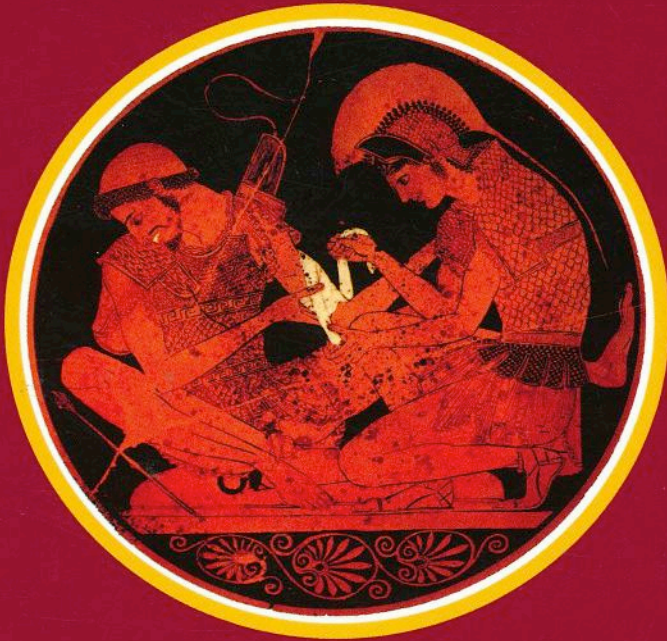




**3rd CONGRESS OF
BALKAN MILITARY
MEDICAL COMMITTEE
MAY 10 - 13, 1998
ATHENS - GREECE**



FINAL PROGRAMME

ROOM A

CLINIC-IMMUNOLOGIC ALGORITHM IN THE MONITORING OF
THE PROSTATE CANCER

PENKOV R., PLOCHEV K., NIKOLOV SV., PENKOVA K., ZAREV P.
MMA-CLINIC OF UROLOGY

CERVICAL CANCER - INCIDENCE, TREATMENT

STOIAN I., BRATILA P.
CENTRAL MILITARY HOSPI,CLINIC OF GYNECOLOGY STR.LAMAITEI 37 SEC.1 BUCH

DISCUSSION

COFFEE BREAK

16.00 - 17.45

Session 7 ORAL PRESENTATIONS

Chaimen:**SENGEZER M., LAOUTIDIS G.**

TEN-YEAR EXPERIENCE WITH BENIGN RIB HYPERPLASIAS

ANDRIANOPOULOS E., LAUTIDES G.,KORMAS P., KARAMERIS A., PAPACHRISTOS I.
*401 GENERAL ARMY HOSPITAL, THORACIC SURGERY DEPT AND PATHOLOGY
LABORATORY , ATHENS*

PHLEBOGRAPHY-DIAGNOSTIC POSSIBILITIES IN EMBOLOGENIOUS
PHLEBOTHROMBOSIS AND ENDOVASCULAR PROFILAXIS
PULMONARY EMBOLISM

LAZAROV Z., LILOV M.,MAGAEV B.,GUIROV K., NICOLOV E.
MMA, CLINIC OF INTERVENTIONAL RADIOLOGY, CLINIC OF VASCULAR SURGERY AN

A REVIEW OF THORACIC INJURIES FOLLOWED IN OUR CLINIC
OVER A 4-YEAR PERIOD

ISITMANGIL T., SEBIT S., BALKANLI K., DAKAK M., TUNC H., SASMAZ H.
GATA HAYDARPASA TRAINING HOSPITAL, DEP. OF THORACIC SURGERY, ISTANBUL

INFECTIOUS COMPLICATIONS IN ARTERIAL SURGERY

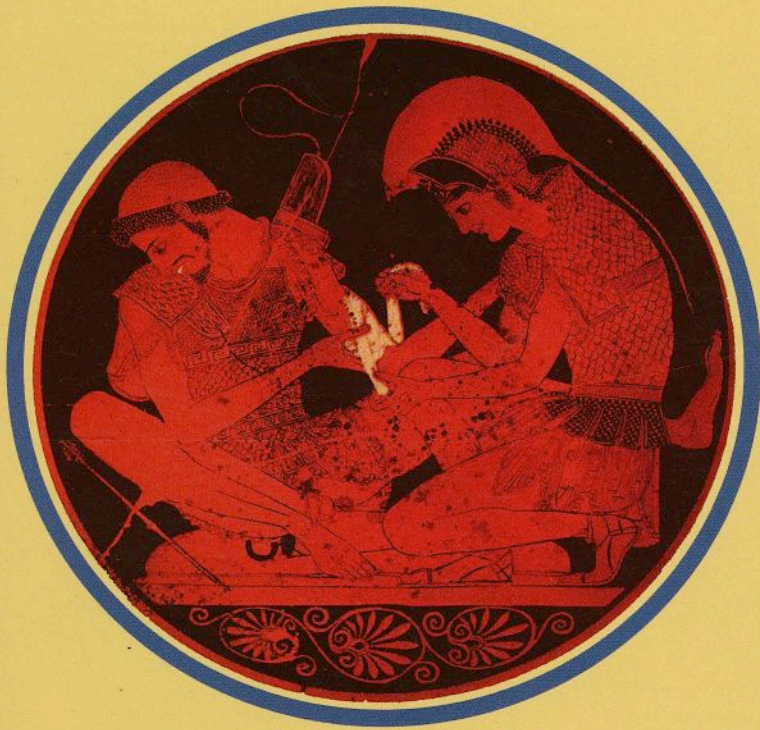
GUIROV K., LAZAROV Z.,MAGAEV B.,PECHEV H., TOPALOV I.
CLINIC OF VASCULAR SURGERY AND ANGIOLOGY MMA,1606 SOFIA

ORIGINAL PROCEDURE OF LEFT INFERIOR LOBECTOMY IN
MONOBLOC LUNG

HORVAT T., NICODIN A.
CENTRAL MIL. HOSP. CLINIC OF THORACIC SURG. 88 MIRCEA VULCANESCU SEC.1



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ABSTRACT BOOK

Title: Ten-year experience with benign rib hyperplasias

Authors: E. Andrianopoulos, G. Lautides, P. Kormas, A. Karameris and I.Papachristos

Institution: Thoracic Surgery Department and Pathology Laboratory, 401 General Army Hospital, Athens

Purpose: To demonstrate the existing difficulties in distinguishing benign from malignant tumors of the ribs, and especially the problems that a clinical doctor encounters when dealing with a rib «hyperplasia».

Design: a retrospective review study adjusting the diagnoses according to current classification and histological standards.

Materials and methods: Forty nine patients with benign rib tumor underwent surgery in a period of 10 years (1986-1996). Twenty one (42.8%) benign tumors originated from cartilage and bone, 7 (14.2%) were inflammatory, 5 (10.2%) originated from the bone marrow, and minor percentages (2-4%) had vascular, neurogenous, degenerative, traumatic or miscellaneous origin. The mean age was 25.18 years. Related symptoms were pain (40.8%) and swelling (34.7%). One third of the patients were asymptomatic and the lesion was accidentally discovered in a routine chest radiograph. All patients were treated surgically with wide excision of the tumor and the diagnosis was established histologically.

Results: Resection was complete and curative in all cases without recurrence.

Conclusions: Since the likelihood of malignancy is high, all rib tumors should be considered malignant until proven otherwise. Therefore, prompt intervention is necessary and wide and radical initial excision of the involved rib is advocated.