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Official statement (April 6, 2024):

The official congress committee of the European Congress of Health Sciences (ECHS) consists of medical doctors working independently, and Aydan Çevik Varol MD, Assist. Prof. of Family Medicine working as a state university staff at Namik Kemal University, Faculty of Medicine, Department of Family Medicine, Tekirdag, Turkiye. This statement is placed here to declare that ECHS meets the UAK associate professorship application criteria in Turkey.



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Oral Presentations



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Oral Presentation-1

Oxalate Diet Trial in Recurrent Calcium Oxalate Kidney Stone Formation

Jin Ho Park¹

¹ Specialist of Urology, Seoul, Republic of Korea, dr.parkjinho84@gmail.com

ABSTRACT

We present a case of a 40-year-old man with recurrent calcium oxalate nephrolithiasis who opted for a dietary oxalate restriction trial alongside standard preventive measures. This report details his experience, highlighting the potential benefits and challenges of this approach, and encouraging a nuanced, individualized perspective on oxalate-restricted diets for kidney stone prevention.

CASE PRESENTATION

A 40-year-old male with a history of recurrent calcium oxalate kidney stones, despite standard preventive measures like increased fluid intake and citrate-rich foods, presented for dietary counseling. He experienced significant discomfort and disruption to his life due to past episodes and desired a proactive approach to manage his condition. Following comprehensive dietary assessment and analysis of his current stone composition, a personalized oxalate-restricted diet (100-150mg oxalate/day) was implemented. This entailed:

Limiting high-oxalate foods: Reducing intake of nuts, seeds, chocolate, rhubarb, spinach, and certain berries.

Replacing high-oxalate with low-oxalate alternatives: Choosing alternative vegetables, fruits, and starches.

Maintaining adequate calcium intake: Ensuring sufficient calcium consumption through dairy products or supplements.

Optimizing fluid intake: Continuing increased water consumption.

The patient meticulously followed the prescribed diet for six months, documenting his food intake and monitoring for any adverse effects. During this period, he had no further stone episodes and reported improved overall well-being and reduced anxiety surrounding potential stone recurrence.



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Oral Presentation-2

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Skin Self-Examination in Melanoma Prevention: An Integrative Literature Review

Heyell Kevin Rodrigues Franklin Chacon¹, Manoel Garcez Marinho Neto, Arthur Nobre Cavalcante, Fernanda da Rocha, Éder Willian Greaff, Alyanne Dantas Tavares, Georgia Monica Tavares Alves, Egiane Correia Cabral Barbosa, Ellen Caroline dos Santos Sales

¹ Hkchacon@gmail.com

ABSTRACT

Introduction: Melanoma, the most serious type of skin cancer, arises from pigment-producing cells in the epidermis. Individuals with a history of melanoma are at high risk of recurrence, making skin self-examination (SSE) a crucial strategy for reducing mortality. Early detection of preclinical melanomas by laypersons or healthcare professionals is possible through visual inspection. Dermatological education for SSE, especially for high-risk patients, can aid in early identification of clinical signs for more accurate interventions. **Objective:** To analyze the scientific literature on melanoma, focusing on disease prevention through SSE. **Methodology:** An integrative literature review was conducted using the Virtual Health Library (Medline) database and the following Health Sciences Descriptors (DeCS/MeSH) in combination: (Melanoma) AND (Self-examination). Inclusion criteria were: full-text articles published in the last 5 years, in English or Portuguese, that addressed SSE as the main topic. Articles not meeting the eligibility criteria or the proposed theme were excluded. Of the 36 articles found, 10 were selected for analysis. **Results:** The studies indicated that individuals with a history of melanoma have recurrence rates of around 5%, highlighting the high risk of recurrence. Melanoma has a relatively long average development time, allowing patients to notice skin changes in their daily lives. It is essential that there is education on lesion recognition through SSE, as well as mobilization of healthcare professionals to ensure a skin examination routine. The studies demonstrated that SSE applied with adequate knowledge and documentation can reduce melanoma morbidity and mortality. Support from third parties, such as family members and spouses, was also found to be relevant in lesion assessment. However, the low frequency of SSE performance was the main obstacle to early detection of signs. Several psychosocial, economic, and educational factors associated with melanoma patients who use SSE can negatively influence their motivation and ability to perform the checks. **Conclusion:** In summary, the use of protocols that encourage documentation and active search for skin lesions by melanoma survivors has been shown to provide more favorable prognoses and early treatment when compared to, especially, individuals without prior contact with the disease or unaware of SSE. On the other hand, adherence to screening is the major challenge for this practice. This ranges from unwillingness and difficulty in examining certain parts of the body to anxiety triggers arising from monitoring skin blemishes.

KEYWORDS: Melanoma; Skin self-examination; Prevention.

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Poster Presentations



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Poster Presentation-1

Infertility and Depression

Sharma Shah¹

¹ Specialist of Gynecology and Obstetrics, New Delhi, India.

ABSTRACT

The journey through infertility can be profoundly isolating and emotionally challenging. Beyond the physical struggles, individuals and couples navigating infertility often grapple with a debilitating shadow: depression. This letter sheds light on the complex interplay between infertility and depression, advocating for increased awareness, supportive interventions, and comprehensive mental health care within fertility treatment programs. The emotional strain of infertility is multifaceted. Unfulfilled desires for parenthood, feelings of inadequacy and failure, social stigma, and financial stress can all converge to create a fertile ground for depression. The uncertainty and emotional rollercoaster associated with fertility treatments further exacerbate these challenges, amplifying feelings of vulnerability and despair.

Studies reveal a bidirectional relationship between infertility and depression. Individuals with depression are more likely to experience infertility, while infertility itself can significantly increase the risk of depression. This intricate link underscores the importance of a holistic approach that acknowledges and addresses both the emotional and physical aspects of infertility. Integrating mental health support into fertility treatment programs is crucial. Offering readily accessible psychological counseling, support groups, and mindfulness practices can equip individuals and couples with coping mechanisms and emotional resilience. Normalizing the emotional challenges of infertility through open communication and supportive environments can alleviate feelings of isolation and foster a sense of community. Furthermore, healthcare providers within fertility clinics need to be equipped to recognize and address the signs of depression. Routine screening and assessment tools can help identify individuals at risk, allowing for timely intervention and personalized support. Collaborations with mental health professionals can further strengthen the care provided within fertility settings. Research efforts focused on understanding the complex mechanisms underlying the link between infertility and depression are essential for developing more effective interventions. Exploring the role of social support, coping strategies, and mindfulness practices in mitigating depressive symptoms can significantly advance the field.

In conclusion, the emotional weight of infertility cannot be ignored. Recognizing the high prevalence of depression and its detrimental impact on both mental and physical well-being is the first step towards providing comprehensive care. By integrating mental health support into fertility treatment programs, fostering open communication, and investing in research, we can navigate the intertwined shadows of infertility and depression, empowering individuals and couples to navigate their journey with hope and resilience.



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