International symposium at Faculty of medical sciences

CURRENT ACHIEVEMENTS AND FUTURE PERSPECTIVES IN MEDICAL AND BIOMEDICAL RESEARCH

STIP, 24 NOVEMBER 2015
MULTIMEDIA CENTRE – UGD, STIP

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INTERNATIONAL SYMPOSIUM AT FACULTY OF MEDICAL SCIENCES
“Current achievements and future perspectives in medical and biomedical research”

SCIENTIFIC PROGRAM
November 24, 2015 - Stip

8:30 – 9:00
Registration

9:00 – 9:15
Rector / Vice rector/Dean

SESSION 1

Chair: Prof. Emilija Janevik Ivanovska
Co-chair: Ass. Prof. Elena Drakalska

9:15 – 9:35
Ass. Marija Darkovska Serafimovska
Macedonian agency of drug and medical devices, Director
University Goce Delcev Stip
Republic of Macedonia

Step forward of Macedonian agency for medicines and medical devices, establishment and strategic plan for development

9:35 – 9:55
Assoc. Prof. Zorica Arsovksa Sarafinovska
Institute of Public Health of the Republic of Macedonia, Skopje,
University Goce Delcev Stip
Republic of Macedonia

Adherence to Therapy: A Modern Pharmacotherapeutic Approach

9:55 – 10:15
Prof. Biljana Gjorgjeska
University Goce Delcev Stip
Republic of Macedonia

Use of disinfectants and antiseptics in selected health institutions in Republic of Macedonia

10:15 – 10:35
Assoc. Prof. Bistra Angelovska
University Goce Delcev Stip
President of Pharmaceutical Chamber of Macedonia. Republic of Macedonia

Code of Ethics for Pharmacists – Pharmaceutical Chamber of Macedonia

10:40 – 11:10
Coffee break

Poster presentation

Chair: Prof. Milka Zdravkovska
Co-chair: Ass. Prof. Darinka Gjorgieva Ackova

10:10 – 11:50
Prof. Neven Zarkovic
Rudjer Boskovic Institute, Croatia

4-Hydroxynonenal – major bioactive marker of lipid peroxidation

11:50 – 12:10
Assoc. Prof. Tatjana Ruskovska
University Goce Delcev Stip Republic of Macedonia

Nicotinamide adenine dinucleotide biosynthesis and consumption in dysfunctional white adipocytes

12:10 – 12:30
Prof. Rubin Gulaboski
Goce Delcev Stip Republic of Macedonia

New insights into the chemistry and functions of Coenzyme Q

12:30 – 12:50
Assoc. Prof. Darko Bosnakovski
University Goce Delcev Stip
Republic of Macedonia

Genetically modified systems to study muscular dystrophies

12:50 – 14:00
Coffee break

Poster presentation
<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:40</td>
<td>Prof. Lia Rimondini</td>
<td>Università del Piemonte Orientale, Novara, Italy</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Counteracting microbial biofilm formation onto dental materials</strong></td>
</tr>
<tr>
<td>14:40 – 15:00</td>
<td>Prof. Elizabeta Zisovska</td>
<td>Agency for Quality and Accreditation of Healthcare Institutions, Skopje, Republic of Macedonia</td>
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<tr>
<td></td>
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<td><strong>The endless potential of the umbilical cord blood for investigation, research and treatment</strong></td>
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<tr>
<td>15:00 – 15:20</td>
<td>Ass. Misko Milev</td>
<td>University Goce Delcev Stip, Republic of Macedonia</td>
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<td></td>
<td></td>
<td><strong>The cytokinesis-blocked micronucleus assay: Good choice for detection and evaluation of genotoxicity in human cells</strong></td>
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<tr>
<td>15:20 – 15:40</td>
<td>Prof. Lence Miloseva</td>
<td>University Goce Delcev Stip, Republic of Macedonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Multiple predictive model for clinical and subclinical depression in adolescence</strong></td>
</tr>
<tr>
<td>15:40 – 16:00</td>
<td>Coffee break</td>
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<tr>
<td></td>
<td></td>
<td><strong>Poster presentation</strong></td>
</tr>
<tr>
<td>16:00 – 16:40</td>
<td>Prof. Adriano Duatti</td>
<td>University of Ferrara, Ferrara, Italy</td>
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<tr>
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<td></td>
<td><strong>Molecular imaging and radionuclide therapy of prostate cancer</strong></td>
</tr>
<tr>
<td>16:40 – 17:00</td>
<td>Assoc. Prof. Vaso Taleski</td>
<td>University Goce Delcev Stip, Republic of Macedonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Where Nanotechnology and Nanomedicine meet – Applications and Potential Risks</strong></td>
</tr>
<tr>
<td>17:00 – 17:20</td>
<td>Dr. Aleksandar Cvetkovski</td>
<td>University Goce Delcev Stip, Republic of Macedonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>The role of molecular cocrystals in drug development</strong></td>
</tr>
<tr>
<td>17:20 – 17:40</td>
<td>Prof. Emilija Janevik Ivanovska</td>
<td>University Goce Delcev Stip, Republic of Macedonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Drug development based on radiolabeled antibodies</strong></td>
</tr>
<tr>
<td>17:40 – 18:00</td>
<td>Closing remarks</td>
<td></td>
</tr>
</tbody>
</table>
The organizers would like to acknowledge the support given from the University Goce Delcev- Stip and the Pharmaceutical chamber of Macedonia. Gratitude is expressed to Alkaloid AD Skopje and Fitofarm for the financial support.
1. Step forward of Macedonian Agency for medicines and medical devices. Establishment and strategic plan for development
   Author: Marija Darkovska-Serafimovska

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   Authors: Neven Zarkovic, Kamelija Zarkovic

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   Authors: Prof. Tatjana Ruskovska, David Bernlohr

7. New insights into the chemistry and functions of Coenzyme Q
   Authors: Rubin Gulaboski, Valentin Mirceski, Ivan Bogeski, Sasa Mitrev, Kokoskarova Pavlinka, Velo Markovski, Reinhard Kappl, Markus Hoth

8. Genetically modified systems to study muscular dystrophies
   Author: Darko Bosnakovski

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   Author: Lia Rimondini

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    Author: Elizabeta Zisovska

11. The cytokinesis-blocked micronucleus assay: Good choice for detection and evaluation of genotoxicity in human cells
    Authors: Misko Milev, Velickova N., Petrova B., Gorgieva P., Nedeljkovic B.,

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    Authors: Lence Miloseva, Tatjana Vukosavljevic-Gvozden

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14. Where Nanotechnology and Nanomedicine meet – Applications and Potential Risks
    Authors: Vaso Taleski, Darko Bosnakovski, Milka Zdravkovska, Velo Markoski, Zdenka Stojanovska, Svetlana Jovevska

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    Author: Aleksandar Cvetkovski

16. Drug development based on radiolabeled antibodies
    Author: Emilija Janevik-Ivanovska
1. Correlation between dynamic balance and gait parameters in patients with ischemic stroke in the chronic period
   **Authors:** Danche Vasileva, Daniela Lubenova, Marija Mihova, Ivan Maznev, Lence Nikolovska, Zhu Jihe;

2. Effect of kinesitherapy on physical activity in patient with Guillain-Barré syndrome
   **Authors:** Antoaneta Dimitrova, Kristin Petrova Grigorova, Daniela Lubenova, Danche Vasileva, Milena Nikolova;

3. Case Report: Oligoasthenoteratozoospermia, treatment with acupuncture
   **Authors:** Jihe Zhu, Blagica Arsovska, Dance Vasileva, Andrijana Sterjovska-Aleksovska, Kristina Kozovska;

4. Treatment of cervical spondylosis with acupuncture
   **Authors:** Kristina Kozovska, Jihe Zhu, Blagica Arsovska, Andrijana Sterjovska-Aleksovska;

5. Effect of kinesitherapy on static and dynamic balance in patient after vertebro-basilar system stroke
   **Authors:** Milena Nikolova, Antoaneta Dimitrova, Danche Vasileva, Daniela Lubenova, Kristin Petrova Grigorova;

6. Malignant pleural effusions in lung cancer: the condition during the disease
   **Authors:** Marija Karakolevska-Ilova, Elena Simeonovska Joveva, Aleksandar Serafimov, Lidija Petrovska;

7. Systemic fungal infections in hematological malignancies
   **Authors:** Petar Kuzmanovski, Velo Markoski;

8. Morbidity and mortality of malignant neoplasms in Macedonia
   **Authors:** Viktorija Vukovikj, Velo Markoski;

9. Cognitive behavioral program in treating insomnia among elderly patients
   **Authors:** Kneginja Richter, Lence Miloseva, Guenter Niklewski, Anja Piehl;

10. Regulations and legal aspects in management of medical waste
    **Authors:** Biljana Shikoska, Cena Dimova, Gjorgi Schumanov;

11. Control of the psychiatric disorders in the Republic of Macedonia
    **Authors:** Leonid Ramov, Velo Markoski;

12. Monitoring of the renal function in Indometacin treated patients with rheumatoid arthritis
    **Authors:** Drita Yzeiri Havziu, M.Hiljadnikova-Bajro, T. Kadifkova Panovska;

13. Incidence of breast cancer in Macedonia
    **Authors:** Dijana Stojanova, Velo Markoski;

14. HPV virus as a cause of cancer of the cervix in R.Macedonia
    **Authors:** Stefanija Joveva, Velo Markoski, Vaso Taleski;

15. Analysis of the Pap test results by age groups in the area of Kriva Palanka
    **Authors:** Robert Nikolovski, Kristina Denchovska, Goran Mladenovski, Velo Markovski;

16. Giant rhinophyma treated by excision and full thickness skin grafting
    **Author:** Emilija Lozanovska Doneva;

17. Incidence of patients with chronic renal failure in Skopje
    **Authors:** Simona Kamceva, Velo Markoski;

18. Calculation of effective dose to family members of patients with thyroid diseases
    **Authors:** Marina Zdravevska Kochovska, Emilija Janjevik Ivanovska, Meri Angeleska, Sasho Nikolovski, Zlatko Filipovski;
19. Contemporary Microbiological Diagnostic Tests for Rapid Identification and Detection of Resistance of Mycobacterium tuberculosis
   Authors: Oliver Taleski, Vaso Taleski;

20. Analysis of clinical features and complications in patients with β-thalassemia in the region of Strumica
   Authors: Silvana Sinokapovska, Cena Dimova;

21. Lymphoepithelioma: A case report
   Authors: Vase Stojcheska, Rade Filipovski, Dobri Stoimenov, Nikica Atanasova, Goran Karaivanov, Ana Doneva, Irena Shulevska, Silvana Kaleva;

22. F-ra Capitullum Radii L.Dex. – A Case report
   Authors: Svetlana Jovevska, M.Idrizovikj;

23. Patient with intracranial hemorrhage and arteriovenous malformation detected with transcranial color duplex sonography – case report
   Authors: Elena Simeonovska Joveva, Marija Karakolevska-Ilova, Aleksandar Serafimov, Lidija Petrovska, Anita Arsovska;

24. Hereditary supracondylar spur of the humerus: Case report
   Authors: Strahil Todorov, Christian Lozanoski, George Zafiroski;

25. Prosthetic rehabilitation in patient with advanced degree of functional disorders (case report)
   Authors: Natasa Denkova, Katerina Zlatanovska, Ana Radeska-Panovska, Sanja Nashkova, Ivona Kovacevska;

26. Marginal Implants Bone Loss – a Case Report
   Authors: Kiro Papakoca, Ana Radeska-Panovska, Katerina Zlatanovska;

27. Ectodermal Dysplasia, a Case Report: Challenge for Prosthodontic Solution
   Authors: Emiliaja Bajraktarova Valjakova, Bajevska Jagoda, Vesna Korunovska Stevkovska, Biljana Kapusevska, Nikola Gigovski, Aneta Mijoska, Katerina Zlatanovska, Cvetanka Bajraktarova Mishevska;

28. Alveolar socket preservation and shaping using temporary prosthetic construction – cases presentation
   Authors: Nikola K. Gigovski, Vesna Korunovska-Stevkoska, Emilia Bajraktarova, Aneta Mijoska, Ana Radeska-Panovska, Ana Gigovska;

29. Porcelain veneers produced by refractory die method
   Authors: Katerina Zlatanovska, Julija Zarkova-Atanasova, Ana Radeska, Natasa Denkova, Kiro Papakoca;

30. Correlation of Two Different Local Hemostatic Modalities in Oral Surgery Patients with Oral Anticoagulants
   Author: Cena Dimova;

31. Assessment of orthodontic treatment need among school children by using iotn (index of orthodontic treatment need)
   Authors: Ana Radeska-Panovska, Kiro Papakoca, Natasa Denkova, Ivona Kovacevska, Katerina Zlatanovska;

32. Oral Hygiene Level Maintenance among Dental Medicine Students
   Authors: Darko Kochovski, Verica Toneva, Cena Dimova;

33. Poor oral hygiene and show of caries in 12 year old children
   Author: Sanja Naskova;

34. Implant-prosthetic therapy failure in smoker and nonsmoker patients
   Authors: Aneta Mijoska, Mirjana Popovska, Biljana Kapusevska, Nikola Gigovski, Vesna Korunovska-Stevkoska, Emilia Bajraktarova, Katerina Zlatanovska;

35. Oral surgery treatment in the patients with combination syndrome
   Authors: Vesna Korunovska-Stevkosva, Katerina Zlatanovska, Nikola Gigovski, Žaklina Menceva, Julijana Nikolovska, Emilia Bajraktarova-Valjakova, Aneta Mijoska;

36. Iatrogenic mistakes, cause for a failure at surgical treatment of a chronic periapical processes
   Authors: Sarita Kadrova, Cena Dimova;

37. Evaluation of Different Preparation of Artificial Teeth and Acrylate Prosthetic Base
   Authors: Pavle Apostoloski, Cena Dimova, Katerina Zlatanovska, Julija Zarkova;
38. Analysis of the dimensional stability of elastomeric silicone impression materials
   Authors: Galaba Veresa, Cena Dimova, Julijana Miloseva;

39. Use of gypsum into working everyday in dental technician
   Authors: Hadis Arslanov, Cena Dimova, Julija Vladikova, Pavle Apostoloski;

40. Mobile dental NOG-types used in working dental models
   Authors: Julija Vladikova, Cena Dimova, Hadis Arslanov, Pavle Apostoloski;

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   Authors: Darinka Gjorgieva Ackova, Katarina Smilkov, Icko Gjorgoski, Emilija Janevik-Ivanovska;

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   Authors: David Mwanza Wanjeh, Joel Munene Muchira, Aschalew Alemu Marie, Darko Bosnakovski;

43. Mouse Models For Human Prostate Cancer: Xenograft Vs Genetically Engineered Mouse Model
   Authors: Aschalew Alemu Marie, Joel Munene Muchira, David Mwanza Wanjeh, Darko Bosnakovski;

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   Authors: Joel Munene Muchira, David Mwanza Wanjeh, Aschalew Alemu Marie, Darko Bosnakovski;

45. Types of scaffolds and thier application in bone tissue engineering
   Authors: Milena Volcheva, Darko Bosnakovski;

46. Significance of preparation of tissue samples for electron microscopy for observation and diagnosis
   Authors: Jovanka Laskova, Gordana Petrucevska, Darko Bosnakovski;

47. Design and characterization of nanoparticles as platforms for delivery of curcumin
   Authors: Elena Drakalaska, Denitsa Momekova, Stanislav Rangelov, Nikolay Lambov;

48. Freeze-drying approach to enhance antibody stability
   Authors: Katarina Smilkov, Darinka Gjorgieva Ackova, Emilija Janevik-Ivanovska;

49. An overview of phytosomes as a novel herbal drug delivery system
   Authors: Emilija Apostolova, Brankica Spaseska, Maja Simonoska Crcareska, Maja Glavash Dodov, Renata Slaveska Raichki;

50. Determination of active pharmaceutical ingredient – chloropyramine in dragées
   Authors: Vesna Kostik, Biljana Gjorgjeska, Sofija Petkovska;

51. Comparison of volatile aroma compounds between cultivated and spontaneous flowering stems of Sideritis scardica Griseb. from R. Macedonina
   Author: Sanja Kostadinovik Velickovska;

52. Bioactive compounds of cold-pressed oil from the seeds of Gojy Berry (Lycium barbarum)
   Author: Dragica Doneva, Trajce Stafilov, Zorica Arsova-Sarafinovska, Katerina Starkoska, Maja Shishovska, Katerina Bačeva Andonovska;

53. Development and validation of HPLC method for determination of flavonoids in herbal preparations
   Authors: Tanja Janeva, Zorica Arsova-Sarafinovska;

54. Atomic emission spectrometry with inductively coupled plasma (ICP-AES) analysis of trace elements in Camellia sinensis teas
   Authors: Dragica Doneva, Trajce Stafilov, Zorica Arsova-Sarafinovska, Katerina Starkoska, Maja Shishovska, Katerina Bačeva Andonovska;

55. Determination of trace elements analyzed by atomic emission spectrometry with inductively coupled plasma (ICP-AES) in Matricaria chamomilla L. teas present on macedonian market
   Authors: Dragica Doneva, Trajce Stafilov;

56. Human health risks from heavy metals via consumption of contaminated food
   Authors: Biljana Balabanova, Rubin Gulaboski;
57. Development of an ultrasonic method for effective extraction of capsaicin as a potent bioactive compound
Authors: Viktorija Maksimova, Liljana Koleva Gudeva, Blaga Radovanovic, Rubin Gulaboski;

58. Electrochemical analysis of the properties of benzene-1,2,4-triol
Authors: Milkica Janeva, Rubin Gulaboski;

59. Comparison of the procedure for registration of medicines in the European Union and the Republic of Macedonia
Authors: Sofija Petkovska, Danica Zahkova, Biljana Gjorgjeska;

60. Pharmacoeconomic evaluation of the antibiotic prophylaxis in orthopedic surgeries
Authors: Dijana Atanasova, Bistra Angelovska, Biljana Lazarova;

61. Therapeutic approach in the treatment of benign prostatic hyperplasia
Authors: Rozeta Aceva, Zorica Arsova – Sarafinovska;

62. Oxidative stress, aging and antioxidants
Authors: Viktorija Trajkoska, Zorica Arsova Sarafinovska;

63. Oxidative stress, oxidative DNA damage and prostate cancer
Authors: Evgenija Nedelkoska, Zorica Arsova Sarafinovska;

64. RNA interference (RNAi) mechanism as a basis for future successful treatment of chronic hepatitis B infection
Authors: Ana Nikolova, Darko Bosnakovski;

65. Anti-cancer target therapy based on drugs conjugated to hyaluronic acid
Authors: Marija Zafirova, Darko Bosnakovski;

66. Cancer specific conjugated monoclonal antibodies for anticancer therapy
Authors: Daniela Todosiova, Darko Bosnakovski, Emilia Janevik Ivanovska;

67. Accreditation of the Laboratory of Radiopharmacy – requested requirements or need of challenge
Authors: Apostolova Paulina, Delipetreva Katarina, Smilko Katarina, Gorgieva Ackova Darinka, Sterjova Marija, Janevik Ivanovska Emilia;

68. Quality control of PET radiopharmaceuticals, with reference to its specifics vs quality control of conventional pharmaceuticals
Authors: Filip Jolevski, Maja Velickovska, Maja Chochevska, Marija Atanasova, Katerina Kolevska, Emilia Janevik-Ivanovska;

69. Production of [11C] Choline in The University Institute for PET – new perspective in diagnostics of prostate malignancy in R. of Macedonia
Authors: Katerina Kolevska, Maja Chochevska, Marija Atanasova, Katerina Kolevska, Emilia Janevik-Ivanovska;

70. PET radiopharmaceuticals in the diagnosis of neurological diseases
Authors: Marija Pandeva, Emilia Janevik-Ivanovska;

71. Achievements and perspectives in formulation of stable immunoconjugate of the HER2-targeting trastuzumab – potential for rapid labelling with Gallium-68
Authors: Marija Sterjova, Predrag Dzodic, Katarina Smilikov, Darinka Gorgieva-Ackova, Emilia Janevik-Ivanovska
Contents

ORAL PRESENTATIONS ..................................................................................................................14
Step forward of Macedonian Agency for medicines and medical devices ....................................14
Establishment and strategic plan for development .....................................................................15
Adherence to Therapy: A Modern Pharmacotherapeutic Approach ...........................................16
Use of disinfectants and antisepsics in selected health institutions in Republic of Macedonia ...18
Code of Ethics for Pharmacists – Pharmaceutical Chamber of Macedonia ...............................19
4-Hydroxynonenal – major bioactive marker of lipid peroxidation ...........................................20
Nicotinamide adenine dinucleotide biosynthesis and consumption in dysfunctional white adipocytes 21
New Insights into the Chemistry and Functions of Coenzyme Q .............................................22
Genetically modified systems to study muscular dystrophies ....................................................23
Counteracting microbial biofilm formation onto dental materials ...........................................24
The endless potential of the umbilical cord blood for investigation, research and treatment .......25
The cytokinesis-blocked micronucleus assay: Good choice for detection and evaluation of genotoxicity in human cells ..........................................................................................27
Multiple predictive model for clinical and subclinical depression in adolescence .......................28
Molecular Imaging and therapy with radionuclides of prostate cancer .......................................29
Where Nanotechnology and Nanomedicine meet – Applications and Potential Risks .................31
The role of molecular cocrystals in drug development ...............................................................33
Drug development based on radiolabeled antibodies ..................................................................34
POSTER PRESENTATIONS ..........................................................................................................35
Correlation between dynamic balance and gait parameters in patients with ischemic stroke in the chronic period ..............................................................................................................36
Effect of kinesitherapy on physical activity in patient with Guillain-Barré syndrome ................37
Case Report: Oligoasthenoteratozoospermia, treatment with acupuncture .............................38
Treatment of cervical spondylitis with acupuncture .....................................................................40
Effect of kinesitherapy on static and dynamic balance in patient after vertebro-basilar system stroke 41
Malignant pleural effusions in lung cancer: the condition during the disease .............................42
Systemic fungal infections in hematological malignancies ..........................................................44
Morbidity and mortality of malignant neoplasms in Macedonia ...............................................45
Cognitive behavioral program in treating insomnia among elderly patients ...............................46
Regulations and legal aspects in management of medical waste ................................................47
Control of the psychiatric disorders in the Republic of Macedonia ............................................49
Monitoring of the renal function in Indometacin treated patients with rheumatoid arthritis ..........50
Incidence of breast cancer in Macedonia ..................................................................................51
HPV virus as a cause of cancer of the cervix in R. Macedonia ....................................................52
Analysis of the Pap test results by age groups in the area of Kriva Palanka ................................53
Giant rhinophyma treated by excision and full thickness skin grafting .....................................55
Incidence of patients with chronic renal failure in Skopje ........................................................56
Calculation of effective dose to family members of patients with thyroid diseases ...................57
Contemporary Microbiological Diagnostic Tests for Rapid Identification and Detection of Resistance of Mycobacterium tuberculosis .................................................................................59
Analysis of clinical features and complications in patients with β-thalassemia in the region of Strumica...60
Lymphoepithelioma: A case report ............................................................................................62
F-ra Capitullum Radii L. Dex. – A Case report .........................................................................63
Patient with intracranial hemorrhage and arteriovenous malformation detected with transcranial color duplex sonography – case report ......................................................................................64
Hereditary supracondylar spur of the humerus: Case report ........................................................66
Prosthetic rehabilitation in patient with advanced degree of functional disorders (case report) .......67
Marginal Implants Bone Loss – a Case Report ..........................................................................68
Ectodermal Dysplasia, a Case Report: Challenge for Prosthodontic Solution .........................69
Alveolar socket preservation and shaping using temporary prosthetic construction – cases presentation...71
Porcelain veneers produced by refractory die method.................................................................72
Correlation of Two Different Local Hemostatic Modalities in Oral Surgery Patients with
Oral Anticoagulants.......................................................................................................................73
Assessment of orthodontic treatment need among school children by using ion
(index of orthodontic treatment need)......................................................................................75
Oral Hygiene Level Maintenance among Dental Medicine Students...........................................76
Poor oral hygiene and show of caries in 12 year old children..................................................77
Implant-prosthetic therapy failure in smoker and nonsmoker patients........................................78
Oral surgery treatment in the patients with combination syndrome...........................................79
Iatrogenic mistakes, cause for a failure at surgical treatment of a chronic periapical processes...80
Evaluation of Different Preparation of Artificial Teeth and Acrylate Prosthetic Base.................81
Analysis of the dimensional stability of elastomeric silicone impression materials....................82
Use of Gypsum Into Working Everyday in Dental Technician....................................................84
Mobile dental NOG types used in working dental models..........................................................85
Determining normal tissue toxicity of non-radioactively Lu/Y-labeled rituximab-conjugates in
rat animal model.......................................................................................................................86
Genetically Engineered Mouse Models For Human Pancreatic Cancer: A Review Of The KC, KPC
And iKRas*P53* Models..............................................................................................................87
Mouse Models For Human Prostate Cancer: Xenograft Vs Genetically Engineered Mouse Model...88
HER2 Transgenic Mouse Models: A Way To HER2+ Breast Cancer Targeted Therapy..............89
Types of scaffolds and their application in bone tissue engineering.............................................90
Significance of preparation of tissue samples for electron microscopy for observation and diagnosis......91
Design and characterization of nanoparticles as platforms for delivery of curcumin.......................93
Freeze-drying approach to enhance antibody stability.................................................................94
An overview of phytosomes as a novel herbal drug delivery system..........................................95
Determination of active pharmaceutical ingredient – chloropyramine in dragées......................97
Comparison of volatile aroma compounds between cultivated and spontaneous flowering stems
of Sideritis scardica Griseb. from R. Macedonia........................................................................98
Bioactive compounds of cold-pressed oil from the seeds of Goji Berry (Lycium barbarum)...........99
Development and validation of HPLC method for determination of flavonoids in herbal preparations...100
Atomic emission spectrometry with inductively coupled plasma (ICP-AES) analysis of trace
elements in Camellia sinensis teas............................................................................................101
Determination of trace elements analyzed by atomic emission spectrometry with inductively coupled
plasma (ICP-AES) in Matricaria chamomilla L. teas present on macedonian market....................102
Human health risks from heavy metals via consumption of contaminated food..........................103
Development of an ultrasonic method for effective extraction of capsaicin as a potent bioactive
compound..................................................................................................................................104
Electrochemical analysis of the properties of benzene-1,2,4-triol..............................................105
Comparison of the procedure for registration of medicines in the European Union and the
Republic of Macedonia.............................................................................................................106
Pharmacoeconomic evaluation of the antibiotic prophylaxis in orthopedic surgeries....................107
Therapeutic approach in the treatment of benign prostatic hyperplasia.......................................108
Oxidative stress, aging and antioxidants....................................................................................109
Oxidative stress, oxidative DNA damage and prostate cancer....................................................109
RNA interference (RNAi) mechanism as a basis for future successful treatment of chronic
hepatitis B infection....................................................................................................................111
Anti-cancer target therapy based on drugs conjugated to hyaluronic acid.................................114
Cancer-specific conjugated monoclonal antibodies for anticancer therapy...............................115
Accreditation of the Laboratory of Radiopharmacy – requested requirements or need of challenge...117
Quality control of PET radiopharmaceuticals, with reference to its specifics vs quality control
of conventional pharmaceuticals..............................................................................................119
Production of $[^{11}C]$Choline in The University Institute for PET – new perspective in diagnostics of prostate malignancy in R. of Macedonia ........................................................................................................120
PET radiopharmaceuticals in the diagnosis of neurological diseases ..................................................122
Achievements and perspectives in formulation of stable immunoconjugate of the HER2-targeting trastuzumab – potential for rapid labelling with Gallium-68 .................................................................123
Correlation of Two Different Local Hemostatic Modalities in Oral Surgery Patients with Oral Anticoagulants

Cena Dimova

*Department of oral and maxillofacial surgery and dental implantology, Faculty of Medical Sciences, University of “Goce Delcev”, Stip
cena.dimova@ugd.edu.mk

Abstract

Introduction: The oral surgeons are frequently asked to manage patients who are receiving oral anticoagulants. The goal of treatment is to minimize the risk of hemorrhage while continuing to protect the patient against thromboembolism formation. The ordinary treatment includes the interruption of anticoagulant therapy for oral surgery interventions to prevent hemorrhage. However, this practice may logically increase the risk of a potentially life-threatening thromboembolism. Thus, this issue is still controversial. Various protocols have been suggested for treating these patients, including substituting heparin for warfarin, decreasing the level of anticoagulation preoperatively, temporarily stopping the warfarin, and not altering the anticoagulant regimen at all. There remains, however, no standard therapeutic approach, and currently it appears that each patient's treatment plan is individually tailored by his or her attending specialist.

Aim: The evidence from clinical trials and focused reviews supports continuing oral anticoagulation for patients needing dentoalveolar surgery. As long as the INR is within the therapeutic range and local hemostatic measures are taken following the surgery, these patients will have little chance of developing uncontrolled bleeding following the surgery. The aim of this study was to compare the clinical hemostatic effect of tranexamic acid mouthwash and resorbable oxycellulose dressing after oral surgery interventions in patients receiving continuous oral anticoagulant therapy

Material and method: A first group was consisted of 25 patients with a preoperative international normalized ratio (INR) in the range of 1.8 to 3.0. After the interventions was used 5% tranexamic acid mouthwashing for 2 minutes, 4 time daily during a postoperative period of 4 days. The second group of 25 patients with a comparable INR range of 1.9 to 2.9 had oral surgical interventions performed and the socket(s) dressed with a resorbable oxycellulose dressing and sutured with a resorbable suture.

Results: No discernible difference in the postoperative outcome with regard to hemorrhage was noted. Postoperative pain was reported more frequently in the group that used a resorbable oxycellulose dressing. Only 1 patient had significant postoperative bleeding. The risk of uncontrolled life threatening bleeding following dentoalveolar surgery is so low that it is not necessary to stop anticoagulation even for a short interval and risk thromboembolism in patients on oral anticoagulants.

Conclusions: Dental extractions can be performed without interruption in patients treated with oral anticoagulant. This study shows that in patients receiving oral anticoagulants whose INR is within the therapeutic range, the tranexamic acid mouthwash is as effective as the resorbable oxycellulose dressing in preventing post oral surgical hemorrhage. The results indicated that a combination of local antifibrinolytic therapy and a local hemostatic agent is effective in preventing postoperative bleeding after oral surgery in patients treated with anticoagulants. Local hemostasis will control the bleeding in the few patients who develop postsurgical bleeding.
Keywords: bleeding, oral anticoagulant, oral surgery, oxycellulose dressing, tranexamic acid.