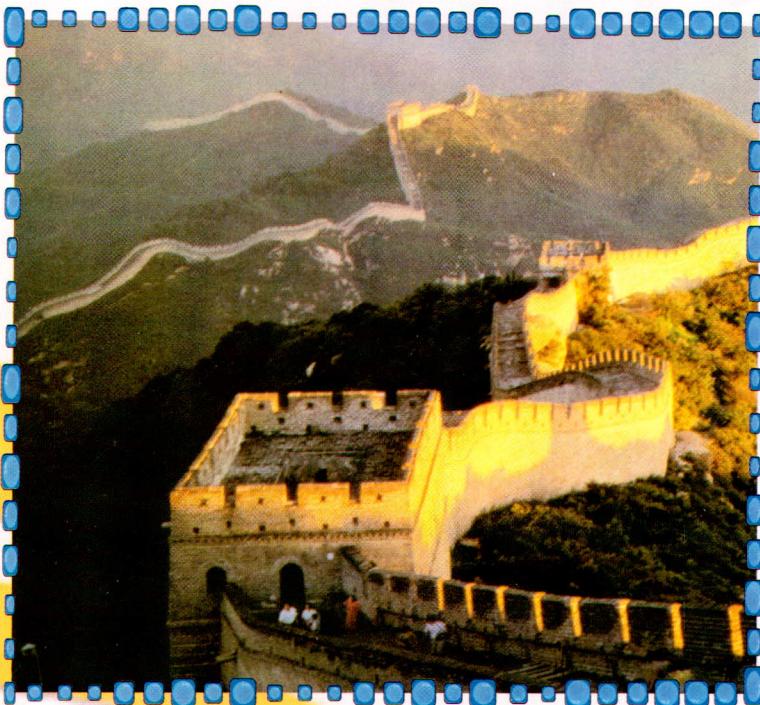


# INSPIRE



الجمعية اللبنانيّة للامراض الصدرية

عدد رقم ٢ - كانون الاول ٢٠٠٦



الافتتاحية

3



المؤتمر السنوي 2006

4

نشاطات اجتماعية

12

نشاطات علمية

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“

”



...SPIRIVA® can give your COPD patients a sense of independence by impacting the clinical course of COPD<sup>1-4</sup>:

**targeting** cholinergic constriction for 24 hours,<sup>3,5</sup>  
**improving** airflow,<sup>3</sup> **reducing** air trapping,<sup>3</sup>  
**reducing** the number of exacerbations,<sup>6</sup> and **increasing** activity<sup>1</sup>...

With SPIRIVA®, you can change the way  
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Life. To be continued...

**SPIRIVA®**  
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SPIRIVA® is a bronchodilator indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema, for the maintenance treatment of associated dyspnoea and for prevention of exacerbations.

**References:** 1. Casaburi R, Kukafka D, Cooper CB, Witek TJ Jr, Kesten S. Improvement in exercise tolerance with the combination of tiotropium and pulmonary rehabilitation in patients with COPD. *Chest*. 2005;127:809-817.  
 2. Sewell L, Singh SJ, Williams JEA, Collier R, Morgan MDL. Can individualized rehabilitation improve functional independence in elderly patients with COPD? *Chest*. 2005;128:1194-1200. 3. Celli B, ZuWallack R, Wang S, on behalf of the Dutch/Belgian Tiotropium Study Group. Improved health outcomes in patients with COPD with increased static lung volumes. *Chest*. 2003;124:1743-1748. 4. Vincken W, van Noord JA, Grehorst APM, et al. J, Witek TJ, Kesten S. Effect of tiotropium bromide on circadian variation in airflow limitation in chronic obstructive pulmonary disease. *Thorax*. 2003;58:855-860. 5. Calverley PMA, Lee A, Towse L, van Noord J, Nieuwöhner DE, Rice K, Cote C, et al. Prevention of exacerbations of chronic obstructive pulmonary disease with tiotropium, a once-daily inhaled anticholinergic bronchodilator: a randomized trial. *Ann Intern Med*. 2005;143:317-326.

# INSPIRE

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نقابة أطباء لبنان

مكتب الجمعية اللبنانية للأمراض الصدرية  
ص.ب: ٦٤٠ - ١١ بيروت، لبنان

تلفاكس: ٩٦١ ٤٢٢٥٨٢

بريد الكتروني: lop\_lps@yahoo.com

## دعوة الى جمعية عمومية



## عند سور الصين العظيم

لقد وقفت على سور الصين العظيم وهي إحدى العجائب السبع، يوم الاول من حزيران ٢٠٠٦. أحسست بحالة من النشوة والعظمة دفعتني الى تمثّلي المستحيل.

تخيلت نفسي - بصفتي نائبة لرئيسة جمعية الامراض الصدرية - أدعو جميع الاعضاء الى عقد جمعية عمومية إستثنائية هنا.

تخيلتكم جميعاً تلبّون الدعوة وتنتشرون على درجات سور بإنتظار «قرارات يجب أن تتخذ وتكون بمستوى أحد عجائب الدنيا السبع».

ماذا عساي أن أطلب منكم؟!!

لقد كتب ماوتسى تونغ على إحدى هذه الدرجات «لا تصبح رجلاً إلا إذا صعدت سور الصين العظيم».

حسناً فعل ماوتسى تونغ، لقد أزاح عنّي عبئاً وألهمني بما يجب فعله. على الأطباء الرجال أن يصعدوا إلى أعلى السور ليثبتوا رجولتهم وعلىنا نحن النساء في الجمعية أن نأخذ قراراً حاسماً وننافق عليه بمن

حضر:

وهو أن نبقى صامدين بوجه كل من يحاول زعزعة إتحادنا، فقوتنا لا تكون إلا بوحدتنا كأطباء وكلبنانيين.

### د. فيروز شمس الدين



### الردفاء

- |                  |                    |
|------------------|--------------------|
| د. كركس بنايوتي  | د. وليد علاء الدين |
| د. توفيق موشاتي  | د. ميراي صفير      |
| د. زين الدين سعد | د. لبنى طبارة      |
|                  | د. زينة عون        |

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- |                               |
|-------------------------------|
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| وأمين الصندوق باللوكلة        |

### هيئات التحرير

د. جورج خياط - د. ميراي صفير - د. لبنى طبارة - د. وليد علاء الدين - د. زهير علامه - د. ميرنا واكد

4

# Annual Meeting



Our annual meeting has been made possible due to the efforts of many of you, and also the commitment with the French-Lebanese Thoracic Society.

It was an interesting occasion to meet a lot of experts coming mainly from France. Some hot topics dealt with were: the latest therapeutic recommendations on pulmonary infections, a pro and con session about the management of empyema, and also a state of the art on the latest news about thromboembolic disease.

A topic of fundamental medicine about aerosols was exposed by Jean Francois Dessanges, a French physiologist. Let us not forget the very frequent topics that interest every pulmonologist: asthma, smoking and COPD. We had a new and original conference about "Alternatives to Hospitalization". The valuable workshops on non-invasive ventilation and sleep apnea duplicated for the nurses the next day, were very successful.

It was a meeting high in colors. Let us hope that we will have better seasons, full of promises of a better tomorrow for our beloved country.

**Mirna WAKED, M.D**  
President, Lebanese Pulmonary Society

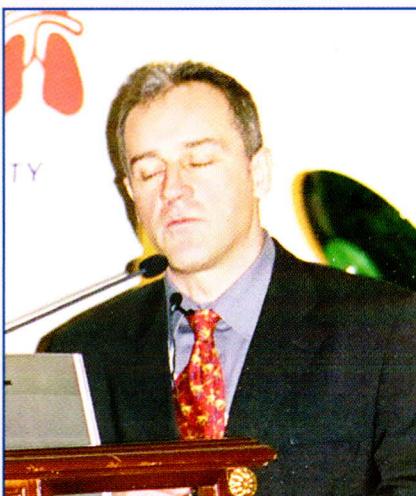
*The Scientific content of this meeting can be accessed on [www.univadis.com](http://www.univadis.com)*

## The LPS Annual meeting

April 2006



RESPIRATORY TRACT INFECTIONS  
Review of the major recommendations  
Dr Jean Ralph Zahar



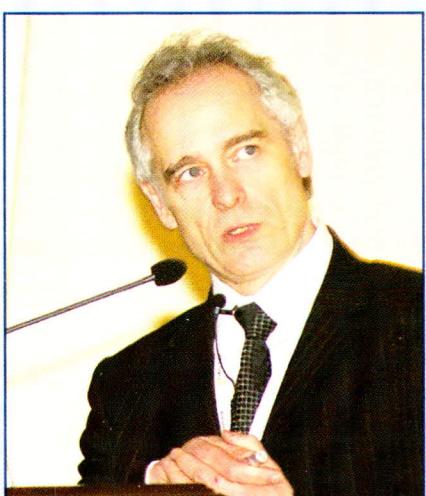
EMPYEMA  
Role of fibrinolysis  
Dr Antoine Rabbat



EMPYEMA  
Role of video-assisted surgery  
Dr Pierre Youssef



EMPYEMA  
Role of thoracotomy  
Pr Alain Bisson



Alternatives to fixed dosing regimen in asthma treatment:  
How do we standardize the treatment?  
Dr Philippe Devillier

Les Journées de Pneumologie de la Société Franco-Libanaise de Pathologie Thoracique (SFLPT) se sont tenues à Beyrouth les 7 et 8 Avril 2006, pour la première fois, conjointement avec le Congrès annuel de la Société Libanaise de Pneumologie. Elles étaient l'occasion renouvelée de réunir pneumologues français et libanais, qu'ils soient francophones ou anglophones, pour des échanges fructueux.

Beyrouth constitue un lieu idéal pour une telle rencontre dans le respect de la diversité, dans un Liban qui appartient à une région, le Proche Orient, qui est le berceau de la civilisation.

Ces Journées se sont avérées remarquables. La richesse du programme scientifique n'a pas manqué de faire de cet événement un rassemblement marquant pour tous les participants.

Extraits de la lettre de Bienvenue du :  
**Pr Gérard Huchon**  
Président, SFLPT

Le contenu scientifique de ce congrès peut être consulté sur l'Internet au site : [www.univadis.com](http://www.univadis.com)

# 6 Annual Meeting



NOVELTIES IN VENOUS THROMBO-  
EMBOLIC DISEASE  
Diagnostic algorithm  
Dr Antoine Achkar



NOVELTIES IN VENOUS THROMBO-  
EMBOLIC DISEASE  
New antithrombotics  
Pr Michel M Samama



NOVELTIES IN VENOUS THROMBO-  
EMBOLIC DISEASE  
Implemented methods for  
prophylactic prescription of LMWH  
Dr Georges Khayat

## Speakers



HISTORY OF CHEST MEDICINE IN  
LEBANON  
Pr Francis Khoury



NEBULIZED THERAPIES FOR  
PULMONARY DISEASES  
History of nebulized therapies  
Pr Gérard Huchon



NEBULIZED THERAPIES FOR  
PULMONARY DISEASES  
Theoretical aspects  
Dr Jean François Dessanges



NEBULIZED THERAPIES FOR  
PULMONARY DISEASES  
Practical aspects  
ALTERNATIVES TO HOSPITALISATION  
Dr Faysal El Husseini



SMOKING / ASTHMA SESSION  
Epidemiologic aspects of asthma and  
Narguile smoking in Lebanon  
Dr Mirna Waked

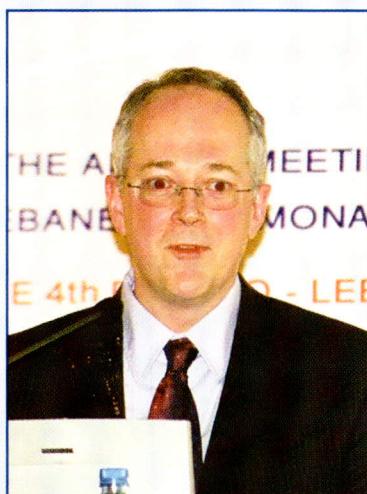


SMOKING / ASTHMA SESSION  
Asthma and smoking  
Pr Philippe Godard

## Speakers



SMOKING / ASTHMA SESSION  
Nicotine dosages in Narguile smokers  
in Lebanon  
Dr Zeina Aoun



COPD:  
Is it really a systemic disease?  
Dr Pierre Régis Burgel



COPD:  
Can we reduce the impact of  
exacerbations?  
Dr Nicolas Roche

# 8 Annual Meeting

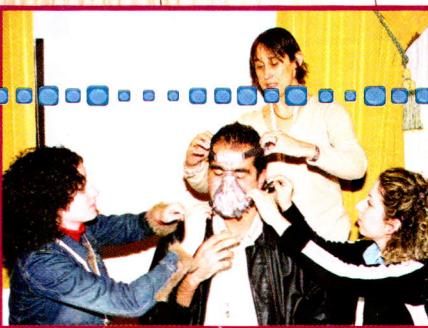
## Workshop for Non-Invasive Ventilation

This year two workshops on NIV were held at the Annual Lebanese Pulmonary Society Meeting held April 7 & 8, 2006. One was intended for physicians; the other for nurses. We were quite pleased with an attendance of about 40 persons in each workshop. The workshop included a didactic talk by Dr. Antoine Achkar from "Hotel Dieu - Paris" moderated by Drs. Moussa Riachi and Wajdi Abi Saleh. Dr Achkar reviewed the indications for NIV in acute respiratory failure highlighting acute exacerbation of COPD & congestive heart failure. The contraindications for NIV including inadequate mental status & poor clearance of secretions were also discussed.

This talk was followed by hands-on workshop where the participants were divided in 3 smaller groups. Non-Invasive Ventilators were placed at the disposal of the participants (thanks to the support of CMM-Respironics). Participants were taught proper setting & calibration of the ventilators. They were given tips on how to properly fit, then place the face mask to maximize comfort & decrease leaks. The groups also discussed how to best monitor the progress of the patient on NIV & how to taper the dose of NIV. We also reviewed the clinical & laboratory parameters indicating the need to escalate therapy towards invasive ventilation.

Participants were quite pleased with the practical aspect of the workshop & expressed their desire to attend more workshops in our future meetings.

W. Abi-Saleh, MD





## Workshop for Sleep Apnea

Deux ateliers sur le syndrome d'apnée obstructive du sommeil (SAOS) ont été particulièrement intéressants au cours des 4<sup>e</sup> journées franco-libanaises de pneumologie qui se sont tenues le 7 et 8 avril 2006.

Le premier atelier était destiné aux pneumologues. L'exposé du Dr Bertrand HERER abordait les signes cliniques de la maladie, principalement la somnolence diurne excessive, les ronflements et les apnées nocturnes ; ses conséquences néfastes sur la santé dominées par des maladies cardio-vasculaires (hypertension artérielle, accident vasculaire cérébral, infarctus du myocarde) et le risque accru d'accidents de voiture ou de travail. Il a été suivi par un exposé pratique sur la prise en charge thérapeutique par Pression Positive Continue (PPC) : comment faire une titration de la pression efficace, analyse d'un rapport de titration automatique, choix entre PPC constante et PPC auto-pilotée. Ensuite, les participants ont pu manipuler quelques appareils de PPC constante et automatique, ainsi qu'une gamme variée de masques nasaux et naso-buccaux.

Le deuxième atelier s'adressait aux infirmières et kinésithérapeutes. Il a abordé les signes cliniques de la maladie, le principe d'un traitement par CPAP, et surtout une séance pratique sur la surveillance d'un malade appareillé par PPC et la manipulation des appareils et des masques.

Ces 2 ateliers ont été l'objet d'une bonne participation par les médecins et le personnel paramédical. Fait très intéressant, les participants ont pu assister "en direct" à la survenue d'un accès de somnolence diurne : le technicien responsable de la sonorisation et de la projection s'est endormi pendant la première session!

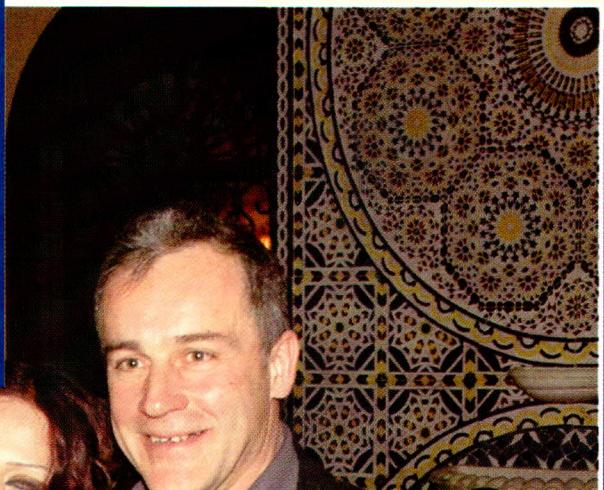
Taha Bazarbachi, M.D



10 Annual Meeting

# Dîner de Gala







## Dîner du 11 Mars 2006

رغبة منها في توطيد أواصر الألفة والمحبة بين أعضائها، أقامت الجمعية اللبنانية للأمراض الصدرية حفلة عشاء ساهرة مساء يوم السبت في 11 آذار ٢٠٠٦ وذلك في فندق سفير هيليوبيوليتون وقد حضرها حشد كبير من الأطباء . وقد ميّز الحفلة الجو العائلي الهادئ ولاسيما وجود الأغاني الفيروزية الرائعة التي أدىتها طبيبات الجمعية. وكان رأي الجميع أن مثل هذه الحفلات يجب أن تتكرر باستمرار بحيث توطّد العلاقات بين زملاء المهنة الواحدة وتضفي جوًّا من المرح والتسلية بعيداً عن أجواء العمل وهموم المهنة علىأمل اللقاء في حفل قريب.

## De l'importance de la formation médicale continue

Quand un médecin s'arrête un peu et prend le temps de considérer le chemin parcouru, il peut observer combien la " médecine " a changé et quels efforts il a dû fournir, parfois bien seul pour progresser et s'adapter. C'est une banalité. Encore faut-il en prendre conscience et avoir le courage de prendre des décisions pour que ces changements se fassent au mieux. C'est un vrai travail politique que d'organiser cette formation à l'échelle d'une nation. C'est précisément ce que la société libanaise de pneumologie a décidé de faire. Le contexte géopolitique est connu de tous et n'est pas favorable, c'est le moins qui puisse être dit. Le comité exécutif a décidé de placer son énergie dans la formation médicale continue des pneumologues de ce pays du Levant si cher à la France et aux coeurs des français.

La Société de pneumologie de langue française (SPLF), sœur (ainée ?) de son homologue libanaise, est heureuse de collaborer à ce

programme de formation. Le projet a été présenté devant les membres du conseil d'administration de la SPLF, puis discuté par un certain nombre d'entre nous, des deux côtés de la méditerranée.

La BPCO, l'embolie pulmonaire et les pneumonies communautaires ont été choisies pour initier ce programme qui va se dérouler sur plusieurs années. Gageons que ces sujets seront populaires et - surtout - utiles. Nous savons tous que l'application de recommandations sur la prise en charge des pneumonies permet d'améliorer la qualité des soins de manière significative. La formation va dans ce sens.

La philosophie adoptée par les concepteurs de ce projet de formation n'est pas de sanctionner mais d'aider chacun à prendre conscience de ses propres limites et donc de chercher à s'améliorer, pour le plus grand bénéfice des soins apportés à ses patients.

Philippe Godard

# Anti Smoking Day

A l'occasion de la journée mondiale antitabac du 31 Mai 2006, le comité antitabac de la Société Libanaise de Pneumologie en collaboration avec l'Organisation Mondiale de la Santé, le ministère de santé et le Lion's Club, a organisé une table ronde au grand amphithéâtre de l'ordre des médecins. Les différents problèmes liés au tabac ont été discutés, des statistiques sur le tabagisme dans les écoles et parmi les médecins ont été exposées.

Par ailleurs, les efforts fournis jusqu'à ce jour au niveau de la législation et de la régulation du contrôle du tabac sur un plan national ont été décrits. Un film sur la campagne antitabac effectuée à Akkar a été projeté et a permis d'insister sur la réussite publique d'une telle campagne. Enfin, un aperçu des traitements antitabac a permis de conclure cette journée.



## CME: THE REVELANCE

When doctors take a pause to look back to assess their progress, they can hardly admit that medicine has changed, and how was it hard to always make efforts to adapt.

This is trivial. What is of utmost importance is to take the decision to make the change in the smoothest way. It represents a highly absorbing political work at the national level. This is precisely what the LPS decided to do. The Lebanese political and social background is lousy: this is not anymore a secret.

The executive committee decided to invest all the energy in CME for pulmonologists in Lebanon, that very dear country to French people.

The SPLF, the sister French Pulmonary Society is really pleased and honored to sponsor the LPS in that activity.

COPD, pulmonary embolism and pneumonia are the topics chosen to initiate the CME program.

We hope and can predict that this will be helpful in improving patients' care.

The philosophy behind this project is not to emphasize on incompetence but to move forward in improving knowledge at an individual scale.

Pr. Godard



## TREATMENT OF VENOUS THROMBO-EMBOLIC DISEASES (VII CONFERENCE of ACCCP)

### A- DEEP VENOUS THROMBOSIS (DVT):

#### 1- INITIAL TREATMENT for ACUTE DVT:

For patients who have confirmed DVT, it is recommended to start with a treatment of at least 5 days duration including:

- \* LMWH (Low Molecular weight Heparin) subcutaneously (SC)
- \* Or IV Heparin (perfusion)
- \* Or SC Heparin

It is also recommended to start oral anticoagulants (OAC) simultaneously with LMWH or IV Heparin, knowing that treatment with these heparins should be stopped when INR will be higher than 2.

For the patients who have severe renal failure, it is preferable to start with IV Heparin rather than with LMWH.

It is recommended to start patient mobilization as soon as possible when tolerated.

It is NOT recommended to use routinely:

- \* IV Thrombolytics
- \* Venous thrombectomy
- \* Vena Cava filter as an addition to an OAC treatment
- \* NSAID

#### 2- MAINTENANCE TREATMENT for DVT:

For the patients who had an acute DVT secondarily to a sporadic risk factor (reversible), it is recommended to continue the treatment with OAC for three months.

For the patients who had an acute idiopathic DVT, it is recommended to continue the treatment with OAC for at least six to twelve months.

For the patients who had a DVT associated with cancer, it is recommended to continue the treatment with LMWH for the first 3 to 6 months simultaneously with OAC, which should be stopped at cancer remission.

### B- PULMONARY EMBOLI (PE):

#### 1- INITIAL TREATMENT for PE:

For the patients who have confirmed non massive PE, it is recommended to start with LMWH SC rather than IV Heparin (perfusion) for a short duration treatment of at least 5 days.

It is also recommended to start oral anticoagulants (OAC) simultaneously with LMWH or IV Heparin, knowing that treatment with these heparins should be

stopped when INR will be higher than 2.

For the patients who have severe renal failure, it is preferable to start with IV Heparin rather than with LMWH.

It is NOT recommended to use routinely:

- \* IV Thrombolytics except for patients who suffer from massive PE and/or hemodynamically unstable patients
- \* Surgical embolectomy except for critical patients who cannot receive IV thrombolytics
- \* Vena Cava filter except for patients who cannot take OAC or suffer from OAC side-effects and for those who had a second episode of PE while taking OAC with an INR above 2.

#### 2- MAINTENANCE TREATMENT for PE:

For the patients who had an acute PE secondarily to a sporadic risk factor (reversible), it is recommended to continue the treatment with OAC for three months.

For the patients who had an acute idiopathic PE, it is recommended to continue the treatment with OAC for at least six to twelve months.

For the patients who had a PE associated with cancer, it is recommended to continue the treatment with LMWH for the first 3 to 6 months simultaneously with OAC, which should be stopped at cancer remission.

For the patients who had 2 or more objectively documented PE, it is highly suggested to continue the OAC treatment for a longer period of time while monitoring the ratio benefit from treatment/treatment risk for each patient.

NB: For PREGNANT women:

- In case of indicated long term OAC treatment, OAC should be replaced with LMWH (SC) or IV heparin during pregnancy.
- In case of acute DVT or PE during pregnancy, it is recommended to start with IV Heparin (loading dose then IV perfusion) for at least 5 days until adjustment of PTT then continue with LMWH during pregnancy. After delivery, OAC should be continued for at least 6 weeks.
- LMWH & IV heparin should be stopped 24 hours before starting scheduled labor.

## Results of the awareness campaign and detection of COPD

COPD is a major cause of morbidity and mortality and is increasing worldwide. We lack epidemiologic data in Lebanon. The goals of our campaign were to increase awareness of the public about COPD and to try to find prevalence of obstructive syndrome in our population.

400 persons attended nine conferences designated for the public. 319 accepted to perform a spirometry test. In three months, 1500 asked for spirometry testing by phone. 1013 were executed. To sum up, a total of 1331 persons including 612 males and 719 females filled the questionnaire and performed the test.

We found the same proportion of males and females smoking cigarettes and narghile. Females smoke less cigarettes than males (22,9 vs 34,5 pack-years). 48,25% of the 286 individuals under 40 years and 35,86% of the 1043 individuals over 40 years never smoked. 46,1% of the 512 non smokers, 73,3% of the 899 smokers and ex-smokers, and 86,95% of the

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138 narghile smokers are exposed to passive smoking.

The prevalence of obstructive syndrome in our population are more in males than females (21,1% vs 11,7%). This difference is more obvious in the cigarette smokers than in the non smokers. However, this prevalence is more in the narghile smoking women than in the narghile smoking men (27,6% vs 11,9%). On

the other hand, this obstructive syndrome is more frequent in the persons over 40 years when they are cigarette and narghile smokers than that when they are non smokers (19,9% et 23,9% vs 12,9%). This was not true in persons under 40 years.

Finally, our data analysis showed that obstruction was correlated to male sex, to age over 40 years and to cigarette consumption.



Guides allergy patients' journey to wellness

