 74: 6-11, 2002

30. Advanced stomach cancer: Treatment, mortality and survival of patients. Sapalidis K., Papavramidis Σ., Deligiannidis N., Katsamakas M., Gamvros O.

Announced: 23rd Greek Surgical Conference – International Forum. Athens, November 9-12 2002.

31. “Molluscum Contagiosum: Clinical Sign of AIDS disease”. E. Vritzali, O. Papagiannopoulou, K. Sapalidis, D. Valagkouti, G. Miteloudis, G. Karkavelas, V. Kioses.
Announced: 14th Panhellenic Congress on AIDS, Thessaloniki 14-17 November 2002.

Abstract: Congress Proceedings p 18. Presentation of the first documented case of molluscum infections in the special infection unit of AHEPA General University Hospital during 1990-2002 in a total of 600 HIV/AIDS patients. This case was investigated and in order to disqualify the possibility of spongiform encephalopathy due to progressive senility.

32. Lymphadectomy of right cervical region for papillary carcinoma of the thyroid. S. Papavramidis, G. Goutzamanis, K. Sapalidis, V. Mpaltzopoulos, S. Tsokmopoulos, O. Gamvros. **Video Presentation**

Announced: Summer Symposium of the Hellenic Society of Endocrine Gland Surgery, Grevena 6-8 June 2003.

Abstract: Congress Proceedings, N^o 6. Presentation of the technique of modified lymphadenectomy of the right cervical region for papillary carcinoma of the thyroid. This technique, although radical, does not affect the integrity of the sternokleidomastoid muscle and other basic anatomic structures of the neck while removing the lymph nodes of all cervical compartments.

33. Inguinal Hernia Repair with local anaesthesia in Day Surgery Clinic. N.Deligiannidis, I.Kesisoglou, A.Trikoupi, D. Vasilakos, K.Karakoulas, A.Papadopoulos, K.Sapalidis, O.Gamvros.

Announced: 5th Panhellenic Congress Anaesthesia, Pain Relief and Palliative Care, Delphi, 3-5 October 2003.

Abstract: Abstract Book, p 10. A retrospective study aiming to evaluate patients operated for inguinal hernia with local anesthesia in day surgery clinic. In conclusion the application of this method leads to significant cost reduction due to minimal hospital stay (3-4 hours post-operatively). The reduced occurrence of pain is due to the analgesic technique and the lack of tension due to of mess usage. Return to previous physical activity ranges from 1-7 days.

34. Operating Capability of a Surgical Faculty to conduct Day Surgery in AHEPA University General Hospital. N.Deligiannidis, I.Kesisoglou, K.Sapalidis, M.Katsamakas, S.Tsokmopoulos, E.Kotidis, O.Gamvros.

Announced: Conference of AHEPA University General Hospital «AHEPA – History and Prospects», Thessaloniki, 29-30 October 2003.

Abstract: A clinical study describing the basic principles of conducting a day surgery in a surgical faculty, the capability of the clinic in treating specific categories of patients, the kind of applied anesthesia and the guidelines required by patients before and after the operation. Possible post-operative complications and the advantages offered by day

surgery are stated. Finally, the experience of the 3rd Surgical Clinic of AHEPA University General Hospital of the day surgery application is recorded. Specifically during 2002, 87 patients were treated in our day surgery unit. Local anesthesia was applied in 72 patients, lumbar in 12 και general anesthesia in 3. The time elapsed between the completion of surgery until their discharge was $3,5\pm 1,3$ hours. Post-operative pain during discharge was $2,3\pm 1,9$ of the analog pain scale. In 3 patients (3,8%) infection of the surgical wound was observed and the return to their previous physical activity was accomplished in $4,4\pm 3,2$ days. In conclusion, day surgery is safe when it is applied under the right conditions, offers unquestionable advantages not only to the patients but also to the health care system by reducing costs.

35. Pancreatoduodenectomy with preservation of the pylorus for carcinoma of the lower common bile duct. S. Papavramidis, K. Sapolidis, E. Kotidis, O. Gamvros. **Video Presentation**

Award: Commendation for Best Video

Announced: 6th Congress of the Surgical Society of Northern Greece, Thessaloniki 13-16 November 2003.

Abstract: The technique of pancreatoduodenectomy with preservation of the pylorus (Longmire) for the treatment for carcinoma of the lower common bile duct.

36. The use of ultrasonic coagulation in laparoscopic surgery. Effect on hepatic function. I. Kesisoglou, P. Papakonstantinou, S. Papavramidis, K. Sapolidis, I. Dokmetzioglou, V. Mpaltzopoulos, O. Gamvros.

Announced: 6th Congress of the Surgical Society of Northern Greece, Thessaloniki 13-16 November 2003.

Abstract: Congress Proceedings. Volume I: 170-71. A study aiming to compare liver function disorders caused by monopolar coagulation with those of ultrasonic coagulation in 40 patients (14 male and 26 female) divided into 2 teams (A and B) comprised of 25 and 15 patients respectively. Transaminases, bilirubin, alcalic phosphatase, prothrombin time and partial thromboplastin time of serum pre-operatively, immediately after the operation and 24 hours post-operatively are measured. Team A presented significant increase of transaminases and partial thromboplastin time not only after the operation but also 24 hours post-operatively. Team B presented significant statistical increase only in SGOT. In conclusion, liver function is affected only during laparoscopic cholecystectomy and primarily when monopolar coagulation is used.

37. Perforation of Stomach-Duodenum. Surgical Treatment. K. Sapolidis, E. Kotidis, I. Kesisoglou, S. Papavramidis, G. Filos, O. Gamvros.

Announced: 6th Congress of the Surgical Society of Northern Greece, Thessaloniki 13-16 November 2003.

Abstract: Congress Proceedings. Volume I: 187. A presentation of the experience of our clinic in surgical treatment of stomach-duodenal ulcer perforation from 1.1.1987 to 31.12.2003. The sample consisted of 80 patients, 64 male and 16 female, average age 51 years. The cause of perforation was duodenal ulcer in 40 patients, stomach ulcer in 33, carcinoma of the stomach in 6 and of the duodenum in 1. In 47 cases (58.75%) simple suturing of the perforation was performed, vagotomy and pyloroplasty in 21 (26.25%),

suturing and highly selective vagotomy in 1 (1.25%), vagotomy and gastrointestinal anastomosis in 3 (3.75%), where as in 1 case (1.25%) excision of the pylorus was performed, suturing of the duodenal stump and gastrointestinal anastomosis (Roux-Y). Από τους patients με perforation of gastric carcinoma 4 (5%) underwent subtotal gastrectomy BII, 1 (1.25%) in simple suture and 1 (1.25%) subtotal gastrectomy (Roux-Y). In conclusion simple suturing of perforation today is realistic, safe, fast and is applied with ease especially in neglected cases.

38. Carcinoma of the Common Biliary Duct. Results after radical excision. S. Papavramidis, E. Kotidis, K. Sapalidis, N. Deligiannidis, I. Dokmetzioglou, O. Gamvros.

Announced: 6th Congress of the Surgical Society of Northern Greece, Thessaloniki 13-16 November 2003.

Abstract: Congress Proceedings. Volume I:222. The results of radical surgery treatment of 4 patients (2 male and 2 female), with carcinoma of the biliary tract. In 2 patients the tumor was located in the upper third of the biliary tract and were subjected to neoplasm excision and hepatojejunal anastomosis (Roux-Y), while in the other 2 intrapancreatic portion of the common bile duct and were subjected to pancreatoduodenectomy (Longmire). Patient survival ranged from 18 months to 5 years. In conclusion, radical treatment of the biliary tract carcinoma offers a better prognosis than the cancer located in the head of the pancreas where as the survival rate is satisfactory.

39. Papillary Carcinoma of the Thyroid in Thyroglossal Duct Cysts. O. Gamvros, K. Sapalidis, M. Katsamakas, I. Dokmetzioglou, Γ. Goutzamanis, I. Kesisoglou.

Announced: 8th Panhellenic Congress of Endocrine Gland Surgery, Athens 28-30 November 2003.

Abstract: Congress Proceedings. Volume I, p 35. The thyroglossal duct cyst is an extremely rare pathological entity with minor morbidity. The only therapeutic treatment is its surgical removal. The presence of well differentiated thyroid carcinoma on the cystic wall is rare (1%) whereas its treatment is a controversial subject. During the time period 1987-2003 17 patients (7 male and 10 female) were operated for thyroglossal duct cysts (1:1.5). The age of the patients ranged from 13-50 years with the average age being 27,8 years. The diagnosis was based on the clinical presentation and the cervical ultrasound check. Two of the patients underwent excision of the cyst while the other 15 underwent Sis trunk surgery. In 2 of the 17 patients total thyroidectomy was performed due to papillary carcinoma. No post-operative complications occurred. Histological examination confirmed pre-operative diagnosis while in 2 of the 17(11,7%) cases a focal of papillary carcinoma of the thyroid was present. In these cases complementary total thyroidectomy was performed. In conclusion surgical treatment (Sis-trunk) is the treatment of choice. The presence of well differentiated thyroid carcinoma imposes complementary total thyroidectomy.

40. Intrathoracic Goiter. O. Gamvros, Σ. Papavramidis, K. Sapalidis, Γ. Goutzamanis, V. Mpaltzopoulos, N. Deligiannidis, I. Dokmetzioglou.

Announced: 8th Panhellenic Congress of Endocrine Gland Surgery, Athens 28-30 November 2003.

Abstract: Congress Proceedings. Volume I, p 40. Intrathoracic goiter constitutes 3-4%

of neck enlargement. The results of 167 patients with intrathoracic goiter treated in our clinic from 1965 to 2003 are analyzed. Intrathoracic goiter was diagnosed using common techniques and all patients underwent total or subtotal thyroidectomy. In 95.2% of the cases, transverse cervical incision was sufficient, while 4.8% of the patients underwent μέση sternotomy. No fatality was recorded and morbidity was minimal. In conclusion the presence of intrathoracic goiter is a clear indication for surgery and in most cases transverse cervical incision is completely sufficient.

41. The effect of free oxygen radical inhibitors in the syndrome of ischaemia-reperfusion of the small bowel. P. Makris, K. Sapalidis, C. Aggouridaki, N. Aggouridakis, Z. Foka, O. Gamvros.

Announced: Greek Thrombosis Days, Thessaloniki 18-19 December 2003.

Abstract: Congress Proceedings (CD, Oral, 10th Presentation). The aim of this study is to control the effect of allopurinol a known inhibitor of free radicals in ischaemia-reperfusion syndrome of the small bowel. Twenty rabbits were used of the same species, age, gender and weight. In all ischaemia was provoked by stoppage of circulation of the upper mesenteric artery. They were divided in 4 groups of 5 subjects each. Team A (control) 50 ischaemia and 50 minutes reperfusion. Team B 50 minutes ischaemia and 50 minutes reperfusion. Ten minutes before ischaemia 15mg/kg allopurinol and 2 minutes before reperfusion another 15mg/kg allopurinol were administered. Team C 50 minutes ischaemia and 50 minutes reperfusion. Administration of 30mg/kg of allopurinol before reperfusion. Team D 50 minutes ischaemia and 50 minutes reperfusion. Ten minutes before ischaemia 30mg/kg of allopurinol are administered. In all test subjects blood samples were taken. α) 15 minutes before ischaemia β) 45 minutes after ischaemia and γ) 50 minutes before reperfusion. The levels of neopterin were measured using the ELISA method. Team A displayed great statistical increase of neopterin levels. Team B did not display increase in neopterin levels as a result of the administration of allopurinol. When allopurinol was administered right before reperfusion, Team C, displayed a suspension of release of free oxygen radicals during reperfusion, but not during ischaemia. In Team D, where allopurinol was administered right before ischaemia, displayed suspension of release of free oxygen radicals during ischaemia, but not during reperfusion. The administration of allopurinol before ischaemia suspends the release of free radicals, but the administration of the second dose just before reperfusion is important for the suspension of release of free radicals at this stage.

42. Complications in Laparoscopic Cholecystectomy. Experience of the past 4 years. I. Kesisoglou, V. Mpaltzopoulos, M. Katsamakakos, K. Sapalidis, Σ. Papavramidis, O. Gamvros.

Announced: 8th Panhellenic Congress of Hepato- Pancreato- Biliary Surgery, Alexandroupolis 20-21 May 2004.

Abstract: Congress Proceedings p 67. The complications of laparoscopic cholecystectomy (LC)

in 271 patients, 82 male and 189 female, average age 53.9. One patient concluded of myocardial infarction 24 hours after the operation. In 21 cases (7.8%) LC was converted to an open cholecystectomy for various reasons. In 3 cases (1.1%) LC was followed up by an exploratory laparotomy due to post-operative intrabdominal bleeding, while in 6

other cases (2.2%) cholorrhea occurred. Injury of the common bile duct that was treated surgically occurred in 4 patients (1.47%). It is concluded that LC could possibly produce severe complications leading to either a conversion from an LC to an open cholecystectomy or reoperation.

43. Advantages and a few special techniques for the appliance of the Prolene Hernia System. Deligiannidis N, Papavramidis T, Papavramidis S, Sapalidis K, Kesisoglou I, Gkiatas N, Gamvros O.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 129. A clinical retrospective study aiming to present a few special techniques in the application of PHS and the advantages of the system. It is concluded that the application of PHS is easy and time-saving. The combination of minimal hospitalization time and work absence, low consumption of medicine, low percentage of immediate post-operative complications, placement under local anaesthesia and the absence of recurrences, contributes to the reduction of the total costs of hospitalization, while the adjustments of the technique assist in the the appliance of the prolene hernia system.

44. Comparison between the Liechtenstein method and the application of the Prolene Hernia System (PHS) for the restoration of inguinal hernias. Deligiannidis N, Papavramidis Θ, K Papavramidis Σ, Kesisoglou I, Papavasiliou I, Sapalidis K, Gamvros O.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 127. A randomized study aiming to compare the results of the application of the classical Lichtenstein method and the modern technique of the Prolene Hernia System (PHS) for the treatment of primary inguinal hernias. In this study 145 patients were included having 163 primary inguinal hernias and were divided into 2 teams. The duration of the study was 4 years (1/11996 to 31/12/1999). Team A was comprised of 79 patients (91 inguinal hernias) that were treated using the Lichtenstein method. Team B was comprised of 66 patients (71 inguinal hernias) that were treated using the application of PHS. The post-operative follow-up was completed by 123 patients (85%) and they were examined 1, 6 and 12 months after the operation. The following factors were evaluated: surgery time, post-operative pain, hospitalization time, complications, time of recovery to full physical activity and costs. Statistically, a significant difference was identified considering surgical time ($p < 0.05$) and it is presumed that the application of PHS saves considerable time. As far as the other factors are concerned, the statistics showed no significant difference between the two teams, although Team B displayed fewer post-operative complications. The comparison of the two methods showed that the use of PHS has a slight advantage over the Lichtenstein method considering costs and results. This is obvious since the PHS technique is faster and displays fewer complications.

45. Simultaneous removal of organs in surgical therapy of advanced stomach cancer: Morbidity mortality and survival of patients. Papavramidis S, Katsamakos M, Sapalidis K, Kotidis E, Deligiannidis N, Gamvros O.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 95. A retrospective study aiming to present the experience of the authors when treating stomach cancer with simultaneous removal of organs due to the spreading of the disease in neighboring tissues, from 1987 to 2003. It is concluded that aggressive treatment of advanced stomach cancer contributes to the improvement of the patient's survival with a minimal increase in fatality and a greater increase in morbidity.

46. Lymph Node Dissection in treating stomach cancer stage 3 and 4. Papavramidis S, Katsamakas M, Sapalidis K, Kotidis E, Deligiannidis N, Gamvros O.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 94. A retrospective study aiming to present the experience of the authors in treating stomach cancer stage 3 and 4, from 1987 to 2003. It is concluded that the aggressive treatment of advanced stomach cancer contributes to the improvement of the patient's survival without significant increase in the morbidity and fatality of patients.

47. The role of the surgeon in treating acute pancreatitis. Sapalidis K, Papavramidis S, Kotidis E, Kesisoglou I, Deligiannidis N, Goutzamanis G, Christopoulos C, Gamvros O.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 30. A retrospective study aiming to present the experience of the authors in treating acute pancreatitis from 1987 to 2003. It is concluded that acute pancreatitis is a serious and unpredictable disease. The fatality levels of necrotic pancreatitis remain high. The introduction of modern diagnostics (dynamic CT) and intervening techniques (CT, ERCP sphincterotomy guided drainage) have limited the role of the surgeon to selected cases.

48. Pancreatic Pseudocysts: Surgical Treatment. N. Gkiatas, K. Garoufas, N. Tziris, K. Sapalidis, O. Gamvros.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004..

Abstract: Abstract Book, p 32. A retrospective study aiming to present the experience of the authors in treating pancreatic pseudocysts in the last 13 years. It is concluded that surgical drainage of pancreatic pseudocysts is a safe method with low fatality. Although the surgical technique applied will depend on the anatomy of the area and the experience of the surgeon internal drainage (anastomosis Roux-en-Y) was performed because the Roux loop could be anastomosed with lower segment of the pancreatic cyst.

49. Syndrome of acute arterial occlusion of mesenteric vessels. N. Gkiatas, S. Kotidis, K. Garoufas, N. Tziris, K. Sapalidis, O. Gamvros.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 170. A retrospective study aiming to present the experience of the authors in treating patients with acute abdomen, using diagnostic laparotomy, the diagnosis of this syndrome was specified, from 1994 to 2003. It is concluded that acute arterial occlusion of the mesenteric vessels is an emergency condition with high intraoperative mortality. It should be emphasized that early diagnosis of the syndrome using the patient's history (e.g. fibrillation) as well as imaging assessment (angiography) and medication.

50. Study and Evaluation of treating craniocerebral injuries during the year 2003 in AHEPA University Hospital. K. Sapalidis, I. Magras, K. Ioannidis, A. Kontopoulos, I. Ioannou, V. Kontopoulos, O. Gamvros.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 178. A retrospective study aiming to present the study and evaluation of patients with craniocerebral injuries that were brought in the emergency room, of the outpatients clinic, of AHEPA University General Hospital in a on call 24 hour day in 2003. It is concluded that it is necessary to carefully inspect injuries while the cooperation of surgeons and neurosurgeons is essential.

51. Indications and Results of Surgical Treatment of patients with toxic goiter.

Gamvros O, Sapalidis K, Dokmetzioglou I, Kesisoglou I, Gkiatas N, Kotidis E, Goutzamanis G, Aidonopoulos A.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 181.

Aim: The evaluation of the surgical treatment results applied on patients with toxic goiter.

Method: During the period 1964-2003, 827 patients (694 female and 133 male) underwent toxic goiter, representing 17,76% of thyroidectomies transpiring in the particular period. Their age varied from 12 to 85 years of age with the ratio of women to men being 5,21:1. Two hundred and twenty six were operated for Graves disease, 312 for multinodular toxic goiter and 289 for toxic adenoma. The diagnosis was based on clinical picture and was confirmed through hormonal check. The average duration of symptoms was 2,6 years for Graves disease, 1,3 years for toxic adenoma and 1,1 years for multinodular toxic goiter. All patients had a moderate to significant enlargement of the thyroid and were operated after accomplishing a euthyroid state. In 279 patients bilateral subtotal thyroidectomy was performed, in 275 almost total or total thyroidectomy, in 239 lobectomy and in 34 ipsilateral lobectomy and unilateral subtotal thyroidectomy.

Results: There was no fatality in this group of patients. Recurrence of thyrotoxicosis was identified in 5 patients (2,3%) operated for Graves disease. Supplementation therapy was administered to 542 patients (65,5%). Permanent hypocalcaemia was identified in 9 patients (1,1%), permanent injury to the recurrent laryngeal nerve was noticed in 0,75% of the nerves exposed to surgery danger. In 36 patients, the presence of differentiated thyroid carcinoma was established (4,35%).

Results: The results mentioned above were within the boundaries of bibliography and reinforce the idea that surgical treatment is a safe and effective method of treating toxic goiter.

52. Bleeding of the Upper G.I. tract: Emergency Surgical Intervention. N. Gkiatas, I. Pliakos, N. Tziris, K. Sapalidis, O. Gamvros.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 215. A retrospective study aiming to present the experience of the authors in emergency treatment of patients with upper G.I. bleeding, from 1993 to 2003. It is concluded that U.G.I. bleeding has high levels of mortality, despite pharmaceutical (somatostatine, omeprazole) and therapeutic (gastroscopy) developments.

53. The technique of gastric bypass with preservation of pylorus for the treatment of morbid obesity (VIDEO Presentation). Papavramidis S, Mpaltzopoulos V, Sapalidis K, Christopoulos X, Gamvros O.

Announced: 24th Panhellenic Congress of Surgery, Thessaloniki 2-5 October 2004.

Abstract: Abstract Book, p 255. A retrospective study aiming to present the technique of gastric bypass surgery with preservation of pylorus for the treatment of morbid obesity. It is concluded that this very good combined method produces a radical treatment of morbid obesity with constantly expanding indications.

54. Unusual location of recurrent metastasis of mucosal rectal carcinoma.

I.Dokmetzioglou, K.Sapalidis, N.Gkiatas, N.Tziris, N.Deligiannidis, O.Gamvros.

Announced: 1st Congress of the Hellenic Surgical Society of the Large Bowel and Anus, Thessaloniki 25-27 February 2005.

Abstract: Abstract Book p 37. A case presentation of an extremely unusual location of recurrent metastasis of mucosal rectal carcinoma probably due to the implantation of tumor cells at the ectoperitoneal lumen of the drainage as well as the cystic type of the cancer.

55. Emergency treatment of rectal prolapse. N. Deligiannidis, N.Gkiatas, K.Sapalidis, I.Dokmetzioglou, V.Mpaltzopoulos, S.Papavramidis, O.Gamvros.

Announced (Poster): 1st Congress of the Hellenic Surgical Society of the Large Bowel and Anus, Thessaloniki 25-27 February 2005.

Abstract: Abstract Book p 124. A presentation of an emergency case treatment, with atypical treatment of rectal bleeding due to corrosion of the intestinal mucosa in chronic rectal prolapse.

56. Complications of thyroidectomy in nodular euthyroid goiter. I.Dokmetzioglou, K.Sapalidis, M.Katsamakis, G.Goutzamanis, I.Kesisoglou, S.Papavramidis, O.Gamvros, A.Aidonopoulos.

Announced: Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Sparta, 15-16 April 2005

Abstract: A retrospective clinical study presenting the results of 3716 thyroidectomies completed for euthyroid goiter by the same team of surgeons during the period 1964-2004. The demographic data of patients, indications of surgery and the percentages of various complications were recorded. It is concluded that the frequency of complications was in conjunction with the extent of resection.

57. Vertical Gastroplasty with separation and suturing of compartments (McLean technique): Mini LAP or laparoscopic technique. S.Papavramidis, V.Mpaltzopoulos, K.Sapalidis, G.Goutzamanis, I.Pliakos, O.Gamvros.

Announced: 4th Panhellenic Congress Obesity Surgery, Athens 13-14 May 2005.

Abstract: Abstract Book p 17. A retrospective study aim to present our experience from the implementation of vertical gastroplasty with complete separation of stomach compartments (mini lap and laparoscopic) in the treatment of morbid obesity from 1994 to 2004. It is concluded that the implementation of the McLean technique (mini lap or

laparoscopic) produces great results as far as weight loss is concerned having significant statistical differences on surgery time and in operation costs.

58. Gastric bypass with preservation of the pylorus (Marceau technique): Indications, technique and results. S. Papavramidis, E.Kotidis, K.Sapalidis, N.Gkiatas, O.Gamvros.

Announced: 4th Panhellenic Congress Obesity Surgery, Athens 13-14 May 2005.

Abstract: Abstract Book p 21. A study aiming to present the indications of the technique-open and laparoscopic, the complications and results of gastric bypass with preservation of the pylorus. It is concluded that gastric bypass with preservation of the pylorus is a radical surgery in treating morbid obesity, but the implementation of the method requires the presence of a specialized center with extended experience and proper post-operative care.

59. Complications of Infusaport placement and use for chemotherapy administration. I.Kesisoglou, V.Mpaltzopoulos, K.Sapalidis, K.Ioannidis, I.Pliakos, O.Gamvros.

Announced: 7th Congress of the Surgical Society of Northern Greece, Alexandroupolis, 14-15 October, 2005.

Abstract: Abstract Book, p 161. A retrospective clinical study aim to present the complications in the use and implementation of implant devices that offer central vein access for administration of therapy in patients with malignances from October of 1999 to June 2005. It is concluded that the use of implant devices offers significant advantages in the treatment of patients with malignances, is characterized by safety, low maintenance and high levels of acceptance by the patients.

60. Emergency Surgery of the Large Bowel. I.Kesisoglou, K.Giannoulis, K.Sapalidis, I.Pliakos, N.Tziris, O.Gamvros.

Announced (Poster): 2nd Panhellenic Congress of the Hellenic Society of Digestive Surgery, Athens 10-13 November 2005.

Abstract: Abstract Book, p P7. A retrospective clinical study aiming to present the experience of the authors in dealing with patients that underwent extensive surgical procedures of the large bowel in the 3rd Surgical Clinic of AHEPA University Hospital during 1993-2003. It is concluded that emergency surgical treatment of various pathological complications of the large bowel causes high mortality. Survival of patients is worsened by septic shock due to extensive peritoneal infections, cardiopulmonary insufficiency as a result of the underlying disease and older age.

61. The surgical treatment of adrenal neoplasms. K.Sapalidis, E.Kotidis, G.Goutzamanis, K.Ioannidis, I.Kesisoglou, O.Gamvros, A.Aidonopoulos.

Announced: 9th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 25-27 November 2005.

62. Thyroidectomy Complications. O.Gamvros, K.Sapalidis, E.Kotidis, M.Katsamakas, I.Dokmetzioglou, G.Goutzamanis, G.Filos, I.Kesisoglou, A.Aidonopoulos.

Announced: 9th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki 25-27 November 2005.

Abstract: Abstract Book, pp 33-34. A retrospective clinical study aiming to present the results obtained from 4763 thyroidectomies implemented at the 3rd Surgical Clinic of AHEPA University Hospital by the same team of surgeons from January 1964 to August 2005. It is concluded that the frequency of complications depends on the extent of the excision but the main factor is the surgeon's experience in thyroid surgery. The frequency of hypocalcaemia (intermittent-permanent) remains in low levels, as well as the frequency of the injury of the recurrent laryngeal nerve, even though total thyroidectomy is a widely used operation.

63. Problems on the implementation of Enteric Nutrition in a General Surgery Ward. I.Kesisoglou, K.Sapalidis, K.Ioannidis, I.Pliakos A.Samouka, K.Kontopoulou, O.Gamvros.

Announced: 12th Panhellenic Congress of the Hellenic Society of Enteric and Parenteric Nutrition, Thessaloniki 17-19 November 2006.

Abstract: Abstract Book, p 100. A study aiming to present the experience of the authors in the implementation of enteric nutrition in a general surgery ward. It is concluded that enteric nutrition is essential in operated patients and should be used wherever possible, despite the problems it may generate and the demands in apparatus and staff.

64. Emergency Treatment of Colorectal Cancer Complications in the Elderly. I.Kesisoglou, I.Pliakos, I.Dokmetzioglou, K.Ioannidis, K.Sapalidis, O.Gamvros.

Announced: 25th Panhellenic Congress of Surgery, International Surgical Forum, Athens 22-26 November 2006

Published: Abstract included in Hellenic Journal of Surgery, 78(6 I):92-3, 2006.

Abstract: A retrospective study aiming to present the experience of the 3rd Surgical Clinic of AHEPA University Hospital in the emergency treatment of colorectal cancer complications in elderly patients (age >70 years) and the comparison of results with a group of patients aged under 70 years during 1994-2004. It is concluded that although no statistical significant difference was observed between the two groups, patients over 70 years old presented higher morbidity and mortality rates probably due to overall health status. The surgical approach of patients with complicated colorectal cancer should not be influenced by the patient's age.

65. Recurrence of Echinococcal Cysts Paravertebrally (O2-O5). Case Report. Sapalidis K.*, Ioannou I., Magras I., Patsalas I., Mpalogiannis I., Selviaridis P., Gamvros O*.

Announced: 25th Panhellenic Congress of Surgery, International Surgical Forum, Athens 22-26 November 2006

Published: Abstract included in Hellenic Journal of Surgery, 78(6 I):140, 2006.

Abstract: A very rare and serious condition <1% in a patient that was brought urgently in the outpatients clinic with loss of muscle strength, inability to walk as well as acute pain along the distribution along the sciatic nerve. The patient was operated upon due to the sciatic nerve irritation with immediate improvement post-operatively.

66. Local Infusion with ropivacaine for post-operative analgesia in operations of the neck. Comparative study. I.Kesisoglou, K.Ioannidis, N.Michalopoulos, K.Sapalidis, O.Gamvros.

Announced: 25th Panhellenic Congress of Surgery, International Surgical Forum, Athens 22-26 November 2006

Published: Abstract included in Hellenic Journal of Surgery, 78(6 I):279, 2006.

Abstract: A comparative randomized study aiming to examine the results of local infusion with ropivacaine in relation to the intravenous infusion of analgesics in post-operative pain after cervix surgery. It is concluded that local infusion in surgeries of the neck is a simple technique, easy to implement and a safe method of post-operative analgesia. It reduces the quantity of intravenous analgesics, lowers the intensity of pain especially in the early post-operative hours.

67. Study of Anal Disorders and Colorectal Cancer in patients with HIV infection and Condyloma (Acuminata). K.Sapalidis, N.Michalopoulos, P.Kollaras, Z.Tsinaslanidou, A.Mauridou, S.Metalidis, O.Gamvros, P.Nikolaidis.

Announced: 3rd Scientific Congress of the Medical School of Thessaloniki, Thessaloniki, 13-16 April 2007.

Published: Abstract included in Aristotle University Medical Journal, 34(Suppl):87, 2007.

Abstract: A retrospective clinical study presenting our experience in treating patients with HIV infection, anal disorders and colorectal cancer. It is concluded that anal disorders are frequent in patients with AIDS as well as superinfection from HIV. Especially colorectal cancer seems to be more aggressive when it appears in younger ages in comparison to its occurrence in general population.

68. Evisceration after extensive surgical procedures: Retrospective Study of 41 patients. I.Kesisoglou, I.Pliakos, K.Sapalidis, K.Ioannidis, K.Garoufas, O.Gamvros.

Announced: 3rd Scientific Congress of the Medical School of Thessaloniki, Thessaloniki, 13-16 April 2007.

Published: Abstract included in Aristotle University Medical Journal, 34(Suppl):88, 2007.

Abstract: A retrospective clinical study presenting the experience of the 3rd Surgical Clinic of the Aristotle University of Thessaloniki in treating patients with evisceration during 1977-2006. The indications, method of treatment and the urgency of the original operation were recorded. It is concluded that although the pathogenesis of evisceration is multifactorial. Malignancy as well as peritonitis seem to be incriminated the most in this study. Better selection of high risk patients along with better intraoperative care can prevent this undesirable complication.

69. Thyroidectomy Complications (Case Study of 515 patients). O.Gamvros, K.Sapalidis, I.Dokmetzioglou, I.Kesisoglou, E.Kotidis, K.Ioannidis, K.Garoufas, A.Aidonopoulos.

Announced: Summer Scientific Conference titled «The Unpleasant side of Endocrine Surgery, reoperations and complications», Heraklion 25-26 May 2007.

Abstract: Abstract Book p 10. A retrospective study conducted from 1964 to 2006

presenting the results of 5115 thyroidectomies implemented in our clinic. It is concluded that the results concerning complications remain very low despite the wide use of total thyroidectomy in recent years, the frequency of injury of the recurrent laryngeal nerve remains low while the frequency of the remaining complications depend on the extend of the excision but primarily on the surgeon's experience.

70. The first-ever application in Greece of side to side transverse-sigmoid colon compression anastomosis with the use CAC-30 device (Compression Anastomosis Clip). Case Presentation. Sapalidis K, Deligiannidis N, Kesisoglou I, Kotidis E, Michalopoulos N, Gamvros O.

Announced: 2nd Panhellenic Congress & International Forum of the Hellenic College of Surgeons, Athens 26-28 April 2007.

Abstract: Abstract Book p 42. The aim of the study is to present the experience from the first-ever application of the new technique in Greece of compression anastomosis of the large intestine with the use of the CAC 30 device. It is concluded that the initial experience using the device was encouraging. The implementation, as far as the technical aspects are concerned, was rather easy and simple, while the anastomosis was wide and safe. After acquiring further experience in the use of the device, surgeons would add a valuable tool to their methods of treatment.

71. Bioethical Journey in the Field of Transplantation. Vouvari G, Sapalidis K, Kesisoglou I, Gamvros O.

Announced: 2nd Panhellenic Congress & International Forum of the Hellenic College of Surgeons, Athens 26-28 April 2007.

Abstract: Abstract Book p 85. The aim of this study is to approach the bioethical aspect of transplantations from a wider multidisciplinary viewpoint. It is concluded that transplantation is not an entirely medical subject. It is interrelated, amongst other sciences (legal and humanitarian sciences), with theological aspects that even the church looks upon them with respect.

72. Experience from the first Video Assisted Thyroidectomy (Mi - V.A.T.). Case Presentation. K.Sapalidis, V.Grosomanidis, N.Michalopoulos, I.Pliakos, C.Koulouris, S.Papavramidis

Announced: 10th Panhellenic Congress of the Hellenic Society of Endocrine Gland Surgery, Athens 23-25 November 2007.

Abstract: Abstract Book p 57. The aim of this presentation is to record the experience form the first video assisted thyroidectomy. It is concluded that the technique offers a distinct identification of the fine structures of the neck, operating time is similar to typical thyroidectomy. The level of post-operative pain is satisfactory and the cosmetic result is far superior to typical thyroidectomy.

73. Post-Operative Analgesia with the Administration of Lornoxicam in surgeries of the neck. Comparative Study with administration of opioids. I.Kesisoglou, A.Trikoupi, N.Michalopoulos, K.Sapalidis, N.Xeros, S.Papavramidis.

Announced: 10th Panhellenic Congress of the Hellenic Society of Endocrine Gland Surgery, Athens 23-25 November 2007.

Abstract: Abstract Book p 58. The aim of this study is to compare the results of post-operative analgesia with administration of lornoxicam in relation to the administration of opioids in surgeries of the neck (Thyroidectomy – Parathyroidectomy). In conclusion, the administration of lornoxicam had immediate results post-operatively in surgeries of the neck offers equally satisfactory results as analgesia with opioids while reducing their unwelcome side effects.

74. Laparoscopic Cholecystectomy with the use of 3 Trocars versus Conventional Laparoscopic Cholecystectomy. Comparative Study K.Sapalidis, V.Grosomanidis, I.Kesisoglou, N.Michalopoulos, I.Soultati, N.Deligiannidis, S.Papavramidis, O.Gamvros.

Announced: 8th Congress of the Surgical Society of Northern Greece, Thessaloniki 18-21 October 2007.

Abstract: Abstract Book p 113. The aim of the study is to compare laparoscopic cholecystectomy with the use of 3 trocars with conventional laparoscopic cholecystectomy. It is concluded that equally safe, the cosmetic result is far superior, causes less post-operative pain and eliminates the need for post-operative analgesia.

75. Experience from the first Video Assisted Thyroidectomy (Mi - V.A.T.). Presentation of Incident. K.Sapalidis, V.Grosomanidis, N.Michalopoulos, I.Kesisoglou, K.Triantafullou, S.Papavramidis, O.Gamvros.

Announced: 8th Congress of the Surgical Society of Northern Greece, Thessaloniki 18-21 October 2007.

Abstract: Abstract book p 120. Our aim is to present our experience from the application of an endoscopic camera in a thyroidectomy used for the first time in our clinic. In conclusion this application offers a distinct identification of the fine structures of the neck, while operating time is similar to typical thyroidectomy. The level of post-operative pain is satisfactory and the cosmetic result is far superior to typical thyroidectomy.

77. Gigantic hepatic amebic abscess. T.Papavramidis, K.Sapalidis, C.Souleimanis, A.Trikoupi, D.Setzis, D.Pappas, S.Papavramidis.

Announced: 23th Medical Congress of Northern Greece, Thessaloniki 27-29 March 2008.

Published: Abstract included in Greek Journal of Surgery 74(Suppl)26, 2008.

Abstract: The aim of this study is the presentation of the case and the difficulty of diagnosis. In conclusion gigantic hepatic amebic abscess are rare extra-intestinal manifestations of the disease. The differential diagnosis is a dilemma for the medical practitioner especially when the atypical forms of these abscesses are presented. Surgical drainage is the method of choice only in situations of sepsis where as in other circumstances conservative treatment is an absolute indication.

78. Laparoscopic adrenalectomy in a large pheochromocytoma (L) of the adrenal gland. K.Sapalidis, N.Michalopoulos, K.Karakoulas, M.Giavropoulou, S.Papavramidis.

Announced: 23th Medical Congress of Northern Greece, Thessaloniki 27-29 March 2008.

Published: Abstract included in Greek Journal of Surgery 74 (Suppl) 45, 2008.

Abstract: The aim of this study is to present a laparoscopic adrenalectomy in a large pheochromocytoma (L) of the adrenal gland. In conclusion laparoscopic adrenalectomy is the surgery of choice for the treatment of χειρουργικών παθήσεων των adrenal gland. The

pheochromocytoma, despite the particularities that it displays, can be treated successfully using a laparoscopic method. The size of the tumor is not a contraindication for a laparoscopic approach.

79. Complications of Thyroidectomy in benign nodular euthyroid goiter. Retrospective Study. K.Sapalidis, N.Michalopoulos, Γ.Goutzamanis, I.Kesisoglou, N.Deligiannidis, K.Trianafullopoulou, S.Papavramidis.

Announced: 23th Medical Congress of Northern Greece, Thessaloniki 27-29 March 2008.

Published: Abstract included in Greek Journal of Surgery 74 (Suppl) 46, 2008.

Abstract: The aim of this study is to present the results of 3743 thyroidectomies in benign nodular euthyroid goiter from 1964 to 2006. In conclusion the frequency of hypocalcaemia, either temporary or permanent was low. Although total thyroidectomy is commonly practiced, the frequency of injury of the recurrent laryngeal nerve remained low. The frequency of complications depend on the extent of the excision but primarily on the surgeon's experience.

80. The value of temporary vacuum assisted closure system (Vaccum Assisted Closure – V.A.C) in open abdomen. N.Deligiannidis, I.Pliakos, T.Papavramidis, K.Sapalidis, I.Kesisoglou, S.Papavramidis.

Announced: 23th Medical Congress of Northern Greece, Thessaloniki 27-29 March 2008.

Published: Abstract included in Greek Journal of Surgery 74(Suppl)47, 2008.

Abstract: The aim of this study is to compare the results of the application of V.A.C in 23 patients with open abdomen with the results of 31 patients treated with other closure systems. In conclusion the application of V.A.C has an advantage over older methods of temporary closure of the abdomen and helps the surgeon to leave an open abdomen when the right indications are present.

81. Squamous Cell Carcinoma of the Thyroid. I.Kesisoglou, K.Sapalidis, N.Michalopoulos, C.Koulouris, S.Papavramidis.

Announced: Summer Meeting of the Hellenic Society of Endocrine Gland Surgery, Corfu 31 May 2008.

Abstract: Congress Proceedings p 3. A clinical study aiming to present a rare tumor encountered in less than 1% of malignant neoplasms of the thyroid gland. Scuumous cell carcinoma has aggressive behavior, similar to the anaplastic carcinoma of the thyroid gland. In this case a 65 year old male underwent total thyroidectomy for multinodular goiter 10 months prior. The patient displayed enlargement of the anterior portion of the neck and hoarseness, while the imaging control showed the presence of a lesion 40x25 mm in the anterior portion of the cervix. The patient underwent resection of lesion and tracheostomy. The results of the histologic examination was suamous cell carcinoma of the thyroid. Chemotherapy and radiotherapy was scheduled for the patient.

82. Neuroendocrine tumor Klatskin type N.Michalopoulos, T.Papavramidis, K.Sapalidis, A.Mouzakis, V.Grosomanidis, G.Karagianopoulou, S.Papavramidis.

Announced: Summer Meeting of the Hellenic Society of Endocrine Gland Surgery, Corfu 31 May 2008.

Abstract: Congress Proceedings p 4. A clinical study presenting a rare neuroendocrine

tumor of the extrahepatic biliary tract. Fewer than 70 cases of neuroendocrine tumors of extrahepatic biliary tract have been published in international literature. A case of a 52 year old male that was scheduled for admission for the treatment of an extrahepatic biliary tract tumor. The patient exhibited mild discomfort in the right hypochondrium and obstructive jaundice (bilirubin >15 mg/dl) while the imaging control showed cholangiocarcinoma of the common hepatic duct. Initially plastic endoprosthesis was placed. During the operation empyema gall bladder, complete occlusion of the stent and septic cholangitis were found. Resection of the tumor was performed with hepato-jejunal anastomosis (Roux-en-Y). Due to serious general condition of the patient deceased after he was brought to the intensive care unit. The histology report indicated neuroendocrine carcinoma of low differentiation.

83. Organization and Operation of a Surgical Faculty conducting Day Surgery in the 3rd Surgical Clinic. C.Koulouris, T.Papavramidis, N.Deligiannidis, K.Sapalidis, S.Papavramidis.

Announced: 26th Panhellenic Congress of Surgery 2008 – International Surgical Forum, Athens 12 – 15 November 2008

Published: Abstract included in Greek Journal of Surgery 80 (237), 2008.

Abstract: The operation of a day surgery unit is an internationally established practice in treating specific surgical disorders. We present our experience of organizing a day surgery unit during 1/9/2007 – 30/6//2008.

84. Preliminary Assessment Study of Compression Anastomosis Ring CARTM 27, in Large Bowel Surgery. I. Pliakos, T. Papavramidis, I. Kesisoglou, K. Sapalidis, S.Papavramidis.

Announced: 26th Panhellenic Congress of Surgery 2008 – International Surgical Forum, Athens 12 – 15 November 2008

Published: Abstract included in Greek Journal of Surgery 80 (328), 2008.

Abstract: This present study is a preliminary assessment of CARTM 27 aiming to evaluate the safety of anastomosis accomplished with this new device. CARTM 27 seems to be a safe for creating anastomosis that does not prolong neither the duration of surgery nor hospitalization having the advantage of not using clips. Further study is necessary in order to extract safe conclusions.

85. Minimally Invasive Video Assisted Thyroidectomy (Mi-VAT). K. Sapalidis, N. Michalopoulos, I. Pliakos, T. Papavramidis, S. Papavramidis

Announced: 24th Medical Congress of Northern Greece, Thessaloniki 26-28 March 2009

Abstract: The application of the principles of (Mi-VAT) in cervix surgery has led to the development of Minimally Invasive Video Assisted Thyroidectomy. The aim of the study is to present the experience of the 3rd Surgical Clinic in the new technique in 13 patients.

86. LAPAROSCOPIC ADRENALECTOMY. K. Sapalidis, T. Papavramidis, N. Michalopoulos, I. Pliakos, S. Papavramidis

Announced: 24th Medical Congress of Northern Greece, Thessaloniki 26-28 March 2009

Abstract: Laparoscopic adrenalectomy is the treatment of choice for surgical disorders of the adrenals. The aim of this study is the presentation of the experience of the 3rd Surgical Clinic in laparoscopic surgery of the adrenal glands in a group of 12 patients.

87. LAPAROSCOPIC REPAIR OF SIZEABLE ABDOMINAL HERNIA: VIDEO PRESENTATION. Sapalidis K., Kesisoglou I., Michalopoulos N., Papavramidis T., Pliakos I., Papavramidis S. 5th Scientific Congress of the Medical School of Thessaloniki, Thessaloniki 2-5 April 2009

88. LAPAROSCOPIC ADRENALECTOMY IN LARGE PHEOCHROMOCYTOMA: VIDEO PRESENTATION. Sapalidis K., Michalopoulos N., Papavramidis T., Pliakos I., Goutzamanis Γ., Papavramidis S. 5th Scientific Congress of the Medical School of Thessaloniki, Thessaloniki 2-5 April 2009

89. PRELIMINARY ASSESSMENT STUDY OF COMPRESSION ANASTOMOSIS RING CAR™ 27. K. Sapalidis, I. Pliakos, T. Papavramidis, I. Kesisoglou, N. Michalopoulos, S. Papavramidis

Announced: 3rd Panhellenic Congress of the Hellenic Surgical Society of the Large Bowel and Anus, Athens 15 – 17 May 2009

Abstract: CAR™ 27 is a new anastomosis device, based on the principle of compression anastomosis. This present study is a preliminary assessment of CAR™ 27 aiming to evaluate the safety of the anastomosis accomplished with this new device. CAR™ 27 was used in 10 patients (4 male and 6 female), 8 of which underwent sigmoidectomy with end to end anastomosis and the other 2 underwent the procedure of reconnecting the bowel (from a previous Hartman operation). The follow-up of these patients included colonoscopy as well as blood tests 1 month after discharge from the hospital and a telephone interview 3 months later. Average hospitalization was 9.1 days (range 8-11 days) and the mean time period of ring expulsion was 10.6 days (range 7-14 days). The mean time interval needed for completion of the anastomosis, from the point of preparing the two stunts until the seal test of the anastomosis, was 2 minutes. Post-operative course of patients was normal and no complications were observed apart from 1 patient who passed away due to cardiopulmonary insufficiency on the 15th post-operative day. Follow-up colonoscopy was normal in all of the patients. CAR™ 27 seems to be a safe device for creating anastomosis that does not prolong neither the duration of surgery nor hospitalization. Further study is necessary in order to extract safe conclusions.

90. MANAGEMENT OF EXTRASPINCTERIC FISTULA IMMUNOSUPPRESSED PATIENT USING FIBRIN GLUE. Papavramidis T., Charpidou D., Sapalidis K., Kesisoglou I., Petalotis G., Kollaras P., Papavramidis S.

Announced: 3rd Panhellenic Congress of the Hellenic Surgical Society of the Large Bowel and Anus, Athens 15 – 17 May 2009

Abstract: The use of fibrin glue in selected cases could be the least invasive method for managing extrasphincteric fistulas. The application is simple and effective. In special categories of patients, such as immunosuppressed patients, at least one application of fibrin glue should be attempted.

91. INTRATHYROID PARATHYROID ADENOMA. PRESENTATION OF 2 CASES. Polizonis M., Goutzamanis G., Sapalidis K., Baltzopoulos B., Ropotinos N.,

Papavramidis S.

Announced: Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Samos 26 – 27 June 2009

Abstract: Aim: The presentation of 2 interesting cases of intrathyroid location of parathyroid adenoma, that were treated in our clinic.

Method: Two women patients were treated in our clinic due to primary hyperparathyroidism. Both patients displayed mild symptoms and from the blood tests elevated levels of calcium as well as parathyroid hormone in serum were discovered. Before surgery they were subjected to ultrasound of the neck as well as scintigraphy with sestamibi and two parathyroid adenomas were discovered (lower right position in patient 1, upper right position in patient 2).

Results: The detection of the parathyroid adenomas in both patients was not possible during surgery. They underwent a blind ipsilateral lobectomy of the thyroid gland in order to locate the parathyroid adenomas. Biopsy during surgery was performed and the histological analysis showed the presence of intrathyroid parathyroid adenoma in both patients. They were discharged from the clinic having regular levels of calcium and parathyroid hormone.

Conclusions: Intrathyroid localization of parathyroid adenoma is a rare entity (1,4% - 3,2% worldwide literature). Pre-operative methods often fail to detect the exact position of these adenomas thus the surgeon is called upon to convert a typical parathyroidectomy to a blind thyroid lobectomy in order to achieve the detection of the parathyroid adenoma.

92. VIDEO ASSISTED THYROIDECTOMY (MIVAT): CASE PRESENTATION

.Polizonis M., Sapalidis K., Goutzamanis G., Michalopoulos N., Mistriotis G., Papavramidis S.

Announced: Summer Conference of the Hellenic Society of Endocrine Gland Surgery, Samos 26 – 27 June 2009

Abstract: Aim: Case presentation where a video assisted thyroidectomy is conducted (Minimal invasive Video Assisted Thyroidectomy-Mi. V.A.T.) and the video demonstration of the surgery.

Method: Female 49 years old with a history of nodular goiter for the past 18 months, with a «warm» nodule in the left lobe measuring 1,85X1,61 cm, while the right lobe παρουσίαζε 2 very small hypoechoic nodules. The diagnosis was made using ultrasound and scintigraphy. FNA was performed resulting in papillary adenoma. The dimensions of the thyroid gland based upon ultrasound were: right lobe 1,64X1,88 cm, left lobe 2,37X2,24 cm. Pre-operative control included complete blood chemistry as well as measurement of hormone levels of the thyroid gland. X-ray control of the thorax and soft tissue of the neck as well as motility of the vocal cords using indirect laryngoscopy.

Results: The patient underwent a minimal invasive video assisted total thyroidectomy surgery (Mi. V.A.T.). The duration of the operation was 80 min. Skin incision was 2 cm wide. The thyroid gland was mobilized and ligation of its vessels took place with ultracision harmonic scalpel without the use of clamp-and-tie. The recurrent laryngeal nerves as well as the parathyroid glands were identified on both sides and no drains were used. Post-operative course was normal and without complication. The patient was

discharged on the 1st post-operative day.

Conclusions: Twenty one patients were operated using the Mi. V.A.T. thyroidectomy method in our clinic with encouraging results. Endoscopic assistance in total thyroidectomy presents with vivid identification of delicate structures of the cervix. Operation time was similar to conventional thyroidectomy and the levels of post-operative pain satisfactory. The cosmetic effect is superior compared to typical thyroidectomy.

93. LAPAROSCOPIC ENUCLEATION INSULINOMA (Award of the Organizing Committee for Best Video) (BR1). N. Michalopoulos, T. Papavramidis, K. Sapalidis, A. Megalopoulou, K. Giavroglou, S. Papavramidis

Announced: 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009.

Abstract: Demonstration of the laparoscopic enucleation insulinoma technique

94. MINIMALLY INVASIVE VIDEO-ASSISTED TOTAL THYROIDECTOMY (MIVATT): TIPS AND TRICKS. T. Papavramidis, N. Michalopoulos, K. Sapalidis, C. Koulouris, I. Pliakos, N. Deligiannidis, I. Dokmentzioglou, S. Papavramidis

Announced: 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009.

Abstract: Demonstration of the MiVATT technique

95. LAPAROSCOPIC SURGICAL TREATMENT OF ADRENAL GLANDS: EXPERIENCE OF THE 3RD SURGICAL CLINIC. N. Michalopoulos, I. Pliakos, T. Papavramidis, I. Kesisoglou, K. Sapalidis, S. Papavramidis

Announced: 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009.

Abstract: Experience of the 3rd Surgical Clinic in laparoscopic treatment of adrenal glands

96. IDENTIFICATION OF THE RECURRENT LARYNGEAL NERVE USING A NEUROSTIMULATOR DURING THYROIDECTOMY: PERSPECTIVE STUDY. H. Koulouris, I. Pliakos, T. Papavramidis, N. Michalopoulos, G. Goutzamanis, I. Kesisoglou, S. Papavramidis

Announced: 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009.

Abstract: The assessment of effective identification of RLN through the use of a neurostimulator.

97. MINIMALLY INVASIVE VIDEO-ASSISTED TOTAL THYROIDECTOMY (MIVATT). T. Papavramidis, N. Michalopoulos, K. Sapalidis, H. Koulouris, I. Pliakos, N. Deligiannidis, I. Dokmetzioglou, S. Papavramidis

Announced: 11th Panhellenic Congress of Endocrine Gland Surgery, Thessaloniki, 27 – 29 November 2009.

Abstract: Experience of the 3rd Surgical Clinic in MiVATT.

98. ENDOSCOPICALLY ASSISTED THYROIDECTOMY. Tsechelidou S., Samouka A., Zacharopoulou T., Sapalidis K., Papavramidis S

Announced: 37th Panhellenic Nursing Congress, Porto Carras Resort Chalkidiki, 3-6 May 2010.

Abstract: Experiences of the 3rd Surgical Clinic in assisted thyroidectomy.

99. ULTRACISION HARMONIC SCALPEL VERSUS CLAMP-AND-TIE TOTAL THYROIDECTOMY: A CLINICAL TRIAL.

Papavramidis T., Sapalidis K., Michalopoulos N., Triantafillopoulou K., Gkoutzamanis G., Kesisoglou I., Papavramidis S.

Announced: 27th Panhellenic Congress of Surgery 2010 – International Surgical Forum, Athens 24 – 27 November 2010

Abstract: Introduction: Hemostasis is important in thyroid surgery to avoid complications. **Aim:** To study the effectiveness of the harmonic scalpel in patients undergoing total thyroidectomy.

Method: In this study, 90 patients were randomized into group A (classic technique of tying and knots) and group B (harmonic scalpel). We recorded the following: age, sex, pathology, thyroid weight, hemostatic technique, duration of operation, change in calcemia (DeltaCa), change in hematocrit (DeltaHt), change in hemoglobin (DeltaHgb), change in white blood cell count (DeltaWBC), vocal motility, operative difficulty, postoperative vocal alteration, postoperative pain, complications, blood in the drains, operating time, mass of gland excised per minute, and hospitalization.

Results: Differences ($p < .05$) were observed concerning duration of surgery, operative difficulty, postoperative pain, hospitalization, DeltaWBC, and quantity of gland removed per minute. No recurrent laryngeal nerve (RLN) palsies were observed.

Conclusions: Use of the Harmonic Scalpel in total thyroidectomy is more effective than the clamp-and-tie technique: the duration of surgery, intraoperative difficulty, postoperative pain, and hospitalization are reduced. Both techniques are equivalent concerning RLN injuries, postoperative vocal alterations, and blood loss.

100. MINIMALLY INVASIVE VIDEO-ASSISTED TOTAL THYROIDECTOMY: AN EASY TO LEARN TECHNIQUE FOR SKILLFUL SURGEONS.

Papavramidis T., Michalopoulos N., Pliakos J., Triantafillopoulou K., Sapalidis K., Deligiannidis N., Kesisoglou I., Dokmetzioglou I., Papavramidis S.

Announced: 27th Panhellenic Congress of Surgery 2010 – International Surgical Forum, Athens 24 – 27 November 2010

Abstract: Introduction: Minimally invasive video-assisted total thyroidectomy (MIVATT) is a treating option for small thyroids that demands skills required for both traditional thyroidectomy and endoscopic surgery.

Aim: This prospective study aims to define the learning curve for MIVATT for residents, with experience in traditional thyroid and laparoscopic surgery.

Method: In all, 36 MIVATTs for benign disease were evenly divided among 4 residents. We recorded and analyzed: age, sex, pathology, thyroid weight, duration of the operation, ΔCa (postoperative minus preoperative calcemia), ΔWBC (postoperative minus preoperative white blood cell count), vocal motility, operative difficulty, postoperative

vocal alteration, postoperative pain, complications, gram of gland excised per minute of the operation, conversion, and hospitalization.

Results: Statistically significant differences were observed in the different learning points, between duration of surgery ($p < .001$), operative difficulty ($p = .022$), grams of gland excised per minute of operation ($p < .001$), and WBC ($p = .011$).

Conclusions: Surgeons that are experienced in both thyroid and endoscopic surgery are subjects to a short learning curve concerning MIVATT.

101. VACUUM-ASSISTED CLOSURE IN SEVERE ABDOMINAL SEPSIS WITH OR WITHOUT RETENTION SUTURED SEQUENTIAL FASCIAL CLOSURE: A CLINICAL TRIAL

Pliakos I., Papavramidis T., Michalopoulos N., Koulouris N., Kesisoglou I., Sapolidis K., Deligiannidis N., Papavramidis S.

Announced: 27th Panhellenic Congress of Surgery 2010 – International Surgical Forum, Athens 24 – 27 November 2010

Abstract:Introduction: Multiple techniques have been introduced to obtain fascial closure for the open abdomen to minimize morbidity and cost of care.

Aim: We hypothesized that a modification of the vacuum-assisted closure (VAC) technique that provides constant fascial tension and prevents abdominal rectis retraction would facilitate primary fascial closure and reduce morbidity.

Method: In all, 53 patients with severe abdominal sepsis were allocated randomly into 2 groups, and 30 patients were analyzed. In the VAC group, we included patients managed only with the VAC device, whereas the retentions sutured sequential fascial closure (RSSFC) group included patients to whom RSSFC was performed.

Results: The abdomen was left open for 12 days ($P=0.0001$) per patient for the VAC group and 8 days per patient for the RSSFC group, respectively. Abdominal closure was possible in only 6 patients in the VAC group, whereas for The RSSFC group, abdominal closure was achieved in 14 patients ($P=0.005$).

Conclusion: We demonstrated the superiority of RSSFC compared with the single use of the VAC device. In our opinion, sequential fascial closure can immediately begin when abdominal sepsis is controlled.

102. LAPAROSCOPIC CHOLECYSTECTOMY WITH 3 TROCARS. A COMPARATIVE STUDY BETWEEN CONVENTIONAL LAPAROSCOPIC CHOLECYSTECTOMY, AND LAPAROSCOPIC CHOLECYSTECTOMY WITH 3 TROCARS. PRESENTATION OF 4 YEARS OF EXPERIENCE.

Sapolidis K., Koulouris X., Panteli N., Papavramidis T., Saravakos P., Thomais P., Papavramidis S.
Announced: 10th Panhellenic Congress of Endolaparoscopic Surgery, Athens, 26-28 May 2011.

Abstract: Comparison of Laparoscopic Cholecystectomy with 3 trocars to Laparoscopic Cholecystectomy with 4 trocars.

103. THYROID CANCER A FACTOR OF INCREASED INCIDENTS IN POST-OPERATIVE COMPLICATIONS?

Samouilidou M., Papavramidis T., Michalopoulos N., Pliakos I., Samara A., Goutzamanis G., Sapolidis K., Kesisoglou I., Papavramidis S

Announced: Panhellenic Congress of Surgical Oncology and Cancer Prevention, Litochoro, 16-18 September 2011.

Abstract: Case Study titled «malignancy is a prognostic factor that leads to a greater number of post-operative complications»

104. CHRONIC EXTERNAL FISTULAS AFTER INJURY WITH FIREARM

Mistriotis G., Sapalidis K., Papavramidis T., Panteli N., Papavramidis S.

Announced: 10th Congress of the Surgical Society of Northern Greece, Thessaloniki, 8-10 December 2011

Abstract:Introduction: The intrabdominal organs that are most commonly injured after injury with a firearm are as follows: small intestine (47.2%), large intestine (36.4%) and liver (34.4%), and one of the late complications is the appearance of chronic external fistulas. The aim of this study is to present a patient with multiple external fistulas after injury with firearm and the applied treatment.

Method: Male 40 years of age was injured about a year ago with a firearm in the lateral right abdominal wall. He was subjected into two exploratory laparotomies in which a right hemicolectomy, enterectomy, ileostomy and endoscopic placement of stent in the common bile duct. During the post-operative course multiple enteroatmpsheric (4) fistulas appeared on the anterior abdominal wall. He was subjected to fistulogram, that displayed communication between the fistulas as well as communications with the small intestine. Another exploratory laparotomy took place, were excision of the distal part of ileum with the fistulas, termination of ileostomy and ileotransverse anastomosis. Post-operative course was normal. Fifteen days post-operatively he was subjected to ERCP were the stent was successfully removed from the common bile duct.

Conclusions: The appearance of chronic external fistulas is a difficult problem to manage and treat. Detailed radiological investigation and surgical treatment are the only solutions.

105. CARCINOMA IN THE COMMON BILE DUCT

Koulouris H., Sapalidis K., Katsamakos M., Charalampidis S., Papavramidis S.

Announced: 1st Panhellenic Congress of General Surgery, Thessaloniki, 25-27 May 2012

Abstract:Introduction: Primary carcinoma of the common bile duct is a rare neoplasm. Surgical treatment is the only therapeutic method. The aim of this study is to evaluate the results of surgical treatment of the carcinoma in the common bile duct for the past 20 years.

Method: During the time period between 1993 to 2012 6 patients (2 female and 4 male) confirmed with biopsy carcinoma of the common bile duct underwent radical excision of the neoplasm by the same surgical team. Jaundice was the main symptom. According to the location of the neoplasm the surgical treatment included local excision hepato-jejunal anastomosis in Roux -en -Y fashion and pancreatoduodenectomy with preservation of the pylorus (Longmire).

Results: Survival of the patients varied from 18 months to 5 years. One female patient concluded on the 20th post-operative day while undergoing gastroscopy due to cardio respiratory arrest. In all of the cases the surgical margins were tumor free. Classification was done according to the TNM system. Supplementary chemotherapy was administered.

Conclusions: Radical excision is the most important prognostic factor in the common

bile duct carcinoma and accomplishes a satisfactory survival rate.

106. INTRAOPERATIVE STIMULATION NEUROMONITORING VERSUS INTRAOPERATIVE CONTINUOUS ELECTROMYOGRAPHIC NEUROMONITORING IN TOTAL THYROIDECTOMY: IDENTIFYING LARYNGEAL COMPLICATIONS.

Koulouris H., Papavramidis T., Pliakos I., Michalopoulos N., Polizonis M., Sapalidis K., Kesisoglou I., Goutzamanis G., Papavramidis S.

Announced: 1st Panhellenic Congress of General Surgery, Thessaloniki, 25-27 May 2012

Abstract:Introduction: Laryngeal complications occur in thyroidectomies as a result of several factors, but especially because of nerve damage. We compared intraoperative stimulation neuromonitoring (IONM) with intraoperative continuous electromyographic neuromonitoring (IEM) to evaluate their ability to identify postoperative laryngeal complications.

Method: This prospective clinical trial included 174 patients (348 nerves) who had both IONM and IEM. We recorded age, sex, pathology, vocal fold motility, and complications.

Results: IONM identified 334 nerves, whereas IEM identified 348. Five patients had transient laryngeal complications, 2 bilateral, and 3 unilateral recurrent laryngeal nerve paresis. In addition, in 2 patients IEM showed placement of the tracheal tube balloon on the vocal folds, which led to correction. Sensitivity and specificity were 96.48% and 100% for IONM and 100% and 100% for IEM, respectively. IONM had a positive predictive value of 100% and a negative predictive value of 36.84%. The positive and negative predictive values of IEM were 100%.

Conclusions: Both techniques identify recurrent laryngeal nerve injuries; however, IEM seems to have an advantage concerning the nonsurgical laryngeal complications and may play a role in preventing morbidity.

107. CONVENTIONAL THYROIDECTOMY TODAY: WITH OR WITHOUT DRAINS?

Polizonis M., Papavramidis T., Pliakos I., Michalopoulos N., Mistriotis G., Panteli N., Goutzamanis G., Sapalidis K., Kesisoglou I., Papavramidis S.

Announced: 24th Medical Congress of the Hellenic Armed Forces, Thessaloniki 18-20 October 2012.

Abstract:Aim: The evaluation of the role of drains, when conventional thyroidectomy is applied in large thyroids.

Method: A hundred patients were allocated in 2 teams: Team A, drains were applied for 24 hours and Team B without drains. Epidemiological characteristics were recorded, the pathology of the thyroid, the use of haemostatic, incidents during the operation, surgical time, blood loss, biochemical and hematological data, post-operative voice distortion and pain, discomfort of the patient, complications, blood in the drains and time of stay in the hospital. The study has been registered at ClinicalTrials.gov (identifier: NCT00691990).

Results: Both teams displayed similar pre-operative characteristics, nosology, Operative and post-operative data. Haemostatic materials were used in 8 patients of Team A and all of the patients in Team B. Discomfort was displayed by 40 patients of Team A and 9 of Team B ($p < 0.001$).

Conclusions: Drains in conventional thyroidectomy for large goiters are neither an advantage nor a disadvantage for the surgeon. The only disadvantage is the patient's discomfort. On the contrary, drains possibly affect the surgeon's calmness especially if the thyroidectomies are performed in none specialized centers.

108. PARATHORMONE AS AN INDICATOR OF UPCOMING SYMPTOMATIC HYPOCALCEMIA

Polizonis M., Papavramidis T., Michalopoulos N., Georgios M., Pliakos I., Panteli N., Papavramidis S.

Announced: 24th Medical Congress of the Hellenic Armed Forces, Thessaloniki 18-20 October 2012.

Abstract:Aim: Hypocalcaemia is the most common complication of total thyroidectomy in recent years and the main reason for prolonging hospitalization. The aim of this study is to determine whether PTH can be a reliable prognostic factor of upcoming symptomatic hypocalcaemia.

Method: In this προοπτική study participated 301 patients that underwent total thyroidectomy without the use of new technologies (Ultracision ή Ligasure) for innocuous disease during 2009-2010. All patients had two drains with vacuum post-operatively. The prerequisite in order to participate in the study was the normal functioning of the parathyroids pre-operatively and the lack of pathology affecting parathyroid function. In these patients the values of parathyroid hormone and calcium were determined pre- and post-operatively. The symptoms of hypocalcaemia and «random» parathyroidectomies were studied.

The study has been registered in clinicaltrials.gov (NCT00793689). PTH as a prognostic indicator was evaluated by the use of two methods: (a) designation of minimum acceptable value (1.4pmol/l) and (b) designation of mean change (-75% initial PTH).

Results: The studied population was comprised of 46 male and 255 female patients. The average age was 50.76 years (SD 14.59years, spread 15-80 years). Pre-operative calcium was 9.73mg/dl

(SD 0.49mg/dl), whereas post-operative was 8.39mg/dl (SD 0.50mg/dl). Mean change in calcium was -1.34mg/dl (SD 0.61mg/dl). The average value of PTH pre-operatively was 5.45 pmol/l (SD 2.03pmol/l), whereas post-operatively 3.82pmol/l (SD 2.22pmol/l) with the mean change at 1.52pmol/l (SD 3.35pmol/l). Thirty two patients displayed post-operative symptoms of hypocalcaemia. The minimum acceptable value displayed specificity 75%, sensitivity 95% and precision 85%, where as maximum change displayed specificity 72%, sensitivity 100% and precision 75%.

Conclusions: Parathyroid hormone can be considered as a prognostic factor of post-operative upcoming symptomatic hypocalcaemia when designating a minimum acceptable value and a maximum change. A combination of both methods could result in a better prognosis.

109. INTRAOPERATIVE STIMULATION NEUROMONITORING VERSUS INTRAOPERATIVE CONTINUOUS ELECTROMYOGRAPHIC NEUROMONITORING IN TOTAL THYROIDECTOMY: IDENTIFYING LARYNGEAL COMPLICATIONS

Koulouris C., Papavramidis T., Pliakos I., Michalopoulos N., Polyzonis M.,

Sapalidis K., Kesisoglou I., Goutzamanis G., Papavramidis S.

Announced: 28th Panhellenic Congress of Surgery 2012 – International Surgical Forum, Athens 21 – 24 November 2012.

Abstract:Introduction: Laryngeal complications occur in thyroidectomies as a result of several factors, but especially because of nerve damage.

Aim: The evaluation of the ability to identify postoperative laryngeal complications of intraoperative stimulation neuromonitoring (IONM) versus intraoperative continuous electromyographic neuromonitoring (IEM).

Method: This prospective clinical trial included 174 patients (348 nerves) who had both IONM and IEM. We recorded age, sex, pathology, vocal motility, and complications.

Results: IONM identified 334 nerves, whereas IEM identified 348. Five patients had transient laryngeal complications, 2 bilateral, and 3 unilateral recurrent laryngeal nerve paresis. In addition, in 2 patients IEM showed placement of the tracheal tube balloon on the vocal folds, which led to correction. Sensitivity and specificity were 96,8% και 100% for IONM and 100% and 100% for IEM, respectively. IONM had a positive predictive value of 100% and a negative predictive value of 36,84%. The positive and negative predictive values of IEM were 100%.

Conclusions: Both techniques identify recurrent laryngeal nerve injuries; however, IEM seems to have an advantage concerning the nonsurgical laryngeal complications and may play a role in preventing morbidity.