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## Fronto-temporal connectivity in never-medicated patients with first-episode Schizophrenia: A DTI study

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The last 20 years have brought about a virtual explosion of studies on brain connectivity in schizophrenia. These studies have shown that white matter organization is disrupted in schizophrenia, and that these disruptions have important implications for psychiatric symptomatology and sensory and cognitive deficits seen in the disorder. In recent decades, diffusion tensor imaging (DTI), a magnetic resonance imaging technique sensitive to the orientation of water diffusion restricted within the neuron sheath and myelination, has been widely used in psychiatric research. One of the commonly used DTI measures is fractional anisotropy (FA), which is thought to reflect the anatomical features of neural fibers, such as the axon caliber, fiber density and myelination. Severity of symptoms and performance of cognitive functions (attention, executive function, memory) were examined and their relationships with fractional anisotropy at the regions of interest were examined by using voxelwise correlation analyses. In each case, better performance on these tasks was associated with higher levels of fractional anisotropy in task-relevant regions. Patients have significant dysfunction in the white matter integrity in all regions of interest (anterior cingulate cortex, uncinate fasciculus, superior longitudinal fasciculus and insula) bilaterally compared to healthy control. There is a significant correlation between dysfunction in the white matter integrity in right anterior cingulate cortex and sustained attention and executive functions. There is also a significant correlation between dysfunction in the white matter integrity in the uncinate fasciculus bilaterally and memory functions.

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## Long-term effect of mass Chemotherapy of *Schistosoma mansoni* on infection rate and Diagnosis accuracy

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Mass treatment has been adopted by many countries with high prevalence of schistosomiasis infection. Evidence suggests that it has significantly reduced the prevalence of the infection. More recently, however, questions aroused about its long term benefits. The main diagnostic method used to assess infection rates was based on microscopic stool examination that has several weaknesses in the process of schistosomiasis diagnosis. We performed this study to assess the performance of microscopic examination that is widely used for the diagnosis and assessment of infection rates of *S. mansoni* in Egypt for the evaluation of chemotherapy and control measures efficacy after a decade of regular mass treatment. A total of 651 (55 children and 596 adults) individuals from three endemic governorates in Lower Egypt, were examined for ova by microscopic stool examination (MSE) alone, rectal biopsy (RB) alone or both MSE+RB. Although all patients came from same background, infection detection rates substantially changed according to method of diagnosis. It was significantly low in MSE alone group (9%) compared to RB alone group (40.6%) and to RB+MSE (37.7%) group. In MSE+RB group, MSE failed to diagnose 86.5% (148/171) of positive cases detected by rectal biopsy. The sensitivity of MSE was significantly lower than RB, 13.5% vs. 98.8%. We found that true prevalence in endemic communities (e.g. Egypt) may be considerably underestimated. The use of simple microscopic examination for monitoring infection is ineffective because of low sensitivity.

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