



جمعية القلب الليبية  
LIBYAN CARDIAC SOCIETY



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LIBYAN CARDIAC SOCIETY

May 2023

## THE SECOND EDITION OF THE LIBYAN CARDIAC SOCIETY NEWSLETTER

The Newsletter aims to publish meaningful content by publishing the society's news and activities, as well as a collection of useful articles and advice on a regular basis that will spread community awareness of the prevention and treatment of cardiovascular diseases.



[www.lcs.org.ly](http://www.lcs.org.ly)

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Society adress  
Tripoli - Libya

## THE SECOND EDITION OF THE LIBYAN CARDIAC SOCIETY NEWSLETTER MAY 2023



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## About Our SOCIETY

### 20 years of giving, more than 600 members from all over Libya.

The first meeting of the General Assembly was held on 2/2/2002 in Tripoli to launch its scientific activity and to be a beacon of science, aiming to raise the scientific level of healthcare professionals and reduce the the burden of cardiovascular disease in Libya.

## INTRODUCTION

The Libyan Cardiac Society (LCS) is a non-profit scientific society established in 2001 by 51 founding members and now has more than 600 members across Libya.

The first meeting of the General Assembly was held on the February 2nd, 2002 in the city of Tripoli. The LCS obtained the European Society Cardiac membership in 2004, then obtained the membership of the World Heart Federation & the International Society of Hypertension in the year 2010.

The Libyan Cardiac Society (LCS) has education channels including the LCS website at [www.lcs.org.ly](http://www.lcs.org.ly). Also, the YouTube channel with livestreaming educational lectures.



## NEWSLETTER – SECOND EDITION May 2023

- Second Edition, (Volume 2): May 2023
- Electronic and Hard copies
- Can be downloaded at the society website (Newsletter section): English and Arabic

### The Society Mission:

The LCS aims to decrease the burden of cardiovascular disease in Libya, promote scientific research and raise public awareness about heart disease. The Libyan Cardiac Society provides many educational activities to its members and community including annual scientific meetings, conferences, workshops, lectures and webinar series.

### The Society Goals & Objective:

- 1- Contribute to scientific research in the field of cardiovascular disease.
- 2- Enhance the learning of the society members & provide most updated information & research updates in the cardiovascular field.
- 3- Organizing scientific conferences and symposia locally and contributing to the Arab and international scientific conferences.
- 4- Issuing scientific journals and periodicals related to cardiovascular disease. Cooperation with Arab, African and international scientific bodies and societies in the cardiovascular field.
- 5- Conduct research projects and field research and carrying out health awareness campaigns involving medical students and specialists in the field.
- 6- Strengthening scientific links and links between cardiovascular physicians, surgeons and other health professional allies at home and abroad.
- 7- Coordinating with other scientific societies that are concerned with health in all medical specialties.

## Libyan Cardiac Society جمعية القلب الليبية

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**Dr. Abdulgani Abonowara**  
Editor-In-Chief of the LCS newsletter

## MESSAGE OF THE LCS NEWSLETTER EDITOR-IN-CHIEF

Dear Colleagues,

Welcome to the second edition of the Libyan cardiac society ( LCS ) newsletter. I'd appreciate you take the time to scroll through the first edition of the newsletter. The aim is to keep you connected with the society news and activities, also to give you educational material and some updates about the recent studies and guidelines, so we all can provide the highest standards of care and therapy to our patients. It's a team work so I would like to encourage you all to participate as much as you can.

Best regards,  
Dr. Abdulgani Abonowara; MD, FRCPC, FACC  
Editor in chief of the LCS newsletter  
General and Interventional Cardiologist  
Associate Clinical Professor, McMaster University  
Niagara Health, SCG hospital, Ontario - Canada



*" The LCS newsletter is to help spread knowledge, to prevent and treat cardiac diseases, as well as to update the LCS members with the latest information in the feild. It's a team effort so I would like to encourage you all to contribute to make it more successful with the help and blessing of Allah."*

**Dr. Abdulgani Abonowara**  
Editor-In-Chief of the LCS newsletter

## Our TEAM

### Libyan Cardiac Society Executive Board Members:



**Dr. Osama Bheleel; MBBCh, Fachartz (Germany)**  
President of Libyan Cardiac Society  
Interventional Cardiologist  
Tripoli University Hospital

**Dr. Ali Elneihoum; MD, PhD**  
Vice-President of Libyan Cardiac Society  
Senior Consultant Cardiologist  
Professor Faculty of Medicine,  
Benghazi University

**Dr. Hanifa Alrabte; MBBCh, MSc, Libyan Board**  
Master in Pediatric Cardiology, Italy,  
University of Sabiansa  
Scientific Affairs of Libyan Cardiac Society  
Associate Professor at University of Tripoli  
Chief of Pediatric Cardiology,  
Tripoli Children Hospital  
Mentor of CVS Syllables in Arabic African Academy



**Dr. Hatem Fageh; MSc**  
Master Degree Benghazi University  
Treasure of Libyan Cardiac Society  
General Cardiac specialist,  
Tripoli University Hospital  
Lecturer at Tripoli University  
Lecturer in African Arab academy

**Dr. Zaki Abettamer; MBBCh**  
Conference Affairs of Libyan Cardiac Society  
Consultant General Cardiologist  
Libyan International Medical University

**Dr. Aiman Smer; MBBCh, FACC, FASE**  
Media Affair of Libyan Cardiac Society  
Consultant General Cardiologist  
Associate Professor of Medicine  
Associate program director for cardiovascular  
fellowship program at CHI Health Creighton  
University Medical Center.  
Omaha, Nebraska. USA.

### Libyan Cardiac Society Newsletter Editorial Board Members:



**Dr. Abdulgani Abonowara; MD, FRCPC, FACC**  
Editor-In-Chief of the LCS newsletter:  
Associate Clinical Professor,  
McMaster University  
General and Interventional Cardiologist  
Niagara health, SCG Hospital,  
Ontario, Canada

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Consultant Cardiac Surgeon,  
Venecia Hospital, Benghazi, Libya  
Lecturer, Faculty of Medicine,  
Benghazi University

**Dr. Osama Abuzuagaia; MD**  
Arab board internal medicine  
Lecturer, Misurata University  
Specialist, Misurata Cardiac Centre, Libya



**Dr. Basem Elbarouni; MBBCh, FRCPC, DRCPC**  
Associate Professor, University of Manitoba,  
Program Director, Interventional Cardiology Training  
Program  
Winnipeg, Canada

**Dr. Mansour Khaddr; MBBCh, FACC**  
Cardiovascular Diseases Specialist  
Cardio-Oncology  
Invasive Cardiologist  
Wyoming Medical Center, USA

## NEWSLETTER SECTIONS

The Libyan cardiac society involves all scientific cardiac divisions, the members of each section involved in the management of patients with cardiac diseases and help to organize educational activities and workshops..



### Adult Cardiology

This involves physician who are involved in the management of adult patients with cardiac diseases; including the diagnosis and treatment of adult patients with cardiac conditions



### Pediatric Cardiology

This involves physician who are involved in the management of children with cardiac diseases; including the diagnosis and treatment of children patients with cardiac conditions mostly children with congenital heart disease



### Cardiac Surgery

This involves surgeons who are involved in the surgical management of patients with cardiac diseases; including the bypass surgery, valve surgery and correction of congenital heart disease



### health Alliances

This involves health care cardiac workers who are involved to help physicians and surgeons in the management of patients with cardiac diseases; under the supervision



### Health Educations

This involves and physicians and health care cardiac allies who are involved in the prevention of cardiac disease and cardiac rehabilitations.



### Clinical Pharmacology

This involves and physicians, pharmacists and health care cardiac workers who are involved in the management and dispensing of cardiac medications.

## The LCS Working Groups List as following:

- Prevention of CVD Working Group
- Echocardiograph Working Group
- Heart Failure Working Group
- Interventional Cardiology Working Group
- Coronary Artery Disease Working Group
- Pediatric Cardiology Working Group
- Adult Congenital Heart Disease Working Group
- Arrhythmia and Cardiac Devices Working Group
- Cardiac Surgery Group
- Valvular Heart Disease Working Group
- Cardiovascular Pharmacotherapy Working Group
- E-Cardiology Working Group
- BLS/ACLS Working Group
- Cardiac Nurses & technicians Working Group
- Hypertension Working Group
- Myocardial & Pericardial Diseases Working Group

**Note : You can join up to 3 working groups.**



The society working groups are the backbone for the society scientific activities. We rely on the members of each working group to organize at least one educational activity per year. Herein, we invite you to join one of our working groups.



## PIONEERS IN CARDIOLOGY

The Libyan Cardiac society is proud to choose one of its cofounders & figures. Dr. Soleiman Emhemed Soleiman Sherwi was the first president of the LCS, he was chosen to be on the "Pioneers in Cardiology" section for the second edition of the LCS newsletter. He is a retired cardiologist who contributed significantly to teaching & cardiac services and sat a wonderful example to his students and colleagues with his exemplary work



Dr. Soleiman Emhemed Suleiman Sherwi  
First president of LCS , born in the year 1945.  
Graduated in the year 1971 as a general practitioner

The Libyan Cardiac society is proud to choose one of its cofounders & figures. Dr. Soleiman Emhemed Soleiman Sherwi was the first president of the LCS, he was chosen to be on the "Pioneers in Cardiology" section for the second edition of the LCS newsletter. He is a retired cardiologist who contributed significantly to teaching & cardiac services and sat a wonderful example to his students and colleagues with his exemplary work.

Dr. Soleiman Sherwi was born in the year 1945. He graduated from Gharyan secondary school, Western mountain, in the year 1963; he was the first in his class. He obtained an educational mission to study medicine in Italy, in the year 1964. He joined the medical school, faculty of medicine, University of Parma, Italy, he graduated in the year 1971 as a general practitioner, bachelor of medicine and surgery. He started working as a general practitioner physician in the year 1972 at the general medicine department, Tripoli Central Hospital. He pursued his post graduate training in internal medicine and cardiology at the University Parma, Italy, and graduated in the year 1981.

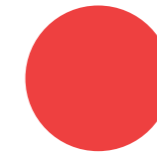


**Dr. Soleiman Sherwi**  
(First president of LCS)

## PIONEERS IN CARDIOLOGY

He returned back to Libya and work as a director of the diabetes hospital in the year 1982 in Tripoli. He also joined the University of Tripoli as an associate professor at the faculty of medicine in the year 1983. Then he worked as a cardiologist at the division of cardiology, department of medicine, at Tripoli Central hospital; in the year 1995, he worked at the University of Tripoli Hospital (Formally known as Tripoli Medical Center).

Dr. Soleiman Sherwi was the first president of the Libyan cardiac Society (LCS) in the year 2001; he is one of the founders of the Libyan cardiac society along with his other colleagues at that time. He contributed significantly and worked hard to start the LCS, to get the announcements aiming to get its name locally and internationally. He retired from his job in the year 2007.



"It was an honor to be the first president of the Libyan cardiac Society (LCS), I was one of the founders of the Libyan cardiac society with the help my colleagues including Dr. Omar Msalem, Dr. Fathi El-Ghmari and Dr. Abubaker Ghallab, with the help and support of my other colleagues"

**Dr. Soleiman Sherwi**



"We highly appreciate what you have done to the cardiac services; your contributions, sacrifices and exemplary work is highly appreciated and it did not go unnoticed; Thank you"

**Libyan Cardiac Society (LCS).**



# INTERESTING CASE REPORTS

## Case One

25/03/2023; 2.2.1  
**WIDE COMPLEX TACHYCARDIA (WCT) WITH LEFT BUNDLE BRANCH MORPHOLOGY. DR. YOUSEF DARRAT; MD, FACC**

### INTRODUCTION:

Wide complex tachycardia (WCT) is an arrhythmia with a QRS duration of more than 120 msec and a heart rate of more than 100 bpm. The differential diagnosis includes ventricular tachycardia, supraventricular tachycardia (SVT) with aberrancy, pre-excited SVT and Antidromic atrioventricular reciprocating tachycardia. Reaching the correct diagnosis depends on clinical history, physical examination, electrocardiogram (ECG) criteria and in certain instances blocking AVN by carotid sinus massage or IV adenosine.

### Case summary:

A 60-year-old lady with history of paroxysmal atrial fibrillation and hypertension was referred to cardiac electrophysiology for recurrent presyncope and palpitations. When she came into the office she was found to have tachycardia with heart rate of 245 beats per minute ON ECG (See figure -1).

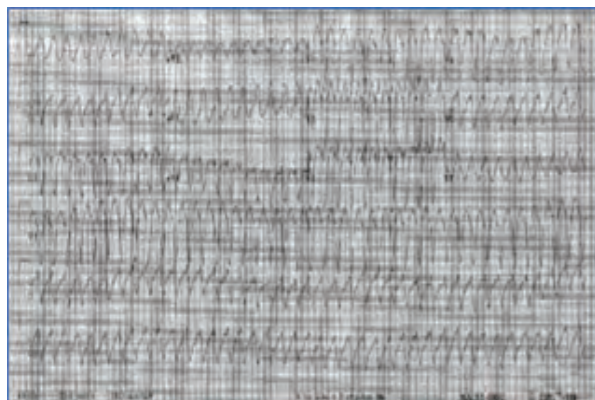


Figure -1: ECG showed Wide complex tachycardia.

Patient was complaining of palpitation, diaphoresis and presyncope. Patient is on metoprolol tartrate 50 mg twice a day, apixaban 5 mg twice a day and Lisinopril 10 mg daily. ECG was repeated after several minutes once heart rate slowed (See figure -2)

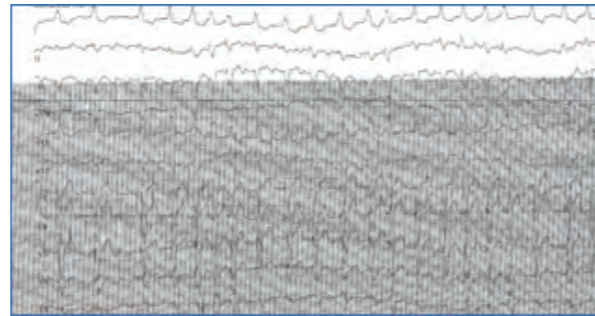


Figure -2: ECG showed atrial flutter.

Patient was transferred to emergency room for admission and management of tachycardia. The arrhythmia terminated spontaneously after a few hours. Echocardiogram showed normal left ventricular systolic function. The following day an electrophysiological study (EPS) was performed and showed that patient developed LBBB morphology similar to 12 lead EKG shown in figure 1 with atrial pacing at 150 bpm (400 msec), and a cavotricuspid isthmus ablation was done for typical isthmus dependent counterclockwise flutter that was detected on EKG shown in figure 2. There was no evidence of accessory pathway and no other arrhythmias were induced. Her baseline 12 lead ECG is shown in (See figure -3). Patient followed up for 2 years and has not had any recurrences of the arrhythmia.



Figure -3: Repeat ECG showed sinus rhythm.

# INTERESTING CASE REPORTS

### DISCUSSION:

This case demonstrates tachycardia with typical LBBB morphology, the differential diagnosis includes SVT with pre-existing (fixed) LBBB, SVT with functional aberrancy, other less common diagnoses are bundle branch reentrant VT, antidromic AVRT using atriofascicular pathway, SVT with a "bystander" atriofascicular pathway (3). The patient has atrial flutter with 1 to 1 AV conduction with LBBB aberrancy that became clear once ventricular rate slowed and revealed atrial flutter (figure 2). The EPS ruled out the presence of atriofascicular pathway and confirmed that the patient developed a phase 3 block (tachycardia dependent block) with rapid atrial pacing. Aberrancy during tachycardia also known as phase 3 block is more commonly a right bundle branch block (RBBB) pattern due to the longer refractory period of the right bundle branch, however in this case patient developed block in the left bundle branch. The occurrence of atrial flutter with 1 to 1 AV conduction can be seen in patients on class I C agents and not on AVN blocking agents, but this case is not on anti-arrhythmic therapy. Therefore, the occurrence of atrial flutter with spontaneous one to one AV conduction, although an uncommon finding, should be considered as a diagnosis in patients presenting with rapid tachycardia (HR 200-250 bpm).

### CONCLUSION:

The management of wide complex tachycardia depends on close analysis of 12 lead ECG. The use of EP study and ablation can confirm the diagnosis and cure the arrhythmia.

**DR. YOUSEF DARRAT; MD, FACC**  
St. Joseph hospital Lexington, KY, USA.





# INTERESTING CASE REPORTS

## Case Two

25/03/2023; 2.2.2  
**HEART BLOCK AND CONGESTIVE HEART FAILURE; HFref, REQUIRED BIVENTRICULAR PERMENT PACEMAKER. DR. OSAMA ABUZUAGAIA**

### INTRODUCTION:

A 70-year-old female patient Known case of HTN, HCV+, CKD, dilated Cardiomyopathy (DCM) with LVEF 34 %, Permanent atrial fibrillation (A. Fib) presented with symptomatic complete heart block. C/O exertional dyspnea NYHA class III. Her last Creatinine level was 1.9 mg/dl. Medications are: Valsartan 40 mg PO OD, Lasix 40 mg PO OD, Spironolactone 25 mg OD, Dapagliflozin 10 mg PO OD, Rivaroxaban 15 mg PO OD. ECG showed atrial fibrillation with complete heart block (CHB) with escape rhythm of 42/min (See Figure-1).



Figure -1: ECG before the pacemaker. A. Fib with CHB.

### DISCUSSION:

Based on current evidence, it is reasonable to consider a CRT-pacemaker using BVP in patients with the following: 1. Classic indications for CRT-defibrillator (LVEF <35%), who are not suitable candidates for defibrillator therapy due to severe comorbidities, with expected longevity <1 year, or in patients who prefer not to have defibrillator therapy. 2. AV block, HF, and LVEF <50%. 3. LVEF <50% and HF in the setting of chronic AF with anticipated ventricular pacing burden >40% or those undergoing AV node ablation. 4. In patients with HF, a mildly to moderately reduced LVEF (36-50%), and LBBB (QRS >150 msec), CRT may be considered.

Decision: Implantation of Biventricular permanent pacemaker: LV lead is bipolar; RV lead is bipolar, confirmed good position with CXR and ECG (See Figure-2 and 3).

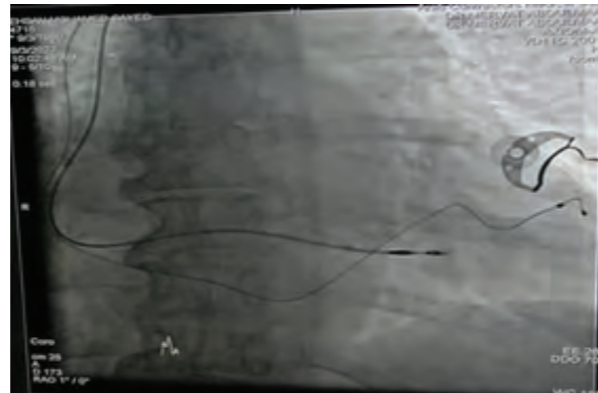


Figure -2: CXR post Pacemaker implantation.



Figure -3: Monitor ECG strep post pacemaker implantation.

### CONCLUSION:

In patients who presented with permanent atrial fibrillation and High grade AV block with LVEF less than 50 %, Biventricular Pacemaker is indicated as a class IIa in order to improve symptoms and reduce morbidity and mortality.

**DR. OSAMA ABUZUAGAIA; MD, ARAB BOARD**

General Cardiologist  
Lecturer, Misurata University  
Misurata Cardiac Centre, Misurata

# INTERESTING CASE REPORTS

## Case Three

25/03/2023, 2.2.3  
**LARGE LEFT ATRIAL MYXOMA PRESENTED WITH PARANEOPLASTIC SYMPTOMS; CONGESTIVE HEART FAILURE AND PENDING PULMONARY OEDEMA. DR. OMAR MANGOUSH; MD, FRCS, MBBCH**

### INTRODUCTION:

A 60 years old man presented to his physician with 6 weeks' history of cough & shortness of breath on exertion. No significant past medical history apart from 20kg weigh loss over the last 6-12 months. His blood test revealed severe microcytic, hypochromic anaemia.

### DISCUSSION:

The patient was admitted with congestive heart failure and pending pulmonary oedema. His Echo showed large left atrial mass. The patient underwent transesophageal Echo (TOE) (See figure -1A and 1B) also had chest/cardiac CT angiography done (See figure -2) both confirms the presence of a large, mobile mass in left atrium, measuring 6 x 7 cm, suggestive of left atrial myxoma. His abdomen & pelvic CT, abdominal & pelvic USS, upper & lower GI endoscopy did not reveal any pathology apart of moderate gastritis. His stool was negative for occult blood. The working diagnosis was left atrial myxoma with paraneoplastic symptoms. He underwent open cardiac surgery & excision of left atrial mass/myxoma originating from LA roof. Patient had uneventful recovery & histopathology report awaited.

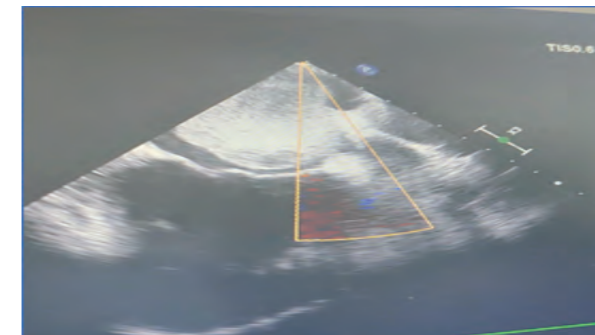


Figure -1A: TOE showing Large LA myxoma.

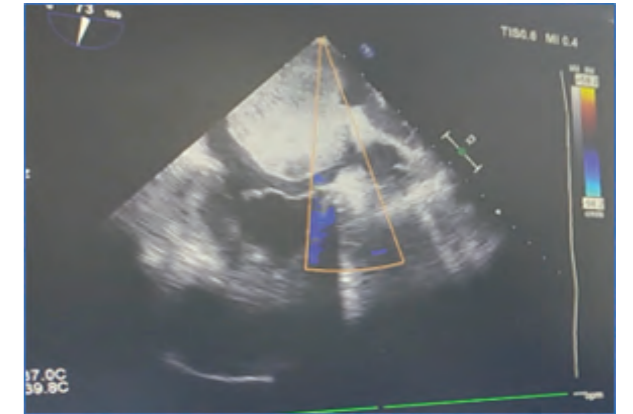


Figure -1B: TOE showing Large LA myxoma..

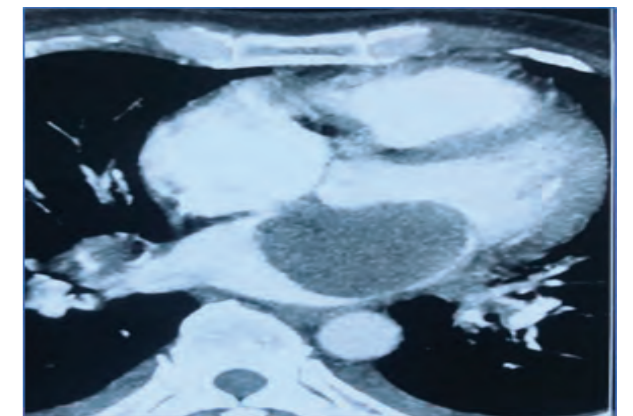


Figure -2: Cardiac CT angio showing LA myxoma

### CONCLUSION:

Secondary cardiac tumors are not uncommon, not only primary tumors, atrial myxoma can present with paraneoplastic symptoms and any cardiac mass should be investigated to look for outside the cardiac primary tumor

**DR. OMAR MANGOUSH; MD, FRCS, MBBCH**

Consultant Cardiac Surgeon,  
Venecia Hospital, Benghazi, Libya  
Lecturer, Faculty of Medicine, Benghazi University



# STENT SAVES A LIFE

25/03/2023; 2.2.1

**STENT SAVES A LIFE (SSL) INITIATIVE:**  
**DR. AIMAAN SMER; MBBCh, FACC, FASE, FLCS**

**INTRODUCTION:**

The Stent Saves a Life (SSL) initiative is a national program proposed by the Libyan Cardiac Society to provide a lifesaving procedure called "Primary PCI program" free of charge to all patients suffering from ST-Elevation Myocardial Infarction (STEMI) in Libya.

**DISCUSSION:**

The Stent Saves a Life (SSL) "Primary PCI program" is well known program internationally and it has been implanted in many countries all over the world. The goal of the national initiative is to decrease the mortality & morbidity of STEMI. The program is based on 5 essential elements: Patient Education, Effective Ambulance Service, Medical Staff Training, Providing Access to 24/7 Primary PCI Centers & Emergency Call Center. The program will be conducted in stages to establish an effective healthcare network for STEMI patients. The first stage is to launch 6 Primary PCI centers, one center in each of the 6 designated healthcare regions in Libya (Figure 1 & 2).



Figure-1: The 6 Primary PCI centers, one center in each of the 6 designated healthcare regions in Libya



Figure-2: The 6 Primary PCI centers in Libya.

After 6-12 months, the program can expand to launch new centers to provide access to more patients. Meanwhile, the involvement of the air ambulance service can help providing the Primary-PCI services to patients in small & far locations. In addition to the SSL Project Champion & Manger, there will be 2 main committees responsible for the implementation of the SSL initiative, the executive & steering committee with members from all key stakeholders who are able to dedicate resources and expertise to ensure the viability of the program & quality assurance.

It is essential that the ministry of health allocates resources & expertise to implement the SSL initiative nationwide. We believe that the Public Health Insurance Fund can provide fund for the initiative among certain population at risk of acute myocardial infarction. Other healthcare entities, private sector & medical societies can also play an important role in the success of the SSL initiative. The media also can help raise public awareness about heart attack & the SSL initiative

**CONCLUSION:**

Stent Saves a Life (SSL) initiative is a national program "Primary PCI program", is a very important initiative is to decrease the mortality & morbidity of STEMI in Libya so it needs to be implanted as soon as possible to save lives.

**DR. AIMAAN SMER; MBBCh, FACC, FASE, FLCS**  
 Associate Professor of Medicine  
 General Cardiologist  
 LCS Board Member

# CLINICAL PHARMACOLOGY

25/03/2023, 2.2.2

**IMPORTANT MEDICATION, UNDER UTILIZED;**  
**IVABRADINE: (AKA LANCORA or PROCORALAN**  
**DR. ABDULGANI ABONOWARA; MD, FRCPC, FACC**

**INTRODUCTION:**

Ivabradine acts by allowing negative chronotropy in the sinoatrial (SA) node thus reducing the heart rate, acts as a SA node inhibitor. It is used for the treatment of patients with congestive heart failure (CHF) with reduced ejection fraction (HFrEF), also used off label for inappropriate sinus tachycardia and angina chest pain

**DISCUSSION:**

There are patients who have symptomatic heart failure, with reduced ejection volume, and heart rate at least 70 BPM, and on maximum tolerated beta blockers dose. The mechanism of action is different from that of beta blockers and calcium channel blockers. Ivabradine has no apparent inotropic properties and does not affect the blood pressure.

For congestive heart failure (CHF) with reduced ejection fraction (HFrEF); The SHIFT clinical trial showed 18% reduction in the primary end point (Death, Hospitalization and worsening heart failure). Ivabradine is used in combination with beta blockers in people with heart failure with LVEF less than 35% percent inadequately controlled by beta blockers alone and whose heart rate exceeds 70 beats per minute. In people not sufficiently managed with beta blockers for their heart failure adding Ivabradine decreases the risk of hospitalization for heart failure.

It also used for inappropriate sinus tachycardia the clinical use of Ivabradine is predicated on its mechanism of action on sinoatrial nodal tissue where it selectively inhibits SA node and results in a decrease in heart rate. It is used for anginal chest pain, It is used for patient with angina may be as effective as the beta blocker and comparable with CCB in the management of chronic stable angina.

Ivabradine does is 5 mg and 7.5 mg orally twice daily. Its use for inappropriate sinus tachycardia is not a European Medicines Agency/Food and Drug Administration-approved indication for Ivabradine. Ivabradine is contraindicated in severe bradycardia, sick sinus syndrome. It should be used with caution with potent inhibitors of CYP3A4 and other heart lowering medications like CCB.

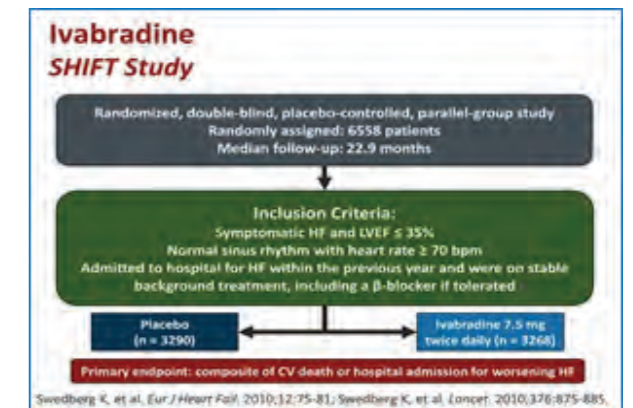


Figure-1: Ivabradine vs placebo; SHIFT Randomized Trial.

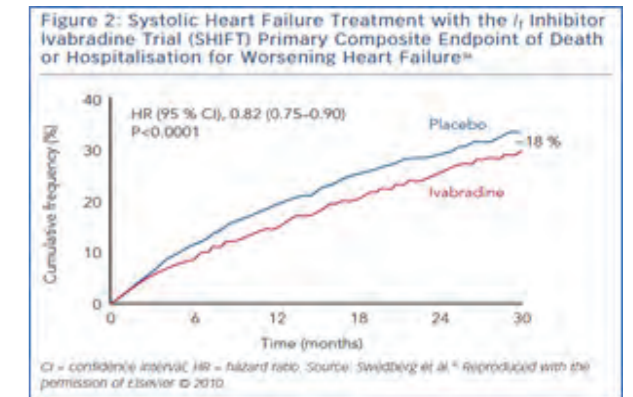


Figure-2: Kaplan-Meier curves; SHIFT Randomized Trial.

**CONCLUSION:**

Ivabradine has been under-utilized. It is effective in the treatment of patients with congestive heart failure (CHF) with reduced ejection fraction (HFrEF), also used off label for inappropriate sinus tachycardia and angina chest pain. So, it's better to be used when indicted.

**DR. ABDULGANI ABONOWARA; MD, FRCPC, FACC**  
 General and Interventional Cardiologist  
 Associate Clinical Professor, McMaster University,  
 Niagara Health, SCG Hospital, Ontario, Canada.



# CLINICAL LIBYAN DATA

25/03/2023, 2.2.3  
FEW EXAMPLES OF HOSPITALS DATA FROM DIFFERENT PARTS OF LIBYA:

Cardiology Data from Miatiga Hospital: (Aug. 2022 to Dec. 2022)

Procedure	Coronary angiography	PCI		Devices	Total
#	320	Elective 165	Primary 105	15	1520

Cardiology Data from Sirt Hospital: (From 1/1/2023 to 1/4/2023)

Procedure	Diagnostic cath.	PCI	Number of stents
#	40	0	0

Cardiology Data from Misurata Medical Centre: (For the month of Jan. 2023)

Date	Diagnostic cath.	PCI	Number of stents
02.01.2023	2	0	0
03.01.2023	3	2	2
24.01.2023	3	0	0
26.01.2023	2	1	1
30.01.2023	3	1	1
<b>Total</b>	<b>13</b>	<b>4</b>	<b>4</b>

Cardiology Data from Misurata Medical Centre: (For Feb. 2023):

Date	Diagnostic cath.	PCI	Number of stents
06.02.2023	4	2	3
07.02.2023	3	2	1
09.02.2023	3	1	2
28.02.2023	2	1	2
<b>Total</b>	<b>12</b>	<b>6</b>	<b>8</b>

Cardiology Data from Misurata Medical Centre: (For Mar. 2023):

date	Diagnostic cath.	PCI	Number of stents
02.03.2023	3	1	2
06.03.2023	4	2	0
07.03.2023	3	2	4
09.03.2023	3	2	3
13.03.2023	2	1	1
14.03.2023	1	0	0
16.03.2023	2	0	0
20.03.2023	2	0	0
21.03.2023	3	0	0
<b>Total</b>	<b>23</b>	<b>8</b>	<b>10</b>

**DR. OSAMA ABUZUAGAIA; MD, ARABBOARD**  
General Cardiologist  
Lecturer, Misurata University  
Misurata Cardiac Centre, Misurata

# RECENT ACTIVITIES

CONGENITAL HEART DISEASE WORKSHOP - A:



Congenital heart disease working group has done two hands-on courses workshop and scientific cardiac day. The first workshop was done: January 22 – 24, 2023. The course was done under the supervision of Professor Rasmia Feituri and Dr Amal Khazmi. It was for 3 days, hands-on Transeophageal Echo (TOE) course training workshop for 12 new pediatric cardiologists. The first day, there was lecture given on how to use the TEO probe and to get the TOE views, then hand on the TEO probe and revision of the views without patient but the next days was hands-on practice done on real patients. The second workshop was done: Jan. 29-31 2023



The course done under the supervision of Professor Rasmia Feituri, Dr Amal Khazmi, and Dr Mariam Al Madani. It was for 3 days, hands-on transthoracic echocardiography (TTE) workshop course for 22 ICU pediatricians and neonatologists. The workshop start with lecture for the views of Echocardiography then we divide the candidate 3 groups hands-on transthoracic echocardiography. The 2 workshops were done at the national cardiac center. The scientific day lectures were done at AlHawary General Hospital Hall. Attendance certificates were distributed in the previous workshops, and we concluded with a buffet.

**PROF. RASMIA HUSNI FEITURI**  
Consultant pediatric cardiologist  
Al Hawary General Hospital  
National Heart Center, Benghazi University

CONGENITAL HEART DISEASE WORKSHOP - B:



The Libyan Cardiac society celebrating congenital heart (CHD) awareness week this year under the supervision of congenital heart disease working group in different cities of western part of Libya. Starting with rising the awareness among CHD warriors and their families in special amazing day, which is done on 3rd of February 2023 at Tripoli, and 14 of Feb in Ghadamis, during this day, we explore the importance for celebrating this week via awareness lecture to the families included some facts about CHD and their symptoms, challenging and difficulties that facing them and stressed for early screening for CHD to save life of affected child. We give opportunity for the families to share their stories and send a message to our government to give more care and facilitating the management of their kids.



On 7th February 2023 at Tripoli Children Hospital, and 16th march at Sabratha Teaching hospital a scientific day was done which cover important topic regarding diagnosis and management of CHD to raise the awareness among medical personnel. A basic pediatric echocardiography course was done for 2 days (10-11 February), targeted the neonatologist and intensivists doctors under supervision of pediatric cardiac unit at Tripoli Children Hospital. Ten doctors participated in this course from different cities (Geryan, Alzawia, Tajoura and Tripoli).

**DR. SALIMA SASI JDOUR**  
Pediatric cardiac specialist  
Pediatrics department, Tripoli Children Hospital.  
Lecturer - University of Tripoli

# RECENT ACTIVITIES

## THE VALVULAR HEART DISEASE WORKSHOP Mitral Valve Day was done in jan. 2023:



Valvular Heart Disease Working Group has organized a mitral valve workshop; there were presentation about assessment of native and prosthetic mitral valve diseases. Also, a two successful percutaneous balloon mitral valve commissurotomy were done. Procedures were performed at Alkhadra hospital done by Dr. Mahmoud Traina with the support of Dr. Osama Bhellel, Dr. Aiman Sifaw, two interventional consultant cardiologists. Dr. Omar Msalem, Dr. Elham Omran Elgdhafi Noninvasive consultant cardiologist and Dr. Emad Fahima cardiology registrar Alkhadra hospital.



This workshop was followed by presentations on transthoracic and transesophageal echocardiographic assessment of native and prosthetic mitral valves by Drs. Mansour Khaddr, Osama Gusbi and Aiman Smer on January 4th, then Dr. Ammar Allawlaki performed a hands-on session on cases of mitral valve disease at Tripoli University Hospital. Finally, a scientific day on mitral valve disease updates was held on January 7th at Bab -Albahr Hotel as well as other educational activities and workshops were successfully organized in other cities.

## PARTICIPATION OF THE LIBYAN CARDIAC SOCIETY (LCS) Regional conferences and meetings.



**Egypt:** several lcs member also attended the 50th cardio egypt; egyptian national conference of the cardiac diseases.

**TUNISIA:** Several LCS members attended the Tunisian national conference of the cardiac diseases.



**MAURETANIA:** The 9th national conference of the cardiac diseases: That was organized along with 25th Western Arabic conference of the cardiac disease which was at the same time.

# IMPORTANT DATES & EVENTS

The following are some of the important dates that the LCS always participates in reviving and raising awareness about, Such as World Heart Day, World No Tobacco Day, and World Blood Pressure Measurement Day.

**FEBRUARY 14<sup>th</sup>**

World Congenital Heart Disease Awareness

**APRIL 7<sup>th</sup>**

World Health Day

**MAY 7<sup>th</sup>**

Blood pressure measurement campaign

**MAY 31<sup>th</sup>**

World no smoking Day

**September 29<sup>th</sup>**

World Heart Day

**December 29-31**

The 9th LCS Congress

With greetings from the LCS president and executive board members, also best greeting of the LCS and the editor-in-chief of the LCS newsletter and its editorial board members..

**”You can contact us and we are happy to receive your feedback via the LCS e-mail and follow us on social media platforms online”**  
LCS Newsletter editorial board





# CARDIOLIBYA 2023

THE 9<sup>TH</sup> ANNUAL SCIENTIFIC MEETING  
OF THE LIBYAN CARDIAC SOCIETY  
DECEMBER 29-31 2023



جمعية القلب الليبي  
LIBYAN CARDIAC SOCIETY

STAT OF THE ART LECTURES - KEYNOTE SPEAKER - WORKSHOPS  
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BENGAZI  
LIBYA



29-31  
DECEMBER 2023



FROM 8:00  
TO 17:00



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## Renew Your Membership

Dear LCS member!

We'd like to invite you to renew your LCS membership & benefit from the society various networking & educational opportunities. First & foremost, we'd like you to know that the society relies on you & other active members to create invaluable learning opportunities & resources like the society newsletter you are reading right.

You can renew your LCS membership online at [www.lcs.org.ly/membership-renewal](http://www.lcs.org.ly/membership-renewal)

Included in your 2023 membership dues are:

- Free registration for LCS 9th Congress
- Significant discounts on LCS workshops & courses
- ESC membership)

### The Libyan Cardiac Society membership application form

Name in English: .....

Current place of work: Hospital:.....

Work Phone:.....

Work mail box: .....

Residence Address: .....

E-mail: .....

Mail box: .....

University academic qualification:  
.....  
.....  
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Place and date of obtaining:  
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Signature: .....

Date: .....